



P.O. Box 8738
Dayton, OH 45401-8738

CareSource® MyCare Ohio
(Medicare-Medicaid Plan)

Formulary | **2022**
(List of Covered Drugs)

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)

Formulary ID: 00022343

Version #: 18

Updated on 12/2022

CareSource® MyCare Ohio (Medicare-Medicaid Plan) | 2022 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by 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 I know if the drug I want has limits or if there are required actions to take to get the drug?	vi
B6. What happens if CareSource MyCare Ohio changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?.....	vii
B7. How can I find a drug on the Drug List?.....	vii
B8. What if the drug I want to take is not on the Drug List?	vii
B9. What if I am a new CareSource MyCare Ohio member and can’t find my drug on the Drug List or have a problem getting my drug?	vii
B10. Can I ask for an exception to cover my drug?	ix
B11. How can I ask for an exception?.....	ix
B12. How long does it take to get an exception?	ix



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: **1-800-750-0750** or **711**), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your Care Manager, please 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?.....	ix
B14. What are OTC drugs?.....	x
B15. What is my copay?.....	x
B16. What are drug tiers?	x
C. Drugs Grouped by Medical Condition	x
D. Index of Covered Drugs	251

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: **1-800-750-0750** or **711**), Monday – Friday, 8 a.m. – 8 p.m. The call is free.
- ❖ ATENCIÓN: Si habla español, tiene disponible los servicios de asistencia de idiomas gratis. Llame al **1-855-475-3163** (TTY: **1-800-750-0750** or **711**), el lunes a viernes, 8 a.m. a 8 p.m. 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: **1-800-750-0750** or **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: **1-800-750-0750** or **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: **1-800-750-0750** or **711**), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your Care Manager, please 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 (refer to question B4 below).

You can also refer to the up-to-date list of drugs that we cover on our website at **CareSource.com/MyCare** or call Member Services at **1-855-475-3163** (TTY: **1-800-750-0750** or **711**).

B2. Does the Drug List ever change?

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

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

- Decide to require or not require prior approval for a drug. (Prior approval is permission from 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, refer to question B4.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: **1-800-750-0750** or **711**), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your Care Manager, please 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 are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

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

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

- You can always check 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: **1-800-750-0750** or **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.
- We add a generic drug **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.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: **1-800-750-0750** or **711**), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your Care Manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

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

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

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

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

- **Prior 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 2-250. You can also get more information by visiting our website at **CareSource.com/MyCare**. We have posted online documents that explain 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. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

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

The table of drugs 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: **1-800-750-0750** or **711**), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your Care Manager, please 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 CareSource MyCare Ohio changes their 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. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

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

There are two ways to find a drug:

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

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

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” on page x. 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 I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Member Services at **1-855-475-3163** (TTY: **1-800-750-0750** or **711**) 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. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new CareSource MyCare Ohio member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug 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 prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: **1-800-750-0750** or **711**), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your Care Manager, please 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 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.
 - 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;
 - 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.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: **1-800-750-0750** or **711**), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your Care Manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

- 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 I ask for an exception to cover my 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 I ask for an exception?

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

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. The prescriber's supporting statement for the exception request should be faxed to 1-877-328-9660.

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.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: **1-800-750-0750** or **711**), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your Care Manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

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 find which OTC drugs are covered.

B15. What is my 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.

C. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, 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 251. 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 refer to the call-out box below.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: **1-800-750-0750** or **711**), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your Care Manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

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: **1-800-750-0750** or **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: **1-800-750-0750** or **711**), Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your Care Manager, please 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. '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).

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.*

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
<i>amphotericin b</i>	1	B/D PA; MO
<i>caspofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA	2	PA
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole oral capsule</i>	1	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	1	MO
NOXAFIL ORAL SUSPENSION	2	PA; MO; QL (630 per 30 days)
<i>nystatin oral</i>	1	MO
<i>posaconazole</i>	1	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole</i>	1	PA; MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</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
APRETUDE	2	MO
APTIVUS	2	MO
<i>atazanavir</i>	1	MO
BARACLUDE ORAL SOLUTION	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BIKTARVY	2	MO
CABENUVA	2	MO
<i>cidofovir</i>	1	B/D PA; MO
CIMDUO	2	MO
COMPLERA	2	MO
DELSTRIGO	2	MO
DESCOVY	2	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 ORAL SOLUTION	2	MO
<i>entecavir</i>	1	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	2	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	2	PA; MO; QL (56 per 28 days)
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
<i>etravirine</i>	1	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 ORAL TABLET 25 MG	2	MO
INVIRASE ORAL TABLET	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ISENTRESS	2	MO
ISENTRESS HD	2	MO
JULUCA	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>maraviroc</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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PREZISTA ORAL SUSPENSION	2	MO
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	
<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
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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRIUMEQ	2	MO
TRIUMEQ PD	2	MO
TRIZIVIR	2	MO
TROGARZO	2	MO; LA
<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
VEKLURY	2	
VEMLIDY	2	MO
VIRACEPT ORAL TABLET	2	MO
VIREAD ORAL POWDER	2	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO
VOSEVI	2	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 20 MG	2	
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
<i>zidovudine</i>	1	MO
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefactor oral suspension for reconstitution 375 mg/5 ml</i>	1	
<i>cefactor oral tablet extended release 12 hr</i>	1	MO
<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, 300 g</i>	1	
<i>cefazolin intravenous</i>	1	
<i>cefdinir</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cefepime in dextrose, iso-osm</i>	1	
<i>cefepime injection</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	1	PA
<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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	2	
SUPRAX ORAL TABLET, CHEWABLE	2	MO
<i>tazicef injection</i>	1	PA; MO
<i>tazicef intravenous</i>	1	PA
TEFLARO	2	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	PA; MO
<i>azithromycin oral packet</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</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
<i>erythrocine (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	PA; MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ARIKAYCE	2	PA; LA
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam</i>	1	PA; MO
<i>bacitracin intramuscular</i>	1	
BENZNIDAZOLE	2	MO
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	PA; MO
<i>clindamycin pediatric</i>	1	MO
<i>clindamycin phosphate injection</i>	1	PA; MO
<i>clindamycin phosphate intravenous</i>	1	PA; MO
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	PA; MO
<i>cvs pinworm treatment 50 mg/ml</i>	3	ADD
<i>dapsone 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO
EMVERM	2	MO
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)
<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	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	PA; MO
IMPAVIDO	2	PA; MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ivermectin oral</i>	1	MO
<i>lincomycin</i>	1	PA
<i>linezolid</i>	1	MO
<i>linezolid in dextrose 5%</i>	1	PA
<i>linezolid-0.9% sodium chloride</i>	1	PA
<i>mefloquine</i>	1	MO
<i>meropenem intravenous recon soln 1 gram</i>	1	PA; MO; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 days)
<i>metro i.v.</i>	1	PA; MO
<i>metronidazole in nacl (iso-os)</i>	1	PA; MO
<i>metronidazole oral tablet</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO
<i>paromomycin</i>	1	MO
PASER	2	MO
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	1	MO
<i>pinaway 50 mg/ml suspension</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pinworm medicine 144 mg/ml</i>	3	ADD
<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
<i>reese's pinworm 144 mg/ml susp</i>	3	MO; ADD
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO
SIRTURO	2	PA; LA
STREPTOMYCIN	2	PA; MO
<i>tigecycline</i>	1	PA; MO
<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	PA
<i>tobramycin sulfate injection solution</i>	1	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRECTOR	2	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	PA; QL (3000 per 10 days)
VANCOMYCIN INJECTION	2	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg, 750 mg</i>	1	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	1	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	PA
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	PA; MO
<i>ampicillin sodium intravenous</i>	1	PA

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	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	PA
<i>ampicillin-sulbactam intravenous</i>	1	PA
BICILLIN C-R	2	PA; MO
BICILLIN L-A	2	PA; MO
<i>dicloxacillin</i>	1	MO
<i>nafcillin in dextrose iso-osm</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	1	PA
<i>nafcillin intravenous recon soln 2 gram</i>	1	PA
<i>oxacillin in dextrose(iso-osm)</i>	1	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	PA
<i>oxacillin injection recon soln 2 gram</i>	1	PA; MO
PENICILLIN G POT IN DEXTROSE	2	PA
<i>penicillin g potassium</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>penicillin g procaine</i>	1	PA; MO
<i>penicillin g sodium</i>	1	PA; MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
QUINOLONES		
CIPRO ORAL SUSPENSION, MIC ROCAPSULE RECON	2	
<i>ciprofloxacin hcl oral</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levofloxacin intravenous</i>	1	PA; MO
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sod.chloride(iso)</i>	1	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO
<i>sulfamethoxazole-trimethoprim oral</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	1	MO
<i>doxy-100</i>	1	PA; MO
<i>doxycycline hyclate intravenous</i>	1	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 20 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>mondoxylene nl oral capsule 100 mg</i>	1	MO
<i>tetracycline</i>	1	MO
VIBRAMYCIN (CALCIUM)	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 oral capsule 100 mg, 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	1	B/D PA; MO
ELITEK	2	MO
KEPIVANCE	2	
KHAPZORY	2	B/D PA
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln</i>	1	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA
<i>mesna</i>	1	B/D PA; MO
MESNEX ORAL	2	MO
VISTOGARD	2	PA
XGEVA	2	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days)
ABRAXANE	2	B/D PA; MO
ADCETRIS	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
AFINITOR DISPERZ	2	PA; MO
AFINITOR ORAL TABLET 10 MG	2	PA; MO; QL (30 per 30 days)
ALECENSA	2	PA; MO; QL (240 per 30 days)
ALIMTA	2	B/D PA; MO
ALIQOPA	2	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	2	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	2	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	2	PA; QL (30 per 30 days)
<i>anastrozole</i>	1	MO
ARRANON	2	B/D PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO
ARZERRA	2	B/D PA; MO
ASPARLAS	2	PA
AYVAKIT	2	PA; LA; QL (30 per 30 days)
<i>azacitidine</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>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA
BALVERSA	2	PA; LA
BAVENCIO	2	B/D PA; LA
BELEODAQ	2	B/D PA
BENDEKA	2	B/D PA; MO
BESPONSA	2	B/D PA; MO; LA
<i>bexarotene</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
BLENREP	2	PA
<i>bleomycin</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	2	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	2	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO
BORTEZOMIB INTRAVENOUS RECON SOLN	2	B/D PA
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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BRAFTOVI ORAL CAPSULE 75 MG	2	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	2	PA; LA
<i>busulfan</i>	1	B/D PA
CABOMETYX	2	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	2	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	2	PA; 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
<i>carmustine intravenous recon soln 100 mg</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 ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	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
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	2	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	2	PA; MO; QL (84 per 28 days)
COPIKTRA	2	PA; 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
CYCLOPHOSPHAMIDE ORAL TABLET	2	B/D PA; MO
<i>cyclosporine intravenous</i>	1	B/D PA
<i>cyclosporine modified oral capsule</i>	1	B/D PA; MO
<i>cyclosporine modified oral solution</i>	1	B/D PA
<i>cyclosporine oral capsule</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<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
DANYELZA	2	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), 80 mg/8 ml (10 mg/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>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO
DROXIA	2	MO
ELZONRIS	2	PA; LA
EMCYT	2	MO
EMPLICITI	2	B/D PA; MO
ENVARUSUS XR	2	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA; MO
ERBITUX	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ERIVEDGE	2	PA; MO; QL (30 per 30 days)
ERLEADA	2	PA; MO; QL (120 per 30 days)
<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)
ERWINASE	2	B/D PA
ETOPOPHOS	2	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	1	PA; MO
<i>everolimus (immunosuppressive)</i>	1	B/D PA; MO
<i>exemestane</i>	1	MO
EXKIVITY	2	PA; LA; QL (120 per 30 days)
FARYDAK	2	PA; MO; QL (6 per 21 days)

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 solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
<i>flutamide</i>	1	MO
FOLOTYN	2	B/D PA; MO
FOTIVDA	2	PA; LA; QL (21 per 28 days)
<i>fulvestrant</i>	1	B/D PA; MO
GAVRETO	2	PA; MO; LA; QL (120 per 30 days)
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

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 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
<i>gengraf</i>	1	B/D PA; MO
GILOTRIF	2	PA; MO; QL (30 per 30 days)
HALAVEN	2	B/D PA; MO
<i>hydroxyurea</i>	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days)
ICLUSIG	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)
<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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	2	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET	2	PA; QL (30 per 30 days)
IMFINZI	2	B/D PA; MO; LA
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; QL (5 per 28 days)
INREBIC	2	PA; MO; LA; 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
JEMPERLI	2	PA; MO
JEVTANA	2	B/D PA; MO
KADCYLA	2	PA; MO
KEYTRUDA	2	PA
KIMMTRAK	2	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	2	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	2	PA; MO; QL (70 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA; MO; QL (63 per 28 days)
KYPROLIS	2	B/D PA
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days)
LENVIMA	2	PA; MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LIBTAYO	2	PA; 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
LUMAKRAS	2	PA; MO
LUMOXITI	2	PA; 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	2	PA; MO; QL (120 per 30 days)
LYSODREN	2	
MARGENZA	2	PA
MATULANE	2	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA

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 (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; LA
MVASI	2	B/D PA; MO
<i>mycophenolate mofetil</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).

This drug list was last updated on 11/18/2022.

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
<i>nelarabine</i>	1	B/D PA; MO
NERLYNX	2	PA; MO; LA
NEXAVAR	2	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	1	PA; MO
NINLARO	2	PA; MO; QL (3 per 28 days)
NUBEQA	2	PA; MO; LA; QL (120 per 30 days)
NULOJIX	2	B/D PA; MO
<i>octreotide acetate</i>	1	PA; MO
ODOMZO	2	PA; MO; LA; QL (30 per 30 days)
ONCASPAR	2	B/D PA
ONIVYDE	2	B/D PA
ONUREG	2	PA; MO; QL (14 per 14 days)
OPDIVO	2	PA; MO
OPDUALAG	2	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ORGOVYX	2	PA; LA; QL (32 per 30 days)
<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
<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; LA; QL (14 per 21 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg</i>	1	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	B/D PA
PERJETA	2	B/D PA; MO
PIQRAY	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
POLIVY	2	PA; MO
POMALYST	2	PA; MO; LA
PORTRAZZA	2	B/D PA; MO
POTELIGEO	2	PA
PROGRAF INTRAVENOUS	2	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	2	B/D PA; MO
PURIXAN	2	
QINLOCK	2	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	2	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	2	PA; MO; LA; QL (120 per 30 days)
REVLIMID	2	PA; MO; LA; QL (28 per 28 days)
<i>romidepsin intravenous recon soln</i>	1	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	2	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	2	PA; MO; QL (90 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RUBRACA	2	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	2	PA; MO
RYBREVANT	2	PA; MO
RYDAPT	2	PA; MO
RYLAZE	2	PA
SANDIMMUNE ORAL SOLUTION	2	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	2	PA; MO
SARCLISA	2	PA; LA
SCEMBLIX ORAL TABLET 20 MG	2	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	2	PA; MO; QL (300 per 30 days)
SIGNIFOR	2	PA
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

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SOLTAMOX	2	MO
SOMATULINE DEPOT	2	PA; MO
<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days)
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)
<i>sunitinib</i>	1	PA; MO; QL (30 per 30 days)
SYNRIBO	2	B/D PA
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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	2	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARGRETIN 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; LA
TECENTRIQ	2	B/D PA; MO; LA
TEMODAR INTRAVENOUS	2	B/D PA; MO
<i>temsirolimus</i>	1	B/D PA; MO
TEPMETKO	2	PA; LA
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
TIVDAK	2	PA; MO
<i>toposar</i>	1	B/D PA; MO
<i>topotecan intravenous recon soln</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	B/D PA; MO
<i>toremifene</i>	1	MO
TRAZIMERA	2	B/D PA; MO
TREANDA	2	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	B/D PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO
TRODELVY	2	PA; LA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	2	PA; LA; QL (21 per 21 days)
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	2	PA; LA; QL (42 per 21 days)
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	2	PA; LA; QL (63 per 21 days)
TUKYSA ORAL TABLET 150 MG	2	PA; LA; QL (120 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TUKYSA ORAL TABLET 50 MG	2	PA; LA; QL (300 per 30 days)
TURALIO	2	PA; LA; QL (120 per 30 days)
UNITUXIN	2	B/D PA
<i>valrubicin</i>	1	B/D PA; MO
VECTIBIX	2	B/D PA; MO
VELCADE	2	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	2	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	2	PA; LA; QL (42 per 30 days)
VERZENIO	2	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i>	1	B/D PA; MO
<i>vincasar pfs</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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
VONJO	2	PA; QL (120 per 30 days)
VOTRIENT	2	PA; MO; QL (120 per 30 days)
VYXEOS	2	B/D PA
WELIREG	2	PA; LA
XALKORI	2	PA; MO; QL (60 per 30 days)
XATMEP	2	B/D PA; MO
XERMELO	2	PA; LA; QL (90 per 30 days)
XOSPATA	2	PA; LA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	2	PA; LA
XTANDI ORAL CAPSULE	2	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	2	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	2	PA; MO; QL (60 per 30 days)
YERVOY	2	B/D PA; MO
YONDELIS	2	B/D PA
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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ZELBORAF	2	PA; MO; QL (240 per 30 days)
ZEPZELCA	2	PA
ZIRABEV	2	B/D PA; MO
ZOLADEX	2	PA; MO
ZOLINZA	2	PA; MO
ZORTRESS ORAL TABLET 1 MG	2	B/D PA; MO
ZYDELIG	2	PA; MO; QL (60 per 30 days)
ZYKADIA	2	PA; MO; QL (90 per 30 days)
ZYNLONTA	2	PA; LA
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	2	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	2	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	2	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS	2	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	2	MO; QL (600 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BRIVIACT ORAL TABLET	2	MO; QL (60 per 30 days)
<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 suspension 200 mg/10 ml</i>	1	
<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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DIACOMIT	2	PA; LA
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	2	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
EPIDIOLEX	2	PA; MO; LA
<i>epitol</i>	1	MO
EPRONTIA	2	PA; MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FINTEPLA	2	PA; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	1	MO
FYCOMPA ORAL SUSPENSION	2	MO; QL (720 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	2	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	2	MO; QL (60 per 30 days)
<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)
<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>lacosamide intravenous</i>	1	MO; QL (1200 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lacosamide oral solution</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>lamotrigine</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<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
NAYZILAM	2	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</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	
<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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
<i>primidone</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide</i>	1	PA; MO
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
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VALTOCO	2	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	1	MO; LA
<i>vigadrone</i>	1	LA
VIMPAT INTRAVENOUS	2	MO; QL (1200 per 30 days)
VIMPAT ORAL SOLUTION	2	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	2	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	2	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	2	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	2	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	2	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	2	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	2	MO; QL (56 per 28 days)
ZONISADE	2	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).

This drug list was last updated on 11/18/2022.

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

<i>zonisamide</i>	1	PA; MO
ZTALMY	2	PA; QL (1080 per 30 days)

ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<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; MO; QL (150 per 30 days)
NEUPRO	2	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole</i>	1	MO
<i>selegiline hcl</i>	1	MO

MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	2	PA; MO; QL (1.5 per 30 days)

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

AJOVY SYRINGE	2	PA; MO; QL (1.5 per 30 days)
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	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)
<i>ergotamine-caffeine</i>	1	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; 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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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)
TRUDHESA	2	ST; QL (8 per 28 days)
UBRELVY	2	PA; QL (20 per 30 days)
<i>zolmitriptan oral</i>	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO	2	PA; MO; QL (30 per 30 days)
BAFIERTAM	2	PA; MO; QL (120 per 30 days)
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>donepezil</i>	1	MO
FIRDAPSE	2	PA; LA
<i>galantamine</i>	1	MO
GILENYA ORAL CAPSULE 0.5 MG	2	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days)
<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)
INGREZZA	2	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	2	PA; LA; QL (28 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LEMTRADA	2	PA; MO; QL (6 per 365 days)
<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; QL (20 per 180 days)
RADICAVA	2	PA
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
<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; QL (15 per 28 days)
VUMERITY	2	PA; MO; QL (120 per 30 days)
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</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</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</i>	1	
<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	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

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

<i>tizanidine oral tablet</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 syringe</i>	1	
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch</i>	1	PA; MO; QL (4 per 28 days)
<i>endocet</i>	1	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	QL (400 per 30 days)

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

<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>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days)
--	---	-----------------------------

<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</i>	1	MO; QL (50 per 30 days)
------------------------------	---	-------------------------

<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	QL (240 per 30 days)
--	---	----------------------

<i>hydromorphone (pf) injection solution 2 mg/ml</i>	1	QL (150 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hydromorphone injection solution 1 mg/ml</i>	1	QL (300 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO; QL (150 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	1	MO; QL (300 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QL (150 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	1	MO; QL (75 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>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; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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)
<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 syringe 4 mg/ml</i>	1	MO; QL (500 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)
<i>morphine intravenous syringe 10 mg/ml</i>	1	QL (200 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).

This drug list was last updated on 11/18/2022.

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
NON-NARCOTIC ANALGESICS		
<i>8 hour acetaminophen er 650 mg</i>	3	ADD
<i>8hr arthritis pain er 650 mg</i>	3	ADD
<i>8hr muscle ache-pain er 650 mg</i>	3	ADD
<i>acetaminophen 120 mg suppos</i>	3	MO; ADD
<i>acetaminophen 120 mg suppos inner</i>	3	MO; ADD
<i>acetaminophen 120 mg suppos outer</i>	3	MO; ADD
<i>acetaminophen 160 mg/5 ml sol</i>	3	ADD
<i>acetaminophen 160 mg/5 ml sol inner</i>	3	ADD
<i>acetaminophen 160 mg/5 ml sol outer</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>acetaminophen 160 mg/5 ml susp inner</i>	3	ADD
<i>acetaminophen 160 mg/5 ml susp outer</i>	3	ADD
<i>acetaminophen 325 mg gelcap</i>	3	MO; ADD
<i>acetaminophen 325 mg tablet</i>	3	MO; ADD
<i>acetaminophen 325 mg/10.15 ml</i>	3	ADD
<i>acetaminophen 325 mg/10.15 ml inner</i>	3	ADD
<i>acetaminophen 325 mg/10.15 ml outer</i>	3	ADD
ACETAMINOPHEN 325 MG/10.15 ML OUTER	3	ADD
<i>acetaminophen 500 mg caplet</i>	3	MO; ADD
<i>acetaminophen 500 mg gelcap</i>	3	MO; ADD
<i>acetaminophen 500 mg tablet</i>	3	MO; ADD
<i>acetaminophen 500 mg tablet extra strength</i>	3	MO; ADD
<i>acetaminophen 650 mg suppos</i>	3	MO; ADD
<i>acetaminophen 650 mg suppos outer</i>	3	MO; ADD
<i>acetaminophen 650 mg/20.3 ml</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>acetaminophen 650 mg/20.3 ml inner</i>	3	ADD
ACETAMINOPHEN 650 MG/20.3 ML INNER	3	ADD
<i>acetaminophen 650 mg/20.3 ml outer</i>	3	ADD
ACETAMINOPHEN 650 MG/20.3 ML OUTER	3	ADD
<i>acetaminophen er 650 mg tablet inner</i>	3	MO; ADD
<i>acetaminophen er 650 mg tablet outer</i>	3	MO; ADD
ACETAMINOPHEN POWDER USP (RX)	3	ADD
<i>adult aspirin regimen ec 81 mg</i>	3	ADD
<i>all day pain relief 220 mg tab</i>	3	ADD
<i>all day pain rlf 220 mg caplet</i>	3	ADD
<i>all day pain rlf 220 mg caplet</i>	3	ADD
<i>all day relief 220 mg caplet caplet, gluten-free</i>	3	MO; ADD
<i>all day relief 220 mg tablet gluten-free</i>	3	MO; ADD
<i>arthritis pain er 650 mg caplt</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>arthritis pain er 650 mg caplt caplet</i>	3	ADD
<i>arthritis pain er 650 mg caplt caplet, 8 hour</i>	3	ADD
<i>arthritis pain er 650 mg tab inner</i>	3	ADD
<i>arthritis pain er 650 mg tab outer</i>	3	ADD
<i>aspirin 300 mg suppository</i>	3	MO; ADD
<i>aspirin 325 mg tablet</i>	3	MO; ADD
<i>aspirin 325 mg tablet coated</i>	3	MO; ADD
<i>aspirin 325 mg tablet micro-coated</i>	3	MO; ADD
<i>aspirin 325 mg tablet regular strength</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet adult low dose</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet child low dose</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet gluten-free, orange</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>aspirin 81 mg chewable tablet low dose</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet low dose, cherry</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet low strength, orange</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet tab chew, cherry</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet tab chew, orange</i>	3	MO; ADD
<i>aspirin ec 325 mg tablet</i>	3	MO; ADD
<i>aspirin ec 325 mg tablet regular strength</i>	3	MO; ADD
<i>aspirin ec 325 mg tablet safety-coated</i>	3	MO; ADD
<i>aspirin ec 81 mg tablet</i>	3	MO; ADD
<i>aspirin ec 81 mg tablet adult low dose</i>	3	MO; ADD
<i>aspirin ec 81 mg tablet low dose</i>	3	MO; ADD
<i>buprenorphine-naloxone sublingual film 12-3 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<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>cataflam</i>	1	
<i>celecoxib</i>	1	MO
<i>child acetaminophen 160 mg</i>	3	ADD
CHILD ACETAMINOPHEN 80 MG/2.5 ML ORAL SYRINGE	3	ADD
<i>child pain-fever 160 mg/5 ml</i>	3	MO; ADD
<i>child pain-fever 160 mg/5 ml as, ibu/f</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>child pain-fever 160 mg/5 ml gluten-f, grape</i>	3	MO; ADD
<i>children ibuprofen 100 mg/5 ml</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml berry</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml berry flavor</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml d/f</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml d/f, berry</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml dye/free</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml gluten/f, berry</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml gluten/f, grape</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml gluten/f, bubble</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml grape</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml inner</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml inner, d/f</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>children ibuprofen 100 mg/5 ml outer</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml outer, d/f</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml u-d</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml u-d, 100's, hosp use</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml u-d, 30's, hosp use</i>	3	ADD
<i>children's mapap 80 mg tab chw</i>	3	MO; ADD
<i>child's mapap 160 mg tab chew</i>	3	MO; ADD
<i>chld acetaminophen 160 mg/5 ml</i>	3	ADD
<i>chld acetaminophen 160 mg/5 ml gluten/f, grape</i>	3	ADD
<i>chld acetaminophen 160 mg/5 ml gluten/f, cherry</i>	3	ADD
<i>chld acetaminophen 160 mg/5 ml inner</i>	3	ADD
<i>chld acetaminophen 160 mg/5 ml u-d, oral syringe</i>	3	ADD
<i>chld acetaminophen 160 mg/5 ml outer</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<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
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	MO
<i>ed-apap 160 mg/5 ml liquid</i>	3	ADD
<i>etodolac</i>	1	MO
<i>feverall 120 mg suppository childrens, outer</i>	3	ADD
<i>feverall 120 mg suppository children's, outer</i>	3	ADD
<i>feverall 325 mg suppository junior str, outer</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>feverall 650 mg suppository adult, outer</i>	3	ADD
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER	3	MO; ADD
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>gnp aspirin ec 81 mg tablet</i>	3	MO; ADD
<i>gnp ibuprofen 200 mg softgel</i>	3	MO; ADD
<i>gnp ibuprofen 200 mg tablet</i>	3	MO; ADD
<i>gnp naproxen sod 220 mg caplet</i>	3	ADD
<i>gnp naproxen sod 220 mg tablet</i>	3	ADD
<i>gnp pain relief 500 mg caplet</i>	3	ADD
<i>gnp pain relief 500 mg caplet</i>	3	ADD
<i>gs arthritis pain er 650 mg</i>	3	ADD
<i>gs arthritis pain er 650 mg caplet</i>	3	ADD
<i>gs aspirin 325 mg tablet</i>	3	MO; ADD
<i>gs aspirin 81 mg chewable tab</i>	3	MO; ADD
<i>gs child fever-pain 160 mg/5 ml</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gs child ibuprofen 100 mg/5 ml</i>	3	ADD
<i>gs child pain-fever 160 mg/5 ml</i>	3	MO; ADD
<i>gs ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>gs ibuprofen 200 mg liquid gel</i>	3	MO; ADD
<i>gs ibuprofen 200 mg tablet</i>	3	MO; ADD
<i>gs inf ibuprofen 50 mg/1.25 ml</i>	3	MO; ADD
<i>gs infant pain-fever 160 mg/5</i>	3	ADD
<i>gs infant pain-fever 160 mg/5 cherry, dye-free</i>	3	ADD
<i>gs naproxen sod 220 mg caplet</i>	3	ADD
<i>gs naproxen sod 220 mg tablet</i>	3	ADD
<i>gs pain relief 325 mg tablet</i>	3	ADD
<i>gs pain relief 500 mg caplet</i>	3	ADD
<i>gs pain relief 500 mg tablet</i>	3	ADD
<i>gs pain relief er 650 mg cplt</i>	3	MO; ADD
<i>hm arthrit pain rlf er 650 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm arthritis pain er 650 mg caplet, 8 hour</i>	3	ADD
<i>hm aspirin 325 mg tablet</i>	3	MO; ADD
<i>hm aspirin 81 mg chewable tab</i>	3	MO; ADD
<i>hm aspirin 81 mg chewable tab adlt low dose,orange</i>	3	MO; ADD
<i>hm aspirin ec 325 mg tablet reg strength</i>	3	MO; ADD
<i>hm aspirin ec 81 mg tablet</i>	3	MO; ADD
<i>hm aspirin ec 81 mg tablet low dose</i>	3	MO; ADD
<i>hm child acetaminophen 160 mg</i>	3	ADD
<i>hm child ibuprofen 100 mg/5 ml</i>	3	ADD
<i>hm child ibuprofen 100 mg/5 ml berry</i>	3	ADD
<i>hm child ibuprofen 100 mg/5 ml bubble gum</i>	3	ADD
<i>hm child ibuprofen 100 mg/5 ml gluten/f,berry</i>	3	ADD
<i>hm child ibuprofen 100 mg/5 ml grape</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm chld pain-fever 160 mg/5 ml</i>	3	MO; ADD
<i>hm chld pain-fever 160 mg/5 ml dye-free</i>	3	MO; ADD
<i>hm chld pain-fever 160 mg/5 ml gluten-f,as</i>	3	MO; ADD
<i>hm ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>hm ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>hm ibuprofen 200 mg capsule liquid filled sftgel</i>	3	MO; ADD
<i>hm ibuprofen 200 mg tablet</i>	3	MO; ADD
<i>hm ibuprofen 200 mg tablet coated,gluten-free</i>	3	MO; ADD
<i>hm ibuprofen ib 100 mg chew tb</i>	3	ADD
<i>hm ibuprofen ib 200 mg caplet coated, gluten-free</i>	3	ADD
<i>hm ibuprofen ib 200 mg tablet coated. gluten-free</i>	3	ADD
<i>hm inf ibuprofen 50 mg/1.25 ml berry flavor</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm inf ibuprofen 50 mg/1.25 ml d/f, berry flavor</i>	3	MO; ADD
<i>hm infant pain-fever 160 mg/5 cherry, w/syringe</i>	3	ADD
<i>hm infant pain-fever 160 mg/5 grape, w/syringe</i>	3	ADD
<i>hm naproxen sod 220 mg caplet caplet, gluten-free</i>	3	ADD
<i>hm naproxen sodium 220 mg cap</i>	3	ADD
<i>hm pain relief 325 mg tablet</i>	3	ADD
<i>hm pain relief 500 mg caplet</i>	3	ADD
<i>hm pain relief 500 mg caplet caplet, ex-strength</i>	3	ADD
<i>hm pain relief 500 mg tablet ex-str, gluten-free</i>	3	ADD
<i>hm pain relief er 650 mg cplt</i>	3	MO; ADD
<i>hm pain reliever 325 mg tablet regular strength</i>	3	ADD
<i>hm pain reliever 500 mg tablet extra strength</i>	3	ADD
<i>ibu</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ibu-200 200 mg tablet</i>	3	ADD
<i>ibuprofen 100 mg/5 ml susp u-d, 50's, hosp use (otc)</i>	3	MO; ADD
<i>ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>ibuprofen 200 mg caplet caplet, coated</i>	3	MO; ADD
<i>ibuprofen 200 mg coated caplet</i>	3	MO; ADD
<i>ibuprofen 200 mg capsule</i>	3	MO; ADD
<i>ibuprofen 200 mg softgel</i>	3	MO; ADD
<i>ibuprofen 200 mg tablet</i>	3	MO; ADD
<i>ibuprofen 200 mg tablet coated</i>	3	MO; ADD
<i>ibuprofen 200 mg tablet coated caplet</i>	3	MO; ADD
<i>ibuprofen 200 mg/10 ml susp 100's, u-d cups (otc)</i>	3	MO; ADD
<i>ibuprofen 200 mg/10 ml susp 30's, u-d cups (otc)</i>	3	MO; ADD
<i>ibuprofen 200 mg/10 ml susp u-d (otc)</i>	3	MO; ADD
<i>ibuprofen jr str 100 mg chew</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ibuprofen jr str 100 mg chewable tablet</i>	3	ADD
<i>ibuprofen jr str 100 mg tb chw</i>	3	ADD
<i>ibuprofen jr str 100 mg tb chw tab chew,orange</i>	3	ADD
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>inf acetaminophen 160 mg/5 ml</i>	3	ADD
<i>infant ibuprofen 50 mg/1.25 ml</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml berry</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml berry,infant</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml d/f,berry,infant</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml d/f,non-staining</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml gluten/f, berry</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>infant pain relief susp grape</i>	3	ADD
<i>infant pain-fever 160 mg/5 ml</i>	3	ADD
<i>infant pain-fever 160 mg/5 ml grape</i>	3	ADD
<i>infant pain-fever 160 mg/5 ml w/syringe, cherry</i>	3	ADD
<i>infant pain-fever 160 mg/5 ml w/syringe, grape</i>	3	ADD
<i>infants pain-fever 160 mg/5 ml dye-free, cherry</i>	3	ADD
KLOXXADO	2	MO
<i>mapap 500 mg capsule</i>	3	MO; ADD
<i>mapap 500 mg/15 ml liquid</i>	3	MO; ADD
<i>mapap arthritis er 650 mg cplt</i>	3	MO; ADD
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>m-pap 160 mg/5 ml liquid</i>	3	ADD
<i>nabumetone</i>	1	MO
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; QL (200 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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>naloxone nasal</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	
<i>naproxen sodium 220 mg capsule</i>	3	ADD
<i>naproxen sodium 220 mg tablet</i>	3	ADD
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>NARCAN</i>	2	MO
<i>oxaprozin</i>	1	MO
<i>pain relief 325 mg tablet</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pain relief 500 mg caplet, ex-strength</i>	3	ADD
<i>pain relief 500 mg tablet ex-strength</i>	3	ADD
<i>pain relief 500 mg tablet extra strength</i>	3	ADD
<i>pain reliever 500 mg tablet ex-str, easy tab</i>	3	ADD
<i>pharbetol 325 mg tablet regular strength</i>	3	ADD
<i>pharbetol 500 mg tablet extra strength</i>	3	ADD
<i>piroxicam</i>	1	MO
<i>qc acetaminophen 8-hr 650 mg</i>	3	MO; ADD
<i>qc arthritis pain er 650 mg caplet</i>	3	ADD
<i>qc aspirin 325 mg tablet</i>	3	MO; ADD
<i>qc aspirin 81 mg chewable tab</i>	3	MO; ADD
<i>qc aspirin 81 mg chewable tab low dose, orange</i>	3	MO; ADD
<i>qc aspirin ec 325 mg tablet</i>	3	MO; ADD
<i>qc aspirin ec 81 mg tablet</i>	3	MO; ADD
<i>qc child ibuprofen 100 mg/5 ml</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>qc child pain rlf 160 mg/5 ml</i>	3	ADD
<i>qc child pain rlf 160 mg/5 ml bubble gum</i>	3	ADD
<i>qc ibuprofen 200 mg softgel</i>	3	MO; ADD
<i>qc ibuprofen ib 200 mg caplet</i>	3	ADD
<i>qc ibuprofen ib 200 mg tablet</i>	3	ADD
<i>qc infnt pain rlf 160 mg/5 ml</i>	3	ADD
<i>qc naproxen sod 220 mg tablet</i>	3	ADD
<i>qc non-aspirin 500 mg caplet xtra strength, caplet</i>	3	ADD
<i>qc non-aspirin 500 mg gelcap gelcap, ex-str</i>	3	ADD
<i>qc non-aspirin pain relief tb extra strength</i>	3	ADD
<i>qc pain relief 325 mg tablet</i>	3	ADD
<i>qc pain relief 500 mg caplet</i>	3	ADD
<i>salsalate</i>	1	MO
<i>sb naproxen sod 220 mg caplet</i>	3	ADD
<i>silapap 160 mg/5 ml liquid</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm 8 hour pain relief 650 mg caplet</i>	3	ADD
<i>sm arthritis pain er 650 mg caplet</i>	3	ADD
<i>sm arthritis pain er 650 mg tb</i>	3	ADD
<i>sm aspirin 325 mg tablet</i>	3	MO; ADD
<i>sm aspirin 81 mg chewable tab adult low strength</i>	3	MO; ADD
<i>sm aspirin ec 325 mg tablet</i>	3	MO; ADD
<i>sm aspirin ec 325 mg tablet reg-str, gluten-free</i>	3	MO; ADD
<i>sm aspirin ec 81 mg tablet adult low strength</i>	3	MO; ADD
<i>sm child aspirin 81 mg chw tab children's</i>	3	ADD
<i>sm chld pain-fever 160 mg/5 ml</i>	3	MO; ADD
<i>sm chld pain-fever 160 mg/5 ml as, gluten-f</i>	3	MO; ADD
<i>sm ibuprofen 100 mg/5 ml susp (otc)</i>	3	MO; ADD
<i>sm ibuprofen 100 mg/5 ml susp children's (otc)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>sm ibuprofen 200 mg softgel</i>	3	MO; ADD
<i>sm ibuprofen 200 mg tablet</i>	3	MO; ADD
<i>sm ibuprofen ib 100 mg chew tb</i>	3	ADD
<i>sm ibuprofen ib 200 mg caplet</i>	3	ADD
<i>sm ibuprofen ib 200 mg caplet caplet, gluten-free</i>	3	ADD
<i>sm ibuprofen ib 200 mg tablet</i>	3	ADD
<i>sm ibuprofen ib 200 mg tablet coated</i>	3	ADD
<i>sm inf ibuprofen 50 mg/1.25 ml d/f</i>	3	MO; ADD
<i>sm inf ibuprofen 50 mg/1.25 ml w/dropper</i>	3	MO; ADD
<i>sm infant pain-fever 160 mg/5 gluten-f, cherry</i>	3	ADD
<i>sm infant pain-fever 160 mg/5 gluten-f, grape</i>	3	ADD
<i>sm naproxen sod 220 mg caplet</i>	3	ADD
<i>sm naproxen sod 220 mg gluten free, caplet</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm pain reliever 325 mg tablet</i>	3	ADD
<i>sm pain reliever 500 mg caplet caplet, extra str</i>	3	ADD
<i>sm pain reliever 500 mg caplet caplet, extra str</i>	3	ADD
<i>sm pain reliever 500 mg gelcap gelcap, ex strength</i>	3	ADD
<i>sm pain reliever 500 mg tablet ex-str, gluten-free</i>	3	ADD
<i>sm pain reliever 500 mg tablet extra strength</i>	3	ADD
<i>sm pain reliever er 650 mg</i>	3	MO; ADD
<i>st. joseph aspirin 81 mg chew</i>	3	MO; ADD
<i>sulindac</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)
VIVITROL	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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; QL (1 per 28 days)
<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 INITIO	2	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULA R SUSPENSION, EXT ENDED REL SYRING 1,064 MG/3.9 ML	2	MO; QL (3.9 per 56 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ARISTADA INTRAMUSCULA R SUSPENSION, EXT ENDED REL SYRING 441 MG/1.6 ML	2	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULA R SUSPENSION, EXT ENDED REL SYRING 662 MG/2.4 ML	2	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULA R SUSPENSION, EXT ENDED REL SYRING 882 MG/3.2 ML	2	MO; QL (3.2 per 28 days)
<i>armodafinil</i>	1	PA; MO
<i>asenapine maleate</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
<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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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; QL (30 per 30 days)
<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</i>	1	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate</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
<i>dextroamphetamine-amphetamine</i>	1	MO
<i>diazepam injection</i>	1	PA
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; 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 solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; 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)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	2	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM	2	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	
<i>fluoxetine (pmd) oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine (pmd) oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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 (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)
<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)
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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 HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	MO; QL (1.5 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	MO; QL (2.63 per 90 days)
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>lorazepam injection solution</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam intensol</i>	1	PA; 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
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nortriptyline</i>	1	MO
NUPLAZID	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 suspension</i>	1	MO
<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)
PAXIL ORAL SUSPENSION	2	MO
<i>perphenazine</i>	1	MO
PERSERIS	2	MO; QL (1 per 30 days)
<i>phenelzine</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pimozide</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; QL (2 per 28 days)
<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)
<i>risperidone oral tablet 4 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>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)
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)
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranlycypromine</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)
<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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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)
<i>vilazodone</i>	1	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)
XYREM	2	PA; 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)
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1	MO
<i>zolpidem oral tablet</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
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	MO; QL (1 per 28 days)

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 tablet 100 mg, 400 mg</i>	1	
<i>amiodarone oral tablet 200 mg</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	
<i>lidocaine (pf) in d7.5w</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lidocaine (pf) intravenous</i>	1	
<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</i>	1	
<i>propafenone</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	
<i>sotalol oral</i>	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hctiazid</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; QL (180 per 30 days)
<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
<i>carvedilol</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	1	MO
<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
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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 oral tablet</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>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	1	
<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
<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

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	1	MO; QL (180 per 30 days)
<i>isradipine</i>	1	MO
KERENDIA	2	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	1	
<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>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate oral</i>	1	MO
<i>metirosine</i>	1	PA; MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol</i>	1	
<i>nicardipine intravenous solution</i>	1	
<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-hcthiiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
<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)
<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>torse mide oral</i>	1	MO
<i>trandolapril</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	1	PA; MO; LA
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL	2	PA; MO; LA
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>velettri</i>	1	B/D PA; MO
<i>verapamil intravenous</i>	1	
<i>verapamil oral</i>	1	MO
COAGULATION THERAPY		
<i>aminocaproic acid</i>	1	MO
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	2	PA; LA
CEPROTIN (BLUE BAR)	2	PA; MO
CEPROTIN (GREEN BAR)	2	PA; 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>dabigatran etexilate</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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 subcutaneous solution</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
<i>fondaparinux</i>	1	MO

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 20,000 unit/500 ml (40 unit/ml)</i>	1	
<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) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</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	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	2	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	2	MO
<i>jantoven</i>	1	MO
MEPHYTON 5 MG TABLET	3	MO; ADD
MULPLETA	2	PA; MO
NPLATE	2	MO
<i>pentoxifylline</i>	1	MO
<i>phytonadione 5 mg tablet</i>	3	MO; ADD
<i>phytonadione 5 mg tablet inner</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>phytonadione 5 mg tablet outer</i>	3	MO; ADD
<i>prasugrel</i>	1	MO
PROMACTA	2	PA; MO; LA
<i>protamine</i>	1	
<i>vitamin k-1 10 mg/ml ampul suv, outer</i>	3	MO; ADD
<i>warfarin</i>	1	MO
XARELTO	2	MO
XARELTO DVT-PE TREAT 30D START	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	
<i>colesevelam</i>	1	MO
<i>colestipol</i>	1	MO
<i>endur-acin er 250 mg tablet</i>	3	MO; ADD
<i>endur-acin er 500 mg tablet</i>	3	ADD
<i>endur-acin er 750 mg tablet</i>	3	ADD
<i>ezetimibe</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid</i>	1	MO
<i>fenofibric acid (choline)</i>	1	MO
<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>gemfibrozil</i>	1	MO
<i>gnp niacin 250 mg tablet w/calcium (rx)</i>	3	MO; ADD
<i>hm niacin tr 250 mg tablet gluten-free (rx)</i>	3	MO; ADD
<i>icosapent ethyl</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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
<i>niacin 100 mg tablet (rx)</i>	3	MO; ADD
<i>niacin 100 mg tablet inner (rx)</i>	3	MO; ADD
<i>niacin 100 mg tablet outer (rx)</i>	3	MO; ADD
<i>niacin 250 mg tablet (rx)</i>	3	MO; ADD
<i>niacin 250 mg tablet d/f,p/f,n (rx)</i>	3	MO; ADD
<i>niacin 50 mg tablet (rx)</i>	3	MO; ADD
<i>niacin 500 mg capsule sa (rx)</i>	3	MO; ADD
<i>niacin 500 mg tablet (rx)</i>	3	MO; ADD
<i>niacin 500 mg tablet y/f,gluten/f (rx)</i>	3	MO; ADD
<i>niacin 750 mg tablet sa</i>	3	MO; ADD
NIACIN ER 1,000 MG TABLET (RX)	3	MO; ADD
<i>niacin er 250 mg capsule (rx)</i>	3	MO; ADD
<i>niacin er 250 mg tablet p/f (rx)</i>	3	MO; ADD
<i>niacin er 500 mg caplet (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>niacin er 500 mg caplet caplet,cdt,p/f (rx)</i>	3	MO; ADD
<i>niacin er 500 mg capsule (rx)</i>	3	MO; ADD
<i>niacin er 500 mg tablet (rx)</i>	3	MO; ADD
<i>niacin er 500 mg tablet inner (rx)</i>	3	MO; ADD
<i>niacin er 500 mg tablet n,p/f (rx)</i>	3	MO; ADD
<i>niacin er 500 mg tablet outer (rx)</i>	3	MO; ADD
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
<i>niacin sa 250 mg capsule (rx)</i>	3	MO; ADD
<i>niacin tr 250 mg capsule (rx)</i>	3	MO; ADD
<i>niacin tr 250 mg capsule p/f,n,gluten/f (rx)</i>	3	MO; ADD
<i>niacin tr 250 mg tablet (rx)</i>	3	MO; ADD
<i>niacin tr 250 mg tablet p/f (rx)</i>	3	MO; ADD
<i>niacin tr 500 mg caplet (rx)</i>	3	MO; ADD
<i>niacin tr 500 mg capsule (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>niacin tr 500 mg tablet (rx)</i>	3	MO; ADD
<i>omega-3 1,000 mg softgel (rx)</i>	3	MO; ADD
<i>omega-3 acid ethyl esters</i>	1	MO
<i>plain niacin 250 mg tablet (rx)</i>	3	MO; ADD
<i>plain niacin 500 mg tablet (rx)</i>	3	MO; ADD
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	1	MO
<i>ra niacin 100 mg tablet p/f (rx)</i>	3	MO; ADD
<i>ra niacin 500 mg tablet (rx)</i>	3	MO; ADD
RA NIACIN 500 MG TABLET NO FLUSH (RX)	3	ADD
REPATHA	2	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; 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)
SLO-NIACIN 250 MG 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>slo-niacin 500 mg tablet (rx)</i>	3	MO; ADD
SLO-NIACIN 750 MG TABLET	3	MO; ADD
<i>super omega-3 softgel</i>	3	ADD
SUPER TWIN EPA-DHA 1,250 MG	3	ADD
VASCEPA	2	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	1	
CORLANOR ORAL SOLUTION	2	QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)
<i>digitek</i>	1	MO
<i>digoxin oral</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), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/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>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
<i>milrinone in 5 % dextrose</i>	1	B/D PA
<i>norepinephrine bitartrate</i>	1	
<i>ranolazine</i>	1	MO
<i>sodium nitroprusside</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VECAMYL	2	
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	2	PA; MO
VYNDAREL	2	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</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), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<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</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>acitretin</i>	1	MO
<i>anti-dandruff 1% shampoo</i>	3	MO; 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	
<i>medicated dandruff 1% shampoo</i>	3	ADD
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA; MO; QL (2 per 28 days)
STELARA INTRAVENOUS	2	PA; MO; QL (104 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	2	PA; MO; QL (0.5 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR	2	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	2	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	2	PA; MO; QL (3 per 28 days)
TALTZ SYRINGE	2	PA; MO; QL (1 per 28 days)
KERATOLYTICS		
<i>callus removers patch</i>	3	ADD
<i>corn remover 40% patch</i>	3	ADD
DHS SAL 3% SHAMPOO	3	MO; ADD
<i>liquid corn-callus remover</i>	3	ADD
<i>liquid wart remover 17%</i>	3	ADD
SALICYLIC ACID POWDER (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SALICYLIC ACID POWDER USP (RX)	3	ADD
<i>sal-plant 17% gel</i>	3	MO; ADD
SCALP RELIEF LIQUID	3	ADD
<i>sebex shampoo</i>	3	MO; ADD
<i>therapeutic 3% dandruff shmp</i>	3	ADD
<i>wart remover 17% liquid</i>	3	ADD
<i>wart remover clear strip</i>	3	ADD
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	2	PA; MO; QL (6 per 28 days)
AMERICERIN MOIST CREAM	3	ADD
<i>ammonium lactate 12% cream (otc)</i>	3	MO; ADD
<i>ammonium lactate 12% lotion (otc)</i>	3	MO; ADD
<i>ammonium lactate topical cream 12 %</i>	1	MO
<i>ammonium lactate topical lotion 12 %</i>	1	MO
<i>anti-itch 2% cream extra strength</i>	3	ADD
<i>anti-itch 2%-0.1% cream</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>aquaphilic ointment</i>	3	MO; ADD
AQUAPHOR 41% HEALING OINTMENT	3	MO; ADD
AQUAPHOR 41% HEALING OINTMENT ADV THERAPY, 2 PACK	3	MO; ADD
AQUAPHOR 41% HEALING OINTMENT ADVANCED THERAPY	3	MO; ADD
AQUAPHOR 41% HEALING OINTMENT BABY, ADV THERAPY	3	MO; ADD
AQUAPHOR HEALING OINTMENT	3	ADD
ARBEM H-COSMETIC CREAM	3	ADD
ARBEM LIPOPEN BASE	3	ADD
ARTHRITIS PAIN RLF 0.075% CRM	3	MO; ADD
AZ CREAM (RX)	3	ADD
<i>banophen anti-itch 2% cream</i>	3	MO; ADD
BASE 7542 CREAM	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>benzoin compound tincture</i>	3	ADD
<i>benzoin tincture (otc)</i>	3	ADD
<i>benzoin tincture plain (rx)</i>	3	ADD
<i>beta care cream</i>	3	MO; ADD
BETA XMA CREAM	3	ADD
<i>capsaicin 0.025% cream</i>	3	MO; ADD; QL (60 per 30 days)
<i>capsaicin 0.1% cream</i>	3	ADD
CAPSAICIN 0.15% LIQUID	3	ADD; QL (60 per 30 days)
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
CARRINGTON MOIST BARRIER CREAM	3	ADD
CARRINGTON MOIST BARRIER CREAM	3	MO; ADD
CASTELLANI PAINT MODIFIED	3	MO; ADD
CERAVE HEALING 46.5% OINTMENT	3	MO; ADD
CERAVE MOISTURIZING CREAM	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CERAVE SA CREAM	3	ADD
CETAPHIL CREAM	3	MO; ADD
<i>cetaphil moisturizing cream</i>	3	MO; ADD
CETAPHIL MOISTURIZING CREAM	3	MO; ADD
<i>chloroprocaine (pf)</i>	1	
CIBINQO	2	PA; MO; QL (30 per 30 days)
COCONUT OIL CREAM	3	ADD
CRITIC-AID CLEAR OINTMENT 12'S	3	ADD
CRITIC-AID CLEAR OINTMENT 300'S	3	ADD
CUTTER BACKWOODS 25% SPRAY	3	ADD
CUTTER BACKWOODS DRY 25% SPRAY	3	ADD
CUTTER LEMON EUCALYPTUS SPRAY	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CUTTER NATURAL REPELLENT SPRAY	3	ADD
CUTTER NATURAL REPELLENT2 SPRY	3	ADD
CUTTER SKINSATIONS 7% SPRAY	3	ADD
CVS INSECT REPELLENT 15% SPRAY	3	ADD
<i>cvs moisturizing cream (rx)</i>	3	ADD
CVS TOTAL HOME INSECT 30% SPR	3	ADD
<i>daylogic advanced healing oint</i>	3	ADD
<i>dermabase cream (rx)</i>	3	MO; ADD
<i>dermacerin cream (rx)</i>	3	MO; ADD
DERMACINRX SKIN REPAIR 5% CRM	3	ADD
DERMAGRAN 0.275% OINTMENT DG-4	3	ADD
DERMAGRAN 0.275% OINTMENT DT-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](https://www.caresource.com/MyCare).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dermamed ointment 24's, tube</i>	3	ADD
<i>dermaphor ointment</i>	3	MO; ADD
DERMAPHOR OINTMENT	3	ADD
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
DML FORTE CREAM W- PANTHENOL	3	MO; ADD
<i>dry skin treatment</i>	3	ADD
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA; MO; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; MO; QL (8 per 28 days)
EMOLLIA CREME	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>emollient cream base</i>	3	MO; ADD
EUCERIN SKIN CALMING CREAM CREME	3	MO; ADD
EUCERIN SKIN CALMING CREAM CREME,FRAGRANCE-FREE	3	MO; ADD
FLANDERS BUTTOCKS OINTMENT	3	ADD
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>glycerin 99.5% liquid usp, anhydrous (otc)</i>	3	MO; ADD
GLYCERIN 99.5% SKIN PROTECT LQ USP (OTC)	3	MO; ADD
<i>glycerin 99.5% skin protect lq vegetable based, usp (otc)</i>	3	MO; ADD
<i>glycerin 99.7% liquid (rx)</i>	3	ADD
<i>glycerin liquid (rx)</i>	3	ADD
<i>glycerin liquid anhydrous synthetic (otc)</i>	3	ADD
<i>glycerin liquid usp (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>glycerin liquid usp, ep (rx)</i>	3	ADD
<i>glycerin liquid usp, natural (rx)</i>	3	ADD
<i>glycerin skin protectant liq anhydrous synthetic (otc)</i>	3	MO; ADD
<i>glydo</i>	1	MO; QL (60 per 30 days)
<i>gs itch relief cream</i>	3	MO; ADD
HYDRASYN25 CREAM	3	ADD
<i>hydrolatum ointment 12's</i>	3	ADD
<i>hydrolatum ointment 57 gm x 24</i>	3	ADD
HYDROPHILIC PETROLATUM (RX)	3	ADD
HYDROUS EMULSIFIED BASE CREAM	3	ADD
<i>imiquimod topical cream in packet 5 %</i>	1	MO
INSECT REPELLENT 20% SPRAY	3	ADD
ITCH RELIEF 2%-0.1% SPRAY	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ITCH RELIEF 2%-0.1% SPRAY EXTRA STRENGTH	3	ADD
<i>itch relief cream</i>	3	MO; ADD
KERADAN CREAM	3	ADD
<i>leader fingers skin cream (rx)</i>	3	ADD
<i>lidocaine (pf) injection solution</i>	1	
LIDOCAINE 4% CREAM	3	MO; ADD
LIDOCAINE 4% CREAM	3	MO; ADD; QL (30 per 30 days)
LIDOCAINE 4% CREAM OUTER	3	MO; ADD; QL (30 per 30 days)
<i>lidocaine hcl injection solution</i>	1	
<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

