

MEDICAID FORMULARY COVERAGE BY STATE



PLAN NAME	PAYER SEGMENT	FORMULARY STATUS	RESTRICTION(S)	CO-PAY
Alaska Medicaid	State Medicaid	Covered	None	\$0
Alabama Medicaid	State Medicaid	Covered	None	\$0
Arkansas Medicaid	State Medicaid	Covered	None	\$0
Arizona Medicaid	State Medicaid	Preferred	2 units/day	\$0
Medi-Cal (CA)	State Medicaid	Preferred	None	\$0
Colorado Medicaid	State Medicaid	Covered	None	\$0
Connecticut Medicaid	State Medicaid	Preferred	None	\$0
Delaware Medicaid	State Medicaid	Preferred	None	\$0
DC Medicaid	State Medicaid	Preferred	None	\$0
Florida Medicaid	State Medicaid	Covered	None	\$0
Georgia Medicaid	State Medicaid	Preferred	None	\$0
Hawaii Medicaid	State Medicaid	Covered	None	\$0
Illinois Medicaid	State Medicaid	Preferred	None	\$0
Indiana Medicaid	State Medicaid	Covered	None	\$0
Kansas Medicaid	State Medicaid	Preferred	None	\$0
Louisiana Medicaid	State Medicaid	Preferred	None	\$0
Mass Health (MA)	State Medicaid	Covered	None	\$0
Maryland Medicaid	State Medicaid	Preferred	None	\$0
Maine Medicaid	State Medicaid	Covered	None	\$0
Michigan Medicaid	State Medicaid	Covered	None	\$0
Minnesota Medicaid	State Medicaid	Preferred	2 units /month	\$0
Missouri Medicaid	State Medicaid	Preferred	None	\$0
Mississippi Medicaid	State Medicaid	Covered	None	\$0
Montana Medicaid	State Medicaid	Preferred	None	\$0
North Carolina Medicaid	State Medicaid	Preferred	None	\$0
North Dakota Medicaid	State Medicaid	Covered	4 units /month	\$0
New Hampshire Medicaid	State Medicaid	Covered	None	\$0
New Jersey Medicaid	State Medicaid	Covered	None	\$0
New York Medicaid	State Medicaid	Preferred	None	\$0
Ohio Medicaid	State Medicaid	Covered	None	\$0
Oklahoma Medicaid	State Medicaid	Covered	None	\$0
Oregon Medicaid	State Medicaid	Preferred	None	\$0

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PLAN NAME	PAYER SEGMENT	FORMULARY STATUS	RESTRICTION(S)	CO-PAY
Pennsylvania Medicaid	State Medicaid	Covered	None	\$0
South Carolina Medicaid	State Medicaid	Covered	None	\$0
TennCare (TN)	State Medicaid	Covered	None	\$0
Texas Medicaid	State Medicaid	Preferred	None	\$0
Utah Medicaid	State Medicaid	Preferred	None	\$0
Virginia Medicaid	State Medicaid	Covered	None	\$0
Vermont Medicaid	State Medicaid	Preferred	2 units /month	\$0
Washinton Medicaid	State Medicaid	Covered	None	\$0
Wisconsin Medicaid	State Medicaid	Preferred	None	\$0
Wyoming Medicaid	State Medicaid	Covered	1 fill /180 days	\$0

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