



Tufts Health Together Organización Responsable por el Cuidado de la Salud
Programa de farmacia y
Lista de Medicamentos Preferidos
1 de diciembre de 2022

Introducción

Programa de farmacia

Tratamos de proporcionar opciones de alta calidad y bajo costo para la terapia con medicamentos. Trabajamos con sus proveedores médicos y farmacéuticos para estar seguros de que cubrimos los medicamentos más útiles e importantes para una variedad de enfermedades y condiciones. Cubrimos ambas, las primeras recetas de medicamentos y recetas adicionales. También cubrimos algunos medicamentos de venta libre (OTC, por sus siglas en inglés) si su proveedor le entrega una receta y la compra en una farmacia.

Nuestro programa de farmacia no cubre todos los medicamentos y recetas. Algunos medicamentos deben cumplir algunas pautas clínicas antes de que los podamos cubrir. Su proveedor debe solicitarnos la autorización previa antes de que cubramos estos medicamentos.

Lista de Medicamentos Preferidos (PDL, por sus siglas en inglés)

Listamos todos los medicamentos según su categoría terapéutica y clase de droga, seguido por el nombre genérico o de marca. Use el índice para encontrar un medicamento según su nombre genérico o de marca. Cubrimos medicamentos de marca solamente cuando un medicamento genérico no esté disponible o si brindamos la autorización previa para usar el medicamento de marca.

Con la receta de un médico, los medicamentos cubiertos están a disposición de los miembros menores de 21 años de edad gratis y de los miembros de 21 años o mayores por un pequeño copago. Algunos miembros de 21 años o más no necesitan pagar el copago. Para determinar si no necesita pagar un copago, consulte su [Manual del Miembro](#).

Copagos:

La mayoría de los miembros que tienen 21 años de edad o más deben pagar los siguientes copagos de farmacia:

- \$1 por ciertos medicamentos genéricos cubiertos usados principalmente para la diabetes, la hipertensión arterial y el alto nivel de colesterol. Estos medicamentos se llaman antihiperglicémicos (como metformina), antihipertensivos (como lisinopril) y antihiperlipidémicos (como simvastatin)
- \$3.65 por ciertos medicamentos de venta libre (OTC, por sus siglas en inglés) para los cuales tiene una receta del médico
- \$3.65 por la primera receta y recetas adicionales de ciertos medicamentos genéricos cubiertos y de venta libre

- \$3.65 por la primera receta y recetas adicionales de medicamentos cubiertos de marca

La *PDL* se aplica solamente a medicamentos que recibe en farmacias minoristas y de especialidades. La *PDL* no se aplica a medicamentos que recibe si está en el hospital. Los medicamentos que usted recibe mientras está en el hospital están cubiertos como parte de su estadía.

Para obtener la información más actualizada sobre la *PDL*, por favor visite tuftshealthplan.com o llámenos al **888.257.1985** (TTY: 888.391.5535).

Autorización previa

Algunos medicamentos siempre requieren autorización previa, lo que quiere decir que su proveedor debe solicitarnos la aprobación antes de que nosotros paguemos por el medicamento. Uno de nuestros clínicos evaluará esta solicitud. Nosotros cubriremos el medicamento de acuerdo a nuestras directrices clínicas si:

- Existe una justificación médica por la que necesita un medicamento en particular
- Dependiendo del medicamento, otros medicamentos de la *PDL* no han sido útiles

Si no aprobamos la solicitud de autorización previa, usted o su representante autorizado, si identifica a uno, puede apelar la decisión. Vea su [Manual del Miembro](#) para obtener información sobre las quejas y apelaciones.

Programa de terapia escalonada

Cubrimos algunos tipos de medicamentos solamente a través de nuestro programa de terapia escalonada. Nuestro programa de terapia escalonada requiere que usted pruebe medicamentos de primer nivel antes de que cubramos otro medicamento de dicho tipo. Si usted y su proveedor piensan que cierto medicamento no es apropiado para tratar su enfermedad, su proveedor puede solicitarnos la autorización previa para usar el otro medicamento. Uno de nuestros clínicos evaluará la solicitud. Nosotros cubriremos el medicamento de acuerdo a nuestras directrices clínicas. Si no aprobamos la solicitud de autorización previa, usted o su representante autorizado, si identifica a uno, puede apelar la decisión. Vea su [Manual del Miembro](#) para obtener información sobre las quejas y apelaciones.

Límite a la cantidad

Para asegurar que los medicamentos que toma son seguros y que recibe la cantidad apropiada, podríamos limitar cuánto recibe en cada oportunidad. Su proveedor puede pedirnos la autorización previa si usted necesita más de lo que cubrimos. Uno de nuestros clínicos evaluará la solicitud. Nosotros cubriremos el medicamento de acuerdo a nuestras directrices clínicas si existe una razón médica por la que se necesita esta cantidad en particular. Si no aprobamos la solicitud de autorización previa, usted o su representante autorizado, si identifica a uno, puede apelar la decisión. Vea su [Manual del Miembro](#) para obtener información sobre las quejas y apelaciones.

Medicamentos genéricos

Los medicamentos genéricos tienen los mismos ingredientes activos y funcionan de la misma manera que los medicamentos de marca. Cuando hay medicamentos genéricos disponibles, no cubrimos el medicamento de marca sin autorización previa. Si usted y su proveedor piensan que un medicamento genérico no es apropiado para tratar su enfermedad y que un medicamento de marca es médicamente necesario, su proveedor puede solicitarnos la autorización previa. Uno de nuestros clínicos evaluará la solicitud. Si no aprobamos la solicitud de autorización previa, usted o su representante autorizado, si identifica a uno, puede apelar la decisión. Vea su [Manual del Miembro](#)

para obtener información sobre las quejas y apelaciones.

Medicamentos nuevos en el mercado

Nosotros evaluamos nuevos medicamentos para determinar su eficacia y seguridad antes de agregarlos a nuestra *PDL*. Un proveedor que piensa que un medicamento nuevo en el mercado es médicamente necesario para usted antes de que lo hayamos evaluado, puede presentar una solicitud de autorización previa. Uno de nuestros clínicos evaluará esta solicitud. Si aprobamos la solicitud, cubriremos el medicamento de acuerdo a nuestras directrices clínicas. Si no aprobamos la solicitud, usted o su representante autorizado, si identifica a uno, puede apelar la decisión. Vea su [*Manual del Miembro*](#) para obtener información sobre las quejas y apelaciones.

Límites a la cobertura

La columna Requisitos/Límites en la *PDL* indica cuando un medicamento tiene un cierto requisito o límite para la cobertura. Los límites a la cobertura incluyen:

- AGE (edad, en inglés) — Se puede aplicar restricción a la edad
Este medicamento requiere autorización previa, si el medicamento no está cubierto basado en la edad del miembro. Su proveedor deberá solicitarnos la autorización previa si el medicamento es médicamente necesario.
- PA (por sus siglas en inglés) — Autorización previa
Este medicamento requiere autorización previa. Su proveedor puede recetar un medicamento diferente de la *PDL* o enviarnos una solicitud de autorización previa.
- QL (por sus siglas en inglés) — Límite a la cantidad
Este medicamento se limita a una cantidad específica. Si una mayor cantidad es médicamente necesaria, su proveedor deberá enviar una solicitud de autorización previa.
- SP (por sus siglas en inglés) — Medicamento de especialidad
Este medicamento está disponible solamente a través de nuestro proveedor de farmacia de especialidades, CVS/specialty.
- ST (por sus siglas en inglés) — Terapia escalonada
Este medicamento requiere una autorización previa si todavía no ha usado un medicamento de primera línea de la *PDL*. Su proveedor puede recetar otro medicamento de la *PDL* o enviarnos una solicitud de autorización previa.

Medicare Parte D

Si tiene la cobertura de Medicare, su cobertura de medicamentos recetados de Medicare (Parte D) cubrirá gran parte de sus medicamentos recetados. Debería tener una tarjeta de identificación adicional para su cobertura de medicamentos recetados de Medicare. Por favor, muéstrele a su farmacéutico su tarjeta de identificación de Medicare Parte D cuando compra un medicamento recetado.

Aunque tenga Medicare Parte D, nosotros cubriremos algunos medicamentos, tales como ciertos medicamentos OTC. Los montos del copago y las excepciones se siguen aplicando a estos medicamentos cubiertos. Para más información, por favor llámenos al **888.257.1985** (TTY: 888.391.5535). También puede encontrar más información sobre su cobertura de medicamentos recetados de Medicare llamando a Medicare al 800.633.4227

(TTY: 877.486.2048), visitando el sitio web de Medicare en [medicare.gov](https://www.medicare.gov) o consultando su manual *Medicare y Usted*. Recuerde llevar todas sus tarjetas de identificación con usted cuando visita la farmacia. Cuando compra un medicamento recetado, por favor muestre su tarjeta de identificación como miembro de *Tufts Health Together* y MassHealth así como sus tarjetas de identificación para medicamentos recetados de Medicare.

Programa de farmacia de especialidades

Una farmacia de especialidades necesita entregarle ciertos medicamentos, como medicamentos inyectables y por vía intravenosa (IV, por sus siglas en inglés), que a menudo se usan para tratar enfermedades crónicas como la hepatitis C o la esclerosis múltiple. Estos tipos de medicamentos necesitan apoyo y conocimiento adicional. Las farmacias de especialidades tienen conocimientos en estos campos. Estas farmacias pueden brindar apoyo adicional a miembros y proveedores.

CVS/specialty es nuestra farmacia de especialidades y puede entregarle estos medicamentos. Además de proporcionar medicamentos específicos de especialidad, CVS/specialty:

- Entregará los medicamentos a su domicilio, consultorio de su proveedor o cualquier dirección que elija (excepto una casilla de correos)
- Responderá sus respuestas y ofrecerá ayuda con sus medicamentos
- Le brindará información, materiales y apoyo continuo para ayudarle a atender su enfermedad y a tomar los medicamentos de la manera correcta
- Tendrá farmacéuticos que pueden ayudarle las 24 horas al día, siete días a la semana, en el 800.237.2767

Synagis

Cada año, desde el 1 de noviembre al 31 de marzo, CVS/specialty proporcionará a los miembros de *Tufts Health Together* con Synagis, que se usa para prevenir una enfermedad respiratoria seria causada por el virus respiratorio sincitial (RSV, por sus siglas en inglés). Evaluaremos las solicitudes de Synagis según las directrices más recientes de la American Academy of Pediatrics.

Tufts Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Tufts Health Plan no excluye a las personas ni las trata de forma diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

Tufts Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes capacitados
 - Información escrita en otros idiomas

Si necesita recibir estos servicios, comuníquese con Servicios para Miembros de Tufts Health Plan a 888.257.1985.

Si considera que Tufts Health Plan no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

Tufts Health Plan

Attention: Civil Rights Coordinator, Legal Dept.
705 Mount Auburn St.
Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number— 866-930-9252]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, el coordinador de derechos civiles con Tufts Health Plan está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800.368.1019, 800.537.7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

tuftshealthplan.com | 888.257.1985

For no cost translation in English, call the number on your ID card.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτας σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

Japanese 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

Korean 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ສອບຮູ້ໃຊ້ຈ່າຍ, ໃຫ້ໃບໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo b́ááh ilíní da Diné k'ehjí álnéehgo, hodiilnih béésh bee hani'ée bee nées ho'dílzingo nantinígíí bikáá'.

Persian. برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.

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Drug	Status	Notes
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); Brand Preferred; QL (60 EA per 30 days)
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (1 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>amphetamine er oral suspension extended release</i>	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>amphetamine-dextroamphetamine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); QL (90 EA per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 Tablets per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 Tablets per 30 days)
<i>atomoxetine hcl oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)

^= Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
AZSTARYS ORAL CAPSULE	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>caffeine citrate oral solution</i>	\$3.65	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (120 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); Brand Preferred; QL (60 tablets per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
DAYTRANA TRANSDERMAL PATCH	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); Brand Preferred; QL (30 patches per 30 days)
DEXEDRINE ORAL TABLET	\$3.65	PA; ¥ (PA applies to members less than 3 years old or 25 and older); QL (90 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); QL (90 EA per 30 days)

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Drug	Status	Notes
<i>dextroamphetamine sulfate oral solution</i>	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); QL (1200 mL per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); QL (90 EA per 30 days)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); Preferred product; brand preferred; QL (60 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (PA applies to members 2 years and under; PBHMI polypharmacy for members less than 18 years of age)
IMCIVREE SUBCUTANEOUS SOLUTION	\$3.65	PA
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (30 EA per 30 days)
<i>methamphetamine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); QL (150 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)

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Drug	Status	Notes
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 capsules per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (1 EA per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release</i>	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	\$3.65	PA; ¥ (PA applies to members less than 3 years old or 25 and older); QL (900 mL per 30 days)
<i>methylphenidate hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members less than 3 years old or 25 and older); QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable</i>	\$3.65	PA; ¥ (PA applies to members less than 3 years old or 25 and older); QL (90 EA per 30 days)
<i>modafinil oral tablet</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)

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Drug	Status	Notes
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age)
SUNOSI ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
VYVANSE ORAL CAPSULE	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)
WAKIX ORAL TABLET	\$3.65	PA; QL (2 tablets per 1 day)
ZENZEDI ORAL TABLET 10 MG, 5 MG	\$3.65	PA; ¥ (PA applies to members less than 3 years old or 25 and older); QL (90 EA per 30 days)

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Drug	Status	Notes
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA
PALFORZIA (12 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (120 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (160 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (20 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (200 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (240 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (3 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	\$3.65	PA
PALFORZIA (300 MG TITRATION) ORAL PACKET	\$3.65	PA
PALFORZIA (40 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (6 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (80 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA INITIAL ESCALATION ORAL	\$3.65	PA
AMEBICIDES		
SOLOSEC ORAL PACKET	\$3.65	PA
AMINOGLYCOSIDES		
ARIKAYCE INHALATION SUSPENSION	\$3.65	
<i>neomycin sulfate oral tablet</i>	\$3.65	
<i>paromomycin sulfate oral capsule</i>	\$3.65	
TOBI PODHALER INHALATION CAPSULE	\$3.65	PA; SP; QL (8 EA per 1 day)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	\$3.65	SP

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Drug	Status	Notes
ANALGESICS - ANTI-INFLAMMATORY		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (4 Syringes per 28 days)
ACTEMRA INTRAVENOUS SOLUTION	Medical Benefit	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (4 syringes per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; QL (4 Vials per 28 days)
<i>celecoxib oral capsule</i>	\$3.65	
<i>diclofenac potassium oral tablet 50 mg</i>	\$3.65	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	\$3.65	
<i>diclofenac sodium oral tablet delayed release</i>	\$3.65	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	PA; SP; Preferred product; QL (4 cartridges per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	\$3.65	PA; SP; Preferred product; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	\$3.65	PA; SP; Preferred product; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	\$3.65	PA; SP; Preferred product; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; Preferred product; QL (8 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; Preferred product; QL (4 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; Preferred product; QL (4 syringes per 28 days)
<i>etodolac er oral tablet extended release 24 hour</i>	\$3.65	
<i>etodolac oral capsule</i>	\$3.65	
<i>etodolac oral tablet</i>	\$3.65	
<i>fenoprofen calcium oral tablet</i>	\$3.65	
<i>flurbiprofen oral tablet</i>	\$3.65	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	\$3.65	PA; SP; Preferred product; QL (1 kit per 1 lifetime)
HUMIRA PEN SUBCUTANEOUS KIT	\$3.65	PA; SP; Preferred product; QL (2 EA per 28 days)

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Drug	Status	Notes
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	\$3.65	PA; SP; Preferred product; QL (2 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	\$3.65	PA; SP; ¥ (1 Fill per life of plan); Preferred product; QL (1 Fill per 1 Lifetime)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$3.65	PA; SP; Preferred product; QL (1 Fill per 1 Lifetime)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	\$3.65	PA; SP; Preferred product; QL (1 fill per 1 lifetime)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	\$3.65	PA; SP; ¥ (1 Fill per life of plan); Preferred product; QL (1 Fill per 1 Lifetime)
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	\$3.65	PA; SP; Preferred product; QL (1 Fill per 1 Lifetime)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; Preferred product; QL (2 EA per 28 days)
<i>ibuprofen oral suspension</i>	\$3.65	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$3.65	
Ilaris (150mg Delivered) Subcutaneous Solution Reconstituted	MB/RX	PA; SP
Ilaris Subcutaneous Solution	MB/RX	PA; SP
INDOCIN ORAL SUSPENSION	\$3.65	
<i>indomethacin er oral capsule extended release</i>	\$3.65	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	\$3.65	
<i>ketoprofen er oral capsule extended release 24 hour</i>	\$3.65	
<i>ketoprofen oral capsule</i>	\$3.65	
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	\$3.65	¥ (Max of 5 days per Rx); QL (120 mg per 1 day)
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	\$3.65	¥ (Max of 5 days per Rx); QL (120 mg per 1 day)
<i>ketorolac tromethamine nasal solution</i>	\$3.65	PA; ¥ (Max of 5 days per Rx); QL (4 units per 1 day)
<i>ketorolac tromethamine oral tablet</i>	\$3.65	QL (20 EA per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (2.28 ML per 30 days)

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KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (2.28 ML per 30 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; QL (28 Syringes per 28 days)
<i>leflunomide oral tablet</i>	\$3.65	
<i>meclofenamate sodium oral capsule</i>	\$3.65	
<i>mefenamic acid oral capsule</i>	\$3.65	PA
<i>meloxicam oral suspension</i>	\$3.65	
<i>meloxicam oral tablet</i>	\$3.65	
<i>nabumetone oral tablet</i>	\$3.65	
<i>naproxen dr oral tablet delayed release</i>	\$3.65	
<i>naproxen oral suspension</i>	\$3.65	
<i>naproxen oral tablet</i>	\$3.65	
<i>naproxen sodium oral tablet</i>	\$3.65	
OLUMIANT ORAL TABLET	\$3.65	PA; SP; QL (1 tablet per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	\$3.65	PA; SP; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	\$3.65	PA; SP; QL (4 Syringes per 28 days)
OTEZLA ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (1 Fill per 1 Lifetime)
<i>oxaprozin oral tablet</i>	\$3.65	
<i>piroxicam oral capsule</i>	\$3.65	
RHEUMATREX ORAL TABLET 2.5 MG	\$3.65	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	\$3.65	PA; SP; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	\$3.65	PA; SP; QL (1 EA per 1 day)
SIMPONI ARIA INTRAVENOUS SOLUTION	Medical Benefit	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (1 syringe per 28 days)

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Drug	Status	Notes
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (1 syringe per 28 days)
<i>sulindac oral tablet</i>	\$3.65	
<i>tolmetin sodium oral capsule</i>	\$3.65	
<i>tolmetin sodium oral tablet</i>	\$3.65	
XELJANZ ORAL SOLUTION	\$3.65	PA; SP; QL (10 ML per 1 day)
XELJANZ ORAL TABLET	\$3.65	PA; SP; Preferred product; QL (2 tablets per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; SP; Preferred product; QL (1 tablet per 1 day)
ANALGESICS - NONNARCOTIC		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	\$3.65	QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	\$3.65	QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	\$3.65	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	\$3.65	QL (180 EA per 30 days)
CAPACET ORAL CAPSULE	\$3.65	QL (180 EA per 30 days)
<i>choline & mag trisalicylate oral tablet 1000 mg</i>	\$3.65	
<i>choline-mag trisalicylate oral liquid</i>	\$3.65	
<i>diflunisal oral tablet</i>	\$3.65	
<i>margesic oral capsule</i>	\$3.65	QL (180 EA per 30 days)
<i>marten-tab oral tablet</i>	\$3.65	QL (180 EA per 30 days)
<i>salsalate oral tablet</i>	\$3.65	
TENCON ORAL TABLET 50-325 MG	\$3.65	QL (180 EA per 30 days)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	\$3.65	QL (180 EA per 30 days)
ANALGESICS - OPIOID		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA
<i>acetaminophen-codeine #2 oral tablet</i>	\$3.65	QL (12 EA per 1 day)
<i>acetaminophen-codeine #3 oral tablet</i>	\$3.65	QL (12 EA per 1 day)
<i>acetaminophen-codeine #4 oral tablet</i>	\$3.65	QL (6 EA per 1 day)
<i>acetaminophen-codeine oral solution</i>	\$3.65	QL (150 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$3.65	QL (12 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$3.65	QL (6 EA per 1 day)

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APADAZ ORAL TABLET	\$3.65	PA; QL (168 EA per 14 days)
ASCOMP-CODEINE ORAL CAPSULE	\$3.65	QL (180 EA per 30 days)
BELBUCA BUCCAL FILM	\$3.65	PA; QL (60 Films per 30 days)
BUNAVAIL BUCCAL FILM	\$0	PA; ¥ (Quantity limit of 12.6 mg/2.1 mg per day)
<i>buprenorphine hcl sublingual tablet sublingual</i>	\$0	PA; QL (24 mg per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	\$0	PA; ¥ (Quantity limit of 24 mg/6 mg per day)
<i>buprenorphine transdermal patch weekly</i>	\$3.65	PA; QL (4 EA per 28 days)
<i>butalbital-asa-caff-codeine oral capsule</i>	\$3.65	QL (180 EA per 30 days)
<i>butorphanol tartrate injection solution</i>	\$3.65	
<i>butorphanol tartrate nasal solution</i>	\$3.65	
CAPITAL/CODEINE ORAL SUSPENSION	\$3.65	QL (150 ML per 1 day)
<i>codeine sulfate oral tablet</i>	\$3.65	QL (360 mg per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE	\$3.65	PA; QL (2 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG	\$3.65	QL (6 EA per 1 day)
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG	\$3.65	QL (12 EA per 1 day)
ENDOCET ORAL TABLET 7.5-325 MG	\$3.65	QL (8 EA per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i>	\$3.65	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$3.65	PA; QL (4 tablets per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	\$3.65	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr</i>	\$3.65	QL (10 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG	\$3.65	PA; QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml, 7.5-500 mg/15ml</i>	\$3.65	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$3.65	QL (6 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	\$3.65	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$3.65	QL (8 EA per 1 day)

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<i>hydrocodone-ibuprofen oral tablet</i>	\$3.65	QL (5 EA per 1 day)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	\$3.65	PA; QL (1 EA per 1 day)
<i>hydromorphone hcl oral liquid</i>	\$3.65	QL (20 ML per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>	\$3.65	QL (10 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	\$3.65	QL (5 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	\$3.65	QL (2 EA per 1 day)
<i>hydromorphone hcl rectal suppository</i>	\$3.65	QL (4 EA per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	\$3.65	PA; QL (2 EA per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	\$3.65	PA; QL (4 Sprays per 1 day)
LAZANDA NASAL SOLUTION 300 MCG/ACT	\$3.65	PA; QL (4 sprays per 1 day)
LIQUICET ORAL SOLUTION	\$3.65	QL (90 ML per 1 day)
LORCET HD ORAL TABLET	\$3.65	QL (6 EA per 1 day)
LORCET ORAL TABLET	\$3.65	QL (8 EA per 1 day)
LORCET PLUS ORAL TABLET 7.5-325 MG	\$3.65	QL (6 EA per 1 day)
LORTAB ORAL TABLET 10-325 MG, 7.5-325 MG	\$3.65	QL (6 EA per 1 day)
LORTAB ORAL TABLET 5-325 MG	\$3.65	QL (8 EA per 1 day)
<i>meperidine hcl oral solution</i>	\$3.65	QL (90 ML per 1 day)
<i>meperidine hcl oral tablet 100 mg</i>	\$3.65	QL (9 EA per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	\$3.65	QL (18 EA per 1 day)
Methadone HCl Injection Solution	MB/RX	PA; ¥ (PA applies to Pharmacy Benefit only); QL (2 ML per 1 day)
METHADONE HCL INTENSOL ORAL CONCENTRATE	\$3.65	PA; QL (2 ML per 1 day)
<i>methadone hcl oral concentrate</i>	Medical Benefit	
<i>methadone hcl oral solution 10 mg/5ml</i>	\$3.65	PA; QL (10 ML per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	\$3.65	PA; QL (20 ML per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	\$3.65	PA; QL (2 EA per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	\$3.65	PA; QL (3 EA per 1 day)
<i>methadone hcl oral tablet soluble</i>	Medical Benefit	
METHADOSE ORAL TABLET SOLUBLE	Medical Benefit	

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<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	\$3.65	QL (4.5 ML per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	\$3.65	PA; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	\$3.65	PA; QL (2 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	\$3.65	PA; QL (3 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	\$3.65	QL (3 EA per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	\$3.65	QL (45 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	\$3.65	QL (22.5 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	\$3.65	QL (6 EA per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	\$3.65	QL (3 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	\$3.65	PA; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG	\$3.65	PA; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	\$3.65	PA; QL (4 EA per 1 day)
NUCYNTA ORAL TABLET 75 MG	\$3.65	PA; QL (3 EA per 1 day)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	\$3.65	PA; QL (2 EA per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg</i>	\$3.65	QL (2 EA per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 60 mg, 80 mg</i>	\$3.65	PA; QL (2 EA per 1 day)
<i>oxycodone hcl oral capsule</i>	\$3.65	QL (12 EA per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	\$3.65	QL (3 ML per 1 day)
<i>oxycodone hcl oral solution</i>	\$3.65	QL (60 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>	\$3.65	QL (6 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	\$3.65	QL (4 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	\$3.65	QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	\$3.65	QL (2 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>	\$3.65	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	\$3.65	QL (60 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$3.65	QL (6 EA per 1 day)

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Drug	Status	Notes
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$3.65	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$3.65	QL (8 EA per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	\$3.65	QL (12 EA per 1 day)
<i>oxycodone-ibuprofen oral tablet</i>	\$3.65	PA; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG	\$3.65	QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG	\$3.65	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	\$3.65	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	\$3.65	PA; QL (3 EA per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	\$3.65	PA; QL (6 EA per 1 day)
PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT	Medical Benefit	PA
PROLATE ORAL SOLUTION	\$3.65	PA; QL (30 ML per 1 day)
ROXICET ORAL TABLET 5-325 MG	\$3.65	QL (12 EA per 1 day)
Sublocade Subcutaneous Solution Prefilled Syringe	MB/RX	Preferred product
SUBOXONE SUBLINGUAL FILM	\$0	¥ (Max of 32 mg/day for the first 6 months); Preferred product; brand preferred; QL (24 MG per 1 day)
SUBSYS SUBLINGUAL LIQUID	\$3.65	PA; QL (4 Sprays per 1 day)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	\$3.65	PA; QL (1 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	\$3.65	PA; QL (1 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	\$3.65	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	\$3.65	QL (240 EA per 30 days)
VERDROCET ORAL TABLET	\$3.65	QL (12 EA per 1 day)
ZAMICET ORAL SOLUTION	\$3.65	QL (90 ML per 1 day)
ZOXYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	\$3.65	PA; QL (2 EA per 1 day)

