



**Tufts Health Together Accountable Care Organization (ACO)
Pharmacy program and Preferred Drug List
December 1, 2019**

Introduction

Pharmacy program

We aim to provide high-quality, cost-effective options for drug therapy. We work with your health care providers and pharmacists to make sure we cover the most important and useful drugs for a variety of conditions and diseases. We cover both first-time prescriptions and refills. We also cover some [over-the-counter \(OTC\) drugs](#) if your provider writes a prescription and it is filled at a pharmacy.

Our pharmacy program doesn't cover all drugs and prescriptions. Some drugs must meet certain clinical guidelines before we can cover them. Your provider must ask us for prior authorization before we'll cover these drugs.

Preferred Drug List (PDL)

We list all drugs according to their therapeutic category and drug class followed by generic or brand drug name. Use the index to find a drug according to its generic or brand name. We cover brand-name medications only when a generic medication is not available or if we give prior authorization for the brand-name drug.

With a doctor's prescription, covered drugs are available to members under the age of 21 for FREE, and to members age 21 and older with a small co-payment. Some members age 21 and older do not need to pay the co-payment. To find out if you do not need to pay a co-payment, see your [Member Handbook](#).

Co-payments:

Most members who are age 21 and older must pay the following pharmacy co-payments:

- \$1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antihyperlipidemics (such as simvastatin).
- \$3.65 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor
- \$3.65 for both first-time prescriptions and refills for certain covered generic and OTC drugs
- \$3.65 for both first-time prescriptions and refills of covered brand-name drugs

The *PDL* applies only to drugs you get at retail and specialty pharmacies. The *PDL* doesn't apply to drugs you get if you're in the hospital. Drugs you get while in the hospital are covered as part of your stay.

For the most current *PDL* coverage information, please visit tuftshealthplan.com or call us at **888.257.1985** (TTY: 888.391.5535).

Prior authorization (PA)

Some drugs always require prior authorization, which means your provider must ask us for approval before we'll cover the drug. One of our clinicians will review this request. We'll cover the drug according to our clinical guidelines if:

- There is a medical reason you need the particular drug
- Depending on the drug, other drugs on the *PDL* have not worked

If we don't approve the request for prior authorization, you or your authorized representative, if you identify one, can appeal the decision. See your [Member Handbook](#) for our member grievances and appeals information.

Step therapy program (STPA)

We cover some types of drugs only through our step therapy program. Our step therapy program requires you to try first-level drugs before we'll cover another drug of that type. If you and your provider feel a certain drug isn't appropriate for treating your health condition, your provider can ask us for prior authorization for the other drug. One of our clinicians will review the request. We'll cover the drug according to our clinical guidelines. If we don't approve the request for prior authorization, you or your authorized representative, if you identify one, can appeal the decision. See your [Member Handbook](#) for our grievances and appeals information.

Quantity limit (QL)

To make sure the drugs you take are safe and that you are getting the right amount, we may limit how much you can get at one time. Your provider can ask us for prior authorization if you need more than we cover. One of our clinicians will review the request. We'll cover the drug according to our clinical guidelines if there is a medical reason you need this particular amount. If we don't approve the request for prior authorization, you or your authorized representative, if you identify one, can appeal the decision. See your [Member Handbook](#) for our grievances and appeals information.

Generic drugs

Generic drugs have the same active ingredients and work the same as brand-name drugs. When generic drugs are available, we won't cover the brand-name drug without giving prior authorization. If you and your provider feel a generic drug is not right for treating your health condition and that the brand-name drug is medically necessary, your provider can ask for prior authorization. One of our clinicians will review the request. If we don't approve the request for prior authorization, you or your authorized representative, if you identify one, can appeal the decision. See your [Member Handbook](#) for our grievances and appeals information.

New-to-market drugs (NTM)

We review new drugs for safety and effectiveness before we add them to our *PDL*. A provider who feels a new-to-market drug is medically necessary for you before we've reviewed it can submit a request for prior authorization. One of our clinicians will review this request. If we approve the request, we'll cover the drug according to our clinical guidelines. If we don't approve the request, you or your authorized representative, if you identify one, can appeal the decision. See your [Member Handbook](#) for our grievances and appeals information.

Coverage limits

The Requirements/Limits column in the *PDL* shows when a drug has a certain requirement or limit for coverage. Coverage limits include:

- AGE — Age restriction may apply
This medication requires prior authorization if the drug is not covered based on your age. Your provider should send us a prior authorization request if the drug is medically necessary.
- PA — Prior authorization
This medication requires prior authorization. Your provider may prescribe a different medication on the *PDL* or send us a prior authorization request.
- QL — Quantity limit
This medication is limited to a specific amount. If a larger amount is medically necessary, your provider should send us a prior authorization request.
- SP — Specialty medication
This medication is only available through our specialty pharmacy vendor, CVS/specialty.
- ST — Step therapy
This medication requires prior authorization if you have not already used a first-line medication on the *PDL*. Your provider may prescribe another medication on the *PDL* or send us a prior authorization request.

Medicare Part D

If you have Medicare coverage, your Medicare prescription drug coverage (Part D) plan will cover most of your prescription drugs. You should have a separate ID card for your Medicare prescription drug coverage. Please show your pharmacist your Medicare Part D ID card when you fill a prescription.

Even if you have Medicare Part D, we'll cover some drugs, such as select OTC drugs. The co-payment amounts and exceptions still apply to these covered drugs. For more information, please call us at **888.257.1985** (TTY: 888.391.5535). You can also find out more about your Medicare prescription drug coverage by calling Medicare at 800.633.4227 (TTY: 877.486.2048), visiting Medicare's website at medicare.gov, or referring to your *Medicare and You* handbook. Remember to carry all your ID cards with you when you go to the pharmacy. When you fill a prescription, please show both your *Tufts Health Together* and MassHealth member ID cards, as well as your Medicare Prescription ID card.

Specialty pharmacy program

A specialty pharmacy needs to supply you with some drugs often used to treat chronic conditions like hepatitis C or multiple sclerosis. These types of drugs need additional expertise and support. Specialty pharmacies have knowledge in these areas. These pharmacies can give extra support to members and providers.

CVS/specialty is our specialty pharmacy and can provide you with these drugs. In addition to providing specific specialty drugs, CVS/specialty will:

- Deliver drugs to your home, provider's office or any delivery address you choose (except for a P.O. box)
- Answer your questions and offer help with your drugs
- Give you information, materials and ongoing support to help you manage your health condition and make sure you take your drugs the right way
- Have staff pharmacists available who can help you 24 hours a day, seven days a week, at 800.237.2767

Synagis

Every year from November 1 to March 31, CVS/specialty will supply *Tufts Health Together* members with Synagis, which is used to prevent serious respiratory disease caused by respiratory syncytial virus (RSV). We will review requests for Synagis according to the most recent American Academy of Pediatrics guidelines.

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 888.257.1985.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan

Attention: Civil Rights Coordinator, Legal Dept.
705 Mount Auburn St.
Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number— 711 or 800.439.2370]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

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

Complaint forms are available at <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) សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជាភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

Laotian ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo bąąh ilíní da Diné k'ehjí álnéehgo, hodiilnih béésh bee haní'é 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.

Table of Contents

A BLOOD DISORDER.....	3
A DISEASE OF THE LUNG.....	8
A FEELING OF GENERAL DISCOMFORT CALLED MALAISE.....	15
A TUMOR.....	15
AN ALLERGIC REACTION.....	19
AN INFECTION.....	22
CALORIC UNDERNUTRITION.....	33
CHRONIC LUNG OR BREATHING PASSAGE PROBLEM.....	35
COLD SYMPTOMS.....	40
COLLAGEN VASCULAR DISEASE.....	42
CONDITION RESULTING FROM A DEFECTIVE IMMUNE SYSTEM.....	45
DISEASE AFFECTING THE BODY'S METABOLISM.....	55
DISEASE OF THE HEART AND BLOOD VESSELS.....	65
DISEASE OF THE URINARY TRACT.....	78
DISORDER OF NERVOUS SYSTEM.....	82
DISORDER OF REPRODUCTIVE SYSTEM.....	102
DISORDER OF RESPIRATORY SYSTEM.....	111
DISORDER OF THE DIGESTIVE SYSTEM.....	118
DISORDER OF THE ENDOCRINE GLANDS.....	127
EAR PROBLEM.....	135
EYE SYMPTOMS OR PROBLEMS.....	135
FEVER.....	139
INFLAMMATION OF THE SEROUS MEMBRANES IN THE BODY.....	139
INFLAMMATORY DISORDER.....	139
INJURY TO A MUCOUS MEMBRANE.....	158
MAJOR TRAUMATIC INJURY.....	160
MARGINAL ZONE LYMPHOMA.....	160
MUSCLE OR BONE DISORDER.....	160
NEUROPSYCHIATRIC DISORDER.....	175
NUTRITIONAL DISORDER.....	198
OTHER OVER-THE-COUNTER DRUGS.....	200
OTHER PRESCRIPTION DRUGS.....	205
OVERDOSE.....	236
PAIN.....	237
PATIENT DEMOGRAPHICS.....	248
PREGNANCY.....	250
PROCEDURE.....	251
RECENT OPERATION.....	256
SEPSIS SYNDROME.....	259
SKIN CONDITION.....	259
SLOW DRUG ELIMINATION BY KIDNEY.....	270
WEAKNESS, NUMBNESS OR PAIN FROM NERVE DAMAGE.....	270

Drug	Status	Notes
A BLOOD DISORDER		
ACTIMMUNE SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
ADEMPAS ORAL TABLET	\$3.65	PA; SP
Advate Intravenous Solution Reconstituted	MB/RX	PA; SP
Adynovate Intravenous Solution Reconstituted	MB/RX	PA; SP
Afstyla Intravenous Kit	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
ANADROL-50 ORAL TABLET	\$3.65	PA
<i>anagrelide hcl oral capsule</i>	\$3.65	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	\$3.65	SP; QL (4 ML per 30 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	\$3.65	SP; QL (4 ML per 30 days)
Arzerra Intravenous Concentrate	MB/RX	SP
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	\$3.65	PA; QL (60 EA per 30 days)
AURYXIA ORAL TABLET	\$3.65	PA
Bebulin Intravenous Solution Reconstituted	MB/RX	PA; SP
BeneFIX Intravenous Kit	MB/RX	PA; SP
BeneFIX Intravenous Solution Reconstituted 1000 UNIT, 2000 UNIT, 500 UNIT	MB/RX	PA; SP
BRILINTA ORAL TABLET 60 MG	\$3.65	QL (60 EA per 30 days)
BRILINTA ORAL TABLET 90 MG	\$3.65	PA; QL (60 EA per 30 days)
CABLIVI INJECTION KIT	\$3.65	
Carimune NF Intravenous Solution Reconstituted 12 GM, 6 GM	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)

^ = 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
<i>clopidogrel bisulfate oral tablet</i>	\$3.65	
Coagadex Intravenous Solution Reconstituted	MB/RX	PA; SP
Corifact Intravenous Kit	MB/RX	PA; SP
<i>deferasirox oral tablet soluble</i>	\$3.65	SP
<i>dipyridamole oral tablet</i>	\$3.65	
DOPTELET ORAL TABLET 20 MG	\$3.65	PA; SP
DROXIA ORAL CAPSULE	\$3.65	
ELIQUIS ORAL TABLET	\$3.65	QL (60 EA per 30 days)
Eloctate Intravenous Solution Reconstituted	MB/RX	PA; SP
ENDARI ORAL PACKET	\$3.65	PA
<i>enoxaparin sodium injection solution</i>	\$3.65	
<i>enoxaparin sodium subcutaneous solution</i>	\$3.65	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$3.65	SP; QL (10 ML per 14 days)
Eylea Intraocular Solution	MB/RX	SP
FARYDAK ORAL CAPSULE	\$3.65	PA; SP
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
Fasenra Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP
Feiba Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>folic acid oral tablet 1 mg</i>	\$3.65	
<i>fondaparinux sodium subcutaneous solution</i>	\$3.65	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	\$3.65	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (0.6 ML per 14 days)
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)
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)

^ = 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
Gamunex-C Injection Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
GRANIX SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; QL (10 vials per 14 days)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (10 syringes per 14 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, 250 UNIT, 500 UNIT, 801-1500 UNIT	MB/RX	PA; SP
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	\$3.65	
Humate-P Intravenous Solution Reconstituted 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	MB/RX	PA; SP
Idelvion Intravenous Solution Reconstituted	MB/RX	PA; SP
IMBRUVICA ORAL CAPSULE 70 MG	\$3.65	PA
IMBRUVICA ORAL TABLET	\$3.65	PA
INREBIC ORAL CAPSULE	\$3.65	PA; SP
IPIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	QL (24 vials per 12 days)
Ixinity Intravenous Solution Reconstituted	MB/RX	PA; SP
JADENU ORAL TABLET	\$3.65	SP
JADENU SPRINKLE ORAL PACKET	\$3.65	SP
JAKAFI ORAL TABLET	\$3.65	PA; SP
JANTOVEN ORAL TABLET	\$3.65	
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
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
<i>leucovorin calcium oral tablet</i>	\$3.65	
LEUKERAN ORAL TABLET	\$3.65	
Levoleucovorin Calcium Intravenous Solution	MB/RX	SP

^ = 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
LEVOleucovorin Calcium Intravenous Solution Reconstituted 50 MG	MB/RX	SP
LEVOleucovorin Calcium PF Intravenous Solution	MB/RX	SP
Lucentis Intraocular Solution	MB/RX	SP
Lucentis Intravitreal Solution Prefilled Syringe	MB/RX	SP
Lupron Depot (1-Month) Intramuscular Kit 3.75 MG	MB/RX	PA; SP
Lupron Depot (3-Month) Intramuscular Kit 11.25 MG	MB/RX	PA; SP
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)
Mitoxantrone HCl Intravenous Concentrate	MB/RX	SP
Monoclate-P Intravenous Kit 1000 UNIT, 1500 UNIT	MB/RX	PA; SP
Mononine Intravenous Solution Reconstituted 1000 UNIT	MB/RX	PA; SP
MOZOBIL SUBCUTANEOUS SOLUTION	Medical Benefit	SP
MULPLETA ORAL TABLET	\$3.65	PA; SP
NEULASTA DELIVERY KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA DELIVERY KIT SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEUPOGEN INJECTION SOLUTION	\$3.65	PA; SP; QL (10 vials per 14 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (10 syringes per 14 days)
NINLARO ORAL CAPSULE	\$3.65	PA; SP

^ = 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
NIVESTYM INJECTION SOLUTION	\$3.65	PA; SP; QL (10 EA per 14 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (10 Syringes per 14 days)
Novoeight Intravenous Solution Reconstituted	MB/RX	PA; SP
NovoSeven RT Intravenous Solution Reconstituted	MB/RX	PA; SP
Nplate Subcutaneous Solution Reconstituted 250 MCG, 500 MCG	MB/RX	SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
Nuwiq Intravenous Kit	MB/RX	PA; SP
Nuwiq Intravenous Solution Reconstituted	MB/RX	PA; SP
Obizur Intravenous Solution Reconstituted	MB/RX	PA; SP
Octagam Intravenous Solution 10 GM/100ML, 2 GM/20ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Oncaspar Injection Solution	MB/RX	SP
Panzyga Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
<i>phytonadione oral tablet</i>	\$3.65	
<i>prasugrel hcl oral tablet</i>	\$3.65	
Privigen Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
PROCRIT INJECTION SOLUTION	\$3.65	SP; QL (10 ML per 14 days)
Profilnine Intravenous Solution Reconstituted	MB/RX	PA; SP
Profilnine SD Intravenous Solution Reconstituted	MB/RX	PA; SP
PROMACTA ORAL PACKET	\$3.65	SP
PROMACTA ORAL TABLET	\$3.65	SP
Rebinyn Intravenous Solution Reconstituted	MB/RX	PA; SP
Recombinate Intravenous Solution Reconstituted	MB/RX	PA; SP
RETACRIT INJECTION SOLUTION	\$3.65	SP; QL (10 ML per 14 days)
Rhophylac Injection Solution Prefilled Syringe	MB/RX	SP

^ = 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
RiaSTAP Intravenous Solution Reconstituted	MB/RX	SP
Rixubis Intravenous Solution Reconstituted	MB/RX	PA; SP
SIKLOS ORAL TABLET	\$3.65	PA
Soliris Intravenous Solution 10 MG/ML	MB/RX	PA; SP
STIMATE NASAL SOLUTION	\$3.65	SP
Synribo Subcutaneous Solution Reconstituted	MB/RX	SP
TAVALISSE ORAL TABLET	\$3.65	QL (60 EA per 30 days)
THALOMID ORAL CAPSULE	\$3.65	SP
Tretten Intravenous Solution Reconstituted	MB/RX	PA; SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (0.6 ML per 14 days)
Ultomiris Intravenous Solution	MB/RX	PA
Vonvendi Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>warfarin sodium oral tablet</i>	\$3.65	
Wilate Intravenous Kit	MB/RX	PA; SP
Wilate Intravenous Solution Reconstituted 1000-1000 UNIT, 500-500 UNIT	MB/RX	PA; SP
WinRho SDF Injection Solution	MB/RX	SP
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	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)
XATMEP ORAL SOLUTION	\$3.65	PA
Xyntha Intravenous Kit	MB/RX	PA; SP
Xyntha Solofuse Intravenous Kit	MB/RX	PA; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	SP; QL (10 Syringes per 14 days)
Zoledronic Acid Intravenous Concentrate	MB/RX	
Zoledronic Acid Intravenous Solution 4 MG/100ML	MB/RX	
ZONTIVITY ORAL TABLET	\$3.65	
A DISEASE OF THE LUNG		
<i>acetazolamide oral tablet</i>	\$3.65	
<i>acetylcysteine inhalation solution</i>	\$3.65	

^ = 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
ADEMPAS ORAL TABLET	\$3.65	PA; SP
ADVAIR HFA INHALATION AEROSOL	\$3.65	PA
AEROSPAN INHALATION AEROSOL SOLUTION	\$3.65	
<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; ¥ (PA applies to Generic Proventil. Generic Ventolin and generic Proair are covered)
<i>albuterol sulfate inhalation nebulization solution</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	
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)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
Aralast NP Intravenous Solution Reconstituted 1000 MG, 500 MG	MB/RX	SP
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$3.65	PA; QL (30 Tablets per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$3.65	PA; QL (60 Tablets per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	

^ = 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
ASMANEX HFA INHALATION AEROSOL	\$3.65	
ATROVENT HFA INHALATION AEROSOL SOLUTION	\$3.65	
Avastin Intravenous Solution	MB/RX	SP
<i>benzonatate oral capsule 100 mg, 200 mg</i>	\$3.65	
<i>bosentan oral tablet</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA; QL (1 EA per 30 days)
<i>budesonide inhalation suspension</i>	\$3.65	
<i>caffeine citrate oral solution</i>	\$3.65	
CAYSTON INHALATION SOLUTION RECONSTITUTED	\$3.65	
<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)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	\$3.65	
<i>cromolyn sodium inhalation nebulization solution</i>	\$3.65	
DALIRESP ORAL TABLET	\$3.65	PA; STPA
DULERA INHALATION AEROSOL	\$3.65	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	\$3.65	PA; SP; QL (2 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	\$3.65	PA; SP; QL (4 ML per 28 days)
ELIQUIS ORAL TABLET	\$3.65	QL (60 EA per 30 days)
ELIXOPHYLLIN ORAL ELIXIR	\$3.65	
Epoprostenol Sodium Intravenous Solution Reconstituted 0.5 MG	MB/RX	PA; SP; QL (4 EA per 30 days)
Epoprostenol Sodium Intravenous Solution Reconstituted 1.5 MG	MB/RX	PA; SP; QL (2 EA per 30 days)
ESBRIET ORAL CAPSULE	\$3.65	SP; QL (270 EA per 30 days)
ESBRIET ORAL TABLET	\$3.65	SP; QL (270 EA per 30 days)
Ethacrynate Sodium Intravenous Solution Reconstituted	MB/RX	
<i>ethacrynic acid oral tablet</i>	\$1	PA

^ = 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
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
Fasenra Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
FLOVENT HFA INHALATION AEROSOL	\$3.65	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	\$3.65	
<i>furosemide injection solution 10 mg/ml</i>	\$1	
Glassia Intravenous Solution	MB/RX	SP
GLYDO EXTERNAL GEL	\$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)
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	\$3.65	
<i>hydrocodone-homatropine oral syrup</i>	\$3.65	
<i>hydrocodone-homatropine oral tablet</i>	\$3.65	
<i>hydromet oral syrup</i>	\$3.65	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
<i>ipratropium bromide inhalation solution</i>	\$3.65	
<i>ipratropium-albuterol inhalation solution</i>	\$3.65	
KALYDECO ORAL PACKET 25 MG	\$3.65	PA; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 50 MG, 75 MG	\$3.65	PA; QL (60 EA per 30 days)
KALYDECO ORAL TABLET	\$3.65	PA; QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	\$3.65	
<i>levalbuterol tartrate inhalation aerosol</i>	\$3.65	PA
<i>lidocaine external ointment</i>	\$3.65	QL (50 GM per 30 days)
<i>lidocaine hcl external gel 2 %</i>	\$3.65	
Lumizyme Intravenous Solution Reconstituted	MB/RX	SP
<i>metaproterenol sulfate oral syrup</i>	\$3.65	
<i>metaproterenol sulfate oral tablet</i>	\$3.65	

^ = 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
<i>modafinil oral tablet</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>montelukast sodium oral packet</i>	\$3.65	STPA; ¥ (Covered for members 6 through 23 months of age); QL (30 EA per 30 days)
<i>montelukast sodium oral tablet</i>	\$3.65	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	\$3.65	QL (30 EA per 30 days)
NEBUPENT INHALATION SOLUTION RECONSTITUTED	\$3.65	
NOXAFIL ORAL SUSPENSION	\$3.65	PA
NOXAFIL ORAL TABLET DELAYED RELEASE	\$3.65	PA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
OFEV ORAL CAPSULE	\$3.65	SP; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET	\$3.65	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	\$3.65	PA; SP
ORKAMBI ORAL PACKET	\$3.65	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	\$3.65	PA; QL (120 EA per 30 days)
PASER ORAL PACKET	\$3.65	PA
PERFOROMIST INHALATION NEBULIZATION SOLUTION	\$3.65	
<i>phenyleph-promethazine-cod oral syrup</i>	\$3.65	QL (30 ML per 1 day)
PORTRAZZA INTRAVENOUS SOLUTION	Medical Benefit	
PRIFTIN ORAL TABLET	\$3.65	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
PROAIR HFA INHALATION AEROSOL SOLUTION	\$3.65	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA

^ = 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
<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	
PROVENTIL HFA INHALATION AEROSOL SOLUTION	\$3.65	PA
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
PULMOZYME INHALATION SOLUTION	\$3.65	SP
QVAR INHALATION AEROSOL SOLUTION	\$3.65	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	\$3.65	QL (10.6 GM per 30 days)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	\$3.65	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>sirolimus oral solution</i>	\$3.65	
<i>sirolimus oral tablet</i>	\$3.65	
SIRTURO ORAL TABLET	\$3.65	PA
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	\$3.65	
SUNOSI ORAL TABLET	\$3.65	PA; QL (30 EA per 30 Fills)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	\$3.65	PA
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	\$3.65	PA; ¥ (PA applies to members 0-5 years of age and members 12 years of age and older (no PA required for members 6 through 11 years of age))
SYMDEKO ORAL TABLET THERAPY PACK	\$3.65	PA; QL (56 EA per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION	\$0	PA; SP; QL (2 Vials per 1 Fill)
<i>tadalafil (pah) oral tablet</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet</i>	\$3.65	

^ = 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
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	
<i>theophylline er oral tablet extended release 12 hour</i>	\$3.65	
<i>theophylline er oral tablet extended release 24 hour</i>	\$3.65	
<i>theophylline oral solution</i>	\$3.65	
TOBI PODHALER INHALATION CAPSULE	\$3.65	PA; SP; QL (1 EA per 60 days)
<i>tobramycin inhalation nebulization solution</i>	\$3.65	SP
TRACLEER ORAL TABLET SOLUBLE	\$3.65	PA; SP; QL (120 EA per 30 days)
TUSSIGON ORAL TABLET	\$3.65	
TYVASO INHALATION SOLUTION	\$3.65	PA; SP
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
Veletri Intravenous Solution Reconstituted	MB/RX	PA; SP
VENTAVIS INHALATION SOLUTION	\$3.65	PA; SP; QL (9 Vials per 1 day)
VENTOLIN HFA INHALATION AEROSOL SOLUTION	\$3.65	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	\$3.65	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	\$3.65	QL (30 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)
Xolair Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP; QL (6 Vials per 28 days)
Xolair Subcutaneous Solution Reconstituted	MB/RX	PA; SP; QL (6 vials per 28 days)
<i>zafirlukast oral tablet</i>	\$3.65	

^ = 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
A FEELING OF GENERAL DISCOMFORT CALLED MALAISE		
<i>caffeine citrate oral solution</i>	\$3.65	
A TUMOR		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE	\$3.65	PA; SP; QL (60 EA per 30 days)
AFINITOR ORAL TABLET	\$3.65	PA; SP; QL (30 EA per 30 days)
AKYNZEO ORAL CAPSULE	\$3.65	QL (1 EA per 1 Fill)
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	\$3.65	
<i>allopurinol oral tablet</i>	\$3.65	
Aloxi Intravenous Solution 0.25 MG/5ML	MB/RX	QL (20 ML per 1 Rx)
<i>anagrelide hcl oral capsule</i>	\$3.65	
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)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	\$3.65	SP; QL (4 ML per 30 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	\$3.65	SP; QL (4 ML per 30 days)
Arzerra Intravenous Concentrate	MB/RX	SP
Avastin Intravenous Solution	MB/RX	SP
<i>bexarotene oral capsule</i>	\$3.65	SP
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	
CESAMET ORAL CAPSULE	\$3.65	PA
Cinvanti Intravenous Emulsion	MB/RX	QL (18 ML per 1 Fill)
DEMSER ORAL CAPSULE	\$1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$3.65	

^ = 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
<i>doxazosin mesylate oral tablet</i>	\$1	
<i>dronabinol oral capsule</i>	\$3.65	
<i>dutasteride oral capsule</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule</i>	\$3.65	PA; QL (30 EA per 30 days)
Eligard Subcutaneous Kit	MB/RX	PA; SP
EMCYT ORAL CAPSULE	\$3.65	SP
Emend Intravenous Solution Reconstituted 150 MG	MB/RX	QL (2 vials per 1 Rx)
EMEND ORAL CAPSULE	\$3.65	QL (6 EA per 1 Rx)
EMEND ORAL SUSPENSION RECONSTITUTED	\$3.65	QL (3 Units per 7 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$3.65	SP; QL (10 ML per 14 days)
ERIVEDGE ORAL CAPSULE	\$3.65	PA; SP
<i>exemestane oral tablet</i>	\$3.65	
Fabrazyme Intravenous Solution Reconstituted	MB/RX	PA; SP
FARYDAK ORAL CAPSULE	\$3.65	PA; SP
<i>fentanyl citrate buccal lozenge on a handle</i>	\$3.65	PA; QL (120 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG	\$3.65	PA; QL (4 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>	\$3.65	
<i>fluorouracil external cream 5 %</i>	\$3.65	
<i>fluorouracil external solution 5 %</i>	\$3.65	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (0.6 ML per 14 days)
GALAFOLD ORAL CAPSULE	\$3.65	PA
<i>granisetron hcl oral tablet</i>	\$3.65	QL (14 EA per 1 Fill)
GRANIX SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; QL (10 vials per 14 days)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (10 syringes per 14 days)
HYDROXYprogesterone Caproate Intramuscular Oil	MB/RX	¥ (Single Dose Vial Preferred); QL (1 ML per 7 days)
<i>hydroxyurea oral capsule</i>	\$3.65	
IMBRUVICA ORAL CAPSULE 70 MG	\$3.65	PA
IMBRUVICA ORAL TABLET	\$3.65	PA
<i>imiquimod external cream</i>	\$3.65	

^ = 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
IMLYGIC INTRALESIONAL SUSPENSION	Medical Benefit	
Intron A Injection Solution	MB/RX	SP
Intron A Injection Solution Reconstituted	MB/RX	SP
Istodax Intravenous Solution Reconstituted	MB/RX	SP
JAKAFI ORAL TABLET	\$3.65	PA; SP
<i>letrozole oral tablet</i>	\$3.65	
LEUKERAN ORAL TABLET	\$3.65	
Leuprolide Acetate Injection Kit	MB/RX	PA
Levoleucovorin Calcium Intravenous Solution	MB/RX	SP
LEVOleucovorin Calcium Intravenous Solution Reconstituted 50 MG	MB/RX	SP
LEVOleucovorin Calcium PF Intravenous Solution	MB/RX	SP
<i>liothyronine sodium oral tablet</i>	\$3.65	
Lupron Depot (1-Month) Intramuscular Kit	MB/RX	PA; SP
Lupron Depot (3-Month) Intramuscular Kit	MB/RX	PA; SP
Lupron Depot (4-Month) Intramuscular Kit	MB/RX	PA; SP
Lupron Depot (6-Month) Intramuscular Kit	MB/RX	PA; SP
LYSODREN ORAL TABLET	\$3.65	
MESNEX ORAL TABLET	\$3.65	
Mitoxantrone HCl Intravenous Concentrate	MB/RX	SP
MOZOBIL SUBCUTANEOUS SOLUTION	Medical Benefit	SP
NEULASTA DELIVERY KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA DELIVERY KIT SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEUPOGEN INJECTION SOLUTION	\$3.65	PA; SP; QL (10 vials per 14 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (10 syringes per 14 days)
NINLARO ORAL CAPSULE	\$3.65	PA; SP

^ = 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
NIVESTYM INJECTION SOLUTION	\$3.65	PA; SP; QL (10 EA per 14 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (10 Syringes per 14 days)
<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)
ODOMZO ORAL CAPSULE	\$3.65	PA; SP
Oncaspar Injection Solution	MB/RX	SP
<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)
Pamidronate Disodium Intravenous Solution	MB/RX	
Pamidronate Disodium Intravenous Solution Reconstituted	MB/RX	
PANRETIN EXTERNAL GEL	\$3.65	PA
<i>phenoxybenzamine hcl oral capsule</i>	\$1	
<i>pilocarpine hcl oral tablet</i>	\$3.65	
PORTRAZZA INTRAVENOUS SOLUTION	Medical Benefit	
PROCRIT INJECTION SOLUTION	\$3.65	SP; QL (10 ML per 14 days)
PROGLYCEM ORAL SUSPENSION	\$3.65	
<i>raloxifene hcl oral tablet</i>	\$3.65	
RETACRIT INJECTION SOLUTION	\$3.65	SP; QL (10 ML per 14 days)
Rituxan Intravenous Solution	MB/RX	PA; SP
SANCUSO TRANSDERMAL PATCH	\$3.65	PA; QL (4 EA per 28 days)
SandoSTATIN LAR Depot Intramuscular Kit	MB/RX	PA; SP; QL (1 vial per 28 days)
<i>silodosin oral capsule</i>	\$3.65	PA
SOLTAMOX ORAL SOLUTION	\$3.65	
Somatuline Depot Subcutaneous Solution	MB/RX	SP; QL (1 ML per 28 days)
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	Medical Benefit	
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
SYNDROS ORAL SOLUTION	\$3.65	PA

^ = 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
Synribo Subcutaneous Solution Reconstituted	MB/RX	SP
<i>tamoxifen citrate oral tablet</i>	\$3.65	
<i>tamsulosin hcl oral capsule</i>	\$3.65	
TARGRETIN EXTERNAL GEL	\$3.65	
<i>terazosin hcl oral capsule</i>	\$1	
THALOMID ORAL CAPSULE	\$3.65	SP
Thyrogen Intramuscular Solution Reconstituted	MB/RX	SP
Torisel Intravenous Solution	MB/RX	SP
Trelstar Intramuscular Suspension Reconstituted	MB/RX	SP
Trelstar Mixject Intramuscular Suspension Reconstituted	MB/RX	SP
TRUXIMA INTRAVENOUS SOLUTION	Medical Benefit	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (0.6 ML per 14 days)
VALCHLOR EXTERNAL GEL	\$3.65	
Vantas Subcutaneous Kit	MB/RX	SP
Varubi Intravenous Emulsion	MB/RX	
XATMEP ORAL SOLUTION	\$3.65	PA
XERMELO ORAL TABLET	\$3.65	PA
Xgeva Subcutaneous Solution	MB/RX	PA; SP; QL (1 vial per 30 days)
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	SP; QL (10 Syringes per 14 days)
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)
Zoledronic Acid Intravenous Concentrate	MB/RX	
Zoledronic Acid Intravenous Solution 4 MG/100ML	MB/RX	
ZOLINZA ORAL CAPSULE	\$3.65	PA; SP
AN ALLERGIC REACTION		
ADRENAClick INJECTION DEVICE	\$3.65	PA; QL (2 EA per 1 Fill)
ADRENAClick INJECTION SOLUTION AUTO-INJECTOR	\$3.65	PA; QL (2 EA per 1 Fill)
ADRENALIN INJECTION SOLUTION	\$3.65	

^ = 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
ALOCRILOPHthalmic Solution	\$3.65	PA
ALREX Ophthalmic Suspension	\$3.65	
AUVI-Q Injection Solution Auto-Injector 0.1 mg/0.1ml	\$3.65	PA; QL (2 EA per 1 day)
<i>azelastine hcl nasal solution 0.1 %</i>	\$3.65	
<i>azelastine hcl ophthalmic solution</i>	\$3.65	PA
BECONASE AQ Nasal Suspension	\$3.65	PA
BEPREVE Ophthalmic Solution	\$3.65	PA
Berinertr Intravenous Kit	MB/RX	SP
<i>budesonide nasal suspension</i>	\$3.65	
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$3.65	PA
<i>cetirizine hcl oral syrup 1 mg/ml</i>	\$3.65	PA
CLARINEX Oral Syrup	\$3.65	PA
CLARINEX-D 12 Hour Oral Tablet Extended Release 12 Hour	\$3.65	PA
<i>clemastine fumarate oral tablet 2.68 mg</i>	\$3.65	
<i>cromolyn sodium ophthalmic solution</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	
EMADINE Ophthalmic Solution	\$3.65	PA
<i>epinastine hcl ophthalmic solution</i>	\$3.65	PA
<i>epinephrine hcl injection solution 1 mg/ml</i>	\$3.65	
<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>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$3.65	PA
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	\$3.65	
<i>icatibant acetate subcutaneous solution</i>	\$3.65	PA; SP; QL (3 ML per 1 Fill)