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	PA; MO
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	MO
<i>lidocaine-epinephrine</i>	1	
<i>lidocaine-epinephrine (pf)</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
LIP BALM BASE (RX)	3	ADD
<i>methoxsalen</i>	1	MO
MICRODERM BASE CREAM	3	ADD
MICROSOME BASE CREAM	3	ADD
<i>minerin creme</i>	3	MO; ADD
MINERIN CREME	3	MO; ADD
MOISTURIZING CREAM (RX)	3	ADD
NATRAPEL 20% SPRAY	3	ADD
NEUTROGENA NORWEGIAN FORMULA FRAGRANCE-FREE (RX)	3	MO; ADD
OFF ACTIVE 15% SPRAY	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OFF DEEP WOODS 25% SPRAY	3	ADD
OFF DEEP WOODS DRY 25% SPRAY	3	ADD
OFF DEEP WOODS SPORTMN 25% SPR	3	ADD
OFF DEEP WOODS SPORTMN 30% SPR	3	ADD
OFF DEEP WOODS SPORTMN 98.25%	3	ADD
OFF FAMILYCARE 15% RPLNT I SPR	3	ADD
OFF FAMILYCARE 5% REPELLNT III	3	ADD
OFF FAMILYCARE 5% RPLNT II SPR	3	ADD
OFF FAMILYCARE 7% RPLNT SPRAY	3	ADD
PANRETIN	2	PA; MO
PCCA EMOLLIENT CREAM BASE	3	ADD
PEN-KERA CREAM	3	MO; ADD
<i>pentravan cream base (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PENTRAVAN PLUS CREAM BASE	3	ADD
<i>petrolatum base ointment</i>	3	ADD
PFCB CREAM BASE	3	ADD
PHARMABASE ANTIOXIDANT CREAM (RX)	3	ADD
PHARMABASE COSMETIC CR NATURAL (RX)	3	ADD
PHARMABASE COSMETIC CREAM	3	ADD
PHARMABASE COSMETIC CRM LIGHT (RX)	3	ADD
PHARMABASE VAGINAL CREAM	3	ADD
PHYTOBASE CREAM (RX)	3	ADD
PICODERM CREAM	3	ADD
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
PNA-HRT BASE CREAM	3	ADD
<i>podofilox</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	
PRETTY FEET & HANDS CREAM	3	ADD
PROPYLENE GLYCOL LIQUID (RX)	3	MO; ADD
PROPYLENE GLYCOL LIQUID USP (RX)	3	MO; ADD
PROSHIELD PLUS 1% OINTMENT	3	MO; ADD
<i>qc anti-itch cream extra strength</i>	3	ADD
Q-DERM BASE CREAM	3	ADD
RANGER READY REPELLENT 20% SPR	3	ADD
REGRANEX	2	MO
REJUVACARE PLUS CREAM	3	ADD
REMEDY DIMETHICONE 5% CREAM	3	ADD
REMEDY NUTRASHIELD PROTECTANT	3	ADD
REMEDY SKIN REPAIR CREAM W/OLIVAMINE	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
REPEL 100 98.11% SPRAY	3	ADD
REPEL FAMILY 10% SPRAY	3	ADD
REPEL FAMILY 15% SPRAY	3	ADD
REPEL LEMON EUCALYPTUS 30% SPR	3	ADD
REPEL SPORTSMEN 25% SPRAY	3	ADD
REPEL SPORTSMEN DRY 25% SPRAY	3	ADD
REPEL SPORTSMEN MAX 40% LOTION	3	ADD
REPEL SPORTSMEN MAX 40% SPRAY	3	ADD
REPEL TICK DEFENSE 15% SPRAY	3	ADD
SALTSTABLE LO CREAM BASE	3	ADD
SANTYL	2	MO
S-C MEDSEPTIC SKIN PROTECTANT	3	ADD
S-C MEDSEPTIC SKIN PROTECTANT	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
S-C MOIST BARRIER OINT-ALOE	3	ADD
<i>silver sulfadiazine</i>	1	MO
<i>sm anti-itch 2% cream extra strength</i>	3	ADD
<i>sm benzoin tincture nxfi</i>	3	ADD
SOOTHE AND COOL MOIST BARRIER OUTER	3	ADD
<i>sorbidon hydrate cream (rx)</i>	3	ADD
<i>sorbidon hydrate cream 12's (rx)</i>	3	ADD
SORBOLENE CREAM	3	ADD
<i>ssd</i>	1	MO
STUDIO 35 MOIST SKIN CREAM	3	ADD
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
TENDER CARE LANOLIN CREAM	3	ADD
<i>therapeutic moisturizing cream fragrance free</i>	3	ADD
<i>therapeutic moisturizing cream fragrance-free</i>	3	ADD
U-BASE CREAM BASE	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ULTRATHON 25% REPELLENT SPRAY (RX)	3	ADD
ULTRATHON 34.34% REPEL LOTION	3	ADD
VALCHLOR	2	PA; MO
VANIBASE MOISTURIZING CREAM (RX)	3	ADD
VANIBASE TRADITIONAL FORMULA (RX)	3	ADD
<i>vanicream skin cream (rx)</i>	3	MO; ADD
<i>vanicream skin cream 40lb pail (rx)</i>	3	MO; ADD
<i>vanicream skin cream no dye / fragrance (rx)</i>	3	MO; ADD
<i>vanicream skin cream w/pump dispenser (rx)</i>	3	MO; ADD
VERSATILE CREAM BASE (RX)	3	ADD
VERSIGEL CREAM BASE	3	ADD
VITAMIN E OINTMENT	3	ADD
V-MAX BASE CREAM	3	ADD
XCEL 100 CREAM	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
XERAC AC 6.25% SOLUTION	3	MO; ADD
ZIKS ARTHRITIS PAIN RELIEF	3	MO; ADD
THERAPY FOR ACNE		
<i>accutane</i>	1	
ACNE MEDICATION 10% GEL	3	MO; ADD
ACNE MEDICATION 10% LOTION	3	MO; ADD
<i>acne medication 2.5% gel</i>	3	ADD
ACNE MEDICATION 5% GEL	3	MO; ADD
ACNE MEDICATION 5% LOTION	3	MO; ADD
<i>adapalene 0.1% gel (otc)</i>	3	MO; ADD
<i>amnesteam</i>	1	
<i>avita topical cream</i>	1	PA; MO
<i>azelaic acid</i>	1	MO
<i>benzoyl peroxide 10% gel aqueous (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 10% wash (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 2.5% gel (otc)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>benzoyl peroxide 5% gel aqueous (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 5% wash (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 6% cleanser (otc)</i>	3	MO; ADD
<i>bpo 6% foaming cloths (otc)</i>	3	MO; ADD
<i>claravis</i>	1	
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	MO; QL (150 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)
DIFFERIN 0.1% GEL (OTC)	3	MO; ADD
<i>ery pads</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin</i>	1	
<i>ivermectin topical cream</i>	1	MO
<i>metronidazole topical</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>myorisan</i>	1	
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO
<i>tazarotene topical cream</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	
TOPICAL ANTIBACTERIALS		
<i>bacitracin 500 unit/gm ointmnt</i>	3	MO; ADD
<i>bacitracin 500 unit/gm ointmnt outer</i>	3	MO; ADD
<i>bacitracin zn 500 unit/gm oint</i>	3	ADD
<i>bacitracin zn 500 unit/gm oint</i>	3	MO; ADD
<i>bacitracin zn 500 unit/gm oint 5 panel carton</i>	3	MO; ADD
<i>bacitracin zn 500 unit/gm oint u-d, 144x.94gm pkt</i>	3	ADD
<i>bacitracin zn 500 unit/gm oint usp</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BETADINE 10% SOLUTION	3	MO; ADD
BETADINE 10% SOLUTION ANTISEPTIC	3	MO; ADD
BETADINE 10% SOLUTION HOSP.SIZE,ANTISEPTIC	3	MO; ADD
BETADINE 5% SPRAY	3	ADD
BETADINE 7.5% SCRUB SCRUB,W/O PUMP	3	ADD
BETADINE 7.5% SCRUB SCRUB,W/PUMP	3	ADD
BETADINE 7.5% SURGICAL SCRUB	3	ADD
BETADINE SURGICAL SCRUB	3	ADD
BETADINE SWABSTICKS 200'S	3	ADD
BETADINE SWABSTICKS 50'S	3	ADD
<i>gentamicin topical</i>	1	MO; QL (60 per 30 days)
GS FIRST AID ANTIBIOTIC OINT	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm bacitracin zn 500 unit/gm</i>	3	MO; ADD
<i>hm double antibiotic ointment</i>	3	MO; ADD
<i>hm povidone-iodine 10% soln</i>	3	ADD
<i>hm triple antibiotic ointment</i>	3	MO; ADD
<i>hm triple antibiotic plus oint maximum strength</i>	3	MO; ADD
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
POLY BACITRACIN OINTMENT	3	ADD
<i>povidone-iodine 10% ointment</i>	3	ADD
<i>povidone-iodine 10% solution</i>	3	ADD
<i>qc povidone-iodine 10% soln</i>	3	ADD
<i>qc triple antibiotic-pain oint</i>	3	ADD
<i>sb povidone-iodine 10% soln</i>	3	ADD
<i>sm antibiotic 500 unit/gm oint</i>	3	ADD
<i>sm antibiotic plus cream maximum strength</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm double antibiotic oint</i>	3	MO; ADD
<i>sm povidone-iodine 10% soln</i>	3	ADD
<i>sm triple antibiotic ointment</i>	3	MO; ADD
<i>sm triple antibiotic plus oint maximum strength</i>	3	MO; ADD
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	2	MO
<i>triple antibiotic ointment</i>	3	MO; ADD
<i>triple antibiotic ointment carton</i>	3	MO; ADD
TRIPLE ANTIBIOTIC OINTMENT PKT (OTC)	3	ADD
<i>triple antibiotic ointment pkt outer (otc)</i>	3	ADD
<i>triple antibiotic plus oint maximum strength</i>	3	MO; ADD
<i>triple antibiotic plus ointmnt</i>	3	MO; ADD
<i>triple antibiotic-pain oint</i>	3	ADD
TOPICAL ANTIFUNGALS		

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALEVAZOL 1% OINTMENT	3	MO; ADD
<i>antifungal 1% cream</i>	3	ADD
<i>anti-fungal 1% powder</i>	3	MO; ADD
<i>antifungal 1% topical cream</i>	3	ADD
<i>antifungal 2% powder</i>	3	ADD
<i>antifungal 2% topical cream</i>	3	ADD
ATHLETE'S FOOT 1% CREAM	3	ADD
<i>athlete's foot 1% powder spray</i>	3	ADD
<i>athlete's foot 2% powder spray</i>	3	ADD
<i>baza antifungal 2% cream</i>	3	MO; ADD
<i>butenafine hcl 1% cream</i>	3	MO; ADD
<i>carrington antifungal 2% cream</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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ciclopirox topical solution</i>	1	MO
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole 1% solution (otc)</i>	3	MO; ADD
<i>clotrimazole 1% topical cream (otc)</i>	3	MO; ADD
<i>clotrimazole topical cream 1 %</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution 1 %</i>	1	MO; QL (30 per 28 days)
<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)
<i>critic-aid clear af 2% oint 12's, w/ antifungal</i>	3	MO; ADD
<i>critic-aid clear af 2% oint 300's, w/ antifungal</i>	3	MO; ADD
<i>cvs jock itch 1% cream</i>	3	ADD
<i>econazole</i>	1	MO; QL (85 per 28 days)
<i>fungoid 2% tincture</i>	3	MO; ADD
<i>gnp athlete's foot 1% cream</i>	3	ADD
<i>gs athlete's foot 1% lq spray</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>inzo antifungal 2% cream</i>	3	ADD
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>lamisil at 1% cream</i>	3	MO; ADD
<i>lamisil at 1% cream athlete's foot</i>	3	MO; ADD
<i>miconazole 2% topical cream</i>	3	MO; ADD
<i>micro-guard 2% powder 12's, antifungal</i>	3	MO; ADD
<i>naftifine topical cream</i>	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	2	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO; QL (180 per 30 days)
<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	QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO; QL (180 per 30 days)
<i>qc tolnaftate 1% 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>remedy antifungal 2% cream</i>	3	ADD
<i>sm antifungal 1% cream</i>	3	ADD
<i>sm antifungal 1% topical cream</i>	3	ADD
<i>sm athlete's 1% foot cream</i>	3	ADD
<i>sm miconazole 2% topical cream</i>	3	MO; ADD
<i>tavaborole</i>	1	MO
<i>terbinafine 1% cream</i>	3	MO; ADD
<i>terbinafine 1% cream antifungal</i>	3	MO; ADD
<i>tolnaftate 1% cream</i>	3	MO; ADD
<i>tolnaftate 1% powder</i>	3	MO; ADD
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
DENAVIR	2	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
<i>alclometasone</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented</i>	1	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)
<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-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>clodan</i>	1	MO; QL (236 per 28 days)
<i>desonide</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>desrx</i>	1	MO
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	1	QL (120 per 30 days)
<i>gs anti-itch 1% cream</i>	3	ADD
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hm hydrocortisone 1% cream max str, w/aloe (otc)</i>	3	MO; ADD
<i>hm hydrocortisone 1% cream plus 12 moisturizers (otc)</i>	3	MO; ADD
<i>hydrocortisone 0.5% cream</i>	3	ADD
<i>hydrocortisone 0.5% cream (otc)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hydrocortisone 1% cream</i>	3	ADD
<i>hydrocortisone 1% cream (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% cream carton (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% cream max str, w/aloe (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% cream maximum strength (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% cream moisturizer, max. str (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% ointment</i>	3	ADD
<i>hydrocortisone 1% ointment (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% ointment carton (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% ointment maximum strength (otc)</i>	3	MO; ADD
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hydrocortisone-aloe 1% cream</i>	3	MO; ADD
<i>mometasone topical</i>	1	MO
<i>prednicarbate</i>	1	MO
<i>sm hydrocortisone 1% ointment maximum strength (otc)</i>	3	MO; ADD
<i>sm hydrocortisone plus 1% crm</i>	3	ADD
<i>sm hydrocortisone-aloe 1% crm</i>	3	MO; ADD
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream</i>	1	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	MO
<i>dandruff 1% shampoo</i>	3	ADD
<i>gs lice killing shampoo w/nit comb</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm lice killing shampoo 1 nit comb included</i>	3	ADD
<i>hm lice treatment 1% crm rinse</i>	3	ADD
<i>ivermectin topical lotion</i>	1	MO
<i>lice killing shampoo</i>	3	ADD
<i>lice killing shampoo w/nit comb</i>	3	ADD
<i>lice treatment 1% creme rinse</i>	3	ADD
<i>lice treatment 1% creme rinse 1 nit removal comb</i>	3	ADD
<i>lice treatment shampoo 1 nit comb included</i>	3	ADD
<i>lindane topical shampoo</i>	1	MO
<i>malathion</i>	1	MO
<i>permethrin</i>	1	MO
<i>sb lice killing shampoo maximum strength</i>	3	ADD
<i>sm lice solution kit</i>	3	ADD
<i>sm lice treatment 1% crm rinse</i>	3	ADD
VANALICE GEL	3	ADD

DIAGNOSTICS / MISCELLANEOUS AGENTS

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ANTIDOTES		
<i>acetylcysteine intravenous</i>	1	
ENZYMES		
<i>co q-10 10 mg capsule (rx)</i>	3	ADD
<i>co q-10 100 mg capsule (rx)</i>	3	MO; ADD
<i>co q-10 100 mg capsule p/f (rx)</i>	3	MO; ADD
<i>co q-10 100 mg softgel (rx)</i>	3	ADD
<i>co q-10 100 mg softgel (rx)</i>	3	MO; ADD
<i>co q-10 100 mg softgel p/f (rx)</i>	3	ADD
<i>co q-10 100 mg softgel (rx)</i>	3	ADD
<i>co q-10 100 mg softgel (rx)</i>	3	MO; ADD
<i>co q-10 100 mg softgel softgel,n,p/f (rx)</i>	3	ADD
<i>co q-10 100 mg softgel softgel,p/f (rx)</i>	3	MO; ADD
<i>co q-10 100 mg softgel softgel,p/f,gluten/f (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>co q-10 100 mg softgel softgel,p/f,gluten-f (rx)</i>	3	ADD
<i>co q10 200 mg capsule (rx)</i>	3	MO; ADD
<i>co q-10 200 mg capsule bonus size, p/f (rx)</i>	3	ADD
<i>co q-10 200 mg capsule p/f, milk-free (rx)</i>	3	ADD
<i>co q10 200 mg softgel (rx)</i>	3	MO; ADD
<i>co q-10 200 mg softgel (rx)</i>	3	MO; ADD
<i>co q-10 200 mg softgel p/f, no lactose (rx)</i>	3	MO; ADD
<i>co q-10 200 mg softgel (rx)</i>	3	ADD
<i>co q-10 200 mg softgel softgel, extra str (rx)</i>	3	ADD
<i>co q-10 30 mg capsule inner (rx)</i>	3	MO; ADD
<i>co q-10 30 mg capsule outer (rx)</i>	3	MO; ADD
<i>co q-10 30 mg capsule p/f,y/f (rx)</i>	3	ADD
<i>co q-10 30 mg softgel (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>co q10 30 mg softgel softgel, p/f (rx)</i>	3	ADD
CO Q-10 300 MG SOFTGEL (RX)	3	MO; ADD
CO Q-10 300 MG SOFTGEL SOFTGEL,P/F (RX)	3	MO; ADD
CO Q-10 400 MG SOFTGEL GLUTEN-FREE,SOFTGEL (RX)	3	MO; ADD
CO Q-10 400 MG SOFTGEL SOFTGEL, P/F (RX)	3	MO; ADD
CO Q-10 400 MG SOFTGEL Y/F,P/F,SFTGEL (RX)	3	MO; ADD
<i>co q-10 50 mg capsule (rx)</i>	3	ADD
<i>co q-10 50 mg softgel (rx)</i>	3	MO; ADD
<i>co q-10 50 mg p/f,lact/f, softgel (rx)</i>	3	ADD
<i>co q-10 50 mg softgel (rx)</i>	3	ADD
<i>co q10 60 mg capsule (rx)</i>	3	MO; ADD
<i>co q10 60 mg capsule p/f (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>coenzyme q10 10 mg capsule (rx)</i>	3	MO; ADD
<i>coenzyme q-10 100 mg capsule (rx)</i>	3	MO; ADD
<i>coenzyme q10 100 mg capsule p/f,gluten-free (rx)</i>	3	MO; ADD
<i>coenzyme q-10 100 mg softgel (rx)</i>	3	MO; ADD
<i>coenzyme q-10 100 mg softgel lac-gluten-free (rx)</i>	3	MO; ADD
<i>coenzyme q-10 100 mg softgel p/f,n (rx)</i>	3	MO; ADD
<i>coenzyme q-10 100 mg softgel softgel,p/f (rx)</i>	3	MO; ADD
<i>coenzyme q10 200 mg capsule (rx)</i>	3	MO; ADD
COENZYME Q10 200 MG CAPSULE GLUTEN-FREE,P/F (RX)	3	MO; ADD
<i>coenzyme q-10 200 mg softgel (rx)</i>	3	MO; ADD
<i>coenzyme q-10 200 mg softgel softgel,p/f (rx)</i>	3	MO; ADD
<i>coenzyme q10 30 mg softgel (rx)</i>	3	MO; ADD
<i>coenzyme q10 30 mg softgel (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>coenzyme q10 50 mg capsule (rx)</i>	3	MO; ADD
<i>coenzyme q10 50 mg capsule p/f,s/f (rx)</i>	3	MO; ADD
<i>coenzyme q10 50 mg softgel (rx)</i>	3	MO; ADD
<i>coenzyme q10 60 mg capsule gluten-free (rx)</i>	3	MO; ADD
COENZYME Q-10 POWDER (RX)	3	ADD
<i>coq-10 100 mg capsule p/f</i>	3	ADD
<i>coq-10 30 mg capsule</i>	3	ADD
<i>cvs co q-10 100 mg softgel (rx)</i>	3	MO; ADD
<i>cvs co q-10 200 mg softgel (rx)</i>	3	MO; ADD
CVS CO Q-10 400 MG SOFTGEL (RX)	3	ADD
<i>cvs co q-10 50 mg softgel (rx)</i>	3	MO; ADD
<i>cvs coenzyme q-10 200 mg sftgl softgel (rx)</i>	3	MO; ADD
<i>eql co q-10 100 mg softgel (rx)</i>	3	ADD
<i>eql co q-10 200 mg softgel (rx)</i>	3	ADD
<i>gnp co q-10 100 mg capsule (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp co q-10 200 mg capsule (rx)</i>	3	MO; ADD
<i>gnp co q10 60 mg capsule (rx)</i>	3	MO; ADD
<i>h2q 100 mg capsule vegacaspule</i>	3	ADD
<i>hm co q-10 100 mg softgel softgel, gluten-free (rx)</i>	3	ADD
LIQ-10 100 MG/5 ML SYRUP	3	ADD
NEOQ10 SOFTGEL	3	ADD
<i>q-sorb co q-10 100 mg softgel</i>	3	ADD
<i>q-sorb co q-10 200 mg softgel p/f,gluten-free</i>	3	ADD
<i>ra coenzyme q-10 100 mg softgl (rx)</i>	3	MO; ADD
<i>ra coenzyme q-10 100 mg softgl softgel (rx)</i>	3	MO; ADD
<i>ra coenzyme q10 200 mg softgel softgel,p/f,d/f (rx)</i>	3	MO; ADD
<i>sm co q-10 100 mg softgel (rx)</i>	3	MO; ADD
<i>sm co q-10 50 mg softgel softgel, gluten-free (rx)</i>	3	ADD
<i>sm coenzyme q-10 100 mg sftgl softgel (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm coenzyme q-10 100 mg sftgl softgel, gluten-free (rx)</i>	3	MO; ADD
<i>sv co q-10 100 mg softgel softgel, p/f (rx)</i>	3	ADD
SV CO Q-10 400 MG SOFTGEL SOFTGEL,P/F, GLUTEN-F (RX)	3	MO; ADD
<i>sv co q-10 50 mg softgel softgel,p/f,gluten-f (rx)</i>	3	ADD
<i>sv q-sorb co q-10 100 mg sftgl softgel , p/f</i>	3	ADD
<i>sv q-sorb co q-10 200 mg sftgl p/f,gluten-free</i>	3	ADD
<i>sv q-sorb co q-10 200 mg sftgl softgel</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	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>alpha lipoic acid 100 mg cap</i>	3	MO; ADD
ALPHA LIPOIC ACID 100 MG CAP	3	MO; ADD
ALPHA LIPOIC ACID 200 MG CAP P/F	3	MO; ADD
ALPHA LIPOIC ACID 200 MG CAP P/F,D/F, GLUTEN/F	3	MO; ADD
ALPHA LIPOIC ACID 200 MG CAP P/F, GLUTEN-FREE	3	MO; ADD
ALPHA LIPOIC ACID 300 MG CAP	3	MO; ADD
ALPHA LIPOIC ACID 300 MG SFTGL	3	MO; ADD
ALPHA LIPOIC ACID 50 MG CAP (RX)	3	ADD
ALPHA LIPOIC ACID 50 MG CAP P/F (RX)	3	ADD
<i>alpha lipoic acid 600 mg cap gluten-free (rx)</i>	3	MO; ADD
<i>alpha lipoic acid 600 mg cap gluten-free, ex str (rx)</i>	3	MO; ADD
<i>alpha lipoic acid 600 mg cap p/f,gluten-free (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>anagrelide</i>	1	MO
BENZYL ALCOHOL LIQUID NF (RX)	3	ADD
BENZYL BENZOATE LIQUID (RX)	3	ADD
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
CAFFEINE POWDER USP, ANHYDROUS (RX)	3	ADD
CARBAGLU	2	PA; MO; LA
<i>carglumic acid</i>	1	PA
<i>cevimeline</i>	1	MO
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PA
<i>cvs glucose 4 gram tablet chew assorted fruit (rx)</i>	3	MO; ADD
<i>cvs glucose 4 gram tablet chew n, no caffeine (rx)</i>	3	MO; ADD
<i>cvs glucose 40% gel</i>	3	ADD
<i>cvs glucose 40% gel 3's (rx)</i>	3	ADD
<i>d10 %-0.45 % sodium chloride</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
<i>deferasirox</i>	1	PA; MO
<i>deferiprone</i>	1	PA; MO
<i>deferoxamine</i>	1	B/D PA; MO
DEX4 GLUCOSE 15 GM GEL PACKET FRUIT PUNCH, GO-POUCH	3	MO; ADD
DEX4 GLUCOSE 15 GM GEL PACKET MANGO TWIST, GO-POUCH	3	MO; ADD
DEX4 GLUCOSE 15 GM GEL PACKET TROPICAL, GO-POUCH	3	MO; ADD
<i>dex4 glucose 4 gm tablet chew (rx)</i>	3	MO; ADD
<i>dex4 glucose 4 gm tablet chew assorted flavors (rx)</i>	3	MO; ADD
<i>dex4 glucose 4 gm tablet chew citrus punch (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dex4 glucose 4 gm tablet chew gluten-f, tropical (rx)</i>	3	MO; ADD
<i>dex4 glucose 4 gm tablet chew gluten-free (rx)</i>	3	MO; ADD
<i>dex4 glucose 4 gm tablet chew grape flavor (rx)</i>	3	MO; ADD
<i>dex4 glucose 4 gm tablet chew grape, gluten-free (rx)</i>	3	MO; ADD
<i>dex4 glucose 4 gm tablet chew orange flavor (rx)</i>	3	MO; ADD
<i>dex4 glucose 4 gm tablet chew orange, gluten-free (rx)</i>	3	MO; ADD
<i>dex4 glucose 4 gm tablet chew orange,gluten-free (rx)</i>	3	MO; ADD
<i>dex4 glucose 4 gm tablet chew raspberry flavor (rx)</i>	3	MO; ADD
<i>dex4 glucose 4 gm tablet chew rspberry,gluten-free (rx)</i>	3	MO; ADD
<i>dex4 glucose 4 gm tablet chew sour apple (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dex4 glucose 4 gm tablet chew watermelon flavor (rx)</i>	3	MO; ADD
DEX4 GLUCOSE LIQUID BERRY TWIST (RX)	3	MO; ADD
DEX4 GLUCOSE LIQUID GRAPE (RX)	3	MO; ADD
DEX4 GLUCOSE LIQUID MANGO TWIST (RX)	3	MO; ADD
<i>dex4 glucose tab pouch pack</i>	3	ADD
<i>dex4 quick dissolve tab chew</i>	3	ADD
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	
<i>dextrose 25 % in water (d25w)</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

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dextrose 70 % in water (d70w)</i>	1	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa</i>	1	PA; MO
<i>drug mart glucose 4 gm tab chw orange flavor (rx)</i>	3	MO; ADD
<i>drug mart glucose 4 gm tab chw raspberry flavor (rx)</i>	3	MO; ADD
FERRIPROX	2	PA
FERRIPROX (2 TIMES A DAY)	2	PA
FERRLECIT 62.5 MG/5 ML VIAL OUTER, SUV	3	MO; ADD
FERRLECIT 62.5 MG/5 ML VIAL SUV, OUTER	3	MO; ADD
FRUCTOSE GRANULES USP (RX)	3	ADD
<i>gluco burst 40% gel</i>	3	ADD
<i>glucose 4 gram tablet chew (rx)</i>	3	MO; ADD
<i>glucose 4 gram tablet chew assort fruit flavor (rx)</i>	3	MO; ADD
<i>glucose 4 gram tablet chew n (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>glucose 4 gram tablet chew n,caffeine free (rx)</i>	3	MO; ADD
<i>glucose 4 gram tablet chew n,raspberry (rx)</i>	3	MO; ADD
<i>glucose 4 gram tablet chew na/f, caffeine free (rx)</i>	3	MO; ADD
<i>glucose 4 gram tablet chew nree (rx)</i>	3	MO; ADD
<i>glucose 4 gram tablet chew raspberry flavor (rx)</i>	3	MO; ADD
<i>glutose-5 gel outer</i>	3	ADD
<i>gnp glucose 4 gram tablet chew (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew 6x10's, orange (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew 6x10's, raspberry (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew grape (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew orange (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew orange, gluten-free (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp glucose 4 gram tablet chew raspberry (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew watermelon (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew watermelon flavor (rx)</i>	3	MO; ADD
<i>gnp quick dissolve glucose tab n,caffeine free (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew gluten-f,n, fruit (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew gluten-f,n, grape (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew gluten-f,n,citrus (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew gluten-f,n,orange (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew gluten-f,n,tropic (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew gluten-f,na-f,rasp (rx)</i>	3	MO; ADD
INCRELEX	2	MO; LA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>kro glucose 4 gram tablet chew (rx)</i>	3	MO; ADD
<i>kro glucose 4 gram tablet chew gluten-f,n,grape (rx)</i>	3	MO; ADD
<i>kro glucose 4 gram tablet chew gluten-f,n,orange (rx)</i>	3	MO; ADD
<i>kroger glucose 4 gram tab chew orange (rx)</i>	3	MO; ADD
<i>kroger glucose 4 gram tab chew raspberry (rx)</i>	3	MO; ADD
<i>kroger glucose 4 gram tab chew watermelon (rx)</i>	3	MO; ADD
LACTOSE ANHYDROUS POWDER NF (RX)	3	ADD
LACTOSE MONOHYDRATE POWDER NF (RX)	3	ADD
LACTOSE MONOHYDRATE POWDER NF, HYDROUS (RX)	3	ADD
LACTOSE MONOHYDRATE POWDER NF, SPRAY DRIED (RX)	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LACTOSE POWDER USP/NF, ANHYDROUS	3	ADD
<i>leader glucose 4 gm tab chew orange flavor (rx)</i>	3	MO; ADD
<i>leader glucose 4 gm tab chew raspberry flavor (rx)</i>	3	MO; ADD
<i>leader glucose 4 gm tab chew watermelon flavor (rx)</i>	3	MO; ADD
<i>leader quick dissolve gluc tab (rx)</i>	3	MO; 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
L-GLUTAMINE POWDER FCC	3	ADD
L-GLUTAMINE POWDER USP (RX)	3	ADD
L-GLUTATHIONE POWDER USP (RX)	3	ADD
LOKELMA	2	MO
LOLLIBASE POWDER	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>longs glucose 4 gram tab chew orange flavor (rx)</i>	3	MO; ADD
<i>longs glucose 4 gram tab chew raspberry flavor (rx)</i>	3	MO; ADD
<i>methylcellulose 1,500 cps pwd (rx)</i>	3	ADD
<i>methylcellulose 4,000 cps pwd</i>	3	ADD
METHYLCELLULOSE 4,000 CPS PWD	3	ADD
METHYLCELLULOSE 400 CP POWDER	3	ADD
<i>midodrine</i>	1	MO
<i>ms quick dissolve glucose tab (rx)</i>	3	MO; ADD
MX-SOL SYRUP	3	ADD
<i>nitisinone</i>	1	PA; MO
ORA-BLEND SF SUSPENSION	3	ADD
ORAL MIX VEHICLE	3	ADD
ORAL SUSPEND VEHICLE	3	ADD
ORAL SYRUP SF VEHICLE	3	ADD
ORAL SYRUP VEHICLE	3	ADD
<i>ora-sweet oral syrup</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ORA-SWEET-SF SYRUP	3	ADD
PEGBLEND WAX (RX)	3	ADD
<i>pilocarpine hcl oral</i>	1	MO
<i>polyethylene glycol 1000 pd nf (rx)</i>	3	ADD
POLYETHYLENE GLYCOL 3350 POWD NF (RX)	3	ADD
POLYETHYLENE GLYCOL 8000 POWD (RX)	3	ADD
<i>preferred plus glucose tab chw grape (rx)</i>	3	MO; ADD
<i>preferred plus glucose tab chw orange flavor (rx)</i>	3	MO; ADD
<i>preferred plus glucose tab chw raspberry flavor (rx)</i>	3	MO; ADD
<i>preferred plus glucose tab chw watermelon flavor (rx)</i>	3	MO; ADD
PROLASTIN-C	2	PA; LA
<i>pub glucose 4 gram tablet chew assorted fruit (rx)</i>	3	MO; ADD
<i>pub glucose 4 gram tablet chew orange (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pub glucose 4 gram tablet chew raspberry flavor (rx)</i>	3	MO; ADD
<i>pub glucose 4 gram tablet chew sour apple flavor (rx)</i>	3	MO; ADD
RAVICTI	2	PA; MO
<i>relion glucose 4 gram tab chew hri, gluten-free (rx)</i>	3	MO; ADD
REVCIVI	2	PA; LA
<i>riluzole</i>	1	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>sesame oil nf (rx)</i>	3	ADD
<i>sevelamer carbonate oral tablet</i>	1	MO; QL (270 per 30 days)
<i>sm glucose 4 gram tab chew (rx)</i>	3	MO; ADD
<i>sm glucose 4 gram tab chew 12's (rx)</i>	3	MO; ADD
<i>sm glucose 4 gram tab chew 6's (rx)</i>	3	MO; ADD
<i>sm glucose 4 gram tab chew orange, gluten-free (rx)</i>	3	MO; ADD
<i>smart sense glucose 4 gram tab assorted fruit (rx)</i>	3	MO; ADD
<i>smart sense glucose 4 gram tab grape, gluten-free (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>smart sense glucose 4 gram tab orange, gluten-free (rx)</i>	3	MO; ADD
<i>smart sense glucose 4 gram tab raspberry (rx)</i>	3	MO; ADD
<i>sod fer gluc cplx 62.5 mg/5 ml inner, p/f, sdv</i>	3	MO; ADD
<i>sod fer gluc cplx 62.5 mg/5 ml outer, p/f, sdv</i>	3	MO; ADD
<i>sod fer gluc cplx 62.5 mg/5 ml sdv,inner</i>	3	MO; ADD
<i>sod fer gluc cplx 62.5 mg/5 ml sdv,outer</i>	3	MO; ADD
<i>sodium benzoate-sod phenylacet</i>	1	
SODIUM BROMIDE GRANULES (RX)	3	ADD
<i>sodium chloride 0.9 % intravenous</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate oral powder</i>	1	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	1	PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sorbitol 70% solution (otc)</i>	3	MO; ADD
SOSWEET SYRUP VEHICLE	3	ADD
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
SV ALPHA LIPOIC ACID 200 MG CP P/F	3	MO; ADD
SYRPALTA SYRUP	3	ADD
<i>trientine</i>	1	PA; MO
TRUEPLUS GLUCOSE 15 GRAM GEL	3	MO; ADD
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	2	PA; MO
UNISPEND ANHYDROUS SWEET SUSP	3	ADD
<i>up&up glucose 4 gram tab chew orange (rx)</i>	3	MO; ADD
<i>up&up glucose 4 gram tab chew raspberry (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>up&up glucose 4 gram tab chew tropical fruit (rx)</i>	3	MO; ADD
<i>value plus glucose 40% gel 3's, tropical fruit (rx)</i>	3	ADD
VELTASSA	2	MO
<i>water for irrigation, sterile</i>	1	MO
XIAFLEX	2	PA
XURIDEN	2	PA
ZINC SULFATE HEPTAHYDRATE POWD USP (RX)	3	ADD
ZINC SULFATE HEPTAHYDRATE POWD USP, GRANULAR (RX)	3	ADD
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
PHARMACEUTICAL ADJUVANTS		
FATTIBASE WAX	3	MO; ADD
GRAPE FLAVOR SYRUP (RX)	3	ADD
MX-SOL BLEND	3	ADD
MX-SOL BLEND SF	3	ADD
MX-SOL SF SYRUP	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MX-SOL SUSPEND	3	ADD
ORA-BLEND SUSPENSION	3	ADD
ORAL MIX SF VEHICLE	3	ADD
ORA-PLUS SUSPENDING VEHICLE	3	ADD
SYRSPEND SF ALKA POWDER	3	ADD
SYRSPEND SF LIQUID (RX)	3	ADD
SYRSPEND SF LIQUID CHERRY (RX)	3	ADD
SYRSPEND SF LIQUID GRAPE (RX)	3	ADD
SYRSPEND SF POWDER DRY & UNFLAVORED (RX)	3	ADD
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX ORAL TABLET 1 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHANTIX STARTING MONTH BOX	2	MO
<i>gs nicotine 2 mg chewing gum</i>	3	MO; ADD
<i>gs nicotine 2 mg lozenge</i>	3	MO; ADD
<i>gs nicotine 2 mg mini lozenge</i>	3	MO; ADD
<i>gs nicotine 4 mg chewing gum</i>	3	MO; ADD
<i>gs nicotine 4 mg chewing gum original</i>	3	MO; ADD
<i>gs nicotine 4 mg lozenge</i>	3	MO; ADD
<i>gs nicotine 4 mg mini lozenge</i>	3	MO; ADD
<i>hm nicotine 14 mg/24hr patch (otc)</i>	3	MO; ADD
<i>hm nicotine 2 mg chewing gum</i>	3	MO; ADD
<i>hm nicotine 2 mg chewing gum mint</i>	3	MO; ADD
<i>hm nicotine 2 mg lozenge</i>	3	MO; ADD
<i>hm nicotine 2 mg lozenge mint, 3 quittube</i>	3	MO; ADD
<i>hm nicotine 2 mg mini lozenge</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HM NICOTINE 2 MG MINI LOZENGE	3	MO; ADD
<i>hm nicotine 21 mg/24hr patch (otc)</i>	3	MO; ADD
<i>hm nicotine 4 mg chewing gum</i>	3	MO; ADD
<i>hm nicotine 4 mg chewing gum mint</i>	3	MO; ADD
HM NICOTINE 4 MG LOZENGE	3	MO; ADD
<i>hm nicotine 4 mg lozenge mint, 3 quittube</i>	3	MO; ADD
<i>hm nicotine 4 mg mini lozenge</i>	3	MO; ADD
<i>hm nicotine 7 mg/24hr patch (otc)</i>	3	MO; ADD
NICODERM CQ 14 MG/24HR PATCH	3	MO; ADD
NICODERM CQ 14 MG/24HR PATCH OUTER	3	MO; ADD
NICODERM CQ 21 MG/24HR PATCH	3	MO; ADD
NICODERM CQ 21 MG/24HR CLEAR PATCH	3	MO; ADD
NICODERM CQ 21 MG/24HR PATCH OUTER	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NICODERM CQ 7 MG/24HR PATCH OUTER	3	MO; ADD
NICORETTE 2 MG CHEWING GUM CINNAMON SURGE	3	MO; ADD
NICORETTE 2 MG CHEWING GUM FRUIT CHILL	3	MO; ADD
NICORETTE 2 MG CHEWING GUM MINT	3	MO; ADD
NICORETTE 2 MG CHEWING GUM ORIGINAL FLAVOR	3	MO; ADD
NICORETTE 2 MG CHEWING GUM STARTER KIT	3	MO; ADD
NICORETTE 2 MG CHEWING GUM WHITE ICE MINT	3	MO; ADD
NICORETTE 2 MG LOZENGE	3	MO; ADD
NICORETTE 2 MG MINI LOZENGE	3	MO; ADD
NICORETTE 2 MG MINI LOZENGE MINT	3	MO; ADD
NICORETTE 4 MG CHEWING GUM CINNAMON SURGE	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NICORETTE 4 MG CHEWING GUM FRESH MINT	3	MO; ADD
NICORETTE 4 MG CHEWING GUM FRUIT CHILL	3	MO; ADD
NICORETTE 4 MG CHEWING GUM MINT	3	MO; ADD
NICORETTE 4 MG CHEWING GUM ORIGINAL	3	MO; ADD
NICORETTE 4 MG CHEWING GUM ORIGINAL FLAVOR	3	MO; ADD
NICORETTE 4 MG CHEWING GUM WHITE ICE MINT	3	MO; ADD
NICORETTE 4 MG LOZENGE	3	MO; ADD
NICORETTE 4 MG MINI LOZENGE	3	MO; ADD
<i>nicotine 14 mg/24hr patch (otc)</i>	3	MO; ADD
<i>nicotine 14 mg/24hr patch clear, step 2, outer (otc)</i>	3	MO; ADD
<i>nicotine 14 mg/24hr patch outer (otc)</i>	3	MO; ADD
<i>nicotine 14 mg/24hr patch step 2 (otc)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nicotine 2 mg chewing gum</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum coated</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum coated fruit</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum coated, cinnamon</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum cool mint/coated</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum fruit wave, coated</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum mint</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum original</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum refill</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum starter kit</i>	3	MO; ADD
<i>nicotine 2 mg lozenge</i>	3	MO; ADD
<i>nicotine 2 mg lozenge inner</i>	3	MO; ADD
<i>nicotine 2 mg lozenge mint, 3 quit tube</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nicotine 2 mg lozenge outer</i>	3	MO; ADD
<i>nicotine 2 mg mini lozenge</i>	3	MO; ADD
<i>nicotine 2 mg mini lozenge inner</i>	3	MO; ADD
<i>nicotine 2 mg mini lozenge mini, mint, 3 quit tube</i>	3	MO; ADD
<i>nicotine 2 mg mini lozenge outer</i>	3	MO; ADD
<i>nicotine 21 mg/24hr patch (otc)</i>	3	MO; ADD
<i>nicotine 21 mg/24hr patch outer, clear, step 1 (otc)</i>	3	MO; ADD
<i>nicotine 21 mg/24hr patch step 1 (otc)</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum coated</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum coated fruit</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum coated, mint</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum coated, cinnamon</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nicotine 4 mg chewing gum cool mint/coated</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum fruit wave/coated</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum mint</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum original</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum refill</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum refill kit</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum starter kit</i>	3	MO; ADD
<i>nicotine 4 mg lozenge</i>	3	MO; ADD
<i>nicotine 4 mg lozenge mint</i>	3	MO; ADD
<i>nicotine 4 mg lozenge mint, 3 quittube</i>	3	MO; ADD
<i>nicotine 4 mg lozenge outer</i>	3	MO; ADD
<i>nicotine 4 mg mini lozenge</i>	3	MO; ADD
<i>nicotine 4 mg mini lozenge inner</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nicotine 4 mg mini lozenge mini, mint, 3 quittube</i>	3	MO; ADD
<i>nicotine 4 mg mini lozenge outer</i>	3	MO; ADD
<i>nicotine 7 mg/24hr patch (otc)</i>	3	MO; ADD
<i>nicotine 7 mg/24hr patch outer (otc)</i>	3	MO; ADD
<i>nicotine 7 mg/24hr patch outer, clear, step 3 (otc)</i>	3	MO; ADD
<i>nicotine 7 mg/24hr patch step 3 (otc)</i>	3	MO; ADD
<i>nicotine transdermal system step 1,2,3</i>	3	MO; ADD
NICOTROL	2	MO
NICOTROL NS	2	MO
<i>sm nicotine 14 mg/24hr patch (otc)</i>	3	MO; ADD
<i>sm nicotine 14 mg/24hr patch step 2 (otc)</i>	3	MO; ADD
<i>sm nicotine 2 mg chewing gum</i>	3	MO; ADD
<i>sm nicotine 2 mg lozenge</i>	3	MO; ADD
<i>sm nicotine 21 mg/24hr patch (otc)</i>	3	MO; ADD
<i>sm nicotine 21 mg/24hr patch outer (otc)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm nicotine 4 mg chewing gum</i>	3	MO; ADD
<i>sm nicotine 4 mg lozenge</i>	3	MO; ADD
<i>sm nicotine 7 mg/24hr patch (otc)</i>	3	MO; ADD
<i>varenicline</i>	1	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>4 way 1% nasal spray</i>	3	ADD
<i>altamist 0.65% nose spray</i>	3	ADD
AYR ALLERGY & SINUS NASAL MIST	3	MO; ADD
<i>ayr saline 0.65% nose drops</i>	3	MO; ADD
<i>ayr saline 0.65% nose spray</i>	3	MO; ADD
AYR SALINE NASAL GEL	3	MO; ADD
AYR SALINE NASAL GEL SPRAY	3	MO; ADD
<i>azelastine nasal</i>	1	MO; QL (60 per 30 days)
<i>baby ayr saline 0.65% drops</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BENZEDREX INHALER	3	ADD
<i>child mucinex stuffy nose spray</i>	3	ADD
<i>child saline 0.65% nasal spray</i>	3	ADD
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>cvs saline 0.65% nasal spray</i>	3	ADD
<i>deep sea 0.65% nose spray</i>	3	MO; ADD
<i>denta 5000 plus cream</i>	3	MO; ADD; QL (2 per 50 days)
<i>denta 5000 plus cream</i>	3	MO; ADD; QL (2 per 90 days)
<i>denta 5000 plus dental cream 1.1 %</i>	1	MO
<i>dentagel 1.1% gel</i>	3	MO; ADD; QL (2 per 50 days)
<i>dentagel dental gel 1.1 %</i>	1	MO
<i>eq nasal 0.65% spray</i>	3	ADD
<i>eql saline 0.65% nasal spray</i>	3	ADD
<i>fluoride (sodium) dental cream</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
<i>gnp nasal moist 0.65% spray</i>	3	ADD
<i>gnp saline 0.65% nose spray</i>	3	ADD
<i>gs nasal four 1% spray</i>	3	ADD
<i>gs nasal moist 0.65% spray</i>	3	ADD
<i>gs nasal spray 0.05%</i>	3	ADD
<i>gs no drip 0.05% nasal spray</i>	3	ADD
<i>gs sinus nasal spray 0.05%</i>	3	ADD
<i>hm nose drops</i>	3	ADD
<i>hm original nasal spray 0.05% 12 hour, gluten-free</i>	3	ADD
<i>hm saline 0.65% nasal spray gluten-free</i>	3	ADD
<i>hm sinus nasal spray 0.05%</i>	3	ADD
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>little remedies 0.65% spray for noses</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LITTLE REMEDIES SALINE MIST	3	ADD
<i>little remedies stuffy nose kt w/ nasal aspirator</i>	3	MO; ADD
<i>mucinex sinus-max nasal spray</i>	3	ADD
NASADROPS SALINE ON THE GO AMP	3	ADD
<i>nasal decongestant 0.05% spray</i>	3	MO; ADD
<i>nasal four 1% spray</i>	3	ADD
<i>nasal mist 0.9% spray</i>	3	ADD
<i>nasal spray 0.05%</i>	3	ADD
<i>nasal spray 0.05% 12 hour relief</i>	3	ADD
<i>nasal spray 0.05% 12 hour, no drip</i>	3	ADD
<i>nasal spray 0.05% 12 hour, original</i>	3	ADD
<i>nasal spray 0.05% 12 hour, sinus</i>	3	ADD
<i>nasal spray 0.05% 12hr, original</i>	3	ADD
<i>nasal spray 0.05% extra moisturizing</i>	3	ADD
NASAL SPRAY 1%	3	ADD
<i>nasal spray original 0.05% 12 hr relief</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nasal spray original 0.05% 12 hr, 25% more</i>	3	ADD
NASOGEL NASAL SPRAY	3	MO; ADD
NASOGEL SALINE NOSE GEL	3	MO; ADD
<i>no drip 0.05% nasal spray</i>	3	ADD
<i>ocean 0.65% nasal spray</i>	3	MO; ADD
<i>ocean 0.65% nasal spray include travel size</i>	3	MO; ADD
<i>oralone</i>	1	MO
<i>periogard</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS	2	MO
PREVIDENT 5000 DRY MOUTH	2	MO
<i>pub saline 0.65% nasal spray</i>	3	ADD
<i>ra nasal mist 0.9% spray</i>	3	ADD
<i>ra saline 0.65% nasal spray</i>	3	ADD
<i>ra saline 0.65% nose spray</i>	3	ADD
<i>saline 0.65% nasal spray</i>	3	ADD
<i>saline 0.65% nasal spray moisturizing</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>saline mist 0.65% nose spry</i>	3	MO; ADD
SALINE NASAL GEL	3	ADD
<i>sb 12hr nasal spray 0.05%</i>	3	ADD
<i>sb saline 0.65% nose spray</i>	3	ADD
<i>sf 1.1% gel</i>	3	MO; ADD; QL (2 per 50 days)
<i>sf 5000 plus cream</i>	3	MO; ADD; QL (2 per 50 days)
<i>sf 5000 plus dental cream 1.1 %</i>	1	MO
<i>sf dental gel 1.1 %</i>	1	MO
SINUS RELIEF 1% NASAL SPRAY	3	ADD
<i>sm nasal 0.05% spray 12 hour, original</i>	3	ADD
<i>sm nasal spray 0.05%</i>	3	ADD
<i>sm nasal spray 0.05% extra moisturizing</i>	3	ADD
<i>sm nasal spray sinus</i>	3	ADD
<i>sm nose drops</i>	3	ADD
<i>sm saline 0.65% nasal spray</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SODIUM BENZOATE POWDER NF (RX)	3	ADD
<i>sodium fluoride 1.1% gel</i>	3	ADD; QL (2 per 50 days)
<i>sodium fluoride 5000 dry mouth</i>	1	MO
<i>sodium fluoride 5000 plus crm</i>	3	ADD; QL (1 per 90 days)
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
<i>ear drops 6.5%</i>	3	MO; ADD
<i>ear wax removal 6.5% drop</i>	3	ADD
<i>ear wax removal 6.5% kit</i>	3	ADD
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hm ear wax removal 6.5% drops</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm ear wax removal kit w/ear syringe</i>	3	ADD
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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</i>	1	MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisone</i>	1	MO
<i>prednisone intensol</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>propylthiouracil</i>	1	MO
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)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ALCOHOL PADS	2	MO
BAQSIMI	2	MO
BD AUTOSHIELD DUO PEN NEEDLE	2	MO
BD INSULIN SYRINGE (HALF UNIT)	2	MO
BD INSULIN SYRINGE U-500	2	MO
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"	2	MO
BYDUREON BCISE	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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CHEMSTRIP 10 MD	3	ADD
CHEMSTRIP 50B	3	ADD
CHEMSTRIP 7	3	ADD
COMBISTIX REAGENT STRIPS	3	ADD
CVS KETONE CARE TEST STRIP	3	ADD
<i>diazoxide</i>	1	MO
DROPSAFE ALCOHOL PREP PADS	2	
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
<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)

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 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)
<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)
GLYXAMBI	2	MO; QL (30 per 30 days)
GVOKE	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
HEMA- COMBISTIX REAGENT STRIPS	3	ADD
HUMALOG JUNIOR KWIKPEN U-100	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
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
<i>insta-glucose gel</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INSTA-GLUCOSE GEL	3	MO; ADD
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)
JARDIANCE	2	MO; QL (30 per 30 days)
KETO-DIASTIX REAGENT STRIPS	3	MO; ADD
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)
LABSTIX REAGENT STRIPS	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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 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)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	2	PA; MO; QL (2 per 28 days)
MULTISTIX 10 SG REAGENT STRIPS	3	MO; ADD
MULTISTIX 5 STRIPS	3	ADD
MULTISTIX 7 REAGENT STRIPS	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MULTISTIX 8 SG REAGENT STRIPS	3	ADD
MULTISTIX 9 REAGENT STRIPS	3	ADD
MULTISTIX 9 SG REAGENT STRIPS	3	ADD
MULTISTIX REAGENT STRIPS	3	ADD
<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)
NOVOFINE 32	2	MO
NOVOFINE PLUS	2	MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	MO
OMNIPOD 5 G6 PODS (GEN 5)	2	MO
OMNIPOD DASH INTRO KIT (GEN 4)	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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
QTERN	2	MO; QL (30 per 30 days)
<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)
RYBELSUS	2	PA; MO; QL (30 per 30 days)
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; QL (90 per 30 days)
STEGLATRO	2	MO; QL (30 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (10.8 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SYMLINPEN 60	2	PA; MO; QL (6 per 30 days)
SYNJARDY	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	MO; QL (60 per 30 days)
TRULICITY	2	PA; MO; QL (2 per 28 days)
URISTIX 4 REAGENT STRIPS	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
URISTIX REAGENT STRIPS	3	MO; ADD
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)
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)
ZEGALOGUE AUTOINJECTOR	2	MO
ZEGALOGUE SYRINGE	2	MO
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	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
CERDELGA	2	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA; MO
<i>cinacalcet</i>	1	PA; MO
<i>clomiphene citrate</i>	1	PA
CRYSVITA	2	PA; MO; LA
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	MO
<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
LUMIZYME	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MEPSEVII	2	PA; MO
<i>miglustat</i>	1	PA; MO; LA
MYALEPT	2	PA; MO; LA
NAGLAZYME	2	PA; MO; LA
NATPARA	2	PA; MO; LA
OVIDREL 250 MCG/0.5 ML SYRG	3	MO; ADD
<i>oxandrolone</i>	1	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	2	PA; MO; LA; QL (15 per 30 days)
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 intravenous solution</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
SAMSCA ORAL TABLET 15 MG	2	PA; MO
<i>sapropterin</i>	1	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SOMAVERT	2	PA; MO
STRENSIQ	2	PA; LA
SYNAREL	2	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	PA; MO
<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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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</i>	1	PA; MO
VIMIZIM	2	PA; MO; LA
<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 tablet</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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>acidophilus 16 mg capsule extra strength (rx)</i>	3	ADD
<i>acidophilus 16 mg capsule p/f, extra strength (rx)</i>	3	ADD
ACIDOPHILUS X-STR CAPTAB	3	MO; ADD
<i>acidophilus-pectin capsule</i>	3	MO; ADD
ACIDOPHILUS-PECTIN CAPSULE	3	ADD
ACIDOPHILUS-PECTIN CAPTAB (RX)	3	MO; ADD
ACIDOPHILUS-PECTIN CAPTAB CAPLET (RX)	3	MO; ADD
<i>anti-diarrheal 1 mg/7.5 ml sol</i>	3	ADD
<i>anti-diarrheal 2 mg caplet</i>	3	MO; ADD
<i>anti-diarrheal 2 mg caplet</i>	3	MO; ADD
<i>anti-diarrheal 2 mg softgel</i>	3	ADD
<i>anti-diarrheal 2 mg 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
AZO COMPLETE FEMININE BALANCE	3	ADD
BIO-K PLUS DR 50 BILLION CAP	3	ADD
<i>bismatrol tablet chew</i>	3	MO; ADD
<i>bismuth 262 mg tablet chew</i>	3	MO; ADD
CULTURELLE PRENATAL PRO CHEWTB	3	ADD
CULTURELLE TOTAL BALANCE CAP	3	ADD
CULTURELLE WOMEN HEALTH BALANC	3	MO; 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>diphenoxylate-atropine</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EQL PROBIOTIC ACIDOPHIL-PECTIN	3	MO; ADD
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<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	
GS ANTI-DIARRHEAL 1 MG/7.5 ML	3	ADD
<i>gs anti-diarrheal 2 mg caplet</i>	3	MO; ADD
<i>gs stomach rlf 262 mg chew tab</i>	3	ADD
<i>hm anti-diarrheal 2 mg caplet caplet, gluten-free</i>	3	MO; ADD
<i>hm anti-diarrheal 2 mg softgel</i>	3	ADD
<i>hm loperamide 1 mg/7.5 ml liq mint</i>	3	MO; ADD
<i>hm loperamide 1 mg/7.5 ml liq mint, gluten-free</i>	3	MO; ADD
<i>hm stomach relief 525 mg/15 ml</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm stomach relief 525 mg/30 ml</i>	3	MO; ADD
<i>hm stomach rlf 262 mg chew tab</i>	3	ADD
KALA TABLET	3	ADD
LOPERAMIDE 1 MG/7.5 ML ORAL SOL INNER	3	MO; ADD
LOPERAMIDE 1 MG/7.5 ML ORAL SOL OUTER	3	MO; ADD
<i>loperamide 1 mg/7.5 ml soln</i>	3	MO; ADD
LOPERAMIDE 1 MG/7.5 ML SOLN	3	MO; ADD
<i>loperamide 1 mg/7.5 ml susp mint</i>	3	MO; ADD
LOPERAMIDE 2 MG/15 ML ORAL SOL INNER	3	MO; ADD
LOPERAMIDE 2 MG/15 ML ORAL SOL OUTER	3	MO; ADD
<i>loperamide oral capsule</i>	1	MO
<i>opium tincture</i>	1	MO
<i>pink bismuth 262 mg tab chew</i>	3	ADD
<i>pink bismuth caplet</i>	3	ADD
PROBIOTIC 15 BILLION CELL CAP	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PROBIOTIC ACIDOPHIL-PECTIN CAP	3	MO; ADD
<i>qc anti-diarrheal 2 mg caplet</i>	3	MO; ADD
<i>qc anti-diarrheal 2 mg softgel</i>	3	ADD
RA DIGESTIVE HEALTH PROBIOTIC	3	ADD
<i>sm anti-diarrheal 1 mg/7.5 ml</i>	3	ADD
<i>sm anti-diarrheal 2 mg caplet</i>	3	MO; ADD
<i>sm anti-diarrheal 2 mg caplet</i>	3	MO; ADD
<i>sm anti-diarrheal 2 mg softgel</i>	3	ADD
<i>sm loperamide 1 mg/7.5 ml liq mint</i>	3	MO; ADD
<i>sm stomach relief caplet</i>	3	ADD
<i>sm stomach rlf 262 mg chew tab</i>	3	ADD
<i>stomach relief 262 mg chew tab</i>	3	ADD
<i>stomach relief 262 mg/15 ml original strength</i>	3	MO; ADD
<i>stomach relief 525 mg/15 ml</i>	3	MO; ADD
<i>stomach rlf 525 mg/30 ml susp</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>acid gone antacid liquid</i>	3	MO; ADD
<i>acid gone tablet chew</i>	3	MO; ADD
<i>almacone-2 liquid</i>	3	MO; ADD
<i>alosetron</i>	1	PA; MO
<i>aluminum hydroxide gel</i>	3	MO; ADD
<i>alum-mag hydroxide-simeth susp</i>	3	ADD
<i>alum-mag hydroxide-simeth susp outer</i>	3	ADD
<i>antacid anti-gas liquid</i>	3	ADD
<i>antacid anti-gas max str liq</i>	3	ADD
<i>antacid ex-str tablet chew</i>	3	ADD
<i>antacid extra strength chw tab</i>	3	ADD
<i>antacid liquid</i>	3	ADD
<i>antacid liquid</i>	3	ADD
<i>antacid plus anti-gas relf liq mint,reg-strength</i>	3	ADD
<i>antacid plus anti-gas relf liq regular str,original</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>antacid plus anti-gas susp cherry,max-strength</i>	3	ADD
<i>antacid-antigas 1000-60 mg chw</i>	3	ADD
ANTACID-ANTIGAS LIQUID	3	MO; ADD
<i>antacid-antigas suspension</i>	3	MO; ADD
<i>aprepitant</i>	1	B/D PA; MO
<i>balsalazide</i>	1	MO
<i>betaine</i>	1	MO
<i>bisacodyl 10 mg suppository</i>	3	MO; ADD
<i>bisacodyl ec 5 mg tablet</i>	3	MO; ADD
<i>budesonide oral capsule,delayed,exte nd.release</i>	1	MO
<i>budesonide oral tablet,delayed and ext.release</i>	1	
<i>castor oil</i>	3	ADD
<i>castor oil stimulant laxative</i>	3	ADD
<i>castor oil usp</i>	3	ADD
<i>castor oil usp (rx)</i>	3	ADD
CHENODAL	2	PA; LA
<i>chocolated laxative</i>	3	ADD
CHOLBAM ORAL CAPSULE 250 MG	2	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).

This drug list was last updated on 11/18/2022.