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Drug	Status	Notes
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	\$0	PA; ¥ (Quantity limit of 17.2 mg/4.3 mg per day)
ANDROGENS-ANABOLIC		
ANADROL-50 ORAL TABLET	\$3.65	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR	\$3.65	PA
AVEED INTRAMUSCULAR SOLUTION	Medical Benefit	PA
<i>danazol oral capsule</i>	\$3.65	
JATENZO ORAL CAPSULE 158 MG, 237 MG	\$3.65	PA; QL (2 EA per 1 day)
JATENZO ORAL CAPSULE 198 MG	\$3.65	PA; QL (4 EA per 1 day)
KYZATREX ORAL CAPSULE	\$3.65	PA
<i>methitest oral tablet</i>	\$3.65	PA
<i>methylestosterone oral capsule</i>	\$3.65	PA
<i>oxandrolone oral tablet</i>	\$3.65	PA
STRIANT BUCCAL	\$3.65	PA
TESTOPEL IMPLANT PELLETT	Medical Benefit	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	\$3.65	
<i>testosterone enanthate injection solution</i>	\$3.65	
<i>testosterone enanthate intramuscular solution</i>	\$3.65	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	\$3.65	PA
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	\$3.65	
<i>testosterone transdermal solution</i>	\$3.65	PA
TLANDO ORAL CAPSULE	\$3.65	PA; QL (4 EA per 1 day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA
ANORECTAL AND RELATED PRODUCTS		
<i>anucort-hc rectal suppository</i>	\$3.65	
ANUSOL-HC RECTAL SUPPOSITORY	\$3.65	
COLOCORT RECTAL ENEMA	\$3.65	
HEMMOREX-HC RECTAL SUPPOSITORY	\$3.65	

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<i>hydrocortisone acetate rectal suppository</i>	\$3.65	
<i>hydrocortisone rectal enema</i>	\$3.65	
UCERIS RECTAL FOAM	\$3.65	PA
ANTHELMINTICS		
<i>albendazole oral tablet</i>	\$3.65	
<i>benznidazole oral tablet</i>	\$3.65	
<i>ivermectin oral tablet</i>	\$3.65	QL (20 tablets per 90 days)
<i>praziquantel oral tablet</i>	\$3.65	
ANTIANGINAL AGENTS		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	\$3.65	
ISORDIL TITRADOSE ORAL TABLET 40 MG	\$3.65	
<i>isosorbide dinitrate er oral tablet extended release</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>isosorbide mononitrate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
MINITRAN TRANSDERMAL PATCH 24 HOUR	\$3.65	¥ (Can be filled for up to a 90 day supply)
NITRO-BID TRANSDERMAL OINTMENT	\$3.65	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	\$3.65	
<i>nitroglycerin sublingual tablet sublingual</i>	\$3.65	
<i>nitroglycerin transdermal patch 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>nitroglycerin translingual aerosol solution</i>	\$3.65	
<i>nitroglycerin translingual solution</i>	\$3.65	
<i>ranolazine er oral tablet extended release 12 hour</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
ANTI-ANXIETY AGENTS		
<i>alprazolam er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
<i>alprazolam oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
<i>alprazolam oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
<i>alprazolam xr oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

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Drug	Status	Notes
<i>buspirone hcl oral tablet 30 mg</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>chlordiazepoxide hcl oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
<i>clorazepate dipotassium oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
DIAZEPAM INTENSOL ORAL CONCENTRATE	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
<i>diazepam oral concentrate</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
<i>diazepam oral solution</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)

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<i>diazepam oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
<i>hydroxyzine hcl oral syrup</i>	\$3.65	
<i>hydroxyzine hcl oral tablet</i>	\$3.65	
<i>hydroxyzine pamoate oral capsule</i>	\$3.65	
LORAZEPAM INTENSOL ORAL CONCENTRATE	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
<i>lorazepam oral concentrate 2 mg/ml</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
<i>lorazepam oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
<i>oxazepam oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
ANTIARRHYTHMICS		
<i>amiodarone hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
<i>disopyramide phosphate oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>dofetilide oral capsule</i>	\$3.65	SP
<i>flecainide acetate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>mexiletine hcl oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
MULTAQ ORAL TABLET	\$3.65	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	\$3.65	
PACERONE ORAL TABLET 100 MG, 200 MG	\$3.65	
PACERONE ORAL TABLET 400 MG	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>propafenone hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>quinidine gluconate er oral tablet extended release</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>quinidine sulfate er oral tablet extended release</i>	\$3.65	
<i>quinidine sulfate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	\$3.65	Brand Preferred
ADVAIR HFA INHALATION AEROSOL	\$3.65	
AEROSPAN INHALATION AEROSOL SOLUTION	\$3.65	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA; QL (1 EA per 30 days)
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	\$3.65	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	\$3.65	PA

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Drug	Status	Notes
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	\$3.65	
<i>albuterol sulfate oral syrup</i>	\$3.65	
<i>albuterol sulfate oral tablet</i>	\$3.65	
ALVESCO INHALATION AEROSOL SOLUTION	\$3.65	PA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	\$3.65	PA
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
ARNUTTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	\$3.65	PA; ¥ (PA for 220 mcg strength applies to members younger than 12 years of age)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	\$3.65	PA; ¥ (PA for 220 mcg strength applies to members younger than 12 years of age)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH	\$3.65	PA; ¥ (PA for 110 mcg strength applies to members 12 years of age and older)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	\$3.65	PA; ¥ (PA for 220 mcg strength applies to members younger than 12 years of age)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	\$3.65	PA; ¥ (PA for 220 mcg strength applies to members younger than 12 years of age)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH	\$3.65	PA; ¥ (PA for 110 mcg strength applies to members 12 years of age and older)
ASMANEX HFA INHALATION AEROSOL	\$3.65	
ATROVENT HFA INHALATION AEROSOL SOLUTION	\$3.65	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	\$3.65	PA; Brand Preferred; QL (1 EA per 30 days)

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Drug	Status	Notes
<i>budesonide inhalation suspension</i>	\$3.65	PA; ¥ (PA applies to members 13 years of age and older. No PA required for members 12 years of age and under.)
Cinqair Intravenous Solution	MB/RX	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	\$3.65	
<i>cromolyn sodium inhalation nebulization solution</i>	\$3.65	
DALIRESP ORAL TABLET	\$3.65	PA
DULERA INHALATION AEROSOL	\$3.65	Brand Preferred
ELIXOPHYLLIN ORAL ELIXIR	\$3.65	
<i>epinephrine hcl injection solution 1 mg/ml</i>	\$3.65	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (1 ML per 56 days)
Fasenra Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	\$3.65	
FLOVENT HFA INHALATION AEROSOL	\$3.65	Brand Preferred
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	\$3.65	PA; QL (1 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution</i>	\$3.65	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	\$3.65	
<i>ipratropium bromide inhalation solution</i>	\$3.65	
<i>ipratropium-albuterol inhalation solution</i>	\$3.65	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	\$3.65	PA
<i>levalbuterol tartrate inhalation aerosol</i>	\$3.65	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	\$3.65	PA; QL (60 ML per 30 days)
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	\$3.65	PA; QL (60 ML per 30 days)

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Drug	Status	Notes
LUFYLLIN ORAL TABLET 400 MG	\$3.65	PA
<i>metaproterenol sulfate oral syrup</i>	\$3.65	
<i>metaproterenol sulfate oral tablet</i>	\$3.65	
<i>montelukast sodium oral packet</i>	\$3.65	STPA; ¥ (Covered for members 6 through 23 months of age. Can be filled for up to a 90 day supply.)
<i>montelukast sodium oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>montelukast sodium oral tablet chewable</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$3.65	PA; SP; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
PROAIR HFA INHALATION AEROSOL SOLUTION	\$3.65	Brand Preferred
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
PROVENTIL HFA INHALATION AEROSOL SOLUTION	\$3.65	Brand Preferred
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	\$3.65	PA
SEEBRI NEOHALER INHALATION CAPSULE	\$3.65	
SPIRIVA HANDIHALER INHALATION CAPSULE	\$3.65	Brand Preferred
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	\$3.65	

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Drug	Status	Notes
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	\$3.65	
SYMBICORT INHALATION AEROSOL	\$3.65	Brand Preferred
<i>terbutaline sulfate oral tablet</i>	\$3.65	
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	\$3.65	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>theophylline er oral tablet extended release 12 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>theophylline er oral tablet extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>theophylline oral solution</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	\$3.65	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	\$3.65	Brand Preferred
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (8 syringes per 28 days)
Xolair Subcutaneous Solution Reconstituted	MB/RX	PA; SP; QL (6 vials per 28 days)
YUPELRI INHALATION SOLUTION	\$3.65	PA; QL (90 ML per 30 days)
<i>zafirlukast oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
ANTICOAGULANTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	\$3.65	QL (1 Pack per 1 Lifetime)
ELIQUIS ORAL TABLET	\$3.65	QL (60 EA per 30 days)
<i>enoxaparin sodium injection solution</i>	\$3.65	
<i>enoxaparin sodium subcutaneous solution</i>	\$3.65	
<i>fondaparinux sodium subcutaneous solution</i>	\$3.65	

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FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	\$3.65	
<i>heparin (porcine) in nacl intravenous solution 5000-0.9 ut/500ml-%</i>	\$3.65	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 2500 unit/ml, 5000 unit/ml</i>	\$3.65	
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	QL (24 vials per 12 days)
JANTOVEN ORAL TABLET	\$3.65	
PRADAXA ORAL CAPSULE	\$3.65	Brand Preferred; QL (60 EA per 30 days)
SAVAYSA ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
<i>warfarin sodium oral tablet</i>	\$3.65	
XARELTO ORAL SUSPENSION RECONSTITUTED	\$3.65	PA; QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	\$3.65	QL (30 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG	\$3.65	PA; QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	\$3.65	¥ (1 Fill per life of plan); QL (51 EA per 21 days)
ANTICONSULSANTS		
APTOM ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
BRIVACT ORAL SOLUTION	\$3.65	PA
BRIVACT ORAL TABLET	\$3.65	PA
<i>carbamazepine er oral capsule extended release 12 hour</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

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<i>carbamazepine er oral tablet extended release 12 hour</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>carbamazepine oral suspension</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>carbamazepine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>carbamazepine oral tablet chewable</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
CELONTIN ORAL CAPSULE	\$3.65	
<i>clobazam oral suspension</i>	\$3.65	PA
<i>clobazam oral tablet</i>	\$3.65	PA
<i>clonazepam oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
DIACOMIT ORAL CAPSULE	\$3.65	PA
DIACOMIT ORAL PACKET	\$3.65	PA
<i>diazepam rectal gel</i>	\$3.65	QL (1 System per 1 Rx)
DILANTIN ORAL CAPSULE 30 MG	\$3.65	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

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Drug	Status	Notes
<i>divalproex sodium oral tablet delayed release</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
EPIDIOLEX ORAL SOLUTION	\$3.65	PA
EPITOL ORAL TABLET	\$3.65	PA; ¥ (PA applies to members 6 years and under)
<i>ethosuximide oral capsule</i>	\$3.65	
<i>ethosuximide oral solution</i>	\$3.65	
<i>felbamate oral suspension</i>	\$3.65	PA
<i>felbamate oral tablet</i>	\$3.65	PA
FINTEPLA ORAL SOLUTION	\$3.65	PA
FYCOMPA ORAL SUSPENSION	\$3.65	PA
FYCOMPA ORAL TABLET	\$3.65	PA
<i>gabapentin oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>gabapentin oral solution 250 mg/5ml</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>lacosamide oral solution</i>	\$3.65	PA
<i>lacosamide oral tablet</i>	\$3.65	PA
<i>lamotrigine er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>lamotrigine odt oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

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<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>lamotrigine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>lamotrigine oral tablet chewable</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>lamotrigine oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>lamotrigine starter kit-blue oral kit</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>lamotrigine starter kit-green oral kit</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>lamotrigine starter kit-orange oral kit</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>lamotrigine titration oral kit</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>levetiracetam er oral tablet extended release 24 hour</i>	\$3.65	PA
<i>levetiracetam oral solution</i>	\$3.65	
<i>levetiracetam oral tablet</i>	\$3.65	
NAYZILAM NASAL SOLUTION	\$3.65	PA; ¥ (PA applies to membes 0-11 years of age. No PA required for members 12 years of age and older.); QL (1 box per 1 fill)

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<i>oxcarbazepine oral suspension</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>oxcarbazepine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
PEGANONE ORAL TABLET	\$3.65	PA
PHENYTOIN INFATABS ORAL TABLET CHEWABLE	\$3.65	
<i>phenytoin oral suspension 125 mg/5ml</i>	\$3.65	
<i>phenytoin oral tablet chewable</i>	\$3.65	
<i>phenytoin sodium extended oral capsule</i>	\$3.65	
<i>pregabalin oral capsule</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (3 capsules per 1 day)
<i>pregabalin oral solution</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (900 ML per 30 days)
<i>primidone oral tablet</i>	\$3.65	
<i>rufinamide oral suspension</i>	\$3.65	PA
<i>rufinamide oral tablet</i>	\$3.65	PA
SABRIL ORAL PACKET	\$3.65	PA; SP; Brand Preferred
SABRIL ORAL TABLET	\$3.65	PA; SP; Brand Preferred
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	\$3.65	PA
SYMPAZAN ORAL FILM	\$3.65	PA
<i>tiagabine hcl oral tablet</i>	\$3.65	

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<i>topiramate er oral capsule er 24 hour sprinkle</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>topiramate oral capsule sprinkle</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>topiramate oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>valproic acid oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>valproic acid oral solution</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>valproic acid oral syrup</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
VALTOCO 10 MG DOSE NASAL LIQUID	\$3.65	PA; ¥ (PA applies to membes 0-5 years of age. No PA required for members 6 years of age and older.); QL (1 box per 1 fill)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	\$3.65	PA; ¥ (PA applies to membes 0-5 years of age. No PA required for members 6 years of age and older.); QL (1 box per 1 fill)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	\$3.65	PA; ¥ (PA applies to membes 0-5 years of age. No PA required for members 6 years of age and older.); QL (1 box per 1 fill)

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VALTOCO 5 MG DOSE NASAL LIQUID	\$3.65	PA; ¥ (PA applies to membes 0-5 years of age. No PA required for members 6 years of age and older.); QL (1 box per 1 fill)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA
XCOPRI ORAL TABLET	\$3.65	PA
XCOPRI ORAL TABLET THERAPY PACK	\$3.65	PA
<i>zonisamide oral capsule</i>	\$3.65	
ANTIDEPRESSANTS		
<i>amitriptyline hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>amoxapine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>bupropion hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>citalopram hydrobromide oral solution</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>citalopram hydrobromide oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

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<i>clomipramine hcl oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>desipramine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	\$3.65	PA; STPA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>desvenlafaxine fumarate er oral tablet extended release 24 hour</i>	\$3.65	PA; STPA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	\$3.65	PA; STPA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>doxepin hcl oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>doxepin hcl oral concentrate</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
EMSAM TRANSDERMAL PATCH 24 HOUR	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)

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<i>escitalopram oxalate oral solution</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>escitalopram oxalate oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>fluoxetine hcl oral solution</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>fluvoxamine maleate oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>imipramine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

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<i>imipramine pamoate oral capsule</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>maprotiline hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>mirtazapine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>mirtazapine oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>nefazodone hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>nortriptyline hcl oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>nortriptyline hcl oral solution</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	STPA
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>paroxetine hcl oral suspension</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)

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<i>paroxetine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>phenelzine sulfate oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>protriptyline hcl oral tablet</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>sertraline hcl oral concentrate</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>sertraline hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	Medical Benefit	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	Medical Benefit	PA
<i>tranylcypromine sulfate oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>trazodone hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>trimipramine maleate oral capsule</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
TRINTELLIX ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)

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<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	\$3.65	PA; STPA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>venlafaxine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
VIIBRYD ORAL KIT	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
VIIBRYD STARTER PACK ORAL KIT	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>vilazodone hcl oral tablet</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (1 EA per 1 day)
ZULRESSO INTRAVENOUS SOLUTION	Medical Benefit	PA
ANTIDIABETICS		
<i>acarbose oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT	\$3.65	PA; QL (2 pens per 28 days)
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; QL (2 Pens per 28 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA
ADMELOG SUBCUTANEOUS SOLUTION	\$3.65	PA
APIDRA INJECTION SOLUTION	\$3.65	PA

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APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA
APPFORMIN-D ORAL	\$1	
AVANDAMET ORAL TABLET	\$1	
AVANDARYL ORAL TABLET	\$1	
AVANDIA ORAL TABLET	\$3.65	
BAQSIMI ONE PACK NASAL POWDER	\$3.65	Preferred product
BAQSIMI TWO PACK NASAL POWDER	\$3.65	Preferred product
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	\$3.65	PA; QL (4 PENS per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	\$3.65	QL (4 pens per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	Brand Preferred; QL (1 pen per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	Brand Preferred; QL (1 pen per 30 days)
<i>chlorpropamide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
DIABETA ORAL TABLET	\$1	¥ (Can be filled for up to a 90 day supply)
<i>diazoxide oral suspension</i>	\$1	
DUETACT ORAL TABLET	\$3.65	PA; Brand Preferred; QL (1 EA per 1 day)
FARXIGA ORAL TABLET	\$3.65	QL (1 EA per 1 day)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	PA
FIASP SUBCUTANEOUS SOLUTION	\$3.65	PA
<i>glimepiride oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>glipizide er oral tablet extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>glipizide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)

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<i>glipizide xl oral tablet extended release 24 hour</i>	\$1	
<i>glipizide-metformin hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	\$3.65	
<i>glucagon emergency injection kit</i>	\$3.65	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; Brand Preferred
<i>glyburide micronized oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>glyburide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>glyburide-metformin oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>glycron oral tablet 1.5 mg, 3 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>glycron oral tablet 6 mg</i>	\$1	
GLYXAMBI ORAL TABLET	\$3.65	PA; QL (1 EA per 1 day)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	
GVOKE KIT SUBCUTANEOUS SOLUTION	\$3.65	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$3.65	PA
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	\$3.65	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$3.65	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	\$3.65	

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HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$3.65	PA
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	\$3.65	¥ (vial only)
HUMALOG SUBCUTANEOUS SOLUTION	\$3.65	PA
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$3.65	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	\$3.65	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$3.65	
HUMULIN N SUBCUTANEOUS SUSPENSION	\$3.65	
HUMULIN R INJECTION SOLUTION	\$3.65	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	\$3.65	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
<i>insulin aspart flexpen subcutaneous solution pen-injector</i>	\$1	
<i>insulin aspart penfill subcutaneous solution cartridge</i>	\$1	
<i>insulin aspart prot & aspart subcutaneous suspension</i>	\$1	
<i>insulin aspart subcutaneous solution</i>	\$1	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	\$1	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	\$1	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	\$1	
<i>insulin lispro subcutaneous solution</i>	\$1	
INVOKAMET ORAL TABLET	\$3.65	QL (2 EA per 1 day)

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Drug	Status	Notes
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	QL (2 EA per 1 day)
INVOKANA ORAL TABLET 100 MG	\$3.65	QL (2 EA per 1 day)
INVOKANA ORAL TABLET 300 MG	\$3.65	QL (1 EA per 1 day)
JANUMET ORAL TABLET	\$3.65	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	\$3.65	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	\$3.65	QL (2 EA per 1 day)
JANUVIA ORAL TABLET	\$3.65	
JARDIANCE ORAL TABLET	\$3.65	QL (1 EA per 1 day)
JENTADUETO ORAL TABLET	\$3.65	QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	\$3.65	QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	\$3.65	QL (1 tablet per 1 day)
KAZANO ORAL TABLET	\$3.65	PA; Brand Preferred; QL (2 EA per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	\$3.65	Brand Preferred; QL (2 EA per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	\$3.65	Brand Preferred; QL (1 EA per 1 day)
KORLYM ORAL TABLET	\$3.65	PA
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	Brand Preferred
LANTUS SUBCUTANEOUS SOLUTION	\$3.65	Brand Preferred
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>metformin hcl er oral tablet extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>metformin hcl oral solution</i>	\$1	PA; ¥ (PA applies to members 13 years of age and older. No PA required for members 12 years of age and under.)

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<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>miglitol oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>nateglinide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
NESINA ORAL TABLET	\$3.65	PA; Brand Preferred; QL (1 EA per 1 day)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	\$3.65	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	\$3.65	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	\$3.65	
NOVOLIN N SUBCUTANEOUS SUSPENSION	\$3.65	
NOVOLIN R INJECTION SOLUTION	\$3.65	
NOVOLIN R RELION INJECTION SOLUTION	\$3.65	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$3.65	PA
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	\$3.65	PA
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	PA
NOVOLOG SUBCUTANEOUS SOLUTION	\$3.65	PA
ONGLYZA ORAL TABLET	\$3.65	Brand Preferred
OSENI ORAL TABLET	\$3.65	PA; Brand Preferred; QL (1 EA per 1 day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; QL (1 Pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	\$3.65	PA; QL (2 Pens per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	\$3.65	PA; QL (1 Pen per 28 days)

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OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; QL (1 pen per 28 days)
<i>pioglitazone hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>pioglitazone hcl-metformin hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
QTERN ORAL TABLET	\$3.65	PA; QL (1 EA per 1 day)
<i>repaglinide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>repaglinide-metformin hcl oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply); QL (5 tablets per 1 day)
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER	\$3.65	PA
RYBELSUS ORAL TABLET	\$3.65	PA; QL (1 EA per 1 day)
SEGLUROMET ORAL TABLET	\$3.65	PA; QL (2 EA per 1 day)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	\$3.65	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; QL (6 pens per 30 days)
STEGLATRO ORAL TABLET	\$3.65	PA; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET	\$3.65	PA; QL (1 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
SYNJARDY ORAL TABLET	\$3.65	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	\$3.65	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	\$3.65	QL (2 EA per 1 day)
<i>tolazamide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)

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<i>tolbutamide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
TRADJENTA ORAL TABLET	\$3.65	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
TRESIBA SUBCUTANEOUS SOLUTION	\$3.65	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	\$3.65	PA; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	\$3.65	PA; QL (2 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	Preferred product; QL (4 Pens per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	Brand Preferred; QL (3 pens per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	\$3.65	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	\$3.65	QL (2 EA per 1 day)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; QL (5 pens per 30 days)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
<i>diphenoxylate-atropine oral liquid</i>	\$3.65	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$3.65	
<i>loperamide hcl oral capsule</i>	\$3.65	
<i>opium oral tincture</i>	\$3.65	
<i>paregoric oral tincture</i>	\$3.65	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CHEMET ORAL CAPSULE	\$3.65	
<i>deferasirox granules oral packet</i>	\$3.65	SP
<i>deferasirox oral tablet</i>	\$3.65	SP
<i>deferasirox oral tablet soluble</i>	\$3.65	SP
<i>deferiprone oral tablet 1000 mg</i>	\$3.65	PA
FERRIPROX ORAL SOLUTION	\$3.65	PA

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FERRIPROX ORAL TABLET 500 MG	\$3.65	PA
FERRIPROX TWICE-A-DAY ORAL TABLET	\$3.65	PA
KLOXXADO NASAL LIQUID	\$0	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	\$0	
<i>naloxone hcl injection solution prefilled syringe</i>	\$0	
<i>naloxone hcl nasal liquid</i>	\$0	
<i>naltrexone hcl oral tablet</i>	\$0	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
NARCAN NASAL LIQUID	\$0	
VISTOGARD ORAL PACKET	\$3.65	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0	
ANTIEMETICS		
AKYNZEO ORAL CAPSULE	\$3.65	QL (1 EA per 1 Fill)
Aloxi Intravenous Solution 0.25 MG/5ML	MB/RX	QL (20 ML per 1 Rx)
ANZEMET ORAL TABLET 100 MG	\$3.65	QL (10 EA per 1 fill)
ANZEMET ORAL TABLET 50 MG	\$3.65	QL (5 EA per 1 fill)
<i>aprepitant oral</i>	\$3.65	QL (6 EA per 1 Rx)
<i>aprepitant oral capsule</i>	\$3.65	QL (6 EA per 1 Rx)
BONJESTA ORAL TABLET EXTENDED RELEASE	\$3.65	PA
CESAMET ORAL CAPSULE	\$3.65	PA
Cinvanti Intravenous Emulsion	MB/RX	QL (18 ML per 1 Fill)
<i>dimenhydrinate oral tablet 50 mg</i>	\$3.65	
<i>doxylamine-pyridoxine oral tablet delayed release</i>	\$3.65	PA
<i>dronabinol oral capsule</i>	\$3.65	
Emend Intravenous Solution Reconstituted 150 MG	MB/RX	QL (2 vials per 1 Rx)
EMEND ORAL SUSPENSION RECONSTITUTED	\$3.65	QL (3 Units per 7 days)
<i>granisetron hcl oral tablet</i>	\$3.65	QL (14 EA per 1 Fill)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	\$3.65	

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<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	\$3.65	
<i>ondansetron hcl oral solution</i>	\$3.65	QL (105 ML per 1 Fill)
<i>ondansetron hcl oral tablet</i>	\$3.65	QL (21 EA per 1 Fill)
<i>ondansetron oral tablet dispersible</i>	\$3.65	QL (21 EA per 1 Fill)
SANCUSO TRANSDERMAL PATCH	\$3.65	PA; QL (4 EA per 28 days)
<i>scopolamine transdermal patch 72 hour</i>	\$3.65	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	Medical Benefit	
SYNDROS ORAL SOLUTION	\$3.65	PA
<i>trimethobenzamide hcl oral capsule</i>	\$3.65	
Varubi Intravenous Emulsion	MB/RX	
VARUBI ORAL TABLET	\$3.65	¥ (Max of 6 tablets per 30 days); QL (2 Tablets per 1 Fill)
ANTIFUNGALS		
CRESEMBA ORAL CAPSULE	\$3.65	
<i>fluconazole oral suspension reconstituted</i>	\$3.65	
<i>fluconazole oral tablet</i>	\$3.65	
<i>flucytosine oral capsule</i>	\$3.65	PA
<i>griseofulvin microsize oral suspension</i>	\$3.65	
<i>griseofulvin microsize oral tablet</i>	\$3.65	
<i>griseofulvin ultramicrosize oral tablet</i>	\$3.65	
<i>itraconazole oral capsule</i>	\$3.65	
<i>itraconazole oral solution</i>	\$3.65	
<i>ketoconazole oral tablet</i>	\$3.65	
LAMISIL ORAL PACKET	\$3.65	PA; ¥ (Max of 6 weeks); QL (2 Packets per 1 day)
NOXAFIL ORAL SUSPENSION	\$3.65	PA
NOXAFIL ORAL TABLET DELAYED RELEASE	\$3.65	PA
<i>nystatin oral powder</i>	\$3.65	
<i>nystatin oral tablet</i>	\$3.65	
<i>terbinafine hcl oral tablet</i>	\$3.65	
<i>voriconazole oral suspension reconstituted</i>	\$3.65	PA
<i>voriconazole oral tablet</i>	\$3.65	PA