^ = 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
<i>ipratropium bromide nasal solution</i>	\$3.65	
<i>ketotifen fumarate ophthalmic solution</i>	\$3.65	
LASTACFT OPHTHALMIC SOLUTION	\$3.65	PA
<i>levocetirizine dihydrochloride oral solution</i>	\$3.65	PA
<i>levocetirizine dihydrochloride oral tablet</i>	\$3.65	PA
<i>mometasone furoate nasal suspension</i>	\$3.65	PA
<i>montelukast sodium oral packet</i>	\$3.65	STPA; ¥ (Covered for members 6 through 23 months of age); QL (30 EA per 30 days)
<i>montelukast sodium oral tablet</i>	\$3.65	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	\$3.65	QL (30 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
<i>olopatadine hcl ophthalmic solution</i>	\$3.65	PA
OMNARIS NASAL SUSPENSION	\$3.65	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
<i>promethazine vc plain oral syrup</i>	\$3.65	
<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	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	\$3.65	PA
QNASL NASAL AEROSOL SOLUTION	\$3.65	PA
Ruconest Intravenous Solution Reconstituted	MB/RX	SP
SEMPREX-D ORAL CAPSULE	\$3.65	PA
<i>triamcinolone acetonide nasal aerosol</i>	\$3.65	
VERAMYST NASAL SUSPENSION	\$3.65	PA
Xolair Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP; QL (6 Vials per 28 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
Xolair Subcutaneous Solution Reconstituted	MB/RX	PA; SP; QL (6 vials per 28 days)
ZETONNA NASAL AEROSOL SOLUTION	\$3.65	PA
AN INFECTION		
<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 external ointment</i>	\$3.65	
<i>adefovir dipivoxil oral tablet</i>	\$3.65	
ADRENALIN INJECTION SOLUTION	\$3.65	
Alferon N Injection Solution	MB/RX	SP
ALINIA ORAL SUSPENSION RECONSTITUTED	\$3.65	
ALINIA ORAL TABLET	\$3.65	
ALTABAX EXTERNAL OINTMENT	\$3.65	STPA; QL (15 GM per 1 Fill)
<i>amantadine hcl oral capsule</i>	\$3.65	
<i>amantadine hcl oral syrup</i>	\$3.65	
<i>amantadine hcl oral tablet</i>	\$3.65	
<i>amoxicill-clarithro-lansopraz oral</i>	\$3.65	
APTIVUS ORAL CAPSULE	\$3.65	
APTIVUS ORAL SOLUTION	\$3.65	
<i>atazanavir sulfate oral capsule</i>	\$3.65	
<i>atovaquone-proguanil hcl oral tablet</i>	\$3.65	
ATRIPLA ORAL TABLET	\$3.65	
AVC VAGINAL VAGINAL CREAM	\$3.65	
AZASITE OPHTHALMIC SOLUTION	\$3.65	QL (2.5 mL per 1 fill)
<i>azelastine hcl nasal solution 0.1 %</i>	\$3.65	
<i>bacitracin ophthalmic ointment</i>	\$3.65	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	\$3.65	
BACTROBAN NASAL NASAL OINTMENT	\$3.65	
BARACLUDGE ORAL SOLUTION	\$3.65	
BECONASE AQ NASAL SUSPENSION	\$3.65	PA
<i>benznidazole oral tablet</i>	\$3.65	

^ = 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
<i>benzonatate oral capsule 100 mg, 200 mg</i>	\$3.65	
BIKTARVY ORAL TABLET	\$3.65	# (Preferred product)
<i>budesonide nasal suspension</i>	\$3.65	
CENTANY EXTERNAL OINTMENT	\$3.65	
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$3.65	PA
<i>cetirizine hcl oral syrup 1 mg/ml</i>	\$3.65	PA
<i>chlorhexidine gluconate mouth/throat solution</i>	\$3.65	
<i>chloroquine phosphate oral tablet</i>	\$3.65	
CICLODAN EXTERNAL CREAM	\$3.65	
CICLODAN EXTERNAL SOLUTION	\$3.65	
<i>ciclopirox external gel</i>	\$3.65	
<i>ciclopirox external solution</i>	\$3.65	
<i>ciclopirox olamine external cream</i>	\$3.65	
<i>ciclopirox olamine external suspension</i>	\$3.65	PA
CIMDUO ORAL TABLET	\$3.65	
CIPRODEX OTIC SUSPENSION	\$3.65	
CLARINEX ORAL SYRUP	\$3.65	PA
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	\$3.65	PA
<i>clemastine fumarate oral tablet 2.68 mg</i>	\$3.65	
CLEOCIN VAGINAL SUPPOSITORY	\$3.65	
<i>clindamycin phosphate vaginal cream</i>	\$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 mouth/throat lozenge</i>	\$3.65	
<i>clotrimazole mouth/throat troche</i>	\$3.65	
<i>clotrimazole-betamethasone external cream</i>	\$3.65	
<i>clotrimazole-betamethasone external lotion</i>	\$3.65	
COARTEM ORAL TABLET	\$3.65	QL (24 EA per 30 days)
COMPLERA ORAL TABLET	\$3.65	
CONDYLOX EXTERNAL GEL	\$3.65	
CORTISPORIN EXTERNAL CREAM	\$3.65	
CRESEMBA ORAL CAPSULE	\$3.65	

^ = 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
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	\$3.65	
<i>cyproheptadine hcl oral syrup</i>	\$3.65	
<i>cyproheptadine hcl oral tablet</i>	\$3.65	
Cytogam Intravenous Injectable	MB/RX	PA; SP
DAKLINZA ORAL TABLET	\$3.65	PA; SP
<i>dapsone oral tablet</i>	\$3.65	
DELSTRIGO ORAL TABLET	\$3.65	
DENAVIR EXTERNAL CREAM	\$3.65	PA; QL (5 GM per 1 Fill)
DESCOVY ORAL TABLET	\$3.65	# (Preferred product)
<i>desloratadine oral tablet</i>	\$3.65	PA
<i>didanosine oral capsule delayed release</i>	\$3.65	
DOVATO ORAL TABLET	\$3.65	
<i>dronabinol oral capsule</i>	\$3.65	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	\$3.65	PA; SP; QL (2 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	\$3.65	PA; SP; QL (4 ML per 28 days)
<i>econazole nitrate external cream</i>	\$3.65	
ECOZA EXTERNAL FOAM	\$3.65	PA
EDURANT ORAL TABLET	\$3.65	
<i>efavirenz oral capsule</i>	\$3.65	
<i>efavirenz oral tablet</i>	\$3.65	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	\$3.65	PA; SP
EMTRIVA ORAL CAPSULE	\$3.65	
EMTRIVA ORAL SOLUTION	\$3.65	
<i>entecavir oral tablet</i>	\$3.65	
EPCLUSA ORAL TABLET	\$3.65	PA; SP; # (Preferred product)
<i>epinephrine hcl injection solution 1 mg/ml</i>	\$3.65	
<i>erythromycin ophthalmic ointment</i>	\$3.65	
EURAX EXTERNAL CREAM	\$3.65	
EURAX EXTERNAL LOTION	\$3.65	
EVOTAZ ORAL TABLET	\$3.65	
EXELDERM EXTERNAL CREAM	\$3.65	PA

^ = 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
EXELDERM EXTERNAL SOLUTION	\$3.65	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
Fasenra Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$3.65	PA
<i>fluticasone propionate nasal suspension</i>	\$3.65	
<i>fosamprenavir calcium oral tablet</i>	\$3.65	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	SP
<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</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
GamaSTAN S/D Intramuscular Injectable	MB/RX	PA; SP
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; # (Preferred product)
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; # (Preferred product)
<i>gentamicin sulfate external cream</i>	\$3.65	
<i>gentamicin sulfate external ointment</i>	\$3.65	
GENVOYA ORAL TABLET	\$3.65	# (Preferred product)
GILPHEX TR ORAL TABLET	\$3.65	
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)

^ = 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
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>griseofulvin microsize oral suspension</i>	\$3.65	
<i>griseofulvin microsize oral tablet</i>	\$3.65	
<i>griseofulvin ultramicrosize oral tablet</i>	\$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)
GNAZOLE-1 VAGINAL CREAM	\$3.65	
HARVONI ORAL TABLET 90-400 MG	\$3.65	PA; SP; # (Preferred product)
HUMATROPE INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	\$3.65	
<i>hydrocodone-homatropine oral syrup</i>	\$3.65	
<i>hydrocodone-homatropine oral tablet</i>	\$3.65	
<i>hydromet oral syrup</i>	\$3.65	
ILOTYCIN OPHTHALMIC OINTMENT	\$3.65	
<i>imiquimod external cream</i>	\$3.65	
IMPAVIDO ORAL CAPSULE	\$3.65	
INTELENCE ORAL TABLET	\$3.65	
Intron A Injection Solution	MB/RX	SP
Intron A Injection Solution Reconstituted	MB/RX	SP
INVIRASE ORAL CAPSULE	\$3.65	
INVIRASE ORAL TABLET	\$3.65	
<i>ipratropium bromide nasal solution</i>	\$3.65	
ISENTRESS HD ORAL TABLET	\$3.65	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	\$3.65	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	\$3.65	
ISENTRESS ORAL TABLET CHEWABLE	\$3.65	
<i>isoniazid oral syrup</i>	\$3.65	
<i>isoniazid oral tablet</i>	\$3.65	
<i>ivermectin oral tablet</i>	\$3.65	

^ = 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
JUBLIA EXTERNAL SOLUTION	\$3.65	PA
JULUCA ORAL TABLET	\$3.65	
KALETRA ORAL TABLET	\$3.65	
<i>ketoconazole external cream</i>	\$3.65	
<i>ketoconazole external shampoo 2 %</i>	\$3.65	
<i>kp clotrimazole external cream</i>	\$3.65	
KRINTAFEL ORAL TABLET	\$3.65	QL (2 EA per 1 Fill)
LAMISIL ORAL PACKET	\$3.65	PA; ¥ (Max of 6 weeks); QL (2 Packets per 1 day)
<i>lamivudine oral solution</i>	\$3.65	
<i>lamivudine oral tablet</i>	\$3.65	
<i>lamivudine-zidovudine oral tablet</i>	\$3.65	
<i>levocetirizine dihydrochloride oral solution</i>	\$3.65	PA
<i>levocetirizine dihydrochloride oral tablet</i>	\$3.65	PA
LEXIVA ORAL SUSPENSION	\$3.65	
<i>lidocaine external patch 5 %</i>	\$3.65	
<i>lindane external lotion</i>	\$3.65	
<i>lindane external shampoo</i>	\$3.65	
<i>lopinavir-ritonavir oral solution</i>	\$3.65	
<i>luliconazole external cream</i>	\$3.65	PA
LYRICA CR 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); QL (30 EA per 30 days)
<i>malathion external lotion</i>	\$3.65	
MAVYRET ORAL TABLET	\$3.65	PA; SP; # (Preferred product)
<i>mefloquine hcl oral tablet</i>	\$3.65	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	\$3.65	
<i>methenamine hippurate oral tablet</i>	\$3.65	
<i>methenamine mandelate oral tablet</i>	\$3.65	
<i>metronidazole vaginal gel</i>	\$3.65	
<i>miconazole 3 vaginal suppository</i>	\$3.65	
MODERIBA ORAL TABLET 200 MG	\$3.65	QL (210 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
<i>mometasone furoate nasal suspension</i>	\$3.65	PA
<i>montelukast sodium oral packet</i>	\$3.65	STPA; ¥ (Covered for members 6 through 23 months of age); QL (30 EA per 30 days)
<i>montelukast sodium oral tablet</i>	\$3.65	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	\$3.65	QL (30 EA per 30 days)
MULPLETA ORAL TABLET	\$3.65	PA; SP
<i>mupirocin calcium external cream</i>	\$3.65	PA
<i>mupirocin external ointment</i>	\$3.65	
<i>naftifine hcl external cream</i>	\$3.65	PA
NAFTIN EXTERNAL GEL 1 %	\$3.65	PA
NATACYN OPHTHALMIC SUSPENSION	\$3.65	PA
NEBUPENT INHALATION SOLUTION RECONSTITUTED	\$3.65	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</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 OPHTHALMIC OINTMENT	\$3.65	
<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	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
NORVIR ORAL CAPSULE	\$3.65	
NORVIR ORAL PACKET	\$3.65	
NORVIR ORAL SOLUTION	\$3.65	
NORVIR ORAL TABLET	\$3.65	# (Preferred product)
NOXAFIL ORAL SUSPENSION	\$3.65	PA
NOXAFIL ORAL TABLET DELAYED RELEASE	\$3.65	PA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP

^ = 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
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP
NUCALA SUBCUTANEOUS 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
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	
<i>nystatin mouth/throat suspension</i>	\$3.65	
<i>nystatin oral powder</i>	\$3.65	
<i>nystatin oral tablet</i>	\$3.65	
<i>nystatin-triamcinolone external cream</i>	\$3.65	
<i>nystatin-triamcinolone external ointment</i>	\$3.65	
NYSTOP EXTERNAL POWDER	\$3.65	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
ODEFSEY ORAL TABLET	\$3.65	# (Preferred product)
OMNARIS NASAL SUSPENSION	\$3.65	PA
OMNITROPE SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
<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)
OTIPRIO INTRATYMPANIC SUSPENSION	Medical Benefit	

^ = 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
<i>oxiconazole nitrate external cream</i>	\$3.65	PA
OXISTAT EXTERNAL LOTION	\$3.65	PA
PAROEX MOUTH/THROAT SOLUTION	\$3.65	
<i>paromomycin sulfate oral capsule</i>	\$3.65	
PASER ORAL PACKET	\$3.65	PA
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	\$3.65	SP; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	\$3.65	SP; QL (4 ML per 28 days)
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML	\$3.65	SP; QL (4 EA per 28 days)
PEG-INTRON REDIPEN SUBCUTANEOUS KIT	\$3.65	SP; QL (4 EA per 28 days)
PEGINTRON SUBCUTANEOUS KIT	\$3.65	SP; QL (4 EA per 28 days)
PEG-INTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 50 MCG/0.5ML	\$3.65	SP; QL (4 EA per 28 days)
PERIOGARD MOUTH/THROAT SOLUTION	\$3.65	
<i>permethrin external cream</i>	\$3.65	
<i>phenyleph-promethazine-cod oral syrup</i>	\$3.65	QL (30 ML per 1 day)
PIFELTRO ORAL TABLET	\$3.65	
<i>podofilox external solution</i>	\$3.65	
POLYCIN OPHTHALMIC OINTMENT	\$3.65	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	\$3.65	
<i>praziquantel oral tablet</i>	\$3.65	
Prevymis Intravenous Solution	MB/RX	PA
PREVYMIS ORAL TABLET	\$3.65	PA
PREZCOBIX ORAL TABLET	\$3.65	
PREZISTA ORAL SUSPENSION	\$3.65	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	\$3.65	
PRIFTIN ORAL TABLET	\$3.65	
<i>primaquine phosphate oral tablet</i>	\$3.65	
PROMACTA ORAL PACKET	\$3.65	SP
PROMACTA ORAL TABLET	\$3.65	SP
<i>promethazine vc plain oral syrup</i>	\$3.65	

^ = 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
<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	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	\$3.65	
PYLERA ORAL CAPSULE	\$3.65	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	\$3.65	PA
QNASL NASAL AEROSOL SOLUTION	\$3.65	PA
REBETOL ORAL SOLUTION	\$3.65	SP; QL (35 ML per 1 day)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$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; QL (210 EA per 30 days)
<i>ribavirin oral tablet 200 mg</i>	\$3.65	SP; QL (210 EA per 30 days)
<i>rimantadine hcl oral tablet</i>	\$3.65	
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
SELZENTRY ORAL SOLUTION	\$3.65	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET	\$3.65	
SEMPREX-D ORAL CAPSULE	\$3.65	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	\$3.65	PA; SP
<i>silver sulfadiazine external cream</i>	\$3.65	
SIRTURO ORAL TABLET	\$3.65	PA
SKLICE EXTERNAL LOTION	\$3.65	STPA; QL (117 GM per 1 day)
SOLOSEC ORAL PACKET	\$3.65	PA

^ = 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
SOVALDI ORAL TABLET 400 MG	\$3.65	PA; SP; # (Preferred product)
<i>spinosad external suspension</i>	\$3.65	STPA; QL (120 ML per 1 Fill)
SSD EXTERNAL CREAM	\$3.65	
<i>stavudine oral capsule</i>	\$3.65	
<i>stavudine oral solution reconstituted</i>	\$3.65	
STRIBILD ORAL TABLET	\$3.65	
<i>sulfacetamide sodium ophthalmic ointment</i>	\$3.65	
<i>sulfacetamide sodium ophthalmic solution</i>	\$3.65	
SULFAMYLON EXTERNAL CREAM	\$3.65	PA
SYMFI LO ORAL TABLET	\$3.65	
SYMFI ORAL TABLET	\$3.65	
SYMTUZA ORAL TABLET	\$3.65	
SYNAGIS INTRAMUSCULAR SOLUTION	\$0	PA; SP; QL (2 Vials per 1 Fill)
SYNDROS ORAL SOLUTION	\$3.65	PA
<i>tenofovir disoproxil fumarate oral tablet</i>	\$3.65	
<i>terconazole vaginal cream</i>	\$3.65	
<i>terconazole vaginal suppository</i>	\$3.65	
<i>tinidazole oral tablet</i>	\$3.65	
TIVICAY ORAL TABLET	\$3.65	
TOBI PODHALER INHALATION CAPSULE	\$3.65	PA; SP; QL (1 EA per 60 days)
TOBRADEX OPHTHALMIC OINTMENT	\$3.65	
<i>tobramycin inhalation nebulization solution</i>	\$3.65	SP
<i>tobramycin-dexamethasone ophthalmic suspension</i>	\$3.65	
TRECTOR ORAL TABLET	\$3.65	PA
<i>triamcinolone acetonide nasal aerosol</i>	\$3.65	
<i>trifluridine ophthalmic solution</i>	\$3.65	
TRIUMEQ ORAL TABLET	\$3.65	
TRUVADA ORAL TABLET 200-300 MG	\$3.65	
TUSSIGON ORAL TABLET	\$3.65	
TYBOST ORAL TABLET	\$3.65	
TYZEKA ORAL TABLET	\$3.65	
ULESFIA EXTERNAL LOTION	\$3.65	PA; QL (12 Bottles per 1 Rx)
VANAZOLE VAGINAL GEL	\$3.65	

^ = 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
VEMLIDY ORAL TABLET	\$3.65	
VERAMYST NASAL SUSPENSION	\$3.65	PA
VEREGEN EXTERNAL OINTMENT	\$3.65	PA
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	
VITEKTA ORAL TABLET	\$3.65	
VOSEVI ORAL TABLET	\$3.65	PA; SP; # (Preferred product)
XEPI EXTERNAL CREAM	\$3.65	PA; QL (30 GM per 1 Fill)
XIFAXAN ORAL TABLET 200 MG	\$3.65	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	\$3.65	QL (6 EA per 30 days)
XOFLUZA ORAL TABLET THERAPY PACK	\$3.65	¥ (Max of 2 fills per year); QL (2 EA per 1 day)
ZEPATIER ORAL TABLET	\$3.65	PA; SP
ZETONNA NASAL AEROSOL SOLUTION	\$3.65	PA
<i>zidovudine oral capsule</i>	\$3.65	
<i>zidovudine oral syrup</i>	\$3.65	
<i>zidovudine oral tablet</i>	\$3.65	
Zinplava Intravenous Solution	MB/RX	PA
ZIRGAN OPHTHALMIC GEL	\$3.65	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ZYLET OPHTHALMIC SUSPENSION	\$3.65	QL (5 mL per 30 days)
CALORIC UNDERNUTRITION		
AURYXIA ORAL TABLET	\$3.65	PA
<i>calcium acetate (phos binder) oral capsule</i>	\$3.65	
<i>calcium acetate (phos binder) oral tablet</i>	\$3.65	
Crysvita Subcutaneous Solution	MB/RX	PA

^ = 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
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	\$3.65	
<i>ergocalciferol oral capsule</i>	\$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)
<i>folbee oral tablet</i>	\$3.65	
<i>folic acid oral tablet 1 mg</i>	\$3.65	
FOSRENOL ORAL PACKET	\$3.65	
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
<i>lanthanum carbonate oral tablet chewable</i>	\$3.65	
<i>leucovorin calcium oral tablet</i>	\$3.65	
<i>levocarnitine oral solution</i>	\$3.65	
<i>levocarnitine oral tablet</i>	\$3.65	
Levoleucovorin Calcium Intravenous Solution	MB/RX	SP
LEVOleucovorin Calcium Intravenous Solution Reconstituted 50 MG	MB/RX	SP
LEVOleucovorin Calcium PF Intravenous Solution	MB/RX	SP
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	\$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	

^ = 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
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
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
OMNITROPE SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
PHOSLYRA ORAL SOLUTION	\$3.65	
RENAGEL ORAL TABLET	\$3.65	
RENAL ORAL CAPSULE	\$3.65	
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
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	\$3.65	PA; SP
<i>sevelamer carbonate oral packet</i>	\$3.65	
<i>tri-vit/fluoride/iron oral solution</i>	\$3.65	
<i>tri-vitamin/fluoride oral solution</i>	\$3.65	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	\$3.65	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
CHRONIC LUNG OR BREATHING PASSAGE PROBLEM		
ADEMPAS ORAL TABLET	\$3.65	PA; SP
ADVAIR HFA INHALATION AEROSOL	\$3.65	PA
AEROSPAN INHALATION AEROSOL SOLUTION	\$3.65	

^ = 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
<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; ¥ (PA applies to Generic Proventil. Generic Ventolin and generic Proair are covered)
<i>albuterol sulfate inhalation nebulization solution</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	
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)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
Aralast NP Intravenous Solution Reconstituted 1000 MG	MB/RX	SP
Aralast NP Intravenous Solution Reconstituted 500 MG	MB/RX	SP
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX HFA INHALATION AEROSOL	\$3.65	
ATROVENT HFA INHALATION AEROSOL SOLUTION	\$3.65	
<i>azelastine hcl nasal solution 0.1 %</i>	\$3.65	
BECONASE AQ NASAL SUSPENSION	\$3.65	PA

^ = 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
<i>bosentan oral tablet</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA; QL (1 EA per 30 days)
<i>budesonide inhalation suspension</i>	\$3.65	
CAYSTON INHALATION SOLUTION RECONSTITUTED	\$3.65	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	\$3.65	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	\$3.65	
<i>cromolyn sodium inhalation nebulization solution</i>	\$3.65	
DALIRESP ORAL TABLET	\$3.65	PA; STPA
DULERA INHALATION AEROSOL	\$3.65	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	\$3.65	PA; SP; QL (2 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	\$3.65	PA; SP; QL (4 ML per 28 days)
ELIXOPHYLLIN ORAL ELIXIR	\$3.65	
Epoprostenol Sodium Intravenous Solution Reconstituted 0.5 MG	MB/RX	PA; SP; QL (4 EA per 30 days)
Epoprostenol Sodium Intravenous Solution Reconstituted 1.5 MG	MB/RX	PA; SP; QL (2 EA per 30 days)
ESBRIET ORAL CAPSULE	\$3.65	SP; QL (270 EA per 30 days)
ESBRIET ORAL TABLET	\$3.65	SP; QL (270 EA per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
Fasenra Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
FLOVENT HFA INHALATION AEROSOL	\$3.65	
<i>fluticasone propionate nasal suspension</i>	\$3.65	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	\$3.65	
Glassia Intravenous Solution	MB/RX	SP

^ = 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
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
<i>ipratropium bromide inhalation solution</i>	\$3.65	
<i>ipratropium bromide nasal solution</i>	\$3.65	
<i>ipratropium-albuterol inhalation solution</i>	\$3.65	
KALYDECO ORAL PACKET 25 MG	\$3.65	PA; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 50 MG, 75 MG	\$3.65	PA; QL (60 EA per 30 days)
KALYDECO ORAL TABLET	\$3.65	PA; QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	\$3.65	
<i>levalbuterol tartrate inhalation aerosol</i>	\$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); QL (30 EA per 30 days)
<i>montelukast sodium oral tablet</i>	\$3.65	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	\$3.65	QL (30 EA per 30 days)
NEBUPENT INHALATION SOLUTION RECONSTITUTED	\$3.65	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
OFEV ORAL CAPSULE	\$3.65	SP; QL (60 EA per 30 days)
OMNARIS NASAL SUSPENSION	\$3.65	PA
OPSUMIT ORAL TABLET	\$3.65	PA; SP
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE	\$3.65	PA; SP
ORKAMBI ORAL PACKET	\$3.65	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	\$3.65	PA; QL (120 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
PERFORMIST INHALATION NEBULIZATION SOLUTION	\$3.65	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
PROAIR HFA INHALATION AEROSOL SOLUTION	\$3.65	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
PROVENTIL HFA INHALATION AEROSOL SOLUTION	\$3.65	PA
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
PULMOZYME INHALATION SOLUTION	\$3.65	SP
QVAR INHALATION AEROSOL SOLUTION	\$3.65	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	\$3.65	QL (10.6 GM per 30 days)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	\$3.65	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)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	\$3.65	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	\$3.65	PA
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	\$3.65	PA; ¥ (PA applies to members 0-5 years of age and members 12 years of age and older (no PA required for members 6 through 11 years of age))
SYMDEKO ORAL TABLET THERAPY PACK	\$3.65	PA; QL (56 EA per 28 days)
<i>tadalafil (pah) oral tablet</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet</i>	\$3.65	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	\$3.65	

^ = 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
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 400 MG	\$3.65	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	\$3.65	
<i>theophylline er oral tablet extended release 12 hour</i>	\$3.65	
<i>theophylline er oral tablet extended release 24 hour</i>	\$3.65	
<i>theophylline oral solution</i>	\$3.65	
TOBI PODHALER INHALATION CAPSULE	\$3.65	PA; SP; QL (1 EA per 60 days)
<i>tobramycin inhalation nebulization solution</i>	\$3.65	SP
TRACLEER ORAL TABLET SOLUBLE	\$3.65	PA; SP; QL (120 EA per 30 days)
TYVASO INHALATION SOLUTION	\$3.65	PA; SP
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
<i>Veletri Intravenous Solution Reconstituted</i>	MB/RX	PA; SP
VENTAVIS INHALATION SOLUTION	\$3.65	PA; SP; QL (9 Vials per 1 day)
VENTOLIN HFA INHALATION AEROSOL SOLUTION	\$3.65	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
<i>Xolair Subcutaneous Solution Prefilled Syringe</i>	MB/RX	PA; SP; QL (6 Vials per 28 days)
<i>Xolair Subcutaneous Solution Reconstituted</i>	MB/RX	PA; SP; QL (6 vials per 28 days)
<i>zafirlukast oral tablet</i>	\$3.65	
ZETONNA NASAL AEROSOL SOLUTION	\$3.65	PA
COLD SYMPTOMS		
<i>azelastine hcl nasal solution 0.1 %</i>	\$3.65	
BECONASE AQ NASAL SUSPENSION	\$3.65	PA
<i>benzonatate oral capsule 100 mg, 200 mg</i>	\$3.65	
<i>budesonide nasal suspension</i>	\$3.65	

^ = 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
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$3.65	PA
<i>cetirizine hcl oral syrup 1 mg/ml</i>	\$3.65	PA
CLARINEX ORAL SYRUP	\$3.65	PA
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	\$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>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$3.65	PA
<i>fluticasone propionate nasal suspension</i>	\$3.65	
GILPHEX TR ORAL TABLET	\$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)
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	\$3.65	
<i>hydrocodone-homatropine oral syrup</i>	\$3.65	
<i>hydrocodone-homatropine oral tablet</i>	\$3.65	
<i>hydromet oral syrup</i>	\$3.65	
<i>ipratropium bromide nasal solution</i>	\$3.65	
<i>levocetirizine dihydrochloride oral solution</i>	\$3.65	PA
<i>levocetirizine dihydrochloride oral tablet</i>	\$3.65	PA
<i>mometasone furoate nasal suspension</i>	\$3.65	PA
<i>montelukast sodium oral packet</i>	\$3.65	STPA; ¥ (Covered for members 6 through 23 months of age); QL (30 EA per 30 days)
<i>montelukast sodium oral tablet</i>	\$3.65	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	\$3.65	QL (30 EA per 30 days)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
OMNARIS NASAL SUSPENSION	\$3.65	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
<i>phenyleph-promethazine-cod oral syrup</i>	\$3.65	QL (30 ML per 1 day)
<i>promethazine vc plain oral syrup</i>	\$3.65	

^ = 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
<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	
<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
SEMPREX-D ORAL CAPSULE	\$3.65	PA
<i>triamcinolone acetonide nasal aerosol</i>	\$3.65	
TUSSIGON ORAL TABLET	\$3.65	
VERAMYST NASAL SUSPENSION	\$3.65	PA
ZETONNA NASAL AEROSOL SOLUTION	\$3.65	PA
COLLAGEN VASCULAR DISEASE		
Actemra ACTPen Subcutaneous Solution Auto-Injector	MB/RX	PA; SP; QL (4 Syringes per 28 days)
Actemra Intravenous Solution 200 MG/10ML	MB/RX	PA; SP; QL (4 vials per 28 days)
Actemra Intravenous Solution 400 MG/20ML	MB/RX	PA; SP; QL (2 vials per 28 days)
Actemra Intravenous Solution 80 MG/4ML	MB/RX	PA; SP; QL (10 vials per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (4 syringes per 28 days)
ACTHAR INJECTION GEL	\$3.65	PA; SP
<i>azathioprine oral tablet</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>celecoxib oral capsule</i>	\$3.65	STPA; QL (60 EA per 30 days)
<i>cevimeline hcl oral capsule</i>	\$3.65	
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 (6 Syringes per 28 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
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	\$3.65	PA; SP; QL (2 EA per 28 days)
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	\$3.65	PA; SP; QL (1 Syringe per 28 days)
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	\$3.65	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	\$3.65	PA; SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	PA; SP; # (Preferred product); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; # (Preferred product); QL (4 ML 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 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; # (Preferred product); QL (4 ML per 28 days)
<i>etodolac er oral tablet extended release 24 hour</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; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEN SUBCUTANEOUS KIT	\$3.65	PA; SP; # (Preferred product); QL (2 EA per 28 days)
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	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)

^ = 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
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; # (Preferred product); QL (2 EA per 28 days)
<i>hydroxychloroquine sulfate oral tablet</i>	\$3.65	
Inflectra Intravenous Solution Reconstituted	MB/RX	PA
KENALOG INJECTION SUSPENSION 10 MG/ML	\$3.65	
<i>ketoprofen er oral capsule extended release 24 hour</i>	\$3.65	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (2.28 ML per 30 days)
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>meloxicam oral suspension</i>	\$3.65	
<i>meloxicam oral tablet</i>	\$3.65	
<i>methotrexate oral tablet</i>	\$3.65	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; QL (30 Vials per 30 days)
<i>nabumetone oral tablet</i>	\$3.65	
<i>naproxen dr oral tablet delayed release</i>	\$3.65	
OFEV ORAL CAPSULE	\$3.65	SP; QL (60 EA per 30 days)
OLUMIANT ORAL TABLET	\$3.65	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (4 ML per 28 days)
Orencia Intravenous Solution Reconstituted	MB/RX	PA; SP; QL (4 VIALS per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (4 Syringes per 28 days)
<i>oxaprozin oral tablet</i>	\$3.65	
PANRETIN EXTERNAL GEL	\$3.65	PA
<i>pilocarpine hcl oral tablet</i>	\$3.65	
<i>piroxicam oral capsule</i>	\$3.65	
Remicade Intravenous Solution Reconstituted	MB/RX	PA; SP

^ = 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
Renflexis Intravenous Solution Reconstituted	MB/RX	PA; SP
RHEUMATREX ORAL TABLET 2.5 MG	\$3.65	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; SP; QL (30 EA per 30 days)
Rituxan Intravenous Solution	MB/RX	PA; SP
<i>salsalate oral tablet</i>	\$3.65	
Simponi Aria Intravenous Solution	MB/RX	PA; SP; QL (5 vials per 8 Weeks)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (1 syringe per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (1 syringe per 28 days)
<i>sulfasalazine oral tablet delayed release</i>	\$3.65	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days)
<i>tolmetin sodium oral capsule</i>	\$3.65	
<i>tolmetin sodium oral tablet</i>	\$3.65	
TREXALL ORAL TABLET	\$3.65	
XELJANZ ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; SP; QL (30 EA per 30 days)
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	
CONDITION RESULTING FROM A DEFECTIVE IMMUNE SYSTEM		
<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	
Actemra ACTPen Subcutaneous Solution Auto-Injector	MB/RX	PA; SP; QL (4 Syringes per 28 days)
Actemra Intravenous Solution 200 MG/10ML	MB/RX	PA; SP; QL (4 vials per 28 days)
Actemra Intravenous Solution 400 MG/20ML	MB/RX	PA; SP; QL (2 vials per 28 days)
Actemra Intravenous Solution 80 MG/4ML	MB/RX	PA; SP; QL (10 vials per 28 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
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (4 syringes per 28 days)
ACTHAR INJECTION GEL	\$3.65	PA; SP
ACTIMMUNE SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
Alphanate/VWF Complex/Human Intravenous Solution Reconstituted	MB/RX	PA; SP
ANADROL-50 ORAL TABLET	\$3.65	PA
APTIVUS ORAL CAPSULE	\$3.65	
APTIVUS ORAL SOLUTION	\$3.65	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; QL (4 Vials per 28 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	
<i>atazanavir sulfate oral capsule</i>	\$3.65	
ATRIPLA ORAL TABLET	\$3.65	
<i>azathioprine oral tablet</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
Berinert Intravenous Kit	MB/RX	SP
BIKTARVY ORAL TABLET	\$3.65	# (Preferred product)
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)
<i>celecoxib oral capsule</i>	\$3.65	STPA; QL (60 EA per 30 days)
<i>cevimeline hcl oral capsule</i>	\$3.65	
CIMDUO ORAL TABLET	\$3.65	
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 (6 Syringes per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	\$3.65	PA; SP; QL (2 EA per 28 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
COMPLERA ORAL TABLET	\$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	\$3.65	PA; SP; QL (1 Syringe per 28 days)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	\$3.65	
<i>cromolyn sodium oral concentrate</i>	\$3.65	
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)
<i>cyclosporine modified oral capsule</i>	\$3.65	
<i>cyclosporine modified oral solution</i>	\$3.65	
<i>cyclosporine oral capsule</i>	\$3.65	
Cytogam Intravenous Injectable	MB/RX	PA; SP
DELSTRIGO ORAL TABLET	\$3.65	
DESCOVY ORAL TABLET	\$3.65	# (Preferred product)
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	\$3.65	
<i>didanosine oral capsule delayed release</i>	\$3.65	
DOPTELET ORAL TABLET 20 MG	\$3.65	PA; SP
DOVATO ORAL TABLET	\$3.65	
<i>dronabinol oral capsule</i>	\$3.65	
EDURANT ORAL TABLET	\$3.65	
<i>efavirenz oral capsule</i>	\$3.65	
<i>efavirenz oral tablet</i>	\$3.65	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	\$3.65	PA; SP
EMTRIVA ORAL CAPSULE	\$3.65	

^ = 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
EMTRIVA ORAL SOLUTION	\$3.65	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	PA; SP; # (Preferred product); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; # (Preferred product); QL (4 ML 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 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; # (Preferred product); QL (4 ML per 28 days)
<i>etodolac er oral tablet extended release 24 hour</i>	\$3.65	
EVOTAZ ORAL TABLET	\$3.65	
FIRDAPSE ORAL TABLET	\$3.65	PA
Flebogamma DIF Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
<i>flurbiprofen oral tablet</i>	\$3.65	
<i>fosamprenavir calcium oral tablet</i>	\$3.65	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (0.6 ML per 14 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	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)
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)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$3.65	
GENGRAF ORAL SOLUTION	\$3.65	

^ = 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
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; # (Preferred product)
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; # (Preferred product)
GENVOYA ORAL TABLET	\$3.65	# (Preferred product)
GRANIX SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; QL (10 vials per 14 days)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (10 syringes per 14 days)
<i>guanidine hcl oral tablet</i>	\$3.65	
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)
Humate-P Intravenous Solution Reconstituted 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	MB/RX	PA; SP
HUMATROPE INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEN SUBCUTANEOUS KIT	\$3.65	PA; SP; # (Preferred product); QL (2 EA per 28 days)
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	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; # (Preferred product); QL (2 EA per 28 days)
<i>hydroxychloroquine sulfate oral tablet</i>	\$3.65	
Hyqvia Subcutaneous Kit	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
<i>icatibant acetate subcutaneous solution</i>	\$3.65	PA; SP; QL (3 ML per 1 Fill)
Ilaris Subcutaneous Solution	MB/RX	PA; SP