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; QL (120 per 30 days)
CIMZIA	2	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	2	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	2	PA; MO; QL (3 per 28 days)
CINVANTI	2	MO
<i>citrate of magnesia soln</i>	3	ADD
<i>citrucel 500 mg caplet</i>	3	MO; ADD
CITRUCEL POWDER	3	MO; ADD
CITRUCEL POWDER S-F	3	MO; ADD
CITRUCEL POWDER S-F ORANGE	3	MO; ADD
<i>clearlax powder</i>	3	MO; ADD
<i>clearlax powder 14 once-daily doses</i>	3	MO; ADD
<i>clearlax powder 30 once-daily doses</i>	3	MO; ADD
<i>clearlax powder 7 once-daily doses</i>	3	MO; ADD
<i>clearlax powder packet</i>	3	ADD
COLACE 100 MG CAPSULE	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COLACE 2-IN-1 TABLET	3	MO; ADD
COLACE CLEAR 50 MG SOFTGEL	3	MO; ADD
COLACE-T 100 MG CAPSULE	3	MO; ADD
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
<i>cvs castor oil</i>	3	ADD
CYSTADANE	2	
<i>dimenhydrinate injection solution</i>	1	MO
DIPENTUM	2	MO
<i>docu liquid 100 mg/10 ml inner</i>	3	ADD
<i>docu liquid 100 mg/10 ml outer</i>	3	ADD
<i>docu liquid 50 mg/5 ml</i>	3	ADD
<i>docusate cal 240 mg softgel</i>	3	MO; ADD
<i>docusate sodium 100 mg inner, softgel</i>	3	MO; ADD
<i>docusate sodium 100 mg outer, softgel</i>	3	MO; ADD
<i>docusate sodium 100 mg softgel</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>docusate sodium 250 mg softgel</i>	3	MO; ADD
<i>docusate sodium 50 mg/5 ml liq</i>	3	ADD
<i>docusate sodium 50 mg/5 ml liq 100's, u-d</i>	3	ADD
DOCUSATE SODIUM MINI ENEMA	3	ADD; QL (15 per 30 days)
DOCUSOL KIDS 100 MG MINI-ENEMA 5ML MINI-ENEMA, OUTER	3	ADD; QL (15 per 30 days)
DOCUSOL PLUS MINI-ENEMA 5ML MINI-ENEMA, OUTER	3	ADD; QL (15 per 30 days)
<i>dok 100 mg tablet</i>	3	MO; ADD
<i>driminate 50 mg tablet</i>	3	MO; ADD
<i>dronabinol</i>	1	B/D PA; MO
<i>droperidol injection solution</i>	1	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	B/D PA
<i>enema disposable</i>	3	MO; ADD; QL (399 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>enema ready to use</i>	3	ADD; QL (399 per 30 days)
<i>enema ready to use</i>	3	ADD; QL (399 per 30 days)
ENEMEEZ MINI ENEMA 5CC TUBES, OUTER	3	MO; ADD; QL (15 per 30 days)
ENEMEEZ PLUS MINI ENEMA OUTER	3	MO; ADD; QL (15 per 30 days)
ENTYVIO	2	PA; MO; QL (2 per 28 days)
<i>enulose</i>	1	MO
<i>epsom salt</i>	3	ADD
<i>eql castor oil</i>	3	ADD
<i>fiber laxative 625 mg caplet</i>	3	ADD
<i>fiber laxative 625 mg caplet</i>	3	ADD
<i>fiber tablet unboxed</i>	3	MO; ADD
<i>fiber tabs</i>	3	ADD
<i>fiber therapy 500 mg caplet</i>	3	ADD
<i>fiber therapy powder</i>	3	MO; ADD
<i>fiber-lax captabs 500mg polycarbophil</i>	3	MO; ADD
FLEET BISACODYL 10 MG ENEMA	3	MO; ADD; QL (111 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fleet enema</i>	3	MO; ADD; QL (399 per 30 days)
<i>fleet enema 2x133ml, twin pack</i>	3	MO; ADD; QL (798 per 30 days)
<i>fleet enema 4x133ml</i>	3	MO; ADD; QL (399 per 30 days)
FLEET MINERAL OIL ENEMA	3	MO; ADD; QL (399 per 30 days)
FLEET PEDIA-LAX ENEMA	3	MO; ADD; QL (198 per 30 days)
FLEET PEDIA-LAX STOOL SOFTENER	3	ADD
FLEET PEDIA-LAX TABLET CHEW	3	MO; ADD
<i>fosaprepitant</i>	1	MO
<i>gas relief (simeth) 80 mg chew</i>	3	ADD
<i>gas relief 125 mg chew tablet</i>	3	MO; ADD
<i>gas relief 125 mg chew tablet extra str, cherry crm</i>	3	MO; ADD
<i>gas relief 125 mg softgel</i>	3	MO; ADD
<i>gas relief 180 mg softgel</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GAS-X EX-STR 125 MG TAB CHEW	3	MO; ADD
GAS-X EX-STR 125 MG TAB CHEW CHERRY CREME	3	MO; ADD
GAS-X EXTRA STRENGTH SOFTGEL	3	MO; ADD
GAS-X EXTRA STRENGTH SOFTGEL SOFTGEL, EX-STRENGTH	3	MO; ADD
GAS-X ULTRA STRENGTH SOFTGEL	3	MO; ADD
GATTEX 30-VIAL	2	PA; MO
GATTEX ONE-VIAL	2	PA; MO
<i>gavilax powder 14 day</i>	3	MO; ADD
<i>gavilax powder 30 day</i>	3	MO; ADD
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
GAVISCON 80-14.2 MG TAB CHEW	3	MO; ADD
GAVISCON ES TABLET CHEW EXTRA STRENGTH	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GAVISCON EXTRA STRENGTH LIQUID	3	MO; ADD
GAVISCON LIQUID	3	MO; ADD
<i>generlac</i>	1	MO
<i>gentle laxative 10 mg supp</i>	3	MO; ADD
<i>gentle laxative ec 5 mg tablet</i>	3	ADD
<i>gnp gas rlf(simeth) 80 mg chew</i>	3	ADD
<i>gnp gentle laxative 10 mg supp</i>	3	MO; ADD
<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>gs adv antacid-antigas liquid</i>	3	ADD
<i>gs antacid plus anti-gas liq</i>	3	ADD
<i>gs antacid plus anti-gas susp</i>	3	ADD
<i>gs antacid-simethicone liquid</i>	3	ADD
<i>gs clearlax powder</i>	3	MO; ADD
<i>gs gas relief 125 mg softgel</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gs gas relief 180 mg softgel</i>	3	ADD
GS HEMORRHOIDAL OINTMENT	3	MO; ADD
<i>gs milk of magnesia suspension</i>	3	MO; ADD
<i>gs simethicone 20 mg/0.3 ml</i>	3	ADD
<i>gs stool softener 100 mg sftgl</i>	3	ADD
HEARTBURN RELIEF LIQUID	3	ADD
<i>hm adv antacid-antigas susp max-strength, cherry</i>	3	ADD
<i>hm antacid anti-gas suspension original, max str</i>	3	ADD
<i>hm antacid-antigas suspension</i>	3	MO; ADD
<i>hm antacid-antigas suspension reg str, mint</i>	3	ADD
<i>hm castor oil odorless-tasteless</i>	3	ADD
<i>hm clearlax powder</i>	3	MO; ADD
<i>hm clearlax powder 7 once-daily doses</i>	3	MO; ADD
<i>hm enema ready to use</i>	3	ADD; QL (399 per 30 days)
<i>hm enema ready to use twin pak</i>	3	ADD; QL (399 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm fiber 500 mg caplet</i>	3	MO; ADD
<i>hm fiber powder</i>	3	ADD
<i>hm fiber powder</i>	3	ADD
<i>hm fiber powder (otc)</i>	3	ADD
<i>hm gas relief 125 mg chew tab</i>	3	MO; ADD
<i>hm gas relief 125 mg softgel</i>	3	MO; ADD
<i>hm gas relief(simeth) 80 mg chw</i>	3	ADD
<i>hm inf gas relief 20 mg/0.3 ml</i>	3	ADD
<i>hm laxative ec 5 mg tablet</i>	3	ADD
<i>hm magnesium citrate solution</i>	3	MO; ADD
<i>hm magnesium citrate solution pasteurized, lemon</i>	3	MO; ADD
<i>hm milk of magnesia suspension mint</i>	3	MO; ADD
<i>hm milk of magnesia suspension original</i>	3	MO; ADD
<i>hm motion relief 25 mg tablet</i>	3	ADD
<i>hm motion sickness 50 mg tab</i>	3	ADD
HM READY TO USE MIN OIL ENEMA	3	ADD; QL (399 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm senna 8.6 mg tablet</i>	3	MO; ADD
<i>hm stool softener 100 mg sftgl</i>	3	ADD
<i>hm stool softener 100 mg tab</i>	3	ADD
<i>hm stool softener-stim lax tab</i>	3	ADD
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>inf gas rel 20 mg/0.3 ml drop</i>	3	ADD
<i>infants' gas rlf 20 mg/0.3 ml</i>	3	ADD
<i>infants' gas rlf 20 mg/0.3 ml infant</i>	3	ADD
<i>konsyl 6 gm packet gluten-f, outer (otc)</i>	3	MO; ADD
KONSYL DAILY FIBER POWDER	3	ADD
KONSYL DAILY FIBER POWDER PKT OUTER (OTC)	3	ADD
KONSYL FORMULA-D FIBER POWDER GLUTEN FREE	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KONSYL ORIGINAL FIBER POWDER GLUTEN FREE	3	MO; ADD
KONSYL ORIGINAL FIBER POWDER GLUTEN-F,75 DOSES	3	MO; ADD
<i>konsyl psyllium fiber packet orange, gluten free</i>	3	ADD
<i>konsyl psyllium fiber powder orange, gluten free</i>	3	ADD
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
<i>laxative 15 mg tablet</i>	3	ADD
<i>laxative 25 mg tablet</i>	3	ADD
<i>laxative ec 5 mg tablet</i>	3	ADD
LINZESS	2	MO; QL (30 per 30 days)
MAG-AL LIQUID	3	ADD
<i>mag-al plus suspension 100's,u-d,10x10</i>	3	ADD
<i>mag-al plus xs suspension</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>magnesium citrate solution</i>	3	MO; ADD
MAGNESIUM LACTATE SR 84 MG CPT	3	MO; ADD
<i>magnesium oxide 400 mg tablet (otc)</i>	3	MO; ADD
MAGNESIUM OXIDE 400 MG TABLET (OTC)	3	MO; ADD
MAG-TAB SR 84 MG CAPLET	3	MO; ADD
MAG-TAB SR 84 MG CAPLET	3	MO; ADD
MAG-TAB SR 84 MG CAPLET U/D,CAPLET	3	MO; ADD
<i>meclizine 12.5 mg caplet (otc)</i>	3	MO; ADD
<i>meclizine 12.5 mg caplet (otc)</i>	3	MO; ADD
<i>meclizine 25 mg tablet chew</i>	3	MO; ADD
<i>meclizine 25 mg tablet chew raspberry</i>	3	MO; ADD
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule, extended release 24hr</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>milk of magnesia concentrated</i>	3	ADD
<i>milk of magnesia suspension</i>	3	ADD
<i>milk of magnesia suspension</i>	3	MO; ADD
<i>milk of magnesia suspension 100's, u-d</i>	3	MO; ADD
<i>milk of magnesia suspension cherry</i>	3	MO; ADD
<i>milk of magnesia suspension inner</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>milk of magnesia suspension mint</i>	3	MO; ADD
<i>milk of magnesia suspension original</i>	3	MO; ADD
<i>milk of magnesia suspension outer</i>	3	MO; ADD
<i>mineral oil</i>	3	MO; ADD
<i>mintox maximum strength susp max str, lemon creme</i>	3	MO; ADD
<i>mintox plus tablet chewable</i>	3	MO; ADD
MOTEGRITY	2	ST; MO; QL (30 per 30 days)
<i>motion sickness 50 mg tablet</i>	3	ADD
<i>motion sickness rlf 25 mg tab</i>	3	ADD
<i>motion-time 25 mg tablet chew</i>	3	ADD
MOVANTIK	2	MO; QL (30 per 30 days)
<i>natural fiber powder regular</i>	3	ADD
OICALIVA	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

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO
<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	
<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	MO
PENTASA	2	MO
<i>polyethylene glycol 3350 powd (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 14 once-daily doses (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 17 grams pkt,inner (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 17 grams pkts,outer (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 30 once-daily doses (otc)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>polyethylene glycol 3350 powd 7 once-daily doses (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd inner (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd outer (otc)</i>	3	MO; ADD
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<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
<i>qc antacid suspension regular strength</i>	3	ADD
<i>qc antacid-antigas max str</i>	3	ADD
<i>qc antacid-antigas suspension regular strength</i>	3	MO; ADD
<i>qc castor oil odorless-tasteless</i>	3	ADD
<i>qc gas relief 125 mg softgel</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>qc gentle laxative 10 mg supp</i>	3	MO; ADD
<i>qc magnesium citrate solution</i>	3	MO; ADD
<i>qc magnesium citrate solution cherry flavor</i>	3	MO; ADD
<i>qc magnesium citrate solution lemon flavor</i>	3	MO; ADD
<i>qc milk of magnesia suspension</i>	3	MO; ADD
<i>qc milk of magnesia suspension mint flavor</i>	3	MO; ADD
<i>qc milk of magnesia suspension original flavor</i>	3	MO; ADD
<i>qc mineral oil heavy</i>	3	MO; ADD
<i>qc natural veg laxative tablet</i>	3	ADD
<i>qc natura-lax 17 gm powder</i>	3	ADD
<i>qc ready to use enema</i>	3	ADD; QL (399 per 30 days)
<i>qc ready to use enema twin pack</i>	3	ADD; QL (798 per 30 days)
<i>qc stool softener 100 mg sftgl</i>	3	ADD
<i>qc stool softener-laxative tab</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
READY TO USE MINERAL OIL ENEMA	3	ADD; QL (399 per 30 days)
RECTIV	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	2	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	2	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	2	MO; QL (12 per 30 days)
REMICADE	2	PA; MO; QL (20 per 28 days)
SANCUSO	2	MO
<i>scopolamine base</i>	1	MO
<i>senexon-s 50-8.6 mg tablet</i>	3	MO; ADD
SENNA 8.6 MG SOFTGEL	3	ADD
<i>senna 8.6 mg tablet</i>	3	MO; ADD
<i>senna 8.8 mg/5 ml liquid</i>	3	ADD
<i>senna 8.8 mg/5 ml syrup</i>	3	ADD
<i>senna 8.8 mg/5 ml syrup</i>	3	MO; ADD
<i>senna 8.8 mg/5 ml syrup inner</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>senna 8.8 mg/5 ml syrup outer</i>	3	ADD
<i>senna lax 8.6 mg tablet</i>	3	ADD
<i>senna laxative 8.6 mg tablet</i>	3	ADD
SENNAPLUS 8.6-50 MG SOFTGEL	3	ADD
<i>senna plus 8.6-50 mg tablet</i>	3	MO; ADD
<i>senna-lax 8.6 mg tablet</i>	3	ADD
<i>senna-s tablet</i>	3	MO; ADD
<i>senna-time 8.6 mg tablet</i>	3	MO; ADD
<i>senna-time s tablet</i>	3	ADD
SENOKOT 8.6 MG TABLET	3	MO; ADD
SENOKOT EXTRA STR 17.2 MG TAB	3	MO; ADD
SENOKOT-S TABLET	3	MO; ADD
<i>silace 60 mg/15 ml syrup</i>	3	MO; ADD
<i>simethicone 125 mg tab chew</i>	3	ADD
<i>simethicone 180 mg softgel ultra str, softgel</i>	3	MO; ADD
<i>simethicone 40 mg/0.6 ml drop</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>simethicone 80 mg tab chew</i>	3	MO; ADD
SKYRIZI INTRAVENOUS	2	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	2	PA; MO; QL (2.4 per 56 days)
<i>sm adv antacid-antigas liquid</i>	3	ADD
<i>sm adv antacid-antigas susp max strength, cherry</i>	3	ADD
<i>sm antacid suspension</i>	3	ADD
<i>sm castor oil stimulant laxative</i>	3	ADD
<i>sm clearlax powder 14 once-daily doses</i>	3	MO; ADD
<i>sm clearlax powder 30 once-daily doses</i>	3	MO; ADD
<i>sm clearlax powder 7 once-daily doses</i>	3	MO; ADD
<i>sm enema ready to use</i>	3	ADD; QL (399 per 30 days)
<i>sm enema ready to use twin pak</i>	3	ADD; QL (399 per 30 days)
<i>sm fiber 625 mg caplet</i>	3	MO; ADD
<i>sm fiber laxative 500 mg cplt</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm gas rel antifatulent 180 mg softgel</i>	3	ADD
<i>sm gas relief 125 mg chew tab</i>	3	MO; ADD
<i>sm gas relief 125 mg softgel</i>	3	MO; ADD
<i>sm gas relief(simeth) 80 mg chw</i>	3	ADD
<i>sm gentle laxative ec 5 mg tab</i>	3	ADD
<i>sm inf gas relief 20 mg/0.3 ml non-staining</i>	3	ADD
<i>sm magnesium 250 mg tablet gluten-free (rx)</i>	3	ADD
<i>sm magnesium citrate solution</i>	3	MO; ADD
<i>sm milk of magnesia suspension</i>	3	ADD
<i>sm milk of magnesia suspension</i>	3	MO; ADD
<i>sm milk of magnesia suspension mint</i>	3	MO; ADD
<i>sm milk of magnesia suspension original</i>	3	MO; ADD
<i>sm motion sickness 25 mg tab</i>	3	ADD
<i>sm motion sickness 50 mg tab</i>	3	ADD
SM READY TO USE ENEMA	3	ADD; QL (399 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm senna laxative 8.6 mg tab</i>	3	ADD
<i>sm senna-s tablet</i>	3	MO; ADD
<i>sm stool softener 100 mg sftgl</i>	3	ADD
<i>sm stool softener 100 mg sftgl softgel</i>	3	ADD
<i>sm stool softener 100 mg tab</i>	3	ADD
<i>sm stool softener 250 mg sftgl softgel</i>	3	ADD
<i>sm stool softener-laxative tab</i>	3	ADD
<i>sodium bicarb 10 grain tablet</i>	3	MO; ADD
<i>sodium bicarb 325 mg (5 gr) tb</i>	3	MO; ADD
<i>sodium bicarb 325 mg tablet</i>	3	MO; ADD
<i>sodium bicarb 650 mg tablet 10 gr</i>	3	MO; ADD
<i>stimulant laxative plus tablet</i>	3	MO; ADD
<i>stool softener 100 mg capsule original</i>	3	ADD
<i>stool softener 100 mg softgel</i>	3	ADD
<i>stool softener 100 mg softgel</i>	3	ADD
<i>stool softener 250 mg softgel</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>stool softener 250 mg ex-str, softgel</i>	3	ADD
STOOL SOFTENER-STIM LAX SOFTGL	3	ADD
<i>stool softener-stim lax tablet</i>	3	ADD
SUCRAID	2	PA
<i>sulfasalazine</i>	1	MO
TRULANCE	2	MO
<i>tums ultra str chewy delights</i>	3	MO; ADD
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI	2	B/D PA
VIBERZI	2	MO; QL (60 per 30 days)
VIOKACE	2	MO
<i>women's gentle lax ec 5 mg tab</i>	3	ADD
<i>women's laxative 5 mg tablet</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
ULCER THERAPY		
<i>acid controller 20 mg tablet maximum strength</i>	3	ADD
<i>acid reducer 10 mg tablet</i>	3	ADD
<i>acid reducer 10 mg tablet original strength</i>	3	ADD
<i>acid reducer 20 mg tablet</i>	3	ADD
<i>acid reducer 20 mg tablet maximum strength</i>	3	ADD
<i>acid reducer 20 mg tablet max-str</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>acid reducer dr 20 mg cap</i>	3	ADD
<i>cimetidine 200 mg tablet blister pack (otc)</i>	3	MO; ADD
<i>cimetidine hcl oral</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	MO
<i>esomeprazole mag dr 20 mg cap (otc)</i>	3	MO; ADD
<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
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine 10 mg tablet</i>	3	ADD
<i>famotidine 20 mg tablet (otc)</i>	3	MO; ADD
<i>famotidine intravenous</i>	1	MO
<i>famotidine oral suspension</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>gs acid reducer 10 mg tablet</i>	3	ADD
<i>gs acid reducer 20 mg tablet</i>	3	ADD
<i>gs esomeprazole mag dr 20 mg (otc)</i>	3	MO; ADD
<i>gs lansoprazole dr 15 mg cap (otc)</i>	3	MO; ADD
<i>gs omeprazole dr 20 mg odt</i>	3	ADD
<i>gs omeprazole dr 20 mg tablet</i>	3	MO; ADD
<i>gs omeprazole dr 20 mg tablet 14 day course</i>	3	MO; ADD
<i>heartburn relief 10 mg tablet</i>	3	MO; ADD
<i>heartburn relief 20 mg tablet</i>	3	MO; ADD
<i>heartburn relief 200 mg tablet</i>	3	ADD
<i>hm esomeprazole mag dr 20 mg (otc)</i>	3	MO; ADD
<i>hm famotidine 10 mg tablet original strength</i>	3	ADD
<i>hm famotidine 20 mg tablet maximum strength (otc)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm lansoprazole dr 15 mg cap gluten-free, 1 bottle (otc)</i>	3	MO; ADD
<i>hm lansoprazole dr 15 mg cap gluten-free, 3 bottle (otc)</i>	3	MO; ADD
<i>hm omeprazole dr 20 mg tablet 1x14 day course</i>	3	MO; ADD
<i>hm omeprazole dr 20 mg tablet 2x14 day course</i>	3	MO; ADD
<i>hm omeprazole dr 20 mg tablet 3x14 day course</i>	3	MO; ADD
<i>lansoprazole dr 15 mg capsule (otc)</i>	3	MO; ADD
<i>lansoprazole dr 15 mg capsule 1x14 day course (otc)</i>	3	MO; ADD
<i>lansoprazole dr 15 mg capsule 2x14 day course (otc)</i>	3	MO; ADD
<i>lansoprazole dr 15 mg capsule 3x14 day course (otc)</i>	3	MO; ADD
<i>lansoprazole dr 15 mg capsule inner (otc)</i>	3	MO; ADD
<i>lansoprazole dr 15 mg capsule outer (otc)</i>	3	MO; ADD

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) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO
<i>misoprostol</i>	1	MO
<i>nizatidine oral capsule 150 mg</i>	1	MO
<i>nizatidine oral capsule 300 mg</i>	1	
<i>omeprazole dr 20 mg odt</i>	3	ADD
<i>omeprazole dr 20 mg tablet</i>	3	MO; ADD
<i>omeprazole dr 20 mg tablet 14 day course</i>	3	MO; ADD
<i>omeprazole dr 20 mg tablet 1x14 day course</i>	3	MO; ADD
<i>omeprazole dr 20 mg tablet 2x14 day course</i>	3	MO; ADD
<i>omeprazole dr 20 mg tablet 3x14 day course</i>	3	MO; ADD
<i>omeprazole mag dr 20 mg tablet</i>	3	MO; ADD
<i>omeprazole mag dr 20.6 mg cap one 14-day course</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>omeprazole mag dr 20.6 mg cap three 14-day course</i>	3	ADD
<i>omeprazole mag dr 20.6 mg cap two 14-day course</i>	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
<i>pantoprazole intravenous</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
PREVACID 24HR DR 15 MG CAPSULE N	3	MO; ADD
PREVACID 24HR DR 15 MG CAPSULE N, 3 BOTTLES	3	MO; ADD
PREVACID 24HR DR 15 MG CAPSULE NA/F, 2 BOTTLES	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>qc acid controller 10 mg tab</i>	3	ADD
<i>qc esomeprazole mag dr 20 mg (otc)</i>	3	MO; ADD
<i>qc omeprazole mag dr 20.6 mg three 14-day course</i>	3	ADD
<i>sm acid reducer 10 mg tablet</i>	3	ADD
<i>sm acid reducer 20 mg tablet</i>	3	ADD
<i>sm acid reducer 20 mg tablet maximum strength</i>	3	ADD
<i>sm acid reducer 200 mg tablet</i>	3	ADD
<i>sm esomeprazole mag dr 20 mg (otc)</i>	3	MO; ADD
<i>sm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc)</i>	3	MO; ADD
<i>sm lansoprazole dr 15 mg cap gluten-free,3 bottle (otc)</i>	3	MO; ADD
<i>sm omeprazole dr 20 mg tablet 14 day course</i>	3	MO; ADD
<i>sm omeprazole dr 20 mg tablet 2x14 day course</i>	3	MO; ADD
<i>sm omeprazole dr 20 mg tablet 3x14 day course</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).

This drug list was last updated on 11/18/2022.

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

sucralfate

1

MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	2	B/D PA; MO
ARCALYST	2	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (1 per 28 days)
BESREMI	2	PA; LA
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (14 per 28 days)
ILARIS (PF)	2	PA; MO; LA; QL (2 per 28 days)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	B/D PA; MO
LEUKINE INJECTION RECON SOLN	2	PA; MO
MOZOBIL	2	B/D PA; MO
NIVESTYM	2	PA; MO
NYVEPRIA	2	PA; MO

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

OMNITROPE

2

PA; MO

PEGASYS SUBCUTANEOUS SOLUTION

2

MO; QL (4 per 28 days)

PEGASYS SUBCUTANEOUS SYRINGE

2

MO; QL (2 per 28 days)

PLEGRIDY INTRAMUSCULAR

2

PA; MO; QL (1 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)

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

RETACRIT

2

PA; MO

ZARXIO

2

PA; MO

ZIEXTENZO

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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
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
DENG VAXIA (PF)	2	
ENGRIX-B (PF)	2	B/D PA; MO
ENGRIX-B PEDIATRIC (PF)	2	B/D PA; MO
<i>fomepizole</i>	1	
GAMASTAN	2	MO
GAMASTAN S/D	2	
GARDASIL 9 (PF)	2	MO
HAVRIX (PF)	2	MO
HIBERIX (PF)	2	MO
HIZENTRA	2	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	2	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	2	MO
HYPERHEP B NEONATAL	2	
HYQVIA	2	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	MO
IPOL	2	
IXIARO (PF)	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENQUADFI (PF)	2	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	2	MO
M-M-R II (PF)	2	MO
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	
PENTACEL (PF)	2	
PREHEVBRIO (PF)	2	B/D PA; MO
PRIORIX (PF)	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](https://www.caresource.com/MyCare).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PRIVIGEN	2	PA; MO
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	2	MO
RECOMBIVAX HB (PF)	2	B/D PA; MO
ROTARIX	2	
ROTATEQ VACCINE	2	MO
SHINGRIX (PF)	2	MO
STAMARIL (PF)	2	
TDVAX	2	MO
TENIVAC (PF)	2	MO
TETANUS,DIPHTHERIA TOX PED(PF)	2	MO
TICE BCG	2	B/D PA; MO
TICOVAC	2	MO
TRUMENBA	2	MO
TWINRIX (PF)	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF)	2	MO
VARIVAX (PF)	2	
VARIZIG	2	MO
YF-VAX (PF)	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](https://www.caresource.com/MyCare).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
AEROCHAMBER MINI	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER MV HOLD CHAMBER	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU LARGE	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU MED	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU MED WITH MASK	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU SMALL	3	MO; ADD
AEROCHAMBER PLUS FLOW-VU SMALL	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER Z-STAT PLUS W/MASK, LARGE	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER Z-STAT PLUS W-FLOW	3	ADD; QL (2 per 365 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
AEROCHAMBER Z-STAT PLUS W-FLOW W/FLOWSIGNAL	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER Z-STAT PLUS-MED W/MASK-MED,CMFT SEAL	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER Z-STAT PLUS-SMALL W/MASK-SM,CMFT SEAL	3	MO; ADD; QL (2 per 365 days)
AEROVENT PLUS HOLDING CHAMBER	3	MO; ADD; QL (2 per 365 days)
AIMSCO LATEX CONDOM	3	ADD; QL (24 per 30 days)
AIRZONE PEAK FLOW METER ADULTS & CHILDREN	3	ADD; QL (2 per 365 days)
ASTHMA CHECK PEAK FLOW MTR	3	ADD; QL (2 per 365 days)
ASTHMAPACK CHILDREN'S CARE KIT	3	ADD; QL (2 per 365 days)
BD NANO 2ND GEN PEN NEEDLE	2	MO
BD ULTRA-FINE MICRO PEN NEEDLE	2	MO
BD ULTRA-FINE MINI PEN NEEDLE	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BD ULTRA-FINE NANO PEN NEEDLE	2	MO
BD ULTRA-FINE SHORT PEN NEEDLE	2	MO
BD VEO INSULIN SYR (HALF UNIT)	2	MO
BD VEO INSULIN SYRINGE UF	2	MO
CLEVER CHOICE CHAMBER-LRG MASK	3	ADD
CLEVER CHOICE CHAMBER-LRG MASK	3	ADD; QL (2 per 365 days)
CLEVER CHOICE CHAMBER-MED MASK	3	MO; ADD
CLEVER CHOICE CHAMBER-MED MASK	3	MO; ADD; QL (2 per 365 days)
CLEVER CHOICE CHAMBER-SM MASK	3	ADD; QL (2 per 365 days)
CLEVER CHOICE PEAK FLOW METER	3	ADD; QL (2 per 365 days)
COMPACT SPACE CHAMBER	3	MO; ADD; QL (2 per 365 days)
COMPACT SPACE CHAMBER-LRG MASK	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COMPACT SPACE CHAMBER-LRG MASK	3	MO; ADD; QL (2 per 365 days)
COMPACT SPACE CHAMBER-MED MASK	3	MO; ADD
COMPACT SPACE CHAMBER-MED MASK	3	MO; ADD; QL (2 per 365 days)
COMPACT SPACE CHAMBER-SM MASK	3	MO; ADD
COMPACT SPACE CHAMBER-SM MASK	3	MO; ADD; QL (2 per 365 days)
CONDOMS LUBRICATED	3	MO; ADD; QL (24 per 30 days)
DUREX AVANTI REAL FEEL CONDOM	3	MO; ADD; QL (24 per 30 days)
EASIVENT HOLDING CHAMBER HOSPITAL PACK	3	MO; ADD; QL (2 per 365 days)
EASIVENT HOLDING CHAMBER RETAIL PACK	3	MO; ADD; QL (2 per 365 days)
EASIVENT MASK-LARGE	3	ADD; QL (2 per 365 days)
EASIVENT MASK-MEDIUM	3	MO; ADD; QL (2 per 365 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EASIVENT MASK-SMALL	3	MO; ADD; QL (2 per 365 days)
EQ SPACE CHAMBER	3	ADD
EQ SPACE CHAMBER-LARGE MASK	3	ADD
EQ SPACE CHAMBER-MEDIUM MASK	3	ADD
EQ SPACE CHAMBER-SMALL MASK	3	ADD
FANTASY CONDOM	3	ADD; QL (24 per 30 days)
FC2 FEMALE CONDOM	3	MO; ADD; QL (20 per 30 days)
FLEXICHAMBER	3	ADD; QL (2 per 365 days)
FLEXICHAMBER-LG CHILD MASK	3	ADD; QL (2 per 365 days)
FLEXICHAMBER-SM ADULT MASK	3	ADD; QL (2 per 365 days)
FLEXICHAMBER-SM CHILD MASK	3	ADD; QL (2 per 365 days)
GAUZE PADS 2 X 2	2	MO
INSPIRACHAMBER	3	MO; ADD; QL (2 per 365 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INSPIRACHAMBER WITH MASK-LARGE	3	MO; ADD; QL (2 per 365 days)
INSPIRACHAMBER WITH MASK-MED	3	MO; ADD; QL (2 per 365 days)
INSPIRACHAMBER WITH MASK-SMALL	3	MO; ADD; QL (2 per 365 days)
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	MO
KIMONO CONDOMS	3	ADD; QL (24 per 30 days)
KIMONO MAXX CONDOM	3	ADD; QL (24 per 30 days)
KIMONO MICROTHIN AQUA LUBE	3	ADD; QL (24 per 30 days)
KIMONO MICROTHIN CONDOM	3	ADD; QL (24 per 30 days)
KIMONO MICROTHIN LARGE CONDOM	3	ADD; QL (24 per 30 days)
KIMONO TEXTURED CONDOM	3	ADD; QL (24 per 30 days)
MICROCHAMBER	3	MO; ADD; QL (2 per 365 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MICROLIFE PEAK FLOW METER	3	MO; ADD; QL (2 per 365 days)
MINI WRIGHT PEAK FLOW METER AFS, (30-400)	3	ADD; QL (2 per 365 days)
MINI WRIGHT PEAK FLOW METER STANDARD, (60-800)	3	ADD; QL (2 per 365 days)
NEEDLES, INSULIN DISP.,SAFETY	2	MO
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	MO
OMNIPOD CLASSIC PODS (GEN 3)	2	MO
OMNIPOD DASH PODS (GEN 4)	2	MO
OPTICHAMBER DIAMOND VHC	3	MO; ADD; QL (2 per 365 days)
OPTICHAMBER DIAMOND W-MED MASK	3	MO; ADD; QL (2 per 365 days)
OPTICHAMBER DIAMOND W-SML MASK	3	MO; ADD; QL (2 per 365 days)
PANDA MASK LARGE	3	ADD; QL (2 per 365 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PANDA MASK MEDIUM	3	ADD; QL (2 per 365 days)
PANDA MASK SMALL	3	ADD; QL (2 per 365 days)
PEAK-AIR PEAK FLOW METER	3	MO; ADD; QL (2 per 365 days)
PEDIATRIC PANDA MASK	3	ADD; QL (2 per 365 days)
PERSONAL BEST PEAK FLOW MTR	3	MO; ADD; QL (2 per 365 days)
PERSONAL BEST PEAK FLOW MTR	3	MO; ADD; QL (2 per 365 days)
PIKO 1 FLOW METER	3	ADD; QL (2 per 365 days)
POCKET CHAMBER	3	MO; ADD; QL (2 per 365 days)
POCKET PEAK FLOW METER 12'S	3	ADD; QL (2 per 365 days)
PRECISION XTR B-KETONE STRIP BETA-KETONE	3	MO; ADD
PRO COMFORT SPACER-ADULT MASK	3	MO; ADD; QL (2 per 365 days)
PRO COMFORT SPACER-CHILD MASK	3	MO; ADD; QL (2 per 365 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PROCARE SPACER WITH ADULT MASK	3	MO; ADD; QL (2 per 365 days)
PROCARE SPACER WITH CHILD MASK	3	ADD; QL (2 per 365 days)
PURECOMFORT PEAK FLOW MTR ADLT	3	ADD
PURECOMFORT PEAK FLOW MTR CHLD	3	ADD
RITEFLO SPACER	3	ADD; QL (2 per 365 days)
TRUSTEX CONDOM	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S, LUBRICATED	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S, RESERVOIR TIP	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S, W/NONOXYNOL-9	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S, W-NONOXYNOL-9	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S, EXTRA STRENGTH	3	ADD; QL (24 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRUSTEX CONDOM 12'S,LUBRICATED	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S,W/NONOXYNOL-9	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S,W-NONOXYNOL-9	3	ADD; QL (24 per 30 days)
TRUSTEX LATEX CONDOM 12'S	3	ADD; QL (24 per 30 days)
TRUSTEX LATEX CONDOM 48'S	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 12'S	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 12'S, NON-LUBRICATED	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 12'S,W/SPERMICIDE	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 48'S	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 48'S, NON-LUBRICATED	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 48'S,W/SPERMICIDE	3	ADD; QL (24 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRUZONE PEAK FLOW METER ADULT/PEDIATRIC	3	MO; ADD; QL (2 per 365 days)
V-GO 20	2	MO
V-GO 30	2	MO
V-GO 40	2	MO
VORTEX HOLDING CHAMBER HRI	3	MO; ADD; QL (2 per 365 days)
VORTEX HOLDING CHAMBER NON-ELECTROSTATIC	3	MO; ADD; QL (2 per 365 days)
VORTEX VHC FROG CHILD MASK HRI	3	MO; ADD; QL (2 per 365 days)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
KRYSTEXXA	2	MO
<i>probenecid</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).

This drug list was last updated on 11/18/2022.

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

<i>probenecid-colchicine</i>	1	MO
------------------------------	---	----

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (300 per 28 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)
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; QL (1 per 180 days)
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<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)

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

TERIPARATIDE	2	PA; MO; QL (2.48 per 28 days)
--------------	---	-------------------------------

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN	2	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	2	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	2	PA; MO; QL (3.6 per 28 days)
BENLYSTA	2	PA; 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)
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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HUMIRA PEN PSOR-UEITS-ADOL HS	2	PA; MO; QL (4 per 180 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)
HUMIRA(CF) PEN PEDIATRIC UC	2	PA; MO; QL (4 per 28 days)
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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; MO; QL (2 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 (WITH MALTOSE)	2	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	2	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA; MO; QL (2.8 per 28 days)
OTEZLA	2	PA; 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO; QL (55 per 28 days)
<i>penicillamine oral tablet</i>	1	PA; MO
RIDAURA	2	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA; MO; QL (56 per 180 days)
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
XELJANZ ORAL SOLUTION	2	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	2	PA; MO; QL (60 per 30 days)
XELJANZ XR	2	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ESTROGENS / PROGESTINS		
<i>amabelz</i>	1	PA; MO
<i>camila</i>	1	MO
CRINONE VAGINAL GEL 4 %	2	MO
CRINONE VAGINAL GEL 8 %	2	PA; MO
<i>deblitane</i>	1	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; 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>fyavolv</i>	1	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	1	
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PA; MO
<i>lyleq</i>	1	MO
<i>lyllana</i>	1	PA; MO; QL (8 per 28 days)
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	MO
MENEST	2	PA; MO
<i>mimvey</i>	1	PA; MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	PA
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	1	PA; MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>yuvafem</i>	1	MO
MISCELLANEOUS OB/GYN		
<i>3-day vaginal cream</i>	3	MO; ADD
CLEOCIN VAGINAL SUPPOSITORY	2	MO
<i>clindamycin phosphate vaginal</i>	1	MO
<i>clotrimazole 1% vaginal cream</i>	3	MO; ADD
<i>clotrimazole 1% vaginal cream w/7 applicators</i>	3	MO; ADD
<i>clotrimazole 1% vaginal cream w/single applicator</i>	3	MO; ADD
<i>clotrimazole-3 2% cream</i>	3	ADD
<i>eluryng</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>gs miconazole 3 combo pack</i>	3	MO; ADD
<i>gs miconazole 7 cream</i>	3	MO; ADD
<i>metronidazole vaginal</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MICONAZOLE 1 COMBINATION PACK	3	ADD
<i>miconazole 1 combination pack sftgl insert/9gm crm</i>	3	ADD
<i>miconazole 2% vaginal cream</i>	3	ADD
<i>miconazole 2% vaginal cream w/7 disp applicators</i>	3	ADD
<i>miconazole 2% vaginal cream w/applicator</i>	3	ADD
<i>miconazole 3 4% cream</i>	3	ADD
<i>miconazole 3 combo pack</i>	3	ADD
<i>miconazole 3 combo pack</i>	3	MO; ADD
<i>miconazole 3 combo pack 3 sup,9gm crm w/app</i>	3	MO; ADD
<i>miconazole 3 combo pack 3 supp w/9gm cream</i>	3	MO; ADD
<i>miconazole 7 100 mg vag supp</i>	3	ADD
<i>miconazole 7 cream</i>	3	MO; ADD
<i>miconazole 7 cream w/7 disp applicators</i>	3	MO; ADD
<i>miconazole-7 cream</i>	3	ADD
<i>mifepristone</i>	1	LA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MIRENA	2	LA
NEXPLANON	2	
<i>qc miconazole-7 cream 1 applicator</i>	3	ADD
<i>sm 3-day vaginal cream</i>	3	MO; ADD
<i>sm clotrimazole 1% vag cream</i>	3	MO; ADD
<i>sm miconazole 2% vaginal cream w/disp applicators</i>	3	ADD
<i>sm miconazole 3 combo pack</i>	3	ADD
<i>sm miconazole 3 combo pack w/disposable applica</i>	3	MO; ADD
<i>sm miconazole 7 100 mg vag sup</i>	3	ADD
<i>sm miconazole 7 cream w/reusable applic</i>	3	MO; ADD
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO
<i>xulane</i>	1	MO
<i>zafemy</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
AFTERA 1.5 MG TABLET	3	ADD
<i>altavera (28)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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	
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>camrese</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyred</i>	1	
<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	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>econtra ez 1.5 mg tablet inner</i>	3	ADD
<i>econtra ez 1.5 mg tablet outer</i>	3	ADD
<i>econtra one-step 1.5 mg tablet inner</i>	3	ADD
<i>econtra one-step 1.5 mg tablet outer</i>	3	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>femynor</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 (28)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>kurvelo (28)</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</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>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel 1.5 mg tablet (otc)</i>	3	ADD
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levonorgestrel-ethinyl estradiol oral tablets, dose pack, 3 month</i>	1	MO
<i>levonorg-eth estradiol triphasic</i>	1	
<i>levora-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>luteria (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
<i>my choice 1.5 mg tablet</i>	3	ADD
<i>my way 1.5 mg tablet (otc)</i>	3	ADD
<i>new day 1.5 mg tablet</i>	3	ADD
<i>nikki (28)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</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
<i>opcicon one-step 1.5 mg tablet</i>	3	ADD
<i>option 2 1.5 mg tablet</i>	3	ADD
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>pirmella</i>	1	MO
PLAN B ONE-STEP 1.5 MG TABLET (OTC)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>portia 28</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
TAKE ACTION 1.5 MG TABLET	3	ADD
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1/20 (28)</i>	1	
<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
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</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-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>wera (28)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO
OXYTOCICS		
<i>methergine</i>	1	PA
<i>methylergonovine oral</i>	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	MO
AZASITE	2	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b</i>	1	MO
BESIVANCE	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO; QL (3.5 per 30 days)
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN	2	
<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
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	2	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	MO
<i>carteolol</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>alaway 0.025% eye drops</i>	3	MO; ADD
<i>artificial tears 1.4% drops</i>	3	MO; ADD
<i>artificial tears drops</i>	3	ADD
<i>artificial tears eye ointment</i>	3	MO; ADD
<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>balanced salt</i>	1	
<i>bepotastine besilate</i>	1	MO
BLEPHAMIDE S.O.P.	2	MO
<i>bss</i>	1	
<i>child's alaway 0.025% eye drop</i>	3	ADD
<i>cromolyn ophthalmic (eye)</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cyclosporine ophthalmic (eye)</i>	1	QL (60 per 30 days)
CYSTARAN	2	PA
DRY EYE RELIEF DROPS	3	ADD
<i>epinastine</i>	1	MO
<i>eye itch relief 0.025% drops</i>	3	MO; ADD
EYLEA	2	PA; MO
FRESHKOTE EYE DROP	3	MO; ADD
GENTEAL TEARS 0.1%-0.2%-0.3%	3	MO; ADD
GENTEAL TEARS 0.1%-0.3% DROP	3	ADD
GENTEAL TEARS 0.1%-0.3% DROP	3	MO; ADD
GENTEAL TEARS SEVERE 3-94% OIN	3	MO; ADD
<i>gs lubricat plus 0.5% eye drps p/f, 30x0.4ml</i>	3	MO; ADD
HM DRY EYE RELIEF DROPS	3	ADD
<i>hm eye itch relief 0.025% drop</i>	3	MO; ADD
<i>hm lubricat plus 0.5% eye drps p/f, suv, sterile</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HM LUBRICATING TEARS EYE DROPS	3	MO; ADD
ISOPTO TEARS 0.5% EYE DROPS	3	MO; ADD
<i>ketotifen fum 0.025% eye drops (otc)</i>	3	MO; ADD
<i>lubricant 0.5% eye drops</i>	3	ADD
LUBRICANT EYE DROPS	3	MO; ADD
LUBRICANT EYE OINTMENT	3	ADD
LUBRICATING EYE DROP	3	MO; ADD
<i>lubricating plus 0.5% eye drps p/f, 30x0.4ml</i>	3	MO; ADD
<i>lubricating plus 0.5% eye drps p/f, 50x0.4ml</i>	3	MO; ADD
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML	2	PA; MO
LUCENTIS INTRAVITREAL SYRINGE	2	PA; MO
METHOCEL E 4 M PREMIUM POWDER (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
METHOCEL E 4 M PREMIUM POWDER USP (RX)	3	ADD
MURO-128 2% EYE DROPS	3	MO; ADD
MURO-128 5% EYE DROPS	3	MO; ADD
MURO-128 5% EYE OINTMENT	3	MO; ADD
<i>olopatadine ophthalmic (eye)</i>	1	MO
OXERVATE	2	PA; MO
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
REFRESH CELLUVISC 1% EYE GEL	3	MO; ADD
REFRESH CLASSIC EYE DROPS U-D,P/F,30X.4ML	3	MO; ADD
REFRESH CLASSIC EYE DROPS U-D,P/F,50X.4ML	3	MO; ADD
REFRESH DIGITAL EYE 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
REFRESH DIGITAL PF EYE DROPS	3	ADD
REFRESH LACRI-LUBE OINTMENT	3	MO; ADD
REFRESH LIQUIGEL 1% EYE DROP	3	MO; ADD
REFRESH OPTIVE ADVANCED DROPS	3	MO; ADD
REFRESH OPTIVE ADVANCED DROPS	3	MO; ADD
REFRESH OPTIVE EYE DROPS	3	MO; ADD
REFRESH OPTIVE GEL EYE DROPS	3	ADD
REFRESH OPTIVE MEGA-3 DROPS	3	MO; ADD
REFRESH OPTIVE SENSITIVE DROPS 30X0.4ML, P/F	3	MO; ADD
REFRESH OPTIVE SENSITIVE DROPS 60X0.4ML, P/F	3	MO; ADD
REFRESH P.M. OINTMENT	3	MO; ADD
REFRESH PLUS 0.5% EYE DROPS 30X0.4ML	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
REFRESH PLUS 0.5% EYE DROPS 70X0.4ML,U-D	3	MO; ADD
REFRESH PLUS 0.5% EYE DROPS U-D,50X.4ML	3	MO; ADD
REFRESH RELIEVA 0.5-0.9% DROP	3	MO; ADD
REFRESH RELIEVA PF 0.5-0.9%	3	ADD
REFRESH RELIEVA PF 0.5-1% DROP	3	ADD
REFRESH TEARS 0.5% EYE DROP	3	MO; ADD
RESTASIS	2	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO; QL (5.5 per 30 days)
<i>sm eye itch relief 0.025% drop up to 12 hrs,sterile</i>	3	MO; ADD
<i>sm lubricant eye drops strl</i>	3	MO; ADD
<i>sm lubricat plus 0.5% eye drps</i>	3	MO; ADD
SM LUBRICATING TEARS EYE DROPS STERILE	3	MO; ADD
<i>sodium chloride 5% eye drop</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sodium chloride 5% eye oint</i>	3	MO; ADD
<i>sodium chloride 5% ophth soln</i>	3	MO; ADD
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	MO
SYSTANE 0.3% EYE GEL	3	MO; ADD
SYSTANE 0.3-0.4% EYE DROP P/F	3	MO; ADD
SYSTANE 0.3-0.4% EYE DROPS	3	MO; ADD
SYSTANE 0.3-0.4% EYE DROPS POCKET PACK, 2X5ML	3	MO; ADD
SYSTANE BALANCE 0.6% EYE DROP CLINICAL STRENGTH	3	MO; ADD
SYSTANE BALANCE 0.6% EYE DROP TWIN PACK, 2 X 10ML	3	MO; ADD
SYSTANE COMPLETE 0.6% EYE DROP	3	MO; ADD
SYSTANE GEL EYE DROPS	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SYSTANE HYDRATION PF 0.4-0.3%	3	ADD
SYSTANE NIGHTTIME EYE OINTMENT	3	MO; ADD
SYSTANE ULTRA 0.4-0.3% EYE DRP	3	MO; ADD
SYSTANE ULTRA 0.4-0.3% EYE DRP	3	MO; ADD
SYSTANE ULTRA 0.4-0.3% EYE DRP 2X10MLTWIN PACK,STRL	3	MO; ADD
SYSTANE ULTRA 0.4-0.3% EYE DRP 2X4ML, STERILE	3	MO; ADD
ULTRA LUBRICANT EYE DROPS	3	ADD
XIIDRA	2	MO; QL (60 per 30 days)
ZADITOR 0.025% (0.035%) DROPS UP TO 12 HRS (OTC)	3	MO; ADD
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

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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>brimonidine-timolol</i>	1	
COMBIGAN	2	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
<i>miostat</i>	1	
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
<i>travoprost</i>	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)
STERIODS		
ALREX	2	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
EYSUVIS	2	PA; MO; QL (8.3 per 14 days)
<i>fluorometholone</i>	1	MO
INVELTYS	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 OPHTHALMIC (EYE) DROPS 0.1 %	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	2	MO