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ANTI HISTAMINES		
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$3.65	
<i>cetirizine hcl oral syrup 1 mg/ml</i>	\$3.65	
CLARINEX ORAL SYRUP	\$3.65	PA
<i>clemastine fumarate oral tablet 2.68 mg</i>	\$3.65	
<i>cyproheptadine hcl oral syrup</i>	\$3.65	
<i>cyproheptadine hcl oral tablet</i>	\$3.65	
<i>desloratadine oral tablet</i>	\$3.65	PA
<i>diphenhydramine hcl oral capsule</i>	\$3.65	
<i>diphenhydramine hcl oral elixir</i>	\$3.65	
<i>levocetirizine dihydrochloride oral solution</i>	\$3.65	PA
<i>levocetirizine dihydrochloride oral tablet</i>	\$3.65	PA
PHENADOZ RECTAL SUPPOSITORY	\$3.65	
PHENERGAN RECTAL SUPPOSITORY	\$3.65	
<i>promethazine hcl oral solution</i>	\$3.65	
<i>promethazine hcl oral syrup</i>	\$3.65	
<i>promethazine hcl oral tablet</i>	\$3.65	
<i>promethazine hcl rectal suppository</i>	\$3.65	
PROMETHEGAN RECTAL SUPPOSITORY	\$3.65	
ANTI HYPERLIPIDEMICS		
ADVICOR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
<i>atorvastatin calcium oral tablet</i>	\$0	¥ (Can be filled for up to a 90 day supply)
<i>cholestyramine light oral packet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>cholestyramine light oral powder</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>cholestyramine oral packet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>cholestyramine oral powder</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>colesevelam hcl oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>colestipol hcl oral packet</i>	\$1	¥ (Can be filled for up to a 90 day supply)

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<i>colestipol hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
EVKEEZA INTRAVENOUS SOLUTION	Medical Benefit	PA
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	\$3.65	PA; QL (30 EA per 30 days)
<i>ezetimibe oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>ezetimibe-simvastatin oral tablet</i>	\$0	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 43 mg, 90 mg</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>fenofibric acid oral capsule delayed release</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>fenofibric acid oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>flolipid oral suspension</i>	\$0	PA
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	\$0	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule</i>	\$0	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>gemfibrozil oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>icosapent ethyl oral capsule 1 gm</i>	\$1	PA
JUXTAPID ORAL CAPSULE	\$3.65	PA; QL (30 EA per 30 days)
KYNAMRO SUBCUTANEOUS SOLUTION	\$3.65	SP; QL (4 EA per 28 days)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	SP; QL (4 EA per 28 days)
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
LIVALO ORAL TABLET	\$0	PA; QL (30 EA per 30 days)

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<i>lovastatin oral tablet</i>	\$0	¥ (Can be filled for up to a 90 day supply)
<i>micronized colestipol hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
NEXLETOL ORAL TABLET	\$3.65	PA
NEXLIZET ORAL TABLET	\$3.65	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	\$1	¥ (Can be filled for up to a 90 day supply)
NIACOR ORAL TABLET	\$1	¥ (Can be filled for up to a 90 day supply)
<i>pravastatin sodium oral tablet</i>	\$0	¥ (Can be filled for up to a 90 day supply)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	PA; Preferred in class; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; Preferred in class; QL (2 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; Preferred in class; QL (2 ML per 28 days)
<i>rosuvastatin calcium oral tablet</i>	\$0	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
<i>simvastatin oral tablet</i>	\$0	¥ (Can be filled for up to a 90 day supply)
VASCEPA ORAL CAPSULE 0.5 GM	\$3.65	PA
ZYPITAMAG ORAL TABLET	\$3.65	PA
ANTIHYPERTENSIVES		
<i>aliskiren fumarate oral tablet</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>amlodipine besylate-valsartan oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>amlodipine-olmesartan oral tablet</i>	\$1	STPA; ¥ (Can be filled for up to a 90 day supply)
<i>amlodipine-valsartan-hctz oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)

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<i>atenolol-chlorthalidone oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>benazepril hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>benazepril-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>candesartan cilexetil oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>candesartan cilexetil-hctz oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>captopril oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>captopril-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>clonidine hcl oral tablet</i>	\$1	PA; ¥ (PA applies to members 2 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>clonidine hcl transdermal patch weekly</i>	\$1	PA; ¥ (PA applies to members 2 years and under; PBHMI polypharmacy for members less than 18 years of age)
CLOPRES ORAL TABLET	\$1	
<i>doxazosin mesylate oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
EDARBI ORAL TABLET	\$3.65	PA
<i>enalapril maleate oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>enalapril-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
EPANED ORAL SOLUTION RECONSTITUTED	\$3.65	
<i>eplerenone oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>eprosartan mesylate oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)

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<i>fosinopril sodium oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>fosinopril sodium-hctz oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>guanfacine hcl oral tablet</i>	\$1	PA; ¥ (PA applies to members 2 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>hydralazine hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>irbesartan oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>irbesartan-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>lisinopril oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>lisinopril-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>losartan potassium oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>losartan potassium-hctz oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>methyldopa oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>methyldopa-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>metoprolol-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>metyrosine oral capsule</i>	\$3.65	
<i>minoxidil oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>moexipril hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>moexipril-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>nadolol-bendroflumethiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>olmesartan medoxomil oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)

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<i>olmesartan medoxomil-hctz oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>perindopril erbumine oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>phenoxybenzamine hcl oral capsule</i>	\$1	
<i>prazosin hcl oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>propranolol-hctz oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>quinapril hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>quinapril-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>quinaretic oral tablet 10-12.5 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>quinaretic oral tablet 20-25 mg</i>	\$1	
<i>ramipril oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>reserpine oral tablet</i>	\$1	
TEKTURNA HCT ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
<i>telmisartan oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>telmisartan-hctz oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>terazosin hcl oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>trandolapril oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>valsartan oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>valsartan-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO ORAL TABLET DELAYED RELEASE	\$3.65	QL (12 EA per 1 FILL)

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Drug	Status	Notes
ALINIA ORAL SUSPENSION RECONSTITUTED	\$3.65	
<i>atovaquone oral suspension</i>	\$3.65	
CAYSTON INHALATION SOLUTION RECONSTITUTED	\$3.65	SP
<i>clindamycin hcl oral capsule</i>	\$3.65	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	\$3.65	
<i>dapsone oral tablet</i>	\$3.65	
FIRST-VANCOMYCIN 25 ORAL SOLUTION	\$3.65	
FIRST-VANCOMYCIN 50 ORAL SOLUTION	\$3.65	
FIRVANQ ORAL SOLUTION RECONSTITUTED	\$3.65	QL (2 Bottles per 10 days)
FLAGYL ER ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	
<i>fosfomycin tromethamine oral packet</i>	\$3.65	
HYOPHEN ORAL TABLET	\$3.65	
IMPAVIDO ORAL CAPSULE	\$3.65	
KETEK ORAL TABLET	\$3.65	
LAMPIT ORAL TABLET	\$3.65	
<i>linezolid oral suspension reconstituted</i>	\$3.65	QL (60 ML per 1 day)
<i>linezolid oral tablet</i>	\$3.65	QL (2 EA per 1 day)
<i>me/naphos/mb/hyo1 oral tablet</i>	\$3.65	
<i>methenamine hippurate oral tablet</i>	\$3.65	
<i>methenamine mandelate oral tablet</i>	\$3.65	
<i>metronidazole oral capsule</i>	\$3.65	
<i>metronidazole oral tablet</i>	\$3.65	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	\$3.65	
<i>nitazoxanide oral tablet</i>	\$3.65	
<i>nitrofurantoin macrocrystal oral capsule</i>	\$3.65	
<i>nitrofurantoin monohyd macro oral capsule</i>	\$3.65	
<i>nitrofurantoin oral suspension</i>	\$3.65	
PHOSPHASAL ORAL TABLET	\$3.65	

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PRIMSOL ORAL SOLUTION	\$3.65	
SIVEXTRO ORAL TABLET	\$3.65	QL (6 EA per 365 days)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	\$3.65	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	\$3.65	
SULFATRIM PEDIATRIC ORAL SUSPENSION	\$3.65	
<i>tinidazole oral tablet</i>	\$3.65	
<i>trimethoprim oral tablet</i>	\$3.65	
URIMAR-T ORAL TABLET	\$3.65	
UROLET MB ORAL TABLET	\$3.65	
UROPHEN MB ORAL TABLET	\$3.65	
URYL ORAL TABLET	\$3.65	
Vabomere Intravenous Solution Reconstituted	MB/RX	
<i>vancomycin hcl oral capsule</i>	\$3.65	QL (40 EA per 10 days)
XENLETA ORAL TABLET	\$3.65	
XIFAXAN ORAL TABLET 200 MG	\$3.65	QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	\$3.65	PA; QL (2 tablets per 1 day)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl oral tablet</i>	\$3.65	
<i>chloroquine phosphate oral tablet</i>	\$3.65	
COARTEM ORAL TABLET	\$3.65	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	\$3.65	
KRINTAFEL ORAL TABLET	\$3.65	QL (2 EA per 1 Fill)
<i>mefloquine hcl oral tablet</i>	\$3.65	
<i>primaquine phosphate oral tablet</i>	\$3.65	
<i>quinine sulfate oral capsule</i>	\$3.65	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE ORAL TABLET	\$3.65	PA
<i>guanidine hcl oral tablet</i>	\$3.65	
MESTINON ORAL SYRUP	\$3.65	
<i>pyridostigmine bromide er oral tablet extended release</i>	\$3.65	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$3.65	

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Drug	Status	Notes
RUZURGI ORAL TABLET	\$3.65	PA
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine oral capsule</i>	\$3.65	
<i>ethambutol hcl oral tablet</i>	\$3.65	
<i>isoniazid oral syrup</i>	\$3.65	
<i>isoniazid oral tablet</i>	\$3.65	
PASER ORAL PACKET	\$3.65	PA
<i>pretomanid oral tablet</i>	\$3.65	
PRIFTIN ORAL TABLET	\$3.65	
<i>pyrazinamide oral tablet</i>	\$3.65	
<i>rifabutin oral capsule</i>	\$3.65	
RIFAMATE ORAL CAPSULE	\$3.65	
<i>rifampin oral capsule</i>	\$3.65	
RIFATER ORAL TABLET	\$3.65	
SIRTURO ORAL TABLET	\$3.65	PA
TRECATOR ORAL TABLET	\$3.65	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
<i>abiraterone acetate oral tablet 250 mg</i>	\$3.65	PA; SP
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	Medical Benefit	PA
ACTIMMUNE SUBCUTANEOUS SOLUTION	\$3.65	SP
AFINITOR DISPERZ ORAL TABLET SOLUBLE	\$3.65	PA; SP; Brand Preferred
AFINITOR ORAL TABLET	\$3.65	PA; SP; Brand Preferred
ALECENSA ORAL CAPSULE	\$3.65	PA; SP
Alferon N Injection Solution	MB/RX	SP
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
ALUNBRIG ORAL TABLET	\$3.65	PA
ALYMSYS INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>anastrozole oral tablet</i>	\$3.65	
Arzerra Intravenous Concentrate	MB/RX	SP
AVASTIN INTRAVENOUS SOLUTION	Medical Benefit	PA

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AYVAKIT ORAL TABLET	\$3.65	PA
azaCITIDine Injection Suspension Reconstituted	MB/RX	SP
BALVERSA ORAL TABLET	\$3.65	PA
Beleodaq Intravenous Solution Reconstituted	MB/RX	SP
BENDEKA INTRAVENOUS SOLUTION	Medical Benefit	
Besponsa Intravenous Solution Reconstituted	MB/RX	
<i>bexarotene oral capsule</i>	\$3.65	SP
<i>bicalutamide oral tablet</i>	\$3.65	
BOSULIF ORAL TABLET	\$3.65	PA; SP; Preferred product
BRAFTOVI ORAL CAPSULE	\$3.65	PA
BRUKINSA ORAL CAPSULE	\$3.65	PA
CABOMETYX ORAL TABLET	\$3.65	PA; SP
CALQUENCE ORAL CAPSULE	\$3.65	PA
<i>capecitabine oral tablet</i>	\$3.65	SP
CAPRELSA ORAL TABLET	\$3.65	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	\$3.65	PA; SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	\$3.65	PA; SP
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	\$3.65	PA; SP
COPIKTRA ORAL CAPSULE	\$3.65	PA
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
COTELLIC ORAL TABLET	\$3.65	PA; SP
<i>cyclophosphamide injection solution reconstituted</i>	\$3.65	SP
<i>cyclophosphamide oral capsule</i>	\$3.65	SP
Dacogen Intravenous Solution Reconstituted	MB/RX	SP
DARZALEX INTRAVENOUS SOLUTION	Medical Benefit	
DAURISMO ORAL TABLET	\$3.65	PA; SP
Decitabine Intravenous Solution Reconstituted	MB/RX	SP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$3.65	
Eligard Subcutaneous Kit	MB/RX	SP
Elspar Injection Solution Reconstituted	MB/RX	SP

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EMCYT ORAL CAPSULE	\$3.65	SP
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	
epiRUBicin HCl Intravenous Solution 200 MG/100ML, 50 MG/25ML	MB/RX	
Erbix Intravenous Solution	MB/RX	SP
ERIVEDGE ORAL CAPSULE	\$3.65	PA; SP
<i>erlotinib hcl oral tablet</i>	\$3.65	PA; SP
<i>etoposide oral capsule</i>	\$3.65	SP
<i>exemestane oral tablet</i>	\$3.65	
FARYDAK ORAL CAPSULE	\$3.65	PA; SP
Firmagon Subcutaneous Solution Reconstituted	MB/RX	SP
<i>flutamide oral capsule</i>	\$3.65	
FOTIVDA ORAL CAPSULE	\$3.65	PA
GAVRETO ORAL CAPSULE	\$3.65	PA; SP
Gazyva Intravenous Solution	MB/RX	SP
GILOTRIF ORAL TABLET	\$3.65	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	\$3.65	SP
Halaven Intravenous Solution	MB/RX	SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	Medical Benefit	PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
HEXALEN ORAL CAPSULE	\$3.65	
HYCAMTIN ORAL CAPSULE	\$3.65	PA; SP
<i>hydroxyurea oral capsule</i>	\$3.65	
IBRANCE ORAL CAPSULE	\$3.65	PA; SP; Preferred product
IBRANCE ORAL TABLET	\$3.65	PA; SP; Preferred product
ICLUSIG ORAL TABLET	\$3.65	PA
IDHIFA ORAL TABLET	\$3.65	PA; SP
<i>imatinib mesylate oral tablet</i>	\$3.65	SP
IMBRUVICA ORAL CAPSULE	\$3.65	PA
IMBRUVICA ORAL TABLET	\$3.65	PA
IMLYGIC INTRALESIONAL SUSPENSION	Medical Benefit	

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INLYTA ORAL TABLET	\$3.65	PA; SP
INQOVI ORAL TABLET	\$3.65	PA; SP
INREBIC ORAL CAPSULE	\$3.65	PA; SP
Intron A Injection Solution	MB/RX	SP
Intron A Injection Solution Reconstituted	MB/RX	SP
IRESSA ORAL TABLET	\$3.65	PA
Istodax Intravenous Solution Reconstituted	MB/RX	SP
Ixempra Kit Intravenous Solution Reconstituted	MB/RX	SP
JAKAFI ORAL TABLET	\$3.65	PA; SP
Jevtana Intravenous Solution	MB/RX	SP
Kadcyla Intravenous Solution Reconstituted	MB/RX	SP
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA
KISQALI 200 DOSE ORAL TABLET	\$3.65	PA
KISQALI 400 DOSE ORAL TABLET	\$3.65	PA
KISQALI 600 DOSE ORAL TABLET	\$3.65	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA
KOSELUGO ORAL CAPSULE	\$3.65	PA
Lartruvo Intravenous Solution	MB/RX	
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP

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LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP
<i>letrozole oral tablet</i>	\$3.65	
<i>leucovorin calcium oral tablet</i>	\$3.65	
LEUKERAN ORAL TABLET	\$3.65	
Levoleucovorin Calcium Intravenous Solution	MB/RX	SP
LEVOleucovorin Calcium Intravenous Solution Reconstituted 50 MG	MB/RX	SP
LEVOleucovorin Calcium PF Intravenous Solution 250 MG/25ML	MB/RX	SP
<i>lomustine oral capsule</i>	\$3.65	
LONSURF ORAL TABLET	\$3.65	PA; SP
LORBRENA ORAL TABLET	\$3.65	PA; SP
LUMAKRAS ORAL TABLET	\$3.65	PA; SP
Lupron Depot (1-Month) Intramuscular Kit 3.75 MG	MB/RX	PA; SP
Lupron Depot (1-Month) Intramuscular Kit 7.5 MG	MB/RX	SP
Lupron Depot (3-Month) Intramuscular Kit 11.25 MG	MB/RX	PA; SP
Lupron Depot (3-Month) Intramuscular Kit 22.5 MG	MB/RX	SP
Lupron Depot (4-Month) Intramuscular Kit	MB/RX	SP
Lupron Depot (6-Month) Intramuscular Kit	MB/RX	SP
LUPRON INJECTION KIT	Medical Benefit	PA; SP
LUPRON SUBCUTANEOUS SOLUTION	Medical Benefit	PA; SP
LYNPARZA ORAL CAPSULE	\$3.65	PA; SP
LYNPARZA ORAL TABLET	\$3.65	PA; SP
LYSODREN ORAL TABLET	\$3.65	
MATULANE ORAL CAPSULE	\$3.65	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	\$3.65	
<i>megestrol acetate oral tablet</i>	\$3.65	
MEKINIST ORAL TABLET	\$3.65	PA; SP

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MEKTOVI ORAL TABLET	\$3.65	PA
<i>melphalan oral tablet</i>	\$3.65	
<i>mercaptopurine oral tablet</i>	\$3.65	
MESNEX ORAL TABLET	\$3.65	
<i>methotrexate oral tablet</i>	\$3.65	
Mitoxantrone HCl Intravenous Concentrate	MB/RX	SP
MYLERAN ORAL TABLET	\$3.65	
Mylotarg Intravenous Solution Reconstituted 4.5 MG	MB/RX	
NERLYNX ORAL TABLET	\$3.65	PA; SP
NEXAVAR ORAL TABLET	\$3.65	PA; SP; Brand Preferred
<i>nilutamide oral tablet</i>	\$3.65	
NINLARO ORAL CAPSULE	\$3.65	PA; SP
ODOMZO ORAL CAPSULE	\$3.65	PA; SP
Oncaspar Injection Solution	MB/RX	SP
ONUREG ORAL TABLET	\$3.65	PA; SP
OPDUALAG INTRAVENOUS SOLUTION	Medical Benefit	PA
ORGOVYX ORAL TABLET	\$3.65	PA
PACLitaxel Intravenous Concentrate 100 MG/16.7ML, 150 MG/25ML, 30 MG/5ML, 300 MG/50ML	MB/RX	
PEMAZYRE ORAL TABLET	\$3.65	PA
Perjeta Intravenous Solution	MB/RX	SP
PHESGO SUBCUTANEOUS SOLUTION	Medical Benefit	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA; SP
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA; SP
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA; SP
POMALYST ORAL CAPSULE	\$3.65	PA; SP
PORTRAZZA INTRAVENOUS SOLUTION	Medical Benefit	
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SP
PURIXAN ORAL SUSPENSION	\$3.65	
QINLOCK ORAL TABLET	\$3.65	PA

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RETEVMO ORAL CAPSULE	\$3.65	PA
RIABNI INTRAVENOUS SOLUTION	Medical Benefit	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	Medical Benefit	PA
RITUXAN INTRAVENOUS SOLUTION	Medical Benefit	PA
ROZLYTREK ORAL CAPSULE	\$3.65	PA; SP
RUBRACA ORAL TABLET	\$3.65	PA; SP
RUXIENCE INTRAVENOUS SOLUTION	Medical Benefit	PA
RYDAPT ORAL CAPSULE	\$3.65	PA; SP
SOLTAMOX ORAL SOLUTION	\$3.65	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG	\$3.65	SP
SPRYCEL ORAL TABLET 50 MG, 70 MG, 80 MG	\$3.65	SP; QL (60 EA per 30 days)
STIVARGA ORAL TABLET	\$3.65	PA; SP
SUTENT ORAL CAPSULE	\$3.65	PA; SP; Brand Preferred
SYLATRON SUBCUTANEOUS KIT 200 MCG, 296 MCG, 300 MCG, 4 X 296 MCG, 4 X 444 MCG, 444 MCG, 600 MCG, 888 MCG	\$3.65	SP
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
TABLOID ORAL TABLET	\$3.65	SP
TABRECTA ORAL TABLET	\$3.65	PA; SP
TAFINLAR ORAL CAPSULE	\$3.65	PA; SP
TAGRISSO ORAL TABLET	\$3.65	PA
TALZENNA ORAL CAPSULE	\$3.65	PA; SP
<i>tamoxifen citrate oral tablet</i>	\$0	
TASIGNA ORAL CAPSULE	\$3.65	SP
TAZVERIK ORAL TABLET	\$3.65	PA
Temodar Intravenous Solution Reconstituted	MB/RX	SP
<i>temozolomide oral capsule</i>	\$3.65	SP
<i>temsirolimus intravenous solution</i>	Medical Benefit	
TEPMETKO ORAL TABLET	\$3.65	PA
TIBSOVO ORAL TABLET	\$3.65	PA
<i>toremifene citrate oral tablet</i>	\$3.65	

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Torisel Intravenous Solution	MB/RX	SP
Treanda Intravenous Solution Reconstituted	MB/RX	SP
Trelstar Depot Intramuscular Suspension Reconstituted	MB/RX	SP
Trelstar Intramuscular Suspension Reconstituted	MB/RX	SP
Trelstar LA Intramuscular Suspension Reconstituted	MB/RX	SP
Trelstar Mixject Intramuscular Suspension Reconstituted	MB/RX	SP
<i>tretinoin oral capsule</i>	\$3.65	
TREXALL ORAL TABLET	\$3.65	
TRUXIMA INTRAVENOUS SOLUTION	Medical Benefit	PA
TUKYSA ORAL TABLET	\$3.65	PA
TURALIO ORAL CAPSULE	\$3.65	PA
TYKERB ORAL TABLET	\$3.65	SP; Brand Preferred
Valstar Intravesical Solution	MB/RX	SP
Vantas Subcutaneous Kit	MB/RX	SP
Vectibix Intravenous Solution 100 MG/5ML, 400 MG/20ML	MB/RX	SP
Velcade Injection Solution Reconstituted	MB/RX	SP
VENCLEXTA ORAL TABLET	\$3.65	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	\$3.65	PA
VERZENIO ORAL TABLET	\$3.65	PA; SP
Vidaza Injection Suspension Reconstituted	MB/RX	SP
VITRAKVI ORAL CAPSULE	\$3.65	PA; SP
VITRAKVI ORAL SOLUTION	\$3.65	PA; SP
VIZIMPRO ORAL TABLET	\$3.65	PA; SP
VOTRIENT ORAL TABLET	\$3.65	PA; SP
Vyxeos Intravenous Suspension Reconstituted 100-44 MG	MB/RX	
WELIREG ORAL TABLET	\$3.65	PA
XALKORI ORAL CAPSULE	\$3.65	PA; SP
XATMEP ORAL SOLUTION	\$3.65	PA
XOSPATA ORAL TABLET	\$3.65	PA

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XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$3.65	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$3.65	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$3.65	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$3.65	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	\$3.65	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$3.65	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	\$3.65	PA
XTANDI ORAL CAPSULE	\$3.65	PA; SP
XTANDI ORAL TABLET	\$3.65	PA; SP
Yervoy Intravenous Solution	MB/RX	SP
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	
Zaltrap Intravenous Solution	MB/RX	SP
ZEJULA ORAL CAPSULE	\$3.65	PA
ZELBORAF ORAL TABLET	\$3.65	PA; SP
Zoladex Subcutaneous Implant 10.8 MG	MB/RX	SP; QL (1 EA per 84 days)
Zoladex Subcutaneous Implant 3.6 MG	MB/RX	SP; QL (1 EA per 28 days)
ZOLINZA ORAL CAPSULE	\$3.65	PA; SP
ZYDELIG ORAL TABLET	\$3.65	PA; SP
ZYKADIA ORAL CAPSULE	\$3.65	PA; SP
ZYKADIA ORAL TABLET	\$3.65	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS		
<i>amantadine hcl oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>amantadine hcl oral syrup</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>amantadine hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>apomorphine hcl subcutaneous solution cartridge</i>	\$3.65	SP; QL (15 ML per 23 days)

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<i>benztropine mesylate oral tablet</i>	\$3.65	
<i>bromocriptine mesylate oral capsule</i>	\$3.65	
<i>bromocriptine mesylate oral tablet</i>	\$3.65	
<i>carbidopa oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>carbidopa-levodopa oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>carbidopa-levodopa oral tablet dispersible</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>entacapone oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA
INBRIJA INHALATION CAPSULE	\$3.65	PA
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 3.75 MG	\$3.65	¥ (Can be filled for up to a 90 day supply)
NEUPRO TRANSDERMAL PATCH 24 HOUR	\$3.65	PA
NOURIANZ ORAL TABLET	\$3.65	PA; QL (1 tablet per 1 day)
ONGENTYS ORAL CAPSULE	\$3.65	PA; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>pramipexole dihydrochloride oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>rasagiline mesylate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>ropinirole hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>selegiline hcl oral capsule</i>	\$3.65	