^ = 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
Inflectra Intravenous Solution Reconstituted	MB/RX	PA
INTELENCE ORAL TABLET	\$3.65	
INVIRASE ORAL CAPSULE	\$3.65	
INVIRASE ORAL TABLET	\$3.65	
ISENTRESS HD ORAL TABLET	\$3.65	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	\$3.65	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	\$3.65	
ISENTRESS ORAL TABLET CHEWABLE	\$3.65	
JULUCA ORAL TABLET	\$3.65	
KALETRA ORAL TABLET	\$3.65	
KENALOG INJECTION SUSPENSION 10 MG/ML	\$3.65	
<i>ketoprofen er oral capsule extended release 24 hour</i>	\$3.65	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (2.28 ML per 30 days)
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>lamivudine oral solution</i>	\$3.65	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	\$3.65	
<i>lamivudine-zidovudine oral tablet</i>	\$3.65	
<i>leflunomide oral tablet</i>	\$3.65	
LEXIVA ORAL SUSPENSION	\$3.65	
<i>lopinavir-ritonavir oral solution</i>	\$3.65	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	\$3.65	
<i>meloxicam oral suspension</i>	\$3.65	
<i>meloxicam oral tablet</i>	\$3.65	
MESTINON ORAL SYRUP	\$3.65	
<i>methotrexate oral tablet</i>	\$3.65	
MOZOBIL SUBCUTANEOUS SOLUTION	Medical Benefit	SP
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; QL (30 Vials per 30 days)
<i>mycophenolate mofetil oral capsule</i>	\$3.65	

^ = 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
<i>mycophenolate mofetil oral suspension reconstituted</i>	\$3.65	
<i>mycophenolate mofetil oral tablet</i>	\$3.65	
<i>mycophenolic acid oral tablet delayed release</i>	\$3.65	
<i>nabumetone oral tablet</i>	\$3.65	
<i>naproxen dr oral tablet delayed release</i>	\$3.65	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	\$3.65	
NEULASTA DELIVERY KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA DELIVERY KIT SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEUPOGEN INJECTION SOLUTION	\$3.65	PA; SP; QL (10 vials per 14 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (10 syringes per 14 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	
NIVESTYM INJECTION SOLUTION	\$3.65	PA; SP; QL (10 EA per 14 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (10 Syringes per 14 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
NORVIR ORAL CAPSULE	\$3.65	
NORVIR ORAL PACKET	\$3.65	
NORVIR ORAL SOLUTION	\$3.65	
NORVIR ORAL TABLET	\$3.65	# (Preferred product)
NOXAFIL ORAL SUSPENSION	\$3.65	PA
NOXAFIL ORAL TABLET DELAYED RELEASE	\$3.65	PA

^ = 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
Nplate Subcutaneous Solution Reconstituted 250 MCG, 500 MCG	MB/RX	SP
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
Obizur Intravenous Solution Reconstituted	MB/RX	PA; SP
Octagam Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
ODEFSEY ORAL TABLET	\$3.65	# (Preferred product)
OFEV ORAL CAPSULE	\$3.65	SP; QL (60 EA per 30 days)
OLUMIANT ORAL TABLET	\$3.65	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (4 ML per 28 days)
Orencia Intravenous Solution Reconstituted	MB/RX	PA; SP; QL (4 VIALS per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$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 (60 EA per 30 days)
<i>oxaprozin oral tablet</i>	\$3.65	
PANRETIN EXTERNAL GEL	\$3.65	PA
Panzyga Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
PIFELTRO ORAL TABLET	\$3.65	
<i>pilocarpine hcl oral tablet</i>	\$3.65	
<i>piroxicam oral capsule</i>	\$3.65	
Prevymis Intravenous Solution	MB/RX	PA
PREVYMIS ORAL TABLET	\$3.65	PA
PREZCOBIX ORAL TABLET	\$3.65	
PREZISTA ORAL SUSPENSION	\$3.65	

^ = 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
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	\$3.65	
Privigen Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
PROGRAF ORAL PACKET 1 MG	\$3.65	
PROMACTA ORAL PACKET	\$3.65	SP
PROMACTA ORAL TABLET	\$3.65	SP
<i>pyridostigmine bromide er oral tablet extended release</i>	\$3.65	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$3.65	
Remicade Intravenous Solution Reconstituted	MB/RX	PA; SP
Renflexis Intravenous Solution Reconstituted	MB/RX	PA; SP
RESCRIPTOR ORAL TABLET	\$3.65	
REYATAZ ORAL PACKET	\$3.65	
RHEUMATREX ORAL TABLET 2.5 MG	\$3.65	
Rhophylac Injection Solution Prefilled Syringe	MB/RX	SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; SP; QL (30 EA per 30 days)
Rituxan Intravenous Solution	MB/RX	PA; SP
Ruconest Intravenous Solution Reconstituted	MB/RX	SP
RUZURGI ORAL TABLET	\$3.65	PA
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
<i>salsalate oral tablet</i>	\$3.65	
SANDIMMUNE ORAL SOLUTION	\$3.65	
SELZENTRY ORAL SOLUTION	\$3.65	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET	\$3.65	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	\$3.65	PA; SP
Simponi Aria Intravenous Solution	MB/RX	PA; SP; QL (5 vials per 8 Weeks)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (1 syringe per 28 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
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (1 syringe per 28 days)
<i>sirolimus oral solution</i>	\$3.65	
<i>sirolimus oral tablet</i>	\$3.65	
Soliris Intravenous Solution 10 MG/ML	MB/RX	PA; SP
<i>stavudine oral capsule</i>	\$3.65	
<i>stavudine oral solution reconstituted</i>	\$3.65	
STRIBILD ORAL TABLET	\$3.65	
<i>sulfasalazine oral tablet delayed release</i>	\$3.65	
SYMFI LO ORAL TABLET	\$3.65	
SYMFI ORAL TABLET	\$3.65	
SYMTUZA ORAL TABLET	\$3.65	
SYNDROS ORAL SOLUTION	\$3.65	PA
<i>tacrolimus oral capsule</i>	\$3.65	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days)
TAVALISSE ORAL TABLET	\$3.65	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet</i>	\$3.65	
TIVICAY ORAL TABLET	\$3.65	
<i>tolmetin sodium oral capsule</i>	\$3.65	
<i>tolmetin sodium oral tablet</i>	\$3.65	
TREXALL ORAL TABLET	\$3.65	
TRIUMEQ ORAL TABLET	\$3.65	
TRUVADA ORAL TABLET 200-300 MG	\$3.65	
TYBOST ORAL TABLET	\$3.65	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (0.6 ML per 14 days)
VIDEX ORAL SOLUTION RECONSTITUTED	\$3.65	
VIRACEPT ORAL TABLET	\$3.65	
VIREAD ORAL POWDER	\$3.65	

^ = 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
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$3.65	
VITEKTA ORAL TABLET	\$3.65	
Wilate Intravenous Kit	MB/RX	PA; SP
Wilate Intravenous Solution Reconstituted 1000-1000 UNIT, 500-500 UNIT	MB/RX	PA; SP
WinRho SDF Injection Solution	MB/RX	SP
XELJANZ ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; SP; QL (30 EA per 30 days)
Xembify Subcutaneous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	SP; QL (10 Syringes per 14 days)
<i>zidovudine oral capsule</i>	\$3.65	
<i>zidovudine oral syrup</i>	\$3.65	
<i>zidovudine oral tablet</i>	\$3.65	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ZORTRESS ORAL TABLET	\$3.65	SP
DISEASE AFFECTING THE BODY'S METABOLISM		
<i>acarbose oral tablet</i>	\$1	
<i>acetazolamide oral tablet</i>	\$3.65	
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	
ADVICOR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
ALDACTAZIDE ORAL TABLET 50-50 MG	\$1	
Aldurazyme Intravenous Solution	MB/RX	PA; SP
<i>alendronate sodium oral tablet 40 mg</i>	\$3.65	QL (1 EA per 6 Months)
<i>allopurinol oral tablet</i>	\$3.65	
<i>alogliptin benzoate oral tablet</i>	\$1	PA; QL (30 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
<i>alogliptin-metformin hcl oral tablet</i>	\$1	PA; QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet</i>	\$1	PA; QL (30 EA per 30 days)
<i>amiloride hcl oral tablet</i>	\$1	
<i>amlodipine-atorvastatin oral tablet</i>	\$1	PA; QL (30 EA per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	\$3.65	PA; QL (30 EA per 30 days)
Aralast NP Intravenous Solution Reconstituted 1000 MG, 500 MG	MB/RX	SP
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; QL (4 Vials per 28 days)
<i>atorvastatin calcium oral tablet</i>	\$1	
AURYXIA ORAL TABLET	\$3.65	PA
AVANDIA ORAL TABLET	\$3.65	
Berinert Intravenous Kit	MB/RX	SP
Brineura Solution	MB/RX	PA
<i>bumetanide oral tablet</i>	\$1	
<i>calcitriol oral capsule</i>	\$3.65	
<i>calcitriol oral solution</i>	\$3.65	
<i>calcium acetate (phos binder) oral capsule</i>	\$3.65	
<i>calcium acetate (phos binder) oral tablet</i>	\$3.65	
<i>captopril oral tablet</i>	\$1	
CARBAGLU ORAL TABLET	\$3.65	PA
CAYSTON INHALATION SOLUTION RECONSTITUTED	\$3.65	
CERDELGA ORAL CAPSULE	\$3.65	SP
Cerezyme Intravenous Solution Reconstituted 400 UNIT	MB/RX	PA; SP
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$3.65	PA
<i>cetirizine hcl oral syrup 1 mg/ml</i>	\$3.65	PA
<i>chlorothiazide oral tablet</i>	\$1	
<i>chlorpropamide oral tablet</i>	\$1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$1	
CHOLBAM ORAL CAPSULE	\$3.65	PA
<i>cholestyramine light oral packet</i>	\$1	
<i>cholestyramine light oral powder</i>	\$1	
<i>cholestyramine oral packet</i>	\$1	

^ = 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
<i>cholestyramine oral powder</i>	\$1	
Cinryze Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>colchicine oral tablet</i>	\$3.65	
<i>colchicine-probenecid oral tablet</i>	\$3.65	
<i>colesevelam hcl oral tablet</i>	\$1	PA
<i>colestipol hcl oral packet</i>	\$1	
<i>colestipol hcl oral tablet</i>	\$1	
<i>constulose oral solution</i>	\$3.65	
Crysvita Subcutaneous Solution	MB/RX	PA
CYSTAGON ORAL CAPSULE	\$3.65	PA; SP
<i>danazol oral capsule</i>	\$3.65	
DEPEN TITRATABS ORAL TABLET	\$3.65	
<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	
DIABETA ORAL TABLET	\$1	
DIURIL ORAL SUSPENSION	\$3.65	
<i>dronabinol oral capsule</i>	\$3.65	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	\$3.65	PA; SP
Elaprase Intravenous Solution	MB/RX	SP
<i>enulose oral solution</i>	\$3.65	
Ethacrynate Sodium Intravenous Solution Reconstituted	MB/RX	
<i>ethacrynic acid oral tablet</i>	\$1	PA
<i>etidronate disodium oral tablet</i>	\$3.65	
Eylea Intraocular Solution	MB/RX	SP
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	\$3.65	PA; QL (30 EA per 30 days)
<i>ezetimibe oral tablet</i>	\$1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet</i>	\$1	PA; QL (30 EA per 30 days)
Fabrazyme Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>febuxostat oral tablet</i>	\$3.65	STPA; QL (30 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
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	\$1	PA; QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$1	QL (30 EA per 30 days)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	\$1	PA; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg</i>	\$1	PA; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$1	QL (30 EA per 30 days)
<i>fenofibric acid oral capsule delayed release</i>	\$1	PA; QL (30 EA per 30 days)
<i>fenofibric acid oral tablet</i>	\$1	PA; QL (30 EA per 30 days)
FIBRICOR ORAL TABLET	\$3.65	QL (30 EA per 30 days)
<i>flolipid oral suspension</i>	\$3.65	PA
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg</i>	\$1	PA; QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 40 mg</i>	\$3.65	PA; QL (30 EA per 30 days)
FOSRENOL ORAL PACKET	\$3.65	
<i>furosemide injection solution 10 mg/ml</i>	\$1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$1	
<i>furosemide oral tablet</i>	\$1	
GALAFOLD ORAL CAPSULE	\$3.65	PA
<i>gemfibrozil oral tablet</i>	\$1	
<i>generlac oral solution</i>	\$3.65	
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; # (Preferred product)
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; # (Preferred product)
Glassia Intravenous Solution	MB/RX	SP
<i>glimepiride oral tablet</i>	\$1	
<i>glipizide er oral tablet extended release 24 hour</i>	\$1	
<i>glipizide oral tablet</i>	\$1	
<i>glipizide xl oral tablet extended release 24 hour</i>	\$1	
<i>glipizide-metformin hcl oral tablet</i>	\$1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	\$3.65	

^ = 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
GLUCAGON EMERGENCY INJECTION KIT	\$3.65	
<i>glyburide micronized oral tablet</i>	\$1	
<i>glyburide oral tablet</i>	\$1	
<i>glyburide-metformin oral tablet</i>	\$1	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
HUMATROPE INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	\$3.65	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
<i>icatibant acetate subcutaneous solution</i>	\$3.65	PA; SP; QL (3 ML per 1 Fill)
Ilaris Subcutaneous Solution	MB/RX	PA; SP
<i>indapamide oral tablet</i>	\$1	
INDOCIN ORAL SUSPENSION	\$3.65	
<i>indomethacin er oral capsule extended release</i>	\$3.65	
<i>indomethacin oral capsule</i>	\$3.65	
JUXTAPID ORAL CAPSULE	\$3.65	PA; QL (30 EA per 30 days)
JYNARQUE ORAL TABLET	\$3.65	
KALYDECO ORAL PACKET 25 MG	\$3.65	PA; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 50 MG, 75 MG	\$3.65	PA; QL (60 EA per 30 days)
KALYDECO ORAL TABLET	\$3.65	PA; QL (60 EA per 30 days)
KANUMA INTRAVENOUS SOLUTION	Medical Benefit	PA; SP
KEVEYIS ORAL TABLET	\$3.65	PA
KIONEX ORAL POWDER	\$3.65	
KIONEX ORAL SUSPENSION	\$3.65	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	\$3.65	
KORLYM ORAL TABLET	\$3.65	PA
Krystexxa Intravenous Solution	MB/RX	PA; SP
KUVAN ORAL PACKET	\$3.65	PA; SP
KUVAN ORAL TABLET SOLUBLE	\$3.65	PA; SP
KYNAMRO SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; QL (4 EA per 28 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
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (4 EA per 28 days)
<i>lactulose encephalopathy oral solution</i>	\$3.65	
<i>lactulose oral solution</i>	\$3.65	
<i>lanthanum carbonate oral tablet chewable</i>	\$3.65	
<i>levocetirizine dihydrochloride oral solution</i>	\$3.65	PA
<i>levocetirizine dihydrochloride oral tablet</i>	\$3.65	PA
LIVALO ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
LOKELMA ORAL PACKET	\$3.65	
<i>lovastatin oral tablet</i>	\$1	
Lucentis Intraocular Solution	MB/RX	SP
Lucentis Intravitreal Solution Prefilled Syringe	MB/RX	SP
Lumizyme Intravenous Solution Reconstituted	MB/RX	SP
LYRICA CR 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); QL (30 EA per 30 days)
<i>magdelay oral tablet delayed release 70 mg</i>	\$3.65	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	\$3.65	
<i>metformin hcl er (mod) oral tablet extended release 24 hour</i>	\$1	PA
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	\$1	PA
<i>metformin hcl er oral tablet extended release 24 hour</i>	\$1	
<i>metformin hcl oral tablet</i>	\$1	
<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>methyclothiazide oral tablet</i>	\$1	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	\$3.65	
<i>metoclopramide hcl oral tablet</i>	\$3.65	

^ = 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
<i>metolazone oral tablet</i>	\$1	
<i>micronized colestipol hcl oral tablet</i>	\$3.65	
<i>miglitol oral tablet</i>	\$1	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; QL (30 Vials per 30 days)
Naglazyme Intravenous Solution	MB/RX	SP
<i>nateglinide oral tablet</i>	\$1	
NATPARA SUBCUTANEOUS CARTRIDGE	\$3.65	SP; QL (2 Cartridges per 21 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	\$1	
<i>niacin er oral capsule extended release</i>	\$1	
NIACOR ORAL TABLET	\$1	
<i>nitisinone oral capsule</i>	\$3.65	PA
NITYR ORAL TABLET	\$3.65	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	\$3.65	PA; QL (2 EA per 1 day)
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
Onpattro Intravenous Solution	MB/RX	PA
ORFADIN ORAL CAPSULE 20 MG	\$3.65	PA
ORFADIN ORAL SUSPENSION	\$3.65	PA
ORKAMBI ORAL PACKET	\$3.65	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	\$3.65	PA; QL (120 EA per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	\$3.65	PA; 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
<i>oxandrolone oral tablet 2.5 mg</i>	\$3.65	PA; QL (240 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	QL (1 Pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	QL (2 Pens per 28 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	\$3.65	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$3.65	PA; QL (1 ML per 1 day)
Pamidronate Disodium Intravenous Solution	MB/RX	
Pamidronate Disodium Intravenous Solution Reconstituted	MB/RX	
<i>penicillamine oral capsule</i>	\$3.65	
PHOSLYRA ORAL SOLUTION	\$3.65	
PHOSPHA 250 NEUTRAL ORAL TABLET	\$3.65	
<i>pioglitazone hcl oral tablet</i>	\$1	
<i>pioglitazone hcl-glimepiride oral tablet</i>	\$1	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	\$1	
<i>pot bicarb-pot chloride oral tablet effervescent</i>	\$3.65	
<i>potassium bicarbonate oral tablet effervescent</i>	\$3.65	
<i>potassium chloride crys er oral tablet extended release</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 oral packet</i>	\$3.65	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$3.65	
<i>pravastatin sodium oral tablet</i>	\$1	
<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 (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
<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>probenecid oral tablet</i>	\$3.65	
PROGLYCEM ORAL SUSPENSION	\$3.65	
PULMOZYME INHALATION SOLUTION	\$3.65	SP
RAVICTI ORAL LIQUID	\$3.65	PA; SP
REGRANEX EXTERNAL GEL	\$3.65	
RENAGEL ORAL TABLET	\$3.65	
<i>repaglinide oral tablet</i>	\$1	
<i>repaglinide-metformin hcl oral tablet</i>	\$1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	PA; SP; # (Preferred in class); QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; # (Preferred in class); QL (2 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; # (Preferred in class); QL (2 ML per 28 days)
RIOMET ORAL SOLUTION	\$3.65	
<i>risedronate sodium oral tablet 30 mg</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet</i>	\$1	QL (30 EA per 30 days)
Ruconest Intravenous Solution Reconstituted	MB/RX	SP
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
SAMSCA ORAL TABLET 15 MG	\$3.65	SP; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	\$3.65	SP; QL (60 EA per 30 days)
SandoSTATIN LAR Depot Intramuscular Kit	MB/RX	PA; SP; QL (1 vial per 28 days)
SEGLUROMET ORAL TABLET	\$3.65	STPA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	\$3.65	PA; SP
<i>sevelamer carbonate oral packet</i>	\$3.65	

^ = 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
Signifor LAR Intramuscular Suspension Reconstituted ER	MB/RX	PA
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
<i>simvastatin oral tablet</i>	\$1	
<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	
Soliris Intravenous Solution 10 MG/ML	MB/RX	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)
<i>spironolactone oral tablet</i>	\$1	
<i>spironolactone-hctz oral tablet</i>	\$1	
SPS ORAL SUSPENSION	\$3.65	
STEGLATRO ORAL TABLET	\$3.65	STPA
STRENSIQ SUBCUTANEOUS SOLUTION	\$3.65	PA; QL (24 Vials per 28 days)
SYMDEKO ORAL TABLET THERAPY PACK	\$3.65	PA; QL (56 EA per 28 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
SYNDROS ORAL SOLUTION	\$3.65	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; QL (6 ML per 30 days)
TOBI PODHALER INHALATION CAPSULE	\$3.65	PA; SP; QL (1 EA per 60 days)
<i>tobramycin inhalation nebulization solution</i>	\$3.65	SP
<i>tolazamide oral tablet</i>	\$1	
<i>tolbutamide oral tablet</i>	\$1	
<i>toremide oral tablet</i>	\$1	
<i>triamterene oral capsule</i>	\$3.65	
<i>triamterene-hctz oral capsule</i>	\$1	
<i>triamterene-hctz oral tablet</i>	\$1	
<i>trientine hcl oral capsule</i>	\$3.65	PA

^ = 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
TRIGLIDE ORAL TABLET 160 MG	\$3.65	PA; QL (30 EA per 30 days)
Ultomiris Intravenous Solution	MB/RX	PA
VASCEPA ORAL CAPSULE	\$3.65	PA
VELTASSA ORAL PACKET	\$3.65	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	QL (3 pens per 28 days)
Vpriv Intravenous Solution Reconstituted	MB/RX	PA; SP
VYNDAMAX ORAL CAPSULE	\$3.65	PA; SP; QL (30 EA per 30 Fills)
VYNDAQEL ORAL CAPSULE	\$3.65	PA; SP; QL (120 EA per 30 Fills)
Xgeva Subcutaneous Solution	MB/RX	PA; SP; QL (1 vial per 30 days)
XIFAXAN ORAL TABLET 200 MG	\$3.65	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	\$3.65	QL (6 EA per 30 days)
Xolair Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP; QL (6 Vials per 28 days)
Xolair Subcutaneous Solution Reconstituted	MB/RX	PA; SP; QL (6 vials per 28 days)
XURIDEN ORAL PACKET	\$3.65	PA; QL (120 Packets per 30 days)
Zoledronic Acid Intravenous Concentrate	MB/RX	
Zoledronic Acid Intravenous Solution 4 MG/100ML	MB/RX	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ZYPITAMAG ORAL TABLET	\$3.65	PA
DISEASE OF THE HEART AND BLOOD VESSELS		
<i>acebutolol hcl oral capsule</i>	\$1	
ADEMPAS ORAL TABLET	\$3.65	PA; SP
ADRENALIN INJECTION SOLUTION	\$3.65	
ADVICOR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; QL (2 ML 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
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; QL (1 ML per 30 days)
ALDACTAZIDE ORAL TABLET 50-50 MG	\$1	
<i>aliskiren fumarate oral tablet</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>almotriptan malate oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
Alphanate/VWF Complex/Human Intravenous Solution Reconstituted	MB/RX	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>amiloride hcl oral tablet</i>	\$1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	\$1	
<i>aminocaproic acid oral solution</i>	\$3.65	
<i>aminocaproic acid oral tablet</i>	\$3.65	
<i>amiodarone hcl oral tablet</i>	\$3.65	
<i>amlodipine besy-benazepril hcl oral capsule</i>	\$1	QL (30 EA per 30 days)
<i>amlodipine besylate oral tablet</i>	\$1	
<i>amlodipine besylate-valsartan oral tablet</i>	\$1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet</i>	\$1	PA; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet</i>	\$1	STPA
<i>amlodipine-valsartan-hctz oral tablet</i>	\$1	PA; QL (30 EA per 30 days)
<i>anagrelide hcl oral capsule</i>	\$3.65	
<i>anucort-hc rectal suppository</i>	\$3.65	
ANUSOL-HC RECTAL SUPPOSITORY	\$3.65	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	\$3.65	PA; QL (60 EA per 30 days)
<i>atenolol oral tablet</i>	\$1	
<i>atenolol-chlorthalidone oral tablet</i>	\$1	
<i>benazepril hcl oral tablet</i>	\$1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	\$1	
<i>betaxolol hcl oral tablet</i>	\$1	
BIDIL ORAL TABLET	\$3.65	PA
<i>bisoprolol fumarate oral tablet</i>	\$1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	\$1	
<i>bosentan oral tablet</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
Botox Injection Solution Reconstituted	MB/RX	PA; SP

^ = 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
BRILINTA ORAL TABLET 60 MG	\$3.65	QL (60 EA per 30 days)
BRILINTA ORAL TABLET 90 MG	\$3.65	PA; QL (60 EA per 30 days)
<i>bumetanide oral tablet</i>	\$1	
BYSTOLIC ORAL TABLET	\$3.65	STPA; QL (30 EA per 30 days)
CABLIVI INJECTION KIT	\$3.65	
CAFERGOT ORAL TABLET	\$3.65	
<i>candesartan cilexetil oral tablet</i>	\$1	PA
<i>candesartan cilexetil-hctz oral tablet</i>	\$1	PA
<i>captopril oral tablet</i>	\$1	
<i>captopril-hydrochlorothiazide oral tablet</i>	\$1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	\$1	PA
Carimune NF Intravenous Solution Reconstituted 12 GM, 6 GM	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$1	
<i>carvedilol oral tablet</i>	\$1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	\$1	PA; STPA; QL (30 EA per 30 days)
<i>cilostazol oral tablet</i>	\$3.65	
<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)
<i>clopidogrel bisulfate oral tablet</i>	\$3.65	
CLORPRES ORAL TABLET	\$1	
CORLANOR ORAL SOLUTION	\$3.65	
CORLANOR ORAL TABLET	\$3.65	
DEMSER ORAL CAPSULE	\$1	
DIGITEK ORAL TABLET	\$3.65	
DIGOX ORAL TABLET	\$3.65	
<i>digoxin oral solution</i>	\$3.65	

^ = 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
<i>digoxin oral tablet</i>	\$3.65	
<i>dihydroergotamine mesylate nasal solution</i>	\$3.65	
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	\$3.65	
<i>dilt-cd oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</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	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	\$1	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	\$1	PA
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	\$1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$1	
<i>diltiazem hcl oral tablet</i>	\$1	
<i>dilt-xr oral capsule extended release 24 hour</i>	\$1	
<i>diltzac oral capsule extended release 24 hour</i>	\$1	
<i>dipyridamole oral tablet</i>	\$3.65	
<i>disopyramide phosphate oral capsule</i>	\$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)
<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)
<i>dofetilide oral capsule</i>	\$3.65	SP
DOPTELET ORAL TABLET 20 MG	\$3.65	PA; SP
<i>doxazosin mesylate oral tablet</i>	\$1	

^ = 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
EDARBI ORAL TABLET	\$3.65	PA
<i>eletriptan hydrobromide oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
ELIQUIS ORAL TABLET	\$3.65	QL (60 EA per 30 days)
<i>enalapril maleate oral tablet</i>	\$1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	\$1	
<i>enoxaparin sodium injection solution</i>	\$3.65	
<i>enoxaparin sodium subcutaneous solution</i>	\$3.65	
ENTRESTO ORAL TABLET	\$3.65	
EPANED ORAL SOLUTION RECONSTITUTED	\$3.65	
<i>epinephrine hcl injection solution 1 mg/ml</i>	\$3.65	
<i>eplerenone oral tablet</i>	\$1	PA; QL (60 EA per 30 days)
Epoprostenol Sodium Intravenous Solution Reconstituted 0.5 MG	MB/RX	PA; SP; QL (4 EA per 30 days)
Epoprostenol Sodium Intravenous Solution Reconstituted 1.5 MG	MB/RX	PA; SP; QL (2 EA per 30 days)
<i>eprosartan mesylate oral tablet</i>	\$1	PA
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	
Ethacrynate Sodium Intravenous Solution Reconstituted	MB/RX	
<i>ethacrynic acid oral tablet</i>	\$1	PA
Eylea Intraocular Solution	MB/RX	SP
Feiba Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>felodipine er oral tablet extended release 24 hour</i>	\$1	
<i>flecainide acetate oral tablet</i>	\$3.65	
<i>fondaparinux sodium subcutaneous solution</i>	\$3.65	
<i>fosinopril sodium oral tablet</i>	\$1	
<i>fosinopril sodium-hctz oral tablet</i>	\$1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	\$3.65	
<i>frovatriptan succinate oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$1	

^ = 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
<i>furosemide oral tablet</i>	\$1	
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)
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)
<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)
HEMLIBRA SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
HEMMOREX-HC RECTAL SUPPOSITORY	\$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, 5000 unit/ml</i>	\$3.65	
Humate-P Intravenous Solution Reconstituted 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	MB/RX	PA; SP
<i>hydralazine hcl oral tablet</i>	\$1	
<i>hydrochlorothiazide oral capsule</i>	\$1	
<i>hydrochlorothiazide oral tablet</i>	\$1	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	\$3.65	
<i>hydrocortisone ace-pramoxine rectal cream</i>	\$3.65	
<i>hydrocortisone acetate rectal suppository</i>	\$3.65	
HYDROXYprogesterone Caproate Intramuscular Oil	MB/RX	¥ (Single Dose Vial Preferred); QL (1 ML per 7 days)
<i>indapamide oral tablet</i>	\$1	
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	QL (24 vials per 12 days)
<i>irbesartan oral tablet</i>	\$1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	\$1	

^ = 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
ISORDIL TITRADOSE ORAL TABLET 40 MG	\$3.65	
<i>isosorbide dinitrate er oral tablet extended release</i>	\$3.65	
<i>isosorbide dinitrate oral tablet</i>	\$3.65	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	\$3.65	
<i>isosorbide mononitrate oral tablet</i>	\$3.65	
<i>isradipine oral capsule</i>	\$1	PA
JAKAFI ORAL TABLET	\$3.65	PA; SP
JANTOVEN ORAL TABLET	\$3.65	
<i>labetalol hcl oral tablet</i>	\$1	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	\$3.65	
<i>lisinopril oral tablet</i>	\$1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	\$1	
<i>losartan potassium oral tablet</i>	\$1	
<i>losartan potassium-hctz oral tablet</i>	\$1	
Lucentis Intraocular Solution	MB/RX	SP
Lucentis Intravitreal Solution Prefilled Syringe	MB/RX	SP
Lumizyme Intravenous Solution Reconstituted	MB/RX	SP
Lupron Depot (1-Month) Intramuscular Kit 3.75 MG	MB/RX	PA; SP
Lupron Depot (3-Month) Intramuscular Kit 11.25 MG	MB/RX	PA; SP
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	PA
<i>meclizine hcl oral tablet</i>	\$3.65	
<i>medroxyprogesterone acetate oral tablet</i>	\$3.65	
MESNEX ORAL TABLET	\$3.65	
<i>methyl dopa oral tablet</i>	\$1	
<i>methyl dopa-hydrochlorothiazide oral tablet</i>	\$1	
<i>methyl ergonovine maleate oral tablet</i>	\$3.65	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	\$1	

^ = 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
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	\$3.65	PA
<i>metoprolol-hydrochlorothiazide oral tablet</i>	\$1	
<i>mexiletine hcl oral capsule</i>	\$3.65	
<i>midodrine hcl oral tablet</i>	\$3.65	
MIGERGOT RECTAL SUPPOSITORY	\$3.65	
MIGRANAL NASAL SOLUTION	\$3.65	QL (8 Units per 30 days)
MINITRAN TRANSDERMAL PATCH 24 HOUR	\$3.65	
<i>minoxidil oral tablet</i>	\$1	
<i>moexipril hcl oral tablet</i>	\$1	
<i>moexipril-hydrochlorothiazide oral tablet</i>	\$1	
MULTAQ ORAL TABLET	\$3.65	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$1	
<i>nadolol-bendroflumethiazide oral tablet</i>	\$1	
<i>naratriptan hcl oral tablet</i>	\$3.65	STPA; QL (9 EA per 30 days)
NATAZIA ORAL TABLET	\$0	
<i>nicardipine hcl oral capsule</i>	\$1	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	\$1	
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	\$3.65	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	\$1	
<i>nifedipine oral capsule</i>	\$1	
<i>nimodipine oral capsule</i>	\$1	PA
<i>nisoldipine er oral tablet extended release 24 hour</i>	\$1	
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	

^ = 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
<i>nitroglycerin translingual aerosol solution</i>	\$3.65	
<i>nitroglycerin translingual solution</i>	\$3.65	
<i>norepinephrine bitartrate intravenous solution</i>	Medical Benefit	
<i>norepinephrine-dextrose intravenous solution 4-5 mg/250ml-%, 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	
<i>norethindrone acetate oral tablet</i>	\$3.65	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	\$3.65	
NORTHERA ORAL CAPSULE	\$3.65	PA
NovoSeven RT Intravenous Solution Reconstituted	MB/RX	PA; SP
Nplate Subcutaneous Solution Reconstituted 250 MCG, 500 MCG	MB/RX	SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
Obizur Intravenous Solution Reconstituted	MB/RX	PA; SP
Octagam Intravenous Solution 10 GM/100ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Octagam Intravenous Solution 30 GM/300ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
OFEV ORAL CAPSULE	\$3.65	SP; QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet</i>	\$1	PA; STPA
<i>olmesartan medoxomil-hctz oral tablet</i>	\$1	PA; STPA
<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)
OPSUMIT ORAL TABLET	\$3.65	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	\$3.65	PA; SP
OTEZLA ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	\$3.65	PA; SP; 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
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	\$3.65	
Panzyga Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
<i>pentoxifylline er oral tablet extended release</i>	\$3.65	
<i>perindopril erbumine oral tablet</i>	\$1	
<i>phenoxybenzamine hcl oral capsule</i>	\$1	
<i>pindolol oral tablet</i>	\$1	
<i>pramcort rectal cream</i>	\$3.65	
<i>prasugrel hcl oral tablet</i>	\$3.65	
<i>prazosin hcl oral capsule</i>	\$1	
Privigen Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
PROCTOFOAM HC RECTAL FOAM	\$3.65	
<i>progesterone intramuscular oil</i>	\$3.65	PA
PROMACTA ORAL PACKET	\$3.65	SP
PROMACTA ORAL TABLET	\$3.65	SP
<i>propafenone hcl er oral capsule extended release 12 hour</i>	\$3.65	
<i>propafenone hcl oral tablet</i>	\$3.65	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	\$1	
<i>propranolol hcl oral solution 40 mg/5ml</i>	\$1	
<i>propranolol hcl oral tablet</i>	\$1	
<i>propranolol-hctz oral tablet</i>	\$1	
<i>quinapril hcl oral tablet</i>	\$1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	\$1	
<i>quinidine gluconate er oral tablet extended release</i>	\$3.65	
<i>quinidine sulfate er oral tablet extended release</i>	\$3.65	
<i>quinidine sulfate oral tablet</i>	\$3.65	
<i>ramipril oral capsule</i>	\$1	
<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	

^ = 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
<i>ranolazine er oral tablet extended release 12 hour</i>	\$3.65	PA; QL (60 EA per 30 days)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	\$3.65	PA; SP
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	PA; SP; # (Preferred in class); QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; # (Preferred in class); QL (2 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; # (Preferred in class); QL (2 ML per 28 days)
<i>reserpine oral tablet</i>	\$1	
Rhophylac Injection Solution Prefilled Syringe	MB/RX	SP
<i>rizatriptan benzoate oral tablet</i>	\$3.65	STPA; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	\$3.65	STPA; QL (9 EA per 30 days)
<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)
Soliris Intravenous Solution 10 MG/ML	MB/RX	PA; SP
SORINE ORAL TABLET	\$1	
<i>sotalol hcl (af) oral tablet 120 mg, 80 mg</i>	\$1	
<i>sotalol hcl oral tablet</i>	\$1	
SOTYLIZE ORAL SOLUTION	\$3.65	
<i>spironolactone oral tablet</i>	\$1	
<i>spironolactone-hctz oral tablet</i>	\$1	
<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)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	\$3.65	QL (4 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
TAVALISSE ORAL TABLET	\$3.65	QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$1	