RESPIRATORY AND ALLERGY

ANTI-HISTAMINE / ANTIALLERGENIC AGENTS

<i>12-hr decongest 120 mg caplet, 12hr, max-str</i>	3	ADD
<i>12hr nasal decongest er 120 mg</i>	3	ADD
<i>24hr allergy(levocetirzn) 5 mg</i>	3	ADD
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
ALAHIST CF TABLET	3	MO; ADD
ALAHIST D 17.5- 10 MG TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALAHIST DM 2- 15-7.5 MG/5 ML LQ	3	ADD
<i>ala-hist ir 2 mg tablet</i>	3	MO; ADD
ALAHIST PE 2-7.5 MG TABLET	3	MO; ADD
<i>all day allergy 10 mg tablet</i>	3	MO; ADD
<i>all day allergy 10 mg tablet indoor/outdoor 24 hr</i>	3	MO; ADD
<i>all day allergy-d tablet</i>	3	ADD
<i>all day allergy-d tablet 12 hour</i>	3	ADD
<i>aller-chlor 4 mg tablet</i>	3	MO; ADD
<i>aller-g-time 25 mg caplet</i>	3	ADD
<i>allergy (loratadine) 10 mg tab</i>	3	ADD
<i>allergy 25 mg capsule</i>	3	ADD
<i>allergy 25 mg tablet</i>	3	ADD
<i>allergy 4 mg tablet</i>	3	ADD
<i>allergy 4 mg tablet u-d</i>	3	ADD
<i>allergy multi-symptom caplet</i>	3	ADD
<i>allergy relief 10 mg 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>allergy relief 10 mg tablet non-drowsy, 24 hour</i>	3	ADD
<i>allergy relief 180 mg tablet</i>	3	MO; ADD
<i>allergy relief 25 mg capsule</i>	3	ADD
<i>allergy relief 25 mg softgel</i>	3	ADD
<i>allergy relief 25 mg softgel</i>	3	ADD
<i>allergy relief 25 mg tablet</i>	3	ADD
<i>allergy relief 4 mg tablet</i>	3	ADD
<i>allergy relief 5 mg/5 ml soln</i>	3	ADD
<i>allergy relief d-12 tablet</i>	3	ADD
<i>allergy relief d-24hr tablet</i>	3	ADD
<i>allergy relief d-24hr tablet inner</i>	3	ADD
<i>allergy relief d-24hr tablet outer</i>	3	ADD
<i>allergy relief-d tablet</i>	3	ADD
<i>allergy relief-nasal decong tb</i>	3	MO; ADD
<i>allergy rlf (cetrazn) 10 mg tab</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>allergy rlf(cetrazn) 10 mg sfgl</i>	3	ADD
<i>allergy-conges relief tablet</i>	3	ADD
<i>allergy-conges relief tablet non-drowsy, 24 hr rlf</i>	3	ADD
<i>allergy-congest 12hr 60-120 mg</i>	3	ADD
<i>allergy-congestion rlf 12h tab</i>	3	ADD
<i>allergy-time 4 mg tablet</i>	3	ADD
ALL-NITE COLD-FLU RELIEF LIQ	3	ADD
<i>aprodine tablet</i>	3	MO; ADD
AQUANAZ TABLET	3	MO; ADD
<i>banophen 25 mg capsule</i>	3	MO; ADD
<i>banophen 25 mg tablet</i>	3	MO; ADD
<i>banophen 50 mg capsule</i>	3	MO; ADD
<i>benzonatate 100 mg capsule</i>	3	MO; ADD
<i>benzonatate 100 mg capsule inner</i>	3	MO; ADD
<i>benzonatate 100 mg capsule outer</i>	3	MO; ADD
<i>benzonatate 150 mg capsule</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>benzonatate 200 mg capsule</i>	3	MO; ADD
<i>benzonatate perle 100 mg cap</i>	3	MO; ADD
<i>bromphen-pse-dm 2-30-10 mg/5 ml (rx)</i>	3	MO; ADD
<i>bromphen-pse-dm 2-30-10 mg/5 ml outer (rx)</i>	3	MO; ADD
BRONKAID DUAL ACTION CAPLET	3	ADD
<i>brotapp dm 1-15-5 mg/5 ml liq</i>	3	MO; ADD
CAPCOF LIQUID	3	MO; ADD
CAPMIST DM TABLET	3	MO; ADD
CAPRON DM LIQUID	3	MO; ADD
CAPRON DMT TABLET	3	MO; ADD
<i>cetirizine hcl 1 mg/ml soln (otc)</i>	3	MO; ADD
<i>cetirizine hcl 1 mg/ml soln children, grape (otc)</i>	3	MO; ADD
<i>cetirizine hcl 1 mg/ml soln children's (otc)</i>	3	MO; ADD
<i>cetirizine hcl 10 mg chew tab inner</i>	3	ADD
<i>cetirizine hcl 10 mg chew tab outer</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cetirizine hcl 10 mg tablet</i>	3	MO; ADD
<i>cetirizine hcl 10 mg tablet f/c,u-d,10x10,inner</i>	3	MO; ADD
<i>cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer</i>	3	MO; ADD
<i>cetirizine hcl 10 mg tablet indoor & outdoor</i>	3	MO; ADD
<i>cetirizine hcl 10 mg tablet indoor-outdoor,24hr</i>	3	MO; ADD
<i>cetirizine hcl 5 mg chew tab children's, inner</i>	3	ADD
<i>cetirizine hcl 5 mg chew tab children's,outer,u-d</i>	3	ADD
<i>cetirizine hcl 5 mg tablet</i>	3	MO; ADD
<i>cetirizine hcl 5 mg tablet indoor & outdoor</i>	3	MO; ADD
<i>cetirizine hcl 5 mg/5 ml soln inner</i>	3	ADD
<i>cetirizine hcl 5 mg/5 ml soln outer</i>	3	ADD
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>cetirizine-pse er 5-120 mg tab</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cetirizine-pse er 5-120 mg tab 12 hr relief</i>	3	MO; ADD
<i>chest congest rlf 400 mg tab</i>	3	MO; ADD
<i>chest congestion relief dm liq</i>	3	ADD
CHEST CONGESTION RELIEF SOLN	3	MO; ADD
<i>chest congst-cough relief tab</i>	3	ADD
<i>chest-sinus congst rlf tablet</i>	3	ADD
<i>child all day allergy 1 mg/ml</i>	3	ADD
<i>child all day allergy 1 mg/ml</i>	3	ADD
<i>child all day allergy 1 mg/ml bubble gum</i>	3	ADD
<i>child allergy 5 mg/5 ml soln</i>	3	ADD
<i>child allergy relief 1 mg/ml</i>	3	ADD
<i>child allergy relief 5 mg/5 ml</i>	3	ADD
<i>child allergy rlf 12.5 mg/5 ml</i>	3	ADD
CHILD CETIRIZINE 10 MG CHEW TB	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>child cetirizine 10 mg chew tb chewable, allergy</i>	3	MO; ADD
<i>child cetirizine 5 mg chew tab</i>	3	MO; ADD
<i>child cetirizine hcl 1 mg/ml</i>	3	ADD
<i>child cetirizine hcl 1 mg/ml children's</i>	3	ADD
CHILD COUGH DM ER 30 MG/5 ML	3	ADD
CHILD DAYCLEAR ALLERGY CHEW TB	3	ADD
CHILD DELSYM COUGH 30 MG/5 ML AGE 4+, GRAPE	3	ADD
CHILD DELSYM COUGH 30 MG/5 ML AGE 4+, ORANGE	3	ADD
CHILD DELSYM COUGH PLUS DY-NT	3	ADD
<i>child diphenhydramin 12.5 mg/5 inner</i>	3	ADD
<i>child diphenhydramin 12.5 mg/5 outer</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>child diphenhydramin 25 mg/10 ml inner</i>	3	ADD
<i>child diphenhydramin 25 mg/10 ml outer</i>	3	ADD
CHILD LORATADINE 10 MG/10 ML INNER	3	MO; ADD
CHILD LORATADINE 10 MG/10 ML OUTER	3	MO; ADD
CHILD LORATADINE 5 MG TAB CHEW	3	ADD
<i>child loratadine 5 mg/5 ml sol</i>	3	MO; ADD
<i>child loratadine 5 mg/5 ml syr</i>	3	MO; ADD
<i>child loratadine 5 mg/5 ml syr grape</i>	3	MO; ADD
<i>child mucinex freefrom day cgh</i>	3	ADD
CHILD MUCINEX FREEFROM DY COLD	3	ADD
CHILD MUCINEX FREEFROM MS D-N	3	ADD
CHILD MUCINEX M-S COLD DAY-NTE	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHILD MUCINEX MULTI-SYMPTOM LQ	3	ADD
CHILD MUCINEX STUFFY NOSE-CHST	3	MO; ADD
<i>child mucus relief cough liq cherry,child</i>	3	ADD
CHILD MUCUS RELIEF M-S COLD LQ	3	ADD
<i>child mucus-cough 5-100 mg/5 ml</i>	3	ADD
<i>child mucus-cough relief liq</i>	3	ADD
CHILD TRIAMINIC M-S FEVER-COLD	3	ADD
<i>children's cold-allergy elixir grape,child</i>	3	ADD
<i>children's cold-cough elixir red grape,child</i>	3	ADD
<i>children's cold-cough liquid</i>	3	ADD
<i>children's mucinex cough liq</i>	3	ADD
<i>children's mucinex cough liq a/f</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHILDREN'S MUCINEX FREEFROM LQ	3	ADD
<i>children's plus m-s cold susp grape,multi-symptom</i>	3	ADD
<i>children's silfedrine liq</i>	3	ADD
<i>child's allergy 12.5 mg/5 ml cherry,child</i>	3	ADD
<i>childs triacting cold-cough lq grape,child</i>	3	ADD
<i>chld allrgy rlf 12.5 mg chew tb</i>	3	ADD
CHLD DELSYM COUGH-SORE THRT LQ	3	ADD
CHLO HIST ORAL SOLUTION	3	MO; ADD
CHLO TUSS LIQUID	3	MO; ADD
<i>chlorpheniramine 4 mg tablet</i>	3	ADD
<i>chlorpheniramine er 12 mg tab</i>	3	ADD
<i>codeine-guaifen 10-100 mg/5 ml (otc)</i>	3	MO; ADD
<i>codeine-guaifen 10-100 mg/5 ml d/f (otc)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COLD RELIEF HEAD CONGEST CPLT CPLT,12 DAY,8 NIGHT	3	ADD
<i>cold-cough elixir</i>	3	ADD
CONEX SOLUTION	3	ADD
<i>conex tablet</i>	3	ADD
CONTAC COLD-FLU DAY CAPLET CAPLET,MAX STR,OUTER	3	ADD
CONTAC COLD-FLU DAY-NIGHT CPLT 16DAY&12NITE,C APLET	3	ADD
<i>cough dm er 30 mg/5 ml susp</i>	3	MO; ADD
COUGH DM ER 30 MG/5 ML SUSP	3	MO; ADD
<i>cough dm er 30 mg/5 ml susp 12 hour</i>	3	MO; ADD
<i>cough dm er 30 mg/5 ml susp 12hr,gluten-free</i>	3	MO; ADD
<i>cough dm er 30 mg/5 ml susp gluten-free,12hr</i>	3	MO; ADD
COUGH-COLD HBP TABLET	3	ADD
COUGH-COLD 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>day multi-symp flu-severe cold</i>	3	ADD
DAY TIME COLD-FLU SOFTGEL SOFTGEL	3	ADD
DAYCLEAR ALLERGY 25-50 MG TAB	3	ADD
DAYTIME COLD-FLU RELIEF LIQUID	3	ADD
DAYTIME COLD-FLU RELIEF SFTGL	3	ADD
DAYTIME SEVERE COLD-FLU LIQUID	3	ADD
DECONEX DMX 17.5-400-10 MG TAB	3	MO; ADD
DECONEX IR 385-10 MG TABLET	3	MO; ADD
DELSYM 30 MG/5 ML SUSPENSION	3	MO; ADD
DELSYM 30 MG/5 ML SUSPENSION FOR ADULT	3	MO; ADD
DELSYM 30 MG/5 ML SUSPENSION GRAPE	3	MO; ADD
<i>delsym cough+chest cngst dm lq</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DELSYM COUGH-SORE THROAT LIQ	3	ADD
DEXBROMPHENIR-PHENYLEPH 2-10 MG	3	ADD
<i>dextromethorphan er 30 mg/5 ml</i>	3	ADD
<i>diabetic siltussin-dm max-str</i>	3	ADD
<i>dimaphen dm elixir grape,gluten-f</i>	3	MO; ADD
<i>diphenhydramine 12.5 mg/5 ml elixir</i>	3	MO; ADD
<i>diphenhist 25 mg capsule</i>	3	MO; ADD
<i>diphenhydramine 12.5 mg/5 ml</i>	3	ADD
<i>diphenhydramine 12.5 mg/5 ml outer</i>	3	ADD
<i>diphenhydramine 25 mg caplet</i>	3	MO; ADD
<i>diphenhydramine 25 mg capsule (otc)</i>	3	ADD
<i>diphenhydramine 25 mg capsule u-d, 10x10 (otc)</i>	3	ADD
<i>diphenhydramine 25 mg tablet</i>	3	MO; ADD
<i>diphenhydramine 25 mg tablet inner</i>	3	MO; ADD
<i>diphenhydramine 25 mg tablet outer</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>diphenhydramine 25 mg/10 ml</i>	3	ADD
<i>diphenhydramine 25 mg/10 ml inner</i>	3	ADD
<i>diphenhydramine 25 mg/10 ml outer</i>	3	ADD
<i>diphenhydramine 50 mg capsule (otc)</i>	3	ADD
<i>diphenhydramine 50 mg capsule u-d, 10x10 (otc)</i>	3	ADD
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
DM-GUAIF-PE 17.5-385-10 MG TAB	3	ADD
DM-GUAIF-PE 18-200-10 MG/15 ML	3	ADD
DOXYLAMINE-PHENYLEPH 7.5-10 MG	3	ADD
DURAFLU 325-20-200-60 MG TAB	3	MO; ADD
ED A-HIST DM TABLET	3	MO; ADD
<i>ed a-hist liquid (otc)</i>	3	MO; ADD
<i>ed bron gp liquid</i>	3	ADD
<i>ed chlorped jr syrup</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ed-a-hist 4 mg-10 mg tablet</i>	3	MO; ADD
<i>ed-a-hist dm liquid banana flavor (otc)</i>	3	MO; ADD
<i>endacof-dm liquid</i>	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)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>fexofenadine hcl 180 mg tablet (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 180 mg tablet 24 hour, non-drowsy (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 180 mg tablet 24hr,original str (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 180 mg tablet f/c, 10x10,u-d,inner (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 180 mg tablet f/c, 10x10,u-d,outer (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fexofenadine hcl 60 mg tablet (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 60 mg tablet 12 hour, non-drowsy (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 60 mg tablet indoor/outdoor (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 60 mg tablet inner,u-d (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 60 mg tablet u-d, 10x10,outer (otc)</i>	3	MO; ADD
<i>fexofenadine-pse er 60-120 tab (otc)</i>	3	MO; ADD
<i>fexofenadine-pse er 60-120 tab allergy/congest,12hr (otc)</i>	3	MO; ADD
FLU HBP 325-2-10 MG CAPLET	3	ADD
FLU-SEVERE COLD-COUGH DAY PKT	3	ADD
<i>gnp all day allergy-d tablet</i>	3	ADD
<i>gnp loratadine 10 mg tablet</i>	3	MO; ADD
<i>gs all day allergy 10 mg tab</i>	3	MO; ADD
<i>gs all day allergy-d tablet</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gs aller-ease 180 mg tablet</i>	3	ADD
<i>gs aller-ease 60 mg tablet</i>	3	ADD
<i>gs allergy relief 10 mg tablet</i>	3	ADD
<i>gs allergy relief 10 mg tablet non-drowsy</i>	3	ADD
<i>gs allergy relief 25 mg cap</i>	3	ADD
<i>gs allergy relief 25 mg tablet</i>	3	ADD
<i>gs allergy relief 4 mg tablet</i>	3	ADD
<i>gs child all day aller 1 mg/ml</i>	3	ADD
<i>gs child allergy 12.5 mg/5 ml</i>	3	ADD
GS CHILD MUCUS RELIEF M-S COLD	3	ADD
<i>gs child mucus rlf cough liq</i>	3	ADD
<i>gs children's cold-cough soln</i>	3	ADD
GS CHLD COUGH DM ER 30 MG/5 ML	3	ADD
GS COUGH DM ER 30 MG/5 ML SUSP	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GS DAY TIME COLD-FLU LIQUID GLUTEN-FREE	3	ADD
GS DAYTIME COLD-FLU SOFTGEL	3	ADD
GS FLU-SEV COLD-COUGH DAY PKT	3	ADD
<i>gs nasal decong pe 10 mg tab</i>	3	ADD
<i>gs nasal decongest 30 mg tab</i>	3	ADD
GS NIGHTTIME COLD-FLU LIQUID GLUTEN-FREE,ORIGINAL	3	ADD
<i>gs nighttime cold-flu softgel</i>	3	ADD
<i>gs nighttime cough liquid</i>	3	ADD
GS SEVERE DAY COLD-FLU CAPLET	3	ADD
GS SEVERE DAY COLD-FLU CAPLET CPLT,NON-DROWSY	3	ADD
GS SEVERE DAYTIME COLD-FLU LIQ	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gs suphedrine 12hr 120 mg cplt</i>	3	ADD
<i>gs tussin cf liquid</i>	3	MO; ADD
<i>gs tussin dm cough syrup</i>	3	ADD
<i>gs tussin dm cough-chest soln</i>	3	ADD
<i>gs tussin dm liquid</i>	3	ADD
<i>gs tussin mucus-cong 100 mg/5</i>	3	ADD
<i>gs tussin mucus-cong 200 mg/10</i>	3	ADD
<i>guaiaitussin ac liquid</i>	3	MO; ADD
<i>guaiaitussin ac liquid inner</i>	3	MO; ADD
<i>guaiaitussin ac liquid outer</i>	3	MO; ADD
<i>guaifen-codeine 100-10 mg/5 ml (otc)</i>	3	MO; ADD
GUAIFEN-CODEINE 100-10 MG/5 ML INNER (OTC)	3	MO; ADD
GUAIFEN-CODEINE 100-10 MG/5 ML OUTER (OTC)	3	MO; ADD
GUAIFEN-CODEINE 200-20 MG/10 ML INNER (OTC)	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GUAIFEN-CODEINE 200-20 MG/10 ML OUTER (OTC)	3	MO; ADD
<i>guaifenesin 100 mg/5 ml liquid</i>	3	ADD
<i>guaifenesin 100 mg/5 ml soln inner</i>	3	ADD
<i>guaifenesin 100 mg/5 ml soln outer</i>	3	ADD
<i>guaifenesin 100 mg/5 ml syrup 100's,u-d</i>	3	ADD
<i>guaifenesin 200 mg tablet (otc)</i>	3	MO; ADD
<i>guaifenesin 200 mg/10 ml soln inner</i>	3	ADD
<i>guaifenesin 200 mg/10 ml soln outer</i>	3	ADD
<i>guaifenesin 300 mg/15 ml soln inner</i>	3	ADD
<i>guaifenesin 300 mg/15 ml soln outer</i>	3	ADD
<i>guaifenesin ac cough syrup (otc)</i>	3	ADD
<i>guaifenesin dm syrup (otc)</i>	3	MO; ADD
<i>guaifenesin dm syrup inner (otc)</i>	3	MO; ADD
<i>guaifenesin dm syrup outer (otc)</i>	3	MO; ADD
<i>guaifenesin-dm 100-10 mg/5 ml</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>guaifenesin-dm 200-20 mg/10 ml</i>	3	ADD
GUAIFENESIN-PSE 375-60 MG TAB	3	ADD
<i>guaifenesin-pse er 1200-120 mg (otc)</i>	3	ADD
<i>guaifenesin-pse er 600-60 mg (otc)</i>	3	MO; ADD
HISTEX 2.5 MG/5 ML SYRUP	3	ADD
HISTEX PD 0.938 MG/ML DROP	3	MO; ADD
HISTEX-AC SYRUP	3	ADD
HISTEX-DM SYRUP	3	MO; ADD
<i>hm adt tussin cough cong dm lq</i>	3	ADD
<i>hm adt tussin m-s cold liquid</i>	3	ADD
<i>hm adult tussin chest cong liq cherry,no-drowsy</i>	3	ADD
<i>hm adult tussin chest cong liq gluten-free</i>	3	ADD
<i>hm adult tussin dm syrup</i>	3	ADD
<i>hm allergy complete-d tablet</i>	3	ADD
<i>hm allergy relief 10 mg 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm allergy relief 25 mg cap</i>	3	ADD
<i>hm allergy relief 25 mg tablet</i>	3	ADD
<i>hm allergy relief 4 mg tablet</i>	3	ADD
<i>hm allergy relief 4 mg tablet 4 hour, gluten-free</i>	3	ADD
<i>hm allergy rlf-nasal decong tb non-drowsy, 24 hr rlf</i>	3	MO; ADD
<i>hm allergy-congestion 12hr tab</i>	3	ADD
<i>hm chest congest rlf 400 mg tb caplet, d/f</i>	3	MO; ADD
<i>hm chest congest rlf dm caplet caplet, d/f</i>	3	MO; ADD
<i>hm child all day aller 1 mg/ml</i>	3	ADD
<i>hm child allergy 12.5 mg/5 ml</i>	3	ADD
<i>hm child cetirizine 1 mg/ml d/f, s/f, bubblegum</i>	3	ADD
<i>hm child cetirizine 1 mg/ml d/f, grape, glut-f</i>	3	ADD
<i>hm child cold-allergy elixir grape</i>	3	ADD
<i>hm child loratadine 5 mg/5 ml</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm child loratadine 5 mg/5 ml grape</i>	3	MO; ADD
<i>hm child mucus relief cough lq</i>	3	ADD
<i>hm child's cold-cough elixir red grape</i>	3	ADD
<i>hm cold-sinus 200-30 mg coated caplet</i>	3	ADD
<i>hm cough dm er 30 mg/5 ml susp gluten-free</i>	3	MO; ADD
HM COUGH DM ER 30 MG/5 ML SUSP GRAPE, GLUTEN-F	3	MO; ADD
HM DAY SEVERE COLD-FLU CAPLET	3	ADD
HM DAYTIME COLD-FLU LIQUID	3	ADD
<i>hm fexofenadine hcl 180 mg tab 24 hour, gluten-free (otc)</i>	3	MO; ADD
<i>hm fexofenadine hcl 60 mg tab (otc)</i>	3	MO; ADD
<i>hm loratadine 10 mg tablet</i>	3	MO; ADD
<i>hm mucus dm max er 1200-60 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HM MUCUS RELIEF ER 1,200 MG TB	3	ADD
<i>hm mucus reliefer 600 mg tab</i>	3	MO; ADD
<i>hm mucus rlf d er 600-60 mg tb</i>	3	ADD
<i>hm nasal decong pe 10 mg tab</i>	3	ADD
<i>hm nasal decong pe 10 mg tab non-drowsy,max-str</i>	3	ADD
<i>hm nasal decongest 30 mg tab</i>	3	ADD
<i>hm nasal decongest er 120 mg</i>	3	ADD
HM NIGHT TIME COLD-FLU LIQ GLUTEN-FREE	3	ADD
HM NIGHT TIME COLD-FLU LIQ GLUTEN-FREE,CHERRY	3	ADD
<i>hm night time liquid cap</i>	3	ADD
<i>hm night time liquid cap sftgel,multi-symptom</i>	3	ADD
<i>hm night time liquid cap softgel</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HM SEVERE COLD-COUGH-FLU PCKT GLUTEN-FREE, BERRY	3	ADD
HM SEVERE COLD-FLU CAPLET	3	ADD
<i>hm tussin dm 400-20 mg/20 ml</i>	3	ADD
<i>hm tussin dm max liquid</i>	3	ADD
HYCODAN 5 MG-1.5 MG/5 ML SOLN	3	MO; ADD
<i>hydrocodone-chlorphen er susp</i>	3	MO; ADD
<i>hydrocodone-homatropine 5-1.5 mg tablet</i>	3	MO; ADD
<i>hydrocodone-homatropine soln</i>	3	ADD
HYDROCODONE-HOMATROPINE SOLN INNER	3	ADD
HYDROCODONE-HOMATROPINE SOLN OUTER	3	ADD
<i>hydromet 5 mg-1.5 mg/5 ml soln</i>	3	MO; ADD
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine 5 mg tablet (otc)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
LODRANE D CAPSULE	3	MO; ADD
<i>lohist-d liquid</i>	3	MO; ADD
<i>lohist-dm syrup</i>	3	MO; ADD
<i>loratadine 10 mg odt</i>	3	ADD
<i>loratadine 10 mg tablet</i>	3	MO; ADD
<i>loratadine 10 mg tablet 10x10, outer</i>	3	MO; ADD
<i>loratadine 10 mg tablet 10x10,u-d,inner</i>	3	MO; ADD
<i>loratadine 10 mg tablet 10x10,u-d,outer</i>	3	MO; ADD
<i>loratadine 10 mg tablet 24 hour, non-drowsy</i>	3	MO; ADD
<i>loratadine 10 mg tablet inner</i>	3	MO; ADD
<i>loratadine 10 mg tablet non-drowsy</i>	3	MO; ADD
<i>loratadine 10 mg tablet outer</i>	3	MO; ADD
<i>loratadine 5 mg/5 ml syrup children's</i>	3	MO; ADD
<i>loratadine 5 mg/5 ml syrup children's, d/f</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>loratadine allergy 5 mg/5 ml d/f</i>	3	MO; ADD
<i>loratadine-d 12 hour tablet</i>	3	MO; ADD
<i>loratadine-d 24hr tablet</i>	3	MO; ADD
LORTUSS LQ 6.25-30 MG/5 ML LIQ	3	ADD
<i>mapap cold formula caplet</i>	3	MO; ADD
MAR-COF BP LIQUID	3	ADD
MAR-COF CG LIQUID	3	MO; ADD
MAXICHLOR PEH DM TABLET	3	ADD
MAXIFED TABLET	3	ADD
MAXIFED TR 30-1.25 MG TABLET	3	ADD
<i>maxi-tuss ac liquid</i>	3	ADD
MAXI-TUSS CD LIQUID	3	ADD
<i>maxi-tuss g liquid</i>	3	ADD
<i>maxi-tuss gmx liquid</i>	3	ADD
MAXI-TUSS JR LIQUID	3	ADD
MAXI-TUSS PE JR LIQUID	3	ADD
MAXI-TUSS PE 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>maxi-tuss pe max liquid</i>	3	ADD
<i>maxi-tuss tr syrup</i>	3	ADD
<i>m-clear wc liquid</i>	3	MO; ADD
<i>m-dryl 12.5 mg/5 ml solution</i>	3	MO; ADD
M-END DMX LIQUID	3	MO; ADD
M-END PE LIQUID	3	MO; ADD
MICLARA DM LIQUID	3	ADD
MICLARA LQ 1.25 MG/5 ML SYRUP	3	ADD
MUCINEX COLD-FLU-SORETHROAT LQ	3	ADD
<i>mucinex d er 1,200-120 mg tab</i>	3	MO; ADD
<i>mucinex d er 600-60 mg tablet</i>	3	MO; ADD
MUCINEX DM ER 1,200-60 MG TAB BI-LAYER, MAX-STR	3	MO; ADD
<i>mucinex dm er 600-30 mg tablet</i>	3	MO; ADD
<i>mucinex dm er 600-30 mg tablet bi-layer</i>	3	MO; ADD
MUCINEX ER 1,200 MG TABLET	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MUCINEX ER 1,200 MG TABLET MAX STR, BI-LAYER	3	MO; ADD
<i>mucinex er 600 mg tablet</i>	3	MO; ADD
<i>mucinex er 600 mg tablet bi-layer, 12 hours</i>	3	MO; ADD
<i>mucinex er 600 mg tablet inner</i>	3	MO; ADD
<i>mucinex er 600 mg tablet outer</i>	3	MO; ADD
MUCINEX FAST-MAX COLD-FLU CAP	3	ADD
<i>mucinex fast-max cold-flu cplt</i>	3	ADD
MUCINEX FAST-MAX COLD-FLU CPLT	3	ADD
MUCINEX FAST-MAX COLD-FLU LIQ	3	ADD
MUCINEX FAST-MAX COLD-FLU LIQ	3	ADD
MUCINEX FAST-MAX COLD-FLU-THRT	3	ADD
MUCINEX FAST-MAX CONGEST-COUGH	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MUCINEX FAST-MAX CONGEST-COUGH	3	MO; ADD
MUCINEX FAST-MAX CONGEST-HEAD	3	ADD
MUCINEX FAST-MAX DAY-NITE COLD	3	ADD
MUCINEX FAST-MAX DAY-NITE CONG	3	ADD
<i>mucinex fast-max dm max liquid maximum strength</i>	3	ADD
MUCINEX FAST-MAX DY-NT CLD-FLU	3	ADD
MUCINEX FAST-MAX NITE COLD-FLU	3	ADD
MUCINEX FREEFROM COLD-FLU D-N	3	ADD
MUCINEX FREEFROM DY CLD-FLU LQ	3	ADD
MUCINEX FREEFROM NT CLD-FLU LQ	3	ADD
MUCINEX JUNIOR COLD-FLU CAPLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MUCINEX JUNIOR COUGH-CGST CPLT	3	ADD
MUCINEX NIGHTSHFT COLD-FLU CLR	3	ADD
MUCINEX NIGHTSHFT SEVR CLD-FLU	3	ADD
MUCINEX NIGHTSHIFT COLD-FLU LQ	3	ADD
MUCINEX NIGHTSHIFT SINUS LIQ	3	ADD
MUCINEX SINUS-MAX CONG-PAIN CP	3	ADD
MUCINEX SINUS-MAX DY-NT LIQGEL	3	ADD
MUCINEX SINUS-MAX NITE CONGEST	3	ADD
MUCINEX SINUS-MAX PRESSURE-CGH	3	ADD
MUCINEX SINUS-MAX SEVERE CPLT	3	ADD
MUCINEX SINUS-MAX SEVERE LIQ	3	ADD
<i>mucosa 400 mg 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mucosa dm 400-20 mg tablet</i>	3	ADD
<i>mucus d er 600-60 mg tablet</i>	3	ADD
<i>mucus dm max er 1,200-60 mg tb</i>	3	MO; ADD
<i>mucus er 600 mg tablet</i>	3	MO; ADD
<i>mucus relief 400 mg tablet</i>	3	MO; ADD
<i>mucus relief d er 600-60 mg tb</i>	3	ADD
<i>mucus relief dm 20-400 mg tab</i>	3	MO; ADD
<i>mucus relief dm cough tablet</i>	3	MO; ADD
<i>mucus relief dm max liquid</i>	3	ADD
MUCUS RELIEF ER 1,200 MG TAB	3	ADD
<i>mucus relief er 600 mg tablet</i>	3	MO; ADD
<i>mucus relief pe tablet</i>	3	ADD
<i>mucus rlf dm er 600-30 mg tab</i>	3	MO; ADD
<i>mucus rlf dm max er 1200-60 mg</i>	3	MO; ADD
MUCUS-CHEST CONG 200 MG/10 ML	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nasal decongestant 30 mg tab</i>	3	ADD
<i>nasal decongestant 30 mg tab maximum strength</i>	3	ADD
<i>nasal decongestant 30 mg tab non-drowsy,max-str</i>	3	ADD
<i>nasal decongestant pe 10 mg tb</i>	3	ADD
<i>nasal decongestant pe 10 mg tb max-str</i>	3	ADD
<i>nasal decongestant pe 10 mg tb non-drowsy,mx-str</i>	3	ADD
NASOPEN PE LIQUID	3	ADD
NIGHT SEVERE COLD-COUGH PKT	3	ADD
<i>night time cold-flu liquid mlti-sympt,mix berry</i>	3	ADD
NIGHT TIME COLD-FLU LIQUID MULTI-SYMP, ORIGINAL	3	ADD
<i>night time cold-flu liquid multi-sympt, cherry</i>	3	ADD
<i>night time cold-flu softgel</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>night time cold-flu gluten-free, softgel</i>	3	ADD
<i>night time cough liquid cherry flavor</i>	3	ADD
<i>night time cough liquid multi sympt, cherry</i>	3	ADD
NIGHTTIME COLD AND FLU LIQUID	3	ADD
NIGHTTIME COLD-FLU LIQUID	3	ADD
<i>nighttime cold-flu rlf sftgl</i>	3	ADD
NIGHTTIME COLD-FLU RLF SFTGL	3	ADD
<i>nighttime cough liquid</i>	3	ADD
NIGHTTIME SEVERE COLD-FLU LIQ	3	ADD
NINJACOF LIQUID	3	MO; ADD
NINJACOF-A LIQUID	3	ADD
NINJACOF-XG LIQUID	3	MO; ADD
NIVANEX DMX TABLET	3	ADD
<i>nohist-dm liquid</i>	3	MO; ADD
<i>nohist-lq liquid</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NOREL AD TABLET	3	MO; ADD
PEDIACLEAR PD 0.625 MG/ML DROP	3	ADD
<i>pediatric cough-cold liquid</i>	3	ADD
PEDIAVENT 2 MG/5 ML SYRUP	3	ADD
<i>pharbedryl 25 mg capsule</i>	3	ADD
<i>pharbedryl 50 mg capsule</i>	3	ADD
<i>phenylephrine 10 mg tablet</i>	3	MO; ADD
POLY HIST FORTE 10.5-10 MG TAB	3	MO; ADD
POLY-HIST DM LIQUID	3	ADD
POLY-TUSSIN AC LIQUID	3	MO; ADD
POLY-VENT DM TABLET	3	ADD
POLY-VENT IR TABLET	3	MO; ADD
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
<i>promethazine-codeine solution</i>	3	MO; ADD
<i>promethazine-codeine syrup</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>promethazine-dm 6.25-15 mg/5 ml</i>	3	MO; ADD
<i>promethazine-pe-codeine syrup</i>	3	MO; ADD
<i>promethazine-phenylephrine syr</i>	3	MO; ADD
<i>pseudoephedrine 30 mg tablet</i>	3	MO; ADD
<i>pseudoephedrine 60 mg tablet (otc)</i>	3	ADD
<i>pseudoephedrine er 120 mg tab</i>	3	MO; ADD
<i>pseudoephedrine er 120 mg tab 12 hour, coated</i>	3	MO; ADD
<i>pseudoephedrine er 120 mg tab coated cplt, max str</i>	3	MO; ADD
<i>qc all day allergy 10 mg tab</i>	3	MO; ADD
QC ALLERGY & SINUS HA CAPLET	3	ADD
<i>qc allergy relief mul-sym cplt</i>	3	ADD
<i>qc child allergy 12.5 mg/5 ml</i>	3	ADD
<i>qc children's allergy 1 mg/ml</i>	3	ADD
<i>qc cold relief plus eff tablet</i>	3	ADD
<i>qc complete allergy 25 mg cap</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>qc complete allergy 25 mg cap</i>	3	ADD
<i>qc fexofenadine hcl 180 mg tab (otc)</i>	3	MO; ADD
<i>qc ibuprofen cld-sinus cplt non-drowsy, caplet</i>	3	ADD
<i>qc loratadine 10 mg tablet non-drowsy</i>	3	MO; ADD
<i>qc loratadine-d 24hr tablet non-drowsy</i>	3	MO; ADD
<i>qc mucus relief 400 mg caplet</i>	3	MO; ADD
<i>qc mucus relief dm tablet</i>	3	ADD
QC MUCUS RELIEF ER 1,200 MG TB	3	ADD
<i>qc mucus relief er 600 mg tab</i>	3	MO; ADD
<i>qc suphedrine 12hr 120 mg cplt non-drowsy, 12hr</i>	3	ADD
<i>qc tussin cf liquid</i>	3	MO; ADD
<i>qc tussin dm liquid</i>	3	MO; ADD
<i>qc tussin mucus-cong 200 mg/10</i>	3	ADD
RESCON TABLET	3	MO; ADD
RESCON-DM LIQUID	3	MO; ADD
<i>rescon-gg liquid</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>robafen 200 mg/10 ml syrup</i>	3	MO; ADD
<i>robafen cf liquid multi-cld symptm</i>	3	MO; ADD
<i>robafen dm cgh-chest cong syr</i>	3	MO; ADD
<i>robafen dm cough liquid</i>	3	MO; ADD
RONDEC-D 12.5-30 MG/5 ML LIQ	3	ADD
RU-HIST D 10-4 MG TABLET	3	MO; ADD
<i>rydex liquid</i>	3	ADD
RYMED TABLET	3	MO; ADD
<i>rynex dm liquid gluten/f</i>	3	MO; ADD
<i>rynex dm liquid prof use only</i>	3	MO; ADD
<i>rynex pe liquid</i>	3	ADD
<i>rynex pse liquid</i>	3	ADD
<i>sb allergy 10 mg tablet original strength</i>	3	ADD
<i>sb loratadine 10 mg tablet</i>	3	MO; ADD
<i>sb loratadine 10 mg tablet non-drowsy</i>	3	MO; ADD
<i>sb mucus relief dm tablet dye-free</i>	3	ADD
SEVERE COLD-FLU CAPLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>siladryl 12.5 mg/5 ml liquid</i>	3	MO; ADD
<i>siltussin dm cough syrup</i>	3	MO; ADD
<i>siltussin dm das 100-10 mg/5 ml</i>	3	ADD
<i>siltussin sa 100 mg/5 ml syr</i>	3	MO; ADD
SINUS CONGESTION-PAIN CAPLET	3	MO; ADD
<i>sinus congestion-pain caplet caplet, daytime</i>	3	MO; ADD
SINUS CONGST-PAIN 325-200-5 MG	3	ADD
SINUS PRESSURE-PAIN CAPLET	3	ADD
<i>sm all day allergy 10 mg tab</i>	3	MO; ADD
<i>sm all day allergy-d tablet</i>	3	ADD
<i>sm allergy 4 mg tablet</i>	3	ADD
<i>sm allergy relief 12.5 mg/5 ml</i>	3	MO; ADD
<i>sm allergy relief 12.5 mg/5 ml children's, cherry</i>	3	MO; ADD
<i>sm allergy relief 25 mg 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm chest cong relief pe caplet</i>	3	ADD
<i>sm chest congest rlf dm caplet caplet,d/f</i>	3	MO; ADD
<i>sm chest congestion 400 mg cplt caplet,d/f</i>	3	MO; ADD
<i>sm child all day aller 1 mg/ml</i>	3	ADD
<i>sm child all day aller 1 mg/ml cherry</i>	3	ADD
<i>sm child allergy 5 mg/5 ml sol</i>	3	ADD
<i>sm child loratadine 5 mg/5 ml gluten/f</i>	3	MO; ADD
SM COLD-FLU SEVERE CAPLET GLUTEN-FREE	3	ADD
<i>sm cold-sinus relief caplet</i>	3	ADD
SM COUGH DM ER 30 MG/5 ML SUSP	3	MO; ADD
SM DAY TIME COLD-FLU LIQUID GLUTEN-FREE	3	ADD
SM DAY TIME COLD-FLU RLF SFTGL	3	ADD
<i>sm fexofenadine hcl 180 mg tab 24hr, gluten-free (otc)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm loratadine 10 mg tablet</i>	3	MO; ADD
<i>sm loratadine 10 mg tablet non-drowsy</i>	3	MO; ADD
<i>sm loratadine 10 mg tablet non-drowsy,gluten-f</i>	3	MO; ADD
<i>sm loratadine 5 mg/5 ml syrup</i>	3	MO; ADD
<i>sm lorata-dine d 24hr tablet</i>	3	ADD
<i>sm loratadine-d 12 hour tablet</i>	3	MO; ADD
<i>sm mucus relief cough liquid childrens</i>	3	ADD
<i>sm mucus relief d er 600-60 mg</i>	3	ADD
<i>sm mucus relief er 600 mg tab</i>	3	MO; ADD
SM MUCUS-ER MAX 1,200 MG TAB	3	ADD
<i>sm nasal decong pe 10 mg tab</i>	3	ADD
<i>sm nasal decongest 30 mg tab</i>	3	ADD
<i>sm nasal decongest er 120 mg</i>	3	ADD
SM NITE TIME COLD-FLU 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SM NITE TIME COLD-FLU LIQUID GLUTEN-FREE,CHERRY	3	ADD
<i>sm tussin cf syrup</i>	3	MO; ADD
<i>sm tussin dm 400-20 mg/20 ml</i>	3	ADD
<i>sm tussin dm liquid</i>	3	MO; ADD
<i>sm tussin dm syrup</i>	3	ADD
<i>sm tussin mucus-cong 200 mg/10 adult,non-drows</i>	3	ADD
STAHIST AD TABLET	3	MO; ADD
<i>sudogest 12 hour 120 mg caplet</i>	3	MO; ADD
<i>sudogest 30 mg tablet</i>	3	MO; ADD
<i>sudogest 30 mg tablet boxed</i>	3	MO; ADD
<i>sudogest 60 mg tablet</i>	3	MO; ADD
<i>sudogest cold and allergy tab</i>	3	MO; ADD
<i>suphedrin 30 mg tablet</i>	3	ADD
SYMJEPI	2	MO; QL (2 per 30 days)
THERAFLU EXPRESSMAX COLD-COUGH	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
THERAFLU EXPRESSMAX DAY CAPLET	3	ADD
THERAFLU EXPRESSMAX NIGHT CPLT	3	ADD
THERAFLU FLU & SORE THROAT	3	ADD
THERAFLU MS SEVERE COLD PKCT	3	ADD
THERAFLU NT SEVERE CLD-CGH PKT NIGHTTIME	3	ADD
TRIAMINIC DAYTIME COLD-COUGH CHILDREN'S, CHERRY	3	ADD
TRIAMINIC NIGHTTIME COLD-COUGH CHILDREN'S, GRAPE	3	ADD
TRIPROLIDINE 0.625 MG/ML DROP	3	ADD
TRIPROLIDINE 0.938 MG/ML DROPS	3	ADD
TUSNEL CAPLET	3	ADD
<i>tusnel diabetic liquid</i>	3	MO; ADD
<i>tusnel diabetic liquid d/f</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TUSNEL LIQUID D/F	3	ADD
TUSNEL PEDIATRIC LIQUID (OTC)	3	ADD
<i>tussin 400 mg tablet</i>	3	ADD
<i>tussin cf cough-cold liquid non-drowsy</i>	3	ADD
<i>tussin cf cough-cold syrup non-drowsy</i>	3	MO; ADD
TUSSIN CF MAX SEVERE M-S COLD	3	ADD
<i>tussin cf multi-symptom cold</i>	3	MO; ADD
<i>tussin cough liquid long-acting</i>	3	ADD
<i>tussin cough liquid maximum strength</i>	3	ADD
<i>tussin dm 400-20 mg tablet</i>	3	ADD
<i>tussin dm 400-20 mg/20 ml liq</i>	3	ADD
<i>tussin dm clear syrup d/f</i>	3	ADD
<i>tussin dm liquid</i>	3	MO; ADD
<i>tussin dm max liquid</i>	3	ADD
<i>tussin dm syrup</i>	3	ADD
<i>tussin mucus-cong 200 mg/10</i>	3	ADD
VANACOF DM 18-200-10 MG/15 ML	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VANACOF DMX 18-396-10 MG/15 ML	3	ADD
VANACOF LIQUID	3	MO; ADD
VANATAB DM CAPLET	3	ADD
<i>virtussin ac 10-100 mg/5 ml lq</i>	3	MO; ADD
<i>virtussin ac w-alc 10-100 mg/5</i>	3	MO; ADD
<i>virtussin dac liquid</i>	3	MO; ADD
PULMONARY AGENTS		
<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)
<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	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

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALLERGY RELIEF 50 MCG SPRAY	3	ADD
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
<i>alyq</i>	1	PA; QL (60 per 30 days)
<i>ambrisentan</i>	1	PA; MO; LA
<i>arformoterol</i>	1	B/D PA; MO
ARNUITY ELLIPTA	2	MO; QL (30 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)
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)

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 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)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
<i>bosentan</i>	1	PA; MO; LA
BREO ELLIPTA	2	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHILD FLONASE ALLER RLF 50 MCG	3	MO; ADD
CINRYZE	2	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
<i>cromolyn sodium nasal spray</i>	3	MO; ADD
DALIRESP	2	PA; MO; QL (30 per 30 days)
DULERA	2	MO; QL (13 per 30 days)
ELIXOPHYLLIN	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; QL (1 per 28 days)
FASENRA PEN	2	PA; MO; QL (1 per 28 days)
FLONASE ALLERGY RLF 50 MCG SPR	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FLONASE ALLERGY RLF 50 MCG SPR 120 METERED SPRAYS	3	MO; ADD
FLONASE ALLERGY RLF 50 MCG SPR 3X120 METERED SPRAYS	3	MO; ADD
FLONASE ALLERGY RLF 50 MCG SPR 60 METERED SPRAYS	3	MO; ADD
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)
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)

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
<i>flunisolide</i>	1	MO; QL (50 per 30 days)
FLUTICASONE PROP 50 MCG SPRAY (OTC)	3	MO; ADD
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	MO; QL (16 per 30 days)
<i>formoterol fumarate</i>	1	B/D PA; MO
HM ALLERGY RELIEF 50 MCG SPRAY	3	ADD
<i>icatibant</i>	1	PA; MO
<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)
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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>montelukast</i>	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; MO; LA; QL (0.4 per 28 days)
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)
ORLADEYO	2	PA; LA
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	1	PA; 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
PULMOZYME	2	B/D PA; MO
QC ALLERGY RELIEF 50 MCG SPRAY	3	ADD
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
<i>sajazir</i>	1	PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SM ALLERGY RELIEF 50 MCG SPRAY	3	ADD
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
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; QL (60 per 30 days)
<i>terbutaline</i>	1	MO
THEO-24	2	MO
<i>theophylline oral elixir</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>theophylline oral solution</i>	1	
<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
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA	2	PA; MO; QL (84 per 28 days)
TYVASO	2	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	2	B/D PA
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 (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; LA; QL (1 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>zafirlukast</i>	1	MO
ZYFLO	2	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>fesoterodine</i>	1	MO
<i>flavoxate</i>	1	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
<i>oxybutynin chloride</i>	1	MO
OXYTROL FOR WOMEN 3.9 MG/24HR OUTER	3	MO; ADD
<i>tolterodine</i>	1	MO
TOVIAZ	2	MO
<i>trospium oral tablet</i>	1	MO

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</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).

This drug list was last updated on 11/18/2022.

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

<i>silodosin</i>	1	MO
------------------	---	----

<i>tamsulosin</i>	1	MO
-------------------	---	----

MISCELLANEOUS UROLOGICALS

<i>alprostadil</i>	1	
--------------------	---	--

<i>bethanechol chloride</i>	1	MO
-----------------------------	---	----

CYSTAGON	2	PA; LA
----------	---	--------

ELMIRON	2	MO
---------	---	----

<i>glycine urologic</i>	1	
-------------------------	---	--

<i>glycine urologic solution</i>	1	
----------------------------------	---	--

K-PHOS NO 2	2	MO
-------------	---	----

K-PHOS ORIGINAL	2	MO
-----------------	---	----

ORACIT ORAL SOLUTION	3	MO; ADD
----------------------	---	---------

<i>potassium citrate oral tablet extended release</i>	1	MO
---	---	----

RENACIDIN	2	MO
-----------	---	----

<i>sod citrate-citric acid soln (rx)</i>	3	MO; ADD
--	---	---------

<i>sod citrate-citric acid soln 100's, u-d (rx)</i>	3	MO; ADD
---	---	---------

<i>sod citrate-citric acid soln inner (rx)</i>	3	MO; ADD
--	---	---------

<i>sod citrate-citric acid soln outer (rx)</i>	3	MO; ADD
--	---	---------

<i>sod citrate-citric acid soln 100's, u-d (rx)</i>	3	MO; ADD
---	---	---------

<i>sod citrate-citric acid soln inner (rx)</i>	3	MO; ADD
--	---	---------

<i>sod citrate-citric acid soln outer (rx)</i>	3	MO; ADD
--	---	---------

<i>sod citrate-citric acid soln 100's, u-d (rx)</i>	3	MO; ADD
---	---	---------

<i>sod citrate-citric acid soln inner (rx)</i>	3	MO; ADD
--	---	---------

<i>sod citrate-citric acid soln outer (rx)</i>	3	MO; ADD
--	---	---------

<i>sod citrate-citric acid soln 100's, u-d (rx)</i>	3	MO; ADD
---	---	---------

<i>sod citrate-citric acid soln inner (rx)</i>	3	MO; ADD
--	---	---------

<i>sod citrate-citric acid soln outer (rx)</i>	3	MO; ADD
--	---	---------

<i>sod citrate-citric acid soln 100's, u-d (rx)</i>	3	MO; ADD
---	---	---------

<i>sod citrate-citric acid soln inner (rx)</i>	3	MO; ADD
--	---	---------

<i>sod citrate-citric acid soln outer (rx)</i>	3	MO; ADD
--	---	---------

<i>sod citrate-citric acid soln 100's, u-d (rx)</i>	3	MO; ADD
---	---	---------

<i>sod citrate-citric acid soln inner (rx)</i>	3	MO; ADD
--	---	---------

<i>sod citrate-citric acid soln outer (rx)</i>	3	MO; ADD
--	---	---------

<i>sod citrate-citric acid soln 100's, u-d (rx)</i>	3	MO; ADD
---	---	---------

<i>sod citrate-citric acid soln inner (rx)</i>	3	MO; ADD
--	---	---------

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

SM URINARY PAIN REL 97.5 MG TB MAX-STRENGTH	3	ADD
---	---	-----

<i>sm urinary pain rlf 95 mg tab</i>	3	ADD
--------------------------------------	---	-----

<i>urinary pain relief 95 mg tab</i>	3	ADD
--------------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 97.5 MG TB	3	ADD
--------------------------------	---	-----