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Drug	Status	Notes
<i>selegiline hcl oral tablet</i>	\$3.65	
<i>tolcapone oral tablet</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (6 EA per 1 day)
<i>trihexyphenidyl hcl oral tablet</i>	\$3.65	
XADAGO ORAL TABLET	\$3.65	PA
ZELAPAR ORAL TABLET DISPERSIBLE	\$3.65	PA; QL (60 EA per 30 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
Abilify Maintena Intramuscular Suspension Reconstituted 300 MG, 400 MG	MB/RX	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (1 Vial per 28 days)
ABILIFY MYCITE ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (1 EA per 1 day)
<i>aripiprazole oral solution</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (750 ML per 30 days)
<i>aripiprazole oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
Aristada Initio Intramuscular Prefilled Syringe	MB/RX	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); Preferred product; QL (1 injection per 30 days)

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Aristada Intramuscular Prefilled Syringe 1064 MG/3.9ML	MB/RX	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); Preferred product; QL (1 injection per 60 days)
Aristada Intramuscular Prefilled Syringe 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	MB/RX	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); Preferred product; QL (1 injection per 30 days)
<i>asenapine maleate sublingual tablet sublingual</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (1 capsule per 1 day)
<i>chlorpromazine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>clozapine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>clozapine oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)
COMPAZINE RECTAL SUPPOSITORY	\$3.65	
COMPRO RECTAL SUPPOSITORY	\$3.65	
FANAPT ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)

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Drug	Status	Notes
FANAPT TITRATION PACK ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>fluphenazine decanoate injection solution</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>fluphenazine hcl oral concentrate</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>fluphenazine hcl oral elixir</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>fluphenazine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
Geodon Intramuscular Solution Reconstituted	MB/RX	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>haloperidol lactate oral concentrate</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>haloperidol oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

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Invega Hafyera Intramuscular Suspension Prefilled Syringe	MB/RX	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); Preferred product; QL (1 Injection per 6 Monthss)
Invega Sustenna Intramuscular Suspension Prefilled Syringe	MB/RX	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (Limit 2 injections first month of treatment); Preferred product; QL (1 injection per 30 days)
Invega Trinza Intramuscular Suspension	MB/RX	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); Preferred product; QL (1 injection per 90 days)
Invega Trinza Intramuscular Suspension Prefilled Syringe 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	MB/RX	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); Preferred product; QL (1 injection per 90 days)
LATUDA ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>lithium carbonate er oral tablet extended release</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>lithium carbonate oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>lithium carbonate oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

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<i>lithium oral solution</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>loxapine succinate oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
NUPLAZID ORAL CAPSULE	\$3.65	PA; SP; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	\$3.65	PA; SP; QL (60 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	\$3.65	PA; SP; QL (60 Tablets per 30 days)
OLANZapine Intramuscular Solution Reconstituted	MB/RX	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>olanzapine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>perphenazine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
Perseris Subcutaneous Prefilled Syringe	MB/RX	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (1 EA per 30 days)

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<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	\$3.65	
<i>prochlorperazine maleate oral tablet</i>	\$3.65	
<i>prochlorperazine rectal suppository</i>	\$3.65	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (90 EA per 30 days)
REXULTI ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
RisperDAL Consta Intramuscular Suspension Reconstituted	MB/RX	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (2 injections per 28 days)
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>risperidone oral solution</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

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<i>risperidone oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
SECUADO TRANSDERMAL PATCH 24 HOUR	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA
<i>thioridazine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>thiothixene oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>trifluoperazine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
VERSACLOZ ORAL SUSPENSION	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
VRAYLAR ORAL CAPSULE	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
VRAYLAR ORAL CAPSULE THERAPY PACK	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>ziprasidone hcl oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)

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ZyPREXA Relprevv Intramuscular Suspension Reconstituted 210 MG, 300 MG	MB/RX	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (2 vials per 28 days)
ZyPREXA Relprevv Intramuscular Suspension Reconstituted 405 MG	MB/RX	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (1 vial per 28 days)
ANTIVIRALS		
<i>abacavir sulfate oral solution</i>	\$3.65	
<i>abacavir sulfate oral tablet</i>	\$3.65	
<i>abacavir sulfate-lamivudine oral tablet</i>	\$3.65	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	\$3.65	
<i>acyclovir oral capsule</i>	\$3.65	
<i>acyclovir oral suspension</i>	\$3.65	
<i>acyclovir oral tablet</i>	\$3.65	
<i>adefovir dipivoxil oral tablet</i>	\$3.65	QL (1 EA per 1 day)
APTIVUS ORAL CAPSULE	\$3.65	
APTIVUS ORAL SOLUTION	\$3.65	
<i>atazanavir sulfate oral capsule</i>	\$3.65	
BARACLUDE ORAL SOLUTION	\$3.65	QL (20 ML per 1 day)
BIKTARVY ORAL TABLET 50-200-25 MG	\$3.65	Preferred product
<i>cabenuva intramuscular suspension extended release</i>	Medical Benefit	Preferred product
CIMDUO ORAL TABLET	\$3.65	
COMPLERA ORAL TABLET	\$3.65	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	\$3.65	
DELSTRIGO ORAL TABLET	\$3.65	Preferred product
DESCOVY ORAL TABLET 120-15 MG	\$3.65	Preferred product
DESCOVY ORAL TABLET 200-25 MG	\$0	Preferred product
<i>didanosine oral capsule delayed release</i>	\$3.65	
DOVATO ORAL TABLET	\$3.65	Preferred product
EDURANT ORAL TABLET	\$3.65	

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<i>efavirenz oral capsule</i>	\$3.65	
<i>efavirenz oral tablet</i>	\$3.65	
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	\$3.65	
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	\$3.65	
<i>emtricitabine oral capsule</i>	\$3.65	
<i>emtricitabine-tenofovir df oral tablet</i>	\$0	
EMTRIVA ORAL SOLUTION	\$3.65	
<i>entecavir oral tablet</i>	\$3.65	QL (1 EA per 1 day)
EPCLUSA ORAL PACKET	\$3.65	PA; SP; QL (1 packet per 1 day)
EPCLUSA ORAL TABLET 200-50 MG	\$3.65	PA; SP; QL (1 tablet per 1 day)
EPIVIR HBV ORAL SOLUTION	\$3.65	QL (20 ML per 1 day)
<i>etravirine oral tablet</i>	\$3.65	
EVOTAZ ORAL TABLET	\$3.65	
<i>famciclovir oral tablet</i>	\$3.65	
<i>fosamprenavir calcium oral tablet</i>	\$3.65	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	SP
GENVOYA ORAL TABLET	\$3.65	Preferred product
HARVONI ORAL PACKET	\$3.65	PA; SP; QL (1 packet per 1 day)
HARVONI ORAL TABLET 45-200 MG	\$3.65	PA; SP; QL (1 tablet per 1 day)
INTELENCE ORAL TABLET 25 MG	\$3.65	
INVIRASE ORAL CAPSULE	\$3.65	
INVIRASE ORAL TABLET	\$3.65	
ISENTRESS HD ORAL TABLET	\$3.65	
ISENTRESS ORAL PACKET	\$3.65	
ISENTRESS ORAL TABLET	\$3.65	
ISENTRESS ORAL TABLET CHEWABLE	\$3.65	
JULUCA ORAL TABLET	\$3.65	Preferred product
<i>lamivudine oral solution</i>	\$3.65	
<i>lamivudine oral tablet 100 mg</i>	\$3.65	QL (1 EA per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	\$3.65	
<i>lamivudine-zidovudine oral tablet</i>	\$3.65	
<i>ledipasvir-sofosbuvir oral tablet</i>	\$3.65	PA; SP; Preferred product; QL (1 tablet per 1 day)

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LEXIVA ORAL SUSPENSION	\$3.65	
LIVTENCITY ORAL TABLET	\$3.65	PA; QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral solution</i>	\$3.65	
<i>lopinavir-ritonavir oral tablet</i>	\$3.65	
<i>maraviroc oral tablet</i>	\$3.65	
MAVYRET ORAL PACKET	\$3.65	PA; SP; Preferred product; QL (5 EA per 1 day)
MAVYRET ORAL TABLET	\$3.65	PA; SP; Preferred product; QL (3 tablets per 1 day)
MODERIBA ORAL TABLET 200 MG	\$3.65	QL (210 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour</i>	\$3.65	
<i>nevirapine oral suspension</i>	\$3.65	
<i>nevirapine oral tablet</i>	\$3.65	
NORVIR ORAL CAPSULE	\$3.65	
NORVIR ORAL PACKET	\$3.65	
NORVIR ORAL SOLUTION	\$3.65	
NORVIR ORAL TABLET	\$3.65	Preferred product; brand preferred
ODEFSEY ORAL TABLET	\$3.65	Preferred product
<i>oseltamivir phosphate oral capsule 30 mg</i>	\$3.65	¥ (Max of 2 fills per year); QL (20 EA per 1 Fill)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	\$3.65	¥ (Max of 2 fills per year); QL (10 EA per 1 Fill)
<i>oseltamivir phosphate oral suspension reconstituted</i>	\$3.65	¥ (Max of 2 fills per year); QL (180 ML per 1 Fill)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	\$3.65	SP
PEGASYS SUBCUTANEOUS SOLUTION	\$3.65	SP
PEG-INTRON REDIPEN SUBCUTANEOUS KIT 50 MCG/0.5ML, 80 MCG/0.5ML	\$3.65	SP; QL (4 EA per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML, 80 MCG/0.5ML	\$3.65	SP
PEG-INTRON SUBCUTANEOUS KIT 50 MCG/0.5ML, 80 MCG/0.5ML	\$3.65	SP; QL (4 EA per 28 days)
PIFELTRO ORAL TABLET	\$3.65	Preferred product
Prevymis Intravenous Solution	MB/RX	PA
PREVYMIS ORAL TABLET	\$3.65	PA

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PREZCOBIX ORAL TABLET	\$3.65	Preferred product
PREZISTA ORAL SUSPENSION	\$3.65	Preferred product; brand preferred
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	\$3.65	Preferred product; brand preferred
REBETOL ORAL SOLUTION	\$3.65	SP; QL (35 ML per 1 day)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	\$3.65	¥ (Max of 2 fills per year); QL (20 Blisters per 1 Rx)
RESCRIPTOR ORAL TABLET	\$3.65	
REYATAZ ORAL PACKET	\$3.65	
RIBASPHERE ORAL CAPSULE	\$3.65	QL (210 EA per 30 days)
RIBASPHERE ORAL TABLET 200 MG	\$3.65	QL (210 EA per 30 days)
<i>ribavirin oral capsule</i>	\$3.65	SP
<i>ribavirin oral tablet 200 mg</i>	\$3.65	SP
<i>rimantadine hcl oral tablet</i>	\$3.65	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	\$3.65	Preferred product
SELZENTRY ORAL SOLUTION	\$3.65	
SELZENTRY ORAL TABLET 25 MG, 75 MG	\$3.65	
<i>sofosbuvir-velpatasvir oral tablet</i>	\$3.65	PA; SP; Preferred product; QL (1 tablet per 1 day)
SOVALDI ORAL PACKET	\$3.65	PA; SP; QL (1 packet per 1 day)
SOVALDI ORAL TABLET 200 MG	\$3.65	PA; SP; QL (30 EA per 30 days)
SOVALDI ORAL TABLET 400 MG	\$3.65	PA; SP; QL (1 tablet per 1 day)
<i>stavudine oral capsule</i>	\$3.65	
<i>stavudine oral solution reconstituted</i>	\$3.65	
STRIBILD ORAL TABLET	\$3.65	
SYMTUZA ORAL TABLET	\$3.65	Preferred product
<i>tenofovir disoproxil fumarate oral tablet</i>	\$3.65	QL (1 EA per 1 day)
TIVICAY ORAL TABLET	\$3.65	
TIVICAY PD ORAL TABLET SOLUBLE	\$3.65	
TRIUMEQ ORAL TABLET	\$3.65	Preferred product
TRIUMEQ PD ORAL TABLET SOLUBLE	\$3.65	Preferred product
TYBOST ORAL TABLET	\$3.65	

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TYZEKA ORAL TABLET	\$3.65	
<i>valacyclovir hcl oral tablet</i>	\$3.65	
<i>valganciclovir hcl oral solution reconstituted</i>	\$3.65	
<i>valganciclovir hcl oral tablet</i>	\$3.65	
VEMLIDY ORAL TABLET	\$3.65	PA; QL (1 EA per 1 day)
VIDEX ORAL SOLUTION RECONSTITUTED	\$3.65	
VIRACEPT ORAL TABLET	\$3.65	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	\$3.65	
VIREAD ORAL POWDER	\$3.65	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$3.65	QL (1 EA per 1 day)
VITEKTA ORAL TABLET	\$3.65	
VOSEVI ORAL TABLET	\$3.65	PA; SP; QL (1 tablet per 1 day)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	\$3.65	¥ (Max of 2 fills per year); QL (2 tablets per 1 fill)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	\$3.65	¥ (Max of 2 fills per year); QL (2 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	\$3.65	¥ (Max of 2 fills per year); QL (2 tablets per 1 fill)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	\$3.65	¥ (Max of 2 fills per year); QL (2 EA per 1 day)
ZEPATIER ORAL TABLET	\$3.65	PA; SP; QL (1 tablet per 1 day)
<i>zidovudine oral capsule</i>	\$3.65	
<i>zidovudine oral syrup</i>	\$3.65	
<i>zidovudine oral tablet</i>	\$3.65	
BETA BLOCKERS		
<i>acebutolol hcl oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>atenolol oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>betaxolol hcl oral tablet</i>	\$1	
<i>bisoprolol fumarate oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>carvedilol oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	\$1	PA; STPA; ¥ (Can be filled for up to a 90 day supply)
<i>labetalol hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
LEVATOL ORAL TABLET	\$1	PA
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	\$3.65	PA
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>nebivolol hcl oral tablet</i>	\$1	STPA
<i>pindolol oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>propranolol hcl er oral capsule extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>propranolol hcl oral solution</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>propranolol hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	\$1	
SORINE ORAL TABLET 80 MG	\$1	¥ (Can be filled for up to a 90 day supply)
<i>sotalol hcl (af) oral tablet 120 mg, 80 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>sotalol hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
SOTYLIZE ORAL SOLUTION	\$3.65	
<i>timolol maleate oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
CALCIUM CHANNEL BLOCKERS		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	\$1	¥ (Can be filled for up to a 90 day supply)
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	\$1	

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Drug	Status	Notes
<i>amlodipine besylate oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	\$1	PA
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	\$1	¥ (Can be filled for up to a 90 day supply)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG	\$1	
COVERA-HS ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
<i>dilt-cd oral capsule extended release 24 hour</i>	\$1	
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg</i>	\$1	
<i>diltzac oral capsule extended release 24 hour</i>	\$1	
DYNACIRC CR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
<i>felodipine er oral tablet extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>isradipine oral capsule</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 420 MG	\$1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>nicardipine hcl oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	\$3.65	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	\$1	¥ (Can be filled for up to a 90 day supply)
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	\$1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>nifedipine oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>nimodipine oral capsule</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>nisoldipine er oral tablet extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
NYMALIZE ORAL SOLUTION 6 MG/ML	\$3.65	PA
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	\$1	¥ (Can be filled for up to a 90 day supply)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG	\$1	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>verapamil hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
CARDIOTONICS		
DIGITEK ORAL TABLET 125 MCG	\$3.65	¥ (Can be filled for up to a 90 day supply)
DIGITEK ORAL TABLET 250 MCG	\$3.65	
DIGOX ORAL TABLET	\$3.65	
<i>digoxin oral solution</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>digoxin oral tablet 62.5 mcg</i>	\$3.65	
LANOXIN ORAL TABLET 187.5 MCG	\$3.65	
CARDIOVASCULAR AGENTS - MISC.		
ADEMPAS ORAL TABLET	\$3.65	PA; SP
ALYQ ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>ambrisentan oral tablet</i>	\$3.65	PA; SP; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet</i>	\$0	PA; ¥ (Can be filled for up to a 90 day supply)
<i>bosentan oral tablet</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
CAMZYOS ORAL CAPSULE	\$3.65	PA; SP; QL (1 EA per 1 day)
CORLANOR ORAL SOLUTION	\$3.65	
CORLANOR ORAL TABLET	\$3.65	
ENTRESTO ORAL TABLET	\$3.65	
Epoprostenol Sodium Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>isosorb dinitrate-hydralazine oral tablet</i>	\$3.65	PA
OPSUMIT ORAL TABLET	\$3.65	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	\$3.65	PA; SP
Remodulin Injection Solution 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	MB/RX	PA; SP
<i>sildenafil citrate oral suspension reconstituted</i>	\$3.65	PA; SP
<i>sildenafil citrate oral tablet 20 mg</i>	\$3.65	PA; SP; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	\$3.65	PA; QL (30 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE	\$3.65	PA; SP; QL (120 EA per 30 days)
TYVASO INHALATION SOLUTION	\$3.65	PA; SP

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TYVASO REFILL INHALATION SOLUTION	\$3.65	PA; SP
TYVASO STARTER INHALATION SOLUTION	\$3.65	PA; SP
UPTRAVI ORAL TABLET	\$3.65	PA; SP
UPTRAVI ORAL TABLET THERAPY PACK	\$3.65	PA; SP
VENTAVIS INHALATION SOLUTION	\$3.65	PA; SP; QL (9 Vials per 1 day)
VYNDAMAX ORAL CAPSULE	\$3.65	PA; SP; QL (30 EA per 30 days)
VYND AQEL ORAL CAPSULE	\$3.65	PA; SP; QL (120 EA per 30 days)
CEPHALOSPORINS		
CEDAX ORAL SUSPENSION RECONSTITUTED 90 MG/5ML	\$3.65	
<i>cefaclor er oral tablet extended release 12 hour</i>	\$3.65	
<i>cefaclor oral capsule</i>	\$3.65	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$3.65	
<i>cefadroxil oral capsule</i>	\$3.65	
<i>cefadroxil oral suspension reconstituted</i>	\$3.65	
<i>cefadroxil oral tablet</i>	\$3.65	
<i>cefдинir oral capsule</i>	\$3.65	
<i>cefдинir oral suspension reconstituted</i>	\$3.65	
<i>cefditoren pivoxil oral tablet</i>	\$3.65	
<i>cefixime oral capsule</i>	\$3.65	
<i>cefixime oral suspension reconstituted</i>	\$3.65	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	\$3.65	
<i>cefpodoxime proxetil oral tablet</i>	\$3.65	
<i>cefprozil oral suspension reconstituted</i>	\$3.65	
<i>cefprozil oral tablet</i>	\$3.65	
<i>ceftibuten oral capsule</i>	\$3.65	
CEFTIN ORAL SUSPENSION RECONSTITUTED	\$3.65	
CefTRIAxone Sodium Intravenous Solution Reconstituted 1 GM, 2 GM	MB/RX	
<i>cefuroxime axetil oral tablet</i>	\$3.65	

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<i>cephalexin oral capsule</i>	\$3.65	
<i>cephalexin oral suspension reconstituted</i>	\$3.65	
<i>cephalexin oral tablet</i>	\$3.65	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	\$3.65	
SUPRAX ORAL TABLET CHEWABLE	\$3.65	
CONTRACEPTIVES		
ALTAVERA ORAL TABLET	\$0	
<i>alyacen 1/35 oral tablet</i>	\$0	
<i>alyacen 7/7/7 oral tablet</i>	\$0	
AMETHIA LO ORAL TABLET	\$0	
AMETHIA ORAL TABLET	\$0	
AMETHYST ORAL TABLET	\$0	
APRI ORAL TABLET	\$0	
ARANELLE ORAL TABLET	\$0	
ASHLYNA ORAL TABLET	\$0	
AUBRA ORAL TABLET	\$0	
AVIANE ORAL TABLET	\$0	
AZURETTE ORAL TABLET	\$0	
BALZIVA ORAL TABLET	\$0	
BEKYREE ORAL TABLET	\$0	
BLISOVI 24 FE ORAL TABLET	\$0	
BLISOVI FE 1.5/30 ORAL TABLET	\$0	
BLISOVI FE 1/20 ORAL TABLET	\$0	
<i>briellyn oral tablet</i>	\$0	
CAMILA ORAL TABLET	\$0	
CAMRESE LO ORAL TABLET	\$0	
CAMRESE ORAL TABLET	\$0	
CAZIAN T ORAL TABLET	\$0	
CHATEAL ORAL TABLET	\$0	
CRYSELLE-28 ORAL TABLET	\$0	
CYCLAFEM 1/35 ORAL TABLET	\$0	
CYCLAFEM 7/7/7 ORAL TABLET	\$0	
CYRED ORAL TABLET	\$0	

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Drug	Status	Notes
DASETTA 1/35 ORAL TABLET	\$0	
DASETTA 7/7/7 ORAL TABLET	\$0	
DAYSEE ORAL TABLET	\$0	
DEBLITANE ORAL TABLET	\$0	
DELYLA ORAL TABLET	\$0	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION	\$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	\$0	
<i>drospiren-eth estrad-levomefol oral tablet</i>	\$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	\$0	
ELINEST ORAL TABLET	\$0	
ELLA ORAL TABLET	\$0	
EMOQUETTE ORAL TABLET	\$0	
ENPRESSE-28 ORAL TABLET	\$0	
ENSKYCE ORAL TABLET 0.15-30 MG- MCG	\$0	
ERRIN ORAL TABLET	\$0	
ESTARYLLA ORAL TABLET	\$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	\$0	
FALMINA ORAL TABLET	\$0	
FAYOSIM ORAL TABLET	\$0	
GIANVI ORAL TABLET	\$0	
GILDAGIA ORAL TABLET	\$0	
GILDESS 1.5/30 ORAL TABLET	\$0	
GILDESS 1/20 ORAL TABLET	\$0	
GILDESS 24 FE ORAL TABLET	\$0	
GILDESS FE 1.5/30 ORAL TABLET	\$0	
GILDESS FE 1/20 ORAL TABLET	\$0	
HEATHER ORAL TABLET	\$0	
INTROVALE ORAL TABLET	\$0	
JENCYCLA ORAL TABLET	\$0	
JOLESSA ORAL TABLET	\$0	
JOLIVETTE ORAL TABLET	\$0	
JULEBER ORAL TABLET	\$0	

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Drug	Status	Notes
JUNEL 1.5/30 ORAL TABLET	\$0	
JUNEL 1/20 ORAL TABLET	\$0	
JUNEL FE 1.5/30 ORAL TABLET	\$0	
JUNEL FE 1/20 ORAL TABLET	\$0	
JUNEL FE 24 ORAL TABLET	\$0	
KAITLIB FE ORAL TABLET CHEWABLE	\$0	
KARIVA ORAL TABLET	\$0	
KELNOR 1/35 ORAL TABLET	\$0	
KIMIDESS ORAL TABLET	\$0	
KURVELO ORAL TABLET	\$0	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	Medical Benefit	
LARIN 1.5/30 ORAL TABLET	\$0	
LARIN 1/20 ORAL TABLET	\$0	
LARIN 24 FE ORAL TABLET	\$0	
LARIN FE 1.5/30 ORAL TABLET	\$0	
LARIN FE 1/20 ORAL TABLET	\$0	
LAYOLIS FE ORAL TABLET CHEWABLE	\$0	
LEENA ORAL TABLET	\$0	
LESSINA ORAL TABLET	\$0	
LEVONEST ORAL TABLET	\$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	\$0	
<i>levonorgestrel oral tablet</i>	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	\$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	\$0	
LEVORA 0.15/30 (28) ORAL TABLET	\$0	
LO LOESTRIN FE ORAL TABLET	\$0	
LOMEDIA 24 FE ORAL TABLET	\$0	
LORYNA ORAL TABLET	\$0	
LOW-OGESTREL ORAL TABLET	\$0	
LUTERA ORAL TABLET	\$0	
LYZA ORAL TABLET	\$0	
<i>marlissa oral tablet</i>	\$0	
MICROGESTIN 1.5/30 ORAL TABLET	\$0	

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Drug	Status	Notes
MICROGESTIN 1/20 ORAL TABLET	\$0	
MICROGESTIN 24 FE ORAL TABLET	\$0	
MICROGESTIN FE 1.5/30 ORAL TABLET	\$0	
MICROGESTIN FE 1/20 ORAL TABLET	\$0	
MONO-LINYAH ORAL TABLET	\$0	
MONONESSA ORAL TABLET	\$0	
MY WAY ORAL TABLET	\$0	
MYZILRA ORAL TABLET	\$0	
NATAZIA ORAL TABLET	\$0	
NECON 0.5/35 (28) ORAL TABLET	\$0	
NECON 1/35 (28) ORAL TABLET	\$0	
NECON 1/50 (28) ORAL TABLET	\$0	
NECON 10/11 (28) ORAL TABLET	\$0	
NECON 7/7/7 ORAL TABLET	\$0	
NEXT CHOICE ONE DOSE ORAL TABLET	\$0	
NEXT CHOICE ORAL TABLET	\$0	
NIKKI ORAL TABLET	\$0	
NORA-BE ORAL TABLET	\$0	
<i>norethin ace-eth estrad-fe oral capsule</i>	\$0	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i>	\$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	\$0	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	\$0	
<i>norethindrone oral tablet</i>	\$0	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	\$0	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	\$0	
<i>norgestrel-ethinyl estradiol oral tablet</i>	\$0	
NORLYROC ORAL TABLET	\$0	
NORTREL 0.5/35 (28) ORAL TABLET	\$0	
NORTREL 1/35 (21) ORAL TABLET	\$0	
NORTREL 1/35 (28) ORAL TABLET	\$0	

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Drug	Status	Notes
NORTREL 7/7/7 ORAL TABLET	\$0	
OCELLA ORAL TABLET	\$0	
OGESTREL ORAL TABLET	\$0	
ORSYTHIA ORAL TABLET	\$0	
PHILITH ORAL TABLET	\$0	
PIMTREA ORAL TABLET	\$0	
PIRMELLA 1/35 ORAL TABLET	\$0	
PIRMELLA 7/7/7 ORAL TABLET	\$0	
PORTIA-28 ORAL TABLET	\$0	
PREVIFEM ORAL TABLET	\$0	
QUASENSE ORAL TABLET	\$0	
RECLIPSEN ORAL TABLET	\$0	
SETLAKIN ORAL TABLET	\$0	
SHAROBEL ORAL TABLET	\$0	
SPRINTEC 28 ORAL TABLET	\$0	
SRONYX ORAL TABLET	\$0	
SYEDA ORAL TABLET	\$0	
TARINA FE 1/20 ORAL TABLET	\$0	
TILIA FE ORAL TABLET	\$0	
TRI-ESTARYLLA ORAL TABLET	\$0	
TRI-LEGEST FE ORAL TABLET	\$0	
TRI-LINYAH ORAL TABLET	\$0	
TRI-LO-ESTARYLLA ORAL TABLET	\$0	
TRI-LO-MARZIA ORAL TABLET	\$0	
TRI-LO-SPRINTEC ORAL TABLET	\$0	
TRINESSA (28) ORAL TABLET	\$0	
TRINESSA LO ORAL TABLET	\$0	
TRI-PREVIFEM ORAL TABLET	\$0	
TRI-SPRINTEC ORAL TABLET	\$0	
TRIVORA (28) ORAL TABLET	\$0	
VELIVET ORAL TABLET	\$0	
VESTURA ORAL TABLET	\$0	
VIENVA ORAL TABLET	\$0	
<i>viorele oral tablet</i>	\$0	