^ = 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
TEKTURNA HCT ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
<i>telmisartan oral tablet</i>	\$1	STPA
<i>telmisartan-hctz oral tablet</i>	\$1	PA
<i>terazosin hcl oral capsule</i>	\$1	
<i>timolol maleate oral tablet</i>	\$1	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 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 (30 EA per 30 days)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 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 EA per 30 days)
<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); QL (180 EA per 30 days)
<i>topiramate oral tablet 100 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)
<i>topiramate oral tablet 200 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>topiramate oral tablet 25 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 (180 EA per 30 days)
<i>torseamide oral tablet</i>	\$1	
TOSYMRA NASAL SOLUTION	\$3.65	PA; QL (6 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE	\$3.65	PA; SP; QL (120 EA per 30 days)
<i>trandolapril oral tablet</i>	\$1	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	\$1	

^ = 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
<i>tranexamic acid oral tablet</i>	\$3.65	PA
<i>triamterene-hctz oral capsule</i>	\$1	
<i>triamterene-hctz oral tablet</i>	\$1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 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)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 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)
TYVASO INHALATION SOLUTION	\$3.65	PA; SP
TYVASO REFILL INHALATION SOLUTION	\$3.65	PA; SP
TYVASO STARTER INHALATION SOLUTION	\$3.65	PA; SP
Ultomiris Intravenous Solution	MB/RX	PA
UPTRAVI ORAL TABLET	\$3.65	PA; SP
UPTRAVI ORAL TABLET THERAPY PACK	\$3.65	PA; SP
<i>valsartan oral tablet</i>	\$1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	\$1	
Veletri Intravenous Solution Reconstituted	MB/RX	PA; SP
VENTAVIS INHALATION SOLUTION	\$3.65	PA; SP; QL (9 Vials per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour</i>	\$1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$1	
<i>verapamil hcl oral tablet</i>	\$1	
Vonvendi Intravenous Solution Reconstituted	MB/RX	PA; SP
VYNDAMAX ORAL CAPSULE	\$3.65	PA; SP; QL (30 EA per 30 Fills)
VYNDAQEL ORAL CAPSULE	\$3.65	PA; SP; QL (120 EA per 30 Fills)
<i>warfarin sodium oral tablet</i>	\$3.65	
Wilate Intravenous Kit	MB/RX	PA; SP

^ = 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
Wilate Intravenous Solution Reconstituted 1000-1000 UNIT, 500-500 UNIT	MB/RX	PA; SP
WinRho SDF Injection Solution	MB/RX	SP
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	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)
<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)
ZOMIG NASAL SOLUTION	\$3.65	STPA; QL (6 Units per 30 days)
ZONTIVITY ORAL TABLET	\$3.65	
DISEASE OF THE URINARY TRACT		
AFINITOR ORAL TABLET	\$3.65	PA; SP; QL (30 EA per 30 days)
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	\$3.65	
<i>allopurinol oral tablet</i>	\$3.65	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	\$3.65	SP; QL (4 ML per 30 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	\$3.65	SP; QL (4 ML per 30 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	
AURYXIA ORAL TABLET	\$3.65	PA
Avastin Intravenous Solution	MB/RX	SP
AVC VAGINAL VAGINAL CREAM	\$3.65	
<i>azathioprine oral tablet</i>	\$3.65	
<i>bethanechol chloride oral tablet</i>	\$3.65	
<i>calcium acetate (phos binder) oral capsule</i>	\$3.65	
<i>calcium acetate (phos binder) oral tablet</i>	\$3.65	
<i>captopril oral tablet</i>	\$1	

^ = 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
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	
<i>cinacalcet hcl oral tablet</i>	\$3.65	STPA; SP
CLEOCIN VAGINAL SUPPOSITORY	\$3.65	
<i>clindamycin phosphate vaginal cream</i>	\$3.65	
<i>cyclosporine modified oral capsule</i>	\$3.65	
<i>cyclosporine modified oral solution</i>	\$3.65	
<i>cyclosporine oral capsule</i>	\$3.65	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	\$3.65	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$3.65	
<i>desmopressin acetate oral tablet</i>	\$3.65	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	\$3.65	
<i>doxazosin mesylate oral tablet</i>	\$1	
<i>doxercalciferol oral capsule</i>	\$3.65	
<i>dutasteride oral capsule</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule</i>	\$3.65	PA; QL (30 EA per 30 days)
ELESTRIN TRANSDERMAL GEL	\$3.65	
Eligard Subcutaneous Kit	MB/RX	PA; SP
ELMIRON ORAL CAPSULE	\$3.65	
EMCYT ORAL CAPSULE	\$3.65	SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$3.65	SP; QL (10 ML per 14 days)
<i>estradiol vaginal cream</i>	\$3.65	
<i>estradiol vaginal tablet</i>	\$3.65	
ESTRING VAGINAL RING	\$3.65	
ESTROGEL TRANSDERMAL GEL	\$3.65	
Fabrazyme Intravenous Solution Reconstituted	MB/RX	PA; SP
FEMRING VAGINAL RING	\$3.65	
<i>finasteride oral tablet 5 mg</i>	\$3.65	
<i>flavoxate hcl oral tablet</i>	\$3.65	
FOSRENOL ORAL PACKET	\$3.65	

^ = 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
GALAFOLD ORAL CAPSULE	\$3.65	PA
GELNIQUE TRANSDERMAL GEL	\$3.65	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$3.65	
GENGRAF ORAL SOLUTION	\$3.65	
GLYDO EXTERNAL GEL	\$3.65	
GYNAZOLE-1 VAGINAL CREAM	\$3.65	
HYDROXYprogesterone Caproate Intramuscular Oil	MB/RX	¥ (Single Dose Vial Preferred); QL (1 ML per 7 days)
<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)
INTRAROSA VAGINAL INSERT	\$3.65	PA; QL (28 EA per 28 days)
JYNARQUE ORAL TABLET THERAPY PACK	\$3.65	
<i>lanthanum carbonate oral tablet chewable</i>	\$3.65	
Leuprolide Acetate Injection Kit	MB/RX	PA
<i>lidocaine hcl external gel 2 %</i>	\$3.65	
Lupron Depot (1-Month) Intramuscular Kit 7.5 MG	MB/RX	PA; SP
Lupron Depot (3-Month) Intramuscular Kit 22.5 MG	MB/RX	PA; SP
Lupron Depot (4-Month) Intramuscular Kit	MB/RX	PA; SP
Lupron Depot (6-Month) Intramuscular Kit	MB/RX	PA; SP
<i>medroxyprogesterone acetate oral tablet</i>	\$3.65	
MESNEX ORAL TABLET	\$3.65	
<i>methenamine hippurate oral tablet</i>	\$3.65	
<i>methenamine mandelate oral tablet</i>	\$3.65	
<i>metolazone oral tablet</i>	\$1	
<i>metronidazole vaginal gel</i>	\$3.65	
<i>miconazole 3 vaginal suppository</i>	\$3.65	
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)

^ = 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
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML	\$3.65	QL (2 Syringes per 30 days)
Mitoxantrone HCl Intravenous Concentrate	MB/RX	SP
<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>mycophenolic acid oral tablet delayed release</i>	\$3.65	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA
NATAZIA ORAL TABLET	\$0	
<i>norethindrone acetate oral tablet</i>	\$3.65	
OSPHENA ORAL TABLET	\$3.65	PA
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	\$3.65	
<i>oxybutynin chloride oral syrup</i>	\$3.65	
<i>oxybutynin chloride oral tablet</i>	\$3.65	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	\$3.65	PA
<i>paricalcitol oral capsule</i>	\$3.65	PA
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	\$3.65	
PHOSLYRA ORAL SOLUTION	\$3.65	
PREMARIN VAGINAL CREAM	\$3.65	
PREMPHASE ORAL TABLET	\$3.65	
PREMPRO ORAL TABLET	\$3.65	
PROCRIT INJECTION SOLUTION	\$3.65	SP; QL (10 ML per 14 days)
<i>progesterone intramuscular oil</i>	\$3.65	PA
PROGRAF ORAL PACKET 1 MG	\$3.65	
RENAGEL ORAL TABLET	\$3.65	
RETACRIT INJECTION SOLUTION	\$3.65	SP; QL (10 ML per 14 days)
SANDIMMUNE ORAL SOLUTION	\$3.65	
<i>sevelamer carbonate oral packet</i>	\$3.65	
<i>silodosin oral capsule</i>	\$3.65	PA
<i>sirolimus oral solution</i>	\$3.65	

^ = 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
<i>sirolimus oral tablet</i>	\$3.65	
<i>solifenacin succinate oral tablet</i>	\$3.65	
Soliris Intravenous Solution 10 MG/ML	MB/RX	PA; SP
SOLOSEC ORAL PACKET	\$3.65	PA
<i>tacrolimus oral capsule</i>	\$3.65	
<i>tamsulosin hcl oral capsule</i>	\$3.65	
<i>terazosin hcl oral capsule</i>	\$1	
<i>terconazole vaginal cream</i>	\$3.65	
<i>terconazole vaginal suppository</i>	\$3.65	
<i>tinidazole oral tablet</i>	\$3.65	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	\$3.65	
<i>tolterodine tartrate oral tablet</i>	\$3.65	
Torisel Intravenous Solution	MB/RX	SP
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	
<i>tranexamic acid oral tablet</i>	\$3.65	PA
Trelstar Intramuscular Suspension Reconstituted	MB/RX	SP
Trelstar Mixject Intramuscular Suspension Reconstituted	MB/RX	SP
<i>tropium chloride er oral capsule extended release 24 hour</i>	\$3.65	
<i>tropium chloride oral tablet</i>	\$3.65	
Ultomiris Intravenous Solution	MB/RX	PA
VANDAZOLE VAGINAL GEL	\$3.65	
Vantas Subcutaneous Kit	MB/RX	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)
ZORTRESS ORAL TABLET	\$3.65	SP
DISORDER OF NERVOUS SYSTEM		
ACTHAR INJECTION GEL	\$3.65	PA; SP

^ = 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
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); # (Preferred product); QL (60 EA per 30 days)
ADZENYS ER 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); QL (15 ML 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)
AFINITOR DISPERZ ORAL TABLET SOLUBLE	\$3.65	PA; SP; QL (60 EA per 30 days)
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	\$3.65	PA; QL (2 ML per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; QL (1 ML per 30 days)
<i>almotriptan malate oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
<i>amantadine hcl oral capsule</i>	\$3.65	
<i>amantadine hcl oral syrup</i>	\$3.65	
<i>amantadine hcl oral tablet</i>	\$3.65	
<i>amlodipine-atorvastatin oral tablet</i>	\$1	PA; QL (30 EA per 30 days)
<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)
APOKYN SUBCUTANEOUS SOLUTION	\$3.65	SP; QL (15 ML per 30 days)
APTENSIO 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 (30 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
APTIOM 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>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$3.65	PA; QL (30 Tablets per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$3.65	PA; QL (60 Tablets per 30 days)
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	\$3.65	PA; QL (60 EA 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)
<i>atropine sulfate ophthalmic ointment</i>	\$3.65	
<i>atropine sulfate ophthalmic solution</i>	\$3.65	
AUBAGIO ORAL TABLET	\$3.65	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 INTRAMUSCULAR KIT	\$3.65	SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	\$3.65	SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	\$3.65	SP
<i>baclofen oral tablet</i>	\$3.65	
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)
<i>benztropine mesylate oral tablet</i>	\$3.65	
BETASERON SUBCUTANEOUS KIT	\$3.65	SP
BETASERON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	SP
Botox Injection Solution Reconstituted	MB/RX	PA; SP
BRIVIACT ORAL SOLUTION	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)

^ = 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
BRIVIACT ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
<i>bromocriptine mesylate oral capsule</i>	\$3.65	
<i>bromocriptine mesylate oral tablet</i>	\$3.65	
CAFERGOT ORAL TABLET	\$3.65	
<i>caffeine citrate oral solution</i>	\$3.65	
<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)
<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)
<i>carbidopa oral tablet</i>	\$3.65	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$3.65	
<i>carbidopa-levodopa oral tablet</i>	\$3.65	
<i>carbidopa-levodopa oral tablet dispersible</i>	\$3.65	
<i>carbidopa-levodopa-entacapone oral tablet</i>	\$3.65	
CELONTIN ORAL CAPSULE	\$3.65	PA; ¥ (PA for 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)

^ = 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
<i>clobazam oral suspension</i>	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
<i>clobazam oral tablet</i>	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (60 EA per 30 days)
<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)
<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 (60 EA per 30 days)
<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)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	\$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); QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	\$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); QL (60 EA per 30 days)
<i>constulose oral solution</i>	\$3.65	
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)
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>	\$3.65	QL (15 ML per 30 days)
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	\$3.65	QL (2 ML 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
<i>dalfampridine er oral tablet extended release 12 hour</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>dantrolene sodium oral capsule</i>	\$3.65	
DAYTRANA TRANSDERMAL PATCH	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 patches per 30 days)
DEPEN TITRATABS ORAL TABLET	\$3.65	
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)
<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</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)
DIACOMIT ORAL CAPSULE	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
DIACOMIT ORAL PACKET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)

^ = 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
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)
<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)
<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)
<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)
<i>diazepam rectal gel</i>	\$3.65	QL (1 System per 1 Rx)
<i>dihydroergotamine mesylate nasal solution</i>	\$3.65	
DILANTIN ORAL CAPSULE 30 MG	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>diphenhydramine hcl oral capsule</i>	\$3.65	
<i>diphenhydramine hcl oral elixir</i>	\$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)
<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)
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	\$3.65	
<i>donepezil hcl oral tablet dispersible</i>	\$3.65	

^ = 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
DYANA VEL 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); QL (240 ML per 30 days)
Dysport Intramuscular Solution Reconstituted	MB/RX	PA; SP
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
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>entacapone oral tablet</i>	\$3.65	
<i>enulose oral solution</i>	\$3.65	
EPIDIOLEX ORAL SOLUTION	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
EPITOL ORAL TABLET	\$3.65	PA; ¥ (PA applies to members 6 years and under)
<i>ergoloid mesylates oral tablet</i>	\$3.65	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	
<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)
<i>eszopiclone 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)
<i>ethosuximide oral capsule</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>ethosuximide oral solution</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
Exondys 51 Intravenous Solution	MB/RX	PA
EXTAVIA SUBCUTANEOUS KIT	\$3.65	SP

^ = 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
EXTAVIA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	SP
FIRDAPSE ORAL TABLET	\$3.65	PA
<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)
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); QL (30 EA per 30 days)
<i>frovatriptan succinate oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
FYCOMPA ORAL SUSPENSION	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
FYCOMPA ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
<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</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>galantamine hydrobromide er oral capsule extended release 24 hour</i>	\$3.65	
<i>galantamine hydrobromide oral solution</i>	\$3.65	
<i>galantamine hydrobromide oral tablet</i>	\$3.65	
Gammagard Injection Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
<i>generlac oral solution</i>	\$3.65	
GILENYA ORAL CAPSULE	\$3.65	SP; QL (30 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
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	\$3.65	SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$3.65	SP
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA
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>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); QL (30 EA per 30 days)
<i>guanidine hcl oral tablet</i>	\$3.65	
HETLIOZ ORAL CAPSULE	\$3.65	PA; QL (30 EA per 30 days)
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)
<i>hydroxyzine hcl oral syrup</i>	\$3.65	
<i>hydroxyzine hcl oral tablet</i>	\$3.65	
<i>hydroxyzine pamoate oral capsule</i>	\$3.65	
INBRIJA INHALATION CAPSULE	\$3.65	PA
INCRELEX SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
INGREZZA ORAL CAPSULE	\$3.65	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK	\$3.65	PA; QL (1 EA per 1 day)
KEVEYIS ORAL TABLET	\$3.65	PA
<i>lactulose encephalopathy oral solution</i>	\$3.65	
<i>lactulose oral solution</i>	\$3.65	

^ = 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
<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); QL (90 EA per 30 days)
<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)
<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 100 mg, 150 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)
<i>lamotrigine oral tablet 200 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 25 mg</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under); QL (180 EA per 30 days)
<i>lamotrigine oral tablet chewable</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under); QL (180 EA per 30 days)
<i>lamotrigine oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under)
<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)

^ = 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
<i>lamotrigine titration oral kit</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under)
LEMTRADA INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>levetiracetam er oral tablet extended release 24 hour 500 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 (180 EA per 30 days)
<i>levetiracetam er oral tablet extended release 24 hour 750 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 (120 EA per 30 days)
<i>levetiracetam oral solution</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>levetiracetam oral tablet</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>lidocaine external patch 5 %</i>	\$3.65	
LYRICA CR 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); QL (30 EA per 30 days)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (10 EA per 30 days)
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	SP; QL (120 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
MAYZENT ORAL TABLET 2 MG	\$3.65	SP; QL (30 EA per 30 days)
<i>meclizine hcl oral tablet</i>	\$3.65	
<i>memantine hcl er oral capsule extended release 24 hour</i>	\$3.65	
<i>memantine hcl oral solution 2 mg/ml</i>	\$3.65	
<i>memantine hcl oral tablet</i>	\$3.65	
MESTINON ORAL SYRUP	\$3.65	
<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 (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 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 (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 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 oral tablet extended release 10 mg, 20 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)
<i>methylphenidate hcl er 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 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)

^ = 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
<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)
MIGERGOT RECTAL SUPPOSITORY	\$3.65	
MIGRANAL NASAL SOLUTION	\$3.65	QL (8 Units per 30 days)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 3.75 MG	\$3.65	
Mitoxantrone HCl Intravenous Concentrate	MB/RX	SP
<i>modafinil oral tablet</i>	\$3.65	PA; QL (30 EA per 30 days)
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)
Myobloc Intramuscular Solution	MB/RX	PA; SP
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	
<i>naratriptan hcl oral tablet</i>	\$3.65	STPA; QL (9 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR	\$3.65	PA; QL (30 EA per 30 days)
<i>nimodipine oral capsule</i>	\$1	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	\$3.65	PA; QL (2 EA per 1 day)
NUPLAZID ORAL CAPSULE	\$3.65	PA; SP; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET	\$3.65	PA; SP; QL (60 Tablets per 30 days)
Ocrevus Intravenous Solution	MB/RX	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)
Onpattro Intravenous Solution	MB/RX	PA
<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)

^ = 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
<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 150 MG, 300 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)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (120 EA per 30 days)
OZOBAX ORAL SOLUTION	\$3.65	PA
PEGANONE ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
<i>penicillamine oral capsule</i>	\$3.65	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>phenytoin oral suspension 125 mg/5ml</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>phenytoin oral tablet chewable</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>phenytoin sodium extended oral capsule</i>	\$3.65	PA; ¥ (PA for 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)

^ = 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
<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	
<i>pramipexole dihydrochloride oral tablet</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 (60 EA per 30 days)
<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>propranolol hcl er oral capsule extended release 24 hour</i>	\$1	
<i>propranolol hcl oral solution</i>	\$1	
<i>propranolol hcl oral tablet</i>	\$1	
<i>pyridostigmine bromide er oral tablet extended release</i>	\$3.65	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$3.65	
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	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (360 mL per 30 days)
Radicava Intravenous Solution	MB/RX	PA
<i>ramelteon oral tablet</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>rasagiline mesylate oral tablet</i>	\$3.65	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION	\$3.65	SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION	\$3.65	SP

^ = 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
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	SP
REBIF SUBCUTANEOUS SOLUTION	\$3.65	SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION	\$3.65	SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	SP
REGRANEX EXTERNAL GEL	\$3.65	
<i>riluzole oral tablet</i>	\$3.65	
<i>rivastigmine tartrate oral capsule</i>	\$3.65	
<i>rivastigmine transdermal patch 24 hour</i>	\$3.65	
<i>rizatriptan benzoate oral tablet</i>	\$3.65	STPA; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	\$3.65	STPA; QL (9 EA per 30 days)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	\$3.65	
<i>ropinirole hcl oral tablet</i>	\$3.65	
RUZURGI ORAL TABLET	\$3.65	PA
SandoSTATIN LAR Depot Intramuscular Kit	MB/RX	PA; SP; QL (1 vial per 28 days)
<i>selegiline hcl oral capsule</i>	\$3.65	
<i>selegiline hcl oral tablet</i>	\$3.65	
Signifor LAR Intramuscular Suspension Reconstituted ER	MB/RX	PA
Soliris Intravenous Solution 10 MG/ML	MB/RX	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)
Spinraza Intrathecal Solution	MB/RX	PA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	\$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)
<i>sumatriptan nasal solution</i>	\$3.65	QL (6 Units 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
<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)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	\$3.65	QL (4 EA per 30 days)
SUNOSI ORAL TABLET	\$3.65	PA; QL (30 EA per 30 Fills)
SYMPAZAN ORAL FILM	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
TECFIDERA ORAL	\$3.65	SP; QL (60 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	\$3.65	SP; QL (60 EA per 30 days)
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; QL (6 ML 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)
<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>tiagabine hcl oral tablet</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
TIGLUTIK ORAL SUSPENSION	\$3.65	
<i>tolcapone oral tablet</i>	\$3.65	PA; QL (180 EA per 30 days)
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 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 (30 EA per 30 days)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 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 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
<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); QL (180 EA per 30 days)
<i>topiramate oral tablet 100 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)
<i>topiramate oral tablet 200 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>topiramate oral tablet 25 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 (180 EA per 30 days)
TOSYMRA NASAL SOLUTION	\$3.65	PA; QL (6 EA per 30 days)
<i>trientine hcl oral capsule</i>	\$3.65	PA
<i>trihexyphenidyl hcl oral elixir</i>	\$3.65	
<i>trihexyphenidyl hcl oral tablet</i>	\$3.65	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 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)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 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)
Tysabri Intravenous Concentrate	MB/RX	PA; SP; QL (1 vial per 28 days)
<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)

^ = 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
<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)
<i>vigabatrin oral packet</i>	\$3.65	PA; SP; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (180 EA per 30 days)
<i>vigabatrin oral tablet</i>	\$3.65	PA; SP; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (180 EA per 30 days)
VIMPAT ORAL SOLUTION	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (60 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); # (Preferred product); QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE	\$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); QL (30 EA per 30 days)
XADAGO ORAL TABLET	\$3.65	PA
XARELTO ORAL TABLET 2.5 MG	\$3.65	QL (60 EA per 30 days)
Xeomin Intramuscular Solution Reconstituted	MB/RX	PA; SP
XIFAXAN ORAL TABLET 200 MG	\$3.65	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	\$3.65	QL (6 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
XYREM ORAL SOLUTION	\$3.65	PA
<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)
ZELAPAR ORAL TABLET DISPERSIBLE	\$3.65	PA; QL (60 EA per 30 days)
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)
<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)
<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)
ZOMIG NASAL SOLUTION	\$3.65	STPA; QL (6 Units per 30 days)
<i>zonisamide oral capsule</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
ZONTIVITY ORAL TABLET	\$3.65	
DISORDER OF REPRODUCTIVE SYSTEM		
AFINITOR ORAL TABLET	\$3.65	PA; SP; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	\$3.65	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	\$3.65	QL (4 EA per 28 days)
ALTAVERA ORAL TABLET	\$0	
<i>alyacen 1/35 oral tablet</i>	\$0	
<i>alyacen 7/7/7 oral tablet</i>	\$0	

^ = 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
AMETHIA LO ORAL TABLET	\$0	
AMETHIA ORAL TABLET	\$0	
AMETHYST ORAL TABLET	\$0	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	\$3.65	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	\$3.65	PA
ANDROXY ORAL TABLET	\$3.65	
APRI ORAL TABLET	\$0	
ARANELLE ORAL TABLET	\$0	
ASHLYNA ORAL TABLET	\$0	
AUBRA ORAL TABLET	\$0	
AVC VAGINAL VAGINAL CREAM	\$3.65	
AVIANE ORAL TABLET	\$0	
AZURETTE ORAL TABLET	\$0	
BALZIVA ORAL TABLET	\$0	
BEKYREE ORAL TABLET	\$0	
BEYAZ 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	
<i>calcitonin (salmon) nasal solution</i>	\$3.65	
CAMILA ORAL TABLET	\$0	
CAMRESE LO ORAL TABLET	\$0	
CAMRESE ORAL TABLET	\$0	
CAZIAN ORAL TABLET	\$0	
CHATEAL ORAL TABLET	\$0	
CLEOCIN VAGINAL SUPPOSITORY	\$3.65	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	\$3.65	
<i>clindamycin phosphate vaginal cream</i>	\$3.65	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	\$3.65	

^ = 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
CRINONE VAGINAL GEL 8 %	\$3.65	PA
CRYSELLE-28 ORAL TABLET	\$0	
CYCLAFEM 1/35 ORAL TABLET	\$0	
CYCLAFEM 7/7/7 ORAL TABLET	\$0	
CYRED ORAL TABLET	\$0	
<i>danazol oral capsule</i>	\$3.65	
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-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$3.65	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION	\$0	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	\$3.65	PA
<i>desogestrel-ethinyl estradiol oral tablet</i>	\$0	
DIVIGEL TRANSDERMAL GEL	\$3.65	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	\$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	\$0	
DUAVEE ORAL TABLET	\$3.65	
ELESTRIN TRANSDERMAL GEL	\$3.65	
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>estradiol oral tablet</i>	\$3.65	
<i>estradiol transdermal patch twice weekly</i>	\$3.65	
<i>estradiol transdermal patch weekly</i>	\$3.65	

^ = 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
<i>estradiol vaginal cream</i>	\$3.65	
<i>estradiol vaginal tablet</i>	\$3.65	
ESTRING VAGINAL RING	\$3.65	
ESTROGEL TRANSDERMAL GEL	\$3.65	
<i>estropipate oral tablet</i>	\$3.65	
EVAMIST TRANSDERMAL SOLUTION	\$3.65	
Evenity Subcutaneous Solution Prefilled Syringe	MB/RX	PA
<i>exemestane oral tablet</i>	\$3.65	
FALMINA ORAL TABLET	\$0	
FAYOSIM ORAL TABLET	\$0	
FEMRING VAGINAL RING	\$3.65	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	\$3.65	PA; SP; QL (1 vial per 30 days)
FORTICAL NASAL SOLUTION	\$3.65	
FOSAMAX PLUS D ORAL TABLET	\$3.65	PA; QL (4 EA per 28 days)
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	
GYNAZOLE-1 VAGINAL CREAM	\$3.65	
HEATHER ORAL TABLET	\$0	
HYDROXYprogesterone Caproate Intramuscular Oil	MB/RX	¥ (Single Dose Vial Preferred); QL (1 ML per 7 days)
Ibandronate Sodium Intravenous Solution 3 MG/3ML	MB/RX	QL (3 ML per 90 days)
<i>ibandronate sodium oral tablet</i>	\$3.65	PA; QL (1 EA per 28 days)
INTRAROSA VAGINAL INSERT	\$3.65	PA; QL (28 EA per 28 days)
INTROVALE ORAL TABLET	\$0	
JENCYCLA ORAL TABLET	\$0	
JOLESSA ORAL TABLET	\$0	
JOLIVETTE ORAL TABLET	\$0	
JULEBER ORAL TABLET	\$0	

^ = 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
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	
<i>letrozole oral tablet</i>	\$3.65	
LEVONEST ORAL TABLET	\$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	\$0	
<i>levonorgestrel oral tablet 1.5 mg</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	
Lupron Depot (1-Month) Intramuscular Kit 3.75 MG	MB/RX	PA; SP
Lupron Depot (3-Month) Intramuscular Kit 11.25 MG	MB/RX	PA; SP

^ = 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
LUTERA ORAL TABLET	\$0	
LYZA ORAL TABLET	\$0	
<i>marlissa oral tablet</i>	\$0	
<i>medroxyprogesterone acetate oral tablet</i>	\$3.65	
<i>mefenamic acid oral capsule</i>	\$3.65	PA
MENEST ORAL TABLET	\$3.65	
MESNEX ORAL TABLET	\$3.65	
<i>methitest oral tablet</i>	\$3.65	PA
<i>methyltestosterone oral capsule</i>	\$3.65	
<i>metronidazole vaginal gel</i>	\$3.65	
MIACALCIN INJECTION SOLUTION	\$3.65	
<i>miconazole 3 vaginal suppository</i>	\$3.65	
MICROGESTIN 1.5/30 ORAL TABLET	\$0	
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	
NIKKI ORAL TABLET	\$0	
NORA-BE ORAL TABLET	\$0	
<i>norethin ace-eth estrad-fe oral tablet</i>	\$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	\$0	
<i>norethindrone acetate oral tablet</i>	\$3.65	

^ = 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
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	\$0	
<i>norethindrone oral tablet</i>	\$0	
<i>norethindrone-eth estradiol oral tablet</i>	\$3.65	
<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	
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	
NORTREL 7/7/7 ORAL TABLET	\$0	
NUVARING VAGINAL RING	\$0	
OCELLA ORAL TABLET	\$0	
OGESTREL ORAL TABLET	\$0	
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)
ORSYTHIA ORAL TABLET	\$0	
OSPHENA ORAL TABLET	\$3.65	PA
<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)
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	
PREMARIN ORAL TABLET	\$3.65	
PREMARIN VAGINAL CREAM	\$3.65	
PREMPHASE ORAL TABLET	\$3.65	
PREMPRO ORAL TABLET	\$3.65	
PREVIFEM ORAL TABLET	\$0	

^ = 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
<i>progesterone intramuscular oil</i>	\$3.65	PA
<i>progesterone micronized oral capsule</i>	\$3.65	
Prolia Subcutaneous Solution	MB/RX	PA; SP; QL (1 syringe per 180 days)
QUASENSE ORAL TABLET	\$0	
<i>raloxifene hcl oral tablet</i>	\$3.65	
RECLIPSEN ORAL TABLET	\$0	
<i>risedronate sodium oral tablet 150 mg</i>	\$3.65	PA; QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg</i>	\$3.65	PA; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	\$3.65	PA; QL (4 EA per 28 days)
SETLAKIN ORAL TABLET	\$0	
SHAROBEL ORAL TABLET	\$0	
SOLOSEC ORAL PACKET	\$3.65	PA
SOLTAMOX ORAL SOLUTION	\$3.65	
SPRINTEC 28 ORAL TABLET	\$0	
SRONYX ORAL TABLET	\$0	
STRIANT BUCCAL	\$3.65	PA
SYEDA ORAL TABLET	\$0	
SYNAREL NASAL SOLUTION	\$3.65	PA
<i>tadalafil oral tablet 5 mg</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>tamoxifen citrate oral tablet</i>	\$3.65	
TARINA FE 1/20 ORAL TABLET	\$0	
<i>terconazole vaginal cream</i>	\$3.65	
<i>terconazole vaginal suppository</i>	\$3.65	
TESTOPEL IMPLANT PELLETT	\$3.65	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	\$3.65	PA
<i>testosterone enanthate injection solution</i>	\$3.65	PA
<i>testosterone enanthate intramuscular solution</i>	\$3.65	PA
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	\$3.65	PA
<i>testosterone transdermal solution</i>	\$3.65	PA
TILIA FE ORAL TABLET	\$0	

^ = 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
<i>tinidazole oral tablet</i>	\$3.65	
<i>tranexamic acid oral tablet</i>	\$3.65	PA
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	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; SP; QL (2 ML per 30 days)
VANAZOLE VAGINAL GEL	\$3.65	
VELIVET ORAL TABLET	\$0	
VESTURA ORAL TABLET	\$0	
VIENVA ORAL TABLET	\$0	
<i>viorele oral tablet</i>	\$0	
VYFEMLA ORAL TABLET	\$0	
WERA ORAL TABLET	\$0	
WYMZYA FE ORAL TABLET CHEWABLE	\$0	
Xiaflex Injection Solution Reconstituted	MB/RX	PA
XULANE TRANSDERMAL PATCH WEEKLY	\$0	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA
ZARAH ORAL TABLET	\$0	
ZENCHENT FE ORAL TABLET CHEWABLE	\$0	
ZENCHENT ORAL TABLET	\$0	
Zoladex Subcutaneous Implant 3.6 MG	MB/RX	SP; QL (1 EA per 28 days)
Zoledronic Acid Intravenous Solution 5 MG/100ML	MB/RX	

^ = 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
ZOVIA 1/35E (28) ORAL TABLET	\$0	
ZOVIA 1/50E (28) ORAL TABLET	\$0	
DISORDER OF RESPIRATORY SYSTEM		
<i>acetazolamide oral tablet</i>	\$3.65	
<i>acetylcysteine inhalation solution</i>	\$3.65	
ADEMPAS ORAL TABLET	\$3.65	PA; SP
ADVAIR HFA INHALATION AEROSOL	\$3.65	PA
AEROSPAN INHALATION AEROSOL SOLUTION	\$3.65	
<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; ¥ (PA applies to Generic Proventil. Generic Ventolin and generic Proair are covered)
<i>albuterol sulfate inhalation nebulization solution</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	
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)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
Aralast NP Intravenous Solution Reconstituted 1000 MG, 500 MG	MB/RX	SP
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$3.65	PA; QL (30 Tablets per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$3.65	PA; QL (60 Tablets per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	

^ = 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
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX HFA INHALATION AEROSOL	\$3.65	
ATROVENT HFA INHALATION AEROSOL SOLUTION	\$3.65	
Avastin Intravenous Solution	MB/RX	SP
<i>azelastine hcl nasal solution 0.1 %</i>	\$3.65	
BECONASE AQ NASAL SUSPENSION	\$3.65	PA
<i>benzonatate oral capsule 100 mg, 200 mg</i>	\$3.65	
<i>bosentan oral tablet</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA; QL (1 EA per 30 days)
<i>budesonide inhalation suspension</i>	\$3.65	
<i>budesonide nasal suspension</i>	\$3.65	
<i>caffeine citrate oral solution</i>	\$3.65	
CAYSTON INHALATION SOLUTION RECONSTITUTED	\$3.65	
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$3.65	PA
<i>cetirizine hcl oral syrup 1 mg/ml</i>	\$3.65	PA
<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)
CLARINEX ORAL SYRUP	\$3.65	PA
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	\$3.65	PA
<i>clemastine fumarate oral tablet 2.68 mg</i>	\$3.65	
<i>clotrimazole mouth/throat lozenge</i>	\$3.65	
<i>clotrimazole mouth/throat troche</i>	\$3.65	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	\$3.65	
<i>cromolyn sodium inhalation nebulization solution</i>	\$3.65	
<i>cypheptadine hcl oral syrup</i>	\$3.65	

^ = 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
<i>cyproheptadine hcl oral tablet</i>	\$3.65	
DALIRESP ORAL TABLET	\$3.65	PA; STPA
<i>desloratadine oral tablet</i>	\$3.65	PA
DULERA INHALATION AEROSOL	\$3.65	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	\$3.65	PA; SP; QL (2 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	\$3.65	PA; SP; QL (4 ML per 28 days)
ELIQUIS ORAL TABLET	\$3.65	QL (60 EA per 30 days)
ELIXOPHYLLIN ORAL ELIXIR	\$3.65	
Epoprostenol Sodium Intravenous Solution Reconstituted 0.5 MG	MB/RX	PA; SP; QL (4 EA per 30 days)
Epoprostenol Sodium Intravenous Solution Reconstituted 1.5 MG	MB/RX	PA; SP; QL (2 EA per 30 days)
ESBRIET ORAL CAPSULE	\$3.65	SP; QL (270 EA per 30 days)
ESBRIET ORAL TABLET	\$3.65	SP; QL (270 EA per 30 days)
Ethacrynate Sodium Intravenous Solution Reconstituted	MB/RX	
<i>ethacrynic acid oral tablet</i>	\$1	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
Fasenra Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
FLOVENT HFA INHALATION AEROSOL	\$3.65	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$3.65	PA
<i>fluticasone propionate nasal suspension</i>	\$3.65	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	\$3.65	
<i>furosemide injection solution 10 mg/ml</i>	\$1	
GILPHEX TR ORAL TABLET	\$3.65	
Glassia Intravenous Solution	MB/RX	SP
GLYDO EXTERNAL GEL	\$3.65	
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	\$3.65	

