



**Molina Healthcare of Nebraska CHIP 599 Formulary**

**Medications that fall under these categories may be covered for CHIP 599 members.**

**Medicaid formulary rules may still apply.**

<b>Drug Name/ Category</b>
PENICILLINS
CEPHALOSPORINS
MACROLIDES
FLUOROQUINOLONES
AMINOGLYCOSIDES
ANTIMYCOBACTERIAL AGENTS
ANTIFUNGALS
HERPES AGENTS
INFLUENZA AGENTS
METRONIDAZOLE TAB 250 MG
METRONIDAZOLE TABS 500MG
CLINDAMYCIN HCL CAPS 300MG
NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG
NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG
NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG
NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG
VACCINES
TOXOIDS
CORTICOSTEROIDS
PROGESTERONE CAP 100 MG
PROGESTERONE CAP 200 MG
ANTIDIABETICS
THYROID AGENTS
BETA BLOCKERS
CALCIUM CHANNEL BLOCKERS
ANTIARRHYTHMICS
ANTIHYPERTENSIVES
DIURETICS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ONDANSETRON
ONDANSETRON HCL
METOCLOPRAMIDE HCL
CLOTRIMAZOLE VAGINAL
MICONAZOLE NITRATE VAGINAL
MICONAZOLE NITRATE VAGINAL & WIPES
ANTIDEPRESSANTS
ANTIPSYCHOTICS/ANTIMANIC AGENTS
DOXYLAMINE SUCCINATE
SMOKING DETERRENTS
ANALGESICS - NONNARCOTIC
ANTICONVULSANTS
PYRIDOXINE HCL
PRENATALS
FOLIC ACID
ANTICOAGULANTS
ANTIFUNGALS - TOPICAL
GLUCOSE BLOOD TEST STRIP
CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER
CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR
CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER
LANCETS
INSULIN PEN NEEDLE
INSULIN SYRINGE/NEEDLE U-100
INSULIN SYRINGE/NEEDLE U-500
INSULIN SYRINGES (DISPOSABLE)
NIRMATRELVIR-RITONAVIR
BLOOD GLUCOSE MONITORING KIT - Please see processing information on pharmacy claim.