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Drug	Status	Notes
VYFEMLA ORAL TABLET	\$0	
WERA ORAL TABLET	\$0	
WYMZYA FE ORAL TABLET CHEWABLE	\$0	
XULANE TRANSDERMAL PATCH WEEKLY	\$0	
ZARAH ORAL TABLET	\$0	
ZENCHENT FE ORAL TABLET CHEWABLE	\$0	
ZENCHENT ORAL TABLET	\$0	
ZOVIA 1/35E (28) ORAL TABLET	\$0	
ZOVIA 1/50E (28) ORAL TABLET	\$0	
CORTICOSTEROIDS		
<i>budesonide er oral tablet extended release 24 hour</i>	\$3.65	PA
<i>budesonide oral capsule delayed release particles</i>	\$3.65	
<i>cortisone acetate oral tablet</i>	\$3.65	
DELTASONE ORAL TABLET	\$3.65	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	\$3.65	
<i>dexamethasone oral elixir</i>	\$3.65	
<i>dexamethasone oral solution</i>	\$3.65	
<i>dexamethasone oral tablet</i>	\$3.65	
DEXTAK 10 DAY ORAL TABLET THERAPY PACK	\$3.65	
DEXTAK 13 DAY ORAL TABLET THERAPY PACK	\$3.65	
DEXTAK 6 DAY ORAL TABLET THERAPY PACK	\$3.65	
EMFLAZA ORAL SUSPENSION	\$3.65	PA; QL (26 ML per 30 days)
EMFLAZA ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
<i>fludrocortisone acetate oral tablet</i>	\$3.65	
<i>hydrocortisone oral tablet</i>	\$3.65	
KENALOG INJECTION SUSPENSION	\$3.65	
MEDROL ORAL TABLET 2 MG	\$3.65	
<i>methylprednisolone oral tablet</i>	\$3.65	
<i>methylprednisolone oral tablet therapy pack</i>	\$3.65	

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Drug	Status	Notes
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	\$3.65	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK	\$3.65	
MILLIPRED DP ORAL TABLET THERAPY PACK	\$3.65	
MILLIPRED ORAL TABLET	\$3.65	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA
<i>prednisolone oral solution</i>	\$3.65	
<i>prednisolone oral syrup 15 mg/5ml</i>	\$3.65	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	\$3.65	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	\$3.65	
PREDNISONE INTENSOL ORAL CONCENTRATE	\$3.65	
<i>prednisone oral solution</i>	\$3.65	
<i>prednisone oral tablet</i>	\$3.65	
<i>prednisone oral tablet therapy pack</i>	\$3.65	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG	\$3.65	
COUGH/COLD/ALLERGY		
<i>acetylcysteine inhalation solution</i>	\$3.65	
<i>benzonatate oral capsule</i>	\$3.65	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	\$3.65	PA
GILPHEX TR ORAL TABLET 10-388 MG	\$3.65	
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	\$3.65	
<i>guaifenesin-codeine oral solution</i>	\$3.65	QL (60 ML per 1 day)
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	\$3.65	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	\$3.65	
<i>nortuss-ex oral liquid</i>	\$3.65	
<i>phenyleph-promethazine-cod oral syrup</i>	\$3.65	QL (30 ML per 1 day)

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Drug	Status	Notes
<i>phenylephrine-guaifenesin oral liquid</i>	\$3.65	
<i>promethazine vc plain oral syrup</i>	\$3.65	
<i>promethazine vc/codeine oral syrup</i>	\$3.65	QL (30 ML per 1 day)
<i>promethazine-codeine oral solution</i>	\$3.65	QL (30 ML per 1 day)
<i>promethazine-codeine oral syrup</i>	\$3.65	QL (30 ML per 1 day)
<i>promethazine-dm oral syrup</i>	\$3.65	
<i>promethazine-phenylephrine oral syrup</i>	\$3.65	
PULMOSAL INHALATION NEBULIZATION SOLUTION	\$3.65	
SEMPREX-D ORAL CAPSULE	\$3.65	PA
DERMATOLOGICALS		
8-MOP ORAL CAPSULE	\$3.65	
ABSORICA LD ORAL CAPSULE	\$3.65	PA
<i>acitretin oral capsule</i>	\$3.65	
<i>acne medication 5 external gel</i>	\$3.65	
<i>acyclovir external cream</i>	\$3.65	PA; QL (5 GM per 1 Fill)
<i>acyclovir external ointment</i>	\$3.65	
ACZONE EXTERNAL GEL 7.5 %	\$3.65	PA; QL (60 GM per 30 days)
<i>adapalene external cream</i>	\$3.65	STPA
<i>adapalene external gel</i>	\$3.65	STPA
<i>adapalene external lotion</i>	\$3.65	STPA
<i>ala-cort external cream 1 %</i>	\$3.65	
<i>alclometasone dipropionate external cream</i>	\$3.65	
<i>alclometasone dipropionate external ointment</i>	\$3.65	
<i>alphatrex external gel</i>	\$3.65	
ALTABAX EXTERNAL OINTMENT	\$3.65	STPA; QL (15 GM per 1 Fill)
ALTRENO EXTERNAL LOTION	\$3.65	PA
<i>amcinonide external cream</i>	\$3.65	PA
<i>amcinonide external lotion</i>	\$3.65	PA
<i>amcinonide external ointment</i>	\$3.65	PA
<i>ammonium lactate external cream</i>	\$3.65	
<i>ammonium lactate external lotion</i>	\$3.65	
AMNESTEEM ORAL CAPSULE	\$3.65	PA
APEXICON E EXTERNAL CREAM	\$3.65	PA

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Drug	Status	Notes
AVAR CLEANSER EXTERNAL EMULSION	\$3.65	
AVITA EXTERNAL CREAM	\$3.65	PA; ¥ (PA Applies to Members 26 years and older); Preferred in class
AVITA EXTERNAL GEL	\$3.65	PA; ¥ (PA Applies to Members 26 years and older); Preferred in class
<i>azelaic acid external gel</i>	\$3.65	
AZELEX EXTERNAL CREAM	\$3.65	PA; QL (30 grams per 1 fill)
<i>benzoyl peroxide cleanser external liquid</i>	\$3.65	Preferred in class
<i>benzoyl peroxide creamy wash external liquid† 4 %</i>	\$3.65	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	\$3.65	
<i>benzoyl peroxide wash external liquid</i>	\$3.65	
<i>benzoyl peroxide-erythromycin external gel</i>	\$3.65	PA
<i>betamethasone dipropionate aug external cream</i>	\$3.65	
<i>betamethasone dipropionate aug external gel</i>	\$3.65	
<i>betamethasone dipropionate aug external lotion</i>	\$3.65	
<i>betamethasone dipropionate aug external ointment</i>	\$3.65	
<i>betamethasone dipropionate external cream</i>	\$3.65	
<i>betamethasone dipropionate external lotion</i>	\$3.65	
<i>betamethasone dipropionate external ointment</i>	\$3.65	
<i>betamethasone valerate external cream</i>	\$3.65	
<i>betamethasone valerate external foam</i>	\$3.65	
<i>betamethasone valerate external lotion</i>	\$3.65	
<i>betamethasone valerate external ointment</i>	\$3.65	
<i>bexarotene external gel</i>	\$3.65	SP
<i>bp foaming wash external liquid</i>	\$3.65	
<i>bp wash external liquid 10 %, 5 %</i>	\$3.65	
<i>bp wash external liquid 2.5 %</i>	\$3.65	PA
<i>bpo external gel</i>	\$3.65	PA
BRYHALI EXTERNAL LOTION	\$3.65	PA
<i>calcipotriene external cream</i>	\$3.65	
<i>calcipotriene external ointment</i>	\$3.65	
<i>calcipotriene external solution</i>	\$3.65	
<i>calcipotriene-betameth diprop external ointment</i>	\$3.65	PA

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<i>calcipotriene-betameth diprop external suspension</i>	\$3.65	PA
CALCITRENE EXTERNAL OINTMENT	\$3.65	
<i>calcitriol external ointment</i>	\$3.65	
CAPEX EXTERNAL SHAMPOO	\$3.65	PA
CENTANY EXTERNAL OINTMENT	\$3.65	
CEROVEL EXTERNAL LOTION	\$3.65	
CICLODAN EXTERNAL CREAM	\$3.65	
CICLODAN EXTERNAL SOLUTION	\$3.65	
<i>ciclopirox external gel</i>	\$3.65	
<i>ciclopirox external shampoo</i>	\$3.65	PA
<i>ciclopirox external solution</i>	\$3.65	
<i>ciclopirox olamine external cream</i>	\$3.65	
<i>ciclopirox olamine external suspension</i>	\$3.65	PA
CIDALEAZE EXTERNAL CREAM	\$3.65	
CLARAVIS ORAL CAPSULE	\$3.65	PA
CLEARPLEX X EXTERNAL GEL	\$3.65	
CLINDAMAX EXTERNAL GEL	\$3.65	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	\$3.65	PA
<i>clindamycin phosphate external foam</i>	\$3.65	PA
<i>clindamycin phosphate external gel</i>	\$3.65	
<i>clindamycin phosphate external lotion</i>	\$3.65	
<i>clindamycin phosphate external solution</i>	\$3.65	
<i>clindamycin phosphate external swab</i>	\$3.65	
<i>clobetasol prop emollient base external cream</i>	\$3.65	
<i>clobetasol propionate e external cream</i>	\$3.65	
<i>clobetasol propionate external cream</i>	\$3.65	PA
<i>clobetasol propionate external foam</i>	\$3.65	
<i>clobetasol propionate external gel</i>	\$3.65	PA
<i>clobetasol propionate external liquid</i>	\$3.65	PA
<i>clobetasol propionate external lotion</i>	\$3.65	
<i>clobetasol propionate external ointment</i>	\$3.65	PA
<i>clobetasol propionate external shampoo</i>	\$3.65	

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<i>clobetasol propionate external solution</i>	\$3.65	PA
<i>clocortolone pivalate external cream</i>	\$3.65	PA
<i>clocortolone pivalate pump external cream</i>	\$3.65	PA
CLODAN EXTERNAL SHAMPOO	\$3.65	
<i>clotrimazole anti-fungal external cream</i>	\$3.65	
<i>clotrimazole external cream</i>	\$3.65	
<i>clotrimazole external solution</i>	\$3.65	
<i>clotrimazole-betamethasone external cream</i>	\$3.65	
<i>clotrimazole-betamethasone external lotion</i>	\$3.65	
CONDYLOX EXTERNAL GEL	\$3.65	
COPASIL EXTERNAL GEL	\$3.65	
CORDRAN EXTERNAL OINTMENT	\$3.65	PA
CORDRAN EXTERNAL TAPE	\$3.65	PA
CORMAX SCALP APPLICATION EXTERNAL SOLUTION	\$3.65	PA
CORTISPORIN EXTERNAL CREAM	\$3.65	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$3.65	PA; SP; QL (1 Syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$3.65	PA; SP; QL (1 Syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	\$3.65	PA; SP; QL (1 syringe per 1 day)
<i>dapsone external gel 5 %</i>	\$3.65	PA
DENAVIR EXTERNAL CREAM	\$3.65	PA; QL (5 GM per 1 Fill)
<i>desonide external cream</i>	\$3.65	PA
<i>desonide external lotion</i>	\$3.65	PA
<i>desonide external ointment</i>	\$3.65	PA
<i>desoximetasone external cream 0.05 %</i>	\$3.65	PA
<i>desoximetasone external cream 0.25 %</i>	\$3.65	

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<i>desoximetasone external gel</i>	\$3.65	
<i>desoximetasone external ointment 0.05 %</i>	\$3.65	PA
<i>desoximetasone external ointment 0.25 %</i>	\$3.65	
<i>diclofenac epolamine transdermal patch</i>	\$3.65	PA; ¥ (Max of 3 months); QL (60 EA per 30 days)
<i>diclofenac sodium external solution 2 %</i>	\$3.65	PA
<i>diclofenac sodium transdermal gel 1 %</i>	\$3.65	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal gel 3 %</i>	\$3.65	¥ (Max of 90 days per year); QL (200 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	\$3.65	PA
DIFFERIN EXTERNAL GEL 0.1 %	\$3.65	^ (OTC only)
<i>diflorasone diacetate external cream</i>	\$3.65	PA
<i>diflorasone diacetate external ointment</i>	\$3.65	PA
<i>doxepin hcl external cream</i>	\$3.65	QL (45 grams per 1 Fill)
DRITHO-CREME HP EXTERNAL CREAM	\$3.65	
DRYSOL EXTERNAL SOLUTION	\$3.65	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	\$3.65	PA; SP; Preferred product; QL (2 Syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	\$3.65	PA; SP; Preferred product; QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; Preferred product; QL (2 syringes per 28 days)
<i>econazole nitrate external cream</i>	\$3.65	
ECOZA EXTERNAL FOAM	\$3.65	PA
ELIDEL EXTERNAL CREAM	\$3.65	Brand Preferred
EPIFOAM EXTERNAL FOAM	\$3.65	
<i>erythromycin external gel</i>	\$3.65	
<i>erythromycin external solution</i>	\$3.65	
EUCRISA EXTERNAL OINTMENT	\$3.65	PA; Preferred product; QL (60 GM per 30 days)
EURAX EXTERNAL CREAM	\$3.65	
EURAX EXTERNAL LOTION	\$3.65	
EXELDERM EXTERNAL CREAM	\$3.65	PA
EXELDERM EXTERNAL SOLUTION	\$3.65	PA
FABIOR EXTERNAL FOAM	\$3.65	PA

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Drug	Status	Notes
FINACEA EXTERNAL FOAM	\$3.65	PA
FIRST-HYDROCORTISONE EXTERNAL GEL	\$3.65	
<i>fluocinolone acetonide body external oil</i>	\$3.65	
<i>fluocinolone acetonide external cream</i>	\$3.65	
<i>fluocinolone acetonide external ointment</i>	\$3.65	
<i>fluocinolone acetonide external solution</i>	\$3.65	
<i>fluocinolone acetonide scalp external oil</i>	\$3.65	
<i>fluocinonide external cream 0.05 %</i>	\$3.65	
<i>fluocinonide external cream 0.1 %</i>	\$3.65	PA
<i>fluocinonide external gel</i>	\$3.65	
<i>fluocinonide external ointment</i>	\$3.65	
<i>fluocinonide external solution</i>	\$3.65	
FLUOROPLEX EXTERNAL CREAM	\$3.65	
<i>fluorouracil external cream</i>	\$3.65	
<i>fluorouracil external solution</i>	\$3.65	
<i>flurandrenolide external cream</i>	\$3.65	PA
<i>flurandrenolide external lotion</i>	\$3.65	PA
<i>fluticasone propionate external cream</i>	\$3.65	
<i>fluticasone propionate external lotion</i>	\$3.65	
<i>fluticasone propionate external ointment</i>	\$3.65	
GEBAUERS PAIN EASE EXTERNAL AEROSOL	\$3.65	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	\$3.65	
<i>gentamicin sulfate external cream</i>	\$3.65	
<i>gentamicin sulfate external ointment</i>	\$3.65	
GLYDO EXTERNAL GEL	\$3.65	
<i>gordons urea external ointment 40 %</i>	\$3.65	
<i>halcinonide external cream</i>	\$3.65	PA
<i>halobetasol propionate external cream</i>	\$3.65	PA
<i>halobetasol propionate external ointment</i>	\$3.65	PA
HALOG EXTERNAL OINTMENT	\$3.65	PA
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	\$3.65	

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Drug	Status	Notes
<i>hydrocortisone butyrate external cream</i>	\$3.65	PA
<i>hydrocortisone butyrate external lotion</i>	\$3.65	
<i>hydrocortisone butyrate external ointment</i>	\$3.65	PA
<i>hydrocortisone butyrate external solution</i>	\$3.65	PA
<i>hydrocortisone external cream 1 %, 2.5 %</i>	\$3.65	
<i>hydrocortisone external lotion 1 %, 2.5 %</i>	\$3.65	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	\$3.65	
<i>hydrocortisone valerate external cream</i>	\$3.65	
<i>hydrocortisone valerate external ointment</i>	\$3.65	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
<i>imiquimod external cream 3.75 %</i>	\$3.65	PA; QL (28 EA per 14 days)
<i>imiquimod external cream 5 %</i>	\$3.65	
<i>imiquimod pump external cream</i>	\$3.65	PA; QL (7.5 GM per 14 days)
<i>isotretinoin oral capsule</i>	\$3.65	PA
<i>ivermectin external cream</i>	\$3.65	PA
<i>ivermectin external lotion</i>	\$3.65	STPA
JUBLIA EXTERNAL SOLUTION	\$3.65	PA
K.B.G.L IN TERODERM EXTERNAL CREAM	\$3.65	
<i>ketoconazole external cream</i>	\$3.65	
<i>ketoconazole external foam</i>	\$3.65	
<i>ketoconazole external shampoo 2 %</i>	\$3.65	
KETODAN EXTERNAL FOAM	\$3.65	
<i>kp clotrimazole external cream</i>	\$3.65	
LAMISIL SPRAY EXTERNAL SOLUTION	\$3.65	
LATRIX EXTERNAL SUSPENSION	\$3.65	
<i>lavare wound wash external gel</i>	\$3.65	
LEXETTE EXTERNAL FOAM	\$3.65	PA
LICART TRANSDERMAL PATCH 24 HOUR	\$3.65	PA; QL (30 EA per 30 days)
<i>lidocaine external ointment 5 %</i>	\$3.65	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	\$3.65	
<i>lidocaine hcl external cream 3 %</i>	\$3.65	
<i>lidocaine hcl external gel 2 %</i>	\$3.65	

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<i>lidocaine hcl external lotion</i>	\$3.65	
<i>lidocaine hcl external solution</i>	\$3.65	
<i>lidocaine-prilocaine external cream</i>	\$3.65	
<i>lidocaine-prilocaine external kit</i>	\$3.65	
<i>lidopin external cream 3 %</i>	\$3.65	
LIDOPROFEN EXTERNAL CREAM	\$3.65	
<i>lindane external lotion</i>	\$3.65	
<i>lindane external shampoo</i>	\$3.65	
LOKARA EXTERNAL LOTION	\$3.65	PA
<i>luliconazole external cream</i>	\$3.65	PA
<i>malathion external lotion</i>	\$3.65	
<i>methoxsalen rapid oral capsule</i>	\$3.65	
<i>metronidazole external cream</i>	\$3.65	
<i>metronidazole external gel</i>	\$3.65	
<i>metronidazole external lotion</i>	\$3.65	
MICROCYN EXTERNAL GEL	\$3.65	
MICROCYN SKIN AND WOUND EXTERNAL GEL	\$3.65	
MIRVASO EXTERNAL GEL	\$3.65	PA
<i>mometasone furoate external cream</i>	\$3.65	
<i>mometasone furoate external ointment</i>	\$3.65	
<i>mometasone furoate external solution</i>	\$3.65	
<i>mupirocin calcium external cream</i>	\$3.65	PA
<i>mupirocin external ointment</i>	\$3.65	
MYORISAN ORAL CAPSULE	\$3.65	PA
<i>naftifine hcl external cream</i>	\$3.65	PA
NAFTIN EXTERNAL GEL 1 %	\$3.65	PA
<i>napro external cream</i>	\$3.65	
NEUAC EXTERNAL GEL	\$3.65	PA
NORITATE EXTERNAL CREAM	\$3.65	PA
NYAMYC EXTERNAL POWDER	\$3.65	
<i>nystatin external cream</i>	\$3.65	
<i>nystatin external ointment</i>	\$3.65	
<i>nystatin external powder</i>	\$3.65	

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Drug	Status	Notes
<i>nystatin-triamcinolone external cream</i>	\$3.65	
<i>nystatin-triamcinolone external ointment</i>	\$3.65	
NYSTOP EXTERNAL POWDER	\$3.65	
OPZELURA EXTERNAL CREAM	\$3.65	PA; QL (240 grams per 30 days)
<i>oxiconazole nitrate external cream</i>	\$3.65	PA
OXISTAT EXTERNAL LOTION	\$3.65	PA
OXSORALEN EXTERNAL LOTION	\$3.65	
PANDEL EXTERNAL CREAM	\$3.65	
PANRETIN EXTERNAL GEL	\$3.65	PA
<i>permethrin external cream</i>	\$3.65	
PICATO EXTERNAL GEL	\$3.65	PA; QL (1 Box per 1 Rx)
<i>podofilox external solution</i>	\$3.65	
PRAMOSONE E EXTERNAL CREAM	\$3.65	
PRAMOSONE EXTERNAL CREAM 1-1 %	\$3.65	
PRAMOSONE EXTERNAL LOTION	\$3.65	
PRAMOSONE EXTERNAL OINTMENT	\$3.65	
PRASCION EXTERNAL EMULSION	\$3.65	
<i>prednicarbate external cream</i>	\$3.65	
<i>premium lidocaine external ointment</i>	\$3.65	QL (50 GM per 30 days)
PSORCON EXTERNAL CREAM	\$3.65	PA
QBREXZA EXTERNAL PAD	\$3.65	PA; QL (1 EA per 1 day)
REA LO 40 EXTERNAL CREAM	\$3.65	
REA LO 40 EXTERNAL LOTION	\$3.65	
REGRANEX EXTERNAL GEL	\$3.65	
REMEVEN EXTERNAL CREAM	\$3.65	
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	\$3.65	PA
<i>rexaphenac transdermal cream</i>	\$3.65	
ROSADAN EXTERNAL CREAM	\$3.65	
ROSADAN EXTERNAL GEL	\$3.65	
ROSANIL CLEANSER EXTERNAL EMULSION	\$3.65	
SANTYL EXTERNAL OINTMENT	\$3.65	QL (30 GM per 1 Rx)
SCENESSE SUBCUTANEOUS IMPLANT	Medical Benefit	PA

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<i>selenium sulfide external lotion</i>	\$3.65	
<i>selenium sulfide external shampoo 2.25 %</i>	\$3.65	
<i>selenium sulf-pyrrithione-urea external shampoo</i>	\$3.65	
SELRX EXTERNAL SHAMPOO	\$3.65	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (2 syringes per 28 days)
<i>silver sulfadiazine external cream</i>	\$3.65	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; QL (2 EA per 84 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (2 syringes per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (2 syringes per 84 days)
SOLARAZE TRANSDERMAL GEL	\$3.65	¥ (Max of 90 days per year); QL (200 GM per 30 days)
<i>spinosad external suspension</i>	\$3.65	STPA; QL (120 ML per 1 Fill)
SSD EXTERNAL CREAM	\$3.65	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$3.65	PA; SP; Preferred product; QL (1 injection per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; Preferred product; QL (1 Syringe per 84 days)
<i>sulfacetamide sodium (acne) external lotion</i>	\$3.65	
<i>sulfacetamide sodium external suspension</i>	\$3.65	
<i>sulfacetamide sodium-sulfur external emulsion</i>	\$3.65	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	\$3.65	
SULFAMYLON EXTERNAL CREAM	\$3.65	PA
SYNALAR (CREAM) EXTERNAL KIT	\$3.65	PA
SYNALAR (OINTMENT) EXTERNAL KIT	\$3.65	PA
<i>tacrolimus external ointment</i>	\$3.65	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); Preferred product; QL (1 Injection per 28 days)

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Drug	Status	Notes
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); Preferred product; QL (1 Injection per 28 days)
<i>tazarotene external cream</i>	\$3.65	PA; STPA
TAZORAC EXTERNAL CREAM 0.05 %	\$3.65	STPA
TAZORAC EXTERNAL GEL	\$3.65	STPA
TERSI EXTERNAL FOAM	\$3.65	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; SP; QL (1 ML per 54 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (1 ML per 54 days)
<i>tretinoin external cream</i>	\$3.65	PA; ¥ (PA Applies to Members 26 years and older); Preferred in class
<i>tretinoin external gel 0.01 %, 0.025 %</i>	\$3.65	PA; ¥ (PA Applies to Members 26 years and older); Preferred in class
<i>tretinoin external gel 0.05 %</i>	\$3.65	PA
<i>tretinoin microsphere external gel</i>	\$3.65	PA
<i>tretinoin microsphere pump external gel</i>	\$3.65	PA
<i>triamcinolone acetonide external aerosol solution</i>	\$3.65	PA
<i>triamcinolone acetonide external cream</i>	\$3.65	
<i>triamcinolone acetonide external lotion</i>	\$3.65	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	\$3.65	
TRIDERM EXTERNAL CREAM 0.1 %	\$3.65	
U-KERA E EXTERNAL CREAM	\$3.65	
ULESFIA EXTERNAL LOTION	\$3.65	PA; QL (12 Bottles per 1 Rx)
UMECTA EXTERNAL EMULSION	\$3.65	
<i>urea external cream 40 %, 50 %</i>	\$3.65	
<i>urea external lotion 40 %</i>	\$3.65	
<i>urea external suspension</i>	\$3.65	
<i>urea nail film external suspension</i>	\$3.65	
<i>urea-c40 external lotion</i>	\$3.65	
<i>ure-k external cream</i>	\$3.65	
VALCHLOR EXTERNAL GEL	\$3.65	
VEREGEN EXTERNAL OINTMENT	\$3.65	PA