URINARY PAIN RELIEF 99.5 MG TB	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>antacid 500 mg chewable tablet inner</i>	3	ADD
<i>antacid 500 mg chewable tablet outer</i>	3	ADD
<i>antacid 750 mg chewable tablet</i>	3	ADD
<i>antacid ex-str 750 mg tab chew</i>	3	ADD
<i>antacid ultra str 1,000 mg chw</i>	3	ADD
<i>antacid xtra strength chew tab</i>	3	ADD
CAL-CITRATE PLUS VITAMIN D TAB	3	ADD
CALCIUM 1,000 + D3 CAPLET	3	MO; ADD
<i>calcium 250-d tablet oyster shell (rx)</i>	3	ADD
<i>calcium 250-vit d3 125 tablet</i>	3	MO; ADD
<i>calcium 500 mg chewable tablet (rx)</i>	3	MO; ADD
CALCIUM 500 MG CHEWABLE TABLET (RX)	3	MO; ADD
<i>calcium 500 mg chewable tablet inner (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium 500 mg chewable tablet outer (rx)</i>	3	MO; ADD
<i>calcium 500 mg chewable tablet p/f,gluten-f (rx)</i>	3	MO; ADD
<i>calcium 500 mg chewable tablet tab chew,p/f (rx)</i>	3	MO; ADD
<i>calcium 500 mg tablet (rx)</i>	3	ADD
<i>calcium 500 mg tablet oyster shell,p/f (rx)</i>	3	ADD
<i>calcium 500 mg-vit d3 10 mcg tab (rx)</i>	3	ADD
CALCIUM 500 MG-VIT D3 15 MCG TAB	3	MO; ADD
<i>calcium 500 mg-vit d3 5 mcg tb (rx)</i>	3	ADD
CALCIUM 500 MG-VIT D3 600 UNIT	3	MO; ADD
<i>calcium 500+d tablet chew</i>	3	ADD
<i>calcium 500-vit d3 10 mcg chew</i>	3	MO; ADD
<i>calcium 500-vit d3 125 caplet</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium 500-vit d3 200 caplet caplt,p/f,no lactose (rx)</i>	3	ADD
<i>calcium 500-vit d3 200 caplet gluten-free,p/f (rx)</i>	3	ADD
<i>calcium 500-vit d3 200 tablet (rx)</i>	3	ADD
<i>calcium 500-vit d3 200 tablet 10x10, u-d (rx)</i>	3	ADD
<i>calcium 500-vit d3 200 tablet lactose free, p/f (rx)</i>	3	ADD
<i>calcium 500-vit d3 200 tablet p/f,n (rx)</i>	3	ADD
<i>calcium 500-vit d3 200 tablet u-d (rx)</i>	3	ADD
<i>calcium 500-vit d3 400 chew tb</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet (rx)</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet (rx)</i>	3	ADD
<i>calcium 500-vit d3 400 tablet easy absorption, p/f (rx)</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet p/f (rx)</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet p/f,gluten-f (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium 500-vit d3 400 tablet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet p/f,n,no lactose (rx)</i>	3	ADD
CALCIUM 500-VIT D3 600 CAPLET	3	MO; ADD
CALCIUM 500-VIT D3 600 TABLET	3	MO; ADD
<i>calcium 600 mg tablet (rx)</i>	3	ADD
<i>calcium 600 mg tablet (rx)</i>	3	MO; ADD
<i>calcium 600 mg tablet 10x10 u-d,600mg elem (rx)</i>	3	MO; ADD
<i>calcium 600 mg tablet 600mg elemental (rx)</i>	3	ADD
<i>calcium 600 mg tablet gluten-free,p/f (rx)</i>	3	MO; ADD
<i>calcium 600 mg tablet p/f (rx)</i>	3	ADD
<i>calcium 600 mg tablet p/f, n (rx)</i>	3	ADD
<i>calcium 600 mg-d3 20 mcg tab (rx)</i>	3	MO; ADD
<i>calcium 600 mg-d3 400 unit sfgl</i>	3	MO; ADD
<i>calcium 600 mg-vit d3 10 mcg tb (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium 600 mg-vit d3 5 mcg tb (rx)</i>	3	MO; ADD
<i>calcium 600 with vit d chew tb p/f</i>	3	MO; ADD
<i>calcium 600+d softgel</i>	3	MO; ADD
CALCIUM 600-VIT D3 2,500 SFTGL	3	ADD
<i>calcium 600-vit d3 200 tablet (rx)</i>	3	ADD
<i>calcium 600-vit d3 200 tablet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 200 tablet caplet, no lactose (rx)</i>	3	ADD
<i>calcium 600-vit d3 200 tablet gluten-free (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 200 tablet lactose free, p/f (rx)</i>	3	ADD
<i>calcium 600-vit d3 200 tablet lactose free,p/f (rx)</i>	3	ADD
<i>calcium 600-vit d3 200 tablet p/f (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 200 tablet p/f,d/f,lactose-free (rx)</i>	3	ADD
<i>calcium 600-vit d3 200 tablet p/f,high potency (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium 600-vit d3 400 caplet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 caplet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet federal supply (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet gluten-free (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet high potency (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet inner (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet inner (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet new formula (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet outer (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet outer (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet p/f (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium 600-vit d3 400 tablet p/f, n (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet p/f, no yeast (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet p/f, lactose-free (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet s/f, l/f (rx)</i>	3	MO; ADD
CALCIUM 600-VIT D3 500 SOFTGEL RAPID RELEASE, SFTGL (RX)	3	MO; ADD
CALCIUM 600-VIT D3 500 SOFTGEL (RX)	3	ADD
CALCIUM 600-VIT D3 500 SOFTGEL (RX)	3	MO; ADD
<i>calcium 600-vit d3 800 caplet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet coated, gluten-free (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet gluten-free (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet inner (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium 600-vit d3 800 tablet outer (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet p/f (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet p/f, gluten-free (rx)</i>	3	MO; ADD
<i>calcium acetate(phosphat bind)</i>	1	MO; QL (360 per 30 days)
<i>calcium antacid 500 mg chw tab assorted fruit</i>	3	MO; ADD
<i>calcium antacid 500 mg chw tab gluten-f, peppermint</i>	3	MO; ADD
<i>calcium antacid 750 mg tb chew</i>	3	MO; ADD
<i>calcium antacid 750 mg tb chew ex-str, fruit</i>	3	ADD
<i>calcium carb 1,250 mg/5 ml sus (otc)</i>	3	MO; ADD
<i>calcium carb 1,250 mg/5 ml sus (rx)</i>	3	MO; ADD
<i>calcium carb 1,250 mg/5 ml sus 40's,u-d (otc)</i>	3	MO; ADD
<i>calcium carb 1,250 mg/5 ml sus n (otc)</i>	3	MO; ADD
CALCIUM CARB 260 MG TAB CHEW	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium carb 500 mg tab chew</i>	3	ADD
<i>calcium carbonate 648 mg tab</i>	3	MO; ADD
CALCIUM CARBONATE POWDER	3	ADD
<i>calcium chloride</i>	1	
<i>calcium cit 200 mg-d3 125 unit (rx)</i>	3	ADD
CALCIUM CIT 200-VIT D3 250 TAB (RX)	3	ADD
<i>calcium cit 250 mg-d3 200 unit (rx)</i>	3	ADD
<i>calcium cit 315 mg-d3 250 unit (rx)</i>	3	MO; ADD
<i>calcium cit 315 mg-vit d3 5 mcg (rx)</i>	3	MO; ADD
<i>calcium cit 315-vit d3 200 cpt (rx)</i>	3	MO; ADD
<i>calcium cit 315-vit d3 200 tab (rx)</i>	3	MO; ADD
CALCIUM CIT 315-VIT D3 250 CPT (RX)	3	MO; ADD
CALCIUM CIT 315-VIT D3 250 TAB (RX)	3	MO; ADD
CALCIUM CIT 315-VIT D3 250 TAB INNER (RX)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALCIUM CIT 315-VIT D3 250 TAB OUTER (RX)	3	MO; ADD
<i>calcium citrate - vit d caplet (rx)</i>	3	ADD
<i>calcium citrate - vit d caplet caplet, coated (rx)</i>	3	MO; ADD
<i>calcium citrate - vit d caplet caplet, p/f (rx)</i>	3	MO; ADD
<i>calcium citrate - vit d p/f, caplet (rx)</i>	3	MO; ADD
<i>calcium citrate - vit d tablet p/f, coated (rx)</i>	3	MO; ADD
CALCIUM CITRATE - VIT D3 TAB (RX)	3	MO; ADD
<i>calcium citrate 200 mg caplet caplet, p/f (rx)</i>	3	MO; ADD
<i>calcium citrate 200 mg tablet coated, p/f (rx)</i>	3	MO; ADD
<i>calcium citrate 200 mg tablet p/f (rx)</i>	3	MO; ADD
<i>calcium citrate 250 mg caplet</i>	3	MO; ADD
<i>calcium citrate 250 mg 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALCIUM CITRATE GRANULES	3	ADD
<i>calcium citrate-vit d caplet maximum (rx)</i>	3	MO; ADD
CALCIUM CITRATE-VIT D3 CAPLET (RX)	3	MO; ADD
CALCIUM CITRATE-VIT D3 CAPLET P/F (RX)	3	MO; ADD
<i>calcium citrate-vit d3 tablet (rx)</i>	3	MO; ADD
CALCIUM CITRATE-VIT D3 TABLET COATED, PETITES (RX)	3	ADD
CALCIUM CITRATE-VIT D3 TABLET INNER (RX)	3	MO; ADD
CALCIUM CITRATE-VIT D3 TABLET OUTER (RX)	3	MO; ADD
<i>calcium citrate-vit d3 tablet p/f,gluten-free (rx)</i>	3	MO; ADD
CALCIUM CITRATE-VIT D3 TABLET PETITES (RX)	3	ADD
<i>calcium citrate-vitamin d3 liq</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium cit-vit d 315-200 tab p/f, lactose-free (rx)</i>	3	MO; ADD
<i>calcium gluconate intravenous</i>	1	
CALCIUM LACTATE 100 MG TABLET	3	ADD
CALCIUM-500 MG TABLET CHEWABLE SOY FREE, YEAST FREE (RX)	3	MO; ADD
<i>cal-gest 500 mg tablet chew</i>	3	MO; ADD
CAL-MINT 260 MG TABLET CHEW	3	ADD
CAL-QUICK LIQUID	3	ADD
CALTRATE 600 + D SOFT CHEW TAB CHOCOLATE TRUFFLE	3	MO; ADD
CALTRATE 600 + D SOFT CHEW TAB VANILLA CREME	3	MO; ADD
CALTRATE 600 PLUS D3 TABLET	3	MO; ADD
CERALYTE-70 ELECTROLYTE DRINK (RX)	3	ADD
CERASPORT EX1 LIQUID (RX)	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CERASPORT LIQUID	3	ADD
CITRACAL + D MAXIMUM CAPLET (RX)	3	ADD
CITRACAL-D3 200 MG-250 UNIT TAB COATED, PETITES (RX)	3	MO; ADD
CITRACAL-D3 200 MG-250 UNIT TAB PETITES (RX)	3	MO; ADD
CITRACAL-D3 250 MG-200 UNIT TAB	3	MO; ADD
CITRACAL-D3 MAXIMUM PLUS CAPLT	3	MO; ADD
<i>citrus calcium 200-vit d3 250</i>	3	MO; ADD
CVS CAL CIT 200 MG-D3 6.25 MCG (RX)	3	ADD
CVS CAL CIT 315 MG-D3 250 UNIT (RX)	3	MO; ADD
CVS CAL CIT 315 MG-D3 6.25 MCG (RX)	3	MO; ADD
<i>cvs calcium 500-vit d3 125 tab</i>	3	ADD
<i>cvs calcium 600 mg tablet (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cvs calcium 600 mg-d3 20 mcg tab (rx)</i>	3	MO; ADD
<i>cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx)</i>	3	MO; ADD
<i>cvs calcium citrate-vit d3 tab coated (rx)</i>	3	ADD
<i>cvs magnesium 250 mg caplet (rx)</i>	3	MO; ADD
CVS MAGNESIUM 500 MG CAPLET (RX)	3	MO; ADD
<i>cvs magnesium 500 mg tablet coated (rx)</i>	3	MO; ADD
<i>cvs pediatric electrolyte 16's,freezer pops (rx)</i>	3	ADD; QL (434.7 per 30 days)
<i>cvs pediatric electrolyte soln (rx)</i>	3	ADD
<i>cvs pediatric electrolyte soln (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>cvs pediatric electrolyte soln a/f, apple flavor (rx)</i>	3	ADD
<i>cvs pediatric electrolyte soln a/f, p/f (rx)</i>	3	ADD
<i>cvs pediatric electrolyte soln a/f,pineapple flavor (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cvs pediatric electrolyte soln dye/free, strawberry (rx)</i>	3	ADD; QL (7000 per 30 days)
CVS TRIPLE MAGNESIUM COMPLEX	3	ADD
<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
<i>electrolyte solution (rx)</i>	3	ADD
ENFAMIL ENFALYTE SOLUTION RTU,LIGHT CHERRY (RX)	3	ADD; QL (1239 per 30 days)
ENFAMIL ENFALYTE SOLUTION RTU,UNFLAVORED (RX)	3	ADD; QL (413 per 30 days)
<i>eq calcium 500-vit d3 400 tab oyster shell (rx)</i>	3	MO; ADD
<i>eq calcium 600 mg-d3 20 mcg tab (rx)</i>	3	MO; ADD
EQ CALCIUM CITRATE-D TABLET P/F, GLUTEN-FREE (RX)	3	MO; ADD
<i>eql calcium 600-vit d3 800 tab (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>eql calcium citrate-vit d3 cpt (rx)</i>	3	MO; ADD
EQL CALCIUM CITRATE-VIT D3 CPT (RX)	3	MO; ADD
GALZIN 25 MG CAPSULE	3	MO; ADD
GALZIN 50 MG CAPSULE	3	MO; ADD
<i>gnp calcium 500-vit d3 600 tab</i>	3	MO; ADD
<i>gnp calcium 600 mg tablet (rx)</i>	3	MO; ADD
<i>gnp calcium 600 mg-d3 800 unit p/f,gluten-free (rx)</i>	3	MO; ADD
<i>gnp calcium citrate-vit d3 tab (rx)</i>	3	MO; ADD
<i>gs pediatric electrolyte soln (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>heb pediatric electrolyte soln (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>hm antacid 500 mg chew tablet</i>	3	ADD
<i>hm antacid ex-str 750 mg chew</i>	3	ADD
<i>hm cal antacid 750 mg chew tab ex-str, orange</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HM CAL CIT 315 MG-D3 250 UNIT CAPLET (RX)	3	MO; ADD
<i>hm calcium 500-vit d3 200 cplt (rx)</i>	3	ADD
<i>hm calcium 500-vit d3 200 cplt caplet, gluten-free (rx)</i>	3	ADD
<i>hm calcium 600-vit d3 400 tab gluten-free (rx)</i>	3	ADD
<i>hm calcium 600-vit d3 800 tab (rx)</i>	3	MO; ADD
HM CALCIUM CITRATE-VIT D3 TAB COATED, PETITES (RX)	3	ADD
<i>hm pediatric electrolyte soln fruit flavor (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>hm pediatric electrolyte soln grape flavor (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>hydralyte electrolyte soln</i>	3	ADD
<i>kinderlyte electrolyte soln</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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>klor-con oral packet 20</i>	1	MO
<i>klor-con/ef</i>	1	MO
<i>lactated ringers intravenous</i>	1	MO
<i>liquid calcium 600-vit d3 sfgl softgel,p/f,gluten-f (rx)</i>	3	ADD
LIQUID CALCIUM WITH VITAMIN D SOFTGEL, P/F (RX)	3	ADD
LIQUID CALCIUM-VIT D SOFTGEL	3	MO; ADD
MAG DELAY DR 64 MG TABLET	3	MO; ADD
<i>mag64 dr 64 mg tablet (rx)</i>	3	MO; ADD
<i>mag-g 500 mg tablet</i>	3	MO; ADD
MAGNEBIND 400 TABLET	3	MO; ADD
<i>magnesium 250 mg tablet p/f, no lactose (rx)</i>	3	MO; ADD
MAGNESIUM 400 MG SOFTGEL	3	MO; ADD
<i>magnesium 500 mg tablet p/f, gluten/f (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MAGNESIUM CHLORIDE 64 MG TAB	3	ADD
MAGNESIUM CHLORIDE CRYSTALS USP, HEXAHYDRATE (RX)	3	ADD
MAGNESIUM CHLORIDE EC 70 MG TB	3	MO; ADD
<i>magnesium chloride injection</i>	1	
MAGNESIUM CITRATE 100 MG TAB	3	MO; ADD
<i>magnesium gluc 27 mg tablet</i>	3	MO; ADD
<i>magnesium gluc 500 mg tablet</i>	3	MO; ADD
<i>magnesium gluconate tablet y/f,gluten/f (rx)</i>	3	ADD
<i>magnesium oxide 250 mg caplet mfg unresponsive</i>	3	MO; ADD
<i>magnesium oxide 250 mg caplet p/f, gluten/f (rx)</i>	3	MO; ADD
<i>magnesium oxide 250 mg tablet (rx)</i>	3	MO; ADD
<i>magnesium oxide 250 mg tablet p/f (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>magnesium oxide 400 mg tablet (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet 240mg elemental (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet 241.3mg elemen,outer (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet 241.3mg elemental (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet gluten free (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet gluten-free (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet inner (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet outer (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet p/f,soy-free (rx)</i>	3	MO; ADD
MAGNESIUM OXIDE 400 PACKET	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>magnesium oxide 420 mg tablet (rx)</i>	3	MO; ADD
<i>magnesium oxide 500 mg capsule (rx)</i>	3	MO; ADD
<i>magnesium oxide 500 mg tablet extra strength (rx)</i>	3	MO; ADD
<i>magnesium oxide 500 mg tablet p/f,lactose-free (rx)</i>	3	MO; ADD
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water</i>	1	
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
MAGONATE 54 MG/5 ML LIQUID (RX)	3	MO; ADD
MAGOX 400 TABLET (RX)	3	MO; ADD
MAGOX 400 TABLET GLUTEN FREE (RX)	3	MO; ADD
MAG-OXIDE 200 MG TAB	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mag-oxide magnesium 200 mg tab</i>	3	ADD
<i>manganese 1 mg/10 ml vial p/f, suv, outer</i>	3	ADD
MEDI-LYTE TABLET	3	ADD
<i>mgo 400 mg tablet</i>	3	ADD
NU-MAG 71.5 MG TABLET	3	MO; ADD
<i>oralyte freezer pops</i>	3	MO; ADD; QL (437.5 per 30 days)
<i>oralyte solution</i>	3	MO; ADD
<i>oralyte solution</i>	3	MO; ADD; QL (7000 per 30 days)
ORAZINC 220 MG CAPSULE	3	MO; ADD
OS-CAL 500-VIT D3 200 CAPLET (RX)	3	MO; ADD
OS-CAL 500-VIT D3 200 COATED CAPLET (RX)	3	MO; ADD
OS-CAL 500-VIT D3 600 CAPLET	3	MO; ADD
<i>oysco 500-vit d3 200 tablet</i>	3	MO; ADD
OYSTER SHELL 250 MG-D3 3.12 MCG	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>oyster shell 250 mg-vit d 125 (rx)</i>	3	ADD
OYSTER SHELL 250-VIT D3 125 TB (RX)	3	ADD
<i>oyster shell 500 mg-vit d3 5 mcg (rx)</i>	3	MO; ADD
OYSTER SHELL 500-VIT D3 200 PK	3	ADD
<i>oyster shell 500-vit d3 200 tb (rx)</i>	3	MO; ADD
<i>oyster shell 500-vit d3 200 tb caplet (rx)</i>	3	MO; ADD
<i>oyster shell 500-vit d3 200 tb u-d, 10x10 (rx)</i>	3	MO; ADD
<i>oyster shell calcium 500 mg caplet,p/f,soy-free (rx)</i>	3	MO; ADD
<i>oyster shell calcium 500 mg tb (rx)</i>	3	ADD
<i>oyster shell calcium 500 mg tb (rx)</i>	3	ADD
<i>oyster shell calcium 500 mg tb (rx)</i>	3	MO; ADD
<i>oyster shell calcium 500 mg tb 500mg elemental (rx)</i>	3	MO; ADD
<i>oyster shell calcium 500 mg tb 500mg elemental ca (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>oyster shell calcium 500 mg tb caplet,p/f,soy-free (rx)</i>	3	MO; ADD
<i>oyster shell calcium 500 mg tb (rx)</i>	3	ADD
<i>oyster shell calcium 500 mg tb p/f (rx)</i>	3	MO; ADD
<i>oyster shell calcium 500 mg tb u-d, 10x10 (rx)</i>	3	MO; ADD
<i>oyster shell calcium-vit d tab p/f (rx)</i>	3	MO; ADD
<i>oyster shell calcium-vit d tab p/f,gluten-free (rx)</i>	3	MO; ADD
<i>oyster shell-d 250 mg tablet u-d, 10x10 (rx)</i>	3	ADD
<i>oystercal-d 500 mg-400 unit tb</i>	3	ADD
<i>pedi electrolyte freezer pop 16'sx62.5ml pops (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>pedi electrolyte freezer pop 16x62.1ml pops (rx)</i>	3	ADD; QL (6955.2 per 30 days)
PEDIALYTE ADVANCED CARE SOLN BLUE RASPBERRY	3	MO; ADD; QL (7000 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PEDIALYTE ADVANCED CARE SOLN CHERRY PUNCH	3	MO; ADD; QL (7000 per 30 days)
PEDIALYTE ADVANCED CARE SOLN STRAWBERRY LEMONADE	3	MO; ADD; QL (7000 per 30 days)
PEDIALYTE ADVANCED CARE SOLN TROPICAL FRUIT	3	MO; ADD; QL (7000 per 30 days)
<i>pedialyte electrolyte singles 4's (rx)</i>	3	ADD; QL (1659 per 30 days)
<i>pedialyte electrolyte singles inner, apple, rtu (rx)</i>	3	ADD; QL (1400 per 30 days)
<i>pedialyte electrolyte singles inner, cherry, rtu (rx)</i>	3	ADD; QL (1400 per 30 days)
<i>pedialyte electrolyte singles outer, 4's, apple (rx)</i>	3	ADD; QL (1400 per 30 days)
<i>pedialyte electrolyte singles outer, 4's, cherry (rx)</i>	3	ADD; QL (1400 per 30 days)
<i>pedialyte freezer pops</i>	3	ADD; QL (437.5 per 30 days)
<i>pedialyte freezer pops 16's (rx)</i>	3	MO; ADD; QL (437.5 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pedialyte solution (rx)</i>	3	MO; ADD; QL (7000 per 30 days)
<i>pedialyte solution ready-to-use (rx)</i>	3	MO; ADD; QL (7000 per 30 days)
<i>pedialyte solution strawberry, rtu (rx)</i>	3	MO; ADD; QL (7000 per 30 days)
<i>pedialyte solution unflavored (rx)</i>	3	MO; ADD; QL (413 per 30 days)
<i>pediatric electrolyte solution (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>pediatric electrolyte solution (rx)</i>	3	ADD
<i>pediatric electrolyte solution (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>pediatric electrolyte solution apple, 4x237ml (rx)</i>	3	ADD; QL (6636 per 30 days)
<i>pediatric electrolyte solution cherry punch (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>pediatric electrolyte solution mango,p/f (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>pediatric electrolyte solution p/f,fruit (rx)</i>	3	ADD; QL (7000 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pediatric electrolyte solution p/f,unflavored (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>pediatric electrolyte solution strawberry,w/zinc (rx)</i>	3	ADD; QL (7000 per 30 days)
PEDIAVANCE LIQUID STICK APPLE, 10X120ML	3	ADD
<i>phos-nak packet inner</i>	3	MO; ADD
<i>phos-nak packet outer</i>	3	MO; ADD
<i>phosphorous powder packet inner</i>	3	MO; ADD
<i>phosphorous powder packet outer</i>	3	MO; ADD
<i>phosphorus-sodium-potassium</i>	3	ADD
<i>potassium acetate</i>	1	
POTASSIUM BROMIDE CRYSTALS (RX)	3	ADD
<i>potassium chlorid-d5-0.45%nacl</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral packet</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</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	
<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>qc antacid 500 mg chew tablet</i>	3	ADD
<i>qc calcium 600-vit d3 400 tab high potency (rx)</i>	3	MO; ADD
<i>ra calcium 600 mg tablet p/f (rx)</i>	3	ADD
<i>ra calcium 600-vit d3 400 tab (rx)</i>	3	ADD
<i>ra calcium citrate - vit d tab p/f, d/f (rx)</i>	3	MO; ADD
<i>ra calcium citrate-vit d3 tab petites (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ra hi-cal plus vitamin d tab (rx)</i>	3	ADD
<i>ra magnesium 500 mg capsule (rx)</i>	3	MO; ADD
<i>ra pediatric electrolyte soln (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>ra pediatric electrolyte soln apple (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>ra pediatric electrolyte soln strawberry (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>ra pediatric freezer pops</i>	3	ADD; QL (7000 per 30 days)
<i>ringer's intravenous</i>	1	
<i>sb antacid 500 mg chew tablet</i>	3	ADD
<i>sb antacid xtra str chew tab extra strength</i>	3	ADD
<i>SLOW-MAG 71.5 MG TABLET</i>	3	MO; ADD
<i>sm antacid 500 mg chew tablet</i>	3	ADD
<i>SM CAL ANTACID 500 MG CHEW TAB</i>	3	ADD
<i>sm cal antacid 750 mg chew tab</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SM CAL CIT 315 MG-D3 250 UNIT CAPLET, GLUTEN-FREE (RX)	3	MO; ADD
<i>sm calcium 500-vit d3 200 cplt (rx)</i>	3	ADD
<i>sm calcium 500-vit d3 200 cplt caplet, gluten-free (rx)</i>	3	ADD
<i>sm calcium 500-vit d3 400 tab (rx)</i>	3	MO; ADD
<i>sm calcium 500-vit d3 400 tab p/f, no lactose (rx)</i>	3	ADD
<i>sm calcium 600-vit d3 400 tab (rx)</i>	3	ADD
<i>sm calcium 600-vit d3 800 tab (rx)</i>	3	MO; ADD
<i>sm magnesium 250 mg tablet (rx)</i>	3	MO; ADD
<i>sm pediatric electrolyte soln (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 3 % hypertonic</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sodium chloride 5 % hypertonic</i>	1	MO
SODIUM CHLORIDE GRANULES (RX)	3	ADD
<i>sodium chloride intravenous</i>	1	
SODIUM CHLORIDE POWDER USP (RX)	3	ADD
<i>sodium phosphate</i>	1	MO
<i>sodium-potassium-phos powder</i>	3	ADD
<i>super calcium 600-vit d3 400 p/f (rx)</i>	3	MO; ADD
SV CALC 600 MG-D3 12.5 MCG SFGL (RX)	3	MO; ADD
<i>sv calcium 600 mg tablet p/f, gluten-free (rx)</i>	3	MO; ADD
<i>sv calcium 600 mg-d3 20 mcg tab (rx)</i>	3	MO; ADD
SV CALCIUM CITRATE-VIT D3 TAB P/F, GLUTEN-FREE (RX)	3	MO; ADD
<i>thermotabs tablet</i>	3	MO; ADD
TUMS 750 MG CHEWY BITES	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TUMS E-X TABLET CHEWABLE ASSORTED FRUIT	3	MO; ADD
TUMS E-X TABLET CHEWABLE	3	MO; ADD
TUMS E-X TABLET CHEWABLE	3	ADD
TUMS E-X TABLET CHEWABLE E-X, SINGLE ROLL	3	ADD
TUMS E-X TABLET CHEWABLE E-X,3-ROLL	3	MO; ADD
TUMS E-X TABLET CHEWABLE ORANGE CREAM	3	MO; ADD
TUMS SMOOTHIES CHEW TABLET	3	MO; ADD
TUMS SMOOTHIES CHEW TABLET ASSTD TROPICAL FRUIT	3	MO; ADD
TUMS SMOOTHIES CHEW TABLET BERRY FUSION, EX-STR	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TUMS SMOOTHIES CHEW TABLET PEPPERMINT, EX-STR	3	MO; ADD
TUMS TABLET CHEWABLE	3	MO; ADD
TUMS TABLET CHEWABLE 3-ROLL, PEPPERMINT	3	MO; ADD
TUMS TABLET CHEWABLE ASSORTED FRUIT	3	MO; ADD
TUMS TABLET CHEWABLE PEPPERMINT	3	MO; ADD
<i>tums ultra tablet chewable</i>	3	MO; ADD
<i>tums ultra tablet chewable assorted berries</i>	3	MO; ADD
<i>tums ultra tablet chewable assorted fruit</i>	3	MO; ADD
<i>tums ultra tablet chewable maximum strength</i>	3	MO; ADD
<i>tums ultra tablet chewable trop fruit,gluten-f</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TUMS X-STR 750 TABLET CHEWABLE ASST'D FRUIT FLAVOR	3	ADD
UPCAL D POWDER	3	ADD
UPCAL D POWDER PACKET	3	ADD
<i>zinc 50 mg capsule (rx)</i>	3	MO; ADD
<i>zinc sulfate 220 mg (50 mg) cap (rx)</i>	3	MO; ADD
<i>zinc sulfate 220 mg capsule (rx)</i>	3	MO; ADD
<i>zinc sulfate 220 mg capsule inner (rx)</i>	3	MO; ADD
<i>zinc sulfate 220 mg capsule outer (rx)</i>	3	MO; ADD
ZINC SULFATE POWDER FCC, DRIED (RX)	3	ADD
ZINC SULFATE POWDER USP, MONOHYDRATE (RX)	3	ADD
<i>zinc-220 capsule (rx)</i>	3	ADD
MISCELLANEOUS NUTRITION PRODUCTS		
ABATINEX CAPSULE	3	ADD
ACIDOPHILUS 1 MG WAFER	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ACIDOPHILUS 100 MG CAPSULE	3	MO; ADD
<i>acidophilus capsule</i>	3	ADD
<i>acidophilus capsule n,starch/f (rx)</i>	3	MO; ADD
ACIDOPHILUS LACTBACLLI 500 MIL INNER	3	ADD
ACIDOPHILUS LACTBACLLI 500 MIL OUTER	3	ADD
ACIDOPHILUS PROBIO 500M CFU CP	3	ADD
<i>acidophilus probiotic tablet</i>	3	MO; ADD
ACIDOPHILUS PROBIOTICS TABLET	3	MO; ADD
<i>acidophilus tablet p/f,no-gluten</i>	3	ADD
AIRBORNE EFFERVESCENT TABLET P/F, GLUTEN/F	3	ADD
AIRBORNE EFFERVESCENT TABLET P/F, GLUTEN/F, BERRY	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
AIRBORNE EFFERVESCENT TABLET P/F, GLUTEN/F, ORANGE	3	ADD
ARGININE 2000 POWDER PACKET	3	ADD
<i>arginine 500 mg tablet</i>	3	MO; ADD
ARGININE PACKET	3	ADD
ARGININE-L POWDER FCC (RX)	3	ADD
<i>biotect plus liquid</i>	3	ADD
BOOST BREEZE LIQUID INNER, ORANGE	3	MO; ADD
BOOST BREEZE LIQUID INNER, PEACH	3	MO; ADD
BOOST BREEZE LIQUID INNER, WILD BERRY	3	MO; ADD
BOOST BREEZE LIQUID VARIETY	3	MO; ADD
CHLOROCAPS CAPSULE	3	ADD
CHOLESTEROL POWDER	3	ADD
CLINIMIX 5%/D15W SULFITE FREE	2	B/D PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CLINIMIX 4.25%/D10W SULF FREE	2	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	2	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	2	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	2	B/D PA
<i>co q-10 100 mg softgel (rx)</i>	3	ADD
CO-ENZYME Q10 100 MG SOFTGEL	3	ADD
COROMEGA OMEGA-3 SQUEEZE PACK (RX)	3	MO; ADD
COROMEGA OMEGA-3 SQUEEZE PACK KIDS (RX)	3	ADD
COROMEGA OMEGA-3 SQUEEZE PACK LEMON-LIME FLAV (RX)	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COROMEGA OMEGA-3 SQUEEZE PACK ORANGE-CHOCOLATE (RX)	3	MO; ADD
COROMEGA OMEGA-3 SQUEEZE PACK S/F, LEMON-LIME FLAV (RX)	3	MO; ADD
<i>cvs acidophilus tablet</i>	3	ADD
<i>cvs acidophilus tablet probiotic formula</i>	3	ADD
CVS AIRSHIELD EFFERVESCENT TAB	3	ADD
<i>cvs coenzyme q-10 100 mg sftgl (rx)</i>	3	ADD
CVS FISH OIL 1,000 MG SOFTGEL	3	ADD
<i>cvs fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
<i>cvs fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
<i>cvs fish oil 1,000 mg softgel softgel, natural (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CVS FISH OIL 1,200 MG SOFTGEL P/F, LACTOSE-FREE (RX)	3	MO; ADD
<i>cvs fish oil 1,200 mg softgel (rx)</i>	3	MO; ADD
<i>cvs fish oil 1,200 mg softgel softgel, natural (rx)</i>	3	MO; ADD
<i>cvs fish oil 1,200 mg softgel softgel, odorless (rx)</i>	3	MO; ADD
CVS FISH OIL 500 MG SOFTGEL (RX)	3	ADD
CYTO-Q 80 MG/10 ML LIQUID (RX)	3	ADD
<i>cyto-q max 100 mg/ml liquid</i>	3	MO; ADD
CYTO-Q T-F 8 MG/ML LIQUID	3	ADD
<i>electrolyte-48 in d5w</i>	1	
<i>ensure clear liquid</i>	3	MO; ADD
ENSURE CLEAR THERAPEUTIC LIQ APPLE, INNER	3	MO; ADD
ENSURE CLEAR THERAPEUTIC LIQ MIXED BERRY, INNER	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EQL DIGESTIVE PROBIOTIC CAP (RX)	3	ADD
EQL FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
EQL FISH OIL EC 1,200 MG SFTGL	3	ADD
<i>eql omega-3 fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL	3	ADD
FISH OIL 1,000 MG SOFTGEL	3	ADD
<i>fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel (rx)</i>	3	ADD
<i>fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel cholesterol-free (rx)</i>	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL INNER	3	ADD
<i>fish oil 1,000 mg softgel n, yeast free (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel no burp,sftgl (rx)</i>	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL OUTER	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fish oil 1,000 mg softgel p/f (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel p/f,no lactose (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel p/f,sodium/f (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel reflux-free, ec (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel (rx)</i>	3	ADD
<i>fish oil 1,000 mg softgel, gluten-free (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel softgel,p/f,n (rx)</i>	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL	3	ADD
FISH OIL 1,200 MG SOFTGEL	3	MO; ADD
<i>fish oil 1,200 mg softgel (rx)</i>	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
<i>fish oil 1,200 mg softgel enteric coated (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fish oil 1,200 mg softgel omega-3 (rx)</i>	3	MO; ADD
<i>fish oil 1,200 mg softgel omega-3, p/f (rx)</i>	3	MO; ADD
<i>fish oil 1,200 mg softgel p/f (rx)</i>	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL P/F, LACTOSE-FREE (RX)	3	MO; ADD
<i>fish oil 1,200 mg softgel p/f, no lactose (rx)</i>	3	MO; ADD
<i>fish oil 1,200 mg softgel p/f, no lactose (rx)</i>	3	MO; ADD
<i>fish oil 1,200 mg softgel soft gel, odorless, ec (rx)</i>	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
FISH OIL 1,360 MG SOFTGEL	3	ADD
FISH OIL 1,400 MG SOFTGEL (RX)	3	ADD
FISH OIL 1,600 MG/5 ML LIQUID	3	MO; ADD
FISH OIL 500 MG SOFTGEL	3	ADD
FISH OIL 500 MG SOFTGEL INNER	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FISH OIL 500 MG SOFTGEL OUTER	3	MO; ADD
FISH OIL 500 MG SOFTGEL	3	MO; ADD
FISH OIL CONC 1,000 MG GLUTEN-FREE, SOFTGEL (RX)	3	ADD
<i>fish oil conc 1,000 mg softgel (rx)</i>	3	ADD
<i>fish oil conc 1,000 mg softgel (rx)</i>	3	MO; ADD
<i>fish oil conc 1,000 mg softgel softgel, economy sz. (rx)</i>	3	MO; ADD
<i>fish oil concentrate softgel ec softgel, p/f (rx)</i>	3	ADD
<i>fish oil concentrate softgel softgel, ex-strength (rx)</i>	3	ADD
FISH OIL DR 1,000 MG SOFTGEL GLUTEN FREE	3	MO; ADD
FISH OIL DR 1,000 MG SOFTGEL P/F, BURP-LESS	3	MO; ADD
<i>fish oil dr 500 mg softgel</i>	3	MO; ADD
<i>fish oil ec 1,000 mg softgel</i>	3	ADD
<i>fish oil ec 1,000 mg softgel</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FISH OIL EC 1,000 MG SOFTGEL	3	ADD
<i>fish oil ec 1,000 mg softgel inner</i>	3	ADD
<i>fish oil ec 1,000 mg softgel outer</i>	3	ADD
<i>fish oil ec 1,000 mg softgel</i>	3	ADD
FISH OIL EC 1,000 MG SOFTGEL	3	ADD
FISH OIL EC 1,200 MG SOFTGEL	3	ADD
FISH OIL EC 1,200 MG SOFTGEL BURP-LESS, OMEGA-3	3	ADD
FISH OIL EC 1,200 MG SOFTGEL (RX)	3	ADD
FISH OIL GUMMIES	3	ADD
FISH OIL OMEGA-3 SOFTGEL	3	MO; ADD
FISH OIL PEARLS SOFTGEL	3	ADD
FLORAJEN ACIDOPHILUS 20 B CELL	3	MO; ADD
<i>floranex granules packet</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FLORANEX GRANULES PACKET LACTOBACILLUS, INNER	3	MO; ADD
<i>floranex granules packet lactobacillus, outer</i>	3	MO; ADD
<i>floranex tablet (rx)</i>	3	MO; ADD
<i>gnp fish oil 1,000 mg softgel omega-3 (rx)</i>	3	MO; ADD
GNP FISH OIL 1,200 MG SOFTGEL MAXIMUM STRENGTH (RX)	3	ADD
<i>gnp fish oil ec 1,000 mg sftgl softgel</i>	3	ADD
GNP FISH OIL SOFTGEL	3	ADD
<i>hm acidophilus tablet gluten-free</i>	3	ADD
HM FISH OIL 1,200 MG SOFTGEL GLUTEN-FREE (RX)	3	MO; ADD
<i>hm fish oil ec 1,000 mg sftgl softgel, gluten-free</i>	3	ADD
IMMUNE SUPPORT CHEWABLE 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INTESTINEX CAPSULE	3	ADD
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
ISOLYTE S PH 7.4	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
LACTOBACILLUS 1 MILLION CFU TB	3	MO; ADD
LACTOBACILLUS 100 MIL CFU PKT INNER	3	ADD
LACTOBACILLUS 100 MIL CFU PKT OUTER	3	ADD
LACTOBACILLUS TABLET	3	MO; ADD
L-ARGININE 1,000 MG TABLET	3	MO; ADD
L-ARGININE 1,000 MG TABLET MAXIMUM STRENGTH	3	MO; ADD
L-ARGININE 1,000 MG TABLET P/F	3	MO; ADD
L-ARGININE 500 MG CAPSULE D/F,N (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
L-ARGININE 500 MG CAPSULE P/F (RX)	3	ADD
L-ARGININE POWDER	3	ADD
L-ARGININE POWDER USP (RX)	3	ADD
L-CITRULLINE POWDER	3	ADD
L-CITRULLINE POWDER (RX)	3	ADD
LIQ-10 SYRUP	3	ADD
L-ISOLEUCINE CRYSTAL (RX)	3	ADD
L-ISOLEUCINE POWDER	3	ADD
L-ISOLEUCINE POWDER USP (RX)	3	ADD
L-VALINE POWDER	3	ADD
LYSINE HCL POWDER (RX)	3	ADD
MORE-DOPHILUS POWDER	3	ADD
<i>omega 3 1,000 mg softgel (rx)</i>	3	MO; ADD
OMEGA 3 FISH OIL SOFTGEL	3	ADD
OMEGA ESSENTIALS BASIC 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>omega-3 1,000 mg softgel (rx)</i>	3	MO; ADD
OMEGA-3 1,050 MG SOFTGEL	3	MO; ADD
OMEGA-3 2100 SOFTGEL	3	ADD
OMEGA-3 EC SOFTGEL	3	ADD
OMEGA-3 FISH OIL 1,000 MG SFGL	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl (rx)</i>	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl p/f,y/f,sod/f (rx)</i>	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl softgel (rx)</i>	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl softgel (rx)</i>	3	MO; ADD
<i>omega-3 fish oil 1,000 mg sfgl softgel,p/f (rx)</i>	3	ADD
OMEGA-3 FISH OIL 1,000 MG SFGL SOFTGEL,P/F (RX)	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl softgel,p/f,n (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OMEGA-3 FISH OIL 1,200 MG SFGL	3	ADD
OMEGA-3 FISH OIL 1,200 MG SFGL	3	ADD
OMEGA-3 FISH OIL 1,400 MG SFGL	3	MO; ADD
OMEGA-3 FISH OIL 1,400 MG SFGL P/F, GLUTEN-FREE	3	ADD
OMEGA-3 FISH OIL 1,400 MG SFGL SOFTGEL	3	ADD
OMEGA-3 FISH OIL 1,760 MG STGL	3	MO; ADD
<i>omega-3 fish oil ec 1,000 mg softgel,gluten-f</i>	3	ADD
OVEGA-3 SOFTGEL	3	ADD
<i>phlexy-vits powder packet</i>	3	MO; ADD
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
<i>plasmanate</i>	1	
PLENAMINE	2	B/D PA
<i>premasol 10 %</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PROBIOTIC ACIDOPHILUS 250 MILL	3	MO; ADD
PROBIOTIC GOLD ACIDOPHILUS CAP	3	ADD
<i>probiotic softgel p/f,gluten-f,softgel</i>	3	ADD
PURE L-ARGININE HCL 500 MG CAP	3	ADD
PURE L-CITRULLINE 600 MG CAP (RX)	3	ADD
Q-GEL 15 MG SOFTSULE	3	ADD
Q-GEL FORTE SOFTSULE	3	ADD
Q-GEL MEGA 100 MG SOFTGEL	3	ADD
Q-GEL ULTRA SOFTSULE	3	ADD
<i>ra fish oil 1,000 mg softgel</i>	3	ADD
<i>ra fish oil 1,000 mg softgel softgel,p/f (rx)</i>	3	ADD
<i>ra fish oil 120-180 softgel softgel,natural,p/f (rx)</i>	3	ADD
RA FISH OIL 600 MG SOFTGEL	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RA L-ARGININE 1,000 MG TABLET P/F	3	MO; ADD
<i>sea-omega 1,000 mg softgel</i>	3	MO; ADD
<i>sm fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
<i>sm fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
<i>sm fish oil 1,000 mg softgel softgel, gluten-free (rx)</i>	3	MO; ADD
SM FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
SM FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
<i>sm fish oil 1,200 mg softgel softgel, gluten-free (rx)</i>	3	MO; ADD
<i>sm fish oil 1,200 mg softgel softgel,p/f,no lac (rx)</i>	3	MO; ADD
SUPER DHA GEMS SOFTGEL	3	ADD
<i>sv acidophilus caplet</i>	3	ADD
SV ACIDOPHILUS CAPLET	3	ADD
<i>sv acidophilus tablet caplet, p/f</i>	3	ADD
<i>sv fish oil 1,000 mg softgel (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SV FISH OIL EC 1,200 MG SOFTGL SOFTGEL, GLUTEN-FREE	3	ADD
SV L-ARGININE 500 MG CAPSULE P/F (RX)	3	ADD
SV PROBIOTIC ACIDOPHILUS CPLT	3	ADD
SV SALMON OIL 1,000 MG SOFTGEL	3	ADD
THEROMEGA SOFTGEL	3	ADD
THEROMEGA SPORT SOFTGEL	3	ADD
<i>travasol 10 %</i>	1	B/D PA
TROPHAMINE 10 %	2	B/D PA
<i>ultra omega-3 softgel</i>	3	ADD
VITAMINS / HEMATINICS		
50 PLUS ADULT EYE HEALTH SFTGL	3	ADD
<i>a thru z advanced formula tab</i>	3	ADD
<i>a thru z advanced formula tab gluten-free</i>	3	ADD
<i>a thru z advanced formula tab new (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>a thru z advanced formula tab w/ lutein & lycopene (rx)</i>	3	ADD
<i>a thru z advanced formula tab w/lutein & lycopene (rx)</i>	3	ADD
A THRU Z MEN'S ULTIMATE TABLET	3	ADD
<i>a thru z select 50 plus tablet advanced formula</i>	3	ADD
A THRU Z SELECT MEN 50+ TABLET	3	ADD
<i>a thru z select multivit tab</i>	3	ADD
<i>a thru z select multivit tab iron-free, 50+ form</i>	3	ADD
<i>a thru z select tablet adults 50+, gluten-f</i>	3	ADD
<i>a thru z select tablet adults 50+, iron-free</i>	3	ADD
<i>a thru z select tablet new formulation (rx)</i>	3	ADD
<i>a thru z select women's tablet</i>	3	ADD
<i>a-25 7,500 mcg capsule</i>	3	ADD
ABC COMPLETE SENIOR WOMEN CPLT	3	ADD
<i>abc plus 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>actical softgel</i>	3	MO; ADD
ACTIVE FE TABLET LACTOSE, GLUTEN &	3	MO; ADD
ADULT MULTI GUMMIES	3	MO; ADD
ADULT MULTIVITAMIN GUMMIES	3	MO; ADD
ADULT MULTIVITAMIN GUMMIES ASSORTED FLAVORS	3	MO; ADD
ADULT MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F	3	MO; ADD
ADULT MULTIVITAMIN GUMMIES GLUTEN-F. N	3	MO; ADD
ADULT ONE DAILY GUMMIES	3	ADD
<i>adults 50 plus daily formula</i>	3	ADD
<i>adults 50 plus multivitamin</i>	3	ADD
<i>adults 50 plus multivitamin tb</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ADULTS' DAILY FORMULA TABLET	3	ADD
ADULTS MULTIVITAMIN CAPLET	3	ADD
ADULTS MULTIVITAMIN TABLET	3	ADD
ADVANCED MULTI EA CHEW TABLET	3	MO; ADD
AIRBORNE GUMMIES	3	ADD
AIRBORNE KIDS GUMMIES	3	ADD
AIRBORNE TABLET CHEWABLE P/F, GLUTEN/F, BERRY	3	ADD
AIRBORNE TABLET CHEWABLE P/F, GLUTEN/F, CITRUS	3	ADD
ALIVE WOMEN'S 50 PLUS TABLET	3	MO; ADD
ALIVE WOMEN'S 50 PLUS ULTRA TB	3	ADD
ALIVE WOMEN'S ENERGY MV 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALIVE WOMEN'S GUMMY VITAMIN	3	ADD
<i>animal chews tablet</i>	3	ADD
ANTIOXIDANT FORMULA TABLET	3	MO; ADD
ANTIOXIDANT SOFTGEL P/F,SOFTGELS	3	ADD
<i>apatate forte liquid</i>	3	ADD
APETIGEN-PLUS TABLET	3	MO; ADD
AQUA-E CONCENTRATE 75 UNIT/ML	3	ADD
<i>ascorbic acid 500 mg tablet (rx)</i>	3	ADD
AZO HORMONAL HEALTH CYCLE CARE	3	ADD
AZO HORMONAL HLTH HAPPY CYCLE	3	ADD
B COMPLEX WITH VITAMIN C CAP P/F (RX)	3	MO; ADD
B COMPLEX WITH VITAMIN C TAB	3	ADD
BABY D3 400 UNIT/DROP CONC	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BABY DDROPS 400 UNIT/DROP CONC	3	MO; ADD
BABY VIT D3 400 UNIT/DROP CONC	3	ADD
BABY VIT D3 400 UNIT/DROP CONC	3	ADD
BACMIN CAPLET	3	MO; ADD
BARIATRIC MV-IRON 45 MG CAP	3	ADD
<i>b-complex 100 injection</i>	3	ADD
B-COMPLEX PLUS VITAMIN C CPLT	3	ADD
<i>b-complex plus vitamin c cplt (rx)</i>	3	MO; ADD
<i>b-complex plus vitamin c cplt caplet (rx)</i>	3	MO; ADD
<i>b-complex with c tablet (rx)</i>	3	MO; ADD
<i>b-complex with vit c caplet (rx)</i>	3	MO; ADD
<i>b-complex with vit c caplet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>b-complex with vit c tablet (rx)</i>	3	MO; ADD
<i>b-complex w-vitamin c caplet caplet,p/f (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
B-COMPLEX-VITAMIN C TR TABLET	3	MO; ADD
BEROCCA EFFERVESCENT TABLET MIXED BERRY (RX)	3	ADD
BEROCCA EFFERVESCENT TABLET ORANGE (RX)	3	ADD
<i>beta carotene 7,500 mcg sfgl (rx)</i>	3	MO; ADD
<i>beta-carotene 25,000 unit cap (rx)</i>	3	MO; ADD
<i>beta-carotene 25,000 unit sfgl softgel (rx)</i>	3	MO; ADD
BIO-35 SOFTGEL	3	ADD
BIOCAL SOFTGEL	3	ADD
BIO-D-MULSION FORTE 2,000 UNIT (RX)	3	ADD
BIO-D-MULSN 400 UNIT/DROP CONC (RX)	3	ADD
BIOTIN 10,000 MCG SOFTGEL	3	MO; ADD
<i>biotin 2,500 mcg p/f, softgel</i>	3	MO; ADD
<i>biotin 5,000 mcg capsule (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>biotin 5,000 mcg capsule mx-str (rx)</i>	3	MO; ADD
<i>biotin 5,000 mcg capsule p/f,gluten-free (rx)</i>	3	MO; ADD
<i>biotin 5,000 mcg softgel (rx)</i>	3	MO; ADD
<i>biotin 5,000 mcg softgel p/f,gluten-free (rx)</i>	3	MO; ADD
<i>biotin 5,000 mcg softgel softgel (rx)</i>	3	MO; ADD
BIOTIN POWDER USP (RX)	3	ADD
BIOTIN POWDER USP (VITAMIN H) (RX)	3	ADD
BIOTIN-D POWDER (RX)	3	ADD
BIOTIN-D POWDER USP (RX)	3	ADD
BIOTIN-D POWDER USP (VITAMIN H) (RX)	3	ADD
BIOTIN-D POWDER USP, (VITAMIN H) (RX)	3	ADD
BODY, HAIR, SKIN AND NAILS CAP	3	ADD
<i>bp vit 3 capsule</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>c-1,000 mg tablet (rx)</i>	3	ADD
<i>c-1,000 mg with rose hips cplt caplet</i>	3	MO; ADD
<i>c-1,000 mg with rose hips tab p/f</i>	3	MO; ADD
<i>c-500 mg tablet (rx)</i>	3	ADD
<i>c-500 mg tablet rose hips (rx)</i>	3	ADD
<i>calcidol drops</i>	3	MO; ADD
CALCIUM + VITAMIN D3 GUMMIES	3	ADD
<i>calcium 600+d plus minerals tb p/f, n (rx)</i>	3	ADD
CALCIUM 600-D3 PLUS CAPLET	3	ADD
CALCIUM 600-D3-MINERALS CHW TB (RX)	3	ADD
<i>calcium 600-vit d3-min chew tb</i>	3	ADD
CALCIUM GUMMIES	3	ADD
<i>calcium-folic acid plus d wfer</i>	3	MO; ADD
CALTRATE 600+D PLUS TABLET	3	MO; ADD
CALTRATE 600-D3-MIN CHEW TAB (RX)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALTRATE+D3 PLUS MINERAL MINIS	3	MO; ADD
<i>centamin liquid</i>	3	ADD
CENTRAM-CARE MULTIVIT-MIN LIQ	3	ADD
<i>centratex capsule</i>	3	MO; ADD
<i>centravites 50 plus tablet</i>	3	MO; ADD
<i>centravites 50 plus tablet inner</i>	3	ADD
<i>centravites 50 plus tablet outer</i>	3	ADD
CENTRAVITES ADULTS TABLET INNER	3	ADD
CENTRAVITES ADULTS TABLET OUTER	3	ADD
<i>centravites tablet</i>	3	ADD
CENTRUM ADULT 50 FRESH-FRUITY	3	MO; ADD
CENTRUM CHEWABLES ADULTS TAB	3	ADD
CENTRUM COMPLETE MULTIVIT TAB (RX)	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CENTRUM KIDS CHEWABLE TABLET	3	MO; ADD
CENTRUM MEN'S TABLET	3	MO; ADD
CENTRUM MULTIVIT-MINERAL LIQ (RX)	3	MO; ADD
CENTRUM SILVER CHEWABLE TABLET	3	MO; ADD
CENTRUM SILVER MEN TABLET	3	MO; ADD
CENTRUM SILVER TABLET ADULTS 50 + (RX)	3	MO; ADD
CENTRUM SILVER TABLET ADULTS 50+ (RX)	3	MO; ADD
CENTRUM SILVER TABLET FOR ADULT 50+ (RX)	3	MO; ADD
CENTRUM SILVER ULTRA MEN'S TAB A TO ZINC	3	ADD
CENTRUM SILVER ULTRA MEN'S TAB FOR MEN 50+	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CENTRUM SILVER WOMEN TABLET	3	MO; ADD
CENTRUM SPECIALIST HEART TAB (RX)	3	MO; ADD
CENTRUM ULTRA MEN'S TABLET (RX)	3	ADD
<i>centrum women tablet</i>	3	MO; ADD
<i>century tablet adults under 50</i>	3	ADD
<i>cerovite jr tablet chew</i>	3	MO; ADD
<i>cerovite senior tablet</i>	3	MO; ADD
<i>certa plus tablet</i>	3	ADD
<i>certavite senior tablet</i>	3	MO; ADD
<i>certavite-antioxidant tablet (rx)</i>	3	MO; ADD
CERTAVITE-ANTIOXIDANT TABLET (RX)	3	MO; ADD
<i>child ferrous sulfate 15 mg/ml (rx)</i>	3	MO; ADD
CHILD MULTIVITAMIN PLUS IRON	3	ADD
<i>children multivitamin chew tab</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>children multivitamin chew tab</i>	3	MO; ADD
CHILDREN MULTIVITAMIN GUMMIES	3	ADD
CHILDREN MULTIVITAMIN GUMMIES	3	MO; ADD
CHILDREN MULTIVITAMIN GUMMIES BERRY, GLUTEN-FREE	3	MO; ADD
CHILDREN MULTIVITAMIN GUMMIES GLUTEN-FREE	3	MO; ADD
<i>children's chew multivitamin</i>	3	ADD
<i>childrens chew vitamin tab (rx)</i>	3	ADD
<i>children's chewable vitamin (rx)</i>	3	ADD
<i>children's chewables</i>	3	ADD
<i>children's chewables</i>	3	ADD
CHILDREN'S CHEWABLES	3	ADD
CHILDREN'S MULTI-VIT GUMMIES	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHILD'S CHEW MULTIVIT W/IRON	3	ADD
CHILD'S CHEW VITAMIN-IRON TAB	3	ADD
<i>child's chewable multivit tab</i>	3	ADD
CHILD'S CHEWABLE VITAMIN TAB INNER (RX)	3	ADD
CHILD'S CHEWABLE VITAMIN TAB OUTER (RX)	3	ADD
CHILD'S OMEGA-3 DHA MULTIVITAM	3	ADD
CHROMAGEN SOFTGEL	3	MO; ADD
CITRACAL-D3 250 MG GUMMY	3	MO; ADD
<i>companion tablet</i>	3	ADD
COMPLETE MULTIVIT-MINERAL LIQ	3	ADD
CONCEPTIONXR MOTILITY COMBO PK	3	ADD
<i>corvita 150 tablet</i>	3	MO; ADD
<i>corvita 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CORVITE 150 TABLET	3	MO; ADD
CORVITE FE TABLET	3	MO; ADD
CULTURELLE KID PROB-MV 5B CHEW	3	ADD
CULTURELLE KID PRO-MV 2.5B CHW	3	ADD
CULTURELLE PROBIOTIC-MV GUMMY	3	ADD
CVS ADULT 50 PLUS EYE HEALTH SOFTGEL	3	ADD
<i>cvs b-carotene 25,000 unit sfg softgel, natural (rx)</i>	3	MO; ADD
<i>cvs b-complex-vit c caplet (rx)</i>	3	MO; ADD
CVS BIOTIN 10,000 MCG SOFTGEL SFTGL,,P/F,GLU-F	3	MO; ADD
<i>cvs biotin 5,000 mcg capsule (rx)</i>	3	MO; ADD
<i>cvs calcium 600-d3 plus tablet</i>	3	ADD
CVS CALCIUM 600-D3-MIN CHEW TB (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CVS CHILD CHEW VITAMN COMPLETE	3	ADD
CVS CHILD GUMMY DINOS GUMMIES	3	ADD
CVS DAILY GUMMIES COMPLETE ADULT VIT	3	ADD
CVS DAILY GUMMIES P/F, GLUTEN-FREE	3	ADD
CVS DAILY MULTIPLE TABLET	3	ADD
CVS EYE HEALTH AND LUTEIN TAB	3	ADD
<i>cvs folic acid 800 mcg tablet (rx)</i>	3	MO; ADD
<i>cvs folic acid 800 mcg tablet gluten-free,s/f,p/f (rx)</i>	3	MO; ADD
CVS GUMMY DINOS GUMMIES	3	ADD
<i>cvs iron 27 mg tablet (rx)</i>	3	ADD
<i>cvs iron 65 mg tablet (rx)</i>	3	ADD
<i>cvs iron 65 mg tablet p/f,lactose/free (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CVS KIDS' MULTIVITAMIN GUMMY	3	ADD
CVS MENS 50 PLUS ADVANCED TAB	3	ADD
CVS MEN'S DAILY GUMMIES P/F	3	ADD
CVS MEN'S DAILY GUMMIES P/F, GLUTEN-FREE	3	ADD
<i>cvs one daily essential tablet</i>	3	ADD
CVS ONE DAILY MEN'S HEALTH TAB	3	ADD
CVS ONE DAILY WOMEN'S 50 PLUS	3	ADD
CVS ONE DAILY WOMEN'S FORMULA	3	ADD
<i>cvs slow release iron 45 mg tb (rx)</i>	3	ADD
CVS SLOW RELEASE IRON 45 MG TB (RX)	3	ADD
<i>cvs slow release iron tablet (rx)</i>	3	ADD
<i>cvs spectravite adult 50 plus (rx)</i>	3	ADD
<i>cvs spectravite adult 50+ tabs</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CVS SPECTRAVITE ADULT TAB CHEW	3	ADD
<i>cvs spectravite advanced tab</i>	3	ADD
<i>cvs spectravite men's tablet</i>	3	ADD
<i>cvs spectravite women tablet</i>	3	ADD
<i>cvs super b-complex-vit c cplt (rx)</i>	3	MO; ADD
CVS VISION FORMULA TABLET	3	ADD
<i>cvs vit c-rose hip 1,000 mg tb (rx)</i>	3	MO; ADD
<i>cvs vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD
<i>cvs vit d3 1,000 unit gummies (rx)</i>	3	ADD
<i>cvs vit d3 1,000 unit gummies p/f (rx)</i>	3	ADD
<i>cvs vit d3 1,000 unit soft chw chocolate, p/f</i>	3	MO; ADD
<i>cvs vit d3 1,000 unit tab chew (rx)</i>	3	ADD
<i>cvs vit d3 250 mcg softgel (rx)</i>	3	MO; ADD
CVS VIT D3 400 UNIT/DROP CONC	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CVS VIT E OIL 45 MG/0.25 ML	3	ADD
<i>cvs vitamin a 2,400 mcg sftgl (rx)</i>	3	MO; ADD
<i>cvs vitamin a 8,000 unit sftgl softgel (rx)</i>	3	MO; ADD
<i>cvs vitamin b-6 100 mg tablet (rx)</i>	3	MO; ADD
<i>cvs vitamin c 1,000 mg caplet (rx)</i>	3	MO; ADD
<i>cvs vitamin c 1,000 mg caplet (rx)</i>	3	ADD
CVS VITAMIN C 1,000 MG FIZZY PKT	3	ADD
<i>cvs vitamin c 250 mg tablet (rx)</i>	3	MO; ADD
<i>cvs vitamin c 500 mg caplet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>cvs vitamin c 500 mg tablet (rx)</i>	3	ADD
<i>cvs vitamin c 500 mg tablet (rx)</i>	3	MO; ADD
<i>cvs vitamin d3 1,000 unit sfgl softgel (rx)</i>	3	ADD
<i>cvs vitamin d3 10 mcg softgel (rx)</i>	3	ADD
<i>cvs vitamin d3 125 mcg softgel (rx)</i>	3	MO; ADD
<i>cvs vitamin d3 2,000 unit sfgl softgel</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cvs vitamin d3 25 mcg gummies (rx)</i>	3	ADD
<i>cvs vitamin d3 25 mcg softgel (rx)</i>	3	ADD
<i>cvs vitamin d3 25 mcg softgel (rx)</i>	3	ADD
<i>cvs vitamin d3 400 unit sftgl (rx)</i>	3	ADD
<i>cvs vitamin d3 5,000 unit sfgl softgel (rx)</i>	3	MO; ADD
<i>cvs vitamin d3 50 mcg softgel</i>	3	MO; ADD
<i>cvs vitamin e 1,000 unit cap (rx)</i>	3	ADD
<i>cvs vitamin e 180 mg softgel (rx)</i>	3	MO; ADD
<i>cvs vitamin e 200 unit softgel</i>	3	MO; ADD
<i>cvs vitamin e 268 mg softgel (rx)</i>	3	ADD
<i>cvs vitamin e 400 unit capsule (rx)</i>	3	ADD
<i>cvs vitamin e 400 unit softgel softgel,s/f,p/f (rx)</i>	3	ADD
CVS VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD
<i>cvs vitamin e 90 mg softgel</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CVS WOMEN'S DAILY GUMMIES P/F, GLUTEN-FREE	3	ADD
CVS WOMEN'S DAILY GUMMIES P/F,GUMMIES	3	ADD
<i>cyanocobalamin 1,000 mcg/ml vl</i>	3	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl inner</i>	3	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl inner,suv</i>	3	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl mdv,inner</i>	3	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl muv, inner</i>	3	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl muv, outer</i>	3	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl outer</i>	3	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl outer,mdv</i>	3	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl outer,suv</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cyanocobalamin 10,000 mcg/10 ml inner,mdv</i>	3	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml inner,muv</i>	3	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml mdv, inner</i>	3	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml mdv, outer</i>	3	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml mdv,inner</i>	3	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml mdv,outer</i>	3	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml outer, muv</i>	3	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml outer,mdv</i>	3	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml outer,muv</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml inner,mdv</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml inner,muv</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cyanocobalamin 30,000 mcg/30 ml mdv, inner</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml mdv, outer</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml muv</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml muv, outer</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml outer,mdv</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml outer,muv</i>	3	MO; ADD
CYANOCOBALA MIN POWDER USP (RX)	3	ADD
CYANOCOBALA MIN POWDER USP, VITAMIN B-12 (RX)	3	ADD
CYANOCOBALA MIN POWDER USP,VITAMIN B-12 (RX)	3	ADD
<i>d3-2000 unit softgel</i>	3	ADD
D3-50 50,000 UNIT CAPSULE D/F, GLUTEN FREE (RX)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
D3-50 50,000 UNIT CAPSULE D/F,P/F (RX)	3	MO; ADD
DAILY MULTIVITAMIN CAPSULE	3	ADD
<i>daily multivitamin-iron tablet (rx)</i>	3	ADD