^ = 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
<i>guaifenesin-codeine oral solution</i>	\$3.65	QL (60 ML per 1 day)
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	\$3.65	
<i>hydrocodone-homatropine oral syrup</i>	\$3.65	
<i>hydrocodone-homatropine oral tablet</i>	\$3.65	
<i>hydromet oral syrup</i>	\$3.65	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
<i>ipratropium bromide inhalation solution</i>	\$3.65	
<i>ipratropium bromide nasal solution</i>	\$3.65	
<i>ipratropium-albuterol inhalation solution</i>	\$3.65	
KALYDECO ORAL PACKET 25 MG	\$3.65	PA; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 50 MG, 75 MG	\$3.65	PA; QL (60 EA per 30 days)
KALYDECO ORAL TABLET	\$3.65	PA; QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	\$3.65	
<i>levalbuterol tartrate inhalation aerosol</i>	\$3.65	PA
<i>levocetirizine dihydrochloride oral solution</i>	\$3.65	PA
<i>levocetirizine dihydrochloride oral tablet</i>	\$3.65	PA
<i>lidocaine external ointment</i>	\$3.65	QL (50 GM per 30 days)
<i>lidocaine hcl external gel 2 %</i>	\$3.65	
Lumizyme Intravenous Solution Reconstituted	MB/RX	SP
<i>metaproterenol sulfate oral syrup</i>	\$3.65	
<i>metaproterenol sulfate oral tablet</i>	\$3.65	
<i>modafinil oral tablet</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>mometasone furoate nasal suspension</i>	\$3.65	PA
<i>montelukast sodium oral packet</i>	\$3.65	STPA; ¥ (Covered for members 6 through 23 months of age); QL (30 EA per 30 days)
<i>montelukast sodium oral tablet</i>	\$3.65	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	\$3.65	QL (30 EA per 30 days)
NEBUPENT INHALATION SOLUTION RECONSTITUTED	\$3.65	
NOXAFIL ORAL SUSPENSION	\$3.65	PA

^ = 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
NOXAFIL ORAL TABLET DELAYED RELEASE	\$3.65	PA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
OFEV ORAL CAPSULE	\$3.65	SP; QL (60 EA per 30 days)
OMNARIS NASAL SUSPENSION	\$3.65	PA
OPSUMIT ORAL TABLET	\$3.65	PA; SP
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE	\$3.65	PA; SP
ORKAMBI ORAL PACKET	\$3.65	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	\$3.65	PA; QL (120 EA per 30 days)
PASER ORAL PACKET	\$3.65	PA
PERFOROMIST INHALATION NEBULIZATION SOLUTION	\$3.65	
<i>phenyleph-promethazine-cod oral syrup</i>	\$3.65	QL (30 ML per 1 day)
PORTRAZZA INTRAVENOUS SOLUTION	Medical Benefit	
PRIFTIN ORAL TABLET	\$3.65	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
PROAIR HFA INHALATION AEROSOL SOLUTION	\$3.65	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
<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)

^ = 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
<i>promethazine-dm oral syrup</i>	\$3.65	
<i>promethazine-phenylephrine oral syrup</i>	\$3.65	
PROVENTIL HFA INHALATION AEROSOL SOLUTION	\$3.65	PA
<i>pseudoephedrine hcl oral tablet 60 mg</i>	\$3.65	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
PULMOZYME INHALATION SOLUTION	\$3.65	SP
QNASL CHILDRENS NASAL AEROSOL SOLUTION	\$3.65	PA
QNASL NASAL AEROSOL SOLUTION	\$3.65	PA
QVAR INHALATION AEROSOL SOLUTION	\$3.65	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	\$3.65	QL (10.6 GM per 30 days)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	\$3.65	PA; SP
SEMPREX-D ORAL CAPSULE	\$3.65	PA
<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>sirolimus oral solution</i>	\$3.65	
<i>sirolimus oral tablet</i>	\$3.65	
SIRTURO ORAL TABLET	\$3.65	PA
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	\$3.65	
SUNOSI ORAL TABLET	\$3.65	PA; QL (30 EA per 30 Fills)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	\$3.65	PA
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	\$3.65	PA; ¥ (PA applies to members 0-5 years of age and members 12 years of age and older (no PA required for members 6 through 11 years of age))
SYMDEKO ORAL TABLET THERAPY PACK	\$3.65	PA; QL (56 EA per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION	\$0	PA; SP; QL (2 Vials per 1 Fill)

^ = 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
<i>tadalafil (pah) oral tablet</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet</i>	\$3.65	
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	
<i>theophylline er oral tablet extended release 12 hour</i>	\$3.65	
<i>theophylline er oral tablet extended release 24 hour</i>	\$3.65	
<i>theophylline oral solution</i>	\$3.65	
TOBI PODHALER INHALATION CAPSULE	\$3.65	PA; SP; QL (1 EA per 60 days)
<i>tobramycin inhalation nebulization solution</i>	\$3.65	SP
TRACLEER ORAL TABLET SOLUBLE	\$3.65	PA; SP; QL (120 EA per 30 days)
<i>triamcinolone acetonide nasal aerosol</i>	\$3.65	
TUSSIGON ORAL TABLET	\$3.65	
TYVASO INHALATION SOLUTION	\$3.65	PA; SP
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
<i>Veletri Intravenous Solution Reconstituted</i>	MB/RX	PA; SP
VENTAVIS INHALATION SOLUTION	\$3.65	PA; SP; QL (9 Vials per 1 day)
VENTOLIN HFA INHALATION AEROSOL SOLUTION	\$3.65	
VERAMYST NASAL SUSPENSION	\$3.65	PA
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	\$3.65	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	\$3.65	QL (30 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
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	\$3.65	¥ (1 Fill per life of plan); QL (51 EA per 21 days)
Xolair Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP; QL (6 Vials per 28 days)
Xolair Subcutaneous Solution Reconstituted	MB/RX	PA; SP; QL (6 vials per 28 days)
<i>zafirlukast oral tablet</i>	\$3.65	
ZETONNA NASAL AEROSOL SOLUTION	\$3.65	PA
DISORDER OF THE DIGESTIVE SYSTEM		
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE	\$3.65	PA
<i>adefovir dipivoxil oral tablet</i>	\$3.65	
AFINITOR ORAL TABLET	\$3.65	PA; SP; QL (30 EA per 30 days)
AKYNZEO ORAL CAPSULE	\$3.65	QL (1 EA per 1 Fill)
ALINIA ORAL SUSPENSION RECONSTITUTED	\$3.65	
ALINIA ORAL TABLET	\$3.65	
<i>alosetron hcl oral tablet</i>	\$3.65	
Aloxi Intravenous Solution 0.25 MG/5ML	MB/RX	QL (20 ML per 1 Rx)
<i>amoxicill-clarithro-lansopraz oral</i>	\$3.65	
<i>anucort-hc rectal suppository</i>	\$3.65	
ANUSOL-HC RECTAL SUPPOSITORY	\$3.65	
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)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	
Avastin Intravenous Solution	MB/RX	SP
<i>balsalazide disodium oral capsule</i>	\$3.65	
BARACLUDGE ORAL SOLUTION	\$3.65	
BONJESTA ORAL TABLET EXTENDED RELEASE	\$3.65	PA
<i>budesonide er oral tablet extended release 24 hour</i>	\$3.65	PA
<i>budesonide oral capsule delayed release particles</i>	\$3.65	
CANTIL ORAL TABLET	\$3.65	PA
CARAFATE ORAL SUSPENSION	\$3.65	PA; ¥ (PA applies to members 12 years and older)
CESAMET ORAL CAPSULE	\$3.65	PA

^ = 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
<i>cevimeline hcl oral capsule</i>	\$3.65	
<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)
<i>chlorhexidine gluconate mouth/throat solution</i>	\$3.65	
CHOLBAM ORAL CAPSULE	\$3.65	PA
<i>cimetidine hcl oral solution</i>	\$3.65	
<i>cimetidine oral tablet</i>	\$3.65	
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 (6 Syringes per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	\$3.65	PA; SP; QL (2 EA per 28 days)
Cinvanti Intravenous Emulsion	MB/RX	QL (18 ML per 1 Fill)
CLINPRO 5000 DENTAL PASTE	\$3.65	
COLOCORT RECTAL ENEMA	\$3.65	
COMPRO RECTAL SUPPOSITORY	\$3.65	
<i>constulose oral solution</i>	\$3.65	
CORTIFOAM RECTAL FOAM	\$3.65	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	\$3.65	
CUVPOSA ORAL SOLUTION	\$3.65	
<i>cyclosporine modified oral capsule</i>	\$3.65	
<i>cyclosporine modified oral solution</i>	\$3.65	
<i>cyclosporine oral capsule</i>	\$3.65	
DAKLINZA ORAL TABLET	\$3.65	PA; SP
DENAVIR EXTERNAL CREAM	\$3.65	PA; QL (5 GM per 1 Fill)
DENTA 5000 PLUS DENTAL CREAM	\$3.65	
DENTAGEL DENTAL GEL	\$3.65	
DEPEN TITRATABS ORAL TABLET	\$3.65	
DEXILANT ORAL CAPSULE DELAYED RELEASE 60 MG	\$3.65	PA
<i>dicyclomine hcl oral capsule</i>	\$3.65	
<i>dicyclomine hcl oral solution</i>	\$3.65	

^ = 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
<i>dicyclomine hcl oral tablet</i>	\$3.65	
<i>dimenhydrinate oral tablet</i>	\$3.65	
<i>diphenoxylate-atropine oral liquid</i>	\$3.65	
<i>diphenoxylate-atropine oral tablet</i>	\$3.65	
<i>doxylamine-pyridoxine oral tablet delayed release</i>	\$3.65	PA
<i>dronabinol oral capsule</i>	\$3.65	
Elaprase Intravenous Solution	MB/RX	SP
Emend Intravenous Solution Reconstituted 150 MG	MB/RX	QL (2 vials per 1 Rx)
EMEND ORAL CAPSULE	\$3.65	QL (6 EA per 1 Rx)
EMEND ORAL SUSPENSION RECONSTITUTED	\$3.65	QL (3 Units per 7 days)
<i>entecavir oral tablet</i>	\$3.65	
Entyvio Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>enulose oral solution</i>	\$3.65	
EPCLUSA ORAL TABLET	\$3.65	PA; SP; # (Preferred product)
ESCAVITE D ORAL TABLET CHEWABLE	\$3.65	Age Limit (Max 6 Years)
ESCAVITE ORAL TABLET CHEWABLE	\$3.65	Age Limit (Max 6 Years)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	\$3.65	PA; ¥ (Both Rx and OTC require PA)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	\$3.65	PA
<i>famotidine oral suspension reconstituted</i>	\$3.65	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$3.65	
FLUORABON ORAL SOLUTION	\$3.65	
FLUOR-A-DAY ORAL SOLUTION	\$3.65	
FLUOR-A-DAY ORAL TABLET CHEWABLE	\$3.65	
FLUORIDEX DAILY DEFENSE DENTAL GEL	\$3.65	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	\$3.65	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	\$3.65	
GamaSTAN S/D Intramuscular Injectable	MB/RX	PA; SP

^ = 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
Gammagard S/D Less IgA Intravenous Solution Reconstituted	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
GATTEX SUBCUTANEOUS KIT	\$3.65	SP; QL (1 Kit per 1 day)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	\$3.65	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	\$3.65	
GAVILYTE-H ORAL KIT	\$3.65	
<i>generlac oral solution</i>	\$3.65	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$3.65	
GENGRAF ORAL SOLUTION	\$3.65	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	\$3.65	
<i>granisetron hcl oral tablet</i>	\$3.65	QL (14 EA per 1 Fill)
HARVONI ORAL TABLET 90-400 MG	\$3.65	PA; SP; # (Preferred product)
HEMMOREX-HC RECTAL SUPPOSITORY	\$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; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEN SUBCUTANEOUS KIT	\$3.65	PA; SP; # (Preferred product); QL (2 EA per 28 days)
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	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; # (Preferred product); QL (2 EA per 28 days)
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	\$3.65	
<i>hydrocortisone ace-pramoxine rectal cream</i>	\$3.65	
<i>hydrocortisone acetate rectal suppository</i>	\$3.65	
<i>hydrocortisone rectal enema</i>	\$3.65	
Inflectra Intravenous Solution Reconstituted	MB/RX	PA

^ = 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
Intron A Injection Solution	MB/RX	SP
Intron A Injection Solution Reconstituted	MB/RX	SP
<i>ivermectin oral tablet</i>	\$3.65	
<i>lactulose encephalopathy oral solution</i>	\$3.65	
<i>lactulose oral solution</i>	\$3.65	
<i>lamivudine oral tablet 100 mg</i>	\$3.65	
<i>lansoprazole oral capsule delayed release</i>	\$3.65	PA
<i>lansoprazole oral tablet dispersible</i>	\$3.65	PA; ¥ (Age Limit Max: 2 Years)
Levoleucovorin Calcium Intravenous Solution	MB/RX	SP
LEVOleucovorin Calcium Intravenous Solution Reconstituted 50 MG	MB/RX	SP
LEVOleucovorin Calcium PF Intravenous Solution	MB/RX	SP
<i>loperamide hcl oral capsule</i>	\$3.65	
MAVYRET ORAL TABLET	\$3.65	PA; SP; # (Preferred product)
<i>mesalamine oral tablet delayed release</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	
<i>misoprostol oral tablet</i>	\$3.65	
MODERIBA ORAL TABLET 200 MG	\$3.65	QL (210 EA per 30 days)
MOVANTIK ORAL TABLET	\$3.65	PA
MOVIPREP ORAL SOLUTION RECONSTITUTED	\$3.65	
MULPLETA ORAL TABLET	\$3.65	PA; SP
<i>multi vitamin/fluoride oral tablet chewable</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	
<i>mycophenolate mofetil oral capsule</i>	\$3.65	

^ = 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
<i>mycophenolate mofetil oral suspension reconstituted</i>	\$3.65	
<i>mycophenolate mofetil oral tablet</i>	\$3.65	
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED	\$3.65	
<i>neomycin sulfate oral tablet</i>	\$3.65	
<i>neutral sodium fluoride mouth/throat solution</i>	\$3.65	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	\$3.65	PA
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	\$3.65	PA
NEXIUM ORAL PACKET	\$3.65	PA
<i>nizatidine oral capsule</i>	\$3.65	
<i>nizatidine oral solution</i>	\$3.65	
NUTRESTORE ORAL PACKET	\$3.65	PA
OCALIVA ORAL TABLET	\$3.65	PA; SP; QL (30 TABS per 30 days)
<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)
<i>omeprazole oral capsule delayed release</i>	\$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>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)
OSMOPREP ORAL TABLET	\$3.65	QL (32 EA per 1 Fill)
OTEZLA ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>paregoric oral tincture</i>	\$3.65	
PAROEX MOUTH/THROAT SOLUTION	\$3.65	
<i>paromomycin sulfate oral capsule</i>	\$3.65	
<i>peg 3350/electrolytes oral solution reconstituted</i>	\$3.65	

^ = 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
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	\$3.65	
<i>peg-3350/electrolytes oral solution reconstituted</i>	\$3.65	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	\$3.65	SP; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	\$3.65	SP; QL (4 ML per 28 days)
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML	\$3.65	SP; QL (4 EA per 28 days)
PEG-INTRON REDIPEN SUBCUTANEOUS KIT	\$3.65	SP; QL (4 EA per 28 days)
PEGINTRON SUBCUTANEOUS KIT	\$3.65	SP; QL (4 EA per 28 days)
PEG-INTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 50 MCG/0.5ML	\$3.65	SP; QL (4 EA per 28 days)
<i>penicillamine oral capsule</i>	\$3.65	
PERIOGARD MOUTH/THROAT SOLUTION	\$3.65	
PHENADOZ RECTAL SUPPOSITORY	\$3.65	
PHENERGAN RECTAL SUPPOSITORY	\$3.65	
<i>pilocarpine hcl oral tablet</i>	\$3.65	
<i>polyethylene glycol 3350 oral powder</i>	\$3.65	
<i>pramcort rectal cream</i>	\$3.65	
<i>praziquantel oral tablet</i>	\$3.65	
PREPOPIK ORAL PACKET	\$3.65	
PRILOSEC ORAL PACKET	\$3.65	PA
<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	
PROCTOFOAM HC RECTAL FOAM	\$3.65	
PROGLYCEM ORAL SUSPENSION	\$3.65	
PROGRAF ORAL PACKET 1 MG	\$3.65	
PROMACTA ORAL PACKET	\$3.65	SP
PROMACTA ORAL TABLET	\$3.65	SP
<i>promethazine hcl oral solution</i>	\$3.65	
<i>promethazine hcl oral syrup</i>	\$3.65	
<i>promethazine hcl oral tablet</i>	\$3.65	

^ = 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
<i>promethazine hcl rectal suppository</i>	\$3.65	
PROMETHEGAN RECTAL SUPPOSITORY	\$3.65	
PYLERA ORAL CAPSULE	\$3.65	
<i>rabeprazole sodium oral tablet delayed release</i>	\$3.65	PA
<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	
REBETOL ORAL SOLUTION	\$3.65	SP; QL (35 ML per 1 day)
RELISTOR ORAL TABLET	\$3.65	PA; QL (90 Tablets per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	\$3.65	PA
Remicade Intravenous Solution Reconstituted	MB/RX	PA; SP
Renflexis Intravenous Solution Reconstituted	MB/RX	PA; SP
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; QL (210 EA per 30 days)
<i>ribavirin oral tablet 200 mg</i>	\$3.65	SP; QL (210 EA per 30 days)
SANCUSO TRANSDERMAL PATCH	\$3.65	PA; QL (4 EA per 28 days)
SANDIMMUNE ORAL SOLUTION	\$3.65	
SandoSTATIN LAR Depot Intramuscular Kit	MB/RX	PA; SP; QL (1 vial per 28 days)
<i>scopolamine transdermal patch 72 hour</i>	\$3.65	
<i>sf 5000 plus dental cream</i>	\$3.65	
<i>sf dental gel</i>	\$3.65	
SFROWASA RECTAL ENEMA	\$3.65	
<i>sodium fluoride oral solution</i>	\$3.65	
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	\$3.65	
<i>sodium fluoride oral tablet chewable</i>	\$3.65	
SOVALDI ORAL TABLET 400 MG	\$3.65	PA; SP; # (Preferred product)
<i>spironolactone oral tablet</i>	\$1	
Stelara Intravenous Solution	MB/RX	PA; SP; ¥ (1 Fill per life of plan); QL (4 VIALS per 1 Fill)
Stelara Subcutaneous Solution 45 MG/0.5ML	MB/RX	PA; QL (4 Vials per 1 Lifetime)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (1 Syringe per 84 days)
<i>sucralfate oral tablet</i>	\$3.65	

^ = 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
<i>sulfasalazine oral tablet</i>	\$3.65	
<i>sulfasalazine oral tablet delayed release</i>	\$3.65	
SUPREP BOWEL PREP KIT ORAL SOLUTION	\$3.65	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	Medical Benefit	
SYMPROIC ORAL TABLET	\$3.65	PA
SYNDROS ORAL SOLUTION	\$3.65	PA
<i>tacrolimus oral capsule</i>	\$3.65	
<i>tenofovir disoproxil fumarate oral tablet</i>	\$3.65	
<i>tinidazole oral tablet</i>	\$3.65	
<i>trientine hcl oral capsule</i>	\$3.65	PA
TRILYTE ORAL SOLUTION RECONSTITUTED	\$3.65	
<i>trimethobenzamide hcl oral capsule</i>	\$3.65	
<i>tri-vit/fluoride/iron oral solution</i>	\$3.65	
<i>tri-vitamin/fluoride oral solution</i>	\$3.65	
TRULANCE ORAL TABLET	\$3.65	PA
Tysabri Intravenous Concentrate	MB/RX	PA; SP; QL (1 vial per 28 days)
TYZEKA ORAL TABLET	\$3.65	
UCERIS RECTAL FOAM	\$3.65	PA
<i>ursodiol oral capsule</i>	\$3.65	
<i>ursodiol oral tablet</i>	\$3.65	
Varubi Intravenous Emulsion	MB/RX	
VEMLIDY ORAL TABLET	\$3.65	
VIBERZI ORAL TABLET	\$3.65	
VIOKACE ORAL TABLET	\$3.65	
VIREAD ORAL POWDER	\$3.65	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$3.65	
VOSEVI ORAL TABLET	\$3.65	PA; SP; # (Preferred product)
XELJANZ ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; SP; QL (30 EA per 30 days)
XERMELO ORAL TABLET	\$3.65	PA

^ = 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
XIFAXAN ORAL TABLET 200 MG	\$3.65	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	\$3.65	QL (6 EA per 30 days)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000-24000 UNIT	\$3.65	
ZEPATIER ORAL TABLET	\$3.65	PA; SP
Zinplava Intravenous Solution	MB/RX	PA
ZORTRESS ORAL TABLET	\$3.65	SP
DISORDER OF THE ENDOCRINE GLANDS		
<i>acarbose oral tablet</i>	\$1	
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	
Aldurazyme Intravenous Solution	MB/RX	PA; SP
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	\$3.65	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	\$3.65	QL (4 EA per 28 days)
<i>alogliptin benzoate oral tablet</i>	\$1	PA; QL (30 EA per 30 days)
<i>alogliptin-metformin hcl oral tablet</i>	\$1	PA; QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet</i>	\$1	PA; QL (30 EA per 30 days)
ANDRODERM TRANSDERMAL PATCH 24 HOUR	\$3.65	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	\$3.65	PA
ANDROXY ORAL TABLET	\$3.65	
AURYXIA ORAL TABLET	\$3.65	PA
AVANDIA ORAL TABLET	\$3.65	
<i>bromocriptine mesylate oral capsule</i>	\$3.65	
<i>bromocriptine mesylate oral tablet</i>	\$3.65	
<i>cabergoline oral tablet</i>	\$3.65	
<i>calcitonin (salmon) nasal solution</i>	\$3.65	
<i>calcium acetate (phos binder) oral capsule</i>	\$3.65	
<i>calcium acetate (phos binder) oral tablet</i>	\$3.65	
<i>captopril oral tablet</i>	\$1	
<i>chlorpropamide oral tablet</i>	\$1	

^ = 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
<i>cinacalcet hcl oral tablet</i>	\$3.65	STPA; SP
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	\$3.65	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	\$3.65	
<i>cortisone acetate oral tablet</i>	\$3.65	
CRINONE VAGINAL GEL 8 %	\$3.65	PA
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	\$3.65	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	
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	
DEXPAK 10 DAY ORAL TABLET THERAPY PACK	\$3.65	
DEXPAK 13 DAY ORAL TABLET THERAPY PACK	\$3.65	
DEXPAK 6 DAY ORAL TABLET THERAPY PACK	\$3.65	
DIABETA ORAL TABLET	\$1	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	\$3.65	
<i>doxercalciferol oral capsule</i>	\$3.65	
DUAVEE ORAL TABLET	\$3.65	
Elaprase Intravenous Solution	MB/RX	SP
ELESTRIN TRANSDERMAL GEL	\$3.65	
<i>estradiol transdermal patch twice weekly</i>	\$3.65	
<i>estradiol transdermal patch weekly</i>	\$3.65	
<i>estradiol vaginal cream</i>	\$3.65	
<i>estradiol vaginal tablet</i>	\$3.65	
ESTRING VAGINAL RING	\$3.65	

^ = 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
ESTROGEL TRANSDERMAL GEL	\$3.65	
<i>estropipate oral tablet</i>	\$3.65	
Evenity Subcutaneous Solution Prefilled Syringe	MB/RX	PA
Eylea Intraocular Solution	MB/RX	SP
FEMRING VAGINAL RING	\$3.65	
<i>fludrocortisone acetate oral tablet</i>	\$3.65	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	\$3.65	PA; SP; QL (1 vial per 30 days)
FORTICAL NASAL SOLUTION	\$3.65	
FOSAMAX PLUS D ORAL TABLET	\$3.65	PA; QL (4 EA per 28 days)
FOSRENOL ORAL PACKET	\$3.65	
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; # (Preferred product)
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; # (Preferred product)
<i>glimepiride oral tablet</i>	\$1	
<i>glipizide er oral tablet extended release 24 hour</i>	\$1	
<i>glipizide oral tablet</i>	\$1	
<i>glipizide xl oral tablet extended release 24 hour</i>	\$1	
<i>glipizide-metformin hcl oral tablet</i>	\$1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	\$3.65	
GLUCAGON EMERGENCY INJECTION KIT	\$3.65	
<i>glyburide micronized oral tablet</i>	\$1	
<i>glyburide oral tablet</i>	\$1	
<i>glyburide-metformin oral tablet</i>	\$1	
HUMATROPE INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	\$3.65	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
<i>hydrocortisone oral tablet</i>	\$3.65	

^ = 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
HYDROXYprogesterone Caproate Intramuscular Oil	MB/RX	¥ (Single Dose Vial Preferred); QL (1 ML per 7 days)
Ibandronate Sodium Intravenous Solution 3 MG/3ML	MB/RX	QL (3 ML per 90 days)
<i>ibandronate sodium oral tablet</i>	\$3.65	PA; QL (1 EA per 28 days)
INCRELEX SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
INTRAROSA VAGINAL INSERT	\$3.65	PA; QL (28 EA per 28 days)
JYNARQUE ORAL TABLET	\$3.65	
KENALOG INJECTION SUSPENSION 40 MG/ML	\$3.65	
KORLYM ORAL TABLET	\$3.65	PA
<i>lanthanum carbonate oral tablet chewable</i>	\$3.65	
Leuprolide Acetate Injection Kit	MB/RX	PA
LEVO-T ORAL TABLET	\$3.65	
<i>levothyroxine sodium oral tablet</i>	\$3.65	
LEVOXYL ORAL TABLET	\$3.65	
<i>liothyronine sodium oral tablet</i>	\$3.65	
Lucentis Intraocular Solution	MB/RX	SP
Lucentis Intravitreal Solution Prefilled Syringe	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
LYRICA CR 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); QL (30 EA per 30 days)
LYSODREN ORAL TABLET	\$3.65	
MEDROL ORAL TABLET 2 MG	\$3.65	
<i>medroxyprogesterone acetate oral tablet</i>	\$3.65	
MENEST ORAL TABLET	\$3.65	
<i>metformin hcl er (mod) oral tablet extended release 24 hour</i>	\$1	PA
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	\$1	PA
<i>metformin hcl er oral tablet extended release 24 hour</i>	\$1	

^ = 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
<i>metformin hcl oral tablet</i>	\$1	
<i>methimazole oral tablet</i>	\$3.65	
<i>methitest oral tablet</i>	\$3.65	PA
<i>methylprednisolone oral tablet</i>	\$3.65	
<i>methylprednisolone oral tablet therapy pack</i>	\$3.65	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	\$3.65	
<i>methyltestosterone oral capsule</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	
MIACALCIN INJECTION SOLUTION	\$3.65	
<i>miglitol oral tablet</i>	\$1	
MILLIPRED DP ORAL TABLET THERAPY PACK	\$3.65	
MILLIPRED ORAL TABLET	\$3.65	
Naglazyme Intravenous Solution	MB/RX	SP
<i>nateglinide oral tablet</i>	\$1	
NATPARA SUBCUTANEOUS CARTRIDGE	\$3.65	SP; QL (2 Cartridges per 21 days)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
<i>norethindrone acetate oral tablet</i>	\$3.65	
<i>norethindrone-eth estradiol oral tablet</i>	\$3.65	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	\$3.65	PA; QL (2 EA per 1 day)
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

^ = 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
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
OSPHENA ORAL TABLET	\$3.65	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	QL (1 Pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	QL (2 Pens per 28 days)
<i>paricalcitol oral capsule</i>	\$3.65	PA
PHOSLYRA ORAL SOLUTION	\$3.65	
<i>pioglitazone hcl oral tablet</i>	\$1	
<i>pioglitazone hcl-glimepiride oral tablet</i>	\$1	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	\$1	
<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	
<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 (60 EA per 30 days)
<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)
PREMARIN ORAL TABLET	\$3.65	
PREMARIN VAGINAL CREAM	\$3.65	
PREMPHASE ORAL TABLET	\$3.65	
PREMPRO ORAL TABLET	\$3.65	
<i>progesterone intramuscular oil</i>	\$3.65	PA
PROGLYCEM ORAL SUSPENSION	\$3.65	
Prolia Subcutaneous Solution	MB/RX	PA; SP; QL (1 syringe per 180 days)
<i>propylthiouracil oral tablet</i>	\$3.65	

^ = 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
<i>raloxifene hcl oral tablet</i>	\$3.65	
REGRANEX EXTERNAL GEL	\$3.65	
RENAGEL ORAL TABLET	\$3.65	
<i>repaglinide oral tablet</i>	\$1	
<i>repaglinide-metformin hcl oral tablet</i>	\$1	
RIOMET ORAL SOLUTION	\$3.65	
<i>risedronate sodium oral tablet 150 mg</i>	\$3.65	PA; QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg</i>	\$3.65	PA; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	\$3.65	PA; 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
SAMSCA ORAL TABLET 15 MG	\$3.65	SP; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	\$3.65	SP; QL (60 EA per 30 days)
SandoSTATIN LAR Depot Intramuscular Kit	MB/RX	PA; SP; QL (1 vial per 28 days)
SEGLUROMET ORAL TABLET	\$3.65	STPA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	\$3.65	PA; SP
<i>sevelamer carbonate oral packet</i>	\$3.65	
Signifor LAR Intramuscular Suspension Reconstituted ER	MB/RX	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	\$3.65	PA; QL (60 ML per 30 days)
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG	\$3.65	
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)
STEGLATRO ORAL TABLET	\$3.65	STPA
STRIANT BUCCAL	\$3.65	PA
Supprelin LA Subcutaneous Kit	MB/RX	PA; SP
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	

^ = 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
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
SYNAREL NASAL SOLUTION	\$3.65	PA
TESTOPEL IMPLANT PELLETT	\$3.65	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	\$3.65	PA
<i>testosterone enanthate injection solution</i>	\$3.65	PA
<i>testosterone enanthate intramuscular solution</i>	\$3.65	PA
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/act (1.62%)</i>	\$3.65	PA
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	\$3.65	PA
<i>testosterone transdermal solution</i>	\$3.65	PA
Thyrogen Intramuscular Solution Reconstituted	MB/RX	SP
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	
<i>tolazamide oral tablet</i>	\$1	
<i>tolbutamide oral tablet</i>	\$1	
Triptodur Intramuscular Suspension Reconstituted ER	MB/RX	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; SP; QL (2 ML per 30 days)
UNITHROID ORAL TABLET	\$3.65	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	QL (3 pens per 28 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA
Zoledronic Acid Intravenous Solution 5 MG/100ML	MB/RX	

^ = 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
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
EAR PROBLEM		
ACETASOL HC OTIC SOLUTION	\$3.65	
<i>acetic acid otic solution</i>	\$3.65	
<i>acetic acid-aluminum acetate otic solution</i>	\$3.65	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; QL (4 Vials per 28 days)
CIPRO HC OTIC SUSPENSION	\$3.65	
CIPRODEX OTIC SUSPENSION	\$3.65	
CORTISPORIN-TC OTIC SUSPENSION	\$3.65	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	\$3.65	
<i>fluocinolone acetonide otic oil</i>	\$3.65	
<i>hydrocortisone-acetic acid otic solution</i>	\$3.65	
Ilaris Subcutaneous Solution	MB/RX	PA; SP
<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	
OTIPRIO INTRATYMPANIC SUSPENSION	Medical Benefit	
EYE SYMPTOMS OR PROBLEMS		
<i>acetazolamide oral tablet</i>	\$3.65	
ADRENALIN INJECTION SOLUTION 1 MG/ML	\$3.65	
ALOCRILOPHthalmic 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</i>	\$3.65	
AZASITE OPHTHALMIC SOLUTION	\$3.65	QL (2.5 mL per 1 fill)
<i>azelastine hcl ophthalmic solution</i>	\$3.65	PA
AZOPT OPHTHALMIC SUSPENSION	\$3.65	PA

^ = 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
<i>bacitracin ophthalmic ointment</i>	\$3.65	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	\$3.65	
BEPREVE OPHTHALMIC SOLUTION	\$3.65	PA
<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	PA
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>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	
<i>cevimeline hcl oral capsule</i>	\$3.65	
COMBIGAN OPHTHALMIC SOLUTION	\$3.65	PA
<i>cromolyn sodium ophthalmic solution</i>	\$3.65	
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>	\$3.65	QL (15 ML per 30 days)
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	\$3.65	QL (2 ML per 30 days)
<i>dexamethasone sodium phosphate ophthalmic solution</i>	\$3.65	
<i>diclofenac sodium ophthalmic solution</i>	\$3.65	
<i>dorzolamide hcl ophthalmic solution</i>	\$3.65	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	\$3.65	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	\$3.65	
DUREZOL OPHTHALMIC EMULSION	\$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

^ = 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
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	
Gammagard S/D Less IgA Intravenous Solution Reconstituted	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
HOMATROPAIRE OPHTHALMIC SOLUTION	\$3.65	
<i>homatropine hbr ophthalmic solution</i>	\$3.65	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML	\$3.65	PA; SP; # (Preferred product); QL (2 EA per 28 days)
ILEVRO OPHTHALMIC SUSPENSION	\$3.65	
ILOTYCIN OPHTHALMIC OINTMENT	\$3.65	
INVELTYS OPHTHALMIC SUSPENSION	\$3.65	PA
<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 0.5 %</i>	\$3.65	
LOTEMAX OPHTHALMIC GEL	\$3.65	
LOTEMAX OPHTHALMIC OINTMENT	\$3.65	
LOTEMAX SM OPHTHALMIC GEL	\$3.65	PA
<i>loteprednol etabonate ophthalmic suspension</i>	\$3.65	
Lucentis Intraocular Solution	MB/RX	SP
Lucentis Intravitreal Solution Prefilled Syringe	MB/RX	SP

^ = 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
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	\$3.65	PA
Macugen Intraocular Solution	MB/RX	SP
MAXIDEX OPHTHALMIC SUSPENSION	\$3.65	
<i>methazolamide oral tablet</i>	\$3.65	
<i>metipranolol 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-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 OPHTHALMIC OINTMENT	\$3.65	
NEVANAC OPHTHALMIC SUSPENSION	\$3.65	
<i>olopatadine hcl ophthalmic solution</i>	\$3.65	PA
OTEZLA ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (60 EA per 30 days)
OXERVATE OPHTHALMIC SOLUTION	\$3.65	PA
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	\$3.65	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$3.65	
<i>pilocarpine hcl oral tablet</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	
<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	
RESCULA OPHTHALMIC SOLUTION	\$3.65	PA
RESTASIS OPHTHALMIC EMULSION	\$3.65	PA; 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
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 0.25 %, 0.5 %</i>	\$3.65	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	\$3.65	
TOBRADEX OPHTHALMIC OINTMENT	\$3.65	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	\$3.65	
TRAVATAN Z OPHTHALMIC SOLUTION	\$3.65	PA
TRIESENCE INTRAOCULAR SUSPENSION	\$3.65	
<i>trifluridine ophthalmic solution</i>	\$3.65	
<i>tropicamide ophthalmic solution</i>	\$3.65	
VEXOL OPHTHALMIC SUSPENSION	\$3.65	
Visudyne Intravenous Solution Reconstituted	MB/RX	SP
VYZULTA OPHTHALMIC SOLUTION	\$3.65	PA
XELPROS OPHTHALMIC EMULSION	\$3.65	PA
Xeomin Intramuscular Solution Reconstituted	MB/RX	PA; SP
ZIOPTAN OPHTHALMIC SOLUTION	\$3.65	PA
ZIRGAN OPHTHALMIC GEL	\$3.65	PA
ZYLET OPHTHALMIC SUSPENSION	\$3.65	QL (5 mL per 30 days)
FEVER		
<i>dantrolene sodium oral capsule</i>	\$3.65	
Gammagard S/D Less IgA Intravenous Solution Reconstituted	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
INFLAMMATION OF THE SEROUS MEMBRANES IN THE BODY		
<i>spironolactone oral tablet</i>	\$1	
INFLAMMATORY DISORDER		
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE	\$3.65	PA