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Drug	Status	Notes
VOLTAREN TRANSDERMAL GEL	\$3.65	^ (OTC only); QL (200 grams per 30 days)
VTAMA EXTERNAL CREAM	\$3.65	PA
WINLEVI EXTERNAL CREAM	\$3.65	PA
XEPI EXTERNAL CREAM	\$3.65	PA; QL (30 GM per 1 Fill)
XERAC AC EXTERNAL SOLUTION	\$3.65	
XOLEGEL EXTERNAL GEL	\$3.65	
ZENATANE ORAL CAPSULE	\$3.65	PA
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	\$3.65	PA; QL (2 pumps per 1 day)
DIAGNOSTIC PRODUCTS		
FREESTYLE INSULINX TEST IN VITRO STRIP	\$0	Preferred product; QL (300 EA per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP	\$0	Preferred product; QL (300 EA per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	\$0	PA; Preferred product; QL (300 EA per 30 days)
FREESTYLE TEST IN VITRO STRIP	\$0	Preferred product; QL (300 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	\$0	Preferred product; QL (300 EA per 30 days)
Thyrogen Intramuscular Solution Reconstituted 1.1 MG	MB/RX	SP
DIGESTIVE AIDS		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	\$3.65	
VIOKACE ORAL TABLET	\$3.65	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	\$3.65	
DIURETICS		
<i>acetazolamide er oral capsule extended release 12 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>acetazolamide oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
ALDACTAZIDE ORAL TABLET 50-50 MG	\$1	¥ (Can be filled for up to a 90 day supply)

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<i>amiloride hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>amiloride-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>bumetanide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>chlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>chlorthalidone oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
DIURIL ORAL SUSPENSION	\$3.65	
Ethacrynate Sodium Intravenous Solution Reconstituted	MB/RX	
<i>furosemide injection solution 10 mg/ml</i>	\$1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>furosemide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>hydrochlorothiazide oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>indapamide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
INTROL ORAL SOLUTION	\$1	
KEVEYIS ORAL TABLET	\$3.65	PA
<i>methazolamide oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>methyclothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>metolazone oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>spironolactone oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>spironolactone-hctz oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
THALITONE ORAL TABLET	\$1	

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<i>torseamide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>triamterene oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>triamterene-hctz oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>triamterene-hctz oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ACTHAR INJECTION GEL	\$3.65	PA; SP
Aldurazyme Intravenous Solution	MB/RX	PA; SP
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days)
<i>alendronate sodium oral tablet 40 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 6 Months)
Brineura Solution	MB/RX	PA
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; SP
<i>cabergoline oral tablet</i>	\$3.65	
<i>calcitonin (salmon) nasal solution</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>calcitriol oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>calcitriol oral solution</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
CARBAGLU ORAL TABLET	\$3.65	PA
<i>cinacalcet hcl oral tablet</i>	\$3.65	STPA; SP
Crysvita Subcutaneous Solution	MB/RX	PA
<i>desmopressin ace rhinal tube nasal solution</i>	\$3.65	
<i>desmopressin ace spray refrig nasal solution</i>	\$3.65	
<i>desmopressin acetate oral tablet</i>	\$3.65	
<i>desmopressin acetate spray nasal solution</i>	\$3.65	
<i>doxercalciferol oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)

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EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
Elaprase Intravenous Solution	MB/RX	SP
<i>etidronate disodium oral tablet</i>	\$3.65	
Evenity Subcutaneous Solution Prefilled Syringe	MB/RX	PA
Fabrazyme Intravenous Solution Reconstituted	MB/RX	PA; SP
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	Medical Benefit	PA
FORTICAL NASAL SOLUTION	\$3.65	
FOSAMAX PLUS D ORAL TABLET	\$3.65	PA; QL (4 EA per 28 days)
GALAFOLD ORAL CAPSULE	\$3.65	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; Preferred product
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; Preferred product
HUMATROPE INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP
Ibandronate Sodium Intravenous Solution 3 MG/3ML	MB/RX	QL (3 ML per 90 days)
<i>ibandronate sodium oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 28 days)
INCRELEX SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
ISTURISA ORAL TABLET	\$3.65	PA
JYNARQUE ORAL TABLET	\$3.65	
JYNARQUE ORAL TABLET THERAPY PACK	\$3.65	
KANUMA INTRAVENOUS SOLUTION	Medical Benefit	PA; SP
KERENDIA ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
<i>levocarnitine oral solution</i>	\$3.65	
<i>levocarnitine oral tablet</i>	\$3.65	
Lumizyme Intravenous Solution Reconstituted	MB/RX	SP
Lupron Depot-Ped (1-Month) Intramuscular Kit	MB/RX	PA; SP
Lupron Depot-Ped (3-Month) Intramuscular Kit	MB/RX	PA; SP
MIACALCIN INJECTION SOLUTION	\$3.65	
<i>mifepristone oral tablet</i>	\$0	

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MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; QL (30 Vials per 30 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	\$3.65	PA
Naglazyme Intravenous Solution	MB/RX	SP
NATPARA SUBCUTANEOUS CARTRIDGE	\$3.65	SP; QL (2 Cartridges per 21 days)
<i>nitisinone oral capsule</i>	\$3.65	
NITYR ORAL TABLET	\$3.65	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	\$3.65	PA; SP; QL (30 ML per 30 days)
OMNITROPE SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ORFADIN ORAL CAPSULE 20 MG	\$3.65	PA
ORFADIN ORAL SUSPENSION	\$3.65	PA
ORILISSA ORAL TABLET 150 MG	\$3.65	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	\$3.65	PA; QL (60 EA per 30 days)
OSPHERA ORAL TABLET	\$3.65	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	\$3.65	PA; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$3.65	PA; SP; QL (1 ML per 1 day)
Pamidronate Disodium Intravenous Solution	MB/RX	
Pamidronate Disodium Intravenous Solution Reconstituted	MB/RX	

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<i>paricalcitol oral capsule</i>	\$3.65	PA
Prolia Subcutaneous Solution	MB/RX	PA; SP; QL (1 syringe per 180 days)
<i>raloxifene hcl oral tablet</i>	\$0	¥ (Can be filled for up to a 90 day supply)
RAVICTI ORAL LIQUID	\$3.65	PA; SP
<i>risedronate sodium oral tablet 150 mg</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days)
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP
SAIZEN INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP
SandoSTATIN LAR Depot Intramuscular Kit	MB/RX	PA; SP; QL (1 vial per 28 days)
<i>sapropterin dihydrochloride oral packet</i>	\$3.65	PA; SP
<i>sapropterin dihydrochloride oral tablet soluble</i>	\$3.65	PA; SP
SEROPHENE ORAL TABLET	\$3.65	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	\$3.65	PA; SP
Signifor LAR Intramuscular Suspension Reconstituted ER	MB/RX	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	\$3.65	PA; QL (60 ML per 30 days)
SKYTROFA SUBCUTANEOUS CARTRIDGE	\$3.65	PA; SP
Somatuline Depot Subcutaneous Solution	MB/RX	SP; QL (1 ML per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; QL (30 EA per 30 days)
STIMATE NASAL SOLUTION	\$3.65	SP

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STRENSIQ SUBCUTANEOUS SOLUTION	\$3.65	PA; QL (24 Vials per 28 days)
Supprelin LA Subcutaneous Kit	MB/RX	PA; SP
SYNAREL NASAL SOLUTION	\$3.65	PA
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	\$3.65	PA; SP; QL (1 pen per 30 days)
<i>tolvaptan oral tablet 15 mg</i>	\$3.65	SP; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	\$3.65	SP; QL (60 EA per 30 days)
Triptodur Intramuscular Suspension Reconstituted ER	MB/RX	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; SP; QL (1 syringe per 30 days)
Xgeva Subcutaneous Solution	MB/RX	PA; SP; QL (1 vial per 30 days)
XURIDEN ORAL PACKET	\$3.65	PA; QL (120 Packets per 30 days)
Zoledronic Acid Intravenous Concentrate	MB/RX	
Zoledronic Acid Intravenous Solution	MB/RX	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ESTROGENS		
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	\$3.65	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	\$3.65	
DIVIGEL TRANSDERMAL GEL	\$3.65	
DUAVEE ORAL TABLET	\$3.65	
ELESTRIN TRANSDERMAL GEL	\$3.65	
<i>est estrogens-methyltest hs oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>estradiol oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>estradiol transdermal patch twice weekly</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)

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<i>estradiol transdermal patch weekly</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>estradiol-norethindrone acet oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
ESTROGEL TRANSDERMAL GEL	\$3.65	
<i>estropipate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
EVAMIST TRANSDERMAL SOLUTION	\$3.65	
MYFEMBREE ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
<i>norethindrone-eth estradiol oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
ORIAHNN ORAL CAPSULE THERAPY PACK	\$3.65	PA; QL (56 EA per 28 days)
PREMPHASE ORAL TABLET	\$3.65	
PREMPRO ORAL TABLET	\$3.65	
FLUOROQUINOLONES		
BAXDELA ORAL TABLET	\$3.65	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	\$3.65	
<i>ciprofloxacin hcl oral tablet</i>	\$3.65	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	\$3.65	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i>	\$3.65	
FACTIVE ORAL TABLET	\$3.65	
<i>levofloxacin oral solution</i>	\$3.65	
<i>levofloxacin oral tablet</i>	\$3.65	
<i>moxifloxacin hcl oral tablet</i>	\$3.65	
<i>ofloxacin oral tablet 400 mg</i>	\$3.65	
GASTROINTESTINAL AGENTS - MISC.		
<i>alosetron hcl oral tablet</i>	\$3.65	
AURYXIA ORAL TABLET	\$3.65	PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>balsalazide disodium oral capsule</i>	\$3.65	

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BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	\$3.65	PA
BYLVAY ORAL CAPSULE	\$3.65	PA
<i>calcium acetate (phos binder) oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>calcium acetate (phos binder) oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
CHOLBAM ORAL CAPSULE	\$3.65	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT	\$3.65	PA; SP; QL (2 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT	\$3.65	PA; SP; ¥ (For first 4 weeks of treatment); QL (1 Fill per 1 Lifetime)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	\$3.65	PA; SP; QL (2 EA per 28 days)
<i>cromolyn sodium oral concentrate</i>	\$3.65	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>enulose oral solution</i>	\$3.65	
FOSRENOL ORAL PACKET	\$3.65	
GATTEX SUBCUTANEOUS KIT	\$3.65	SP
<i>generlac oral solution</i>	\$3.65	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>infliximab intravenous solution reconstituted</i>	Medical Benefit	PA
<i>lactulose encephalopathy oral solution</i>	\$3.65	
<i>lanthanum carbonate oral tablet chewable</i>	\$3.65	
LIVMARLI ORAL SOLUTION	\$3.65	PA
<i>lubiprostone oral capsule</i>	\$3.65	PA; QL (60 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>mesalamine oral tablet delayed release 800 mg</i>	\$3.65	
<i>mesalamine rectal enema</i>	\$3.65	
<i>mesalamine rectal suppository</i>	\$3.65	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	\$3.65	
<i>metoclopramide hcl oral tablet</i>	\$3.65	

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MOVANTIK ORAL TABLET	\$3.65	PA
OICALIVA ORAL TABLET	\$3.65	PA; SP; QL (30 TABS per 30 days)
PHOSLYRA ORAL SOLUTION	\$3.65	
RELISTOR ORAL TABLET	\$3.65	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	\$3.65	PA
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
RENAGEL ORAL TABLET	\$3.65	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>sevelamer carbonate oral packet</i>	\$3.65	
SFROWASA RECTAL ENEMA	\$3.65	
STELARA INTRAVENOUS SOLUTION	Medical Benefit	PA; Preferred product
<i>sulfasalazine oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>sulfasalazine oral tablet delayed release</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
SYMPROIC ORAL TABLET	\$3.65	PA
<i>ursodiol oral capsule 300 mg</i>	\$3.65	
<i>ursodiol oral tablet</i>	\$3.65	
VIBERZI ORAL TABLET	\$3.65	
XERMELO ORAL TABLET	\$3.65	PA
GENITOURINARY AGENTS - MISCELLANEOUS		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	
CYSTAGON ORAL CAPSULE	\$3.65	SP
<i>cytra-2 oral solution</i>	\$3.65	
<i>dutasteride oral capsule</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply)
<i>dutasteride-tamsulosin hcl oral capsule</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
ELMIRON ORAL CAPSULE	\$3.65	

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<i>finasteride oral tablet 5 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
K-PHOS NO 2 ORAL TABLET	\$3.65	
OXLUMO SUBCUTANEOUS SOLUTION	Medical Benefit	PA
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	\$3.65	
<i>potassium citrate er oral tablet extended release</i>	\$3.65	
<i>potassium citrate monohydrate granules</i>	\$3.65	
<i>silodosin oral capsule</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply)
<i>sodium chloride irrigation solution 0.9 %</i>	\$3.65	PA
<i>tamsulosin hcl oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
GOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>colchicine oral tablet</i>	\$3.65	
<i>colchicine-probenecid oral tablet</i>	\$3.65	
<i>febuxostat oral tablet</i>	\$3.65	STPA; ¥ (Can be filled for up to a 90 day supply)
Krystexxa Intravenous Solution	MB/RX	PA; SP
<i>probenecid oral tablet</i>	\$3.65	
HEMATOLOGICAL AGENTS - MISC.		
Advate Intravenous Solution Reconstituted	MB/RX	PA; SP
Adynovate Intravenous Solution Reconstituted	MB/RX	PA; SP
Afstyla Intravenous Kit	MB/RX	PA; SP
Alphanate Intravenous Solution Reconstituted	MB/RX	PA; SP
Alphanate/VWF Complex/Human Intravenous Solution Reconstituted	MB/RX	PA; SP
AlphaNine SD Intravenous Solution Reconstituted	MB/RX	PA; SP
Alprolix Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>anagrelide hcl oral capsule</i>	\$3.65	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
Bebulin Intravenous Solution Reconstituted	MB/RX	PA; SP
BeneFIX Intravenous Kit	MB/RX	PA; SP; Preferred product

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BeneFIX Intravenous Solution Reconstituted 1000 UNIT, 2000 UNIT, 500 UNIT	MB/RX	PA; SP; Preferred product
Berinert Intravenous Kit	MB/RX	SP
BRILINTA ORAL TABLET	\$3.65	
CABLIVI INJECTION KIT	\$3.65	
<i>cilostazol oral tablet</i>	\$3.65	
Cinryze Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>clopidogrel bisulfate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
Coagadex Intravenous Solution Reconstituted	MB/RX	PA; SP
Corifact Intravenous Kit	MB/RX	PA; SP
<i>dipyridamole oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
Eloctate Intravenous Solution Reconstituted	MB/RX	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION	Medical Benefit	PA
ENJAYMO INTRAVENOUS SOLUTION	Medical Benefit	PA
Esperoct Intravenous Solution Reconstituted	MB/RX	PA; SP
Feiba Intravenous Solution Reconstituted	MB/RX	PA; SP
GIVLAARI SUBCUTANEOUS SOLUTION	Medical Benefit	PA; Preferred product
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	\$3.65	PA; SP; QL (40 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	\$3.65	PA; SP; QL (27 EA per 30 days)
Helixate FS Intravenous Kit	MB/RX	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
Hemofil M Intravenous Solution Reconstituted 1000 UNIT, 1501-2000 UNIT, 1700 UNIT, 1701-2000 UNIT, 220-400 UNIT, 250 UNIT, 500 UNIT, 801-1500 UNIT, 801-1700 UNIT	MB/RX	PA; SP
Humate-P Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>icatibant acetate subcutaneous solution</i>	\$3.65	PA; SP; QL (6 ML per 1 Fill)
Idelvion Intravenous Solution Reconstituted	MB/RX	PA; SP
Ixinity Intravenous Solution Reconstituted	MB/RX	PA; SP
Jivi Intravenous Solution Reconstituted	MB/RX	PA; SP
Koate Intravenous Solution Reconstituted	MB/RX	PA; SP
Koate-DVI Intravenous Solution Reconstituted	MB/RX	PA; SP

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Kogenate FS Bio-Set Intravenous Kit	MB/RX	PA; SP
Kogenate FS Intravenous Kit	MB/RX	PA; SP
Kovaltry Intravenous Solution Reconstituted	MB/RX	PA; SP
Monoclalte-P Intravenous Kit	MB/RX	PA; SP
Mononine Intravenous Solution Reconstituted	MB/RX	PA; SP
Novoeight Intravenous Solution Reconstituted	MB/RX	PA; SP
NovoSeven Intravenous Solution Reconstituted	MB/RX	PA; SP
NovoSeven RT Intravenous Solution Reconstituted	MB/RX	PA; SP
Nuwiq Intravenous Kit	MB/RX	PA; SP
Nuwiq Intravenous Solution Reconstituted 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	PA; SP
Obizur Intravenous Solution Reconstituted	MB/RX	PA; SP
ORLADEYO ORAL CAPSULE	\$3.65	PA; QL (1 capsules per 1 day)
<i>pentoxifylline er oral tablet extended release</i>	\$3.65	
<i>prasugrel hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
Profilnine Intravenous Solution Reconstituted	MB/RX	PA; SP
Profilnine SD Intravenous Solution Reconstituted	MB/RX	PA; SP
Rebinyln Intravenous Solution Reconstituted	MB/RX	PA; SP
Recombinate Intravenous Solution Reconstituted	MB/RX	PA; SP
RiaSTAP Intravenous Solution Reconstituted	MB/RX	SP
Rixubis Intravenous Solution Reconstituted	MB/RX	PA; SP
Ruconest Intravenous Solution Reconstituted	MB/RX	SP
SAJAZIR SUBCUTANEOUS SOLUTION	\$3.65	PA; QL (6 ML per 1 Fill)
Sevenfact Intravenous Solution Reconstituted	MB/RX	PA; SP
Soliris Intravenous Solution 10 MG/ML	MB/RX	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; QL (2 vials per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (2 Syringes per 28 days)
TAVALISSE ORAL TABLET	\$3.65	QL (60 EA per 30 days)
TAVNEOS ORAL CAPSULE	\$3.65	PA
Tretten Intravenous Solution Reconstituted	MB/RX	PA; SP
Ultomiris Intravenous Solution	MB/RX	PA

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Vonvendi Intravenous Solution Reconstituted	MB/RX	PA; SP
Wilate Intravenous Kit	MB/RX	PA; SP
Wilate Intravenous Solution Reconstituted	MB/RX	PA; SP
Xyntha Intravenous Kit	MB/RX	PA; SP; Preferred product
Xyntha Solofuse Intravenous Kit	MB/RX	PA; SP; Preferred product
ZONTIVITY ORAL TABLET	\$3.65	
HEMATOPOIETIC AGENTS		
ADAKVEO INTRAVENOUS SOLUTION	Medical Benefit	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION	\$3.65	PA; SP; ^ (PA required on Medical Benefit); QL (4 ML per 30 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; ^ (PA required on Medical Benefit); QL (4 ML per 30 days)
CERDELGA ORAL CAPSULE	\$3.65	SP
Cerezyme Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>cyanocobalamin injection solution</i>	\$3.65	
DOPTELET ORAL TABLET 20 MG	\$3.65	PA; SP
DROXIA ORAL CAPSULE	\$3.65	
Elelyso Intravenous Solution Reconstituted	MB/RX	PA; SP
ENDARI ORAL PACKET	\$3.65	PA
EPOGEN INJECTION SOLUTION	\$3.65	PA; SP; ^ (PA required on Medical Benefit); QL (10 ML per 14 days)
<i>ferrous sulfate granules</i>	\$3.65	
<i>folbee oral tablet</i>	\$3.65	
<i>folic acid oral tablet 1 mg, 800 mcg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>folic acid oral tablet 400 mcg</i>	\$0	¥ (Can be filled for up to a 90 day supply)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 vials per 14 days)

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GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 syringes per 14 days)
LEUKINE INJECTION SOLUTION RECONSTITUTED	\$3.65	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	\$3.65	QL (2 Syringes per 28 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML	\$3.65	QL (2 Syringes per 30 days)
MOZOBIL SUBCUTANEOUS SOLUTION	Medical Benefit	SP
MULPLETA ORAL TABLET	\$3.65	PA; SP
NEULASTA DELIVERY KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
NEULASTA DELIVERY KIT SUBCUTANEOUS SOLUTION	\$3.65	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION	\$3.65	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	\$3.65	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 vials per 14 days)

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NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 syringes per 14 days)
NIVESTYM INJECTION SOLUTION	\$3.65	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 vials per 14 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 Syringes per 14 days)
Nplate Subcutaneous Solution Reconstituted	MB/RX	SP
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 mL per 14 days)
OXBRYTA ORAL TABLET	\$3.65	PA; SP
OXBRYTA ORAL TABLET SOLUBLE	\$3.65	PA; SP; QL (3 EA per 1 day)
PROCRIT INJECTION SOLUTION	\$3.65	PA; SP; ^ (PA required on Medical Benefit); QL (10 ML per 14 days)
PROMACTA ORAL PACKET	\$3.65	SP
PROMACTA ORAL TABLET	\$3.65	SP
Reblozyl Subcutaneous Solution Reconstituted	MB/RX	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	\$3.65	PA; SP; ^ (PA required on Medical Benefit); QL (10 ML per 14 days)
SIKLOS ORAL TABLET	\$3.65	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
Vpriv Intravenous Solution Reconstituted	MB/RX	PA; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 Syringes per 14 days)

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ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
HEMOSTATICS		
<i>aminocaproic acid oral solution</i>	\$3.65	
<i>aminocaproic acid oral tablet</i>	\$3.65	
<i>tranexamic acid oral tablet</i>	\$3.65	PA
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BELSOMRA ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
DAYVIGO ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (1 tablet per 1 day)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
<i>estazolam oral tablet 1 mg</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
<i>eszopiclone oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)

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Drug	Status	Notes
HETLIOZ LQ ORAL SUSPENSION	\$3.65	PA; ¥ (158 mL bottle limited to 1 bottle per 30 days; 48 mL bottle limited to 3 bottles per 30 days); QL (158 ML per 30 days)
HETLIOZ ORAL CAPSULE	\$3.65	PA; QL (30 EA per 30 days)
<i>phenobarbital oral elixir</i>	\$3.65	
<i>phenobarbital oral solution</i>	\$3.65	
<i>phenobarbital oral tablet</i>	\$3.65	
<i>ramelteon oral tablet</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)
<i>zaleplon oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
LAXATIVES		
<i>constulose oral solution</i>	\$3.65	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	\$0	

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GAVILYTE-G ORAL SOLUTION RECONSTITUTED	\$0	
GAVILYTE-H ORAL KIT	\$3.65	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	\$0	
<i>lactulose oral solution</i>	\$3.65	
OSMOPREP ORAL TABLET	\$0	
<i>peg 3350/electrolytes oral solution reconstituted</i>	\$0	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	\$0	
<i>peg-3350/electrolytes oral solution reconstituted</i>	\$0	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	\$0	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	\$0	
<i>polyethylene glycol 3350 oral powder</i>	\$0	
PREPOPIK ORAL PACKET	\$0	
SUPREP BOWEL PREP KIT ORAL SOLUTION	\$0	
TRILYTE ORAL SOLUTION RECONSTITUTED	\$0	
LOCAL ANESTHETICS-PARENTERAL		
<i>lidocaine hcl (pf) injection solution 4 %</i>	\$3.65	
<i>lidocaine hcl injection solution 0.5 %, 1 %, 1.5 %, 2 %</i>	\$3.65	
<i>ropivacaine hcl-nacl injection solution 0.1-0.9 %</i>	Medical Benefit	
MACROLIDES		
<i>azithromycin oral packet</i>	\$3.65	
<i>azithromycin oral suspension reconstituted</i>	\$3.65	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	\$3.65	
<i>clarithromycin er oral tablet extended release 24 hour</i>	\$3.65	
<i>clarithromycin oral suspension reconstituted</i>	\$3.65	
<i>clarithromycin oral tablet</i>	\$3.65	
DIFICID ORAL SUSPENSION RECONSTITUTED	\$3.65	PA; QL (1 bottle per 1 fill)

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DIFICID ORAL TABLET	\$3.65	PA; QL (20 EA per 1 Fill)
E.E.S. 400 ORAL TABLET	\$3.65	
ERY-TAB ORAL TABLET DELAYED RELEASE	\$3.65	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	\$3.65	
<i>erythromycin base oral capsule delayed release particles</i>	\$3.65	
<i>erythromycin base oral tablet</i>	\$3.65	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	\$3.65	
<i>erythromycin ethylsuccinate oral tablet</i>	\$3.65	
PCE ORAL TABLET DELAYED RELEASE	\$3.65	
ZMAX ORAL SUSPENSION RECONSTITUTED	\$3.65	
MEDICAL DEVICES AND SUPPLIES		
ACCU-CHEK SAFE-T PRO LANCETS	\$0	
ACCU-CHEK SOFT TOUCH LANCETS	\$0	
ACCU-CHEK SOFTCLIX LANCETS	\$0	
AT LAST LANCETS	\$3.65	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	\$3.65	
BD INSULIN SYRINGE MICROFINE	\$3.65	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	\$3.65	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	\$3.65	
BD LANCET ULTRAFINE 33G	\$3.65	
BD SAFETY-LOK INSULIN SYRINGE	\$3.65	
BD SYRINGE SLIP TIP 3 ML	\$3.65	
CLEANLET LANCETS 28G	\$3.65	
<i>comfort lancets</i>	\$3.65	

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DEXCOM G6 RECEIVER DEVICE	\$0	PA; Preferred product; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	\$0	PA; ¥ (1 pack/box contains 3 sensors); Preferred product; QL (1 PACK per 30 days)
DEXCOM G6 TRANSMITTER	\$0	PA; Preferred product; QL (1 EA per 90 days)
<i>easy comfort insulin syringe 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>	\$0	
EZ-LETS LANCETS 26G	\$3.65	
FINGERSTIX LANCETS	\$3.65	
FREESTYLE LANCETS	\$0	
FREESTYLE LIBRE 14 DAY READER DEVICE	\$0	PA; Preferred product; QL (1 EA per 2 Years)
FREESTYLE LIBRE 14 DAY SENSOR	\$0	PA; Preferred product; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE	\$0	PA; Preferred product; QL (1 EA per 2 Years)
FREESTYLE LIBRE 2 SENSOR	\$0	PA; Preferred product; QL (2 EA per 28 days)
<i>freestyle libre 3 sensor</i>	\$0	PA; Preferred product; QL (2 EA per 28 days)
GENTLE-LET GP LANCETS	\$3.65	
GENTLE-LET LANCETS	\$3.65	
GLUCOSOURCE LANCETS	\$3.65	
<i>gnp lancets</i>	\$3.65	
<i>gnp ultra com insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	\$3.65	
HAEMOLANCE LOW FLOW LANCETS	\$3.65	
HY-VEE LANCETS	\$3.65	
<i>hy-vee thin lancets</i>	\$3.65	
<i>insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	\$3.65	
<i>insulin syringe/needle</i>	\$3.65	