<i>daily value multivitamin tab</i>	3	ADD
<i>daily vitamin + iron tablet (rx)</i>	3	ADD
<i>daily vitamin formula tablet</i>	3	ADD
<i>daily vitamin formula tablet</i>	3	ADD
<i>daily vitamin formula-iron tab</i>	3	ADD
<i>daily vite tablet (rx)</i>	3	ADD
<i>daily vite with iron tablet</i>	3	MO; ADD
<i>daily-vite tablet</i>	3	MO; ADD
DAILY-VITE TABLET	3	MO; ADD
<i>daily-vites with iron tablet</i>	3	MO; ADD
D-BIOTIN POWDER USP (RX)	3	ADD
DDROPS 1,000 UNIT/DROP	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DDROPS 2,000 UNIT/DROP	3	ADD
DECARA 25,000 UNIT VEGICAP	3	MO; ADD
DECARA 50,000 UNIT SOFTGEL	3	MO; ADD
DECUBI VITE CAPSULE	3	ADD
DEKAS BARIATRIC CHEW TABLET	3	ADD
DEKAS ESSENTIAL CAPSULE	3	MO; ADD
DEKAS ESSENTIAL LIQUID	3	ADD
DEKAS PLUS CHEWABLE TABLET	3	MO; ADD
DEKAS PLUS LIQUID	3	MO; ADD
DEKAS PLUS SOFTGEL	3	MO; ADD
<i>delta d3 400 unit tablet y/f,gluten/f</i>	3	MO; ADD
DERMACINRX FOLIXAPURE TABLET	3	ADD
DERMACINRX FOLTREXYL TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DERMACINRX PUREFOLIX TABLET	3	ADD
DIABETES HEALTH FORMULA CAPLET	3	ADD
DIABETES HEALTH PACK	3	MO; ADD
DIALYVITE 3,000 TABLET	3	MO; ADD
DIALYVITE 5000 TABLET	3	MO; ADD
DIALYVITE 800 CHEWABLE WAFER	3	ADD
<i>dialyvite 800 tablet</i>	3	MO; ADD
DIALYVITE 800-ULTRA D TABLET	3	MO; ADD
DIALYVITE SUPREME D TABLET	3	MO; ADD
<i>dialyvite tablet</i>	3	MO; ADD
DIALYVITE VIT D3 50,000 UNIT	3	MO; ADD
<i>dialyvite vitamin d 5,000 unit</i>	3	MO; ADD
<i>dialyvite with zinc tablet</i>	3	MO; ADD
DRISDOL 1.25 MG (50,000 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DRY EYE FORMULA CAPSULE	3	ADD
<i>d-vi-sol 400 unit/ml liquid (rx)</i>	3	MO; ADD
<i>e-200 unit softgel</i>	3	ADD
<i>e-400 c-500 & beta caro tab</i>	3	ADD
EMERGEN-C 1,000 MG PACKET	3	ADD
EMERGEN-C 1,000 MG PACKET RASPBERRY FLAVOR	3	ADD
EMERGEN-C 1,000 MG PACKET TANGERINE FLAVOR	3	ADD
EMERGEN-C 1,000 MG VARIETY PK	3	ADD
EMERGEN-C 500 MG CHEWABLE TAB	3	ADD
EMERGEN-C BLUE 1,000 MG PACKET	3	ADD
EMERGEN-C IMMUNE PLUS PACKET BLUEBERRY-ACAI FLVOR	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EMERGEN-C IMMUNE PLUS PACKET CITRUS FLAVOR	3	ADD
EMERGEN-C KIDZ 250 MG PACKET FRUIT PUNCH	3	ADD
EMERGEN-C KIDZ 250 MG PACKET GRAPE	3	ADD
EMERGEN-C KIDZ 250 MG PACKET ORANGE	3	ADD
EMERGEN-C MSM LITE PACKET	3	ADD
ENDUR-VM IRON-FREE SR TABLET	3	ADD
ENDUR-VM WITH IRON SR TABLET	3	ADD
<i>eq calcium 600-d3-minerals tab gluten-free (rx)</i>	3	ADD
EQ CHILD COMPLETE CHEW TABLET	3	ADD
EQ CHILD MULTIVITAMIN GUMMIES P/F	3	MO; ADD
<i>eq complete multivitamin tab gluten-free</i>	3	ADD
<i>eq complete mv adlt 50 plus tb</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EQ ONE DAILY MEN'S 50 PLUS TAB	3	ADD
EQ ONE DAILY MEN'S TABLET GLUTEN FREE	3	ADD
EQ ONE DAILY WOMEN'S HEALTH TB	3	ADD
EQ ONE DAILY WOMEN'S TABLET GLUTEN FREE	3	ADD
<i>eql slow release iron 45 mg tab gluten-free (rx)</i>	3	MO; ADD
EQ VISION FORMULA TABLET P/F, GLUTEN-FREE	3	ADD
<i>eql carbonyl iron 45 mg caplet (rx)</i>	3	ADD
<i>eql century mature tablet</i>	3	ADD
EQL CENTURY MATURE TABLET	3	ADD
EQL CENTURY MEN'S TABLET	3	ADD
<i>eql eye health plus lutein tab</i>	3	ADD
EQL ONE DAILY MENS 50 PLUS ADV	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>eql one daily men's tablet (rx)</i>	3	ADD
EQL ONE DAILY WOMEN'S 50 PLUS	3	ADD
<i>eql slow release iron 50 mg tb</i>	3	ADD
EQL STRESS B-COMPLEX TABLET	3	ADD
<i>eql super b complex tablet (rx)</i>	3	MO; ADD
<i>eql vit c-rose hip 1,000 mg tb (rx)</i>	3	MO; ADD
<i>eql vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD
<i>eql vitamin b-6 100 mg tablet (rx)</i>	3	ADD
<i>eql vitamin c 1,000 mg tablet p/f, lactose free (rx)</i>	3	ADD
<i>eql vitamin d3 1,000 unit sfgl softgel (rx)</i>	3	ADD
<i>eql vitamin d3 2,000 unit sfgl softgel</i>	3	MO; ADD
<i>eql vitamin d3 400 unit sfagl (rx)</i>	3	ADD
<i>eql vitamin d3 5,000 unit sfgl softgel (rx)</i>	3	MO; ADD
<i>eql vitamin e 1,000 unit sfagl softgel (rx)</i>	3	MO; ADD
<i>eql vitamin e 180 mg softgel (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ergocalciferol 200 mcg/ml drop (rx)</i>	3	MO; ADD
<i>ergocalciferol 8,000 unit/ml (rx)</i>	3	MO; ADD
<i>ergocalciferol 8,000 units/ml (rx)</i>	3	MO; ADD
<i>essentia tablet</i>	3	ADD
ESSENTIAL MAN 50+ TABLET	3	MO; ADD
ESSENTIAL MAN TABLET	3	ADD
ESSENTIAL WOMAN 50+ TABLET	3	MO; ADD
EYE HEALTH PLUS LUTEIN TABLET	3	ADD
EYEPROTECT TABLET	3	ADD
<i>ezfe 200 capsule</i>	3	MO; ADD
FA-8 CAPSULES	3	ADD
<i>fabb tablet</i>	3	MO; ADD
FEOSOL 45 MG CAPLET CPLT,NATURAL RELEASE (RX)	3	MO; ADD
<i>feosol 65 mg tablet (rx)</i>	3	MO; ADD
FERAHEME 510 MG/17 ML VIAL SDV, P/F	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FERAHEME 510 MG/17 ML VIAL SDV, P/F, 10'S	3	MO; ADD
<i>ferate 27 mg tablet</i>	3	MO; ADD
FERGON 27 MG TABLET	3	ADD
FERGON 27 MG TABLET (RX)	3	MO; ADD
FERGON TABLET	3	ADD
FER-IN-SOL 15 MG/ML DROPS	3	MO; ADD
FERIVA 21-7 TABLET	3	MO; ADD
FERIVA FA CAPSULE	3	MO; ADD
<i>ferosul 325 mg tablet (rx)</i>	3	MO; ADD
<i>ferosul 325 mg tablet f/c (rx)</i>	3	MO; ADD
<i>ferosul 325 mg tablet f/c,blister pack (rx)</i>	3	MO; ADD
<i>ferrex 150 capsule</i>	3	MO; ADD
<i>ferrex 150 capsule outer, u-d</i>	3	MO; ADD
<i>ferrex 150 capsule u-d,10x10</i>	3	MO; ADD
<i>ferrex 150 forte capsule</i>	3	MO; ADD
<i>ferric x-150 capsule</i>	3	ADD
<i>ferro-time 325 mg tablet f/c, green</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ferro-time 325 mg tablet f/c, red</i>	3	ADD
<i>ferrous gluconate 240 mg tab (rx)</i>	3	ADD
<i>ferrous gluconate 240 mg tab 240mg=27mg elemental (rx)</i>	3	ADD
<i>ferrous gluconate 324 mg tab (rx)</i>	3	ADD
<i>ferrous gluconate 324 mg tab (rx)</i>	3	MO; ADD
<i>ferrous sulf 15 mg (iron)/ml oral syringe (rx)</i>	3	ADD
<i>ferrous sulf 15 mg iron/ml drp (rx)</i>	3	MO; ADD
<i>ferrous sulf 220 mg/5 ml elix (rx)</i>	3	ADD
<i>ferrous sulf 220 mg/5 ml elix (rx)</i>	3	MO; ADD
<i>ferrous sulf 220 mg/5 ml liq (rx)</i>	3	ADD
<i>ferrous sulf 300 mg/5 ml cup</i>	3	ADD
<i>ferrous sulf 300 mg/5 ml cup 100's, u-d</i>	3	ADD
<i>ferrous sulf 44 mg iron/5 ml lq (rx)</i>	3	ADD
<i>ferrous sulf ec 324 mg tablet</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ferrous sulf ec 325 mg tablet (rx)</i>	3	MO; ADD
<i>ferrous sulf ec 325 mg tablet u-d, inner (rx)</i>	3	MO; ADD
<i>ferrous sulf ec 325 mg tablet u-d, outer (rx)</i>	3	MO; ADD
<i>ferrous sulfate 325 mg tablet (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet f/c (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet f/c, green (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet f/c, red (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet p/f (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet u-d (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet u-d, 10x10, f/c (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet u-d, 10x10, film coat (rx)</i>	3	ADD
FERROUS SULFATE DRIED POWDER USP (RX)	3	ADD
<i>fish oil 1,200 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FLINTSTONES + CALCIUM TAB	3	ADD
FLINTSTONES COMPLETE CHEW TAB	3	ADD
FLINTSTONES COMPLETE GUMMIES	3	MO; ADD
FLINTSTONES COMPLETE TABLET	3	MO; ADD
FLINTSTONES EXTRA C GUMMIES	3	ADD
FLINTSTONES EXTRA C TAB CHEW (RX)	3	MO; ADD
FLINTSTONES GUMMIES CHEW TAB	3	ADD
FLINTSTONES GUMMIES CHEW TAB	3	ADD
FLINTSTONES MULTIVIT CHEW TAB	3	ADD
FLINTSTONES MULTI-VIT GUMMIES	3	ADD
FLINTSTONES SOUR-GUM CHEW TAB	3	ADD
FLINTSTONES TAB CHEW	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FLINTSTONES TABLET CHEWABLE	3	MO; ADD
FLINTSTONES WITH IRON TAB CHEW	3	MO; ADD
FLORIVA 0.25 MG CHEW TABLET	3	MO; ADD
FLORIVA 0.5 MG CHEWABLE TABLET	3	MO; ADD
FLORIVA 1 MG CHEWABLE TABLET	3	MO; ADD
FLORIVA PLUS 0.25 MG/ML DROP	3	MO; ADD
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>folic acid 0.4 mg tablet (rx)</i>	3	MO; ADD
<i>folic acid 0.8 mg tablet (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet 10x10, u-d, inner (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet 10x10, u-d, outer (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet inner (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>folic acid 1 mg tablet outer (rx)</i>	3	MO; ADD
<i>folic acid 1,000 mcg tablet (rx)</i>	3	MO; ADD
<i>folic acid 1,000 mcg tablet p/f (rx)</i>	3	MO; ADD
FOLIC ACID 20 MG CAPSULE	3	ADD
<i>folic acid 400 mcg tablet (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet inner (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet outer (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet p/f (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet p/f, lactose free (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet s/f,p/f,lactose-free (rx)</i>	3	MO; ADD
<i>folic acid 5 mg/ml vial mdv</i>	3	MO; ADD
FOLIC ACID 800 MCG CAPSULE	3	ADD
<i>folic acid 800 mcg tablet (rx)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet inner (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>folic acid 800 mcg tablet maximum strength (rx)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet outer (rx)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet pure,gluten-free (rx)</i>	3	MO; ADD
FOLIC ACID POWDER (RX)	3	ADD
FOLITE TABLET	3	ADD
<i>folivane-f capsule</i>	3	MO; ADD
FOLTRATE TABLET (RX)	3	MO; ADD
<i>fosfree tablet</i>	3	MO; ADD
FREEDAVITE TABLET	3	ADD
<i>full spectrum b with vit c tab</i>	3	MO; ADD
FUSION PLUS CAPSULE	3	MO; ADD
GENADEK STEP 1 MULTIVIT SFGL	3	ADD
GENADEK STEP 2 MULTIVIT SFGL	3	ADD
GERBER GROW MIGHTY GUMMY	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GERBER LIL BRAINIES GUMMY	3	ADD
GNP B-COMPLEX PLUS VIT C TAB	3	ADD
<i>gnp biotin 5,000 mcg capsule (rx)</i>	3	MO; ADD
<i>gnp calcium 600-d3-min chew tb p/f,gluten/f,yeast/f (rx)</i>	3	ADD
<i>gnp calcium 600-d3-minerals tb p/f, gluten-f (rx)</i>	3	ADD
<i>gnp century mature tablet gluten-free (rx)</i>	3	ADD
<i>gnp century tablet gluten-free</i>	3	ADD
<i>gnp children's chewables</i>	3	ADD
<i>gnp children's chewables</i>	3	ADD
GNP CHILDREN'S CHEWABLES	3	ADD
GNP DIABETIC SUPPORT FORM TAB	3	ADD
<i>gnp folic acid 400 mcg tablet (rx)</i>	3	MO; ADD
<i>gnp hair, skin and nails tab vitamins & minerals</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp healthy eyes supervision</i>	3	ADD
<i>gnp healthy eyes tablet advanced antioxidant (rx)</i>	3	ADD
<i>gnp iron 45 mg tablet</i>	3	ADD
<i>gnp iron 65 mg tablet (rx)</i>	3	ADD
<i>gnp mega multi for men tablet high potency (rx)</i>	3	ADD
<i>gnp mega multi for women tab</i>	3	ADD
<i>gnp one daily tablet</i>	3	ADD
GNP ONE DAILY TABLET	3	ADD
<i>gnp therapeutic-m caplet p/f, caplet</i>	3	MO; ADD
<i>gnp vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD
<i>gnp vit d3 10 mcg(400 unit) chw (rx)</i>	3	ADD
<i>gnp vitamin a 10,000 unit sfgl d/f, gluten-free (rx)</i>	3	MO; ADD
<i>gnp vitamin b-6 100 mg tablet gluten free (rx)</i>	3	ADD
<i>gnp vitamin c 1,000 mg tablet (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp vitamin c 1,000 mg tablet with rose hips (rx)</i>	3	ADD
<i>gnp vitamin c 250 mg tablet (rx)</i>	3	ADD
<i>gnp vitamin c 500 mg tablet (rx)</i>	3	MO; ADD
<i>gnp vitamin d3 1,000 unit tab extra strength (rx)</i>	3	MO; ADD
<i>gnp vitamin d3 2,000 unit tab maximum strength (rx)</i>	3	ADD
<i>gnp vitamin d3 25 mcg tablet (rx)</i>	3	MO; ADD
<i>gnp vitamin d3 25 mcg(1000 unt) (rx)</i>	3	ADD
<i>gnp vitamin d3 5,000 unit tab super strength (rx)</i>	3	ADD
<i>gnp vitamin e 180 mg softgel (rx)</i>	3	ADD
<i>gnp vitamin e 400 unit softgel (rx)</i>	3	MO; ADD
GNP VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD
<i>gnp vitamin e 90 mg softgel</i>	3	MO; ADD
<i>gummi bear multivit tab chew multivit & minerals (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GUMMIES CHILDREN MULTIVITAMIN & MINERAL SUPPLEMENT	3	ADD
GUMMIES CHILDREN MULTIVITAMIN GRAPE, ORANGE,CHERRY	3	ADD
<i>hair, skin and nails caplet</i>	3	ADD
HAIR, SKIN AND NAILS CAPLET	3	MO; ADD
HAIR, SKIN AND NAILS SOFTGEL	3	ADD
HAIR, SKIN AND NAILS SOFTGEL	3	ADD
HAIR, SKIN AND NAILS TABLET	3	ADD
HAIR, SKIN AND NAILS TABLET	3	MO; ADD
HARD NAILS 2.5 MG CAPSULE	3	ADD
HEALTHY EYES LUTEIN-ZEAXTHN CP	3	ADD
<i>healthy eyes supervision sftgl</i>	3	ADD
HEALTHY EYES TABLET (RX)	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>healthy eyes tablet advanced antioxidant (rx)</i>	3	ADD
HEMATEX 100 MG/5 ML LIQUID	3	ADD
HEMATEX 150 MG TABLET	3	ADD
<i>hematogen fa softgel</i>	3	MO; ADD
<i>hematogen forte softgel</i>	3	MO; ADD
HEMOCYTE PLUS CAPSULE (RX)	3	MO; ADD
HEMOCYTE-F TABLET (RX)	3	MO; ADD
HIGH POTENCY MULTIVITAMIN TAB	3	ADD
<i>hm biotin 5,000 mcg capsule (rx)</i>	3	MO; ADD
<i>hm calcium 600-d3-minerals tab (rx)</i>	3	ADD
<i>hm complete multi-vit-mineral gluten-free</i>	3	ADD
<i>hm folic acid 400 mcg tablet gluten-free (rx)</i>	3	MO; ADD
HM HAIR, SKIN AND NAILS TABLET	3	ADD
<i>hm iron 65 mg tablet gluten-free (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HM MENS 50 PLUS ADV ONE DAILY	3	ADD
HM MEN'S ONE DAILY TABLET GLUTEN-FREE	3	ADD
HM ONE DAILY WOMEN'S 50 PLUS	3	ADD
<i>hm slow release iron tablet (rx)</i>	3	ADD
<i>hm super vitamin b complex gluten-free (rx)</i>	3	MO; ADD
<i>hm vit c-rose hip 1,000 mg tab gluten-free (rx)</i>	3	MO; ADD
<i>hm vit c-rose hips 500 mg cplt gluten-free, caplet (rx)</i>	3	MO; ADD
<i>hm vitamin b-6 100 mg tablet gluten-free (rx)</i>	3	ADD
<i>hm vitamin d3 1,000 unit tab gluten-free (rx)</i>	3	ADD
<i>hm vitamin d3 2,000 unit sftgl softgel, gluten-free (rx)</i>	3	ADD
<i>hm vitamin e 180 mg softgel (rx)</i>	3	MO; ADD
<i>hm vitamin e 200 unit softgel softgel, gluten-free</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm vitamin e 400 unit softgel gluten-free (rx)</i>	3	MO; ADD
<i>hm women's one daily tablet gluten-free</i>	3	ADD
<i>honey bears chewable tablet</i>	3	ADD
<i>honey bears-iron-zinc tab chew</i>	3	ADD
<i>hydroxocobalamin 1,000 mcg/ml</i>	3	MO; ADD
HYDROXOCOBALAMIN POWDER USP (RX)	3	ADD
<i>icaps areds softgel softgel (rx)</i>	3	MO; ADD
ICAPS AREDS2 CHEWABLE TABLET	3	ADD
ICAPS AREDS2 SOFTGEL	3	ADD
ICAPS AREDS2 TABLET	3	MO; ADD
ICAPS MV TABLET (RX)	3	MO; ADD
I-CAPS WITH LUTEIN-OMEGA 3 SFG	3	MO; ADD
ICAR 15 MG/1.25 ML SUSPENSION	3	MO; ADD
<i>iferex 150 capsule</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>iferex 150 forte capsule</i>	3	MO; ADD
INFED 100 MG/2 ML VIAL INNER,SUV	3	MO; ADD
INFED 100 MG/2 ML VIAL OUTER,SUV	3	MO; ADD
INFUVITE ADULT BULK VIAL P/F, MDV, OUTER	3	MO; ADD
INFUVITE ADULT VIAL 2X5ML, SUV	3	MO; ADD
INFUVITE ADULT VIAL P/F, SDV, OUTER	3	MO; ADD
INFUVITE PEDIATRIC BULK VIAL P/F, MDV, OUTER	3	ADD
INFUVITE PEDIATRIC VIAL P/F, SDV, OUTER	3	ADD
INFUVITE PEDIATRIC VIAL SUV	3	ADD
INJECTAFER 750 MG/15 ML VIAL SUV	3	MO; ADD
INTEGRA F CAPSULE	3	MO; ADD
INTEGRA PLUS CAPSULE	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
IRON 18 MG TABLET	3	MO; ADD
<i>iron 27 mg tablet (rx)</i>	3	ADD
<i>iron 28 mg tablet</i>	3	ADD
<i>iron 45 mg tablet</i>	3	ADD
<i>iron 65 mg tablet (rx)</i>	3	ADD
<i>iron 65 mg tablet (rx)</i>	3	ADD
<i>iron 65 mg tablet (rx)</i>	3	ADD
<i>iron 65 mg tablet p/f (rx)</i>	3	ADD
<i>iron 65 mg tablet p/f, gluten-free (rx)</i>	3	ADD
<i>iron 65 mg tablet p/f, gluten-free (rx)</i>	3	ADD
<i>iron chews 15 mg tablet chew</i>	3	MO; ADD
IRONUP 15 MG/0.5 ML DROPS	3	MO; ADD
IROSPAN 24/6 TABLET	3	MO; ADD
IS-D-10,000 250 MCG SOFTGEL	3	ADD
<i>i-vite tablet</i>	3	MO; ADD
<i>kenwood therapeutic liquid</i>	3	ADD
KIDS MULTIVIT-MINERALS GUMMIES	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>kids vitamin d3 tab chew</i>	3	ADD
K-PAX IMMUNE SUPPORT TABLET 30 PACKETS OF 4 TABS	3	ADD
K-PAX IMMUNE SUPPORT TABLET 60 PACKETS OF 4 TABS	3	ADD
<i>lysiplex plus liquid</i>	3	MO; ADD
MACULAR BENEFITS COMBO PACK	3	ADD
MACULAR HEALTH FORMULA CAPSULE	3	ADD
<i>macuvite eye care tablet</i>	3	MO; ADD
MACUVITE WITH LUTEIN TABLET	3	ADD
MAXIMIN PACK	3	ADD
MAXIMUM D3 325 MCG(13,000 UNIT	3	MO; ADD
MEGA BIOTIN 10,000 MCG SOFTGEL	3	ADD
<i>mega multi for men tablet high potency (rx)</i>	3	ADD
<i>mega multi for women tab</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MEGAVITE CAPLET	3	ADD
MEGAVITE GOLDEN YEARS CAPLET	3	ADD
MEN 50 PLUS MULTIVITAMIN TAB	3	ADD
MEN'S 50 PLUS DAILY FORMULA TB	3	ADD
MEN'S 50 PLUS MULTIVITAMIN TAB	3	ADD
MEN'S DAILY FORMULA CAPSULE	3	ADD
MEN'S DAILY FORMULA TABLET (RX)	3	ADD
MEN'S DAILY PACK	3	ADD
MEN'S MULTIVITAMIN GUMMIES	3	ADD
MEN'S PACK	3	ADD
MERIBIN 5 MG CAPSULE	3	MO; ADD
<i>milltrium senior multivit tab</i>	3	ADD
MONOCAPS TABLET (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MONOFERRIC 1,000 MG/10 ML VIAL	3	MO; ADD
<i>multi complete-iron tablet</i>	3	MO; ADD
MULTI FOR HER 50 PLUS SOFTGEL (RX)	3	MO; ADD
MULTI FOR HER SOFTGEL (RX)	3	ADD
<i>multi for her tablet</i>	3	ADD
<i>multi-day plus iron tablet</i>	3	ADD
MULTI-DAY PLUS MINERALS TABLET	3	ADD
<i>multi-delyn with iron liquid</i>	3	MO; ADD
<i>multiple vitamin plain tab</i>	3	ADD
<i>multiple vitamin tablet</i>	3	ADD
<i>multiple vitamin tablet</i>	3	ADD
<i>multiple vitamin with iron tab (rx)</i>	3	ADD
<i>multiple vitamin w-minerals tb</i>	3	ADD
<i>multiple vitamins tablet</i>	3	ADD
<i>multiple vitamins tablet one daily</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>multiple vitamins tablet p/f,n,lactose fre</i>	3	ADD
<i>multivit with iron tab chew</i>	3	ADD
<i>multi-vitamin daily tablet (rx)</i>	3	ADD
<i>multi-vitamin daily tablet 10x10 (rx)</i>	3	ADD
MULTI-VITAMIN GUMMIES	3	ADD
MULTIVITAMIN LIQUID	3	ADD
<i>multivitamin tablet (rx)</i>	3	MO; ADD
MULTIVITAMIN WITH MINERALS TAB	3	MO; ADD
<i>multivitamin women 50 plus tab</i>	3	ADD
<i>multivitamin-mineral liquid</i>	3	ADD
<i>multivitamin-minerals tablet</i>	3	MO; ADD
<i>multi-vitamin-minerals tablet</i>	3	MO; ADD
<i>multivitamin-minerals tablet p/f</i>	3	MO; ADD
<i>multivitamins tablet (rx)</i>	3	MO; ADD
<i>multivitamins-iron tablet (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MULTIVITAMIN-ZINC-STRESS TAB	3	MO; ADD
MULTI-VITE LIQUID	3	ADD
MVW COMPLETE FORM MULTIVI SFGL	3	ADD
MVW COMPLETE FORM MULTIVI SFGL	3	MO; ADD
MVW COMPLETE FORM MULTIVIT CHW	3	MO; ADD
MVW COMPLETE FORMUL D3000 CHEW	3	MO; ADD
MVW COMPLETE FORMUL D3000 SFGL	3	MO; ADD
MVW COMPLETE FORMUL D5000 CHEW	3	ADD
MVW COMPLETE FORMUL D5000 SFGL	3	MO; ADD
MVW COMPLETE FORMUL PEDIA DRPS	3	MO; ADD
<i>myferon 150 capsule</i>	3	MO; ADD
<i>myvitalife soft-gel capsule</i>	3	ADD
NANO VM 1-3 POWDER	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NANO VM 4-8 POWDER	3	MO; ADD
NANOVM 9-18 POWDER	3	ADD
NANOVM T-F POWDER	3	ADD
NASCOBAL 500 MCG NASAL SPRAY	3	MO; ADD
<i>nephplex rx tablet</i>	3	MO; ADD
NEPHRON FA TABLET	3	MO; ADD
NEPHRO-VITE TABLET (RX)	3	MO; ADD
NICOMIDE TABLET	3	MO; ADD
NIFEREX TABLET	3	MO; ADD
NOVAFERRUM 15 MG/ML DROPS PEDIATRIC (RX)	3	MO; ADD
NOVAFERRUM 50 MG CAPSULE	3	MO; ADD
NOVAFERRUM PEDI MV-IRON DROPS	3	ADD
NOVAMV MULTIVITAMIN DROP	3	ADD
NUFERA TABLET	3	MO; ADD
NU-IRON 150 CAPSULE	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OCULAR VITAMINS TABLET	3	ADD
<i>ocutabs tablet (rx)</i>	3	ADD
OCUVITE ADULT 50 PLUS SOFTGEL	3	MO; ADD
OCUVITE EYE HEALTH GUMMIES	3	ADD
OCUVITE EYE PLUS MULTI TABLET	3	MO; ADD
OCUVITE LUTEIN-ZEAXANTHIN CAP	3	MO; ADD
OCUVITE WITH LUTEIN TABLET	3	MO; ADD
<i>omnicap tablet</i>	3	ADD
ONCOVITE TABLET	3	MO; ADD
<i>one daily complete tablet</i>	3	ADD
<i>one daily essential tablet</i>	3	ADD
<i>one daily essential tablet (rx)</i>	3	ADD
<i>one daily for men 50+ adv tab</i>	3	ADD
<i>one daily for men 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>one daily for women 50+ adv tb w/ginkgo, 50+advanced</i>	3	MO; ADD
<i>one daily for women tablet</i>	3	ADD
ONE DAILY HEALTHY WEIGHT TAB	3	ADD
<i>one daily maximum tablet (rx)</i>	3	ADD
ONE DAILY MEN'S 50 PLUS D3 TAB	3	ADD
<i>one daily men's 50+ tablet</i>	3	ADD
ONE DAILY MEN'S HEALTH TABLET	3	MO; ADD
<i>one daily multivitamin tab (rx)</i>	3	ADD
<i>one daily multivitamin tablet</i>	3	ADD
<i>one daily multivitamin-iron tb</i>	3	ADD
<i>one daily multivit-mineral tab</i>	3	MO; ADD
<i>one daily plus iron tablet (rx)</i>	3	ADD
<i>one daily tablet</i>	3	ADD
ONE DAILY TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>one daily with iron-calcium tb</i>	3	ADD
<i>one daily with minerals tablet (rx)</i>	3	ADD
ONE DAILY WOMEN 50 PLUS TAB Y/F,P/F	3	MO; ADD
<i>one daily womens 50 plus tab (rx)</i>	3	ADD
ONE DAILY WOMEN'S 50+ TABLET WOMEN'S HEALTH 50+	3	MO; ADD
ONE DAILY WOMEN'S MULTIVITAMIN	3	ADD
ONE-A-DAY ENERGY TABLET	3	ADD
<i>one-a-day essential tablet (rx)</i>	3	MO; ADD
ONE-A-DAY KID'S GUMMIES	3	ADD
ONE-A-DAY MEN VITACRAVES GUMMY	3	ADD
ONE-A-DAY MENOPAUSE FORMULA TB	3	MO; ADD
ONE-A-DAY MEN'S 50 PLUS 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ONE-A-DAY MEN'S 50 PLUS TABLET (RX)	3	MO; ADD
ONE-A-DAY MEN'S COMPLETE TAB	3	MO; ADD
ONE-A-DAY MEN'S TABLET	3	ADD
ONE-A-DAY PROACTIVE 65 PLUS TB	3	MO; ADD
<i>one-a-day teen advantage tab</i>	3	ADD
ONE-A-DAY TEEN HER VITACRAVES (RX)	3	ADD
ONE-A-DAY TEEN HIM VITACRAVES	3	MO; ADD
ONE-A-DAY VITACRAVES GUMMIES	3	ADD
ONE-A-DAY VITACRAVES IMMUNITY	3	ADD
ONE-A-DAY VITACRAVES OMEGA-3	3	ADD
ONE-A-DAY VITACRAVES SOUR GMMY	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ONE-A-DAY WEIGHTSMART TABLET	3	ADD
ONE-A-DAY WOMEN VITACRAVES	3	ADD
ONE-A-DAY WOMEN'S 50 PLUS TAB	3	MO; ADD
ONE-A-DAY WOMEN'S COMPLETE TAB	3	MO; ADD
ONE-A-DAY WOMEN'S HEALTHY SKIN	3	ADD
ONE-A-DAY WOMEN'S PETITES TAB	3	MO; ADD
ONE-A-DAY WOMEN'S TABLET	3	ADD
ONE-DAILY MULTI-VIT POWDER PKT	3	ADD
<i>one-daily multi-vitamin tab (rx)</i>	3	ADD
ONE-DAILY MULTI-VIT-IRON TAB	3	ADD
ONE-DAILY MULTIVIT-MINERAL PWD	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OPTIMAL D3 50,000 UNIT CAPSULE	3	ADD
OPTIMAL D3 M 14,000 UNIT CAP	3	ADD
OPTIMAL D3M 350 MCG(14,000 UNIT	3	ADD
OPTISOURCE TABLET CHEWABLE	3	MO; ADD
OPURITY MULTIVITAMIN TAB CHEW	3	ADD
ORTHO-TABS	3	ADD
PARVLEX TABLET	3	ADD
PEDIA D-VITE 400 UNIT/ML LIQ	3	ADD
<i>pedia iron 15 mg/ml drop</i>	3	ADD
PEDIA POLY-VITE DROPS	3	ADD
PEDIA POLY-VITE WITH IRON DROP	3	ADD
PEDIA TRI-VITE DROP	3	ADD
PERFECT IRON 25 MG TABLET	3	ADD
<i>pharm chc ped iron 15 mg/ml drp (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PHARM CHOICE D3 400 UNIT/ML (RX)	3	MO; ADD
PHARM CHOICE POLY-VIT-IRON DRP	3	ADD
PHARMACIST CHOICE PED POLY-VIT	3	ADD
PHARMACIST CHOICE PED TRI-VIT	3	ADD
PHYTOMULTI TABLET	3	ADD
<i>poly-iron 150 mg capsule</i>	3	MO; ADD
<i>polysaccharide iron 150 mg cap (rx)</i>	3	ADD
POLY-VI-SOL 250 MCG-50 MG/ML DRP	3	MO; ADD
POLY-VI-SOL WITH IRON DROPS	3	MO; ADD
POLY-VITA DROPS	3	ADD
POLY-VITA WITH IRON DROPS	3	ADD
<i>prenatal vitamin oral tablet</i>	1	MO
PRESERVISION AREDS 2 SOFTGEL	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PRESERVISION AREDS SOFTGEL (RX)	3	MO; ADD
PRESERVISION AREDS TABLET	3	MO; ADD
PRESERVISION LUTEIN SOFTGEL	3	MO; ADD
PRESERVISION LUTEIN W/LUTEIN, SOFTGEL	3	MO; ADD
PREVENT SOFTGELS	3	ADD
PRO FE 180 MG CAPSULE	3	MO; ADD
PRO-CAL TABLET	3	ADD
PROCERV HP TABLET	3	ADD
PRORENAL MULTIVITAMIN TABLET	3	MO; ADD
PRORENAL QD SOFTGEL	3	MO; ADD
<i>prosight tablet</i>	3	MO; ADD
PROTECT CARDIO AF SOFTGEL	3	MO; ADD
PROTECT PLUS SO SOFTGEL	3	ADD
PROXEED PLUS POWDER PACKET	3	ADD
<i>pub multivitamin 50 plus tab</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>purevit dualfe plus capsule</i>	3	MO; ADD
<i>pyridoxine 100 mg/ml vial muv, outer</i>	3	MO; ADD
<i>pyridoxine 50 mg tablet (rx)</i>	3	MO; ADD
PYRIDOXINE 50 MG TABLET (RX)	3	MO; ADD
<i>pyridoxine 50 mg tablet federal supply (rx)</i>	3	MO; ADD
PYRIDOXINE HCL CRYSTALS (RX)	3	ADD
PYRIDOXINE HCL POWDER (RX)	3	ADD
<i>qc calcium 600 mg-vit d tab (rx)</i>	3	ADD
QUFLORA FE 0.25 MG CHEW TABLET	3	MO; ADD
QUIN B STRONG WITH C & ZINC TB	3	ADD
QUINTABS TABLET	3	ADD
<i>quintabs-m iron free tablet</i>	3	ADD
QUINTABS-M TABLET (RX)	3	ADD
<i>ra b-complex with vit c tab sa (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ra biotin 2,500 mcg capsule p/f, d/f</i>	3	MO; ADD
<i>ra calcium 600-minerals tab (rx)</i>	3	ADD
RA CENTRAL-VITE TABLET	3	ADD
RA CENTRAL-VITE WOMEN'S TABLET	3	ADD
RA ESSENCE C 1,000 MG PACKET ORANGE FLAVOR (RX)	3	ADD
RA ESSENCE C 1,000 MG PACKET RASPBERRY FLAVOR (RX)	3	ADD
RA ESSENCE C 1,000 MG PACKET TANGERINE FLAVOR (RX)	3	ADD
<i>ra folic acid 0.4 mg tablet p/f (rx)</i>	3	MO; ADD
<i>ra folic acid 800 mcg tablet p/f (rx)</i>	3	MO; ADD
<i>ra high potency iron 27 mg tab</i>	3	ADD
RA HIGH POTENCY IRON 27 MG TAB	3	ADD
<i>ra iron 65 mg tablet p/f, d/f (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RA MEN'S ONE DAILY TABLET P/F	3	ADD
<i>ra one daily energy tablet</i>	3	ADD
<i>ra one daily essential tablet (rx)</i>	3	ADD
<i>ra one daily maximum tablet (rx)</i>	3	ADD
RA ONE DAILY MEN'S 50 PLUS D3	3	ADD
<i>ra one daily women's tablet</i>	3	ADD
RA SLOW RELEASE IRON 45 MG TAB (RX)	3	MO; ADD
<i>ra vit c-rose hips 500 mg tab natural,p/f (rx)</i>	3	MO; ADD
<i>ra vitamin a 10,000 unit sftgl p/f,softgel (rx)</i>	3	MO; ADD
<i>ra vitamin b-6 100 mg tablet p/f (rx)</i>	3	ADD
<i>ra vitamin b-6 50 mg tablet p/f (rx)</i>	3	ADD
<i>ra vitamin c 1,000 mg tablet p/f,natural (rx)</i>	3	ADD
<i>ra vitamin c 1,000 mg tablet w/rose hips,p/f (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ra vitamin c 250 mg tablet p/f (rx)</i>	3	ADD
<i>ra vitamin c 500 mg tablet p/f (rx)</i>	3	MO; ADD
<i>ra vitamin c 500 mg tablet p/f,natural (rx)</i>	3	MO; ADD
<i>ra vitamin d3 1,000 unit tab (rx)</i>	3	MO; ADD
<i>ra vitamin d3 1,000 unit tab gluten/f,yeast/f (rx)</i>	3	ADD
<i>ra vitamin d3 2,000 unit sfgl (rx)</i>	3	ADD
<i>ra vitamin d3 2,000 unit sfgl softgel (rx)</i>	3	ADD
<i>ra vitamin d3 2,000 unit sftgl (rx)</i>	3	ADD
<i>ra vitamin d3 5,000 unit sftgl softgel (rx)</i>	3	MO; ADD
<i>ra vitamin e 268 mg softgel (rx)</i>	3	ADD
<i>renal caps softgel</i>	3	MO; ADD
RENAL VITAMIN TABLET	3	MO; ADD
RENAL-VITE TABLET	3	ADD
RENAPLEX TABLET	3	ADD
RENAPLEX-D TABLET	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>rena-vite rx tablet (rx)</i>	3	MO; ADD
<i>rena-vite tablet (rx)</i>	3	MO; ADD
<i>reno caps softgel</i>	3	MO; ADD
<i>replesta 50,000 units wafer</i>	3	MO; ADD
REPLESTA NX 14,000 UNITS WAFER	3	MO; ADD
<i>risacal-d tablet</i>	3	MO; ADD
SCOOBY-DOO ONE A DAY GUMMIES	3	ADD
SCOOBY-DOO ONE A DAY TABLET	3	ADD
<i>senior tabs</i>	3	MO; ADD
<i>sentry senior multivitamin tab sodium/f,yeast/f (rx)</i>	3	MO; ADD
<i>sentry senior tablet</i>	3	ADD
<i>sentry senior tablet inner</i>	3	ADD
<i>sentry senior tablet outer</i>	3	ADD
<i>sentry tablet</i>	3	ADD
<i>se-tan plus capsule</i>	3	MO; ADD
SLOW FE 45 MG TABLET (RX)	3	MO; ADD
<i>slow release iron 160 mg tab p/f,gluten-free (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SLOW RELEASE IRON 45 MG TABLET	3	ADD
SLOW RELEASE IRON 45 MG TABLET (RX)	3	MO; ADD
<i>slow release iron 45 mg tablet gluten-free (rx)</i>	3	MO; ADD
SLOW RELEASE IRON TABLET	3	MO; ADD
<i>slow release iron tablet (rx)</i>	3	MO; ADD
<i>sm b complex with vit c tablet (rx)</i>	3	MO; ADD
<i>sm b complex with vit c tablet gluten-free (rx)</i>	3	MO; ADD
<i>sm biotin 5,000 mcg capsule (rx)</i>	3	MO; ADD
<i>sm calcium 600-d3-minerals tab (rx)</i>	3	ADD
<i>sm complete multi-vit-mineral advanced formula</i>	3	ADD
<i>sm complete multi-vit-mineral gluten-free</i>	3	ADD
<i>sm folic acid 0.4 mg tablet (rx)</i>	3	MO; ADD
<i>sm folic acid 400 mcg tablet (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm folic acid 400 mcg tablet gluten-free (rx)</i>	3	MO; ADD
<i>sm hair, skin and nails caplet caplet, gluten-free (rx)</i>	3	ADD
<i>sm iron 325 mg tablet p/f (rx)</i>	3	ADD
<i>sm iron 65 mg tablet gluten-free (rx)</i>	3	ADD
SM MEN'S ONE DAILY TABLET GLUTEN-FREE	3	ADD
<i>sm multivitamin w-iron tab (rx)</i>	3	ADD
<i>sm multivitamins tablet (rx)</i>	3	MO; ADD
SM SLOW RELEASE IRON 45 MG TAB	3	ADD
<i>sm slow release iron 45 mg tab gluten-free (rx)</i>	3	MO; ADD
<i>sm super vitamin b complex tab (rx)</i>	3	MO; ADD
<i>sm vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD
<i>sm vitamin b-6 100 mg tablet (rx)</i>	3	MO; ADD
<i>sm vitamin b-6 100 mg tablet (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm vitamin b-6 100 mg tablet gluten-free (rx)</i>	3	ADD
<i>sm vitamin c 1,000 mg tablet (rx)</i>	3	ADD
<i>sm vitamin c 1,000 mg tablet gluten-free (rx)</i>	3	ADD
<i>sm vitamin c 250 mg tablet (rx)</i>	3	ADD
<i>sm vitamin c 500 mg caplet caplet, gluten-free (rx)</i>	3	MO; ADD
<i>sm vitamin c with rose hips natural (rx)</i>	3	MO; ADD
<i>sm vitamin d3 1,000 unit tab gluten-free (rx)</i>	3	ADD
<i>sm vitamin d3 1,000 unit tab p/f (rx)</i>	3	ADD
<i>sm vitamin d3 2,000 unit sftgl softgel, gluten-free (rx)</i>	3	ADD
<i>sm vitamin d3 25 mcg tablet (rx)</i>	3	MO; ADD
<i>sm vitamin e 1,000 unit sftgel softgel (rx)</i>	3	ADD
<i>sm vitamin e 400 unit capsule (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm vitamin e 400 unit softgel sftgel,natural blend (rx)</i>	3	ADD
<i>sm vitamin e 400 unit softgel (rx)</i>	3	ADD
<i>sm vitamin e 400 unit softgel softgel,natural (rx)</i>	3	ADD
SM WOMEN'S ONE DAILY TABLET GLUTEN-FREE	3	ADD
SOLO TABLET	3	ADD
SOLUVITA-E 22.5 MG/ML DROP	3	ADD
<i>soothing pureway-c 500 mg tab</i>	3	ADD
<i>stress b with zinc tablet</i>	3	ADD
STRESS B-COMPLEX TABLET (RX)	3	MO; ADD
<i>stress formula tablet (rx)</i>	3	MO; ADD
<i>stress formula with iron tab</i>	3	ADD
<i>stress formula with iron tab</i>	3	MO; ADD
<i>stress formula with zinc tab (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
STRESS FORMULA WITH ZINC TAB (RX)	3	MO; ADD
STROVITE FORTE CAPLET	3	MO; ADD
STROVITE ONE CAPLET	3	MO; ADD
<i>sunvite tablet</i>	3	ADD
<i>super antioxidant capsule p/f (rx)</i>	3	ADD
<i>super antioxidant softgel sftgl,n,p/f</i>	3	ADD
<i>super b complex tablet (rx)</i>	3	MO; ADD
<i>super b complex tablet p/f (rx)</i>	3	MO; ADD
<i>super b complex-vit c caplet (rx)</i>	3	MO; ADD
<i>super b with vit c capsule (rx)</i>	3	ADD
SUPER DAILY D3 1,000 UNIT/DROP	3	MO; ADD
SUPER DAILY D3 2,000 UNIT/DROP	3	ADD
SUPER MULTIPLE-LOW IRON TABLET	3	ADD
<i>super thera vite m tablet (rx)</i>	3	MO; ADD
SV BIOTIN 1,000 MCG SOFTGEL	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sv biotin 5,000 mcg softgel softgel (rx)</i>	3	MO; ADD
<i>sv folic acid 800 mcg tablet (rx)</i>	3	MO; ADD
SV HAIR, SKIN AND NAILS CAPLET	3	ADD
<i>sv iron 65 mg tablet p/f, d/f (rx)</i>	3	ADD
SV SLOW RELEASE IRON 45 MG TAB (RX)	3	MO; ADD
<i>sv vit c-rose hip 1,000 mg tab p/f,gluten-free (rx)</i>	3	MO; ADD
<i>sv vit c-rose hips 1,000 mg tb p/f,gluten-free (rx)</i>	3	MO; ADD
<i>sv vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD
<i>sv vit c-rose hips 500 mg tab p/f, gluten free (rx)</i>	3	MO; ADD
<i>sv vitamin b-6 100 mg tablet (rx)</i>	3	MO; ADD
<i>sv vitamin d3 1,000 unit gummy (rx)</i>	3	ADD
<i>sv vitamin d3 1,000 unit sftgl (rx)</i>	3	ADD
<i>sv vitamin d3 1,000 unit sftgl softgel, p/f (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sv vitamin d3 2,000 unit sftgl softgel,gluten-f,p/f (rx)</i>	3	ADD
<i>sv vitamin d3 25 mcg(1000 unit) (rx)</i>	3	ADD
<i>sv vitamin d3 400 unit softgel softgel , p/f (rx)</i>	3	MO; ADD
<i>sv vitamin d3 5,000 unit sftgl softgel (rx)</i>	3	MO; ADD
<i>sv vitamin d3 5,000 unit sftgl softgel, p/f (rx)</i>	3	MO; ADD
<i>sv vitamin e 180 mg softgel (rx)</i>	3	MO; ADD
<i>sv vitamin e 200 unit softgel p/f, gluten-free (rx)</i>	3	ADD
<i>sv vitamin e 400 unit softgel p/f, gluten-free (rx)</i>	3	ADD
<i>sv vitamin e 450 mg softgel water soluble, p/f (rx)</i>	3	MO; ADD
<i>sv vitamin e 670 mg softgel p/f, gluten-free (rx)</i>	3	ADD
<i>tab-a-vite multivit with iron</i>	3	MO; ADD
TAB-A-VITE MULTIVIT WITH IRON	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TAB-A-VITE MULTIVIT WITH IRON	3	MO; ADD
<i>tab-a-vite tablet</i>	3	MO; ADD
<i>taron forte capsule</i>	3	MO; ADD
<i>thera m plus tablet</i>	3	MO; ADD
<i>thera tablet</i>	3	ADD
<i>thera-d 2000 tablet</i>	3	ADD
THERA-D 4000 TABLET	3	ADD
<i>thera-d rapid repletion tablet</i>	3	ADD
<i>thera-d sport 2,000 unit tab gluten-free</i>	3	ADD
THERAGRAN-M PREMIER 50+ CAPLET	3	ADD
<i>thera-m caplet (rx)</i>	3	ADD
<i>thera-m caplet caplet,u-d,10x10 (rx)</i>	3	ADD
<i>thera-m tablet w/beta carotene</i>	3	MO; ADD
THERAMILL FORTE CAPSULE	3	ADD
THERANATAL LACTATION COMBO PCK	3	ADD
<i>therapeutic-m caplet</i>	3	ADD
<i>therapeutic-m caplet p/f, caplet</i>	3	MO; ADD
<i>therapeutic-m 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>thera-tabs caplet</i>	3	MO; ADD
<i>thera-tabs m caplet</i>	3	ADD
<i>thera-tabs m caplet high potency</i>	3	ADD
<i>theratrum complete 50 plus tab</i>	3	ADD
<i>theratrum complete 50 plus tab</i>	3	ADD
<i>theratrum complete tablet mfg error (rx)</i>	3	MO; ADD
<i>theratrum complete tablet w/lutein, p/f (rx)</i>	3	MO; ADD
<i>therems multivitamin tablet</i>	3	MO; ADD
<i>therems-m tablet</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial 25's,mdv,outer</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial mdv, inner</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial mdv, outer</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial mdv,inner</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial mov</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial mov, inner</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial mov, outer</i>	3	MO; ADD
<i>tricon capsule</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRIFERIC 272 MG POWDER PACKET OUTER	3	ADD
<i>trigels-f forte softgel</i>	3	MO; ADD
<i>triphocaps softgel (rx)</i>	3	MO; ADD
TRI-VI-SOL DROPS	3	MO; ADD
TROPICAL LIQUID NUTRITION	3	ADD
ULTRA FREEDA TABLET	3	ADD
ULTRA FREEDA WITH IRON TABLET	3	ADD
VENOFER 100 MG/5 ML VIAL 25'S,SDV,P/F	3	MO; ADD
VENOFER 100 MG/5 ML VIAL OUTER, SUV, P/F	3	MO; ADD
VENOFER 100 MG/5 ML VIAL SUV,P/F, OUTER	3	MO; ADD
VENOFER 200 MG/10 ML VIAL SUV,P/F,OUTER	3	MO; ADD
VENOFER 50 MG/2.5 ML VIAL 10'S,SDV,P/F, OUTER	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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VENOFER 50 MG/2.5 ML VIAL 25'S,SUV,P/F	3	ADD
VENOFER 50 MG/2.5 ML VIAL SUV,P/F,OUTER	3	ADD
VIRT-CAPS SOFTGEL (RX)	3	MO; ADD
<i>virt-gard tablet</i>	3	MO; ADD
VISION FORMULA TABLET	3	ADD
VISION FORMULA WITH LUTEIN TAB	3	ADD
VISION PLUS LUTEIN VITAMIN TAB	3	ADD
<i>vit c-rose hips 1,000 mg cplt caplet,p/f (rx)</i>	3	MO; ADD
<i>vit c-rose hips 1,000 mg tab (rx)</i>	3	MO; ADD
<i>vit c-rose hips 500 mg tablet (rx)</i>	3	MO; ADD
<i>vit c-rose hips 500 mg tablet p/f (rx)</i>	3	MO; ADD
<i>vit c-rose hips 500 mg tablet with rose hips,p/f (rx)</i>	3	MO; ADD
<i>vit d3 125 mcg (5000 unit) tab</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VIT D3 5,000 UNIT FAST DISSOLV	3	MO; ADD
VITABEX PLUS CAPSULE	3	ADD
VITAFOL CAPLET	3	MO; ADD
<i>vitajoy daily d gummy</i>	3	MO; ADD
VITAL-D RX TABLET	3	MO; ADD
<i>vitalee tablet</i>	3	ADD
<i>vitalets tablet chewable child, orange (rx)</i>	3	ADD
<i>vitalets tablet chewable child, raspberry</i>	3	ADD
<i>vitalets tablet chewable child,unflavored</i>	3	ADD
VITAMIN A 10,000 UNIT SOFTGEL (RX)	3	ADD
VITAMIN A 10,000 UNIT SOFTGEL INNER (RX)	3	ADD
VITAMIN A 10,000 UNIT SOFTGEL OUTER (RX)	3	ADD
<i>vitamin a 10,000 unit softgel p/f,n,softgel (rx)</i>	3	MO; ADD
<i>vitamin a 3,000 mcg softgel (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin a 8,000 unit capsule (rx)</i>	3	MO; ADD
<i>vitamin a 8,000 unit softgel (rx)</i>	3	MO; ADD
VITAMIN A PALM 10,000 UNIT TAB	3	ADD
VITAMIN A PALM 15,000 UNIT TAB	3	ADD
<i>vitamin b complex-vit c caplet (rx)</i>	3	MO; ADD
<i>vitamin b complex-vitamin c tb (rx)</i>	3	MO; ADD
<i>vitamin b complex-vitamin c tb (rx)</i>	3	MO; ADD
<i>vitamin b-6 100 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin b-6 100 mg tablet (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet inner (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet outer (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet p/f (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet p/f,no lactose (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet p/f,no-lactose (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet y/f,gluten/f (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin b-6 50 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin b-6 50 mg tablet (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet inner (rx)</i>	3	MO; ADD
<i>vitamin b-6 50 mg tablet inner (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet outer (rx)</i>	3	MO; ADD
<i>vitamin b-6 50 mg tablet outer (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet p/f (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet p/f,s/f (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet y/f,gluten/f (rx)</i>	3	ADD
<i>vitamin b-complex & c p/f, caplet</i>	3	ADD
<i>vitamin b-complex & c caplet p/f,lactose free</i>	3	ADD
<i>vitamin b-complex & c caplet p/f,no lactose,cplt</i>	3	ADD
<i>vitamin c 1,000 mg caplet (rx)</i>	3	MO; ADD
<i>vitamin c 1,000 mg caplet (rx)</i>	3	ADD
<i>vitamin c 1,000 mg caplet n,caplet (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin c 1,000 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin c 1,000 mg tablet (rx)</i>	3	ADD
<i>vitamin c 1,000 mg tablet inner (rx)</i>	3	ADD
<i>vitamin c 1,000 mg tablet n, caplet (rx)</i>	3	MO; ADD
<i>vitamin c 1,000 mg tablet outer (rx)</i>	3	ADD
<i>vitamin c 1,000 mg tablet p/f (rx)</i>	3	ADD
<i>vitamin c 100 mg tablet (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin c 250 mg tablet (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet gluten-free (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet inner (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet outer (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet p/f (rx)</i>	3	ADD
<i>vitamin c 500 mg tablet (rx)</i>	3	ADD
<i>vitamin c 500 mg tablet (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin c 500 mg tablet 10x10, u-d (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet gluten-free (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet p/f (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet p/f, gluten-free (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet u-d (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet y/f, gluten/f (rx)</i>	3	MO; ADD
<i>vitamin c tr 1,000 mg tablet timed release (rx)</i>	3	ADD
<i>vitamin c-500 mg tablet p/f, gluten/f (rx)</i>	3	MO; ADD
<i>vitamin c-rose hip 1,000 mg tb (rx)</i>	3	MO; ADD
<i>vitamin d2 1.25 mg(50,000 unit)</i>	3	MO; ADD
<i>vitamin d2 1.25 mg(50,000 unit) capsule</i>	3	ADD
<i>vitamin d2 1.25 mg(50,000 unit) inner</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d2 1.25 mg(50,000 unit) outer</i>	3	MO; ADD
<i>vitamin d2 1.25 mg(50,000 unit) softgel</i>	3	MO; ADD
VITAMIN D2 2,000 UNIT TABLET	3	MO; ADD
<i>vitamin d2 400 unit tablet y/f,gluten/f (rx)</i>	3	MO; ADD
VITAMIN D2 50 MCG (2,000 UNIT)	3	MO; ADD
<i>vitamin d3 1,000 unit gummies (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit adult gummies</i>	3	MO; ADD
<i>vitamin d3 1,000 unit gluten-free, gummies (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit gummy (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit softgel p/f, n,sftgl (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel p/f,gluten-free (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 1,000 unit softgel p/f,gluten-free (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit softgel sftgl,p/f,no lactose (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit softgel softgel,p/f (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel softgel,p/f,n (rx)</i>	3	ADD
VITAMIN D3 1,000 UNIT SPRAY	3	ADD
<i>vitamin d3 1,000 unit tab chew grape flavor</i>	3	MO; ADD
<i>vitamin d3 1,000 unit tab chew p/f, gluten-free</i>	3	MO; ADD
<i>vitamin d3 1,000 unit tab chew p/f, peach vanilla</i>	3	MO; ADD
<i>vitamin d3 1,000 unit tablet (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 1,000 unit tablet (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit tablet gluten/f, d/f (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit tablet gluten-free (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit tablet p/f (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit tablet p/f, gluten-free (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit tablet p/f,gluten free (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit tablet u-d, 10x10 (rx)</i>	3	ADD
VITAMIN D3 1,000 UNIT/10 ML LQ	3	ADD
VITAMIN D3 1,250 MCG CAPSULE (RX)	3	MO; ADD
VITAMIN D3 10 MCG(400 UNIT)/ML (RX)	3	MO; ADD
<i>vitamin d3 10 mcg/ml liquid w/dropper (rx)</i>	3	MO; ADD
VITAMIN D3 10,000 UNIT CAPSULE (RX)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 10,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 10,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 10,000 unit softgel softgel,p/f (rx)</i>	3	MO; ADD
VITAMIN D3 10,000 UNIT TABLET	3	MO; ADD
<i>vitamin d3 125 mcg (5000 unit) (rx)</i>	3	MO; ADD
<i>vitamin d3 125 mcg capsule (rx)</i>	3	MO; ADD
VITAMIN D3 125 MCG/0.5 ML DROP	3	ADD
<i>vitamin d3 2,000 unit softgel</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit diet supp, softgel</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel inner</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel outer</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel p/f, color-free (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit p/f, softgel (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 2,000 unit softgel p/f,n,softgel</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel p/f,n,softgel (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel softgel, p/f (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel softgel, super str (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel soy-free,softgel (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel ultra-str,softgel (rx)</i>	3	ADD
VITAMIN D3 2,000 UNIT TAB CHEW	3	MO; ADD
<i>vitamin d3 2,000 unit tablet (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit tablet (rx)</i>	3	MO; ADD
<i>vitamin d3 2,000 unit tablet gluten-free (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit tablet inner (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 2,000 unit tablet outer (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit tablet outer,gluten-f (rx)</i>	3	MO; ADD
<i>vitamin d3 2,000 unit tablet p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 2,000 unit tablet p/f, gluten-free (rx)</i>	3	MO; ADD
<i>vitamin d3 2,000 unit tablet super strength (rx)</i>	3	MO; ADD
<i>vitamin d3 2,000 unit tablet w/ calcium carbonate (rx)</i>	3	MO; ADD
<i>vitamin d3 25 mcg (1,000 unit) (rx)</i>	3	ADD
<i>vitamin d3 25 mcg softgel (rx)</i>	3	ADD
<i>vitamin d3 25 mcg tablet (rx)</i>	3	MO; ADD
<i>vitamin d3 25 mcg tablet (rx)</i>	3	ADD
<i>vitamin d3 25 mcg tablet bonus 10 tb,max str (rx)</i>	3	MO; ADD
<i>vitamin d3 25 mcg tablet p/f, ex-strength (rx)</i>	3	ADD
<i>vitamin d3 25 mcg tablet y/f,p/f (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN D3 250 MCG TABLET	3	MO; ADD
VITAMIN D3 3,000 UNIT TABLET	3	MO; ADD
<i>vitamin d3 400 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 400 unit softgel p/f,n,softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit softgel softgel,p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit tab chew (rx)</i>	3	ADD
<i>vitamin d3 400 unit tab chew orange, p/f (rx)</i>	3	ADD
<i>vitamin d3 400 unit tab chew vanilla</i>	3	MO; ADD
<i>vitamin d3 400 unit tablet</i>	3	ADD
<i>vitamin d3 400 unit tablet (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit tablet gluten free</i>	3	ADD
<i>vitamin d3 400 unit tablet gluten-free (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 400 unit tablet inner</i>	3	ADD
<i>vitamin d3 400 unit tablet n,p/f,d/f (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit tablet outer</i>	3	ADD
<i>vitamin d3 400 unit tablet outer,gluten/f,s/f</i>	3	ADD
<i>vitamin d3 400 unit tablet p/f (rx)</i>	3	MO; ADD
VITAMIN D3 400 UNIT/5 ML LIQ	3	ADD
<i>vitamin d3 400 unit/ml liquid (rx)</i>	3	MO; ADD
VITAMIN D3 400 UNIT/ML LIQUID (RX)	3	MO; ADD
<i>vitamin d3 400 unit/ml liquid supplement drop (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit capsule (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit capsule gluten-free (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit capsule p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit capsule veggie caps (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 5,000 unit softgel inner (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel outer (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel p/f, softgel, glut-f (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel softgel, no lactose (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit tablet</i>	3	MO; ADD
<i>vitamin d3 5,000 unit tablet inner</i>	3	MO; ADD
<i>vitamin d3 5,000 unit tablet outer</i>	3	MO; ADD
<i>vitamin d3 5,000 unit tablet p/f (rx)</i>	3	ADD
<i>vitamin d3 5,000 unit tablet p/f, gluten-free</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 5,000 unit tablet y/f, gluten/f</i>	3	MO; ADD
<i>vitamin d3 5,000 unit/ml drops p/f, yeast-free</i>	3	MO; ADD
<i>vitamin d3 5,000 unit/ml drops p/f, gluten-free</i>	3	MO; ADD
<i>vitamin d3 50 mcg (2,000 unit)</i>	3	MO; ADD
<i>vitamin d3 50 mcg softgel</i>	3	MO; ADD
<i>vitamin d3 50 mcg tablet (rx)</i>	3	ADD
<i>vitamin d3 50,000 unit capsule (rx)</i>	3	MO; ADD
VITAMIN D3 50,000 UNIT CAPSULE (RX)	3	MO; ADD
VITAMIN D3 COMPLETE CAPLET	3	ADD
<i>vitamin d-400 tablet easy to swallow (rx)</i>	3	MO; ADD
<i>vitamin e 1,000 unit capsule (rx)</i>	3	ADD
<i>vitamin e 1,000 unit p/f, blend, softgel (rx)</i>	3	ADD
<i>vitamin e 1,000 unit softgel p/f, gluten-f, sftgel (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN E 1,000 UNIT SOFTGEL P/F,SOFTGEL (RX)	3	ADD
<i>vitamin e 1,000 unit softgel softgel, finest (rx)</i>	3	ADD
<i>vitamin e 1,000 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin e 100 unit softgel (rx)</i>	3	MO; ADD
VITAMIN E 100 UNIT TABLET	3	ADD
VITAMIN E 100 UNIT TABLET Y/F, GLUTEN/F (RX)	3	ADD
<i>vitamin e 15 unit/0.3 ml drop</i>	3	MO; ADD
VITAMIN E 15 UNIT/0.3 ML DROP	3	MO; ADD
<i>vitamin e 180 mg softgel (rx)</i>	3	MO; ADD
<i>vitamin e 180 mg(400 unit) sfgl (rx)</i>	3	MO; ADD
<i>vitamin e 180 mg(400 unit) sfgl inner (rx)</i>	3	MO; ADD
<i>vitamin e 180 mg(400 unit) sfgl outer (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin e 200 unit softgel</i>	3	MO; ADD
<i>vitamin e 200 unit softgel p/f, gluten-f, sftgel (rx)</i>	3	ADD
<i>vitamin e 200 unit softgel p/f, no lactose (rx)</i>	3	ADD
<i>vitamin e 268 mg softgel (rx)</i>	3	ADD
<i>vitamin e 400 unit capsule (rx)</i>	3	ADD
<i>vitamin e 400 unit capsule (rx)</i>	3	ADD
<i>vitamin e 400 unit capsule p/f, sf, gluten-free (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit capsule softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit capsule synthetic (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit mixed sftgl softgel, p/f, s/f (rx)</i>	3	ADD
<i>vitamin e 400 unit softgel (rx)</i>	3	ADD
<i>vitamin e 400 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit softgel economy size (rx)</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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin e 400 unit softgel p/f,softgel (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit softgel p/f,softgel (rx)</i>	3	ADD
<i>vitamin e 400 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit softgel softgel,100% natural (rx)</i>	3	ADD
<i>vitamin e 400 unit softgel softgel,n,p/f (rx)</i>	3	ADD
<i>vitamin e 400 unit softgel softgel,p/f,n (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit softgel softgel,s/f,p/f (rx)</i>	3	ADD
<i>vitamin e 400 unit softgel water dispersible (rx)</i>	3	ADD
<i>vitamin e 45 mg softgel (rx)</i>	3	MO; ADD
<i>vitamin e 450 mg softgel (rx)</i>	3	MO; ADD
VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin e 90 mg softgel</i>	3	MO; ADD
VITAMIN E NATURAL OIL DROPS	3	ADD
VITAMIN E OIL DROPS	3	ADD
VITAMIN E OIL DROPS	3	ADD
<i>vitamin e-200 200 unit softgel inner</i>	3	MO; ADD
<i>vitamin e-200 200 unit softgel outer</i>	3	MO; ADD
VITAMINS A-D-E TABLET	3	ADD
<i>vitatrum tablet</i>	3	ADD
VITREXYL CAPLET	3	ADD
VITREXYL PLUS IRON CAPLET	3	ADD
VITRUM 50 PLUS SENIOR TABLET	3	ADD
<i>vitrum senior tablet f/f,p/f (rx)</i>	3	ADD
<i>vp-vite rx tablet</i>	3	MO; ADD
<i>wee care 15 mg/1.25 ml susp</i>	3	MO; ADD
WEEKLY-D 1,250 MCG SOFTGEL	3	MO; ADD
<i>wescap-pn dha</i>	1	
<i>westab mini 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).