^ = 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
Actemra ACTPen Subcutaneous Solution Auto-Injector	MB/RX	PA; SP; QL (4 Syringes per 28 days)
Actemra Intravenous Solution 200 MG/10ML	MB/RX	PA; SP; QL (4 vials per 28 days)
Actemra Intravenous Solution 400 MG/20ML	MB/RX	PA; SP; QL (2 vials per 28 days)
Actemra Intravenous Solution 80 MG/4ML	MB/RX	PA; SP; QL (10 vials per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (4 syringes per 28 days)
ACTHAR INJECTION GEL	\$3.65	PA; SP
<i>adefovir dipivoxil oral tablet</i>	\$3.65	
ADVAIR HFA INHALATION AEROSOL	\$3.65	PA
AEROSPAN INHALATION AEROSOL SOLUTION	\$3.65	
<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	
Alferon N Injection Solution	MB/RX	SP
ALOCRILOPHthalmic SOLUTION	\$3.65	PA
Alphanate/VWF Complex/Human Intravenous Solution Reconstituted	MB/RX	PA; SP
ALREX OPHTHALMIC SUSPENSION	\$3.65	
ALTABAX EXTERNAL OINTMENT	\$3.65	STPA; QL (15 GM per 1 Fill)
ALVESCO INHALATION AEROSOL SOLUTION	\$3.65	
<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>amoxicill-clarithro-lansopraz oral</i>	\$3.65	
ANALPRAM-HC RECTAL LOTION 2.5-1 %	\$3.65	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
<i>anucort-hc rectal suppository</i>	\$3.65	
ANUSOL-HC RECTAL SUPPOSITORY	\$3.65	
APEXICON E EXTERNAL CREAM	\$3.65	PA
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	

^ = 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
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; QL (4 Vials per 28 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
ASMANEX HFA INHALATION AEROSOL	\$3.65	
AZASITE OPHTHALMIC SOLUTION	\$3.65	QL (2.5 mL per 1 fill)
<i>azathioprine oral tablet</i>	\$3.65	
<i>azelaic acid external gel</i>	\$3.65	QL (50 GM per 1 Rx)
<i>azelastine hcl nasal solution 0.1 %</i>	\$3.65	
<i>azelastine hcl ophthalmic solution</i>	\$3.65	PA
<i>balsalazide disodium oral capsule</i>	\$3.65	
BARACLUDE ORAL SOLUTION	\$3.65	
BECONASE AQ NASAL SUSPENSION	\$3.65	PA
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>benzonatate oral capsule 100 mg, 200 mg</i>	\$3.65	
BEPREVE OPHTHALMIC SOLUTION	\$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	

^ = 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
<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 lotion</i>	\$3.65	
<i>betamethasone valerate external ointment</i>	\$3.65	
BLEPHAMIDE OPHTHALMIC SUSPENSION	\$3.65	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	\$3.65	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA; QL (1 EA per 30 days)
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	\$3.65	
<i>bromfenac sodium ophthalmic solution</i>	\$3.65	
<i>budesonide er oral tablet extended release 24 hour</i>	\$3.65	PA
<i>budesonide inhalation suspension</i>	\$3.65	
<i>budesonide nasal suspension</i>	\$3.65	
<i>budesonide oral capsule delayed release particles</i>	\$3.65	
CAPEX EXTERNAL SHAMPOO	\$3.65	PA
CARAFATE ORAL SUSPENSION	\$3.65	PA; ¥ (PA applies to members 12 years 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)
<i>celecoxib oral capsule</i>	\$3.65	STPA; QL (60 EA per 30 days)
CENTANY EXTERNAL OINTMENT	\$3.65	
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$3.65	PA
<i>cetirizine hcl oral syrup 1 mg/ml</i>	\$3.65	PA
<i>cevimeline hcl oral capsule</i>	\$3.65	
<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)
<i>choline-mag trisalicylate oral liquid</i>	\$3.65	

^ = 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
CICLODAN EXTERNAL CREAM	\$3.65	
<i>ciclopirox external gel</i>	\$3.65	
<i>ciclopirox external shampoo</i>	\$3.65	PA
<i>ciclopirox olamine external cream</i>	\$3.65	
<i>ciclopirox olamine external suspension</i>	\$3.65	PA
<i>cimetidine hcl oral solution</i>	\$3.65	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	\$3.65	
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 (6 Syringes per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	\$3.65	PA; SP; QL (2 EA per 28 days)
CLARINEX ORAL SYRUP	\$3.65	PA
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	\$3.65	PA
<i>clemastine fumarate oral tablet 2.68 mg</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 lotion</i>	\$3.65	
<i>clobetasol propionate external ointment</i>	\$3.65	PA
<i>clocortolone pivalate external cream</i>	\$3.65	PA
<i>clocortolone pivalate pump external cream</i>	\$3.65	PA
<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 mouth/throat lozenge</i>	\$3.65	
<i>clotrimazole mouth/throat troche</i>	\$3.65	
<i>clotrimazole-betamethasone external cream</i>	\$3.65	
<i>clotrimazole-betamethasone external lotion</i>	\$3.65	
<i>colchicine oral tablet</i>	\$3.65	
<i>colchicine-probenecid oral tablet</i>	\$3.65	
COLOCORT RECTAL ENEMA	\$3.65	

^ = 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
CONDYLOX EXTERNAL GEL	\$3.65	
CORDRAN EXTERNAL OINTMENT	\$3.65	PA
CORDRAN EXTERNAL TAPE	\$3.65	PA
CORTIFOAM RECTAL FOAM	\$3.65	
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	\$3.65	PA; SP; QL (1 Syringe per 28 days)
<i>cromolyn sodium inhalation nebulization solution</i>	\$3.65	
<i>cromolyn sodium ophthalmic solution</i>	\$3.65	
<i>cyproheptadine hcl oral syrup</i>	\$3.65	
<i>cyproheptadine hcl oral tablet</i>	\$3.65	
DAKLINZA ORAL TABLET	\$3.65	PA; SP
DALIRESP ORAL TABLET	\$3.65	PA; STPA
<i>desloratadine oral tablet</i>	\$3.65	PA
<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	
<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>dexamethasone sodium phosphate ophthalmic solution</i>	\$3.65	
<i>diclofenac potassium oral tablet</i>	\$3.65	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	\$3.65	

^ = 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
<i>diclofenac sodium ophthalmic solution</i>	\$3.65	
<i>diclofenac sodium transdermal gel 1 %</i>	\$3.65	STPA
<i>diclofenac sodium transdermal solution</i>	\$3.65	PA
<i>diflorasone diacetate external cream</i>	\$3.65	PA
<i>diflorasone diacetate external ointment</i>	\$3.65	PA
DOPTELET ORAL TABLET 20 MG	\$3.65	PA; SP
DULERA INHALATION AEROSOL	\$3.65	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	\$3.65	PA; SP; QL (2 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	\$3.65	PA; SP; QL (4 ML per 28 days)
DUREZOL OPHTHALMIC EMULSION	\$3.65	
<i>econazole nitrate external cream</i>	\$3.65	
ECOZA EXTERNAL FOAM	\$3.65	PA
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	\$3.65	PA; SP
ELIXOPHYLLIN ORAL ELIXIR	\$3.65	
EMADINE OPHTHALMIC SOLUTION	\$3.65	PA
EMFLAZA ORAL SUSPENSION	\$3.65	PA; QL (26 ML per 30 days)
EMFLAZA ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	PA; SP; # (Preferred product); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; # (Preferred product); QL (4 ML 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 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; # (Preferred product); QL (4 ML per 28 days)
<i>entecavir oral tablet</i>	\$3.65	
Entyvio Intravenous Solution Reconstituted	MB/RX	PA; SP
EPCLUSA ORAL TABLET	\$3.65	PA; SP; # (Preferred product)
EPIFOAM EXTERNAL FOAM	\$3.65	
<i>epinastine hcl ophthalmic solution</i>	\$3.65	PA
<i>etodolac er oral tablet extended release 24 hour</i>	\$3.65	

^ = 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
<i>etodolac oral capsule</i>	\$3.65	
<i>etodolac oral tablet</i>	\$3.65	
EUCRISA EXTERNAL OINTMENT	\$3.65	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Medical Benefit	PA; SP
EXELDERM EXTERNAL CREAM	\$3.65	PA
EXELDERM EXTERNAL SOLUTION	\$3.65	PA
Exondys 51 Intravenous Solution	MB/RX	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
Fasenra Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP
<i>febuxostat oral tablet</i>	\$3.65	STPA; QL (30 EA per 30 days)
FINACEA EXTERNAL FOAM	\$3.65	QL (50 GM per 1 Rx)
FIRDAPSE ORAL TABLET	\$3.65	PA
FLAREX OPHTHALMIC SUSPENSION	\$3.65	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
FLOVENT HFA INHALATION AEROSOL	\$3.65	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$3.65	PA
<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 otic oil</i>	\$3.65	
<i>fluocinolone acetonide scalp external oil</i>	\$3.65	
<i>fluocinonide external cream 0.05 %</i>	\$3.65	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	\$3.65	PA; QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	\$3.65	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	\$3.65	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	\$3.65	QL (60 ML per 30 days)
<i>fluorometholone ophthalmic suspension</i>	\$3.65	
<i>flurandrenolide external cream</i>	\$3.65	PA
<i>flurandrenolide external lotion</i>	\$3.65	PA
<i>flurbiprofen oral tablet</i>	\$3.65	

^ = 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
<i>fluticasone propionate external cream</i>	\$3.65	
<i>fluticasone propionate external lotion</i>	\$3.65	
<i>fluticasone propionate external ointment</i>	\$3.65	
<i>fluticasone propionate nasal suspension</i>	\$3.65	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	\$3.65	
FML FORTE OPHTHALMIC SUSPENSION	\$3.65	
FML OPHTHALMIC OINTMENT	\$3.65	
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)
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)
GILPHEX TR ORAL TABLET	\$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)
<i>guanidine hcl oral tablet</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
HARVONI ORAL TABLET 90-400 MG	\$3.65	PA; SP; # (Preferred product)
HEMMOREX-HC RECTAL SUPPOSITORY	\$3.65	
HOMATROPAIRE OPHTHALMIC SOLUTION	\$3.65	
<i>homatropine hbr ophthalmic solution</i>	\$3.65	
Humate-P Intravenous Solution Reconstituted 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	MB/RX	PA; SP

^ = 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
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; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEN SUBCUTANEOUS KIT	\$3.65	PA; SP; # (Preferred product); QL (2 EA per 28 days)
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	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; # (Preferred product); QL (2 EA per 28 days)
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	\$3.65	
<i>hydrocodone-homatropine oral syrup</i>	\$3.65	
<i>hydrocodone-homatropine oral tablet</i>	\$3.65	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	\$3.65	
<i>hydrocortisone acetate rectal suppository</i>	\$3.65	
<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 rectal cream</i>	\$3.65	
<i>hydrocortisone rectal enema</i>	\$3.65	
<i>hydrocortisone valerate external cream</i>	\$3.65	
<i>hydrocortisone valerate external ointment</i>	\$3.65	
<i>hydromet oral syrup</i>	\$3.65	
<i>hydroxychloroquine sulfate oral tablet</i>	\$3.65	
<i>ibuprofen oral suspension</i>	\$3.65	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$3.65	

^ = 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
Ilaris Subcutaneous Solution	MB/RX	PA; SP
ILEVRO OPHTHALMIC SUSPENSION	\$3.65	
<i>imiquimod external cream</i>	\$3.65	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
INDOCIN ORAL SUSPENSION	\$3.65	
<i>indomethacin er oral capsule extended release</i>	\$3.65	
<i>indomethacin oral capsule</i>	\$3.65	
Inflectra Intravenous Solution Reconstituted	MB/RX	PA
Intron A Injection Solution	MB/RX	SP
Intron A Injection Solution Reconstituted	MB/RX	SP
INVELTYS OPHTHALMIC SUSPENSION	\$3.65	PA
<i>ipratropium bromide nasal solution</i>	\$3.65	
JUBLIA EXTERNAL SOLUTION	\$3.65	PA
KENALOG INJECTION SUSPENSION 10 MG/ML	\$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>ketoprofen er oral capsule extended release 24 hour</i>	\$3.65	
<i>ketoprofen oral capsule</i>	\$3.65	
<i>ketorolac tromethamine ophthalmic solution</i>	\$3.65	
<i>ketotifen fumarate ophthalmic solution</i>	\$3.65	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (2.28 ML per 30 days)
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>kp clotrimazole external cream</i>	\$3.65	
Krystexxa Intravenous Solution	MB/RX	PA; SP
LAMISIL ORAL PACKET	\$3.65	PA; ¥ (Max of 6 weeks); QL (2 Packets per 1 day)

^ = 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
<i>lamivudine oral tablet 100 mg</i>	\$3.65	
<i>lansoprazole oral capsule delayed release</i>	\$3.65	PA
<i>lansoprazole oral tablet dispersible</i>	\$3.65	PA; ¥ (Age Limit Max: 2 Years)
LASTACFT OPHTHALMIC SOLUTION	\$3.65	PA
<i>leflunomide oral tablet</i>	\$3.65	
<i>levocetirizine dihydrochloride oral solution</i>	\$3.65	PA
<i>levocetirizine dihydrochloride oral tablet</i>	\$3.65	PA
LOTEMAX OPHTHALMIC GEL	\$3.65	
LOTEMAX OPHTHALMIC OINTMENT	\$3.65	
LOTEMAX SM OPHTHALMIC GEL	\$3.65	PA
<i>loteprednol etabonate ophthalmic suspension</i>	\$3.65	
<i>luliconazole external cream</i>	\$3.65	PA
MAVYRET ORAL TABLET	\$3.65	PA; SP; # (Preferred product)
MAXIDEX OPHTHALMIC SUSPENSION	\$3.65	
<i>meclofenamate sodium oral capsule</i>	\$3.65	
<i>meloxicam oral suspension</i>	\$3.65	
<i>meloxicam oral tablet</i>	\$3.65	
<i>mesalamine oral tablet delayed release</i>	\$3.65	
<i>mesalamine rectal enema</i>	\$3.65	
<i>mesalamine rectal suppository</i>	\$3.65	
MESTINON ORAL SYRUP	\$3.65	
<i>methotrexate oral tablet</i>	\$3.65	
<i>metronidazole external cream</i>	\$3.65	
<i>metronidazole external gel 0.75 %</i>	\$3.65	
<i>metronidazole external gel 1 %</i>	\$3.65	PA
<i>metronidazole external lotion</i>	\$3.65	
MIRVASO EXTERNAL GEL	\$3.65	PA
MODERIBA ORAL TABLET 200 MG	\$3.65	QL (210 EA per 30 days)
<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>mometasone furoate nasal suspension</i>	\$3.65	PA

^ = 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
<i>montelukast sodium oral packet</i>	\$3.65	STPA; ¥ (Covered for members 6 through 23 months of age); QL (30 EA per 30 days)
<i>montelukast sodium oral tablet</i>	\$3.65	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	\$3.65	QL (30 EA per 30 days)
MULPLETA ORAL TABLET	\$3.65	PA; SP
<i>mupirocin calcium external cream</i>	\$3.65	PA
<i>mupirocin external ointment</i>	\$3.65	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; QL (30 Vials per 30 days)
<i>nabumetone oral tablet</i>	\$3.65	
<i>naftifine hcl external cream</i>	\$3.65	PA
NAFTIN EXTERNAL GEL 1 %	\$3.65	PA
<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	
NATACYN OPHTHALMIC SUSPENSION	\$3.65	PA
NEBUPENT INHALATION SOLUTION RECONSTITUTED	\$3.65	
NEVANAC OPHTHALMIC SUSPENSION	\$3.65	
<i>nizatidine oral capsule</i>	\$3.65	
<i>nizatidine oral solution</i>	\$3.65	
NORITATE EXTERNAL CREAM	\$3.65	PA
NOXAFIL ORAL SUSPENSION	\$3.65	PA
NOXAFIL ORAL TABLET DELAYED RELEASE	\$3.65	PA
Nplate Subcutaneous Solution Reconstituted 250 MCG, 500 MCG	MB/RX	SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
NYAMYC EXTERNAL POWDER	\$3.65	

^ = 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
<i>nystatin external cream</i>	\$3.65	
<i>nystatin external ointment</i>	\$3.65	
<i>nystatin external powder</i>	\$3.65	
<i>nystatin-triamcinolone external cream</i>	\$3.65	
<i>nystatin-triamcinolone external ointment</i>	\$3.65	
NYSTOP EXTERNAL POWDER	\$3.65	
Obizur Intravenous Solution Reconstituted	MB/RX	PA; SP
Octagam Intravenous Solution 10 GM/100ML, 2 GM/20ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
OFEV ORAL CAPSULE	\$3.65	SP; QL (60 EA per 30 days)
<i>olopatadine hcl ophthalmic solution</i>	\$3.65	PA
OLUMIANT ORAL TABLET	\$3.65	PA; SP
<i>omeprazole oral capsule delayed release</i>	\$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)
OMNARIS NASAL SUSPENSION	\$3.65	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (4 ML per 28 days)
Orencia Intravenous Solution Reconstituted	MB/RX	PA; SP; QL (4 VIALS per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$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 (60 EA per 30 days)
<i>oxaprozin oral tablet</i>	\$3.65	
OXERVATE OPHTHALMIC SOLUTION	\$3.65	PA
<i>oxiconazole nitrate external cream</i>	\$3.65	PA
OXISTAT EXTERNAL LOTION	\$3.65	PA
PANDEL EXTERNAL CREAM	\$3.65	
PANRETIN EXTERNAL GEL	\$3.65	PA

^ = 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
Panzyga Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
PASER ORAL PACKET	\$3.65	PA
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	\$3.65	SP; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	\$3.65	SP; QL (4 ML per 28 days)
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML	\$3.65	SP; QL (4 EA per 28 days)
PEG-INTRON REDIPEN SUBCUTANEOUS KIT	\$3.65	SP; QL (4 EA per 28 days)
PEGINTRON SUBCUTANEOUS KIT	\$3.65	SP; QL (4 EA per 28 days)
PEG-INTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 50 MCG/0.5ML	\$3.65	SP; QL (4 EA per 28 days)
PENNSAID TRANSDERMAL SOLUTION 2 %	\$3.65	PA
PERFOROMIST INHALATION NEBULIZATION SOLUTION	\$3.65	
<i>phenyleph-promethazine-cod oral syrup</i>	\$3.65	QL (30 ML per 1 day)
<i>pilocarpine hcl oral tablet</i>	\$3.65	
<i>pimecrolimus external cream</i>	\$3.65	PA
<i>piroxicam oral capsule</i>	\$3.65	
<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	
PRED MILD OPHTHALMIC SUSPENSION	\$3.65	
<i>prednicarbate external cream</i>	\$3.65	
<i>prednisolone acetate ophthalmic suspension</i>	\$3.65	
<i>prednisolone sodium phosphate ophthalmic solution</i>	\$3.65	
PRIFTIN ORAL TABLET	\$3.65	
PRILOSEC ORAL PACKET	\$3.65	PA
Privigen Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
<i>probenecid oral tablet</i>	\$3.65	

^ = 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
PROCTO-PAK RECTAL CREAM	\$3.65	
PROCTOSOL HC RECTAL CREAM	\$3.65	
PROCTOZONE-HC RECTAL CREAM	\$3.65	
PROMACTA ORAL PACKET	\$3.65	SP
PROMACTA ORAL TABLET	\$3.65	SP
<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	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	\$3.65	
<i>psorcon external cream</i>	\$3.65	PA
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
PYLERA ORAL CAPSULE	\$3.65	
<i>pyridostigmine bromide er oral tablet extended release</i>	\$3.65	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$3.65	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	\$3.65	PA
QNASL NASAL AEROSOL SOLUTION	\$3.65	PA
QVAR INHALATION AEROSOL SOLUTION	\$3.65	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	\$3.65	QL (10.6 GM per 30 days)
<i>rabeprazole sodium oral tablet delayed release</i>	\$3.65	PA
<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	
REBETOL ORAL SOLUTION	\$3.65	SP; QL (35 ML per 1 day)
Remicade Intravenous Solution Reconstituted	MB/RX	PA; SP
Renflexis Intravenous Solution Reconstituted	MB/RX	PA; SP
RESTASIS OPHTHALMIC EMULSION	\$3.65	PA; 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
RHEUMATREX ORAL TABLET 2.5 MG	\$3.65	
Rhophylac Injection Solution Prefilled Syringe	MB/RX	SP
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; QL (210 EA per 30 days)
<i>ribavirin oral tablet 200 mg</i>	\$3.65	SP; QL (210 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; SP; QL (30 EA per 30 days)
Rituxan Intravenous Solution	MB/RX	PA; SP
ROSADAN EXTERNAL CREAM	\$3.65	
ROSADAN EXTERNAL GEL	\$3.65	
RUZURGI ORAL TABLET	\$3.65	PA
<i>salsalate oral tablet</i>	\$3.65	
SAVELLA ORAL TABLET	\$3.65	STPA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	\$3.65	STPA; QL (60 EA per 30 days)
<i>selenium sulfide external lotion</i>	\$3.65	
<i>selenium sulfide external shampoo 2.25 %</i>	\$3.65	
<i>selenium sulf-pyrithione-urea external shampoo</i>	\$3.65	
SELRX EXTERNAL SHAMPOO	\$3.65	
SEMPREX-D ORAL CAPSULE	\$3.65	PA
SFROWASA RECTAL ENEMA	\$3.65	
Simponi Aria Intravenous Solution	MB/RX	PA; SP; QL (5 vials per 8 Weeks)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (1 syringe per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (1 syringe per 28 days)
SIRTURO ORAL TABLET	\$3.65	PA
Soliris Intravenous Solution 10 MG/ML	MB/RX	PA; SP
SOOLANTRA EXTERNAL CREAM	\$3.65	PA
SOVALDI ORAL TABLET 400 MG	\$3.65	PA; SP; # (Preferred product)
Stelara Intravenous Solution	MB/RX	PA; SP; ¥ (1 Fill per life of plan); QL (4 VIALS per 1 Fill)
Stelara Subcutaneous Solution 45 MG/0.5ML	MB/RX	PA; QL (4 Vials per 1 Lifetime)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (1 Syringe per 84 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
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	\$3.65	
<i>sucralfate oral tablet</i>	\$3.65	
<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>sulfasalazine oral tablet</i>	\$3.65	
<i>sulfasalazine oral tablet delayed release</i>	\$3.65	
<i>sulindac oral tablet</i>	\$3.65	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	\$3.65	PA
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	\$3.65	PA; ¥ (PA applies to members 0-5 years of age and members 12 years of age and older (no PA required for members 6 through 11 years of age))
SYNAGIS INTRAMUSCULAR SOLUTION	\$0	PA; SP; QL (2 Vials per 1 Fill)
SYNALAR (CREAM) EXTERNAL KIT	\$3.65	PA
SYNALAR (OINTMENT) EXTERNAL KIT	\$3.65	PA
<i>tacrolimus external ointment</i>	\$3.65	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days)
TAVALISSE ORAL TABLET	\$3.65	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet</i>	\$3.65	
TERSI EXTERNAL FOAM	\$3.65	
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	
<i>theophylline er oral tablet extended release 12 hour</i>	\$3.65	
<i>theophylline er oral tablet extended release 24 hour</i>	\$3.65	

^ = 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
<i>theophylline oral solution</i>	\$3.65	
TOBI PODHALER INHALATION CAPSULE	\$3.65	PA; SP; QL (1 EA per 60 days)
TOBRADEX OPHTHALMIC OINTMENT	\$3.65	
<i>tobramycin inhalation nebulization solution</i>	\$3.65	SP
<i>tobramycin-dexamethasone ophthalmic suspension</i>	\$3.65	
<i>tolmetin sodium oral capsule</i>	\$3.65	
<i>tolmetin sodium oral tablet</i>	\$3.65	
TREXALL ORAL TABLET	\$3.65	
<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</i>	\$3.65	
<i>triamcinolone acetonide nasal aerosol</i>	\$3.65	
TRIDERM EXTERNAL CREAM 0.1 %	\$3.65	
TRIESENCE INTRAOCULAR SUSPENSION	\$3.65	
<i>trifluridine ophthalmic solution</i>	\$3.65	
TUSSIGON ORAL TABLET	\$3.65	
Tysabri Intravenous Concentrate	MB/RX	PA; SP; QL (1 vial per 28 days)
TYZEKA ORAL TABLET	\$3.65	
UCERIS RECTAL FOAM	\$3.65	PA
VEMLIDY ORAL TABLET	\$3.65	
VERAMYST NASAL SUSPENSION	\$3.65	PA
VEREGEN EXTERNAL OINTMENT	\$3.65	PA
VEXOL OPHTHALMIC SUSPENSION	\$3.65	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	\$3.65	
VIREAD ORAL POWDER	\$3.65	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$3.65	
VOLTAREN TRANSDERMAL GEL	\$3.65	STPA; QL (32 GM per 1 day)
VOSEVI ORAL TABLET	\$3.65	PA; SP; # (Preferred product)
Wilate Intravenous Kit	MB/RX	PA; SP
Wilate Intravenous Solution Reconstituted 1000-1000 UNIT, 500-500 UNIT	MB/RX	PA; SP

^ = 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
WinRho SDF Injection Solution	MB/RX	SP
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
XATMEP ORAL SOLUTION	\$3.65	PA
XELJANZ ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; SP; QL (30 EA per 30 days)
XEPI EXTERNAL CREAM	\$3.65	PA; QL (30 GM per 1 Fill)
Xolair Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP; QL (6 Vials per 28 days)
Xolair Subcutaneous Solution Reconstituted	MB/RX	PA; SP; QL (6 vials per 28 days)
XOLEGEL EXTERNAL GEL	\$3.65	
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	
<i>zafirlukast oral tablet</i>	\$3.65	
ZEPATIER ORAL TABLET	\$3.65	PA; SP
ZETONNA NASAL AEROSOL SOLUTION	\$3.65	PA
Zinplava Intravenous Solution	MB/RX	PA
ZIRGAN OPHTHALMIC GEL	\$3.65	PA
ZYLET OPHTHALMIC SUSPENSION	\$3.65	QL (5 mL per 30 days)
INJURY TO A MUCOUS MEMBRANE		
ALOCRILOPHTHALMIC SOLUTION	\$3.65	PA
ALREX OPHTHALMIC SUSPENSION	\$3.65	
AZASITE OPHTHALMIC SOLUTION	\$3.65	QL (2.5 mL per 1 fill)
<i>azelastine hcl ophthalmic solution</i>	\$3.65	PA
BECONASE AQ NASAL SUSPENSION	\$3.65	PA
BEPREVE OPHTHALMIC SOLUTION	\$3.65	PA
<i>chlorhexidine gluconate mouth/throat solution</i>	\$3.65	
<i>clotrimazole mouth/throat lozenge</i>	\$3.65	
<i>clotrimazole mouth/throat troche</i>	\$3.65	
<i>cromolyn sodium ophthalmic solution</i>	\$3.65	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	\$3.65	
<i>doxycycline hyclate oral tablet 20 mg</i>	\$3.65	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	\$3.65	PA; SP; QL (2 ML per 28 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
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	\$3.65	PA; SP; QL (4 ML per 28 days)
ELESTRIN TRANSDERMAL GEL	\$3.65	
EMADINE OPHTHALMIC SOLUTION	\$3.65	PA
<i>epinastine hcl ophthalmic solution</i>	\$3.65	PA
<i>estradiol vaginal cream</i>	\$3.65	
<i>estradiol vaginal tablet</i>	\$3.65	
ESTRING VAGINAL RING	\$3.65	
ESTROGEL TRANSDERMAL GEL	\$3.65	
FEMRING VAGINAL RING	\$3.65	
Gammagard S/D Less IgA Intravenous Solution Reconstituted	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
INTRAROSA VAGINAL INSERT	\$3.65	PA; QL (28 EA per 28 days)
<i>ketotifen fumarate ophthalmic solution</i>	\$3.65	
LASTACFT OPHTHALMIC SOLUTION	\$3.65	PA
NATACYN OPHTHALMIC SUSPENSION	\$3.65	PA
NOXAFIL ORAL SUSPENSION	\$3.65	PA
<i>nystatin mouth/throat suspension</i>	\$3.65	
<i>nystatin oral powder</i>	\$3.65	
<i>nystatin oral tablet</i>	\$3.65	
<i>olopatadine hcl ophthalmic solution</i>	\$3.65	PA
ORALONE MOUTH/THROAT PASTE	\$3.65	
OSPHENA ORAL TABLET	\$3.65	PA
OTEZLA ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (60 EA per 30 days)
PAROEX MOUTH/THROAT SOLUTION	\$3.65	
PERIOGARD MOUTH/THROAT SOLUTION	\$3.65	
PREMARIN VAGINAL CREAM	\$3.65	
PREMPHASE ORAL TABLET	\$3.65	
PREMPRO ORAL TABLET	\$3.65	
RESTASIS OPHTHALMIC EMULSION	\$3.65	PA; QL (60 EA per 30 days)
<i>sulfacetamide sodium ophthalmic ointment</i>	\$3.65	
<i>sulfacetamide sodium ophthalmic solution</i>	\$3.65	
<i>triamcinolone acetonide mouth/throat paste</i>	\$3.65	

^ = 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
<i>trifluridine ophthalmic solution</i>	\$3.65	
MAJOR TRAUMATIC INJURY		
CIDALEAZE EXTERNAL CREAM	\$3.65	
<i>diclofenac epolamine transdermal patch</i>	\$3.65	PA; ¥ (Max of 3 months); QL (60 EA per 30 days)
<i>lidocaine hcl external cream 3 %</i>	\$3.65	
<i>lidocaine hcl external lotion</i>	\$3.65	
<i>lidopin external cream 3 %</i>	\$3.65	
<i>nimodipine oral capsule</i>	\$1	PA
SANTYL EXTERNAL OINTMENT	\$3.65	QL (30 GM per 1 Rx)
<i>silver sulfadiazine external cream</i>	\$3.65	
SSD EXTERNAL CREAM	\$3.65	
SULFAMYLON EXTERNAL CREAM	\$3.65	PA
MARGINAL ZONE LYMPHOMA		
IMBRUVICA ORAL CAPSULE 70 MG	\$3.65	PA
IMBRUVICA ORAL TABLET	\$3.65	PA
MUSCLE OR BONE DISORDER		
Actemra ACTPen Subcutaneous Solution Auto-Injector	MB/RX	PA; SP; QL (4 Syringes per 28 days)
Actemra Intravenous Solution 200 MG/10ML	MB/RX	PA; SP; QL (4 vials per 28 days)
Actemra Intravenous Solution 400 MG/20ML	MB/RX	PA; SP; QL (2 vials per 28 days)
Actemra Intravenous Solution 80 MG/4ML	MB/RX	PA; SP; QL (10 vials per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (4 syringes per 28 days)
ACTHAR INJECTION GEL	\$3.65	PA; SP
ACTIMMUNE SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
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); # (Preferred product); 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
ADZENYS ER 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); QL (15 ML 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>alendronate sodium oral tablet 10 mg, 5 mg</i>	\$3.65	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	\$3.65	QL (4 EA per 28 days)
<i>alendronate sodium oral tablet 40 mg</i>	\$3.65	QL (1 EA per 6 Months)
<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)
APTENSIO 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 (30 EA 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)
<i>atropine sulfate ophthalmic ointment</i>	\$3.65	
<i>atropine sulfate ophthalmic solution</i>	\$3.65	
AURYXIA ORAL TABLET	\$3.65	PA
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)
<i>azathioprine oral tablet</i>	\$3.65	
<i>baclofen oral tablet</i>	\$3.65	
Brineura Solution	MB/RX	PA
<i>calcitonin (salmon) nasal solution</i>	\$3.65	
<i>calcium acetate (phos binder) oral capsule</i>	\$3.65	
<i>calcium acetate (phos binder) oral tablet</i>	\$3.65	

^ = 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
<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)
<i>carisoprodol oral tablet 350 mg</i>	\$3.65	
<i>carisoprodol-aspirin oral tablet</i>	\$3.65	
<i>celecoxib oral capsule</i>	\$3.65	STPA; QL (60 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	\$3.65	
<i>choline-mag trisalicylate oral liquid</i>	\$3.65	
<i>cilostazol oral tablet</i>	\$3.65	
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 (6 Syringes per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	\$3.65	PA; SP; QL (2 EA per 28 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	\$3.65	
<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)
<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 (60 EA per 30 days)
<i>colchicine oral tablet</i>	\$3.65	
<i>colchicine-probenecid oral tablet</i>	\$3.65	

^ = 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
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	\$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); QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	\$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); QL (60 EA per 30 days)
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	\$3.65	PA; SP; QL (1 Syringe per 28 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)
Crysvita Subcutaneous Solution	MB/RX	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	\$3.65	
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>	\$3.65	QL (15 ML per 30 days)
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	\$3.65	QL (2 ML per 30 days)
<i>dalfampridine er oral tablet extended release 12 hour</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>dantrolene sodium oral capsule</i>	\$3.65	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	\$3.65	PA

^ = 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
DAYTRANA TRANSDERMAL PATCH	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 patches per 30 days)
DEPEN TITRATABS ORAL TABLET	\$3.65	
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)
<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</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)
DIACOMIT ORAL CAPSULE	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
DIACOMIT ORAL PACKET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
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)

^ = 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
<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)
<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)
<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)
<i>diclofenac epolamine transdermal patch</i>	\$3.65	PA; ¥ (Max of 3 months); QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet</i>	\$3.65	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	\$3.65	
<i>diclofenac sodium transdermal gel 1 %</i>	\$3.65	STPA
<i>diclofenac sodium transdermal solution</i>	\$3.65	PA
DUAVEE ORAL TABLET	\$3.65	
<i>duloxetine hcl oral capsule delayed release particles 20 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); QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 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 (30 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); QL (240 ML per 30 days)
Dysport Intramuscular Solution Reconstituted	MB/RX	PA; SP
EMFLAZA ORAL SUSPENSION	\$3.65	PA; QL (26 ML per 30 days)
EMFLAZA ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	PA; SP; # (Preferred product); QL (4 ML per 28 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
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; # (Preferred product); QL (4 ML 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 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; # (Preferred product); QL (4 ML per 28 days)
EPIDIOLEX ORAL SOLUTION	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
EPITOL ORAL TABLET	\$3.65	PA; ¥ (PA applies to members 6 years and under)
<i>etidronate disodium oral tablet</i>	\$3.65	
<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	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Medical Benefit	PA; SP
Evenity Subcutaneous Solution Prefilled Syringe	MB/RX	PA
Exondys 51 Intravenous Solution	MB/RX	PA
<i>febuxostat oral tablet</i>	\$3.65	STPA; QL (30 EA per 30 days)
FIRDAPSE ORAL TABLET	\$3.65	PA
<i>flurbiprofen oral tablet</i>	\$3.65	
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); QL (30 EA per 30 days)
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	\$3.65	PA; SP; QL (1 vial per 30 days)
FORTICAL NASAL SOLUTION	\$3.65	
FOSAMAX PLUS D ORAL TABLET	\$3.65	PA; QL (4 EA per 28 days)
FOSRENOL ORAL PACKET	\$3.65	
FYCOMPA ORAL SUSPENSION	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)