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<i>kinney lancets</i>	\$3.65	
<i>kinney thin lancets</i>	\$3.65	
<i>kinray insulin syringe 29g x 1/2" 0.5 ml</i>	\$3.65	
<i>lancets</i>	\$3.65	
<i>lancets thin</i>	\$3.65	
LIFESCAN UNISTIK II LANCETS	\$3.65	
<i>lite touch lancets</i>	\$3.65	
<i>longs lancets thin</i>	\$3.65	
MEDISENSE THIN LANCETS	\$3.65	
MEIJER LANCETS	\$3.65	
MICROTAINER SAFETY FLOW LANCET	\$3.65	
MONOJECT CONTROL SYRINGE	\$3.65	
MONOJECT FILTER ASPIRATOR	\$3.65	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	\$3.65	
MONOJECT PHARMACY TRAY 20 ML , 3 ML , 35 ML , 6 ML , 60 ML	\$3.65	
MONOJECT PISTON SYRINGE	\$3.65	
MONOJECT SAFETY SYRINGE/SHIELD 12 ML , 20G X 1-1/2" 12 ML, 21G X 1" 3 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 3 ML	\$3.65	
MONOJECT SYRINGE 12 ML , 18G X 1" 12 ML, 20G X 1" 3 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 20G X 3/4" 3 ML, 21G X 1" 12 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1" 3 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/4" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML, 3 ML , 6 ML	\$3.65	
MONOJECT SYRINGE CATH TIP	\$3.65	
MONOJECT SYRINGE ECC LUER 35 ML	\$3.65	
MONOJECT SYRINGE LUER LOCK	\$3.65	

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MONOJECT SYRINGE REG LUER 12 ML , 20 ML , 3 ML , 35 ML , 6 ML	\$3.65	
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML	\$3.65	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 28G X 1/2" 1 ML	\$3.65	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML	\$3.65	
MONOLET LANCETS	\$3.65	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	\$0	PA; ¥ (PA required when filled at a pharmacy or through a durable medical equipment (DME) supplier); Preferred product; QL (1 kit per 4 years)
OMNIPOD 5 G6 POD (GEN 5)	\$0	PA; ¥ (PA required when filled at a pharmacy or through a durable medical equipment (DME) supplier); Preferred product; QL (10 pods per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	\$0	PA; ¥ (PA required when filled at a pharmacy or through a durable medical equipment (DME) supplier); Preferred product; QL (1 kit per 4 years)
OMNIPOD CLASSIC PODS (GEN 3)	\$0	PA; ¥ (PA required when filled at a pharmacy or through a durable medical equipment (DME) supplier); Preferred product; QL (10 pods per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	\$0	PA; ¥ (PA required when filled at a pharmacy or through a durable medical equipment (DME) supplier); Preferred product; QL (1 kit per 4 years)
OMNIPOD DASH PDM (GEN 4) KIT	\$0	PA; ¥ (PA required when filled at a pharmacy or through a durable medical equipment (DME) supplier); Preferred product; QL (1 kit per 4 years)

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Drug	Status	Notes
OMNIPOD DASH PODS (GEN 4)	\$0	PA; ¥ (PA required when filled at a pharmacy or through a durable medical equipment (DME) supplier); Preferred product; QL (10 pods per 30 days)
ONETOUCH CLUB LANCETS FINE PT	\$3.65	
ONETOUCH FINEPOINT LANCETS	\$3.65	
ONETOUCH ULTRASOFT LANCETS	\$3.65	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML	\$3.65	
PRECISION THIN LANCETS	\$3.65	
PRECISION THINS GP LANCETS	\$3.65	
PRECISION ULTRA LANCET	\$3.65	
<i>preferred plus lancets colored</i>	\$3.65	
<i>preferred plus lancets thin</i>	\$3.65	
PSS SELECT GP LANCETS	\$3.65	
PSS SELECT SAFETY LANCETS	\$3.65	
<i>reality lancets</i>	\$3.65	
<i>reality trigger lancets</i>	\$3.65	
<i>sb lancets thin</i>	\$3.65	
<i>sb lancets ultra thin</i>	\$3.65	
<i>super thin lancets</i>	\$3.65	
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	\$3.65	
SURELITE LANCETS	\$3.65	
<i>tb syringe 1 ml</i>	\$3.65	
TECHLITE LANCETS	\$3.65	
THINLETS GP LANCETS	\$3.65	
THINLETS LANCET	\$3.65	
<i>topco insulin syringe</i>	\$3.65	
ULTICARE TUBERCULIN SAFETY SYR 28G X 1/2" 1 ML	\$3.65	
ULTILET CLASSIC LANCETS	\$3.65	

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ULTILET LANCETS	\$3.65	
ULTRA-THIN II AUTO LANCET	\$3.65	
ULTRA-THIN II LANCETS	\$3.65	
UNILET COMFORTOUCH LANCET	\$3.65	
UNILET G.P. LANCET	\$3.65	
UNILET G.P. SUPERLITE LANCET	\$3.65	
UNILET LANCET	\$3.65	
UNILET SUPERLITE LANCET	\$3.65	
UNISTIK 1	\$3.65	
V-GO 20 KIT	\$0	PA; ¥ (PA required when filled at a pharmacy or through a durable medical equipment (DME) supplier); Preferred product; QL (30 EA per 30 days)
V-GO 30 KIT	\$0	PA; ¥ (PA required when filled at a pharmacy or through a durable medical equipment (DME) supplier); Preferred product; QL (30 EA per 30 days)
V-GO 40 KIT	\$0	PA; ¥ (PA required when filled at a pharmacy or through a durable medical equipment (DME) supplier); Preferred product; QL (30 EA per 30 days)
VITALET PRO LANCETS	\$3.65	
VITALET PRO PLUS LANCETS	\$3.65	
W&F LANCETS 26G	\$3.65	
W&F LANCETS COLORED 21G	\$3.65	
MIGRAINE PRODUCTS		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; QL (1 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; Preferred product; QL (1 injection per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; Preferred product; QL (1 injection per 30 days)
<i>almotriptan malate oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
CAFERGOT ORAL TABLET	\$3.65	
<i>dihydroergotamine mesylate nasal solution</i>	\$3.65	

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<i>eletriptan hydrobromide oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; Preferred product; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; ^ (2 injections permitted for the first month of treatment); Preferred product; QL (1 injection per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; ^ (2 injections permitted for the first month of treatment); Preferred product; QL (1 injection per 30 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	
<i>frovatriptan succinate oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
<i>isometheptene-dichloral-apap oral capsule</i>	\$3.65	QL (300 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY	\$3.65	
<i>migragesic ida oral capsule</i>	\$3.65	QL (300 EA per 30 days)
MIGRANAL NASAL SOLUTION	\$3.65	QL (8 Units per 30 days)
<i>naratriptan hcl oral tablet</i>	\$3.65	STPA; QL (9 EA per 30 days)
NODOLOR ORAL CAPSULE	\$3.65	QL (300 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	\$3.65	PA; Preferred product; QL (16 EA per 30 days)
QULIPTA ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
REYVOW ORAL TABLET 100 MG	\$3.65	PA; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	\$3.65	PA; QL (4 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	\$3.65	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	\$3.65	QL (9 EA per 30 days)
<i>sumatriptan nasal solution</i>	\$3.65	QL (6 Units per 30 days)
<i>sumatriptan succinate oral tablet</i>	\$3.65	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	\$3.65	QL (4 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	\$3.65	QL (4 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	\$3.65	QL (4 EA per 30 days)

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<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	\$3.65	QL (4 EA per 30 days)
TOSYMRA NASAL SOLUTION	\$3.65	PA; QL (6 EA per 30 days)
UBRELVY ORAL TABLET	\$3.65	PA; Preferred product; QL (16 tablets per 30 days)
VYEPTI INTRAVENOUS SOLUTION	Medical Benefit	PA; QL (3 ML per 90 days)
<i>zolmitriptan nasal solution</i>	\$3.65	STPA; QL (6 Units per 30 days)
<i>zolmitriptan oral tablet</i>	\$3.65	STPA; QL (9 EA per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	\$3.65	STPA; QL (9 EA per 30 days)
MINERALS & ELECTROLYTES		
FLUORABON ORAL SOLUTION	\$3.65	
FLUOR-A-DAY ORAL SOLUTION	\$3.65	
FLUOR-A-DAY ORAL TABLET CHEWABLE	\$3.65	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	\$3.65	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	\$3.65	
K-PHOS ORAL TABLET	\$3.65	
LOZI-FLUR MOUTH/THROAT LOZENGE	\$3.65	
<i>magdelay oral tablet delayed release 70 mg</i>	\$3.65	
PHOSPHA 250 NEUTRAL ORAL TABLET	\$3.65	
<i>pot bicarb-pot chloride oral tablet effervescent</i>	\$3.65	
<i>potassium bicarbonate granules</i>	\$3.65	
<i>potassium bicarbonate oral tablet effervescent</i>	\$3.65	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	\$3.65	
<i>potassium chloride er oral capsule extended release</i>	\$3.65	
<i>potassium chloride er oral tablet extended release</i>	\$3.65	
<i>potassium chloride granules</i>	\$3.65	
<i>potassium chloride oral packet</i>	\$3.65	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$3.65	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	\$3.65	
<i>sodium fluoride oral tablet</i>	\$3.65	

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<i>sodium fluoride oral tablet chewable</i>	\$3.65	
MISCELLANEOUS THERAPEUTIC CLASSES		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	
<i>azathioprine oral tablet 50 mg</i>	\$3.65	
Benlysta Intravenous Solution Reconstituted	MB/RX	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP
<i>cyclosporine modified oral capsule</i>	\$3.65	
<i>cyclosporine modified oral solution</i>	\$3.65	
<i>cyclosporine oral capsule</i>	\$3.65	
DEPEN TITRATABS ORAL TABLET	\$3.65	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	\$3.65	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$3.65	
GENGRAF ORAL SOLUTION	\$3.65	
KIONEX ORAL POWDER	\$3.65	
KIONEX ORAL SUSPENSION	\$3.65	
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	\$3.65	PA; SP
LOKELMA ORAL PACKET	\$3.65	
LUPKYNIS ORAL CAPSULE	\$3.65	PA
<i>mycophenolate mofetil oral capsule</i>	\$3.65	
<i>mycophenolate mofetil oral suspension reconstituted</i>	\$3.65	
<i>mycophenolate mofetil oral tablet</i>	\$3.65	
<i>penicillamine oral capsule</i>	\$3.65	
PROGRAF ORAL PACKET 1 MG	\$3.65	
RESET FOR IOS OR ANDROID APP	\$0	Preferred product
RESET-O FOR IOS OR ANDROID APP	\$0	Preferred product

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REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	\$3.65	PA; SP
REZUROCK ORAL TABLET	\$3.65	PA
SANDIMMUNE ORAL SOLUTION	\$3.65	
SAPHNELO INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>sirolimus oral solution</i>	\$3.65	
<i>sirolimus oral tablet</i>	\$3.65	
<i>sodium polystyrene sulfonate oral powder</i>	\$3.65	
<i>sodium polystyrene sulfonate oral suspension</i>	\$3.65	
<i>sodium polystyrene sulfonate rectal suspension</i>	\$3.65	
SPS ORAL SUSPENSION	\$3.65	
<i>tacrolimus oral capsule</i>	\$3.65	
THALOMID ORAL CAPSULE	\$3.65	SP
<i>trientine hcl oral capsule</i>	\$3.65	PA
UPLIZNA INTRAVENOUS SOLUTION	Medical Benefit	PA
VELTASSA ORAL PACKET	\$3.65	
VYVGART INTRAVENOUS SOLUTION	Medical Benefit	PA
Xiaflex Injection Solution Reconstituted	MB/RX	PA
ZOKINVY ORAL CAPSULE	\$3.65	PA
MOUTH/THROAT/DENTAL AGENTS		
CAVAREST DENTAL GEL	\$3.65	
CAVIRINSE MOUTH/THROAT SOLUTION	\$3.65	
<i>cevimeline hcl oral capsule</i>	\$3.65	
<i>chlorhexidine gluconate mouth/throat solution</i>	\$3.65	
CLINPRO 5000 DENTAL PASTE	\$3.65	
<i>clotrimazole mouth/throat lozenge</i>	\$3.65	
<i>clotrimazole mouth/throat troche</i>	\$3.65	
CONTROLRX DENTAL CREAM	\$3.65	
DENTA 5000 PLUS DENTAL CREAM	\$3.65	
DENTAGEL DENTAL GEL	\$3.65	
EASYGEL DENTAL GEL	\$3.65	
FIRST-BXN MOUTHWASH MOUTH/THROAT SUSPENSION	\$3.65	
FIRST-DUKES MOUTHWASH MOUTH/THROAT SUSPENSION	\$3.65	

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FIRST-MARYS MOUTHWASH MOUTH/THROAT SUSPENSION	\$3.65	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	\$3.65	
FLUORIDEX DAILY DEFENSE DENTAL GEL	\$3.65	
FLUORIDEX ENHANCED WHITENING DENTAL GEL	\$3.65	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL	\$3.65	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	\$3.65	
KARIGEL DENTAL GEL	\$3.65	
KARIGEL-N DENTAL GEL	\$3.65	
<i>lidocaine viscous mouth/throat solution</i>	\$3.65	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED	\$3.65	
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED	\$3.65	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED	\$3.65	
NEUTRAGARD ADVANCED DENTAL GEL	\$3.65	
<i>neutral sodium fluoride mouth/throat solution</i>	\$3.65	
<i>nystatin mouth/throat suspension</i>	\$3.65	
ORALONE MOUTH/THROAT PASTE	\$3.65	
PAROEX MOUTH/THROAT SOLUTION	\$3.65	
PERIOGARD MOUTH/THROAT SOLUTION	\$3.65	
PHOS-FLUR DENTAL GEL	\$3.65	
<i>pilocarpine hcl oral tablet</i>	\$3.65	
<i>sf 5000 plus dental cream</i>	\$3.65	
<i>sf dental gel</i>	\$3.65	
<i>triamcinolone acetonide mouth/throat paste</i>	\$3.65	
MULTIVITAMINS		
<i>bp folinatal plus b oral tablet</i>	\$3.65	

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<i>bp multinatal plus oral tablet</i>	\$3.65	
<i>bp multinatal plus oral tablet chewable</i>	\$3.65	
<i>daily multi oral tablet</i>	\$3.65	
ELITE-OB ORAL TABLET	\$3.65	
ESCAVITE D ORAL TABLET CHEWABLE	\$3.65	Age Limit (Max 6 Years)
ESCAVITE ORAL TABLET CHEWABLE	\$3.65	Age Limit (Max 6 Years)
INATAL ADVANCE ORAL TABLET	\$3.65	
MULTI COMPLETE ORAL CAPSULE	\$3.65	
<i>multi vitamin/fluoride oral tablet chewable</i>	\$3.65	
<i>multi vitamin/minerals oral tablet</i>	\$3.65	
<i>multi-vit/fluoride oral solution</i>	\$3.65	
<i>multi-vit/fluoride/iron oral solution</i>	\$3.65	
<i>multi-vitamin/fluoride oral tablet chewable 0.5 mg</i>	\$3.65	
<i>multivitamin/fluoride oral tablet chewable 1 mg</i>	\$3.65	
MYKIDZ IRON FL ORAL SUSPENSION	\$3.65	
<i>mynephrocaps oral capsule</i>	\$3.65	
NEPHROCAPS QT ORAL TABLET DISPERSIBLE	\$3.65	
OBSTETRIX EC ORAL TABLET	\$3.65	
<i>pnv folic acid + iron oral tablet</i>	\$3.65	
<i>prenatabs fa oral tablet</i>	\$3.65	
PRENATABS RX ORAL TABLET	\$3.65	
<i>prenatal 19 oral tablet</i>	\$3.65	
<i>prenatal 19 oral tablet chewable</i>	\$3.65	
<i>prenatal oral tablet 27-0.8 mg</i>	\$3.65	
RENAL ORAL CAPSULE	\$3.65	
TRINATE ORAL TABLET	\$3.65	
<i>tri-vit/fluoride/iron oral solution</i>	\$3.65	
<i>tri-vitamin/fluoride oral solution</i>	\$3.65	
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen oral solution</i>	\$3.65	PA
<i>baclofen oral tablet</i>	\$3.65	
<i>carisoprodol oral tablet</i>	\$3.65	PA; QL (4 EA per 1 day)

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<i>carisoprodol-aspirin-codeine oral tablet</i>	\$3.65	PA; QL (8 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	\$3.65	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	\$3.65	
<i>dantrolene sodium oral capsule</i>	\$3.65	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
<i>metaxalone oral tablet 800 mg</i>	\$3.65	STPA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	\$3.65	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	\$3.65	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	\$3.65	
<i>tizanidine hcl oral tablet</i>	\$3.65	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ADRENALIN NASAL SOLUTION	\$3.65	
<i>azelastine hcl nasal solution 0.1 %</i>	\$3.65	
BACTROBAN NASAL NASAL OINTMENT	\$3.65	
BECONASE AQ NASAL SUSPENSION	\$3.65	PA
<i>budesonide nasal suspension</i>	\$3.65	
FLONASE SENSIMIST NASAL SUSPENSION	\$3.65	PA
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$3.65	PA
<i>fluticasone propionate nasal suspension</i>	\$3.65	
<i>ipratropium bromide nasal solution</i>	\$3.65	
<i>mometasone furoate nasal suspension</i>	\$3.65	PA
OMNARIS NASAL SUSPENSION	\$3.65	PA
<i>pseudoephedrine hcl oral tablet 60 mg</i>	\$3.65	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	\$3.65	PA
QNASL NASAL AEROSOL SOLUTION	\$3.65	PA
<i>triamcinolone acetonide nasal aerosol</i>	\$3.65	
VERAMYST NASAL SUSPENSION	\$3.65	PA
ZETONNA NASAL AEROSOL SOLUTION	\$3.65	PA

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NEUROMUSCULAR AGENTS		
<i>amondys 45 intravenous solution</i>	Medical Benefit	PA
BOTOX INJECTION SOLUTION RECONSTITUTED	Medical Benefit	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	Medical Benefit	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED	\$3.65	PA; QL (240 ML per 1 fill)
EXONDYS 51 INTRAVENOUS SOLUTION	Medical Benefit	PA
EXSERVAN ORAL FILM	\$3.65	
MYOBLOC INTRAMUSCULAR SOLUTION	Medical Benefit	PA
<i>Radicava Intravenous Solution</i>	MB/RX	PA
<i>riluzole oral tablet</i>	\$3.65	
<i>Spinraza Intrathecal Solution</i>	MB/RX	PA
TIGLUTIK ORAL SUSPENSION	\$3.65	
VILTEPSO INTRAVENOUS SOLUTION	Medical Benefit	PA
VYONDYS 53 INTRAVENOUS SOLUTION	Medical Benefit	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	Medical Benefit	PA
NUTRIENTS		
DOJOLVI ORAL LIQUID	\$3.65	PA
<i>n-acetyl-l-cysteine oral capsule</i>	\$3.65	
NUTRESTORE ORAL PACKET	\$3.65	PA
OPHTHALMIC AGENTS		
ALOCRIAL OPHTHALMIC SOLUTION	\$3.65	PA
ALOMIDE OPHTHALMIC SOLUTION	\$3.65	PA
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	\$3.65	PA
ALREX OPHTHALMIC SUSPENSION	\$3.65	
<i>atropine sulfate ophthalmic ointment</i>	\$3.65	
<i>atropine sulfate ophthalmic solution 1 %</i>	\$3.65	
AZASITE OPHTHALMIC SOLUTION	\$3.65	
<i>azelastine hcl ophthalmic solution</i>	\$3.65	PA
<i>bacitracin ophthalmic ointment</i>	\$3.65	

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<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	\$3.65	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	\$3.65	
<i>bepotastine besilate ophthalmic solution</i>	\$3.65	PA
BESIVANCE OPHTHALMIC SUSPENSION	\$3.65	
<i>betaxolol hcl ophthalmic solution</i>	\$3.65	
BETIMOL OPHTHALMIC SOLUTION	\$3.65	
BETOPTIC-S OPHTHALMIC SUSPENSION	\$3.65	
<i>bimatoprost ophthalmic solution</i>	\$3.65	
BLEPHAMIDE OPHTHALMIC SUSPENSION	\$3.65	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	\$3.65	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	\$3.65	PA
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	\$3.65	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	\$3.65	PA
<i>brinzolamide ophthalmic suspension</i>	\$3.65	PA
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	\$3.65	
<i>bromfenac sodium ophthalmic solution</i>	\$3.65	
<i>carteolol hcl ophthalmic solution</i>	\$3.65	
CEQUA OPHTHALMIC SOLUTION	\$3.65	PA
CILOXAN OPHTHALMIC OINTMENT	\$3.65	
<i>ciprofloxacin hcl ophthalmic solution</i>	\$3.65	
<i>cromolyn sodium ophthalmic solution</i>	\$3.65	
<i>cyclopentolate hcl ophthalmic solution</i>	\$3.65	
<i>cyclosporine ophthalmic emulsion</i>	\$3.65	PA
CYSTADROPS OPHTHALMIC SOLUTION	\$3.65	
CYSTARAN OPHTHALMIC SOLUTION	\$3.65	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	\$3.65	
<i>diclofenac sodium ophthalmic solution</i>	\$3.65	
<i>difluprednate ophthalmic emulsion</i>	\$3.65	
<i>dorzolamide hcl ophthalmic solution</i>	\$3.65	

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<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	\$3.65	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	\$3.65	
EMADINE OPHTHALMIC SOLUTION	\$3.65	PA
<i>epinastine hcl ophthalmic solution</i>	\$3.65	PA
<i>erythromycin ophthalmic ointment</i>	\$3.65	
Eylea Intraocular Solution	MB/RX	SP
FLAREX OPHTHALMIC SUSPENSION	\$3.65	
<i>fluorometholone ophthalmic suspension</i>	\$3.65	
<i>flurbiprofen sodium ophthalmic solution</i>	\$3.65	
FML FORTE OPHTHALMIC SUSPENSION	\$3.65	
FML OPHTHALMIC OINTMENT	\$3.65	
<i>gatifloxacin ophthalmic solution</i>	\$3.65	
GENTAK OPHTHALMIC OINTMENT	\$3.65	
<i>gentamicin sulfate ophthalmic ointment</i>	\$3.65	
<i>gentamicin sulfate ophthalmic solution</i>	\$3.65	
HOMATROPAIRE OPHTHALMIC SOLUTION	\$3.65	
<i>homatropine hbr ophthalmic solution</i>	\$3.65	
ILEVRO OPHTHALMIC SUSPENSION	\$3.65	
ILOTYCIN OPHTHALMIC OINTMENT	\$3.65	
INVELTYS OPHTHALMIC SUSPENSION	\$3.65	PA
ISOPTO CARBACHOL OPHTHALMIC SOLUTION	\$3.65	
ISOPTO HYOSCINE OPHTHALMIC SOLUTION	\$3.65	
<i>ketorolac tromethamine ophthalmic solution</i>	\$3.65	
<i>ketotifen fumarate ophthalmic solution</i>	\$3.65	
LASTACFT OPHTHALMIC SOLUTION	\$3.65	PA
<i>latanoprost ophthalmic solution</i>	\$3.65	
<i>levobunolol hcl ophthalmic solution</i>	\$3.65	
<i>levofloxacin ophthalmic solution 0.5 %</i>	\$3.65	
LOTEMAX OPHTHALMIC OINTMENT	\$3.65	
LOTEMAX SM OPHTHALMIC GEL	\$3.65	PA
<i>loteprednol etabonate ophthalmic gel</i>	\$3.65	

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Drug	Status	Notes
<i>loteprednol etabonate ophthalmic suspension</i>	\$3.65	
Lucentis Intraocular Solution	MB/RX	SP
Lucentis Intravitreal Solution Prefilled Syringe	MB/RX	SP
Macugen Intraocular Solution	MB/RX	SP
MAXIDEX OPHTHALMIC SUSPENSION	\$3.65	
<i>metipranolol ophthalmic solution</i>	\$3.65	
MOXEZA OPHTHALMIC SOLUTION	\$3.65	
<i>moxifloxacin hcl ophthalmic solution</i>	\$3.65	
<i>naphazoline hcl ophthalmic solution</i>	\$3.65	
NATACYN OPHTHALMIC SUSPENSION	\$3.65	PA
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	\$3.65	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	\$3.65	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	\$3.65	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	\$3.65	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	\$3.65	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	\$3.65	
NEO-POLYCIN OPHTHALMIC OINTMENT	\$3.65	
NEVANAC OPHTHALMIC SUSPENSION	\$3.65	
<i>ofloxacin ophthalmic solution</i>	\$3.65	
<i>olopatadine hcl ophthalmic solution</i>	\$3.65	PA
OXERVATE OPHTHALMIC SOLUTION	\$3.65	PA
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	\$3.65	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$3.65	
POLYCIN OPHTHALMIC OINTMENT	\$3.65	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	\$3.65	
<i>polyvinyl alcohol ophthalmic solution</i>	\$3.65	
PRED MILD OPHTHALMIC SUSPENSION	\$3.65	

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PRED-G OPHTHALMIC SUSPENSION	\$3.65	
PRED-G S.O.P. OPHTHALMIC OINTMENT	\$3.65	
<i>prednisolone acetate ophthalmic suspension</i>	\$3.65	
<i>prednisolone sodium phosphate ophthalmic solution</i>	\$3.65	
<i>proparacaine hcl ophthalmic solution</i>	\$3.65	
RHOPRESSA OPHTHALMIC SOLUTION	\$3.65	PA
SIMBRINZA OPHTHALMIC SUSPENSION	\$3.65	PA
<i>sulfacetamide sodium ophthalmic ointment</i>	\$3.65	
<i>sulfacetamide sodium ophthalmic solution</i>	\$3.65	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	\$3.65	
<i>timolol maleate ophthalmic gel forming solution</i>	\$3.65	
<i>timolol maleate ophthalmic solution</i>	\$3.65	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	\$3.65	
TOBRADEX OPHTHALMIC OINTMENT	\$3.65	
<i>tobramycin ophthalmic solution</i>	\$3.65	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	\$3.65	
TOBREX OPHTHALMIC OINTMENT	\$3.65	
<i>travoprost (bak free) ophthalmic solution</i>	\$3.65	
TRIESENCE INTRAOCULAR SUSPENSION	\$3.65	
<i>trifluridine ophthalmic solution</i>	\$3.65	
<i>tropicamide ophthalmic solution</i>	\$3.65	
UPNEEQ OPHTHALMIC SOLUTION	\$3.65	PA
VEXOL OPHTHALMIC SUSPENSION	\$3.65	
Visudyne Intravenous Solution Reconstituted	MB/RX	SP
VUITY OPHTHALMIC SOLUTION	\$3.65	PA; QL (2.5 ML per 18 days)
ZIRGAN OPHTHALMIC GEL	\$3.65	PA
ZYLET OPHTHALMIC SUSPENSION	\$3.65	
OTIC AGENTS		
ACETASOL HC OTIC SOLUTION	\$3.65	
<i>acetic acid otic solution</i>	\$3.65	
<i>acetic acid-aluminum acetate otic solution</i>	\$3.65	