This drug list was last updated on 11/18/2022.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>westab one tablet</i>	3	MO; ADD
WOMEN 50 PLUS MULTIVIT ADV TAB	3	ADD
WOMEN MULTIVIT W-BIOTIN GUMMY	3	ADD
WOMEN'S 50 PLUS DAILY FORMULA (RX)	3	ADD
<i>women's daily formula caplet</i>	3	ADD
WOMEN'S DAILY FORMULA CAPLET (RX)	3	ADD
WOMEN'S DAILY FORMULA TABLET	3	ADD
WOMEN'S DAILY PACK	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F	3	ADD
WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F,N,FRUIT	3	ADD
WOMEN'S MULTIVITAMIN TABLET	3	ADD
<i>yelets tablet</i>	3	ADD
<i>zinc 15 mg lozenges</i>	3	ADD
ZINC LOZENGES	3	ADD
ZOO FRIENDS TABLET CHEWABLE (RX)	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).

This drug list was last updated on 11/18/2022.

Index

1			
12 hour decongestant.....	147		
12 hour nasal decongest (pse)			
.....	147		
12 hour nasal spray.....	97		
2			
24hr allergy relief.....	147		
3			
3-day vaginal.....	136, 137		
4			
4 way.....	95		
5			
50 PLUS ADULT EYE			
HEALTH.....	202		
8			
8 hour pain reliever.....	34, 44		
8hr muscle aches-pain.....	34		
A			
a thru z.....	202		
a thru z advanced formula..	202		
a thru z high potency.....	202		
A THRU Z MEN'S			
ULTIMATE.....	202		
a thru z select.....	202		
A THRU Z SELECT.....	202		
a thru z select 50plus formula			
.....	202		
a thru z select women's.....	202		
a-25 (vit a palmitate).....	202		
abacavir.....	2		
abacavir-lamivudine.....	2		
ABATINEX.....	193		
ABC COMPLETE SENIOR			
WOMEN'S.....	202		
abc plus.....	202		
ABELCET.....	2		
ABILIFY MAINTENA.....	46		
abiraterone.....	12		
ABRAXANE.....	12		
acamprosate.....	82		
acarbose.....	99		
accutane.....	71		
acebutolol.....	53		
acetaminophen.....	34, 35, 43		
ACETAMINOPHEN.....	35		
ACETAMINOPHEN (BULK)			
.....	35		
acetaminophen-caff-			
dihydrocod.....	32		
acetaminophen-codeine.....	32		
acetazolamide.....	146		
acetazolamide sodium.....	146		
acetic acid.....	82, 98		
acetylcysteine.....	79, 169		
acid controller.....	121, 124		
acid gone antacid.....	109		
acid gone antacid e.strength	109		
acid reducer (cimetidine)....	124		
acid reducer (famotidine) ..	121,		
122, 124			
acid reducer (omeprazole) ..	122		
acidophilus.....	193		
ACIDOPHILUS EX STR (L.			
SPOROG).....	106		
acidophilus-pectin.....	106		
ACIDOPHILUS-PECTIN,			
CITRUS.....	106		
acitretin.....	62		
acne medication.....	71		
ACNE MEDICATION.....	71		
ACTEMRA.....	133		
ACTEMRA ACTPEN.....	133		
ACTHIB (PF).....	126		
actical.....	203		
ACTIMMUNE.....	125		
ACTIVE FE.....	203		
acyclovir.....	2, 76		
acyclovir sodium.....	2		
ADACEL(TDAP			
ADOLESN/ADULT)(PF)			
.....	126		
adapalene.....	71		
ADBRY.....	63		
ADCETRIS.....	12		
adefovir.....	2		
ADEMPAS.....	169		
adenosine.....	52		
adrenalin.....	147		
ADULT 50 PLUS EYE			
HEALTH.....	209		
adult aspirin regimen.....	35		
ADULT MULTIVITAMIN			
GUMMIES.....	203		
ADULT ONE DAILY			
GUMMIES.....	203		
adult tussin chest congestion			
.....	156, 157, 168		
adult tussin cough congest dm			
.....	157		
adult tussin dm.....	157		
adult tussin multi-symp cold			
.....	157		
adults 50 plus.....	203		
ADULTS' DAILY FORMULA			
.....	203		
ADULTS MULTIVITAMIN			
.....	203		
ADVAIR DISKUS.....	169		
ADVAIR HFA.....	169		
advanced antacid-antigas...113,			
119			
ADVANCED MULTI EA..	203		
AEROCHAMBER MINI ...	127		
AEROCHAMBER MV.....	127		
AEROCHAMBER PLUS			
FLOW-VU.....	127		
AEROCHAMBER PLUS			
FLOW-VU,L MSK.....	127		
AEROCHAMBER PLUS			
FLOW-VU,M MSK.....	127		
AEROCHAMBER PLUS			
FLOW-VU,S MSK.....	127		
AEROCHAMBER PLUS Z			
STAT.....	128		
AEROCHAMBER PLUS Z			
STAT LG MSK.....	127		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

AEROCHAMBER PLUS Z STAT MD MSK.....	128	ALEVAZOL.....	74	allergy relief,nasal decongest	148, 158
AEROCHAMBER PLUS Z STAT SM MSK	128	alfuzosin	174	allergy relief-d (cetirizine)..	148
AEROCHAMBER Z-STAT PLUS-FLW SG	127	ALIMTA	13	ALLERGY SINUS HEADACHE (PE).....	165
AEROVENT PLUS.....	128	ALIQOPA	13	allergy-congest relief-d(fexo)	148
AFINITOR	13	aliskiren	53	allergy-time.....	148
AFINITOR DISPERZ	13	ALIVE WOMEN'S 50 PLUS (BLEND).....	203	ALL-NITE COLD-FLU	148
AFTERA	137	ALIVE WOMEN'S 50 PLUS ULTRA.....	203	allopurinol.....	132
AIMOVIG AUTOINJECTOR	29	ALIVE WOMEN'S ENERGY	203	allopurinol sodium.....	132
AIMSCO LATEX CONDOM	128	ALIVE WOMEN'S GUMMY VITAMIN.....	204	almacone-2	109
AIRBORNE (ASCORBATE SODIUM).....	203	all day allergy (cetirizine)..	147, 150, 155, 165, 166	aloprim.....	132
AIRBORNE (LYSINE HCL)	193, 194	all day allergy-d..	147, 155, 166	alosetron	109
AIRBORNE (WITH LYSINE ACETATE)	203	all day pain relief.....	35	alpha lipoic acid.....	82
AIRSHIELD IMMUNE	195	all day relief.....	35	ALPHA LIPOIC ACID	82, 89
AIRZONE PEAK FLOW METER	128	aller-chlor	147	ALPHAGAN P	146
AJOVY AUTOINJECTOR..	29	aller-ease.....	155	alprostadil	175
AJOVY SYRINGE	29	aller-g-time	147	ALREX.....	146
ak-poly-bac.....	141	allergy (chlorpheniramine)	147, 166	altamist	95
ala-cort.....	76	allergy (diphenhydramine)	147, 158	altavera (28).....	137
ALAHIST CF	147	allergy and congestion relief	148, 158	aluminum hydroxide gel.....	109
ALAHIST D.....	147	allergy complete-d.....	157	alum-mag hydroxide-simeth	109
ALAHIST DM	147	allergy multi-symptom	147, 165	ALUNBRIG	13
ala-hist ir.....	147	allergy relief (cetirizine)....	148, 157, 166	ALVESCO.....	170
ALAHIST PE	147	allergy relief (fexofenadine)	148	alyacen 1/35 (28).....	138
alaway.....	142	ALLERGY RELIEF (FLUTICASONE) .	170, 172, 173	alyacen 7/7/7 (28).....	138
albendazole.....	7	allergy relief (loratadine)...	147, 148, 155	alyq	170
albumin, human 25 %.....	175	allergy relief d12	148	amabelz.....	135
alburx (human) 25 %.....	175	allergy relief d-24hr.....	148	amantadine hcl.....	2
alburx (human) 5 %.....	175	allergy relief(chlorpheniramn)	148, 155, 158	AMBISOME.....	2
albutein 25 %.....	175	allergy relief(diphenhydramin)	148, 155, 158, 166	ambrisentan.....	170
albutein 5 %.....	175			AMERICERIN	63
albuterol sulfate	169			amethyst (28).....	138
alclometasone	76			amikacin	7
ALCOHOL PADS.....	99			amiloride.....	53
ALDURAZYME	104			amiloride-hydrochlorothiazide	53
ALECENSA	13			aminocaproic acid.....	56
alendronate	133			amiodarone	52
				amitriptyline	46
				amlodipine	53
				amlodipine-atorvastatin	58
				amlodipine-benazepril	53

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

amlodipine-olmesartan	53	antifungal cream (miconazole)	74	arthritis pain relief (acetam) 35,
amlodipine-valsartan	53	.....	74	36, 39, 40, 43, 44
amlodipine-valsartan-hcthiazid	53	anti-itch (hc)	77	ARTHRITIS PAIN
.....	53	anti-itch(diphenhyd) with zinc	63, 69, 70	RELIEF(CAPSAIC)
ammonium lactate	63	.....	63, 69, 70	64
amnestem	71	antioxidant a/c/e/selenium ..	237	artificial tears (petro/min) ...
amoxapine	46	ANTIOXIDANT		142
amoxicillin	10	A/C/E/SELENIUM	204	artificial tears (polyvin alc) 142
amoxicillin-pot clavulanate ..	10	ANTIOXIDANT FORMULA		artificial tears(pvalch-povid)
amphotericin b	2	(SELENIUM)	204	.....
ampicillin	10	apatate forte	204	ARZERRA
ampicillin sodium	10	APETIGEN PLUS	204	13
ampicillin-sulbactam	10	apraclonidine	147	ascorbic acid (vitamin c) ...
anagrelide	83	aprepitant	109	204,
anastrozole	13	APRETUDE	2	211, 241, 242
ANDRODERM	104	apri	138	asenapine maleate
animal chews	204	aprodine	148	46
antacid	109, 117, 119	APTIOM	25	ASMANEX HFA
antacid (calcium carbonate)	175, 176, 183, 190	APTIVUS	2	170
antacid anti-gas	109, 113	AQUA-E CONCENTRATE	204	ASMANEX TWISTHALER
antacid anti-gas (ca carb-sim)	109	.....	204	.....
ANTACID CALCIUM	190	AQUANAZ	148	170
antacid exst (mag carb-al hyd)	109	aquaphilic	64	ASPARLAS
antacid ext str (calcium carb)	176, 183	AQUAPHOR	64	13
antacid extra-strength .	176, 190	AQUAPHOR HEALING	64	aspirin
antacid plus anti-gas ...	109, 113	aranelle (28)	138	36, 39, 40, 43, 44
antacid regular strength	109	ARBEM H-COSMETIC	64	aspirin-dipyridamole
antacid ultra strength	176	ARBEM LIOPEN	64	56
antacid-antigas	109, 113, 117	ARCALYST	125	ASTHMA CHECK METER
ANTACID-ANTIGAS	109	arformoterol	170	.....
antacid-simethicone	113	arginine (l-arginine)	194	128
antibiotic (bacitracin zinc) ..	73	ARGININE (L-ARGININE)	194, 199, 202	ASTHMAPACK
antibiotic plus (pramoxine) ..	73	(BULK)	194, 199	CHILDREN'S
anti-dandruff	62	ARGININE HCL (L-	199, 201	128
anti-diarrheal (loperamide) 106,	107, 108	ARGININE)	199, 201	atazanavir
ANTI-DIARRHEAL		ARIKAYCE	7	2
(LOPERAMIDE)	107	aripiprazole	46	atenolol
anti-fungal	74	ARISTADA	46	53
antifungal (clotrimazole) 74, 76		ARISTADA INITIO	46	atenolol-chlorthalidone
antifungal (tolnaftate)	74, 76	armodafinil	46	53
		ARNUITY ELLIPTA	170	athlete's foot
		ARRANON	13	74
		arsenic trioxide	13	athlete's foot (clotrimazole) ..
				75
				athlete's foot (terbinafine)
				76
				ATHLETE'S FOOT
				(TERBINAFINE)
				74
				athlete's foot (tolnaftate) .
				74, 75
				atomoxetine
				46
				atorvastatin
				58
				atovaquone
				7
				atovaquone-proguanil
				7
				atropine
				107, 142
				ATROVENT HFA
				170
				AUBAGIO
				30
				aubra
				138
				aubra eq
				138
				aviane
				138
				avita
				71
				AVONEX
				125
				AYR ALLERGY AND SINUS
				
				95

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

ayr saline	95	banophen anti-itch	64	benzoin	70
AYR SALINE	95	BAQSIMI	99	benzoin (bulk).....	64
AYR SALINE GEL	95	BARACLUDE.....	2	benzoin compound.....	64
AYYAKIT.....	13	BARIATRIC		benzonatate	148, 149
AZ.....	64	MULTIVITAMINS.....	204	benzoyl peroxide	71, 72
azacitidine.....	13	BASE 7542.....	64	benztropine	29
AZASITE	141	BAVENCIO	13	BENZYL ALCOHOL (BULK)	
azathioprine	13	baza antifungal	74	.....	83
azathioprine sodium	13	BCG VACCINE, LIVE (PF)		BENZYL BENZOATE	
azelaic acid	71	.....	126	(BULK).....	83
azelastine	95, 142	B-COMPLEX PLUS VIT C		bepotastine besilate.....	142
azithromycin.....	6, 7	(CALCIUM).....	204, 221	BEROCCA (FA-GUARANA-	
AZO COMPLETE FEMININE		b-complex with vitamin c..	204,	CAFF).....	205
BALANCE	107	209, 232, 235, 241		BESIVANCE.....	141
AZO HORMONAL HEALTH		BD AUTOSHIELD DUO PEN		BESPONSA.....	13
CYCLE CARE	204	NEEDLE	99	BESREMI.....	125
AZO HORMONAL HLTH		BD INSULIN SYRINGE		beta care.....	64
HAPPY CYCLE.....	204	(HALF UNIT)	99	beta carotene	205, 209
aztreonam	7	BD INSULIN SYRINGE U-		BETA XMA	64
azurette (28).....	138	500	99	BETADINE	73
B		BD INSULIN SYRINGE		BETADINE SURGICAL	
b complex 100	204	ULTRA-FINE	99	SCRUB.....	73
B COMPLEX PLUS		BD NANO 2ND GEN PEN		BETADINE SWABSTICKS	73
VITAMIN C.....	204	NEEDLE	128	betaine.....	109
B COMPLEX W-VIT C.....	204	BD ULTRA-FINE MICRO		betamethasone dipropionate .	76
b complex-vitamin c-folic acid		PEN NEEDLE.....	128	betamethasone valerate.....	76
.....	204, 210, 216, 223, 235,	BD ULTRA-FINE MINI PEN		betamethasone, augmented...76	
237, 241		NEEDLE	128	BETASERON.....	125
B COMPLEX-VITAMIN C-		BD ULTRA-FINE NANO		betaxolol	53, 141
FOLIC ACID.....	205	PEN NEEDLE.....	128	bethanechol chloride.....	175
baby ayr saline.....	95	BD ULTRA-FINE SHORT		bexarotene.....	13
BABY DDROPS	204	PEN NEEDLE.....	128	BEXSERO	126
BABY VITAMIN D3.....	204	BD VEO INSULIN SYR		bicalutamide	13
BABY'S SUPER DAILY D3		(HALF UNIT)	128	BICILLIN C-R	10
.....	204	BD VEO INSULIN SYRINGE		BICILLIN L-A	10
bacitracin	7, 72, 141	UF	128	BIDIL	53
bacitracin zinc	72, 73	BELBUCA	32	BIKTARVY	3
bacitracin-polymyxin b	141	BELEODAQ	13	BIO-35, GLUTEN FREE ...	205
baclofen	31	benazepril	53	BIOCAL	205
BACMIN.....	204	benazepril-hydrochlorothiazide		BIO-D-MULSION	205
BAFIERTAM.....	30	.....	53	BIO-D-MULSION FORTE	205
balanced salt	142	BENDEKA.....	13	BIO-K PLUS	107
balsalazide	109	BENLYSTA	133	biotect plus.....	194
BALVERSA.....	13	BENZEDREX	95	biotin..	205, 209, 221, 223, 233,
banophen	148	BENZNIDAZOLE	7	235, 237	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

BIOTIN	205, 209, 237	buprenorphine-naloxone.	36, 37	CALCIUM 600-D3 PLUS	
BIOTIN (BULK).....	205, 213	bupropion hcl.....	46, 47	(MAG-ZINC)	206
bisacodyl.....	109	bupropion hcl (smoking deter)		calcium acetate(phosphat bind)	
bismatrol.....	107	.....	90	.....	179
bismuth subsalicylate	107	buspirone	47	calcium antacid ...	179, 183, 190
bisoprolol fumarate	53	busulfan	14	calcium carbonate	176, 177,
bisoprolol-hydrochlorothiazide		butenafine	74	179, 180, 182, 183, 187, 191	
.....	53	butorphanol.....	37	CALCIUM CARBONATE	
BLENREP	13	BYDUREON BCISE	99	.....	179, 180
bleomycin	13	BYETTA	99, 100	calcium carbonate-vit d3-min	
BLEPHAMIDE S.O.P.....	142	BYSTOLIC	53	.....	206, 223, 232
BLINCYTO.....	13	C		calcium carbonate-vitamin d3	
BODY, HAIR, SKIN AND		c-1000	206	.....	176, 177, 178, 179, 182,
NAILS	205	c-1000 with rose hips	206	183, 184, 190, 191	
BOOST BREEZE		c-500	206	CALCIUM CARBONATE-	
NUTRITIONAL.....	194	CABENUVA.....	3	VITAMIN D3	176, 177, 178,
BOOSTRIX TDAP	126	cabergoline	104	179, 181, 184, 186, 191	
bortezomib.....	13	CABLIVI.....	56	calcium chloride	180
BORTEZOMIB	13	CABOMETYX.....	14	calcium citrate	180
bosentan.....	170	ca-d3-mag ox-zinc-cop-mang-		CALCIUM CITRATE	181
BOSULIF	13	bor.....	206, 215, 221, 235	calcium citrate + d	180
BOTOX.....	126	CA-D3-MAG OX-ZINC-COP-		calcium citrate-vitamin d3 .	180,
bpo	72	MANG-BOR	206, 209	181, 182, 183, 190	
BRAFTOVI.....	14	CAFFEINE (BULK)	83	CALCIUM CITRATE-	
BREO ELLIPTA	170	caffeine citrate	83	VITAMIN D3	180, 181, 182,
BREZTRI AEROSPHERE	170	calcidol	206	183, 184, 191	
BRILINTA	56	calcipotriene	62	calcium gluconate	181
brimonidine	147	calcipotriene-betamethasone	62	CALCIUM LACTATE	181
brimonidine-timolol	146	calcitonin (salmon)	104	CALCIUM PHOSPHATE-	
BRIVIACT	25	CAL-CITRATE.....	176	VITAMIN D3	206
bromfenac.....	145	calcitriol.....	62, 104	calcium with vitamin d	178
bromocriptine	29	calcium 500 + d .	176, 177, 184,	calcium-folic acid-vitamin d	
brompheniramine-pseudoeph-		191		.....	206
dm.....	149	calcium 500 with d	177, 183,	cal-gest antacid	181
BROMSITE.....	145	191		callus removers	63
BRONKAID DUAL ACTION		calcium 600	177, 190	CAL-MINT.....	181
.....	149	calcium 600 + d(3)	178, 179,	CALQUENCE	14
brotapp dm.....	149	184, 190, 191		CALQUENCE	
BRUKINSA	14	calcium 600 + minerals	233	(ACALABRUTINIB MAL)	
bss.....	142	calcium 600 with vitamin d3		.....	14
budesonide.....	109, 170	.....	178, 184	CAL-QUICK	181
bumetanide	53	CALCIUM 600 WITH		CALTRATE + D3 PLUS	
buprenorphine hcl.....	32	VITAMIN D3	179	MINERALS.....	206
buprenorphine transdermal		calcium 600-d3 plus (mag-		CALTRATE 600 PLUS D..	181
patch	32	zinc).....	209		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

CALTRATE 600-D PLUS		
MINERALS	206	
CALTRATE WITH VITAMIN		
D3	181	
camila	135	
camrese	138	
candesartan	53	
candesartan-hydrochlorothiazid		
.....	53	
CAPCOF	149	
CAPLYTA	47	
CAPMIST DM	149	
CAPRELSA	14	
CAPRON DM	149	
CAPRON DMT	149	
capsaicin	64	
CAPSAICIN	64	
captopril	53	
captopril-hydrochlorothiazide		
.....	53	
CARBAGLU	83	
carbamazepine	25	
carbidopa	29	
carbidopa-levodopa	29	
carbidopa-levodopa-		
entacapone	29	
carbocaine (pf)	64	
carboplatin	14	
cardioplegic soln	61	
carglumic acid	83	
carmustine	14	
CARRINGTON MOIST		
BARRIER-ZINC	64	
CARRINGTON MOISTURE		
BARRIER CR	64	
carteolol	141	
cartia xt	53	
carvedilol	53	
caspofungin	2	
CASTELLANI PAINT		
MODIFIED	64	
castor oil	109, 110, 111, 113,	
117, 119		
cataflam	37	
CAYSTON	7	
cefaclor	5	
cefadroxil	5	
cefazolin	5	
cefazolin in dextrose (iso-os) .	5	
cefdinir	5	
cefepime	6	
cefepime in dextrose,iso-osm .	6	
cefixime	6	
cefoxitin	6	
cefoxitin in dextrose, iso-osm	6	
cefpodoxime	6	
cefprozil	6	
ceftazidime	6	
ceftriaxone	6	
ceftriaxone in dextrose,iso-os.	6	
cefuroxime axetil	6	
cefuroxime sodium	6	
celecoxib	37	
CELONTIN	25	
centamin	206	
CENTRAL-VITE	233	
CENTRAL-VITE WOMEN'S		
MATURE	233	
CENTRAM-CARE	206	
centratex	206	
centravites	206	
centravites 50 plus	206	
CENTRAVITES ADULTS	206	
CENTRUM	207	
CENTRUM ADULT 50		
FRESH-FRUITY	206	
CENTRUM CHEWABLES		
.....	206	
CENTRUM COMPLETE ..	206	
CENTRUM KIDS (VIT D3,		
VIT K)	207	
CENTRUM MEN	207	
CENTRUM SILVER	207	
CENTRUM SILVER MEN	207	
CENTRUM SILVER ULTRA		
MEN'S	207	
CENTRUM SILVER		
WOMEN	207	
CENTRUM SPECIALIST		
HEART	207	
CENTRUM ULTRA MEN'S		
.....	207	
centrum women	207	
century	207, 221	
century mature	216, 221	
CENTURY MATURE	216	
CENTURY MEN'S	216	
cephalexin	6	
CEPROTIN (BLUE BAR) ...	56	
CEPROTIN (GREEN BAR)	56	
CERALYTE-70	181	
CERASPORT	182	
CERASPORT EX1	181	
CERAVE	64	
CERAVE HEALING	64	
CERAVE SA (WITH		
NIACINAMIDE)	65	
CERDELGA	104	
CEREZYME	104	
cerovite jr	207	
cerovite senior	207	
certa plus	207	
certavite senior	207	
certavite-antioxidant	207	
CERTAVITE-		
ANTIOXIDANT	207	
CETAPHIL	65	
cetaphil moisturizing	65	
CETAPHIL MOISTURIZING		
.....	65	
cetirizine	149	
cetirizine-pseudoephedrine	149,	
150		
cevimeline	83	
CHANTIX	90	
CHANTIX CONTINUING		
MONTH BOX	90	
CHANTIX STARTING		
MONTH BOX	91	
CHEMET	83	
CHEMSTRIP 10 MD	100	
CHEMSTRIP 50B	100	
CHEMSTRIP 7	100	
CHENODAL	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](https://www.caresource.com/MyCare).

This drug list was last updated on 11/18/2022.

chest congestion relief..... 150, 158, 167	children's allergy (diphenhyd) 150, 152, 155, 158, 165	CHILDREN'S MUCINEX MULTI-SYMP .....151, 152
CHEST CONGESTION RELIEF 150	children's allergy relief(lor) 150, 167	CHILDREN'S MULTI-VIT GUMMIES .....208
chest congestion relief dm. 150, 158, 167	children's allergy(cetirizine) 165	children's multivitamin .....208
chest congestion relief pe ... 167	children's aspirin..... 44	CHILDREN'S MULTIVITAMIN ..208, 215
chest congestion-cough relief 150	children's cetirizine..... 150, 158	children's pain relief .....44
chest-sinus congestion relief 150	CHILDREN'S CETIRIZINE 150	children's pain-fever relief...37, 39, 40, 44
child allergy relf(cetirizine) 150	children's chew multivitamin 208	childrens plus multi-symp cold 152
CHILD CHEWABLE VITAMN COMPLETE..209	CHILDREN'S CHEW MULTIVIT-IRON.....208	children's saline nasal spray..95
CHILD COMPLETE MULTIVITAMIN.....215	CHILDREN'S CHEWABLE COMPLETE.....208, 221	children's silfedrine..... 152
CHILD DELSYM COUGH PLUS DY-NT..... 150	children's chewable multivitmn.....207, 208	child's all day allergy(cetir) 150, 155, 158, 167
CHILD DELSYM COUGH- SORE THROAT 152	children's chewable vitamin208	CHILD'S CHEWABLE VITAMINS/IRON.....208
child mucinex freefrom day cgh..... 151	CHILDREN'S CHEWABLE VITAMIN.....208	CHILD'S MUCUS RELIEF M- S COLD .....151, 155
CHILD MUCINEX FREEFROM DY COLD 151	children's chewables...208, 221	CHILD'S OMEGA-3 DHA MULTIVITAM .....208
CHILD MUCINEX FREEFROM MS D-N.... 151	children's chewables extra c.....208, 221	childs triacting cold-cough .152
CHILD MUCINEX M-S COLD DAY-NTE 151	children's cold and cough (pe) 151, 155, 158	CHLO HIST 152
child mucinex stuffy nose spry.....95	children's cold-allergy (pe) 151, 158	CHLO TUSS 152
CHILD MUCINEX STUFFY NOSE-CHST..... 151	CHILDREN'S COUGH DM ER..... 150, 155	chloramphenicol sod succinate.....7
child mucus relief cough ... 151, 155, 158	CHILDREN'S DAYCLEAR ALLERGY 150	chlorhexidine gluconate.....95
CHILD MULTIVITAMIN PLUS IRON .....207	CHILDREN'S DELSYM COUGH..... 150	CHLOROCAPS.....194
CHILD TRIAMINIC MS FEVER-COLD 151	children's diphenhydramine 150, 151	chloroprocaine (pf) .....65
CHILDREN MULTIVITAMIN .....208	CHILDREN'S FLONASE ALLERGY RLF 171	chloroquine phosphate.....7
children's acetaminophen ....37, 38, 40	children's ibuprofen .37, 38, 39, 40, 43	chlorothiazide sodium .....54
CHILDREN'S ACETAMINOPHEN .....37	CHILDREN'S LORATADINE 151	chlorpheniramine maleate ..152
children's alaway 142	children's mapap .....38	chlorpromazine .....47
	children's mucinex cough ... 151	chlorthalidone .....54
		chocolate laxative .....109
		CHOLBAM .....109, 110
		cholecalciferol (vitamin d3) .....210, 211, 216, 221, 222, 234, 236, 237, 238, 240, 243, 244, 245, 246, 247
		CHOLECALCIFEROL (VITAMIN D3) .....204, 210, 213, 231, 240, 243, 244, 245, 246, 247

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

CHOLESTEROL (BULK) .194	clarithromycin .....7	clotrimazole .....2, 75, 136, 137
cholestyramine (with sugar) .58	clearlax 110, 113, 119	clotrimazole-3 .....136
cholestyramine light .....58	CLEOCIN .....136	clotrimazole-betamethasone .75
CHROMAGEN(SUMALATE- QUATREFOLI) .....208	CLEVER CHOICE CHAMBER-LRG MASK.....128	clozapine .....47
CIBINQO .....65	CLEVER CHOICE CHAMBER-MED MASK.....128	co q-10 .....79, 80, 81, 82
ciclodan .....74	CLEVER CHOICE CHAMBER-SM MASK.128	CO Q-10 .....80, 82
ciclopirox .....74, 75	CLEVER CHOICE PEAK FLOW METER .....128	co q-10 (with vit e) .....194
cidofovir .....3	clindamycin hcl .....7	COARTEM .....7
cilostazol .....56	clindamycin in 5 % dextrose ..7	COCONUT OIL CREAM....65
CIMDUO .....3	clindamycin pediatric .....7	codeine-guaifenesin ....152, 156
cimetidine .....122	clindamycin phosphate ....7, 72, 136	CODEINE-GUAIFENESIN.....156, 157
cimetidine hcl .....122	CLINIMIX 5%/D15W SULFITE FREE .....194	coenzyme q10 ....79, 80, 81, 82
CIMZIA .....110	CLINIMIX 4.25%/D10W SULF FREE .....194	COENZYME Q10 .....80, 81
CIMZIA POWDER FOR RECONST .....110	CLINIMIX 4.25%/D5W SULFIT FREE .....83	COENZYME Q10 (BULK) .81
CIMZIA STARTER KIT ...110	CLINIMIX 5%- D20W(SULFITE-FREE)194	COENZYME Q10-VIT E-VIT E MIXED .....194
cinacalcet .....104	CLINIMIX 6%-D5W (SULFITE-FREE) .....194	coenzyme q10-vitamin e ....195
CINRYZE .....171	CLINIMIX 8%- D10W(SULFITE-FREE)194	COLACE .....110
CINVANTI .....110	CLINIMIX 8%- D14W(SULFITE-FREE)194	COLACE 2-IN-1 .....110
CIPRO .....11	clobazam .....25	COLACE CLEAR .....110
ciprofloxacin hcl ....11, 98, 141	clobetasol .....76	colchicine .....132
ciprofloxacin in 5 % dextrose.....11	clobetasol-emollient .....76	cold and cough elixir .....152
ciprofloxacin-dexamethasone.....98	clodan .....76	COLD AND FLU SEVERE.....167
cisplatin .....14	clofarabine .....14	COLD HEAD CONGESTION DAY/NITE .....152
cialopram .....47	clomiphene citrate .....104	cold relief plus .....165
CITRACAL + D MAXIMUM.....182	clomipramine .....47	cold-sinus relief .....158, 167
CITRACAL REGULAR ...182	clonazepam .....25, 26	colesevelam .....58
CITRACAL-D3 GUMMIES.....208	clonidine .....54	colestipol .....58
CITRACAL-D3 MAXIMUM PLUS .....182	clonidine (pf) .....38, 54	colistin (colistimethate na) ....7
CITRACAL-D3 PETITES .182	clonidine hcl .....47, 54	COMBIGAN .....146
citrate of magnesia .....110	clopidogrel .....56	COMBISTIX REAGENT ..100
citrucel .....110	clorazepate dipotassium .....47	COMBIVENT RESPIMAT171
CITRUCEL (SUCROSE)...110		COMETRIQ .....14
CITRUCEL SUGAR FREE.....110		COMPACT SPACE CHAMBER .....128
CITRULLINE (BULK) .....199		COMPACT SPACE CHAMBER-LRG MASK.....128, 129
citrus calcium-vitamin d3 ...182		COMPACT SPACE CHAMBER-MED MASK.....129
cladribine .....14		
claravis .....72		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

COMPACT SPACE	CREON	110	cytarabine (pf)	15
CHAMBER-SM MASK 129	CRESEMBA	2	CYTO-Q	195
COMPLERA	CRINONE	135	cyto-q max	195
complete allergy	CRITIC-AID CLEAR	65	CYTO-Q T-F	195
complete allergy medicine .	critic-aid clear af(miconazol)	75	D	
complete multivitamin-mineral	cromolyn.....	110, 142, 171	d10 %-0.45 % sodium chloride	
.....	crotan	78	.....	83
COMPLETE	cryselle (28).....	138	d2.5 %-0.45 % sodium	
MULTIVITAMIN-	CRYSVITA	104	chloride	83
MINERAL.....	CULTURELLE KIDS		d3-2000.....	213
complete mv adult 50 plus .	PROBIOTIC-MV	209	d5 % and 0.9 % sodium	
compro.....	CULTURELLE PRENATAL		chloride	83
CONCEPTIONXR	PROBIOTIC	107	d5 %-0.45 % sodium chloride	
MOTILITY.....	CULTURELLE PROBIOTIC-		.....	83
CONDOMS-PREM	MULTIVIT.....	209	dabigatran etexilate.....	56
LUBRICATED.....	CULTURELLE TOTAL		dacarbazine	15
conex	BALANCE	107	dactinomycin	15
CONEX	CULTURELLE WOMEN		DAILY GUMMIES.....	209
constulose	HEALTH BALANC.....	107	DAILY MULTIPLE FOR	
CONTAC COLD-FLU DAY	CUTTER BACKWOODS....	65	WOMEN.....	209
.....	CUTTER BACKWOODS		daily multiple vitamins/iron	227
CONTAC COLD-FLU DAY	DRY.....	65	daily multi-vitamin	227
AND NIGHT	CUTTER LEMON		DAILY MULTIVITAMIN.....	213
COPIKTRA.....	EUCALYPTUS	65	daily multivitamin with iron	
coq-10.....	CUTTER NATURAL INSECT		.....	213
CORLANOR.....	REPELLNT	65	daily value	213
corn remover	CUTTER NATURAL		daily vitamin formula	213
corn-callus remover.....	REPELLENT2.....	65	daily vitamin formula-iron .	213
COROMEGA	CUTTER SKINSATIONS ..	65	daily vitamin formula-minerals	
CORTIFOAM	cyanocobalamin (vitamin b-12)		.....	213
corvita.....	.....	212, 213	daily vitamin with iron	213
corvita 150.....	CYANOCOBALAMIN(VIT		daily vites/iron	213
CORVITE 150.....	B-12)(BULK)	213	daily-vite.....	213
CORVITE FE.....	cyclobenzaprine.....	31	daily-vite (with folic acid) ..	213
COSMEGEN.....	cyclophosphamide	14	DAILY-VITE (WITH FOLIC	
COTELLIC.....	CYCLOPHOSPHAMIDE	14	ACID)	213
COUGH AND COLD	cyclosporine.....	14, 142	dalfampridine.....	30
(CHLORPHEN-DM)	cyclosporine modified	14	DALIRESP	171
COUGH AND SEVERE	CYRAMZA	15	danazol.....	104
COLD	cyred	138	dandruff shampoo (pyrithione)	
cough dm er.....	cyred eq	138	.....	78
COUGH DM ER152, 155, 158,	CYSTADANE.....	110	dandruff shampoo (selenium)	
167	CYSTAGON	175	.....	62
COUGH-COLD RELIEF HBP	CYSTARAN	142	dantrolene	31
.....	cytarabine	15	DANYELZA	15

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

dapsone.....	7	DENGVAIXIA (PF).....	126	dextroamphetamine-	
DAPTACEL (DTAP		denta 5000 plus.....	95	amphetamine.....	47
PEDIATRIC) (PF).....	126	dentagel	95	dextromethorphan polistirex	
daptomycin.....	8	DEPO-SUBQ PROVERA	104	.....	153
DAPTOMYCIN	8	.....	135	dextromethorphan-guaifenesin	
DARZALEX	15	dermabase.....	65	.....	157
dasetta 1/35 (28).....	138	dermacerin	65	dextrose.....	83
dasetta 7/7/7 (28).....	138	DERMACINRX		dextrose 10 % and 0.2 % nacl	
daunorubicin.....	15	FOLIXAPURE	214	.....	84
DAURISMO.....	15	DERMACINRX		dextrose 10 % in water (d10w)	
day multi-symp flu-severe cold		FOLTREXYL.....	214	.....	84
.....	153	DERMACINRX PUREFOLIX		dextrose 25 % in water (d25w)	
DAYCLEAR ALLERGY		.....	214	.....	84
RELIEF	153	DERMACINRX SKIN		dextrose 5 % in water (d5w).....	84
daylogic advanced healing ...	65	REPAIR COMPLEX.....	65	dextrose 5 %-lactated ringers	84
daysee.....	138	DERMAGRAN (ALUMINUM		dextrose 5%-0.2 % sod	
DAYTIME COLD-FLU....	156,	HYDROXIDE).....	65	chloride	84
158, 167		dermamed (aluminum		dextrose 5%-0.3 %	
DAYTIME COLD-FLU		hydroxide)	66	sod.chloride	84
RELIEF (PE) ..	153, 156, 167	dermaphor.....	66	dextrose 50 % in water (d50w)	
DDROPS	213, 214	DERMAPHOR.....	66	.....	84
deblitane	135	DESCOVY	3	dextrose 70 % in water (d70w)	
DECARA	214	desipramine	47	.....	85
decitabine	15	desmopressin	104	DHS SAL.....	63
DECONEX DMX	153	desog-e.estradiol/e.estradiol		DIABETES HEALTH.....	214
DECONEX IR.....	153	.....	138	DIABETES HEALTH	
DECUBI VITE.....	214	desogestrel-ethinyl estradiol		FORMULA.....	214
deep sea nasal	95	.....	138	diabetic siltussin-dm max str	
deferasirox	83	desonide.....	76	.....	153
deferiprone	83	desrx	77	DIABETIC SUPPORT	
deferoxamine.....	83	desvenlafaxine succinate	47	FORMULA.....	221
DEKAS BARIATRIC	214	dex4 glucose.....	83, 84	DIACOMIT	26
DEKAS ESSENTIAL	214	DEX4 GLUCOSE	83, 84	dialyvite	214
DEKAS PLUS (FOLIC ACID)		dex4 glucose pouch pack.....	84	DIALYVITE 3000.....	214
.....	214	dex4 glucose quick dissolve.....	84	DIALYVITE 5000.....	214
DEKAS PLUS LIQUID	214	dexamethasone	98	dialyvite 800	214
DELSTRIGO.....	3	dexamethasone intensol.....	98	DIALYVITE 800.....	214
DELSYM 12 HOUR	153	dexamethasone sodium phos		DIALYVITE 800-ULTRA D	
delsym cough-chest congest		(pf).....	98	.....	214
dm.....	153	dexamethasone sodium		DIALYVITE SUPREME D	
DELSYM COUGH-SORE		phosphate.....	98, 146	.....	214
THROAT.....	153	DEXBROMPHENIRAMINE-		dialyvite vitamin d.....	214
delta d3	214	PHENYLEPH.....	153	DIALYVITE VITAMIN D3	
demeclocycline.....	11	dexrazoxane hcl.....	12	MAX.....	214
DENAVIR.....	76			diazepam.....	26, 47

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

diazepam intensol.....	47	DOPTelet (10 TAB PACK)	57	DUREX AVANTI BARE	
diazoxide	100	DOPTelet (15 TAB PACK)	57	REAL FEEL	129
diclofenac potassium	38	DOPTelet (30 TAB PACK)	57	dutasteride.....	174
diclofenac sodium ..38, 66, 145				dutasteride-tamsulosin	174
diclofenac-misoprostol	38			d-vi-sol.....	215
dicloxacillin.....	10	dorzolamide.....	146	E	
dicyclomine.....	107	dorzolamide-timolol	146	e.e.s. 400	7
DIFFERIN.....	72	dotti.....	135	e-200	215
diflunisal.....	38	double antibiotic (b.tracr zn)	73, 74	e-400 c-500 and beta carotene	215
DIGESTIVE HEALTH				ear drops (carbamide peroxide)	98
PROBIOTIC.....	108	DOVATO	3	ear wax removal drops.....	98
DIGESTIVE PROBIOTIC	196	doxazosin.....	54	ear wax removal kit	98
digitek.....	61	doxepin.....	47	EASIVENT HOLDING	
digoxin.....	61	doxercalciferol.....	104	CHAMBER	129
dihydroergotamine	29	doxorubicin.....	15	EASIVENT MASK LARGE	
DILANTIN 30 MG	26	doxorubicin, peg-liposomal..	15	.....	129
diltiazem hcl	54	doxy-100.....	11	EASIVENT MASK MEDIUM	
dilt-xr.....	54	doxycycline hyclate.....	11	.....	129
dimaphen dm.....	153	doxycycline monohydrate ...	11, 12	EASIVENT MASK SMALL	
dimenhydrinate.....	110	DOXYLAMINE-		.....	129
dimethyl fumarate	30	PHENYLEPHRINE	154	ec-naproxen	38
DIPENTUM	110	driminate.....	111	econazole	75
diphedryl.....	153	DRISDOL.....	214	econtra ez.....	138
diphenhist.....	153	DRIZALMA SPRINKLE.....	47	econtra one-step.....	138
diphenhydramine hcl ..	153, 154	dronabinol.....	111	ed a-hist	154
diphenoxylate-atropine.....	107	droperidol	111	ed a-hist dm	154
dipyridamole.....	57	DROPSAFE ALCOHOL		ED A-HIST DM	154
disulfiram	85	PREP PADS	100	ed bron gp	154
divalproex.....	26	drospirenone-e.estradiol-lm.fa	138	ed chlorped jr.....	154
DML FORTE	66	.....	138	ed-apap	38
dobutamine.....	61	drospirenone-ethinyl estradiol	138	EDARBI	54
dobutamine in d5w	61	DROXIA	15	EDARBYCLOR.....	54
docetaxel.....	15	droxidopa.....	85	EDURANT	3
docu	110	DRY EYE FORMULA	215	efavirenz	3
docusate calcium	110	DRY EYE RELIEF	142	efavirenz-emtricitabin-tenofov	3
docusate sodium	110, 111	DUAVEE.....	135	.....	3
DOCUSATE SODIUM.....	111	DULERA.....	171	efavirenz-lamivu-tenofov disop	3
DOCUSOL KIDS.....	111	duloxetine	48	.....	183
DOCUSOL PLUS	111	DUPIXENT PEN	66	ELAPRASE.....	104
dofetilide.....	52	DUPIXENT SYRINGE.....	66	electrolyte-48 in d5w	195
dok.....	111	DURAFLU	154	electrolytes-dextrose...183, 188	
donepezil	30			eletriptan	29
dopamine	61				
dopamine in 5 % dextrose	61				

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

elinest	138	ENGERIX-B PEDIATRIC		escitalopram oxalate	48
ELIQUIS	57	(PF)	126	esmolol	54
ELIQUIS DVT-PE TREAT		enoxaparin	57	esomeprazole magnesium..	122,
30D START	57	enpresse	138	124	
ELITEK	12	enskyce	138	esomeprazole sodium	122
ELIXOPHYLLIN	171	ensure clear	195	ESSENCE C	233
ELMIRON	175	ENSURE CLEAR		essentia	217
eluryng	136	THERAPEUTIC	195	ESSENTIAL MAN	217
ELZONRIS	15	entacapone	29	ESSENTIAL MAN 50 PLUS	
EMCYT	15	entecavir	3	.....	217
EMEND	111	ENTRESTO	61	ESSENTIAL WOMAN 50	
EMERGEN-C	215	ENTYVIO	111	PLUS	217
EMERGEN-C IMMUNE		enulose	111	estarylla	138
PLUS	215	ENVARUSUS XR	15	estradiol	135
EMERGEN-C KIDZ	215	EPCLUSA	3	estradiol valerate	135
EMERGEN-C MSM LITE	215	EPIDIOLEX	26	estradiol-norethindrone acet	
EMGALITY PEN	29	epinastine	142	.....	135
EMGALITY SYRINGE	29	epinephrine	154	ESTRING	135
EMOLLIA	66	epirubicin	15	eszopiclone	48
emollient	66	epitol	26	ethacrynate sodium	54
emoquette	138	EPIVIR HBV	3	ethacrynic acid	54
EMPLICITI	15	eplerenone	54	ethambutol	8
EMSAM	48	epoprostenol (glycine)	54	ethosuximide	26
emtricitabine	3	EPRONTIA	26	ethynodiol diac-eth estradiol	
emtricitabine-tenofovir (tdf)...	3	epsom salt (laxative)	111	.....	138
EMTRIVA	3	ERBITUX	15	etodolac	38
EMVERM	8	ergocalciferol (vitamin d2) 217,		etonogestrel-ethinyl estradiol	
enalapril maleate	54	242, 243		.....	136
enalaprilat	54	ERGOCALCIFEROL		ETOPOPHOS	16
enalapril-hydrochlorothiazide		(VITAMIN D2)	243	etoposide	16
.....	54	ergotamine-caffeine	29	etravirine	3
ENBREL	133	ERIVEDGE	16	EUCERIN SKIN CALMING	
ENBREL MINI	133	ERLEADA	16	.....	66
ENBREL SURECLICK	133	erlotinib	16	euthyrox	106
endacof - dm	154	errin	135	everolimus (antineoplastic) ..	16
endocet	32	ertapenem	8	everolimus	
endur-acin	58	ERWINASE	16	(immunosuppressive)	16
ENDUR-VM IRON-FREE	215	ery pads	72	EVOTAZ	3
ENDUR-VM WITH IRON	215	ery-tab	7	exemestane	16
enema	111, 118	ERYTHROCIN	7	EXKIVITY	16
enema disposable	111	erythrocin (as stearate)	7	eye health plus lutein	216
ENEMEEZ	111	erythromycin	7, 141	EYE HEALTH PLUS	
ENEMEEZ PLUS	111	erythromycin ethylsuccinate...	7	LUTEIN	209, 217
ENFAMIL ENFALYTE	183	erythromycin with ethanol....	72	eye itch relief	142, 144
ENGERIX-B (PF)	126	ESBRIET	171	EYEPROTECT	217

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

EYLEA.....	142	ferosul.....	217	FISH OIL PEARLS.....	198
EYSUVIS.....	146	ferrex 150.....	217	fish oil-dha-epa.....	218
ezetimibe.....	58	ferrex 150 forte.....	217	flac otic oil.....	98
ezetimibe-simvastatin.....	59	ferric x-150.....	217	FLANDERS BUTTOCKS ...	66
ezfe 200.....	217	FERRIPROX.....	85	flavoxate.....	174
F		FERRIPROX (2 TIMES A		flecainide.....	52
FA-8.....	217	DAY).....	85	FLEET BISACODYL.....	111
fabb.....	217	FERRLECIT.....	85	fleet enema.....	112
FABRAZYME.....	104	ferro-time.....	217, 218	FLEET MINERAL OIL.....	112
falmina (28).....	138	ferrous gluconate.....	209, 218, 225	FLEET PEDIATRIC.....	112
famciclovir.....	3	ferrous sulfate.....	207, 209, 218,	FLEXICHAMBER.....	129
famotidine.....	122	225, 231		FLEXICHAMBER-LG	
famotidine (pf).....	122	FERROUS SULFATE, DRIED		CHILD MASK.....	129
famotidine (pf)-nacl (iso-os)		(BULK).....	218	FLEXICHAMBER-SM	
.....	122	fesoterodine.....	174	ADULT MASK.....	129
FANAPT.....	48	FETZIMA.....	48	FLEXICHAMBER-SM	
FANTASY CONDOM.....	129	feverall.....	38, 39	CHILD MASK.....	129
FARXIGA.....	100	FEVERALL.....	39	FLINTSTONES COMPLETE	
FARYDAK.....	16	fexofenadine.....	154, 155, 158,	.....	219
FASENRA.....	171	165, 167		FLINTSTONES COMPLETE	
FASENRA PEN.....	171	fexofenadine-pseudoephedrine		(IRON).....	219
FAST ACTING NASAL.....	96	.....	155	FLINTSTONES GUMMIES	
FATTIBASE.....	90	fiber (calcium polycarbophil)		.....	219
FC2 FEMALE CONDOM.....	129	.....	111, 119	FLINTSTONES GUMMIES	
febuxostat.....	132	fiber (psyllium husk-sugar).....	114	OMEGA-3.....	219
felbamate.....	26	fiber (with aspartame).....	114	FLINTSTONES MULTI-VIT	
felodipine.....	54	fiber laxative (ca polycarbo)		GUMMIES.....	219
femynor.....	138	.....	111	FLINTSTONES	
fenofibrate.....	59	fiber laxative (methylcellulo)		MULTIVITAMIN.....	219
fenofibrate micronized.....	59	.....	114, 119	FLINTSTONES PLUS	
fenofibrate nanocrystallized.....	59	fiber therapy (m-cell/sugar).....	111	CALCIUM.....	219
fenofibric acid.....	59	fiber therapy (m-cellulose).....	111	FLINTSTONES SOUR	
fenofibric acid (choline).....	59	fiber-lax.....	111	GUMMIES.....	219
fentanyl.....	32	fiber-tabs.....	111	FLINTSTONES TAB CHEW	
fentanyl citrate.....	32	finasteride.....	174	.....	219
fentanyl citrate (pf).....	32	finger cream.....	67	FLINTSTONES WITH IRON	
feosol.....	217	FINTEPLA.....	26	.....	219
FEOSOL.....	217	FIRDAPSE.....	30	FLINTSTONES/EXTRA C	219
FERAHEME.....	217	FIRMAGON KIT W		FLONASE ALLERGY	
ferate.....	217	DILUENT SYRINGE.....	16	RELIEF.....	171
FERGON.....	217	FIRST AID ANTIBIOTIC.....	73	FLORAJEN ACIDOPHILUS	
FER-IN-SOL.....	217	fish oil.....	195, 196, 197, 198, 201	.....	198
FERIVA 21-7.....	217	FISH OIL.....	195, 196, 197, 198,	floranex.....	198
FERIVA FA (WITH		201, 202		FLORANEX.....	198
SUMALATE).....	217	fish oil extra strength.....	197	FLORIVA.....	219

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

FLORIVA PLUS.....	219	fondaparinux.....	57	GATTEX ONE-VIAL.....	112
FLOVENT DISKUS.....	171	FORFIVO XL.....	48	GAUZE PAD.....	129
FLOVENT HFA.....	171, 172	formoterol fumarate.....	172	gavilax.....	112
floxuridine.....	16	FOSAMAX PLUS D.....	133	gavilyte-c.....	112
FLU HBP.....	155	fosamprenavir.....	3	gavilyte-g.....	112
fluconazole.....	2	fosaprepitant.....	112	GAVISCON.....	112, 113
fluconazole in nacl (iso-osm) ..	2	fosfree.....	220	GAVISCON EXTRA	
flucytosine.....	2	fosinopril.....	54	STRENGTH.....	112, 113
fludarabine.....	16	fosinopril-hydrochlorothiazide	54	GAVRETO.....	16
fludrocortisone.....	98	.....	54	GAZYVA.....	16
flumazenil.....	48	fosphenytoin.....	26	gemcitabine.....	16, 17
flunisolide.....	172	FOTIVDA.....	16	GEMCITABINE.....	17
fluocinolone.....	77	FREEDAVITE.....	220	gemfibrozil.....	59
fluocinolone acetonide oil....	98	freeze dried acidophilus.....	193	GENADEK STEP 1.....	220
fluocinolone and shower cap	77	FRESHKOTE.....	142	GENADEK STEP 2.....	220
fluocinonide.....	77	FRUCTOSE (BULK).....	85	generlac.....	113
fluocinonide-e.....	77	full spectrum b-vitamin c ..	220	gengraf.....	17
fluoride (sodium).....	95, 96, 98, 219	fulvestrant.....	16	gentak.....	141
fluorometholone.....	146	fungoid tincture.....	75	gentamicin.....	8, 73, 141
fluorouracil.....	16, 66	furosemide.....	54	gentamicin in nacl (iso-osm) ..	8
fluoxetine.....	48	FUSION PLUS.....	220	gentamicin sulfate (ped) (pf) ..	8
fluoxetine (pmdd).....	48	FUZEON.....	3	GENTEAL TEARS MILD.....	142
fluphenazine decanoate.....	48	fyavolv.....	135	GENTEAL TEARS	
fluphenazine hcl.....	48	FYCOMPA.....	26	MODERATE.....	142
flurbiprofen.....	39	G		GENTEAL TEARS	
flurbiprofen sodium.....	145	gabapentin.....	26	MODERATE (PF).....	142
FLU-SEVERE COLD-		galantamine.....	30	GENTEAL TEARS	
COUGH DAYTIME.....	155, 156, 159	GALZIN.....	183	SEVERE(PETROLAT).....	142
flutamide.....	16	GAMASTAN.....	126	gentle laxative (bisacodyl).....	113, 118, 120
fluticasone propionate.....	172	GAMASTAN S/D.....	126	GENVOYA.....	3
FLUTICASONE		ganciclovir sodium.....	3	GERBER GROW MIGHTY	
PROPIONATE.....	172	GARDASIL 9 (PF).....	126	.....	220
fluvastatin.....	59	gas relief (simethicone).....	112, 113, 114, 120	GERBER LIL BRAINIES.....	221
fluvoxamine.....	48	gas relief 80 (simethicone) ..	113	GILENYA.....	30
folic acid.....	209, 219, 220, 221, 223, 233, 235, 237	gas relief extra strength.....	112, 114, 117, 120	GILOTRIF.....	17
FOLIC ACID.....	220	gas relief ultra strength.....	112, 113	glatiramer.....	30
FOLIC ACID (BULK).....	220	GAS-X EXTRA STRENGTH		glatopa.....	30
FOLITE.....	220	.....	112	glimepiride.....	100
folivane-f.....	220	GAS-X ULTRA-STRENGTH		glipizide.....	100
FOLOTYN.....	16	.....	112	glipizide-metformin.....	100
FOLTRATE.....	220	gatifloxacin.....	141	gluco burst.....	85
fomepizole.....	126	GATTEX 30-VIAL.....	112	glucose.....	83, 85, 86, 87, 88, 89, 90

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

GLUTAMINE (BULK).....	87	HAIR,SKIN AND NAILS(FA- BIOTIN)	222, 223	hi-cal plus vit d	190
GLUTATHIONE (BULK)...	87	HAIR-SKIN-NAIL(VIT A,C- BIOTIN)	222	high potency iron	233
glutose-5	85	HAIR-SKIN-NAILS (MV-FA- BIOTIN)	222	HIGH POTENCY IRON ...	233
glycerin.....	66, 67	HALAVEN.....	17	HIGH POTENCY MULTIVITAMIN	223
GLYCERIN.....	66	halobetasol propionate.....	77	HISTEX (TRIPROLIDINE)	157
glycerin (bulk)	66, 67	haloperidol.....	48	HISTEX DM	157
glycine urologic.....	175	haloperidol decanoate.....	48	HISTEX PD	157
glycine urologic solution....	175	haloperidol lactate	48, 49	HISTEX-AC	157
glycopyrrolate.....	107	HARD NAILS	222	HIZENTRA	126
glycopyrrolate (pf) in water	107	HARVONI.....	3	honey bears multivitamin ...	224
glydo.....	67	HAVRIX (PF)	126	honey bears with iron-zinc	224
GLYXAMBI	100	healthy eyes	221, 223	HUMALOG JUNIOR	
GRALISE	26	HEALTHY EYES	222	KWIKPEN U-100	100
granisetron (pf).....	113	HEALTHY EYES LUTEIN- ZEAXANTHIN	222	HUMALOG KWIKPEN	
granisetron hcl	113	healthy eyes supervision....	221, 222	INSULIN	101
GRAPE FLAVOR (BULK) .	90	HEARTBURN RELIEF	113	HUMALOG MIX 50-50	
griseofulvin microsize	2	heartburn relief (cimetidine)	122	INSULN U-100	101
griseofulvin ultramicrosize....	2	heartburn relief (famotidine)	122	HUMALOG MIX 50-50	
guaiaatussin ac	156	heather	136	KWIKPEN.....	101
guaifenesin	157	HEMA-COMBISTIX.....	100	HUMALOG MIX 75-25	
guaifenesin ac.....	157	HEMATEx	223	KWIKPEN.....	101
gummi bear multivitamin ...	222	hematogen fa	223	HUMALOG MIX 75-25(U- 100)INSULN	101
GUMMIES CHILDREN		hematogen forte.....	223	HUMALOG U-100 INSULIN	
MULTIVITAMIN	222	HEMOCYTE-F	223	.....	101
GUMMY DINOS	209	HEMOCYTE-PLUS.....	223	HUMIRA.....	134
GVOKE.....	100	HEMORRHOIDAL(PE-MIN OIL-PETRO).....	113	HUMIRA PEN	133
GVOKE HYPOPEN 1-PACK		heparin (porcine)	57	HUMIRA PEN CROHNS-UC- HS START	133
.....	100	heparin (porcine) in 5 % dex	57	HUMIRA PEN PSOR- UVEITS-ADOL HS	134
GVOKE HYPOPEN 2-PACK		heparin (porcine) in nacl (pf)	57	HUMIRA(CF)	134
.....	100	heparin(porcine) in 0.45% nacl	58	HUMIRA(CF) PEDI	
GVOKE PFS 1-PACK		HEPARIN(PORCINE) IN		CROHNS STARTER	134
SYRINGE.....	100	0.45% NACL.....	57	HUMIRA(CF) PEN	134
GVOKE PFS 2-PACK		heparin, porcine (pf).....	58	HUMIRA(CF) PEN	
SYRINGE.....	100	HEPARIN, PORCINE (PF) .	58	CROHNS-UC-HS.....	134
H		HETLIOZ	49	HUMIRA(CF) PEN	
h2q.....	81	HIBERIX (PF).....	126	PEDIATRIC UC.....	134
hair, skin and nails advanced				HUMIRA(CF) PEN PSOR- UV-ADOL HS.....	134
.....	221, 222			HUMULIN 70/30 U-100	
HAIR, SKIN AND NAILS				INSULIN	101
ADVANCED	222				
HAIR, SKIN AND NAILS-					
ARGAN OIL	222				
hair,skin and nails.....	235				
HAIR,SKIN AND NAILS .	237				

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

HUMULIN 70/30 U-100 KWIKPEN 101	hydroxyzine hcl 159	indapamide 55
HUMULIN N NPH INSULIN KWIKPEN 101	HYPERHEP B..... 126	INFANRIX (DTAP) (PF)...126
HUMULIN N NPH U-100 INSULIN..... 101	HYPERHEP B NEONATAL 126	infant pain reliever.....42
HUMULIN R REGULAR U- 100 INSULN 101	HYQVIA 126	infant's acetaminophen .....42
HUMULIN R U-500 (CONC) INSULIN 101	I	infants gas relief 114, 120
HUMULIN R U-500 (CONC) KWIKPEN 101	ibandronate 133	infant's ibuprofen .....39, 40, 41, 42, 45
HYCODAN (WITH HOMATROPINE) 159	IBRANCE 17	infants' pain and fever....39, 42, 45
hydralazine 54	ibu 41	infants' pain relief .....41, 42, 44
hydralyte..... 184	ibu-200.....41	INFED 224
HYDRASYN25..... 67	ibuprofen 39, 40, 41, 42, 44, 45	INFUVITE ADULT 224
hydrochlorothiazide..... 55	ibuprofen cold-sinus(with pse) 165	INFUVITE PEDIATRIC...224
hydrocodone-acetaminophen32	ibuprofen ib 40, 44, 45	INGREZZA 30
hydrocodone-chlorpheniramine 159	ibuprofen jr strength .....41, 42	INGREZZA INITIATION PACK 30
hydrocodone-homatropine . 159	ibutilide fumarate 52	INJECTAFER..... 224
HYDROCODONE- HOMATROPINE..... 159	I-CAPS 224	INLYTA 17
hydrocodone-ibuprofen 32	icaps areds 224	INQOVI..... 17
hydrocortisone .. 77, 78, 98, 114	ICAPS AREDS2..... 224	INREBIC 17
hydrocortisone acetate..... 77	ICAPS AREDS2 (COPPER CITRATE)..... 224	INSECT REPELLENT (DEET) 65
hydrocortisone plus 78	ICAPS MV 224	INSECT REPELLENT (PICARIDIN) 67
hydrocortisone-acetic acid...98	ICAR 224	INSPIRACHAMBER..... 129
hydrocortisone-aloe vera 78	icatibant 172	INSPIRACHAMBER WITH MASK-LARGE 130
hydrolatum 67	ICLUSIG 17	INSPIRACHAMBER WITH MASK-MED 130
hydromet..... 159	icosapent ethyl..... 59	INSPIRACHAMBER WITH MASK-SMALL..... 130
hydromorphone 33	idarubicin..... 17	insta-glucose (with dextrin) 101
hydromorphone (pf) 32	IDHIFA 17	INSTA-GLUCOSE (WITH DEXTRIN) 101
HYDROPHILIC PETROLATUM..... 67	iferex 150..... 224	INSULIN PEN NEEDLE ...130
HYDROUS EMULSIFIED BASE..... 67	iferex 150 forte 224	INSULIN SYRINGE- NEEDLE U-100 130
hydroxocobalamin 224	ifosfamide..... 17	INTEGRA F 224
HYDROXOCOBALAMIN (BULK) 224	ILARIS (PF) 125	INTEGRA PLUS..... 224
hydroxychloroquine 8	imatinib..... 17	INTELENCE 3
hydroxyprogesterone caproate 136	IMBRUVICA 17	INTESTINEX..... 199
hydroxyurea..... 17	IMFINZI..... 17	intralipid 199
	imipenem-cilastatin 8	INTRON A 125
	imipramine hcl..... 49	introvale..... 138
	imipramine pamoate 49	INVEGA HAFYERA 49
	imiquimod 67	
	IMMUNE SUPPORT 198	
	IMOVAX RABIES VACCINE (PF)..... 126	
	IMPAVIDO 8	
	incassia 136	
	INCRELEX 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](https://www.caresource.com/MyCare).

This drug list was last updated on 11/18/2022.