^ = 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
FYCOMPA ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
Gammagard Injection Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
GELNIQUE TRANSDERMAL GEL	\$3.65	PA
GLYDO EXTERNAL GEL	\$3.65	
<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); QL (30 EA per 30 days)
<i>guanidine hcl 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; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEN SUBCUTANEOUS KIT	\$3.65	PA; SP; # (Preferred product); QL (2 EA per 28 days)
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	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; # (Preferred product); QL (2 EA per 28 days)
<i>hydroxychloroquine sulfate oral tablet</i>	\$3.65	
Ibandronate Sodium Intravenous Solution 3 MG/3ML	MB/RX	QL (3 ML per 90 days)
<i>ibandronate sodium oral tablet</i>	\$3.65	PA; QL (1 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 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</i>	\$3.65	
Inflectra Intravenous Solution Reconstituted	MB/RX	PA

^ = 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
INGREZZA ORAL CAPSULE	\$3.65	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK	\$3.65	PA; QL (1 EA per 1 day)
KENALOG INJECTION SUSPENSION 10 MG/ML	\$3.65	
<i>ketoprofen er oral capsule extended release 24 hour</i>	\$3.65	
<i>ketoprofen oral capsule</i>	\$3.65	
KEVEYIS ORAL TABLET	\$3.65	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (2.28 ML per 30 days)
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)
Krystexxa Intravenous Solution	MB/RX	PA; SP
<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)
<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 100 mg, 150 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)
<i>lamotrigine oral tablet 200 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 25 mg</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under); QL (180 EA per 30 days)
<i>lamotrigine oral tablet chewable</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under); QL (180 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
<i>lamotrigine oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under)
<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 6 years and under)
<i>lanthanum carbonate oral tablet chewable</i>	\$3.65	
<i>leflunomide oral tablet</i>	\$3.65	
<i>levetiracetam oral solution</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>levetiracetam oral tablet</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>lidocaine hcl external gel 2 %</i>	\$3.65	
<i>meclofenamate sodium oral capsule</i>	\$3.65	
<i>meloxicam oral suspension</i>	\$3.65	
<i>meloxicam oral tablet</i>	\$3.65	
MESTINON ORAL SYRUP	\$3.65	
<i>metaxalone oral tablet 800 mg</i>	\$3.65	STPA; QL (120 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>methocarbamol oral tablet</i>	\$3.65	
<i>methotrexate oral tablet</i>	\$3.65	

^ = 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
<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 (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 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 (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 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 oral tablet extended release 10 mg, 20 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)
<i>methylphenidate hcl er 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 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)
MIACALCIN INJECTION SOLUTION	\$3.65	
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)
Myobloc Intramuscular Solution	MB/RX	PA; SP

^ = 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
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA
<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	
<i>norethindrone-eth estradiol oral tablet</i>	\$3.65	
<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)
OLUMIANT ORAL TABLET	\$3.65	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (4 ML per 28 days)
Orencia Intravenous Solution Reconstituted	MB/RX	PA; SP; QL (4 VIALS per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (4 Syringes per 28 days)
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	\$3.65	
OTEZLA ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>oxaprozin oral tablet</i>	\$3.65	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	\$3.65	
<i>oxybutynin chloride oral syrup</i>	\$3.65	
<i>oxybutynin chloride oral tablet</i>	\$3.65	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	\$3.65	PA
OZOBAX ORAL SOLUTION	\$3.65	PA
PEGANONE ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
<i>penicillamine oral capsule</i>	\$3.65	
PENNSAID TRANSDERMAL SOLUTION 2 %	\$3.65	PA
<i>pentoxifylline er oral tablet extended release</i>	\$3.65	

^ = 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
PHOSLYRA ORAL SOLUTION	\$3.65	
<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)
<i>piroxicam oral capsule</i>	\$3.65	
<i>probenecid oral tablet</i>	\$3.65	
Prolia Subcutaneous Solution	MB/RX	PA; SP; QL (1 syringe per 180 days)
<i>propranolol hcl oral solution</i>	\$1	
<i>propranolol hcl oral tablet</i>	\$1	
<i>pyridostigmine bromide er oral tablet extended release</i>	\$3.65	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$3.65	
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	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (360 mL per 30 days)
Radicava Intravenous Solution	MB/RX	PA
<i>raloxifene hcl oral tablet</i>	\$3.65	
Remicade Intravenous Solution Reconstituted	MB/RX	PA; SP
RENAGEL ORAL TABLET	\$3.65	
Renflexis Intravenous Solution Reconstituted	MB/RX	PA; SP
RHEUMATREX ORAL TABLET 2.5 MG	\$3.65	
<i>riluzole oral tablet</i>	\$3.65	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; SP; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 150 mg</i>	\$3.65	PA; QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg</i>	\$3.65	PA; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	\$3.65	PA; QL (4 EA per 28 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
Rituxan Intravenous Solution	MB/RX	PA; SP
RUZURGI ORAL TABLET	\$3.65	PA
<i>salsalate oral tablet</i>	\$3.65	
SandoSTATIN LAR Depot Intramuscular Kit	MB/RX	PA; SP; QL (1 vial per 28 days)
SAVELLA ORAL TABLET	\$3.65	STPA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	\$3.65	STPA; QL (60 EA per 30 days)
<i>sevelamer carbonate oral packet</i>	\$3.65	
Signifor LAR Intramuscular Suspension Reconstituted ER	MB/RX	PA
Simponi Aria Intravenous Solution	MB/RX	PA; SP; QL (5 vials per 8 Weeks)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (1 syringe per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (1 syringe per 28 days)
<i>solifenacin succinate oral tablet</i>	\$3.65	
Soliris Intravenous Solution 10 MG/ML	MB/RX	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)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	\$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)
Stelara Intravenous Solution	MB/RX	PA; SP; ¥ (1 Fill per life of plan); QL (4 VIALS per 1 Fill)
Stelara Subcutaneous Solution 45 MG/0.5ML	MB/RX	PA; QL (4 Vials per 1 Lifetime)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (1 Syringe per 84 days)
<i>sulfasalazine oral tablet delayed release</i>	\$3.65	
<i>sulindac oral tablet</i>	\$3.65	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 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
<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)
TIGLUTIK ORAL SUSPENSION	\$3.65	
<i>tizanidine hcl oral tablet</i>	\$3.65	
<i>tolmetin sodium oral capsule</i>	\$3.65	
<i>tolmetin sodium oral tablet</i>	\$3.65	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	\$3.65	
<i>tolterodine tartrate oral tablet</i>	\$3.65	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	
TREXALL ORAL TABLET	\$3.65	
<i>trientine hcl oral capsule</i>	\$3.65	PA
<i>trospium chloride er oral capsule extended release 24 hour</i>	\$3.65	
<i>trospium chloride oral tablet</i>	\$3.65	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; SP; QL (2 ML per 30 days)
<i>vigabatrin oral packet</i>	\$3.65	PA; SP; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (180 EA per 30 days)
<i>vigabatrin oral tablet</i>	\$3.65	PA; SP; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (180 EA per 30 days)
VOLTAREN TRANSDERMAL GEL	\$3.65	STPA; QL (32 GM per 1 day)
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); # (Preferred product); QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE	\$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); QL (30 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
XATMEP ORAL SOLUTION	\$3.65	PA
XELJANZ ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; SP; QL (30 EA per 30 days)
Xeomin Intramuscular Solution Reconstituted	MB/RX	PA; SP
Xgeva Subcutaneous Solution	MB/RX	PA; SP; QL (1 vial per 30 days)
Xiaflex Injection Solution Reconstituted	MB/RX	PA
XYREM ORAL SOLUTION	\$3.65	PA
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)
Zoledronic Acid Intravenous Concentrate	MB/RX	
Zoledronic Acid Intravenous Solution	MB/RX	
NEUROPSYCHIATRIC DISORDER		
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>acamprosate calcium oral tablet delayed release</i>	\$3.65	QL (180 EA per 30 days)
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); # (Preferred product); QL (60 EA per 30 days)
ADZENYS ER 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); QL (15 ML per 1 day)

^ = 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
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>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)
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)
<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)
<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)
<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)
<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>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)
APTENSIO 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 (30 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
<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)
Aristada 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)
ASCOMP-CODEINE ORAL CAPSULE	\$3.65	QL (180 EA 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)
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)
BEYAZ ORAL TABLET	\$0	
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG	\$3.65	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (30 EA per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	\$3.65	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual</i>	\$3.65	PA

^ = 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
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	\$3.65	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	\$3.65	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA 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)
<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)
<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>bupirone 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)
<i>bupirone 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>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-asa-caff-codeine oral capsule</i>	\$3.65	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	\$3.65	QL (180 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
CAPACET ORAL CAPSULE	\$3.65	QL (180 EA per 30 days)
<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)
<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 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)
CHANTIX CONTINUING MONTH PAK ORAL TABLET	\$0	
CHANTIX ORAL TABLET	\$0	
CHANTIX STARTING MONTH PAK ORAL TABLET	\$0	
<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)
<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>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)
<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)

^ = 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
<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)
<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 (60 EA per 30 days)
<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)
<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)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	\$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); QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	\$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); QL (60 EA 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)

^ = 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
DAYTRANA TRANSDERMAL PATCH	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 patches per 30 days)
<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)
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)
<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)

^ = 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
<i>dextroamphetamine sulfate 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)
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)
<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)
<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)
<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)
<i>disulfiram oral tablet</i>	\$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)
<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)
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	\$3.65	
<i>donepezil hcl oral tablet dispersible</i>	\$3.65	
<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)

^ = 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
<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>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	\$0	
<i>duloxetine hcl oral capsule delayed release particles 20 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); QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 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 (30 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); QL (240 ML per 30 days)
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)
<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 14 mg/24hr, 21 mg/24hr</i>	\$0	
<i>eql nicotine polacrilex mouth/throat gum</i>	\$0	
<i>eql nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>eql nicotine transdermal patch 24 hour</i>	\$0	
<i>ergoloid mesylates oral tablet</i>	\$3.65	
<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)

^ = 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
<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)
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)
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)
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 (pmdd) oral tablet</i>	\$3.65	PA
<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>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)

^ = 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
<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)
<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); QL (30 EA per 30 days)
<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)
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); QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	\$3.65	
<i>galantamine hydrobromide oral solution</i>	\$3.65	
<i>galantamine hydrobromide oral tablet</i>	\$3.65	
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)
GIANVI ORAL TABLET	\$0	
<i>gnp nicotine mini mouth/throat lozenge</i>	\$0	
<i>gnp nicotine polacrilex mouth/throat gum</i>	\$0	
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	\$0	

^ = 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
<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); QL (30 EA per 30 days)
<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)
<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	
<i>hydroxyzine hcl oral syrup</i>	\$3.65	
<i>hydroxyzine hcl oral tablet</i>	\$3.65	
<i>hydroxyzine pamoate oral capsule</i>	\$3.65	
<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)
<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)
Invega Sustenna Intramuscular Suspension	MB/RX	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); 2 vials for first month; QL (1 Syringe 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
Invega Trinza Intramuscular Suspension	MB/RX	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)
<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 100 mg, 150 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)
<i>lamotrigine oral tablet 200 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 25 mg</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under); QL (180 EA per 30 days)
<i>lamotrigine oral tablet chewable</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under); QL (180 EA per 30 days)
<i>lamotrigine oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under)
<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)

^ = 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
<i>lamotrigine titration oral kit</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under)
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)
<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)
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)
<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)
<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)
LORYNA ORAL TABLET	\$0	
<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)
LUCEMYRA ORAL TABLET	\$3.65	QL (132 EA per 1 Fill)

^ = 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
<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>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>memantine hcl er oral capsule extended release 24 hour</i>	\$3.65	
<i>memantine hcl oral solution 2 mg/ml</i>	\$3.65	
<i>memantine hcl oral tablet</i>	\$3.65	
<i>meprobamate 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)
Methadone HCl Injection Solution	MB/RX	PA; 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	
<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 (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 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 (30 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
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 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 oral tablet extended release 10 mg, 20 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)
<i>methylphenidate hcl er 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 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>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)
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)
<i>naltrexone hcl oral tablet</i>	\$3.65	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	

^ = 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
<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)
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	
<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	
NIKKI ORAL TABLET	\$0	
<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)
NUEDEXTA ORAL CAPSULE	\$3.65	PA
NUPLAZID ORAL CAPSULE	\$3.65	PA; SP; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET	\$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)

^ = 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
<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>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)
<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)
<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>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); QL (30 EA per 30 days)
<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)
PAXIL 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)
<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	\$0	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)

^ = 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
<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>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)
PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT	Medical Benefit	PA
<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>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</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)
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	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (360 mL per 30 days)
<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	

^ = 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
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)
<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)
<i>rivastigmine tartrate oral capsule</i>	\$3.65	
<i>rivastigmine transdermal patch 24 hour</i>	\$3.65	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	\$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)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA

^ = 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
<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)
<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</i>	\$0	
<i>sm nicotine transdermal patch 24 hour</i>	\$0	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	Medical Benefit	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	Medical Benefit	PA
Sublocade Subcutaneous Solution Prefilled Syringe	MB/RX	PA
SUBOXONE SUBLINGUAL FILM	\$3.65	¥ (Max of 32 mg/day for the first 6 months); # (Preferred product); QL (24 MG per 1 day)
<i>sw nicotine polacrilex mouth/throat gum</i>	\$0	
<i>sw nicotine polacrilex mouth/throat lozenge</i>	\$0	
TENCON ORAL TABLET 50-325 MG	\$3.65	QL (180 EA 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 4 mg</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	
<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)

^ = 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
<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>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>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)
<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)
<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)
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)

^ = 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
VESTURA ORAL TABLET	\$0	
VIIBRYD 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)
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)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$3.65	
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)
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); # (Preferred product); QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE	\$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); QL (30 EA per 30 days)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	\$3.65	QL (180 EA per 30 days)
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)
<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)

^ = 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
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	\$3.65	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG	\$3.65	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (30 EA per 30 days)
ZULRESSO INTRAVENOUS SOLUTION	Medical Benefit	PA
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)
NUTRITIONAL DISORDER		
AURYXIA ORAL TABLET	\$3.65	PA
<i>calcium acetate (phos binder) oral capsule</i>	\$3.65	
<i>calcium acetate (phos binder) oral tablet</i>	\$3.65	
Crysvita Subcutaneous Solution	MB/RX	PA
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	\$3.65	
<i>ergocalciferol oral capsule</i>	\$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)
<i>folbee oral tablet</i>	\$3.65	
<i>folic acid oral tablet 1 mg</i>	\$3.65	
FOSRENOL ORAL PACKET	\$3.65	
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
<i>lanthanum carbonate oral tablet chewable</i>	\$3.65	
<i>leucovorin calcium oral tablet</i>	\$3.65	

^ = 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
<i>levocarnitine oral solution</i>	\$3.65	
<i>levocarnitine oral tablet</i>	\$3.65	
Levoleucovorin Calcium Intravenous Solution	MB/RX	SP
LEVOleucovorin Calcium Intravenous Solution Reconstituted 50 MG	MB/RX	SP
LEVOleucovorin Calcium PF Intravenous Solution	MB/RX	SP
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	\$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	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
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
OMNITROPE SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
PHOSLYRA ORAL SOLUTION	\$3.65	
RENAGEL ORAL TABLET	\$3.65	
RENAL ORAL CAPSULE	\$3.65	
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP

^ = 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
SAIZEN INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	\$3.65	PA; SP
<i>sevelamer carbonate oral packet</i>	\$3.65	
<i>tri-vit/fluoride/iron oral solution</i>	\$3.65	
<i>tri-vitamin/fluoride oral solution</i>	\$3.65	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	\$3.65	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
OTHER OVER-THE-COUNTER DRUGS		
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, 29G X 1/2" 2 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>clotrimazole anti-fungal external cream</i>	\$3.65	
<i>comfort lancets</i>	\$3.65	

^ = 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
<i>daily multi oral tablet</i>	\$3.65	
<i>easy comfort insulin syringe 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>	\$0	
<i>eq nicotine mouth/throat gum 4 mg</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 7 mg/24hr</i>	\$0	
EZ-LETS LANCETS 26G	\$3.65	
FINGERSTIX LANCETS	\$3.65	
FREESTYLE INSULINX TEST IN VITRO STRIP	\$0	QL (300 EA per 30 days)
FREESTYLE LANCETS	\$0	
FREESTYLE LITE TEST IN VITRO STRIP	\$0	QL (300 EA per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	\$0	QL (300 EA per 30 days)
FREESTYLE TEST IN VITRO STRIP	\$0	QL (300 EA per 30 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	
<i>hm nicotine transdermal patch 24 hour 7 mg/24hr</i>	\$0	
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	
HY-VEE LANCETS	\$3.65	

^ = 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
<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, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 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 29g x 1/2" 1 ml, 30g x 5/16" 1 ml</i>	\$3.65	
<i>insulin syringe/needle</i>	\$3.65	
<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	
MICROCYN EXTERNAL GEL	\$3.65	
MICROTAINER SAFETY FLOW LANCET	\$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" 1 ML, 29G X 1/2" 0.3 ML, 30G X 5/16" 1 ML, U-100 1 ML	\$3.65	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 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" 3 ML, 3 ML	\$3.65	

^ = 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
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" 3 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	\$3.65	
MONOJECT SYRINGE CATH TIP	\$3.65	
MONOJECT SYRINGE ECC LUER 35 ML	\$3.65	
MONOJECT SYRINGE LUER LOCK	\$3.65	
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	
MULTI COMPLETE ORAL CAPSULE	\$3.65	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	\$3.65	PA
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	
ONETOUCH CLUB LANCETS FINE PT	\$3.65	
ONETOUCH FINEPOINT LANCETS	\$3.65	
ONETOUCH LANCETS	\$3.65	

^ = 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
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	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	\$0	QL (300 EA per 30 days)
<i>preferred plus lancets colored</i>	\$3.65	
<i>preferred plus lancets thin</i>	\$3.65	
<i>prenatal 19 oral tablet</i>	\$3.65	
<i>prenatal 19 oral tablet chewable</i>	\$3.65	
PSS SELECT GP LANCETS	\$3.65	
PSS SELECT SAFETY LANCETS	\$3.65	
<i>qc nicotine polacrilex mouth/throat gum</i>	\$0	
<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>sr nicotine mouth/throat gum</i>	\$0	
<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	
<i>tgt nicotine mouth/throat gum</i>	\$0	
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	

^ = 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
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	
VITALET PRO LANCETS	\$3.65	
VITALET PRO PLUS LANCETS	\$3.65	
W&F LANCETS 26G	\$3.65	
W&F LANCETS COLORED 21G	\$3.65	
OTHER PRESCRIPTION DRUGS		
<i>abacavir sulfate oral solution</i>	\$3.65	
<i>abacavir sulfate-lamivudine oral tablet</i>	\$3.65	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	\$3.65	
<i>abiraterone acetate oral tablet</i>	\$3.65	PA; SP; QL (120 EA per 30 days)
<i>acamprosate calcium oral tablet delayed release</i>	\$3.65	QL (180 EA per 30 days)
<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)
<i>acetazolamide er oral capsule extended release 12 hour</i>	\$3.65	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE	\$3.65	PA
<i>acitretin oral capsule</i>	\$3.65	QL (60 EA per 30 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (4 syringes per 28 days)
<i>acyclovir external cream</i>	\$3.65	PA; QL (5 GM per 1 Fill)
<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	
ADEMPAS ORAL TABLET	\$3.65	PA; SP

^ = 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
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
ADMELOG SUBCUTANEOUS SOLUTION	\$3.65	
ADRENALIN NASAL SOLUTION	\$3.65	
AEMCOLO ORAL TABLET DELAYED RELEASE	\$3.65	QL (12 EA per 1 FILL)
AEROSPAN INHALATION AEROSOL SOLUTION	\$3.65	
<i>albendazole oral tablet</i>	\$3.65	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	\$3.65	PA; ¥ (PA applies to Generic Proventil. Generic Ventolin and generic Proair are covered)
ALECENSA ORAL CAPSULE	\$3.65	PA; SP
Aliqopa Intravenous Solution Reconstituted	MB/RX	PA
<i>aliskiren fumarate oral tablet</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>almotriptan malate oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
<i>alogliptin benzoate oral tablet</i>	\$1	PA; QL (30 EA per 30 days)
<i>alogliptin-metformin hcl oral tablet</i>	\$1	PA; QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 25-30 mg, 25-45 mg</i>	\$1	PA; QL (30 EA per 30 days)
ALOMIDE OPHTHALMIC SOLUTION	\$3.65	PA
<i>alosetron hcl oral tablet 0.5 mg</i>	\$3.65	
Alphanate Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>alphatrex external gel</i>	\$3.65	
ALUNBRIG ORAL TABLET	\$3.65	PA; SP
<i>ambrisentan oral tablet</i>	\$3.65	PA; SP; QL (30 EA per 30 days)
<i>amiodarone hcl oral tablet 100 mg</i>	\$3.65	
<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>amlodipine besylate-valsartan oral tablet</i>	\$1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet</i>	\$1	STPA
<i>amlodipine-valsartan-hctz oral tablet</i>	\$1	PA; QL (30 EA per 30 days)
<i>amoxicill-clarithro-lansopraz oral</i>	\$3.65	
<i>amoxicillin oral capsule</i>	\$3.65	

^ = 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
<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>amphetamine-dextroamphetamine oral tablet 12.5 mg, 15 mg, 7.5 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)
<i>ampicillin oral capsule</i>	\$3.65	
<i>ampicillin oral suspension reconstituted</i>	\$3.65	
ANALPRAM-HC RECTAL LOTION 1-2.5 %	\$3.65	
<i>anastrozole oral tablet</i>	\$3.65	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
ANTARA ORAL CAPSULE 30 MG, 90 MG	\$3.65	PA; QL (30 EA per 30 days)
<i>antipyrine-benzocaine otic solution 5.4-1.4 %, 54-14 mg/ml</i>	\$3.65	
APPFORMIN-D ORAL	\$1	
APTIOM ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
ARIKAYCE INHALATION SUSPENSION	\$3.65	
<i>aripiprazole oral tablet 2 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 (30 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
<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)
ARMOUR THYROID ORAL TABLET	\$3.65	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	\$3.65	PA; QL (60 EA per 30 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	
<i>atazanavir sulfate oral capsule</i>	\$3.65	
<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)
<i>atovaquone oral suspension</i>	\$3.65	
AUBRA ORAL TABLET	\$0	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	\$3.65	
AURYXIA ORAL TABLET	\$3.65	PA
AVANDAMET ORAL TABLET	\$1	
AVANDARYL ORAL TABLET	\$1	
AVAR CLEANSER EXTERNAL EMULSION	\$3.65	
<i>avidoxy oral tablet</i>	\$3.65	
AzaCITIDine Injection Suspension Reconstituted	MB/RX	
<i>azelaic acid external gel</i>	\$3.65	QL (50 GM per 1 Rx)
<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>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	\$3.65	
BANZEL ORAL SUSPENSION	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
BANZEL ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)

^ = 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
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
Bavencio Intravenous Solution	MB/RX	
BAXDELA ORAL TABLET	\$3.65	
Beleodaq Intravenous Solution Reconstituted	MB/RX	SP
BENDEKA INTRAVENOUS SOLUTION	Medical Benefit	
<i>benzoyl peroxide creamy wash external liquid† 4 %</i>	\$3.65	
BESIVANCE OPHTHALMIC SUSPENSION	\$3.65	
Besponsa Intravenous Solution Reconstituted	MB/RX	
<i>bexarotene oral capsule</i>	\$3.65	SP
<i>bicalutamide oral tablet</i>	\$3.65	
<i>bimatoprost ophthalmic solution</i>	\$3.65	PA
<i>bosentan oral tablet</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	\$3.65	PA; SP; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 500 MG	\$3.65	PA; SP; QL (30 EA per 30 days)
<i>bp multinatal plus oral tablet</i>	\$3.65	
<i>bp multinatal plus oral tablet chewable</i>	\$3.65	
BRAFTOVI ORAL CAPSULE	\$3.65	PA
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	\$3.65	
<i>budesonide inhalation suspension 1 mg/2ml</i>	\$3.65	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 20 mcg/hr, 5 mcg/hr</i>	\$3.65	PA; QL (4 EA per 28 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	\$3.65	QL (180 EA per 30 days)
CABOMETYX ORAL TABLET	\$3.65	PA; SP
<i>calcipotriene-betameth diprop external ointment</i>	\$3.65	PA
CALQUENCE ORAL CAPSULE	\$3.65	PA
<i>capecitabine oral tablet 150 mg</i>	\$3.65	SP; QL (84 EA per 14 days)
<i>capecitabine oral tablet 500 mg</i>	\$3.65	SP; QL (168 EA per 14 days)
CAPRELSA ORAL TABLET 100 MG	\$3.65	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	\$3.65	PA; QL (30 EA per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 100 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)

^ = 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
<i>carbidopa oral tablet</i>	\$3.65	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	\$1	PA; STPA; QL (30 EA per 30 days)
CAVAREST DENTAL GEL	\$3.65	
CAVIRINSE MOUTH/THROAT SOLUTION	\$3.65	
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>cefdinir oral capsule</i>	\$3.65	
<i>cefdinir 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	
<i>celecoxib oral capsule</i>	\$3.65	STPA; QL (60 EA per 30 days)
<i>cephalexin oral capsule</i>	\$3.65	
<i>cephalexin oral suspension reconstituted</i>	\$3.65	
<i>cephalexin oral tablet</i>	\$3.65	
Cerezyme Intravenous Solution Reconstituted 200 UNIT	MB/RX	PA; SP

^ = 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
CEROVEL EXTERNAL LOTION	\$3.65	
<i>chlorthalidone oral tablet 100 mg</i>	\$1	
<i>choline & mag trisalicylate oral tablet 1000 mg</i>	\$3.65	
CILOXAN OPHTHALMIC OINTMENT	\$3.65	
<i>cinacalcet hcl oral tablet</i>	\$3.65	STPA; SP
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	\$3.65	
<i>ciprofloxacin hcl ophthalmic solution</i>	\$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	
<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	
CLEARPLEX X EXTERNAL GEL	\$3.65	
CLINDAMAX EXTERNAL GEL	\$3.65	
<i>clindamycin hcl oral capsule</i>	\$3.65	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	\$3.65	
<i>clobazam oral tablet</i>	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (60 EA per 30 days)
<i>clobetasol propionate external liquid</i>	\$3.65	PA
<i>clocortolone pivalate external cream</i>	\$3.65	PA
<i>clocortolone pivalate pump external cream</i>	\$3.65	PA
<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 (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
<i>clozapine oral tablet dispersible 150 mg, 200 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>colesevelam hcl oral tablet</i>	\$1	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	\$3.65	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	\$3.65	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	\$3.65	PA
COMPAZINE RECTAL SUPPOSITORY	\$3.65	
CONTROLRX DENTAL CREAM	\$3.65	
COPASIL EXTERNAL GEL	\$3.65	
COPIKTRA ORAL CAPSULE	\$3.65	PA
COTELLIC ORAL TABLET	\$3.65	PA; SP
COVERA-HS ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
<i>cyanocobalamin injection solution 2000 mcg/ml</i>	\$3.65	
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>	\$3.65	QL (15 ML per 30 days)
<i>cyclophosphamide injection solution reconstituted</i>	\$1	SP
<i>cyclophosphamide oral capsule</i>	\$3.65	SP
<i>cycloserine oral capsule</i>	\$3.65	
<i>cytra-2 oral solution</i>	\$3.65	
<i>dalfampridine er oral tablet extended release 12 hour</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	\$3.65	PA
DARZALEX INTRAVENOUS SOLUTION	Medical Benefit	
DAURISMO ORAL TABLET	\$3.65	PA; SP
Decitabine Intravenous Solution Reconstituted	MB/RX	SP
<i>deferasirox oral tablet soluble</i>	\$3.65	SP
DELTASONE ORAL TABLET	\$3.65	
DEPRIZINE FUSEPAQ ORAL SUSPENSION RECONSTITUTED	\$3.65	
<i>desogestrel-ethinyl estradiol oral tablet</i>	\$0	

^ = 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
<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)
DEXCOM G6 RECEIVER DEVICE	\$0	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	\$0	PA; QL (1 PACK per 30 days)
DEXCOM G6 TRANSMITTER	\$0	PA; QL (1 EA per 90 days)
<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)
<i>diazepam oral solution 5 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>diclofenac epolamine transdermal patch</i>	\$3.65	PA; ¥ (Max of 3 months); QL (60 EA per 30 days)
<i>diclofenac sodium oral tablet delayed release</i>	\$3.65	
<i>diclofenac sodium transdermal gel 1 %</i>	\$3.65	STPA
<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
<i>dicloxacillin sodium oral capsule</i>	\$3.65	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED	\$3.65	
<i>dicyclomine hcl oral solution</i>	\$3.65	
DIFICID ORAL TABLET	\$3.65	QL (20 EA per 1 Fill)
<i>dilt-cd oral capsule extended release 24 hour 180 mg</i>	\$1	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	\$1	PA
<i>dofetilide oral capsule</i>	\$3.65	SP
DONNATAL ORAL TABLET	\$3.65	
DOPTELET ORAL TABLET 20 MG	\$3.65	PA; SP
<i>dorzolamide hcl ophthalmic solution</i>	\$3.65	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	\$3.65	

^ = 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
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	\$3.65	
<i>doxepin hcl external cream</i>	\$3.65	QL (45 grams per 1 Fill)
<i>doxercalciferol oral capsule</i>	\$3.65	
<i>doxycycline hyclate oral capsule</i>	\$3.65	
<i>doxycycline hyclate oral tablet 100 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	
DRITHO-CREME HP EXTERNAL CREAM	\$3.65	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	\$0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	\$0	
DUAVEE ORAL TABLET	\$3.65	
<i>duloxetine hcl oral capsule delayed release particles 20 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); QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 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 (30 EA per 30 days)
<i>dutasteride oral capsule</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule</i>	\$3.65	PA; QL (30 EA per 30 days)
DYNACIRC CR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
E.E.S. 400 ORAL TABLET	\$3.65	
EASYGEL DENTAL GEL	\$3.65	
ECOZA EXTERNAL FOAM	\$3.65	PA
<i>efavirenz oral capsule</i>	\$3.65	
<i>efavirenz oral tablet</i>	\$3.65	

^ = 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
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	\$3.65	PA; SP
<i>eletriptan hydrobromide oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
Elspar Injection Solution Reconstituted	MB/RX	SP
Emend Intravenous Solution Reconstituted 150 MG	MB/RX	QL (2 vials per 1 Rx)
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	
<i>entecavir oral tablet</i>	\$3.65	
EPANED ORAL SOLUTION RECONSTITUTED	\$3.65	
EpiRUBicin HCl Intravenous Solution 200 MG/100ML, 50 MG/25ML	MB/RX	
Erbitux Intravenous Solution	MB/RX	SP
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	\$3.65	SP; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	\$3.65	SP; QL (90 EA per 30 days)
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	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	\$3.65	PA; ¥ (Both Rx and OTC require PA)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	\$3.65	PA
<i>est estrogens-methyltest hs oral tablet</i>	\$3.65	
<i>est estrogens-methyltest oral tablet</i>	\$3.65	
<i>estradiol transdermal patch twice weekly</i>	\$3.65	
<i>estradiol vaginal cream</i>	\$3.65	
<i>estradiol vaginal tablet</i>	\$3.65	
<i>estradiol-norethindrone acet oral tablet</i>	\$3.65	

^ = 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
Ethacrynate Sodium Intravenous Solution Reconstituted	MB/RX	
<i>ethacrynic acid oral tablet</i>	\$1	PA
<i>ethambutol hcl oral tablet</i>	\$3.65	
<i>etoposide oral capsule</i>	\$3.65	
<i>ezetimibe oral tablet</i>	\$1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet</i>	\$1	PA; QL (30 EA per 30 days)
FABIOR EXTERNAL FOAM	\$3.65	PA
FACTIVE ORAL TABLET	\$3.65	
<i>famciclovir oral tablet</i>	\$3.65	
<i>febuxostat oral tablet</i>	\$3.65	STPA; QL (30 EA per 30 days)
Feiba Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>felbamate oral suspension</i>	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
<i>felbamate oral tablet</i>	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	\$1	PA; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	\$1	PA; QL (30 EA per 30 days)
<i>fenofibric acid oral capsule delayed release</i>	\$1	PA; QL (30 EA per 30 days)
<i>ferrous sulfate granules</i>	\$3.65	
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)
Firmagon Subcutaneous Solution Reconstituted	MB/RX	SP
FIRST-BXN MOUTHWASH MOUTH/THROAT SUSPENSION	\$3.65	
FIRST-DUKES MOUTHWASH MOUTH/THROAT SUSPENSION	\$3.65	

^ = 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
FIRST-HYDROCORTISONE EXTERNAL GEL	\$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-MARYS MOUTHWASH MOUTH/THROAT SUSPENSION	\$3.65	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	\$3.65	
FIRST-OMEPRAZOLE ORAL SUSPENSION	\$3.65	PA; ¥ (PA applies to members 14 and older (No PA required for members 0-13 years of age))
FIRST-PROGESTERONE VGS 100 VAGINAL SUPPOSITORY	\$3.65	
FIRST-PROGESTERONE VGS 200 VAGINAL SUPPOSITORY	\$3.65	
FIRST-PROGESTERONE VGS 25 VAGINAL SUPPOSITORY	\$3.65	
FIRST-PROGESTERONE VGS 400 VAGINAL SUPPOSITORY	\$3.65	
FIRST-PROGESTERONE VGS 50 VAGINAL SUPPOSITORY	\$3.65	
FIRST-TESTOSTERONE MC TRANSDERMAL CREAM	\$3.65	
FIRST-TESTOSTERONE TRANSDERMAL OINTMENT	\$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	
Flebogamma Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
<i>fluconazole oral suspension reconstituted</i>	\$3.65	
<i>fluconazole oral tablet</i>	\$3.65	
<i>flucytosine oral capsule</i>	\$3.65	PA

^ = 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
<i>fluocinonide external cream 0.1 %</i>	\$3.65	PA; QL (120 GM per 30 days)
FLUORIDEX ENHANCED WHITENING DENTAL GEL	\$3.65	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL	\$3.65	
<i>fluoxetine hcl (pmdd) oral tablet</i>	\$3.65	PA
<i>flurandrenolide external cream</i>	\$3.65	PA
<i>flurandrenolide external lotion</i>	\$3.65	PA
<i>flutamide oral capsule</i>	\$3.65	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	\$3.65	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet</i>	\$3.65	
<i>frovatriptan succinate oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
FYCOMPA ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
Gammaplex Intravenous Solution 10 GM/200ML, 5 GM/100ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
<i>gatifloxacin ophthalmic solution</i>	\$3.65	
Gazyva Intravenous Solution	MB/RX	SP
GEBAUERS PAIN EASE EXTERNAL AEROSOL	\$3.65	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	\$3.65	
GENTAK OPHTHALMIC OINTMENT	\$3.65	
<i>gentamicin sulfate ophthalmic ointment</i>	\$3.65	
<i>gentamicin sulfate ophthalmic solution</i>	\$3.65	
GILOTRIF ORAL TABLET	\$3.65	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	\$3.65	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$3.65	
<i>glycron oral tablet 1.5 mg, 3 mg, 6 mg</i>	\$1	
<i>gordons urea external ointment 40 %</i>	\$3.65	