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<i>antipyrine-benzocaine otic solution 5.4-1.4 %, 54-14 mg/ml</i>	\$3.65	
CIPRO HC OTIC SUSPENSION	\$3.65	
<i>ciprofloxacin-dexamethasone otic suspension</i>	\$3.65	
CORTISPORIN-TC OTIC SUSPENSION	\$3.65	
<i>fluocinolone acetonide otic oil</i>	\$3.65	
<i>hydrocortisone-acetic acid otic solution</i>	\$3.65	
<i>neomycin-polymyxin-hc otic solution</i>	\$3.65	
<i>neomycin-polymyxin-hc otic suspension</i>	\$3.65	
<i>ofloxacin otic solution</i>	\$3.65	
<i>otic care otic solution</i>	\$3.65	
OTIPRIO INTRATYMPANIC SUSPENSION	Medical Benefit	
OXYTOCICS		
<i>methylergonovine maleate oral tablet</i>	\$3.65	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
Asceniv Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Bivigam Intravenous Solution 5 GM/50ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Carimune NF Intravenous Solution Reconstituted 12 GM, 6 GM	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Cutaquig Subcutaneous Solution	MB/RX	PA; ¥ (PA applies to members 18 years of age and older)
Cuvitru Subcutaneous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Cytogam Intravenous Injectable	MB/RX	PA; SP
Flebogamma DIF Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
GamaSTAN S/D Intramuscular Injectable	MB/RX	PA; SP
Gammagard Injection Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Gammagard S/D Less IgA Intravenous Solution Reconstituted	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Gammaked Injection Solution 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)

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Gammaplex Intravenous Solution 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Gamunex-C Injection Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Hizentra Subcutaneous Solution 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Hizentra Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Hyqvia Subcutaneous Kit	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Octagam Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Panzyga Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Privigen Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Rhophylac Injection Solution Prefilled Syringe	MB/RX	SP
SYNAGIS INTRAMUSCULAR SOLUTION	\$0	PA; SP; QL (2 ML per 1 day)
WinRho SDF Injection Solution	MB/RX	SP
Xembify Subcutaneous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Zinplava Intravenous Solution	MB/RX	
PENICILLINS		
<i>amoxicillin oral capsule</i>	\$3.65	
<i>amoxicillin oral suspension reconstituted</i>	\$3.65	
<i>amoxicillin oral tablet</i>	\$3.65	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	\$3.65	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	\$3.65	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	\$3.65	
<i>amoxicillin-pot clavulanate oral tablet</i>	\$3.65	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	\$3.65	
<i>ampicillin oral capsule</i>	\$3.65	
<i>ampicillin oral suspension reconstituted</i>	\$3.65	

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AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	\$3.65	
<i>dicloxacillin sodium oral capsule</i>	\$3.65	
<i>penicillin g procaine intramuscular suspension</i>	\$3.65	
<i>penicillin v potassium oral solution reconstituted</i>	\$3.65	
<i>penicillin v potassium oral tablet</i>	\$3.65	
PHARMACEUTICAL ADJUVANTS		
<i>polyethylene glycol 3350 powder</i>	\$0	
PROGESTINS		
HYDROXYprogesterone Caproate Intramuscular Oil	MB/RX	¥ (Single Dose Vial Preferred); QL (1 ML per 7 days)
<i>medroxyprogesterone acetate oral tablet</i>	\$3.65	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	\$3.65	
<i>norethindrone acetate oral tablet</i>	\$3.65	
<i>progesterone intramuscular oil</i>	\$3.65	PA
<i>progesterone micronized oral capsule</i>	\$3.65	
<i>progesterone micronized transdermal cream</i>	\$3.65	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>acamprosate calcium oral tablet delayed release</i>	\$0	¥ (Can be filled for up to a 90 day supply)
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
AUBAGIO ORAL TABLET	\$3.65	PA; SP; QL (30 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG	\$3.65	PA; SP; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG, 9 MG	\$3.65	PA; SP; QL (60 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	\$3.65	SP; QL (4 auto-injectors per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	\$3.65	SP; QL (4 syringes per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	\$3.65	PA; SP; QL (4 capsules per 1 day)
BETASERON SUBCUTANEOUS KIT	\$3.65	SP; QL (15 vials per 30 days)
BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

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<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	\$0	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$3.65	SP; Brand Preferred; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$3.65	SP; Brand Preferred; QL (12 ML per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>disulfiram oral tablet</i>	\$0	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>donepezil hcl oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>eq nicotine mouth/throat gum 4 mg</i>	\$0	
<i>eq nicotine mouth/throat lozenge</i>	\$0	
<i>eq nicotine polacrilex mouth/throat gum</i>	\$0	
<i>eq nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>eq nicotine step 3 transdermal patch 24 hour</i>	\$0	
<i>eq nicotine transdermal patch 24 hour</i>	\$0	
<i>eq nicotine polacrilex mouth/throat gum</i>	\$0	
<i>eq nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>eq nicotine transdermal patch 24 hour</i>	\$0	
<i>ergoloid mesylates oral tablet</i>	\$3.65	
EXTAVIA SUBCUTANEOUS KIT	\$3.65	SP; QL (15 vials per 30 days)
<i>fluoxetine hcl (pmd) oral tablet</i>	\$3.65	PA
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>galantamine hydrobromide oral solution</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>galantamine hydrobromide oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
GILENYA ORAL CAPSULE	\$3.65	PA; SP; QL (30 EA per 30 days)

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GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$3.65	PA; SP; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$3.65	PA; SP; QL (12 ML per 28 days)
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	\$0	
<i>gnp nicotine polacrilex mouth/throat gum</i>	\$0	
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	\$0	
GRALISE ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (90 EA per 30 days)
GRALISE STARTER ORAL	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>hm nicotine polacrilex mouth/throat gum</i>	\$0	
<i>hm nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>hm nicotine transdermal patch 24 hour</i>	\$0	
HORIZANT ORAL TABLET EXTENDED RELEASE	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE	\$3.65	PA; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK	\$3.65	PA; QL (1 Fill per 1 Lifetime)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (1 auto-injector per 30 days)
LEMTRADA INTRAVENOUS SOLUTION	Medical Benefit	PA
LUCEMYRA ORAL TABLET	\$3.65	QL (132 EA per 1 Fill)
LYBALVI ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (10 EA per 30 days)

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MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (10 EA per 30 days)
MAYZENT ORAL TABLET 0.25 MG	\$3.65	PA; SP; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG	\$3.65	PA; SP; QL (1 tablet per 1 day)
MAYZENT ORAL TABLET 2 MG	\$3.65	PA; SP; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	\$3.65	PA; SP; QL (1 Pack per 1 Lifetime)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	\$3.65	PA; SP; QL (1 pack per 1 lifetime)
<i>memantine hcl er oral capsule extended release 24 hour</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>memantine hcl oral solution 2 mg/ml</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>memantine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	
NICORELIEF MOUTH/THROAT GUM	\$0	
<i>nicotine mini mouth/throat lozenge</i>	\$0	
<i>nicotine polacrilex mouth/throat gum</i>	\$0	
<i>nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>nicotine step 1 transdermal patch 24 hour</i>	\$0	

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<i>nicotine step 2 transdermal patch 24 hour</i>	\$0	
<i>nicotine step 3 transdermal patch 24 hour</i>	\$0	
<i>nicotine transdermal patch 24 hour</i>	\$0	
NICOTROL INHALATION INHALER	\$0	
NICOTROL NS NASAL SOLUTION	\$0	
NUEDEXTA ORAL CAPSULE	\$3.65	PA
Ocrevus Intravenous Solution	MB/RX	PA; SP
<i>olanzapine-fluoxetine hcl oral capsule</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
ONPATTRO INTRAVENOUS SOLUTION	Medical Benefit	PA; Preferred product
<i>paroxetine mesylate oral capsule</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>pimozide oral tablet</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
PONVORY ORAL TABLET	\$3.65	PA; SP; QL (30 EA per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (1 EA per 1 Lifetime)
<i>pregabalin er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>qc nicotine polacrilex mouth/throat gum</i>	\$0	
<i>ra mini nicotine mouth/throat lozenge</i>	\$0	
<i>ra nicotine mouth/throat gum</i>	\$0	
<i>ra nicotine polacrilex mouth/throat gum</i>	\$0	
<i>ra nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>ra nicotine transdermal patch 24 hour</i>	\$0	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION	\$3.65	SP

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REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	\$3.65	SP; QL (12 auto-injectors per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	\$3.65	SP; QL (12 syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION	\$3.65	SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	SP; QL (1 Fill per 1 Lifetime)
REBIF SUBCUTANEOUS SOLUTION	\$3.65	SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	SP; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION	\$3.65	SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	SP; QL (1 Fill per 1 Lifetime)
<i>rivastigmine tartrate oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>rivastigmine transdermal patch 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
SAVELLA ORAL TABLET	\$3.65	STPA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	\$3.65	STPA; QL (1 EA per 1 Lifetime)
<i>sm nicotine mouth/throat gum</i>	\$0	
<i>sm nicotine mouth/throat lozenge</i>	\$0	
<i>sm nicotine polacrilex mouth/throat gum</i>	\$0	
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	\$0	
<i>sm nicotine transdermal patch 24 hour</i>	\$0	
<i>sr nicotine mouth/throat gum</i>	\$0	
<i>sw nicotine polacrilex mouth/throat gum</i>	\$0	
<i>sw nicotine polacrilex mouth/throat lozenge</i>	\$0	
TECFIDERA ORAL	\$3.65	PA; SP; ¥ (1 Fill per life of plan); Preferred product; brand preferred; QL (60 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	\$3.65	PA; SP; Preferred product; brand preferred; QL (60 EA per 30 days)

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TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; QL (6 ML per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	\$3.65	SP; QL (3 EA per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	\$3.65	SP; QL (4 EA per 1 day)
<i>tgt nicotine mouth/throat gum</i>	\$0	
<i>tgt nicotine polacrilex mouth/throat gum</i>	\$0	
<i>tgt nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>tgt nicotine step one transdermal patch 24 hour</i>	\$0	
<i>tgt nicotine step three transdermal patch 24 hour</i>	\$0	
<i>tgt nicotine step two transdermal patch 24 hour</i>	\$0	
Tysabri Intravenous Concentrate	MB/RX	SP
<i>varenicline tartrate oral tablet</i>	\$0	
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE	\$3.65	PA; SP; QL (1 fill per 1 lifetime)
VUMERITY ORAL CAPSULE DELAYED RELEASE	\$3.65	PA; SP; QL (4 capsules per 1 day)
XYREM ORAL SOLUTION	\$3.65	PA
XYWAV ORAL SOLUTION	\$3.65	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP; QL (1 Fill per 1 Lifetime)
ZEPOSIA ORAL CAPSULE	\$3.65	PA; SP; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP; QL (1 Fill per 1 Lifetime)
RESPIRATORY AGENTS - MISC.		
Aralast NP Intravenous Solution Reconstituted 1000 MG, 500 MG	MB/RX	SP
BRONCHITOL INHALATION CAPSULE	\$3.65	PA; QL (560 EA per 28 days)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	\$3.65	PA; QL (560 EA per 28 days)
ESBRIET ORAL CAPSULE	\$3.65	SP; QL (270 EA per 30 days)
Glassia Intravenous Solution	MB/RX	SP
KALYDECO ORAL PACKET 25 MG	\$3.65	PA; Preferred product; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 50 MG, 75 MG	\$3.65	PA; Preferred product; QL (60 EA per 30 days)

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Drug	Status	Notes
KALYDECO ORAL TABLET	\$3.65	PA; Preferred product; QL (60 EA per 30 days)
OFEV ORAL CAPSULE	\$3.65	SP; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	\$3.65	PA; Preferred product; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	\$3.65	PA; Preferred product; QL (120 EA per 30 days)
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	\$3.65	SP; QL (270 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$3.65	SP
SYMDEKO ORAL TABLET THERAPY PACK	\$3.65	PA; Preferred product; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK	\$3.65	PA; Preferred product; QL (84 tablets per 28 days)
SULFONAMIDES		
<i>sulfadiazine oral tablet</i>	\$3.65	
TETRACYCLINES		
<i>avidoxy oral tablet</i>	\$3.65	
<i>doxycycline hyclate oral capsule</i>	\$3.65	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$3.65	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$3.65	
<i>doxycycline monohydrate oral suspension reconstituted</i>	\$3.65	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	\$3.65	
<i>minocycline hcl oral capsule</i>	\$3.65	
MONDOXYNE NL ORAL CAPSULE 100 MG, 50 MG	\$3.65	
MORGIDOX ORAL CAPSULE 100 MG	\$3.65	
NUZYRA ORAL TABLET 150 MG	\$3.65	
<i>tetracycline hcl oral capsule</i>	\$3.65	
THYROID AGENTS		
ARMOUR THYROID ORAL TABLET	\$3.65	
LEVO-T ORAL TABLET	\$3.65	
<i>levothyroxine sodium oral tablet</i>	\$3.65	

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LEVOXYL ORAL TABLET	\$3.65	
<i>lithyronine sodium oral tablet</i>	\$3.65	
<i>methimazole oral tablet</i>	\$3.65	
NATURE-THROID ORAL TABLET	\$3.65	
NP THYROID ORAL TABLET 30 MG, 60 MG, 90 MG	\$3.65	
<i>propylthiouracil oral tablet</i>	\$3.65	
THYQUIDITY ORAL SOLUTION	\$3.65	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	\$3.65	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	\$3.65	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	\$3.65	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	\$3.65	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	\$3.65	
UNITHROID DIRECT ORAL TABLET	\$3.65	
UNITHROID ORAL TABLET	\$3.65	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	\$3.65	
WP THYROID ORAL TABLET	\$3.65	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLIN ERGICS		
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE	\$3.65	PA
<i>amoxicill-clarithro-lansopraz oral</i>	\$3.65	
CARAFATE ORAL SUSPENSION	\$3.65	PA; ¥ (PA applies to members 12 years and older)
<i>chlordiazepoxide-clidinium oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); ^ (PA required if used in combination with an opioid for at least 60 days in a 90 day period)

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Drug	Status	Notes
<i>cimetidine hcl oral solution 300 mg/5ml</i>	\$3.65	
<i>cimetidine oral tablet</i>	\$3.65	
<i>dexlansoprazole oral capsule delayed release</i>	\$3.65	PA
<i>dicyclomine hcl oral capsule</i>	\$3.65	
<i>dicyclomine hcl oral solution</i>	\$3.65	
<i>dicyclomine hcl oral tablet</i>	\$3.65	
DONNATAL ORAL TABLET	\$3.65	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	\$3.65	PA; ¥ (Rx and OTC require PA. Can be filled for up to a 90 day supply.)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply)
<i>esomeprazole magnesium oral packet</i>	\$3.65	PA
<i>famotidine oral suspension reconstituted</i>	\$3.65	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$3.65	
FIRST-LANSOPRAZOLE ORAL SUSPENSION	\$3.65	PA; ¥ (PA applies to members 14 and older (No PA required for members 0-13 years of age))
FIRST-OMEPRAZOLE ORAL SUSPENSION	\$3.65	PA; ¥ (PA applies to members 14 and older (No PA required for members 0-13 years of age))
<i>glycopyrrolate oral solution</i>	\$3.65	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$3.65	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	\$3.65	
<i>hyoscyamine sulfate oral elixir</i>	\$3.65	
<i>hyoscyamine sulfate oral solution</i>	\$3.65	
<i>hyoscyamine sulfate oral tablet</i>	\$3.65	
<i>hyoscyamine sulfate oral tablet dispersible</i>	\$3.65	
<i>hyoscyamine sulfate sublingual tablet sublingual</i>	\$3.65	
<i>hyosyne oral elixir</i>	\$3.65	
<i>hyosyne oral solution</i>	\$3.65	
<i>lansoprazole oral capsule delayed release</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply)
<i>lansoprazole oral tablet delayed release dispersible</i>	\$3.65	PA; ¥ (Age Limit: Max 2 years. Can be filled for up to a 90 day supply.)

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Drug	Status	Notes
<i>misoprostol oral tablet</i>	\$3.65	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	\$3.65	PA
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	\$3.65	PA
NEXIUM ORAL PACKET 2.5 MG, 5 MG	\$3.65	PA
<i>nizatidine oral capsule</i>	\$3.65	
<i>nizatidine oral solution</i>	\$3.65	
<i>omeprazole oral capsule delayed release</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION	\$3.65	
<i>omeprazole-sodium bicarbonate oral capsule</i>	\$3.65	PA; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet</i>	\$3.65	PA; QL (1 EA per 1 day)
<i>pantoprazole sodium oral packet</i>	\$3.65	PA
<i>pantoprazole sodium oral tablet delayed release</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>phenobarbital-belladonna alk oral elixir</i>	\$3.65	
PHENOHYTRO ORAL TABLET	\$3.65	
PRILOSEC ORAL PACKET	\$3.65	PA
PYLERA ORAL CAPSULE	\$3.65	
<i>rabeprazole sodium oral tablet delayed release</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply)
<i>ranitidine hcl oral capsule</i>	\$3.65	
<i>ranitidine hcl oral syrup</i>	\$3.65	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	\$3.65	
<i>sucralfate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
URINARY ANTI-INFECTIVES		
URETRON D/S ORAL TABLET	\$3.65	
URINARY ANTISPASMODICS		
<i>bethanechol chloride oral tablet</i>	\$3.65	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply)
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	\$3.65	PA

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<i>flavoxate hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
GELNIQUE TRANSDERMAL GEL	\$3.65	PA
GEMTESA ORAL TABLET	\$3.65	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	\$3.65	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>oxybutynin chloride oral syrup</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>oxybutynin chloride oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	\$3.65	PA
<i>solifenacin succinate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>tolterodine tartrate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>trospium chloride er oral capsule extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>trospium chloride oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
VESICARE LS ORAL SUSPENSION	\$3.65	PA
VACCINES		
VAXCHORA ORAL SUSPENSION RECONSTITUTED	\$0	
VIVOTIF BERNAL VACCINE ORAL CAPSULE DELAYED RELEASE	\$0	
VAGINAL AND RELATED PRODUCTS		
AVC VAGINAL VAGINAL CREAM	\$3.65	
CLEOCIN VAGINAL SUPPOSITORY	\$3.65	
<i>clindamycin phosphate vaginal cream</i>	\$3.65	
CRINONE VAGINAL GEL 8 %	\$3.65	PA

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<i>estradiol vaginal cream</i>	\$3.65	
<i>estradiol vaginal tablet</i>	\$3.65	
ESTRING VAGINAL RING	\$3.65	
FEMRING VAGINAL RING	\$3.65	
GYNAZOLE-1 VAGINAL CREAM	\$3.65	
INTRAROSA VAGINAL INSERT	\$3.65	PA
<i>metronidazole vaginal gel</i>	\$3.65	
<i>miconazole 3 vaginal suppository</i>	\$3.65	
PREMARIN VAGINAL CREAM	\$3.65	
<i>terconazole vaginal cream</i>	\$3.65	
<i>terconazole vaginal suppository</i>	\$3.65	
VANZOLE VAGINAL GEL	\$3.65	
ZAZOLE VAGINAL CREAM 0.8 %	\$3.65	
ZAZOLE VAGINAL SUPPOSITORY	\$3.65	
VASOPRESSORS		
ADRENALIN INJECTION DEVICE	\$3.65	PA; QL (2 EA per 1 Fill)
ADRENALIN INJECTION SOLUTION AUTO-INJECTOR	\$3.65	PA; QL (2 EA per 1 Fill)
ADRENALIN INJECTION SOLUTION	\$3.65	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	\$3.65	PA; QL (2 EA per 1 day)
<i>droxidopa oral capsule</i>	\$3.65	PA
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	\$3.65	QL (2 EA per 1 Fill)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	\$3.65	PA; QL (2 EA per 1 Fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	\$3.65	PA; QL (2 EA per 1 Fill)
<i>midodrine hcl oral tablet</i>	\$3.65	
<i>norepinephrine bitartrate intravenous solution</i>	Medical Benefit	
<i>norepinephrine-dextrose intravenous solution 4-5 mg/250ml-%, 4-5 mg/500ml-%, 8-5 mg/250ml-%</i>	Medical Benefit	
<i>norepinephrine-sodium chloride intravenous solution 4-0.9 mg/250ml-%, 8-0.9 mg/250ml-%</i>	Medical Benefit	

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Drug	Status	Notes
<i>norepinephrine-sodium chloride intravenous solution prefilled syringe 0.08-0.9 mg/10ml-%, 0.16-0.9 mg/10ml-%</i>	Medical Benefit	
VITAMINS		
<i>ergocalciferol oral capsule</i>	\$3.65	
<i>niacin er oral capsule extended release</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>phytonadione oral tablet</i>	\$3.65	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	\$3.65	

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FUZEON	74	<i>glipizide</i>	39	HEMLIBRA	112
FYCOMPA	29	<i>glipizide er</i>	39	HEMMOREX-HC	17
<i>gabapentin</i>	29	<i>glipizide xl</i>	40	<i>Hemofil M</i>	112
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<i>hydralazine hcl</i>	52	INCRUSE ELLIPTA	24	<i>isotretinoin</i>	96
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JOLIVETTE	84	Koate	112	LATUDA	69
JORNAY PM	5	Koate-DVI	112	<i>lavare wound wash</i>	96
JUBLIA	96	Kogenate FS	113	LAYOLIS FE	85
JULEBER	84	Kogenate FS Bio-Set	113	LAZANDA	14
JULUCA	74	KOMBIGLYZE XR	42	<i>ledipasvir-sofosbuvir</i>	74
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JUNEL 1/20	85	KOSELUGO	59	<i>leflunomide</i>	11
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JUNEL FE 1/20	85	<i>kp clotrimazole</i>	96	<i>lenalidomide</i>	128
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JYNARQUE	104	KRINTAFEL	55	LENVIMA (14 MG DAILY DOSE)	59
K.B.G.L IN TERODERM	96	Krystexxa	111	LENVIMA (20 MG DAILY DOSE)	59
Kadcyla	59	KURVELO	85	LENVIMA (24 MG DAILY DOSE)	60
KADIAN	14	KYLEENA	85	LENVIMA (4 MG DAILY DOSE)	60
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KANUMA	104	<i>labetalol hcl</i>	78	<i>letrozole</i>	60
KARIGEL	130	<i>lacosamide</i>	29	<i>leucovorin calcium</i>	60
KARIGEL-N	130	<i>lactulose</i>	119	LEUKERAN	60
KARIVA	85	<i>lactulose encephalopathy</i>	109	LEUKINE	115
KAZANO	42	LAMISIL	47	<i>levalbuterol hcl</i>	24
KELNOR 1/35	85	LAMISIL SPRAY	96	<i>levalbuterol tartrate</i>	24
KENALOG	88	<i>lamivudine</i>	74	LEVATOL	78
KERENDIA	104	<i>lamivudine-zidovudine</i>	74	<i>levetiracetam</i>	30
KESIMPTA	142	<i>lamotrigine</i>	30	<i>levetiracetam er</i>	30
KETEK	54	<i>lamotrigine er</i>	29	<i>levobunolol hcl</i>	135
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<i>ketoprofen</i>	10	<i>lamotrigine starter kit-green</i>	30	<i>levofloxacin</i>	108, 135
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KIMIDESS	85	LANOXIN	81	<i>levonorgestrel</i>	85
KINERET	11	<i>lansoprazole</i>	149	<i>levonorgestrel-ethinyl estrad</i>	85
<i>kinney lancets</i>	122	<i>lanthanum carbonate</i>	109	<i>levonorg-eth estrad triphasic</i>	85
<i>kinney thin lancets</i>	122	LANTUS	42	LEVORA 0.15/30 (28)	85
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LEXETTE	96	LOW-OGESTREL	85	<i>mefenamic acid</i>	11
LEXIVA	75	<i>loxapine succinate</i>	70	<i>mefloquine hcl</i>	55
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<i>lidocaine hcl (pf)</i>	119	<i>Lucentis</i>	136	MEKTOVI	61
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<i>lidocaine-prilocaine</i>	97	<i>luliconazole</i>	97	<i>melfhalan</i>	61
<i>lidopin</i>	97	LUMAKRAS	60	<i>memantine hcl</i>	143
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<i>lindane</i>	97	<i>Lupron Depot (1-Month)</i>	60	<i>mesalamine</i>	109
<i>linezolid</i>	54	<i>Lupron Depot (3-Month)</i>	60	MESNEX	61
<i>liothyronine sodium</i>	148	<i>Lupron Depot (4-Month)</i>	60	MESTINON	55
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LIVMARLI	109	<i>Macugen</i>	136	INTENSOL	14
LIVTENCITY	75	<i>magdelay</i>	127	METHADOSE	14
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LOKARA	97	<i>maprotiline hcl</i>	36	<i>methazolamide</i>	102
LOKELMA	128	<i>maraviroc</i>	75	<i>methenamine hippurate</i>	54
LOMEDIA 24 FE	85	<i>margesic</i>	12	<i>methenamine mandelate</i>	54
<i>lomustine</i>	60	<i>marlissa</i>	85	<i>methimazole</i>	148
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LONSURF	60	MAVENCLAD (5 TABS)	143	<i>methyldopa</i>	52
<i>loperamide hcl</i>	45	MAVENCLAD (6 TABS)	143	<i>methyldopa-</i>	
<i>lopinavir-ritonavir</i>	75	MAVENCLAD (7 TABS)	143	<i>hydrochlorothiazide</i>	52
<i>lorazepam</i>	21	MAVENCLAD (8 TABS)	143	<i>methylergonovine maleate</i>	138
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<i>losartan potassium</i>	52	<i>meclizine hcl</i>	46	<i>methylprednisolone sodium succ</i>	89
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<i>tolbutamide</i>	45	TRI-LINYAH	87	UNILET G.P. SUPERLITE LANCET	125
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<i>tolmetin sodium</i>	12	TRI-LO-MARZIA	87	UNILET SUPERLITE LANCET	125
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