INVEGA SUSTENNA.....	49	IXEMPRA	18	KIMONO MAXX CONDOMS	130
INVEGA TRINZA	49	IXIARO (PF).....	126	.....	130
INVELTYS	146	J		KIMONO MICROTHIN	
INVIRASE	3	JAKAFI	18	AQUA LUBE CON.....	130
inzo antifungal.....	75	jantoven	58	KIMONO MICROTHIN	
IOPIDINE.....	147	JANUMET	101	CONDOMS	130
IPOL	126	JANUMET XR.....	101	KIMONO MICROTHIN	
ipratropium bromide.....	96, 172	JANUVIA.....	101	LARGE CONDOMS.....	130
ipratropium-albuterol	172	JARDIANCE.....	101	KIMONO TEXTURED	
irbesartan	55	jasmiel (28).....	138	CONDOMS	130
irbesartan-hydrochlorothiazide		JEMPERLI	18	kinderlyte.....	184
.....	55	jencycla.....	136	KINRIX (PF).....	126
IRESSA	18	JEVTANA	18	KISQALI	18
irinotecan.....	18	jinteli.....	136	KISQALI FEMARA CO-	
iron 221, 225, 233, 235, 237		jock itch (terbinafine)	75	PACK	18
IRON	225	jolessa	138	klor-con 10.....	184
iron (ferrous sulfate).. 209, 223,		juleber.....	138	klor-con 8.....	184
225		JULUCA.....	4	klor-con m10	184
iron chews	225	JUXTAPID	59	klor-con m15	184
iron, carbonyl	216	K		klor-con m20	184
IRONUP	225	KADCYLA	18	klor-con oral packet 20.....	184
IROSPAN 24/6.....	225	KALA.....	108	klor-con/ef	184
IS-D-10,000.....	225	kalliga	138	KLOXXADO	42
ISENTRESS	4	KALYDECO	172	KOMBIGLYZE XR	101
ISENTRESS HD	4	KANUMA	104	konsyl (sugar)	115
isibloom.....	138	kariva (28)	138	KONSYL DAILY FIBER	
ISOLEUCINE	199	kelnor 1/35 (28).....	138	(STEVIA)	114
ISOLEUCINE (BULK).....	199	kelnor 1-50 (28).....	138	KONSYL FORMULA-D	114
ISOLYTE S PH 7.4	199	KEPIVANCE	12	konsyl sugar-free	114
ISOLYTE-P IN 5 %		KERADAN	67	KONSYL SUGAR-FREE	115
DEXTROSE	199	KERENDIA.....	55	KORLYM.....	104
ISOLYTE-S.....	199	ketoconazole.....	2, 75	K-PAX IMMUNE SUPPORT	
isoniazid	8	KETO-DIASTIX	101	.....	225
ISOPTO TEARS	143	KETONE CARE	100	K-PHOS NO 2.....	175
isosorbide dinitrate	62	ketorolac	146	K-PHOS ORIGINAL	175
isosorbide mononitrate	62	ketotifen fumarate.....	143	KRYSTEXXA.....	132
isosorbide-hydralazine	55	KEYTRUDA	18	kurvelo (28)	139
isotretinoin.....	72	KHAPZORY	12	KYNMOBI	29
isradipine	55	KIDS' GUMMY	210	KYPROLIS.....	18
ISTODAX	18	KIDS MULTIVITAMIN-		L	
itch relief	67	MINERALS.....	225	l norgest/e.estradiol-e.estrad	
ITCH RELIEF	67	kids vitamin d3	225	.....	139
itraconazole	2	KIMMTRAK.....	18	l.acidophilus-bifido.longum	106
ivermectin.....	8, 72, 78	KIMONO CONDOMS(NON-		labetalol	55
i-vite	225	LUBRICATED)	130	LABSTIX REAGENT.....	101

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

lacosamide.....	26, 27	levocarnitine	87	LIQUID CALCIUM WITH	
lactated ringers	82, 184	levocarnitine (with sugar).....	87	VITAMIN D.....	184
lactobacillus acidophilus ...	193, 195, 198, 201	levocetirizine	159, 160	lisinopril.....	55
LACTOBACILLUS		levofloxacin	11, 141	lisinopril-hydrochlorothiazide	
ACIDOPHILUS	193, 201, 202	levofloxacin in d5w	11	.....	55
LACTOBACILLUS		levoleucovorin calcium	12	L-ISOLEUCINE.....	199
ACIDOPH-L.BULGAR.	199	levonest (28).....	139	lithium carbonate	49
LACTOSE (BULK)	86, 87	levonorgestrel	139	little remedies	96
lactulose.....	115	levonorgestrel-ethinyl estrad		LITTLE REMEDIES SALINE	
lamisil at	75	.....	139	MIST.....	96
lamivudine.....	4	levonorg-eth estrad triphasic		LIVALO	59
lamivudine-zidovudine.....	4	.....	139	LODRANE D	160
lamotrigine	27	levora-28.....	139	lohist - d.....	160
LANOXIN.....	61	levo-t.....	106	lohist-dm.....	160
lansoprazole.....	122, 123, 124	levothyroxine.....	106	LOKELMA.....	87
LANTUS SOLOSTAR U-100		levoxyl.....	106	LOLLIBASE	87
INSULIN.....	102	LEXIVA	4	LONSURF	19
LANTUS U-100 INSULIN	102	L-GLUTAMINE	87	loperamide	107, 108
lapatinib.....	18	LIBTAYO	18	LOPERAMIDE	108
larin 1.5/30 (21).....	139	lice killing.....	78	lopinavir-ritonavir.....	4
larin 1/20 (21).....	139	lice solution	78	loratadine ...	151, 155, 158, 160,
larin 24 fe	139	lice treatment	78	165, 166, 167	
larin fe 1.5/30 (28).....	139	lice treatment (permethrin)...	78	LORATADINE	151
larin fe 1/20 (28).....	139	lidocaine	68	lorata-dine d.....	167
latanoprost	146	LIDOCAINE	67	loratadine-d.....	160, 165, 167
LATUDA	49	lidocaine (pf) in d7.5w	52	lorazepam	49, 50
laxative (bisacodyl)	114, 115	lidocaine (pf)	53, 67	lorazepam intensol.....	50
laxative (sennosides)	115	lidocaine hcl	67	LORBRENA.....	19
L-CITRULLINE.....	199	lidocaine in 5 % dextrose (pf)		LORTUSS LQ	160
leflunomide.....	134	.....	53	loryna (28)	139
LEMTRADA.....	31	lidocaine viscous	68	losartan	55
lenalidomide.....	18	lidocaine-epinephrine	68	losartan-hydrochlorothiazide	55
LENVIMA	18	lidocaine-epinephrine (pf)	68	loteprednol etabonate.....	146
lessina.....	139	lidocaine-prilocaine	68	lovastatin.....	59
letrozole.....	18	lincomycin.....	8	low-ogestrel (28)	139
leucovorin calcium	12	lindane	78	loxapine succinate	50
LEUKERAN	18	linezolid.....	8	lo-zumandimine (28)	139
LEUKINE.....	125	linezolid in dextrose 5%.....	8	LUBRICANT EYE	143
leuprolide.....	18	linezolid-0.9% sodium chloride		lubricant eye (pg-peg 400)..	144
levallbuterol hcl.....	172	.....	8	LUBRICANT EYE (PG-PEG	
levetiracetam	27	LINZESS.....	115	400).....	143, 144
levetiracetam in nacl (iso-os)	27	LIORESAL.....	31	lubricant eye drops	143
levobunolol.....	142	liothyronine	106	lubricating plus ...	142, 143, 144
		LIP BALM BASE (BULK)..	68	LUCENTIS.....	143
		LIQ-10.....	81, 199	LUMAKRAS.....	19

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

LUMIGAN.....	146	MAGNESIUM CHLORIDE	maxi-tuss g.....	160
LUMIZYME.....	104	.....	maxi-tuss gmx.....	160
LUMOXITI.....	19	MAGNESIUM CHLORIDE	MAXI-TUSS JR.....	160
LUPRON DEPOT.....	19	(BULK).....	MAXI-TUSS PE.....	160
LUPRON DEPOT (3		magnesium citrate.....	MAXI-TUSS PE JR.....	160
MONTH).....	19	118, 120	maxi-tuss pe max.....	161
LUPRON DEPOT (4		MAGNESIUM CITRATE.....	maxi-tuss tr.....	161
MONTH).....	19	magnesium gluconate.....	m-clear wc.....	161
LUPRON DEPOT (6		magnesium hydroxide.....	m-dryl.....	161
MONTH).....	19	116, 120	meclizine.....	115
LUPRON DEPOT-PED.....	19	MAGNESIUM L-LACTATE	MEDI-LYTE.....	186
LUPRON DEPOT-PED (3		.....	medroxyprogesterone.....	136
MONTH).....	19	magnesium oxide.....	mefloquine.....	8
luteru (28).....	139	115, 182,	MEGA BIOTIN.....	225
L-VALINE.....	199	184, 185, 186, 190, 191	mega multi for women.....	221, 225
lyleq.....	136	MAGNESIUM OXIDE.....	mega multivitamin for men	
lyllana.....	136	115, 182, 184, 185, 186	.....	221, 225
LYNPARZA.....	19	magnesium sulfate.....	MEGAVITE.....	226
LYSINE HCL (BULK).....	199	186	MEGAVITE GOLDEN	
lysiplex plus.....	225	MAGNESIUM SULFATE IN	YEARS 55 PLUS.....	226
LYSODREN.....	19	D5W.....	megestrol.....	19
LYUMJEV KWIKPEN U-100		magnesium sulfate in water.....	MEKINIST.....	19
INSULIN.....	102	186	MEKTOVI.....	19
LYUMJEV KWIKPEN U-200		MAGONATE (MAGNESIUM	meloxicam.....	42
INSULIN.....	102	CARB).....	melphalan.....	19
LYUMJEV U-100 INSULIN		MAGOX.....	melphalan hcl.....	19
.....	102	MAGTAB.....	memantine.....	31
lyza.....	136	malathion.....	MEN 50 PLUS ADVANCED	
M		manganese chloride.....	ONE DAILY.....	210, 223
MACULAR BENEFITS.....	225	186	MEN 50 PLUS	
MACULAR HEALTH		mannitol 20 %.....	MULTIVITAMIN.....	226
FORMULA.....	225	mannitol 25 %.....	MENACTRA (PF).....	126
macuvite eye care.....	225	mapap (acetaminophen).....	M-END DMX.....	161
MACUVITE WITH LUTEIN		mapap arthritis pain.....	M-END PE.....	161
.....	225	mapap cold formula.....	MENEST.....	136
mafenide acetate.....	73	maraviroc.....	MENQUADFI (PF).....	126
mag 64.....	184	MAR-COF BP.....	MEN'S 50 PLUS DAILY	
MAG-AL.....	115	MAR-COF CG.....	FORMULA.....	226
mag-al plus.....	115	MARGENZA.....	MEN'S 50 PLUS	
mag-al plus extra strength.....	115	marlissa (28).....	MULTIVITAMIN.....	226
MAG-DELAY.....	184	MARPLAN.....	MEN'S DAILY.....	226
mag-g.....	184	MATULANE.....	MEN'S DAILY FORMULA	
MAGNEBIND 400.....	184	matzim la.....	.....	226
magnesium.....	120	MAXICHLOR PEH DM.....	MEN'S DAILY GUMMIES	
magnesium chloride.....	185	MAXIFED.....	.....	210
		MAXIFED TR.....		
		MAXIMIN PACK.....		
		MAXIMUM D3.....		
		maxi-tuss ac.....		
		MAXI-TUSS CD.....		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

MEN'S MULTIVITAMIN			
GUMMIES	226	methylprednisolone sodium	
men's one daily	216	succ	99
MEN'S ONE DAILY 210, 216,		metoclopramide hcl	116
223, 233, 235		metolazone.....	55
MEN'S PACK	226	metoprolol succinate.....	55
MENVEO A-C-Y-W-135-DIP		metoprolol ta-hydrochlorothiaz	
(PF).....	126	.....	55
MEPHYTON.....	58	metoprolol tartrate	55
MEPSEVII	105	metro i.v.....	8
mercaptapurine.....	19	metronidazole	8, 72, 136
MERIBIN	226	metronidazole in nacl (iso-os) 8	
meropenem	8	.....	55
mesalamine.....	115, 116	metyrosine	55
mesalamine with cleansing		mexiletine	53
wipe	116	mgo	186
mesna.....	12	micafungin.....	2
MESNEX	12	MICLARA DM	161
metaproterenol.....	172	MICLARA LQ	161
metformin	102	miconazole nitrate ..	75, 76, 137
methadone	33	MICONAZOLE NITRATE	137
methadone intensol.....	33	miconazole-3	136, 137
methadose.....	33	miconazole-7	136, 137
methazolamide	146	MICROCHAMBER	130
methenamine hippurate	12	MICRODERM BASE	
methenamine mandelate	12	CREAM.....	68
methergine.....	141	microgestin 1.5/30 (21)	139
methimazole	99	microgestin 1/20 (21)	139
METHOCEL E 4 M	143	microgestin fe 1.5/30 (28) ..	139
methotrexate sodium	19	microgestin fe 1/20 (28)	139
methotrexate sodium (pf)	19	micro-guard	75
methoxsalen.....	68	MICROLIFE PEAK FLOW	
methylcellulose 1500cps (bulk)		METER	130
.....	87	MICROSOME BASE CREAM	
methylcellulose 4000cps (bulk)		.....	68
.....	87	midodrine.....	87
METHYLCELLULOSE		mifepristone.....	137
4000CPS (BULK)	87	miglustat	105
METHYLCELLULOSE		mili.....	139
400CPS (BULK)	87	milk of magnesia113, 114, 116,	
methylergonovine.....	141	118, 120	
methylphenidate hcl	50	milk of magnesia concentrated	
methylprednisolone	99	.....	116
methylprednisolone acetate ..	98	milltrium senior	226
		milrinone	61
		milrinone in 5 % dextrose	61
		mimvey	136
		mineral oil.....	116, 118
		minerin creme	68
		MINERIN CREME	68
		MINI WRIGHT PEAK FLOW	
		METER.....	130
		minocycline	12
		minoxidil.....	55
		mintox maximum strength..	116
		mintox plus	116
		miostat	146
		MIRENA	137
		mirtazapine	50
		misoprostol	123
		mitomycin.....	19
		mitoxantrone.....	19
		M-M-R II (PF)	126
		modafinil.....	50
		moexipril.....	55
		moisturizing cream	65
		MOISTURIZING CREAM ..	68
		molindone	50
		mometasone.....	78, 172
		mondoxyne nl	12
		MONJUVI	19
		MONOCAPS	226
		MONOFERRIC	226
		mono-lynyah.....	139
		montelukast.....	172
		MORE-DOPHILUS	199
		morphine.....	33, 34
		morphine (pf).....	33
		morphine concentrate	33
		MOTTEGRITY	116
		motion sickness	114, 120
		motion sickness (meclizine)	
		.....	120
		motion sickness relief.....	116
		motion sickness relief(mecliz)	
		.....	114, 116
		motion-time	116
		MOUNJARO	102
		MOVANTIK	116
		moxifloxacin.....	11, 141
		moxifloxacin-sod.chloride(iso)	
		.....	11

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

MOZOBIL.....	125	MUCINEX NIGHTSHIFT		multi-delyn with iron.....	226
m-pap.....	42	COLD-FLU	162	multiple vitamin-minerals ..	226
mucinex	161	MUCINEX NIGHTSHIFT		multiple vitamins	226, 227
MUCINEX	161	SINUS	162	MULTISTIX.....	102
MUCINEX COLD,FLU,SORE		mucinex sinus-max.....	96	MULTISTIX 10 SG	102
THROAT.....	161	MUCINEX SINUS-MAX		MULTISTIX 5.....	102
mucinex d.....	161	CNG-PAIN(DM).....	162	MULTISTIX 7.....	102
mucinex d maximum strength		MUCINEX SINUS-MAX DY-		MULTISTIX 8 SG	102
.....	161	NT (DXYL).....	162	MULTISTIX 9.....	102
mucinex dm.....	161	MUCINEX SINUS-MAX		MULTISTIX 9 SG	102
MUCINEX DM.....	161	NITE CONGEST	162	multivitamin	227, 235
MUCINEX FAST-MAX		MUCINEX SINUS-MAX		multivitamin 50 plus.....	232
COLD-FLU	161	PRESSURE-CGH	162	multivitamin with folic acid	226
mucinex fast-max cold-flu-thrt		MUCINEX SINUS-MAX SEV		multivitamin with iron	226, 235
.....	161	CONGESTN.....	162	multivitamin with minerals.	227
MUCINEX FAST-MAX		mucosa.....	162	multivitamin women 50 plus	
COLD-FLU-THRT	161	mucosa dm.....	163	.....	227
MUCINEX FAST-MAX		mucus d.....	163	multi-vitamins with iron	227
CONGEST-COUGH.....	161,	mucus dm	163	MULTIVITAMIN-ZINC-	
162		mucus dm max er	158, 163	STRESS.....	227
MUCINEX FAST-MAX		mucus relief.....	163, 165	MULTI-VITE	227
CONG-HA (DM)	162	mucus relief cough	167	MULTIVIT-MIN-FERROUS	
MUCINEX FAST-MAX		mucus relief d (pseudoephed)		FUMARATE	227
DAY-NITE COLD.....	162	.....	159, 163, 167	multivit-min-iron fum-folic ac	
MUCINEX FAST-MAX		mucus relief dm	165, 166	.....	227
DAY-NITE CONG	162	mucus relief dm cough	163	mupirocin.....	73
MUCINEX FAST-MAX		mucus relief dm max	163	MURO 128	143
DAY-NT(DOXYL).....	162	mucus relief er ...	159, 163, 165,	MVASI	19
mucinex fast-max dm max .	162	167		MV-MIN-FOLIC ACID-	
MUCINEX FAST-MAX NITE		MUCUS RELIEF ER	159, 163,	LUTEIN.....	227
COLD-FLU	162	165		MVW COMPLETE FORMUL	
MUCINEX FREEFROM		mucus relief pe	163	MULTIVIT	227
COLD-FLU D-N	162	MUCUS-CHEST		MVW COMPLETE FORMUL	
MUCINEX FREEFROM DAY		CONGESTION	163	PEDIATRIC	227
COLD-FLU	162	MUCUS-ER MAX.....	167	MVW COMPLETE	
MUCINEX FREEFROM NT		MULPLETA.....	58	FORMULATION D3000	
COLD-FLU	162	multi complete with iron	226	.....	227
MUCINEX JUNIOR COLD-		multi for her.....	226	MVW COMPLETE	
FLU	162	MULTI FOR HER.....	226	FORMULATION D5000	
MUCINEX JUNIOR COUGH-		MULTI FOR HER 50 PLUS		.....	227
CONGEST	162	.....	226	MX-SOL.....	87
MUCINEX NIGHTSHFT		MULTI VITAMIN.....	227	MX-SOL BLEND	90
COLD-FLU CLR	162	MULTI-DAY PLUS		MX-SOL BLEND SF	90
MUCINEX NIGHTSHFT		MINERALS.....	226	MX-SOL SF	90
SEVR CLD-FLU.....	162	multi-day with iron.....	226	MX-SOL SUSPEND.....	90

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

my choice	139	nasal spray (sodium chloride)	NEUPRO	29
my way	139	.....	NEUTROGENA HAND	68
MYALEPT	105	nasal spray	nevirapine	4
mycophenolate mofetil	19	12hr(oxymetazoline)....	new day.....	139
mycophenolate mofetil (hcl)	20	nasal spray extra moisturizing	NEXAVAR.....	20
mycophenolate sodium.....	20	.....	NEXLETOL	59
myferon 150	227	nasal spray sinus.....	NEXLIZET	59
MYLOTARG	20	NASCOBAL	NEXPLANON.....	137
myorisan.....	72	NASOGEL	niacin	59, 60
MYRBETRIQ	174	NASOPEN PE.....	NIACIN	59
my-vitalife	227	NATACYN	NIACIN (INOSITOL	
N		nateglinide	NIACINATE).....	60
nabumetone	42	NATPARA	nicardipine	55
nadolol.....	55	NATRAPEL	NICODERM CQ	91, 92
nafcillin.....	10	natural fiber laxative (sugar)	NICOMIDE (SELENIUM-	
nafcillin in dextrose iso-osm	10	.....	CHROMIUM)	228
naftifine	75	natural veg laxative(sennosid)	NICORETTE	92
NAFTIN	75	.....	nicotine	91, 92, 93, 94, 95
NAGLAZYME.....	105	natura-lax.....	nicotine (polacrilex).91, 93, 94,	
nalbuphine	42, 43	NAYZILAM.....	95	
naloxone	43	nebivolol.....	NICOTINE (POLACRILEX)	
naltrexone.....	43	NEEDLES, INSULIN	.....	91
NAMZARIC.....	31	DISP.,SAFETY	NICOTROL	94
NANO VM 1-3.....	227	nefazodone.....	NICOTROL NS.....	94
NANO VM 4-8.....	228	nelarabine	nifedipine.....	55
NANOVM 9-18.....	228	neomycin	NIFEREX (SUMALATE-	
NANOVM T-F	228	neomycin-bacitracin-poly-hc	QUATREFOLIC).....	228
naproxen	43	.....	night time.....	159
naproxen sodium39, 41, 43, 44,		neomycin-bacitracin-	night time cold and flu relief	
45		polymyxin.....	.....	163
naratriptan.....	29	neomycin-polymyxin b gu....	NIGHT TIME COLD AND	
NARCAN	43	neomycin-polymyxin b-	FLU RELIEF	159, 163
NASADROPS	96	dexameth	nighttime cold-flu	156, 163,
nasal decongestant (oxymetazl)		neomycin-polymyxin-	164	
.....	96	gramicidin.....	NIGHTTIME COLD-FLU .164	
nasal decongestant (pe)	156,	neomycin-polymyxin-hc	NIGHTTIME COLD-FLU	
159, 163, 167		146	RELIEF.....	156, 164
nasal decongestant		neo-polycin	nighttime cough	156, 164
(pseudoeph) ...	156, 159, 163,	neo-polycin hc	nikki (28)	139
167		NEOQ10	nilutamide	20
nasal four	96	neostigmine methylsulfate....	nimodipine.....	55
nasal mist.....	96, 97	nephplex rx	NINJACOF	164
nasal moisturizing	96	NEPHRON FA	NINJACOF-A.....	164
nasal spray (oxymetazoline) 96,		NEPHRO-VITE.....	NINJACOF-XG.....	164
97		NERLYNX.....	NINLARO	20

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

nisoldipine	55	NOXAFIL	2	olanzapine-fluoxetine	50
nitazoxanide	8	NPLATE.....	58	olmesartan.....	55
NITE TIME COLD-FLU ..	167,	NUBEQA	20	olmesartan-amlodipin-	
168		NUCALA	172	hcthiazid	55
nitisinone	87	NUDEXTA	31	olmesartan-	
nitro-bid.....	62	NUFERA	228	hydrochlorothiazide	55
nitrofurantoin.....	12	NU-IRON	228	olopatadine	143
nitrofurantoin macrocrystal ..	12	NULOJIX	20	omega 3-dha-epa-fish oil ...	196,
nitrofurantoin monohyd/m-		NU-MAG.....	186	197, 200	
cryst	12	NUPLAZID	50	OMEGA 3-DHA-EPA-FISH	
nitroglycerin	62	NURTEC ODT.....	29	OIL	196, 197, 198, 200
nitroglycerin in 5 % dextrose	62	nyamyc	75	OMEGA ESSENTIALS	
NIVANEX DMX	164	nystatin	2, 75	BASIC	199
NIVESTYM	125	nystatin-triamcinolone.....	75	OMEGA-3	200
nizatidine	123	nystop	75	OMEGA-3 (WITH DPA) ...	200
no drip	96, 97	NYVEPRIA.....	125	OMEGA-3 2100	200
nohist-dm.....	164	O		omega-3 acid ethyl esters	60
nohist-lq.....	164	OCALIVA	116	omega-3 fatty acids.....	60
non-aspirin pain relief	44	ocean nasal	97	omega-3 fatty acids-fish oil	
nora-be.....	136	OCREVUS	31	195, 196, 197, 199, 200, 201	
NOREL AD.....	164	octreotide acetate.....	20	OMEGA-3 FATTY ACIDS-	
norepinephrine bitartrate	61	OCULAR VITAMINS	228	FISH OIL.....	200, 201
norethindrone (contraceptive)		ocutabs.....	228	OMEGA-3 FISH OIL.....	200
.....	136	OCUVITE ADULT 50 PLUS		OMEGA-3S-DHA-EPA-FISH	
norethindrone acetate	136	.....	228	OIL	196, 197, 198, 200
norethindrone ac-eth estradiol		OCUVITE EYE HEALTH.	228	omeprazole	122, 123, 124
.....	136, 140	OCUVITE EYE PLUS MULTI		omeprazole magnesium	123,
norethindrone-e.estradiol-iron		.....	228	124	
.....	140	OCUVITE LUTEIN AND		omnicap	228
norgestimate-ethinyl estradiol		ZEAXANTHIN	228	OMNIPOD 5 G6 INTRO KIT	
.....	140	OCUVITE WITH LUTEIN	228	(GEN 5)	102
nortrel 0.5/35 (28)	140	ODEFSEY	4	OMNIPOD 5 G6 PODS (GEN	
nortrel 1/35 (21)	140	ODOMZO	20	5).....	102
nortrel 1/35 (28)	140	OFEV.....	172	OMNIPOD CLASSIC PDM	
nortrel 7/7/7 (28)	140	OFF ACTIVE.....	68	KIT(GEN 3).....	130
nortriptyline.....	50	OFF DEEP WOODS	68	OMNIPOD CLASSIC PODS	
NORVIR.....	4	OFF DEEP WOODS DRY...	68	(GEN 3)	130
nose drops.....	96, 97	OFF DEEP WOODS		OMNIPOD DASH INTRO	
NOVAFERRUM.....	228	SPORTSMEN	68	KIT (GEN 4).....	102
NOVAFERRUM 50.....	228	OFF FAMILYCARE (WITH		OMNIPOD DASH PODS	
NOVAFERRUM PEDIATRIC		DEET)	68	(GEN 4)	130
MV-IRON	228	OFF FAMILYCARE(WITH		OMNITROPE.....	125
NOVAMV	228	PICARIDIN)	68	ONCASPAR.....	20
NOVOFINE 32	102	ofloxacin.....	11, 98, 141	ONCOVITE.....	228
NOVOFINE PLUS.....	102	olanzapine.....	50	ondansetron.....	116

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

ondansetron hcl	116, 117	ONE DAILY WOMEN'S	ONE-PER-DAY OMEGA-3
ondansetron hcl (pf)	116	METABOLISM.....	199
one daily	221, 229	ONE-A-DAY ENERGY	ONGLYZA.....102
one daily calcium/iron	229	one-a-day essential	ONIVYDE.....20
one daily complete	228	ONE-A-DAY KID'S	ONUREG
one daily energy	233	ONE-A-DAY MEN	opcicon one-step.....140
one daily essential .....210, 228,	233	VITACRAVES.....	OPDIVO
one daily for men.....	228	ONE-A-DAY MENOPAUSE	OPDUALAG
ONE DAILY FOR MEN....	229	FORMULA	opium tincture.....108
one daily for men 50 plus adv	228	ONE-A-DAY MEN'S 50	OPSUMIT.....172
one daily for women.....	229	PLUS	OPTICHAMBER DIAMOND
ONE DAILY HEALTHY		ONE-A-DAY MEN'S	VHC.....130
WEIGHT	229	50PLUS(GINKGO).....	OPTICHAMBER DIAMOND-
one daily maximum....	229, 233	ONE-A-DAY MEN'S	MED MSK.....130
ONE DAILY MEN'S 50 PLUS		COMPLETE.....	OPTICHAMBER DIAMOND-
ADV	216	ONE-A-DAY MEN'S	SML MASK
one daily men's 50 plus		MULTIVITAMIN	OPTIMAL D3
memory.....	229	ONE-A-DAY PROACTIVE	OPTIMAL D3 M.....
ONE DAILY MEN'S 50 PLUS		65 PLUS	option-2.....140
W-D3.....	216, 229, 233	one-a-day teen advantage ...	OPTISOURCE
one daily multi-vit w-mineral	229	ONE-A-DAY TEEN HER	OPURITY MULTIVITAMIN
ONE DAILY MULTI-VIT W-		VITACRAVES.....	231
MINERAL.....	230	ONE-A-DAY TEEN HIM	ORA-BLEND
one daily multivitamin229, 230		VITACRAVES.....	ORA-BLEND SF.....87
ONE DAILY		ONE-A-DAY VITACRAVES	ORACIT
MULTIVITAMIN.....	230	.....	ORAL MIX
ONE DAILY		ONE-A-DAY VITACRAVES	ORAL MIX SF
MULTIVITAMIN-IRON		IMMUNITY	ORAL SUSPEND
.....	230	ONE-A-DAY VITACRAVES	ORAL SYRUP
one daily multivit-iron(folic)	229	OMEGA-3	ORAL SYRUP SF
one daily plus iron	229	ONE-A-DAY	oralone
one daily plus minerals.....	229	WEIGHTSMART	oralyte
one daily women 50 plus....	229	ONE-A-DAY WOMEN	ORA-PLUS.....90
ONE DAILY WOMEN 50		VITACRAVES.....	ora-sweet.....87
PLUS	229	ONE-A-DAY WOMEN'S 50	ORA-SWEET SF.....88
ONE DAILY WOMEN 50		PLUS	ORAZINC
PLUS(VIT K).210, 216, 223		ONE-A-DAY WOMEN'S	ORENCIA
one daily women's	233	ACTIVE	ORENCIA (WITH
ONE DAILY WOMEN'S..210,	229	ONE-A-DAY WOMEN'S	MALTOSE).....134
one daily womens 50 plus ..	229	COMPLETE.....	ORENCIA CLICKJECT ...
		ONE-A-DAY WOMEN'S	ORGOVYX
		HEALTHY SKIN.....	original nasal spray.....96
		ONE-A-DAY WOMEN'S	ORKAMBI
		PETITES	ORLADEYO
			ORTHO-TABS.....231

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

OS-CAL 500 + D3	186	pamidronate	105	peg 3350-electrolytes.....	117
oseltamivir	4	PANDA MASK.....	130, 131	peg3350-sod sul-nacl-kcl-asb-c	117
osmitrol 20 %	55	PANRETIN	68	.....	117
OTEZLA	134	pantoprazole	124	PEGASYS	125
OTEZLA STARTER.....	135	paraplatin	20	PEGBLEND	88
OVEGA-3.....	200	paricalcitol	105	peg-electrolyte	117
OVIDREL	105	paromomycin.....	8	PEMAZYRE.....	20
oxacillin	10	paroxetine hcl	50	pemetrexed disodium.....	20
oxacillin in dextrose(iso-osm)	10	PARVLEX.....	231	penicillamine	135
oxaliplatin.....	20	PASER.....	8	PENICILLIN G POT IN	
oxandrolone.....	105	PAXIL	50	DEXTROSE	10
oxaprozin	43	PCCA EMOLLIENT BASE	68	penicillin g potassium.....	10
oxcarbazepine.....	27	PEAK AIR PEAK FLOW		penicillin g procaine	11
OXERVATE	143	METER	131	penicillin g sodium	11
oxybutynin chloride.....	174	PEDI MULTIVIT NO.194-		penicillin v potassium.....	11
oxycodone	34	IRON SULF	231	PEN-KERA	68
oxycodone-acetaminophen...	34	PEDIA D-VITE.....	231	PENTACEL (PF).....	126
OXYCONTIN	34	pedia iron.....	231	pentamidine	8
OXYTROL FOR WOMEN	174	PEDIA POLY-VITE	231	PENTASA	117
oysco 500/d	186	PEDIA POLY-VITE WITH		pentoxifylline.....	58
oyster shell + d3	176, 187	IRON	231	pentravan	68
oyster shell calcium	187	PEDIA TRI-VITE	231	PENTRAVAN PLUS	69
oyster shell calcium 500.....	187	PEDIACLEAR PD	164	PERFECT IRON	231
oyster shell calcium-vit d3 .	187	PEDIA-LAX (MAG		perindopril erbumine	55
OYSTER SHELL CALCIUM-		HYDROXIDE).....	112	perio gard.....	97
VIT D3	187	PEDIA-LAX STOOL		PERJETA	20
oystercal-d	187	SOFTENER.....	112	permethrin.....	78
OZEMPIC	102, 103	pedialyte	188	perphenazine.....	50
OZURDEX.....	146	PEDIALYTE ADVANCED		PERSERIS	50
P		CARE	187, 188	PERSONAL BEST FULL	
pacerone	53	pedialyte freezer pops.....	188	RANGE	131
paclitaxel	20	pedialyte singles	188	PERSONAL BEST LOW	
PADCEV	20	PEDIARIX (PF)	126	RANGE	131
pain relief (acetaminophen). 39,		pediatric cough and cold....	164	petrolatum.....	69
41, 43, 44, 45		pediatric electrolyte ...	182, 183,	PFCB	69
pain relief extra strength 39, 41,		184, 187, 188, 189, 190, 191		pfizerpen-g.....	11
43		pediatric freezer pops	190	pharbedryl.....	164
pain reliever (acetaminophen)		PEDIATRIC		pharbetol	43
.....41, 45		MULTIVITAMIN NO.171		PHARMABASE.....	69
pain reliever extra strength.. 39,		231		PHARMABASE COSMETIC	
41, 43, 45		PEDIATRIC PANDA MASK		.....	69
paliperidone	50	.....	131	PHARMABASE LIGHT.....	69
palonosetron	117	PEDIAVANCE	189	PHARMABASE NATURAL	
PALYNZIQ.....	105	PEDIAVENT.....	164	.....	69
		PEDVAX HIB (PF).....	126	PHARMABASE VAGINAL	69

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

phenelzine.....	50	POCKET PEAK FLOW		potassium chloride in 5 % dex	
phenobarbital.....	27	METER	131	.....	189
phenobarbital sodium	27	podofilox	69	potassium chloride in lr-d5	189
phentolamine	55	POLIVY	21	potassium chloride in water	189
phenylephrine hcl	164	polocaine	69	potassium chloride-0.45 % nacl	
PHENYLEPHRINE-DM-		polocaine-mpf.....	69	.....	190
GUAIFENESIN	154	POLY BACITRACIN (ZINC)		potassium chloride-d5-	
phenytoin	27	.....	73	0.2%nacl	190
phenytoin sodium	27	POLY HIST FORTE	164	potassium chloride-d5-	
phenytoin sodium extended	27	polycin	141	0.9%nacl	190
philith	140	polyethylene glycol 1000(bulk)		potassium citrate	175
phlexy-vits.....	200	.....	88	potassium phosphate m-/d-	
phos-nak	189	polyethylene glycol 3350 ...	117	basic	190
PHOSPHOLINE IODIDE ..	143	POLYETHYLENE GLYCOL		potassium, sodium phosphates	
phosphorous supplement	189	3350(BULK)	88	.....	189, 191
PHYTOBASE	69	POLYETHYLENE GLYCOL		POTELIGEO	21
PHYTOMULTI.....	231	8000(BULK)	88	povidone-iodine	73, 74
phytonadione (vitamin k1) ...	58	POLY-HIST DM		pramipexole	29
PICODERM	69	(THONZYLAMINE)	164	prasugrel	58
PIFELTRO	4	poly-iron	231	pravastatin.....	60
PIKO 1.....	131	polymyxin b sulf-trimethoprim		praziquantel	9
pilocarpine hcl	88, 143	.....	141	prazosin.....	56
pimecrolimus	69	polysaccharide iron complex		PRECISION XTRA B-	
pimozide.....	51	.....	231	KETONE	131
pimtrea (28).....	140	POLY-TUSSIN AC.....	164	prednicarbate	78
pinaway	8	POLY-VENT DM	164	prednisolone	99
pindolol.....	56	POLY-VENT IR.....	164	prednisolone acetate	146
pink bismuth.....	108	POLY-VI-SOL	231	prednisolone sodium phosphate	
pinworm treatment	7, 9	POLY-VI-SOL WITH IRON		.....	99, 146
pioglitazone	103	.....	231	prednisone.....	99
piperacillin-tazobactam	11	POLY-VITA DROPS.....	231	prednisone intensol.....	99
PIQRAY	20	POLY-VITA WITH IRON	231	pregabalin	27, 28
pirfenidone	172	POMALYST	21	PREHEVBRIO (PF)	126
pirmella.....	140	portia 28.....	140	PREMARIN	136
piroxicam.....	43	PORTRAZZA	21	premasol 10 %	200
PLAN B ONE-STEP	140	posaconazole	2	PREMPHASE.....	136
plasbumin 25 %.....	175	potassium acetate.....	189	PREMPRO	136
plasbumin 5 %.....	175	POTASSIUM BROMIDE		prenatal vitamin oral tablet	231
PLASMA-LYTE 148	200	(BULK)	189	PRESERVISION AREDS	232
PLASMA-LYTE A	200	potassium chlorid-d5-		PRESERVISION AREDS-2	
plasmanate.....	200	0.45%nacl	189	.....	231
PLEGRIDY	125	potassium chloride.....	189, 190	PRESERVISION LUTEIN	232
PLENAMINE.....	200	potassium chloride in 0.9%nacl		PRETTY FEET HANDS.....	69
PNA-HRT BASE CREAM ..	69	.....	189	PREVACID 24HR.....	124
POCKET CHAMBER	131			prevalite	60

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

PREVENT.....	232	progesterone micronized	136	PYRIDOXINE (BULK)	232
PREVIDENT 5000 BOOSTER PLUS	97	PROGRAF.....	21	pyridoxine (vitamin b6).....	211, 232, 235, 237, 241
PREVIDENT 5000 DRY MOUTH	97	PROLASTIN-C	88	PYRIDOXINE (VITAMIN B6)	232
PREVYMIS.....	4	PROLENSA	146	pyrimethamine	9
PREZCOBIX.....	4	PROLIA.....	133	Q	
PREZISTA	4	PROMACTA.....	58	Q-DERM	69
PRIFTIN.....	9	promethazine	164	Q-GEL	201
PRIMAQUINE.....	9	promethazine-codeine	164	Q-GEL FORTE	201
primidone	28	promethazine-dm.....	165	Q-GEL MEGA	201
PRIORIX (PF).....	126	promethazine-phenyleph- codeine.....	165	Q-GEL ULTRA.....	201
PRIVIGEN	127	promethazine-phenylephrine	165	QINLOCK	21
PRO COMFORT SPACER- ADULT MASK.....	131	propafenone	53	q-sorb co q-10.....	81, 82
PRO COMFORT SPACER- CHILD MASK	131	propranolol	56	QTERN.....	103
PRO FE	232	propranolol-hydrochlorothiazid	56	QUADRACEL (PF)	127
probenecid	132	PROPYLENE GLYCOL (BULK)	69	quetiapine	51
probenecid-colchicine	133	propylthiouracil	99	QUFLORA FE.....	232
probiotic	201	PROQUAD (PF).....	127	QUIN B STRONG	232
PROBIOTIC.....	108	PRORENAL.....	232	quinapril.....	56
PROBIOTIC ACIDOPHILUS	201	PRORENAL QD	232	quinapril-hydrochlorothiazide	56
PROBIOTIC ACIDOPHILUS- PECTIN.....	107, 108	PROSHIELD PLUS	69	quinidine sulfate	53
PROBIOTIC GOLD ACIDOPHILUS	201	proslight.....	232	quinine sulfate	9
procainamide	53	protamine.....	58	QUINTABS.....	232
PRO-CAL.....	232	PROTECT CARDIO AF....	232	QUINTABS-M.....	232
PROCARE SPACER WITH ADULT MASK.....	131	PROTECT PLUS SO	232	quintabs-m iron free	232
PROCARE SPACER WITH CHILD MASK	131	protriptyline.....	51	QVAR REDIHALER	173
PROCERV HP	232	PROXEED PLUS.....	232	R	
prochlorperazine.....	117	pseudoephedrine hcl	165	RABAVERT (PF)	127
prochlorperazine edisylate..	117	pseudoephedrine-guaifenesin	157	RADICAVA	31
prochlorperazine maleate oral	117	PSEUDOEPHEDRINE- GUAIFENESIN.....	157	raloxifene.....	133
PROCRT	125	PULMICORT FLEXHALER	173	ramelteon	51
procto-med hc.....	117	PULMOZYME.....	173	ramipril	56
procto-pak.....	117	PURE L-CITRULLINE	201	RANGER READY REPELLENT.....	69
proctosol hc	117	PURECOMFORT PEAK FLOW METER	131	ranolazine	61
proctozone-hc	117	purevit dualfe plus	232	rasagiline.....	29
progesterone	136	PURIXAN	21	RAVICTI.....	88
		pyrazinamide	9	ready-to-use enema....	111, 113, 119
		pyridostigmine bromide	31	READY-TO-USE ENEMA (MIN OIL)	114, 118, 120
				reclipsen (28).....	140
				RECOMBIVAX HB (PF)...	127

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

RECTIV	118	REPATHA SURECLICK	60	robafen cf (phenylephrine) .	166
reese's pinworm medicine	9	REPEL 100.....	70	robafen dm cough	166
REFRESH CELLUVISC ...	143	REPEL FAMILY	70	robafen dm cough-chest	
REFRESH CLASSIC (PF).	143	REPEL LEMON		congest.....	166
REFRESH DIGITAL	143	EUCALYPTUS.....	70	ROCKLATAN	146
REFRESH DIGITAL PF....	144	REPEL SPORTSMEN	70	romidepsin	21
REFRESH LACRI-LUBE..	144	REPEL SPORTSMEN DRY	70	RONDEC-D	166
REFRESH LIQUIGEL.....	144	REPEL SPORTSMEN MAX		ropinirole	29
REFRESH OPTIVE	144	.....	70	rosadan.....	72
REFRESH OPTIVE		REPEL TICK DEFENSE	70	rosuvastatin.....	60
ADVANCED	144	replesta.....	234	ROTARIX	127
REFRESH OPTIVE		REPLESTA NX	234	ROTATEQ VACCINE.....	127
ADVANCED (PF)	144	RESCON	165	roweepra	28
REFRESH OPTIVE MEGA-3		RESCON-DM	165	ROZLYTREK	21
(PF).....	144	rescon-gg	165	RUBRACA.....	21
REFRESH OPTIVE		RESTASIS.....	144	rufinamide.....	28
SENSITIVE (PF).....	144	RESTASIS MULTIDOSE .	144	RU-HIST D	166
REFRESH P.M.	144	RETACRIT	125	RUKOBIA.....	4
REFRESH PLUS	144	RETEVMO.....	21	RUXIENCE.....	21
REFRESH RELIEVA	144	RETROVIR.....	4	RYBELSUS.....	103
REFRESH RELIEVA PF...	144	REVCОВI	88	RYBREVANT.....	21
REFRESH TEARS.....	144	REVLIMID	21	RYDAPT	21
regonol.....	31	revonto.....	31	rydex	166
REGRANEX.....	69	REXULTI.....	51	RYLAZE	21
REJUVACARE PLUS	69	REYATAZ	4	RYMED	
RELENZA DISKHALER.....	4	RHOPRESSA.....	146	(DEXCHLORPHENIRAMI	
RELISTOR.....	118	ribavirin	4	NE-PE)	166
remedy antifungal.....	76	RIDAURA.....	135	rynex dm.....	166
REMEDY DIMETHICONE		rifabutin	9	rynex pe	166
CREAM.....	69	rifampin	9	rynex pse.....	166
REMEDY NUTRASHIELD	69	riluzole.....	88	S	
REMEDY SKIN REPAIR ...	69	rimantadine.....	4	sajazir.....	173
REMICADE	118	ringer's	82, 190	SALICYLIC ACID (BULK)	63
RENACIDIN.....	175	RINVOQ	135	saline mist.....	97
renal caps.....	234	risacal-d	234	saline nasal.....	95, 96, 97
RENAL VITAMIN	234	risedronate	88, 133	SALINE NASAL (ALOE	
RENAL-VITE	234	RISPERDAL CONSTA	51	VERA).....	97
RENAPLEX	234	risperidone	51	saline nasal mist.....	96
RENAPLEX-D.....	234	RITEFLO AEROCHAMBER		saline nose	97
rena-vite.....	234	.....	131	SALMON OIL-OMEGA-3	
rena-vite rx	234	ritonavir	4	FATTY ACIDS	202
reno caps.....	234	rivastigmine.....	31	sal-plant	63
repaglinide	103	rivastigmine tartrate.....	31	salsalate.....	44
REPATHA	60	rizatriptan.....	29	SALTSTABLE LO CREAM	
REPATHA PUSHTRONEX	60	robafen.....	166	BASE.....	70

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

SAMSCA	105	SEVERE COLD AND FLU		SODIUM BENZOATE	
SANCUSO	118	(PE).153, 156, 158, 159, 166		(BULK).....	98
SANDIMMUNE	21	SEVERE COLD AND FLU		sodium benzoate-sod	
SANDOSTATIN LAR		NIGHTTIME.....	164	phenylacet.....	89
DEPOT	21	sf 97		sodium bicarbonate.....	120, 191
SANTYL	70	sf 5000 plus	97	SODIUM BROMIDE (BULK)	
sapropterin.....	105	sharobel	136	.....	89
SARCLISA.....	21	SHINGRIX (PF).....	127	sodium chloride ...	89, 144, 145,
SAVELLA.....	135	SIGNIFOR.....	21	191	
SCALP RELIEF	63	silace	119	SODIUM CHLORIDE	
SCSEMBLIX.....	21	siladryl sa.....	166	(BULK).....	191
SCOOBY-DOO ONE A DAY		silapap.....	44	sodium chloride 0.45 %.....	191
.....	234	sildenafil (pulmonary arterial		sodium chloride 0.9 %.....	89
SCOOBY-DOO ONE A DAY		hypertension).....	173	sodium chloride 3 %	
KIDS.....	234	silodosin.....	175	hypertonic	191
scopolamine base.....	118	siltussin dm das	166	sodium chloride 5 %	
sea-omega.....	201	siltussin sa.....	166	hypertonic	191
sebex	63	siltussin-dm	166	sodium citrate-citric acid ...	175
SECUADO	51	silver sulfadiazine.....	70	sodium ferric gluconat-sucrose	
SEGLUROMET	103	SIMBRINZA	146	.....	89
selegiline hcl.....	29	simethicone.....	113, 119	sodium fluoride 5000 dry	
selenium sulfide.....	62	SIMULECT	21	mouth.....	98
SELZENTRY	4	simvastatin.....	60	sodium fluoride 5000 plus ...	98
senexon-s.....	118	sinus congestion and pain...	166	sodium fluoride-pot nitrate ...	98
senior tabs.....	234	SINUS CONGESTION AND		sodium nitroprusside	61
senna.....	114, 118, 119	PAIN.....	166	sodium phenylbutyrate	89
SENNA.....	118	SINUS CONGESTION-		sodium phosphate	191
senna lax	119	PAIN(GUAIF).....	166	sodium polystyrene sulfonate	
senna laxative	119, 120	sinus nasal spray	96	.....	89
senna plus	119	SINUS PAIN-PRESSURE		SOLIQUA 100/33	103
SENNA PLUS.....	119	(PE).....	166	SOLO.....	236
senna-s.....	119, 120	SINUS RELIEF		SOLTAMOX.....	22
senna-time s.....	119	(PHENYLEPHRINE).....	97	SOLUVITA-E	236
sennosides.....	118	sirolimus	21	SOMATULINE DEPOT	22
SENOKOT	119	SIRTURO	9	SOMAVERT	105
SENOKOT EXTRA		SKYRIZI	62, 119	SOOTHE AND COOL	
STRENGTH	119	slo-niacin	61	MEDSEPTIC	70
SENOKOT-S.....	119	SLO-NIACIN	60, 61	SOOTHE-COOL MOISTURE	
senry	234	SLOW FE	234	BARRIER.....	70
senry senior	234	slow release iron 210, 216, 223,		SOOTHE-COOL PROTECT	
sertraline	51	234, 235		MEDSEPTIC	70
sesame oil	88	SLOW RELEASE IRON ..210,		soothing pureway-c	236
se-tan plus.....	234	233, 235, 237		sorafenib	22
setlakin	140	SLOW-MAG	190	sorbidon hydrate	70
sevelamer carbonate	88	sodium acetate	191	sorbitol.....	89

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

SORBOLENE	70	stool softener-stimulant laxat	super b/c.....	237
sorine	53	 114, 121	SUPER DAILY D3	237
SOSWEET SYRUP VEHICLE		STOOL SOFTENER-	SUPER DHA GEMS	201
.....	89	STIMULANT LAXAT ..	SUPER MULTIPLE - LOW	
sotalol	53	121	IRON	237
sotalol af	53	STRENSIQ	super omega-3	61
SPACE CHAMBER.....	129	STREPTOMYCIN	super thera vite m	237
SPACE CHAMBER WITH		stress b with zinc	SUPER TWIN EPA-DHA....	61
LARGE MASK.....	129	STRESS B-COMPLEX.....	suphedrin	168
SPACE CHAMBER WITH		236	suphedrine 12 hour	156, 165
MEDIUM MASK.....	129	stress formula	SUPRAX	6
SPACE CHAMBER WITH		stress formula with iron.....	syeda	140
SMALL MASK.....	129	236	SYMBICORT	173
spectravite adult 50 plus.....	210	stress formula with iron(sulf)	SYMDEKO	173
SPECTRAVITE ADULT 50		.....	SYMJEPI.....	168
PLUS(LUT).....	210	236	SYMLINPEN 120	103
spectravite advanced formula		stress formula with zinc.....	SYMLINPEN 60	103
.....	210	STRESS FORMULA WITH	SYMPAZAN	28
spectravite men's	210	ZINC.....	SYMTUZA.....	4
spectravite women.....	210	STRIBILD	SYNAGIS.....	4
SPIRIVA RESPIMAT	173	STRIVERDI RESPIMAT ..	SYNAREL.....	105
SPIRIVA WITH		STROVITE FORTE	SYNJARDY	103
HANDIHALER.....	173	STROVITE ONE	SYNJARDY XR.....	103
spironolactone	56	STUDIO 35 MOISTURIZING	SYNRIBO.....	22
spironolacton-hydrochlorothiaz		SKIN.....	SYRPALTA VEHICLE	89
.....	56	subvenite.....	SYRSPEND SF	90
sprintec (28).....	140	subvenite starter (blue) kit....	SYRSPEND SF ALKA	90
SPRITAM.....	28	28	SYRSPEND SF LIQUID	90
SPRYCEL	22	subvenite starter (green) kit..	SYSTANE (PF)	145
sps (with sorbitol).....	89	28	SYSTANE (PROPYLENE	
sronyx	140	subvenite starter (orange) kit 28	GLYCOL).....	145
ssd.....	70	SUCRAID	SYSTANE BALANCE	145
st joseph aspirin.....	45	sucrafate	SYSTANE COMPLETE	145
STAHIST AD.....	168	sudogest.....	SYSTANE GEL	145
STAMARIL (PF)	127	sudogest 12-hour	SYSTANE HYDRATION PF	
stavudine.....	4	sudogest cold and allergy ...	.....	145
STEGLATRO.....	103	168	SYSTANE NIGHTTIME ...	145
STELARA.....	62, 63	sulfacetamide sodium	SYSTANE ULTRA.....	145
stimulant laxative plus.....	120	145	SYSTANE ULTRA (PF)....	145
STIOLTO RESPIMAT	173	sulfacetamide sodium (acne) 74		
STIVARGA.....	22	sulfacetamide-prednisolone 145	T	
stomach relief	107, 108	sulfadiazine.....	tab-a-vite.....	238
stool softener	113, 114, 118,	sulfamethoxazole-trimethoprim	tab-a-vite multivitamin w-iron	
120, 121		.....	.....	238
stool softener-laxative 118, 120		11		
		SULFAMYLON.....		
		74		
		sulfasalazine		
		121		
		sulindac		
		45		
		sumatriptan		
		29		
		sumatriptan succinate		
		29, 30		
		sunitinib		
		22		
		sunvite		
		237		
		super antioxidant		
		237		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

TAB-A-VITE		
MULTIVITAMIN W-IRON		
.....	238	
TABLOID	22	
TABRECTA	22	
tacrolimus	22, 70	
tadalafil (pulmonary arterial		
hypertension) oral tablet 20		
mg.....	173	
TAFINLAR	22	
TAGRISSE	22	
TAKE ACTION	140	
TALTZ AUTOINJECTOR	63	
TALTZ AUTOINJECTOR (2		
PACK).....	63	
TALTZ AUTOINJECTOR (3		
PACK).....	63	
TALTZ SYRINGE	63	
TALZENNA	22	
tamoxifen	22	
tamsulosin	175	
TARGRETIN	22	
tarina 24 fe	140	
tarina fe 1/20 (28)	140	
tarina fe 1-20 eq (28)	140	
taron forte	238	
TASIGNA	22	
tavaborole	76	
tazarotene	72	
tazicef	6	
TAZORAC	72	
taztia xt	56	
TAZVERIK	22	
TDVAX	127	
TECENTRIQ	22	
TEFLARO	6	
TEKTRNA HCT	56	
telmisartan	56	
telmisartan-amlodipine	56	
telmisartan-hydrochlorothiazid		
.....	56	
TEMIXYS	4	
TEMODAR	22	
temsirolimus	22	
TENDER CARE LANOLIN	70	
TENIVAC (PF)	127	
tenofovir disoproxil fumarate	4	
TEPMETKO	22	
terazosin	56	
terbinafine hcl	2, 76	
terbutaline	173	
terconazole	137	
TERIPARATIDE	133	
testosterone	105, 106	
testosterone cypionate	105	
testosterone enanthate	105	
TETANUS,DIPHThERIA		
TOX PED(PF)	127	
tetrabenazine	31	
tetracycline	12	
THALOMID	22	
THEO-24	173	
theophylline	173, 174	
thera	238	
thera m plus (ferrous fumarat)		
.....	238	
thera-d	238	
THERA-D 4000	238	
THERAFLU EXPRESSMAX		
COLD DAY	168	
THERAFLU EXPRESSMAX		
COLD NIGHT	168	
THERAFLU FLU-SORE		
THROAT	168	
THERAFLU MULTI-		
SYMPTOM COLD	168	
THERAFLU NIGHT SEVERE		
COLD-CGH	168	
THERAGRAN-M PREMIER		
50 PLUS	238	
theralogix companion	208	
thera-m	238	
THERAMILL FORTE	238	
THERANATAL	238	
therapeutic dandruff shampoo		
.....	63	
therapeutic liquid	225	
therapeutic moisturizing	70	
therapeutic-m	221, 238	
thera-tabs	239	
thera-tabs m	239	
theratrum complete 50 plus/lut		
.....	239	
theratrum complete 50 plus-lyc		
.....	239	
theratrum complete with lutein		
.....	239	
therems multivitamin	239	
therems-m	239	
thermotabs	191	
THEROMEGA	202	
THEROMEGA SPORT	202	
thiamine hcl (vitamin b1)	239	
thioridazine	51	
thiotepa	22	
thiothixene	51	
tiadylt er	56	
tiagabine	28	
TIBSOVO	22	
TICE BCG	127	
TICOVAC	127	
tigecycline	9	
tilia fe	140	
timolol maleate	56, 142	
tinidazole	9	
TIVDAK	22	
TIVICAY	4	
TIVICAY PD	4	
tizanidine	32	
TOBI PODHALER	9	
TOBRADEX	146	
tobramycin	9, 141	
tobramycin in 0.225 % nacl	9	
tobramycin sulfate	9	
tobramycin-dexamethasone	146	
tolnaftate	75, 76	
tolterodine	174	
tolvaptan	106	
topiramate	28	
toposar	22	
topotecan	22, 23	
toremifene	23	
torsemide	56	
TOTAL HOME INSECT		
REPELLENT	65	

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

TOUJEO MAX U-300	tri-lo-sprintec	140	TRUZONE PEAK FLOW
SOLOSTAR	trimethoprim	12	METER.....
TOUJEO SOLOSTAR U-300	trimipramine	51	TUKYSA
INSULIN	TRINTELLIX.....	51	TUMS
TOVIAZ	triphrocaps	239	TUMS E-X
tramadol.....	triple antibiotic	73, 74	191, 192
tramadol-acetaminophen	TRIPLE ANTIBIOTIC.....	74	TUMS EXTRA STRENGTH
trandolapril	triple antibiotic plus.....	73, 74	SMOOTHIES
trandolapril-verapamil	triple antibiotic-pain relief... 73,	74	192
tranexamic acid			tums ultra
tranylcypromine	TRIPLE MAGNESIUM		121, 192
travasol 10 %.....	COMPLEX.....	183	TURALIO.....
travoprost.....	TRIPROLIDINE HCL	168	tusnel diabetic
TRAZIMERA.....	tri-sprintec (28).....	140	168
trazodone	TRIUMEQ.....	5	TUSNEL NEW FORMULA
TREANDA.....	TRIUMEQ PD.....	5	.....
TRECTOR.....	TRI-VI-SOL	239	168, 169
TRELEGY ELLIPTA	trivora (28).....	140	TUSNEL PEDIATRIC
TRELSTAR.....	TRIZIVIR.....	5	169
treprostinil sodium.....	TRODELVY	23	tussin.....
tretinoin (antineoplastic)	TROGARZO	5	169
tretinoin topical	TROPHAMINE 10 %	202	tussin cf (pe-dm-guaif)
tri femynor.....	TROPICAL LIQUID		156,
triamcinolone acetonide 78, 98,	NUTRITION	239	165, 168, 169
99	trospium.....	174	tussin cf cough-cold.....
TRIAMINIC COLD AND	TRUDHESA.....	30	169
COUGH (PE)	TRUEPLUS GLUCOSE	89	TUSSIN CF MAX SEVERE
TRIAMINIC COLD AND	TRULANCE.....	121	M-S COLD
COUGHNT(PE)	TRULICITY	103	169
triamterene-hydrochlorothiazid	TRUMENBA.....	127	tussin cough (dm only)
.....	TRUSELTIQ	23	156, 165, 168, 169
tricon.....	TRUSTEX LATEX		tussin dm clear.....
triderm	CONDOM	132	169
trientine.....	TRUSTEX LUBRICATED		tussin dm cough and chest .156,
tri-estarylla	CONDOMS	131, 132	159, 168, 169
TRIFERIC	TRUSTEX NON-LUB		tussin dm max.....
trifluoperazine	CONDOMS	131	159, 169
trifluridine.....	TRUSTEX-RIA		tussin mucus-chest congestion
trigels-f forte.....	LUB/SPERMICIDE	132	.....
TRIJARDY XR	TRUSTEX-RIA		165, 169
TRIKAFTA	LUBRICATED CONDOMS		TWINRIX (PF).....
tri-legest fe.....	.....	132	127
tri-linyah	TRUSTEX-RIA NON-LUB		TYPHIM VI.....
tri-lo-estarylla	CONDOMS	132	127
tri-lo-marzia.....			TYSABRI
			31
			TYVASO
			174
			TYVASO INSTITUTIONAL
			START KIT
			174
			TYVASO REFILL KIT
			174
			TYVASO STARTER KIT .174
			U
			U-BASE.....
			70
			UBRELVY
			30
			ULTOMIRIS
			89
			ULTRA FREEDA
			239
			ULTRA LUBRICANT EYE
			
			145
			ultra omega-3
			202
			ULTRATHON.....
			71

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

UNISPEND ANHYDROUS		
SWEET.....	89	
unithroid	106	
UNITUXIN	23	
UPCAL D.....	193	
UPTRAVI.....	56	
urinary pain relief.....	175	
URINARY PAIN RELIEF	175	
URISTIX 4	103	
URISTIX REAGENT	104	
ursodiol.....	121	
V		
valacyclovir	5	
VALCHLOR	71	
valganciclovir	5	
valproate sodium	28	
valproic acid	28	
valproic acid (as sodium salt)		
.....	28	
valrubicin.....	23	
valsartan	56	
valsartan-hydrochlorothiazide		
.....	56	
VALTOCO.....	28	
VANACOF.....	169	
VANACOF DM	169	
VANACOF DMX	169	
VANALICE	78	
VANATAB DM.....	169	
vancomycin	9, 10	
VANCOMYCIN	9	
VANCOMYCIN IN 0.9 %		
SODIUM CHL	9	
vandazole.....	137	
VANIBASE.....	71	
VANIBASE TRADITIONAL		
FORMULA	71	
vanicream	71	
VAQTA (PF).....	127	
varenicline	95	
VARIVAX (PF)	127	
VARIZIG	127	
VARUBI.....	121	
VASCEPA.....	61	
VECAMYL	62	
VECTIBIX	23	
VEKLURY	5	
VELCADE	23	
veletri.....	56	
velivet triphasic regimen (28)		
.....	140	
VELTASSA.....	90	
VEMLIDY	5	
VENCLEXTA	23	
VENCLEXTA STARTING		
PACK	23	
venlafaxine	51, 52	
VENOFER.....	239, 240	
verapamil	56	
VERQUVO	62	
VERSACLOZ	52	
VERSATILE	71	
VERSIGEL.....	71	
VERZENIO	23	
vestura (28).....	140	
V-GO 20	132	
V-GO 30	132	
V-GO 40	132	
VIBATIV.....	10	
VIBERZI	121	
VIBRAMYCIN (CALCIUM)		
.....	12	
VICTOZA 2-PAK	104	
VICTOZA 3-PAK	104	
vienva	140	
vigabatrin.....	28	
vigadrone.....	28	
VIIBRYD	52	
vilazodone	52	
VIMIZIM.....	106	
VIMPAT.....	28	
vinblastine	23	
vincasar pfs.....	23	
vincristine	23	
vinorelbine.....	23	
VIOKACE	121	
viorele (28)	140	
VIRACEPT	5	
VIREAD.....	5	
VIRT-CAPS	240	
virt-gard	240	
virtussin ac.....	169	
virtussin dac.....	169	
VISION FORMULA (WITH		
LUTEIN)	210, 216, 240	
VISION FORMULA(A-C-E-		
ZN-SE-CU).....	240	
VISION PLUS LUTEIN	240	
VISTOGARD	12	
vit 3	205	
VIT A PALMITATE-VIT C-		
VIT D3.....	231	
VIT E-WHEAT GERM-ALOE		
VERA	71	
VITABEX PLUS.....	240	
VITAFOL	240	
vitajoy daily d	240	
VITAL-D RX	240	
vitalee	240	
vitalets.....	240	
vitamin a	211, 221, 233, 240,	
241		
VITAMIN A PALMITATE		
.....	240, 241	
vitamin b-6.....	216, 221, 223, 233,	
235, 236, 241		
vitamin c	211, 216, 221, 222,	
233, 234, 236, 241, 242		
VITAMIN C FIZZY DRINK		
.....	211	
vitamin c with rose hips.....	210,	
216, 221, 223, 235, 236,		
237, 240, 242		
vitamin d2.....	242	
vitamin d3	210, 222, 223, 234,	
236, 237, 238, 243, 244,		
245, 246, 247		
VITAMIN D3 COMPLETE		
.....	247	
vitamin e	211, 234, 236, 238,	
247, 248, 249		
VITAMIN E	249	
vitamin e (dl, acetate)	211, 216,	
222, 223, 224, 238, 248, 249		

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

This drug list was last updated on 11/18/2022.

If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m. If you need to speak to your care manager, please 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).

284

ZINC SULFATE		
HEPTAHYDRAT(BULK)		
.....	90	
zinc with vitamins a and c ..	250	
zinc-220	193	
ziprasidone hcl.....	52	
ziprasidone mesylate	52	
ZIRABEV	25	
ZIRGAN.....	141	
ZOLADEX	25	
zoledronic acid	106	
zoledronic acid-mannitol-water		
.....	90, 106	
ZOLINZA.....	25	
zolmitriptan	30	
zolpidem	52	
ZONISADE	28	
zonisamide.....	29	
ZOO FRIENDS	250	
ZORTRESS	25	
zovia 1-35 (28)	141	
ZTALMY	29	
ZUBSOLV	46	
zumandimine (28).....	141	
ZYDELIG.....	25	
ZYFLO	174	
ZYKADIA	25	
ZYNLONTA	25	
ZYPREXA RELPREVV	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](https://www.caresource.com/MyCare).

This drug list was last updated on 11/18/2022.

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/OROMO

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: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको नम्रिती भाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-855-475-3163 (टेलिटाइप: 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 1-855-475-3163 (TTY: 1-800-750-0750).



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)

Formulary ID: 00022343

Version #: 18

Updated on 12/2022