^ = 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
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (10 syringes per 14 days)
Halaven Intravenous Solution	MB/RX	SP
Hemofil M Intravenous Solution Reconstituted 1000 UNIT, 1700 UNIT, 1701-2000 UNIT, 220-400 UNIT, 250 UNIT, 500 UNIT, 801-1700 UNIT	MB/RX	PA; SP
<i>heparin sodium (porcine) injection solution 2500 unit/ml</i>	\$3.65	
Herceptin Intravenous Solution Reconstituted	MB/RX	SP
HEXALEN ORAL CAPSULE	\$3.65	
Hizentra Subcutaneous Solution 10 GM/50ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$3.65	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	\$3.65	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$3.65	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	\$3.65	
Humate-P Intravenous Solution Reconstituted 1000-2000 UNIT, 250-500 UNIT, 500-1000 UNIT	MB/RX	PA; SP
HYCAMTIN ORAL CAPSULE 0.25 MG	\$3.65	PA; SP; QL (15 EA per 21 days)
HYCAMTIN ORAL CAPSULE 1 MG	\$3.65	PA; SP; QL (25 EA per 21 days)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i>	\$3.65	QL (90 ML per 1 day)
<i>hydrocodone-ibuprofen oral tablet 2.5-200 mg</i>	\$3.65	QL (5 EA per 1 day)
<i>hydrocortisone butyrate external lotion</i>	\$3.65	
<i>hydrocortisone rectal cream</i>	\$3.65	
HYDROXYprogesterone Caproate Intramuscular Oil	MB/RX	¥ (Single Dose Vial Preferred); QL (1 ML per 7 days)
HYOPHEN ORAL TABLET	\$3.65	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	\$3.65	

^ = 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
<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	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	\$3.65	
Ibandronate Sodium Intravenous Solution 3 MG/3ML	MB/RX	QL (3 ML per 90 days)
IBRANCE ORAL CAPSULE	\$3.65	PA; SP
<i>icatibant acetate subcutaneous solution</i>	\$3.65	PA; SP; QL (3 ML per 1 Fill)
ICLUSIG ORAL TABLET	\$3.65	PA
IDHIFA ORAL TABLET	\$3.65	PA; SP; QL (30 EA per 30 days)
Ilaris (150mg Delivered) Subcutaneous Solution Reconstituted	MB/RX	PA; SP
<i>imatinib mesylate oral tablet</i>	\$3.65	SP
IMBRUVICA ORAL TABLET 140 MG	\$3.65	PA
Imfinzi Intravenous Solution	MB/RX	
INLYTA ORAL TABLET	\$3.65	PA; SP
INTROL ORAL SOLUTION	\$1	
IRESSA ORAL TABLET	\$3.65	PA
<i>isometheptene-dichloral-apap oral capsule</i>	\$3.65	QL (300 EA per 30 days)
ISOPTO CARBACHOL OPHTHALMIC SOLUTION	\$3.65	
ISOPTO HYOSCINE OPHTHALMIC SOLUTION	\$3.65	
<i>isotretinoin oral capsule</i>	\$3.65	PA
<i>itraconazole oral capsule</i>	\$3.65	
<i>itraconazole oral solution</i>	\$3.65	
<i>ivermectin oral tablet</i>	\$3.65	
Ixempra Kit Intravenous Solution Reconstituted	MB/RX	SP
Jevtana Intravenous Solution	MB/RX	SP

^ = 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
K.B.G.L IN TERODERM EXTERNAL CREAM	\$3.65	
Kadcyla Intravenous Solution Reconstituted	MB/RX	SP
KARIGEL DENTAL GEL	\$3.65	
KARIGEL-N DENTAL GEL	\$3.65	
KETEK ORAL TABLET	\$3.65	
<i>ketoconazole oral tablet</i>	\$3.65	
KISQALI 200 DOSE ORAL TABLET	\$3.65	PA
KISQALI 400 DOSE ORAL TABLET	\$3.65	PA
KISQALI 600 DOSE ORAL TABLET	\$3.65	PA
Kogenate FS Intravenous Kit	MB/RX	PA; SP
K-PHOS NO 2 ORAL TABLET	\$3.65	
K-PHOS ORAL TABLET	\$3.65	
KUVAN ORAL PACKET 100 MG	\$3.65	PA; SP
LAMISIL SPRAY EXTERNAL SOLUTION	\$3.65	
<i>lamivudine oral solution</i>	\$3.65	
<i>lamivudine oral tablet 100 mg</i>	\$3.65	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	\$3.65	
<i>lanthanum carbonate oral tablet chewable</i>	\$3.65	
LARIN FE 1.5/30 ORAL TABLET	\$0	
LARIN FE 1/20 ORAL TABLET	\$0	
Lartruvo Intravenous Solution	MB/RX	
<i>latanoprost ophthalmic solution</i>	\$3.65	
LATRIX EXTERNAL SUSPENSION	\$3.65	
LATUDA ORAL TABLET 60 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)
<i>lavare wound wash external gel</i>	\$3.65	
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

^ = 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
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
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
Leukine Intravenous Solution Reconstituted	MB/RX	SP
<i>levalbuterol tartrate inhalation aerosol</i>	\$3.65	PA
LEVATOL ORAL TABLET	\$1	PA
<i>levobunolol hcl ophthalmic solution 0.25 %</i>	\$3.65	
<i>levocarnitine oral solution</i>	\$3.65	
<i>levofloxacin ophthalmic solution</i>	\$3.65	
<i>levofloxacin oral solution</i>	\$3.65	
<i>levofloxacin oral tablet</i>	\$3.65	
LEVOleucovorin Calcium Intravenous Solution Reconstituted 50 MG	MB/RX	SP
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg</i>	\$0	
<i>levonorgestrel oral tablet</i>	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	\$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	\$0	
<i>lidocaine external patch 5 %</i>	\$3.65	
LIDOPROFEN EXTERNAL CREAM	\$3.65	
<i>linezolid oral suspension reconstituted</i>	\$3.65	QL (840 ML per 14 days)
<i>linezolid oral tablet</i>	\$3.65	QL (28 EA per 14 days)
LIQUICET ORAL SOLUTION	\$3.65	QL (90 ML per 1 day)
<i>lofene oral tablet</i>	\$3.65	
LOKARA EXTERNAL LOTION	\$3.65	PA
LOMEDIA 24 FE ORAL TABLET	\$0	
<i>lomustine oral capsule</i>	\$3.65	
LONSURF ORAL TABLET	\$3.65	PA; SP
<i>lopinavir-ritonavir oral solution</i>	\$3.65	
LORBRENA ORAL TABLET	\$3.65	PA; SP

^ = 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
<i>loteprednol etabonate ophthalmic suspension</i>	\$3.65	
LOZI-FLUR MOUTH/THROAT LOZENGE	\$3.65	
LUFYLLIN ORAL TABLET 400 MG	\$3.65	PA
LUPRON INJECTION KIT	Medical Benefit	PA; SP
LUPRON SUBCUTANEOUS SOLUTION	Medical Benefit	PA; SP
LYNPARZA ORAL CAPSULE	\$3.65	PA
LYNPARZA ORAL TABLET	\$3.65	PA
LYZA ORAL TABLET	\$0	
MATULANE ORAL CAPSULE	\$3.65	
<i>me/naphos/mb/hyo1 oral tablet</i>	\$3.65	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	\$3.65	
<i>megestrol acetate oral tablet</i>	\$3.65	
MEKINIST ORAL TABLET	\$3.65	PA; SP
MEKTOVI ORAL TABLET	\$3.65	PA
<i>melphalan oral tablet</i>	\$3.65	
<i>memantine hcl oral solution 2 mg/ml</i>	\$3.65	
<i>memantine hcl oral tablet</i>	\$3.65	
<i>meperidine hcl oral tablet 100 mg</i>	\$3.65	QL (9 EA per 1 day)
<i>mercaptopurine oral tablet</i>	\$3.65	
<i>mesalamine oral tablet delayed release</i>	\$3.65	
<i>mesalamine rectal suppository</i>	\$3.65	
<i>metformin hcl er (mod) oral tablet extended release 24 hour</i>	\$1	PA
<i>methoxsalen rapid oral capsule</i>	\$3.65	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 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 (30 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>methyltestosterone oral capsule</i>	\$3.65	
<i>metronidazole oral capsule</i>	\$3.65	
<i>metronidazole oral tablet</i>	\$3.65	

^ = 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
MICROCYN SKIN AND WOUND EXTERNAL GEL	\$3.65	
<i>miglitol oral tablet</i>	\$1	
<i>migragesic ida oral capsule</i>	\$3.65	QL (300 EA per 30 days)
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK	\$3.65	
<i>minocycline hcl oral capsule</i>	\$3.65	
MIRVASO EXTERNAL GEL	\$3.65	PA
MODERIBA ORAL TABLET 200 MG	\$3.65	QL (210 EA per 30 days)
<i>mometasone furoate nasal suspension</i>	\$3.65	PA
MONDOXYNE NL ORAL CAPSULE 100 MG, 50 MG	\$3.65	
Monoclote-P Intravenous Kit 1500 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA; SP
MONOJECT CONTROL SYRINGE	\$3.65	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML	\$3.65	
MONOJECT SAFETY SYRINGE/SHIELD 21G X 1-1/2" 12 ML, 22G X 1-1/2" 3 ML	\$3.65	
MONOJECT SYRINGE 22G X 1-1/2" 12 ML, 22G X 1-1/2" 6 ML, 3 ML, 6 ML	\$3.65	
MONOJECT SYRINGE LUER LOCK 6 ML, 60 ML	\$3.65	
MONOJECT SYRINGE REG LUER 12 ML	\$3.65	
Mononine Intravenous Solution Reconstituted	MB/RX	PA; SP
MONUROL ORAL PACKET	\$3.65	
MORGIDOX ORAL CAPSULE 100 MG	\$3.65	
<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 10 mg, 40 mg</i>	\$3.65	PA; QL (2 EA per 1 day)
MOXEZA OPHTHALMIC SOLUTION	\$3.65	
<i>moxifloxacin hcl ophthalmic solution</i>	\$3.65	
<i>moxifloxacin hcl oral tablet</i>	\$3.65	
MOZOBIL SUBCUTANEOUS SOLUTION	Medical Benefit	SP
<i>multi-vit/fluoride oral solution</i>	\$3.65	

^ = 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
<i>multi-vit/fluoride/iron oral solution</i>	\$3.65	
<i>mycophenolate mofetil oral suspension reconstituted</i>	\$3.65	
<i>mycophenolic acid oral tablet delayed release</i>	\$3.65	
MYLERAN ORAL TABLET	\$3.65	
Mylotarg Intravenous Solution Reconstituted 4.5 MG	MB/RX	
<i>n-acetyl-l-cysteine oral capsule</i>	\$3.65	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED	\$3.65	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED	\$3.65	
<i>naftifine hcl external cream</i>	\$3.65	PA
<i>napro external cream</i>	\$3.65	
NATURE-THROID ORAL TABLET	\$3.65	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	\$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-hc otic solution 1 %</i>	\$3.65	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	\$3.65	
NERLYNX ORAL TABLET	\$3.65	PA; SP
NEUTRAGARD ADVANCED DENTAL GEL	\$3.65	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	\$3.65	
NEXAVAR ORAL TABLET	\$3.65	PA; SP; QL (120 EA per 30 days)
NEXT CHOICE ORAL TABLET	\$0	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	\$1	
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	\$3.65	
<i>nilutamide oral tablet</i>	\$3.65	
<i>nitisinone oral capsule</i>	\$3.65	PA

^ = 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
<i>nitrofurantoin macrocrystal oral capsule</i>	\$3.65	
<i>nitrofurantoin monohyd macro oral capsule</i>	\$3.65	
<i>nitrofurantoin oral suspension</i>	\$3.65	
NODOLOR ORAL CAPSULE	\$3.65	QL (300 EA per 30 days)
<i>norepinephrine-dextrose intravenous solution 4-5 mg/500ml-%</i>	Medical Benefit	
<i>norepinephrine-sodium chloride intravenous solution prefilled syringe 0.08-0.9 mg/10ml-%, 0.16-0.9 mg/10ml-%</i>	Medical Benefit	
<i>norethin ace-eth estrad-fe oral tablet</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-eth estradiol oral tablet</i>	\$3.65	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	\$0	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0	
<i>norgestrel-ethinyl estradiol oral tablet</i>	\$0	
<i>nortuss-ex oral liquid</i>	\$3.65	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$3.65	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	\$3.65	
NovoSeven Intravenous Solution Reconstituted	MB/RX	PA; SP
NOXAFIL ORAL TABLET DELAYED RELEASE	\$3.65	PA
<i>np thyroid oral tablet 30 mg, 60 mg, 90 mg</i>	\$3.65	
NUZYRA ORAL TABLET 150 MG	\$3.65	
<i>nystatin external powder</i>	\$3.65	
<i>ofloxacin ophthalmic solution</i>	\$3.65	
<i>ofloxacin oral tablet 400 mg</i>	\$3.65	
OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	STPA
<i>olmesartan medoxomil oral tablet</i>	\$1	PA; STPA
<i>olmesartan medoxomil-hctz oral tablet</i>	\$1	PA; STPA

^ = 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
<i>olopatadine hcl ophthalmic solution</i>	\$3.65	PA
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION	\$3.65	
<i>omeprazole-sodium bicarbonate oral packet</i>	\$3.65	PA; QL (1 EA per 1 day)
Opdivo Intravenous Solution	MB/RX	
<i>opium oral tincture</i>	\$3.65	
OPSUMIT ORAL TABLET	\$3.65	PA; SP
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	\$3.65	
<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)
<i>otic care otic solution</i>	\$3.65	
<i>oxiconazole nitrate external cream</i>	\$3.65	PA
OXSORALEN EXTERNAL LOTION	\$3.65	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>	\$3.65	QL (2 EA per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 80 mg</i>	\$3.65	PA; QL (2 EA per 1 day)
<i>oxycodone-acetaminophen oral solution</i>	\$3.65	QL (60 ML per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG	\$3.65	QL (2 EA per 1 day)
PACLitaxel Intravenous Concentrate	MB/RX	
<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>pantoprazole sodium oral tablet delayed release</i>	\$3.65	
<i>paricalcitol oral capsule</i>	\$3.65	PA
PCE ORAL TABLET DELAYED RELEASE	\$3.65	
PEGANONE ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)

^ = 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
PEG-INTRON SUBCUTANEOUS KIT 150 MCG/0.5ML, 80 MCG/0.5ML	\$3.65	SP; QL (4 EA per 28 days)
<i>penicillamine 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	
PENNSAID TRANSDERMAL SOLUTION 2 %	\$3.65	PA
Perjeta Intravenous Solution	MB/RX	SP
<i>phenobarbital oral elixir</i>	\$3.65	
<i>phenobarbital oral solution</i>	\$3.65	
<i>phenobarbital oral tablet</i>	\$3.65	
<i>phenobarbital-belladonna alk oral elixir</i>	\$3.65	
PHENOHYTRO ORAL TABLET	\$3.65	
<i>phenoxybenzamine hcl oral capsule</i>	\$1	
<i>phenyleph-promethazine-cod oral syrup</i>	\$3.65	QL (30 ML per 1 day)
<i>phenylephrine-guaifenesin oral liquid</i>	\$3.65	
PHOS-FLUR DENTAL GEL	\$3.65	
PHOSPHASAL ORAL TABLET	\$3.65	
<i>phytonadione oral tablet</i>	\$3.65	
<i>pimecrolimus external cream</i>	\$3.65	PA
<i>pimozide oral tablet 2 mg</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
PIMTREA ORAL TABLET	\$0	
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
PIRMELLA 7/7/7 ORAL TABLET	\$0	
POMALYST ORAL CAPSULE	\$3.65	PA; SP
<i>potassium bicarbonate granules</i>	\$3.65	

^ = 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
<i>potassium chloride er oral tablet extended release 20 meq</i>	\$3.65	
<i>potassium chloride granules</i>	\$3.65	
<i>potassium chloride oral packet</i>	\$3.65	
<i>potassium citrate er oral tablet extended release</i>	\$3.65	
<i>potassium citrate monohydrate granules</i>	\$3.65	
<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	
PRASCION EXTERNAL EMULSION	\$3.65	
<i>prasugrel hcl oral tablet</i>	\$3.65	
<i>praziquantel oral tablet</i>	\$3.65	
PRED-G OPHTHALMIC SUSPENSION	\$3.65	
PRED-G S.O.P. OPHTHALMIC OINTMENT	\$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	
<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 (60 EA per 30 days)
<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>premium lidocaine external ointment</i>	\$3.65	QL (50 GM per 30 days)
<i>primidone oral tablet</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
PRIMSOL ORAL SOLUTION	\$3.65	
PROCTOSOL HC RECTAL CREAM	\$3.65	
PROCTOZONE-HC RECTAL CREAM	\$3.65	

^ = 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
<i>progesterone intramuscular oil</i>	\$3.65	PA
<i>progesterone micronized transdermal cream</i>	\$3.65	
Proleukin Intravenous Solution Reconstituted	MB/RX	SP
<i>promethazine hcl rectal suppository 50 mg</i>	\$3.65	
<i>promethazine-phenylephrine oral syrup</i>	\$3.65	
PROTONIX ORAL PACKET	\$3.65	PA
PULMOSAL INHALATION NEBULIZATION SOLUTION	\$3.65	
PURIXAN ORAL SUSPENSION	\$3.65	
<i>pyrazinamide oral tablet</i>	\$3.65	
<i>pyridostigmine bromide er oral tablet extended release</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>quinaretic oral tablet 10-12.5 mg, 20-25 mg</i>	\$1	
<i>quinine sulfate oral capsule</i>	\$3.65	PA
<i>rabeprazole sodium oral tablet delayed release</i>	\$3.65	PA
<i>raloxifene hcl oral tablet</i>	\$3.65	
<i>ramelteon oral tablet</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>ranolazine er oral tablet extended release 12 hour</i>	\$3.65	PA; QL (60 EA per 30 days)
<i>rasagiline mesylate oral tablet</i>	\$3.65	
REA LO 40 EXTERNAL CREAM	\$3.65	
REA LO 40 EXTERNAL LOTION	\$3.65	
REGRANEX EXTERNAL GEL	\$3.65	
REMEVEN EXTERNAL CREAM	\$3.65	
<i>repaglinide oral tablet</i>	\$1	
<i>repaglinide-metformin hcl oral tablet</i>	\$1	
REVLIMID ORAL CAPSULE	\$3.65	PA; SP
<i>rexaphenac transdermal cream</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	

^ = 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
<i>risedronate sodium oral tablet 150 mg</i>	\$3.65	PA; QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg</i>	\$3.65	PA; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	\$3.65	PA; QL (4 EA 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)
Rituxan Hycela Subcutaneous Solution	MB/RX	PA; SP
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24hr, 9.5 mg/24hr</i>	\$3.65	
Rixubis Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>ropivacaine hcl-nacl injection solution 0.1-0.9 %</i>	Medical Benefit	
ROSANIL CLEANSER EXTERNAL EMULSION	\$3.65	
<i>rosuvastatin calcium oral tablet</i>	\$1	QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE	\$3.65	PA; SP
RUBRACA ORAL TABLET	\$3.65	PA; SP; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE	\$3.65	PA; SP
<i>selenium sulfide external lotion</i>	\$3.65	
SELRX EXTERNAL SHAMPOO	\$3.65	
SEROPHENE ORAL TABLET	\$3.65	PA
<i>sevelamer carbonate oral packet</i>	\$3.65	
<i>silodosin oral capsule</i>	\$3.65	PA
Simponi Aria Intravenous Solution	MB/RX	PA; SP; QL (5 vials per 8 Weeks)
<i>sirolimus oral solution</i>	\$3.65	
<i>sirolimus oral tablet</i>	\$3.65	
SIVEXTRO ORAL TABLET	\$3.65	QL (6 EA per 365 days)
<i>sodium chloride irrigation solution 0.9 %</i>	\$3.65	PA
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	\$3.65	
<i>sodium polystyrene sulfonate oral powder</i>	\$3.65	
<i>solifenacin succinate oral tablet</i>	\$3.65	
SOVALDI ORAL TABLET 400 MG	\$3.65	PA; SP; # (Preferred product)
SPRYCEL ORAL TABLET 100 MG, 140 MG	\$3.65	PA; SP; QL (30 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
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	\$3.65	PA; SP; QL (60 EA per 30 days)
STIVARGA ORAL TABLET	\$3.65	PA; SP; QL (84 EA per 28 days)
<i>sulfacetamide sodium-sulfur external emulsion</i>	\$3.65	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	\$3.65	
<i>sulfadiazine oral tablet</i>	\$3.65	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	\$3.65	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	\$3.65	
<i>sulfasalazine oral tablet delayed release</i>	\$3.65	
SULFATRIM PEDIATRIC ORAL SUSPENSION	\$3.65	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	\$3.65	
SUPRAX ORAL TABLET CHEWABLE	\$3.65	
SUTENT ORAL CAPSULE	\$3.65	PA; SP
TABLOID ORAL TABLET	\$3.65	
<i>tacrolimus external ointment</i>	\$3.65	PA
<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)
TAFINLAR ORAL CAPSULE	\$3.65	PA; SP
TAGRISSO ORAL TABLET 40 MG	\$3.65	PA; QL (30 Tablets per 30 days)
TAGRISSO ORAL TABLET 80 MG	\$3.65	PA
TALZENNA ORAL CAPSULE	\$3.65	PA; SP
TASIGNA ORAL CAPSULE	\$3.65	PA; SP
Tecentriq Intravenous Solution 1200 MG/20ML	MB/RX	
<i>telmisartan oral tablet</i>	\$1	STPA
<i>telmisartan-hctz oral tablet</i>	\$1	PA
Temodar Intravenous Solution Reconstituted	MB/RX	SP
<i>temozolomide oral capsule</i>	\$3.65	SP
<i>tenofovir disoproxil fumarate oral tablet</i>	\$3.65	
<i>terbinafine hcl oral tablet</i>	\$3.65	¥ (Max of 90 tablets per 365 days); QL (30 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
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	\$3.65	PA
<i>testosterone transdermal solution</i>	\$3.65	PA
<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>tetracycline hcl oral capsule</i>	\$3.65	
THALITONE ORAL TABLET	\$1	
<i>tiagabine hcl oral tablet 12 mg, 16 mg</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
TIBSOVO ORAL TABLET	\$3.65	PA
TIVICAY ORAL TABLET 50 MG	\$3.65	
<i>tobramycin inhalation nebulization solution</i>	\$3.65	SP
<i>tobramycin ophthalmic solution</i>	\$3.65	
TOBREX OPHTHALMIC OINTMENT	\$3.65	
<i>tolcapone oral tablet</i>	\$3.65	PA; QL (180 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	\$3.65	
<i>toremifene citrate oral tablet</i>	\$3.65	
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
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
TRESIBA SUBCUTANEOUS SOLUTION	\$3.65	
<i>tretinoin external gel 0.05 %</i>	\$3.65	PA
<i>tretinoin oral capsule</i>	\$3.65	
<i>triamcinolone acetonide external aerosol solution</i>	\$3.65	PA
<i>triamterene oral capsule</i>	\$3.65	
<i>trientine hcl oral capsule</i>	\$3.65	PA

^ = 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
TRI-LO-SPRINTEC ORAL TABLET	\$0	
TRILYTE ORAL SOLUTION RECONSTITUTED	\$3.65	
<i>trimethoprim oral tablet</i>	\$3.65	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 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)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 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)
TURALIO ORAL CAPSULE	\$3.65	PA
TYKERB ORAL TABLET	\$3.65	PA; SP; QL (180 EA per 30 days)
U-KERA E EXTERNAL CREAM	\$3.65	
UMECTA EXTERNAL EMULSION	\$3.65	
UNITHROID DIRECT ORAL TABLET	\$3.65	
UNITHROID ORAL TABLET 137 MCG	\$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	
URETRON D/S ORAL TABLET	\$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>valacyclovir hcl oral tablet</i>	\$3.65	
VALCHLOR EXTERNAL GEL	\$3.65	
<i>valganciclovir hcl oral solution reconstituted</i>	\$3.65	
<i>valganciclovir hcl oral tablet</i>	\$3.65	

^ = 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
<i>valsartan oral tablet</i>	\$1	
Valstar Intravesical Solution	MB/RX	SP
<i>vancomycin hcl oral capsule</i>	\$3.65	QL (40 EA per 10 days)
VARUBI ORAL TABLET	\$3.65	¥ (Max of 6 tablets per 30 days); QL (2 Tablets per 1 Fill)
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
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)
VERZENIO ORAL TABLET	\$3.65	PA; SP
Vidaza Injection Suspension Reconstituted	MB/RX	SP
<i>vigabatrin oral packet</i>	\$3.65	PA; SP; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (180 EA per 30 days)
<i>vigabatrin oral tablet</i>	\$3.65	PA; SP; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (180 EA per 30 days)
VITRAKVI ORAL CAPSULE	\$3.65	PA; SP
VITRAKVI ORAL SOLUTION	\$3.65	PA; SP
VIZIMPRO ORAL TABLET	\$3.65	PA; SP
<i>voriconazole oral suspension reconstituted</i>	\$3.65	PA
<i>voriconazole oral tablet</i>	\$3.65	PA; QL (180 EA per 30 days)
VOTRIENT ORAL TABLET	\$3.65	PA; SP; QL (120 EA per 30 days)
VYFEMLA ORAL TABLET	\$0	
Vyxeos Intravenous Suspension Reconstituted 100-44 MG	MB/RX	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	\$3.65	
Wilate Intravenous Solution Reconstituted	MB/RX	PA; SP

^ = 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
WP THYROID ORAL TABLET	\$3.65	
XALKORI ORAL CAPSULE	\$3.65	PA; SP
XOSPATA ORAL TABLET	\$3.65	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$3.65	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$3.65	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$3.65	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	\$3.65	PA
XTANDI ORAL CAPSULE	\$3.65	PA; SP; QL (120 EA per 30 days)
Yervoy Intravenous Solution	MB/RX	SP
Zaltrap Intravenous Solution	MB/RX	SP
ZAZOLE VAGINAL CREAM 0.8 %	\$3.65	
ZAZOLE VAGINAL SUPPOSITORY	\$3.65	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	\$3.65	QL (180 EA per 30 days)
ZEJULA ORAL CAPSULE	\$3.65	PA
ZELBORAF ORAL TABLET	\$3.65	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000-51000 UNIT, 20000-68000 UNIT, 25000 UNIT, 3000-10000 UNIT, 5000 UNIT	\$3.65	
ZMAX ORAL SUSPENSION RECONSTITUTED	\$3.65	
Zoledronic Acid Intravenous Solution	MB/RX	
ZOMIG NASAL SOLUTION 2.5 MG	\$3.65	STPA; QL (6 Units per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG	\$3.65	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)
ZYDELIG ORAL TABLET	\$3.65	PA; SP
ZYKADIA ORAL CAPSULE	\$3.65	PA; SP
ZYKADIA ORAL TABLET	\$3.65	PA; SP
OVERDOSE		
<i>acetylcysteine inhalation solution</i>	\$3.65	
CHEMET ORAL CAPSULE	\$3.65	

^ = 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
<i>deferasirox oral tablet soluble</i>	\$3.65	SP
DEPEN TITRATABS ORAL TABLET	\$3.65	
EVZIO INJECTION SOLUTION AUTO-INJECTOR	\$3.65	PA; ¥ (Max of 4 units per 30 days); QL (2 Units per 1 Rx)
FERRIPROX ORAL SOLUTION	\$3.65	PA
FERRIPROX ORAL TABLET	\$3.65	PA
JADENU ORAL TABLET	\$3.65	SP
JADENU SPRINKLE ORAL PACKET	\$3.65	SP
<i>leucovorin calcium oral tablet</i>	\$3.65	
Levoleucovorin Calcium Intravenous Solution	MB/RX	SP
LEVOleucovorin Calcium Intravenous Solution Reconstituted 50 MG	MB/RX	SP
LEVOleucovorin Calcium PF Intravenous Solution	MB/RX	SP
MOVANTIK ORAL TABLET	\$3.65	PA
<i>naloxone hcl injection solution 0.4 mg/ml, 1 mg/ml</i>	\$3.65	
NARCAN NASAL LIQUID	\$3.65	¥ (1 kit(box) per RX, 2 kits(boxes) per 30 days); QL (1 Units per 1 Rx)
<i>penicillamine oral capsule</i>	\$3.65	
RELISTOR ORAL TABLET	\$3.65	PA; QL (90 Tablets per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	\$3.65	PA
SYMPROIC ORAL TABLET	\$3.65	PA
<i>trientine hcl oral capsule</i>	\$3.65	PA
VISTOGARD ORAL PACKET	\$3.65	QL (20 EA per 30 days)
PAIN		
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)

^ = 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
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$3.65	QL (6 EA per 1 day)
ADVICOR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; QL (2 ML per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; QL (1 ML per 30 days)
<i>almotriptan malate oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
<i>amlodipine besylate oral tablet</i>	\$1	
APADAZ ORAL TABLET	\$3.65	PA; QL (168 EA per 14 days)
ASCOMP-CODEINE ORAL CAPSULE	\$3.65	QL (180 EA per 30 days)
<i>atenolol oral tablet</i>	\$1	
BELBUCA BUCCAL FILM	\$3.65	PA; QL (60 Films per 30 days)
Botox Injection Solution Reconstituted	MB/RX	PA; SP
BRILINTA ORAL TABLET 60 MG	\$3.65	QL (60 EA per 30 days)
BRILINTA ORAL TABLET 90 MG	\$3.65	PA; QL (60 EA per 30 days)
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	\$3.65	
<i>bromfenac sodium ophthalmic solution</i>	\$3.65	
<i>buprenorphine transdermal patch weekly</i>	\$3.65	PA; QL (4 EA per 28 days)
<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-asa-caff-codeine oral capsule</i>	\$3.65	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine 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	
CAFERGOT ORAL TABLET	\$3.65	
CAPACET ORAL CAPSULE	\$3.65	QL (180 EA per 30 days)
CAPITAL/CODEINE ORAL SUSPENSION	\$3.65	QL (150 ML per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	\$1	PA

^ = 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
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$1	
CIDALEAZE EXTERNAL CREAM	\$3.65	
<i>cilostazol oral tablet</i>	\$3.65	
<i>cimetidine oral tablet 200 mg</i>	\$3.65	
<i>clopidogrel bisulfate oral tablet</i>	\$3.65	
<i>codeine sulfate oral tablet</i>	\$3.65	QL (360 mg per 1 day)
<i>diclofenac potassium oral tablet</i>	\$3.65	
<i>diclofenac sodium ophthalmic solution</i>	\$3.65	
<i>diflunisal oral tablet</i>	\$3.65	
<i>dihydroergotamine mesylate nasal solution</i>	\$3.65	
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	\$3.65	
<i>dilt-cd oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</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	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	\$1	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	\$1	PA
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	\$1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$1	
<i>diltiazem hcl oral tablet</i>	\$1	
<i>dilt-xr oral capsule extended release 24 hour</i>	\$1	
<i>diltzac oral capsule extended release 24 hour</i>	\$1	
<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)

^ = 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
<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)
<i>duloxetine hcl oral capsule delayed release particles 20 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); QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 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 (30 EA per 30 days)
DUREZOL OPHTHALMIC EMULSION	\$3.65	
<i>eletriptan hydrobromide oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
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>enoxaparin sodium injection solution</i>	\$3.65	
<i>enoxaparin sodium subcutaneous solution</i>	\$3.65	
<i>eplerenone oral tablet</i>	\$1	PA; QL (60 EA per 30 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	
<i>etodolac oral capsule</i>	\$3.65	
<i>etodolac oral tablet</i>	\$3.65	
<i>famotidine oral suspension reconstituted</i>	\$3.65	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$3.65	
<i>fenoprofen calcium oral tablet</i>	\$3.65	
<i>fentanyl citrate buccal lozenge on a handle</i>	\$3.65	PA; QL (120 EA per 30 days)
<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)

^ = 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
FENTORA BUCCAL TABLET 100 MCG	\$3.65	PA; QL (4 EA per 1 day)
<i>flavoxate hcl oral tablet</i>	\$3.65	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	\$3.65	
<i>frovatriptan succinate oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
<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</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
GLYDO EXTERNAL GEL	\$3.65	
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>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)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	\$3.65	QL (5 EA per 1 day)

^ = 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
<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)
<i>ibuprofen oral suspension</i>	\$3.65	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$3.65	
ILEVRO OPHTHALMIC SUSPENSION	\$3.65	
INTRAROSA VAGINAL INSERT	\$3.65	PA; QL (28 EA per 28 days)
INVELTYS OPHTHALMIC SUSPENSION	\$3.65	PA
ISORDIL TITRADOSE ORAL TABLET 40 MG	\$3.65	
<i>isosorbide dinitrate er oral tablet extended release</i>	\$3.65	
<i>isosorbide dinitrate oral tablet</i>	\$3.65	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	\$3.65	
<i>isosorbide mononitrate oral tablet</i>	\$3.65	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	\$3.65	PA; QL (2 EA per 1 day)
<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 ophthalmic solution</i>	\$3.65	
<i>ketorolac tromethamine oral tablet</i>	\$3.65	QL (20 EA 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	
<i>lidocaine hcl external lotion</i>	\$3.65	
<i>lidopin external cream 3 %</i>	\$3.65	
LORCET HD ORAL TABLET	\$3.65	QL (6 EA per 1 day)
LORCET ORAL TABLET	\$3.65	QL (8 EA per 1 day)

^ = 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
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)
LOTEMAX SM OPHTHALMIC GEL	\$3.65	PA
LYRICA CR 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); QL (30 EA per 30 days)
<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)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	PA
<i>meclofenamate sodium oral capsule</i>	\$3.65	
<i>mefenamic acid oral capsule</i>	\$3.65	PA
<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; 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	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	\$1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	\$3.65	PA
MIGERGOT RECTAL SUPPOSITORY	\$3.65	
MIGRANAL NASAL SOLUTION	\$3.65	QL (8 Units 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
MINITRAN TRANSDERMAL PATCH 24 HOUR	\$3.65	
<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)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$1	
<i>naproxen oral suspension</i>	\$3.65	
<i>naproxen oral tablet</i>	\$3.65	
<i>naproxen sodium oral tablet</i>	\$3.65	
<i>naratriptan hcl oral tablet</i>	\$3.65	STPA; QL (9 EA per 30 days)
NEVANAC OPHTHALMIC SUSPENSION	\$3.65	
<i>nicardipine hcl oral capsule</i>	\$1	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	\$1	
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	\$3.65	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	\$1	
<i>nifedipine oral capsule</i>	\$1	
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	

^ = 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
<i>nitroglycerin translingual aerosol solution</i>	\$3.65	
<i>nitroglycerin translingual solution</i>	\$3.65	
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)
OSPHENA ORAL TABLET	\$3.65	PA
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg</i>	\$3.65	QL (2 EA per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 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</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)
<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)

^ = 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
<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)
<i>pentoxifylline er oral tablet extended release</i>	\$3.65	
<i>perindopril erbumine oral tablet</i>	\$1	
PHENADOZ RECTAL SUPPOSITORY	\$3.65	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	\$3.65	
PHENERGAN RECTAL SUPPOSITORY	\$3.65	
<i>prasugrel hcl oral tablet</i>	\$3.65	
PREMARIN VAGINAL CREAM	\$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	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	\$1	
<i>propranolol hcl oral solution 40 mg/5ml</i>	\$1	
<i>propranolol hcl oral tablet</i>	\$1	
<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>ranolazine er oral tablet extended release 12 hour</i>	\$3.65	PA; QL (60 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	\$3.65	STPA; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	\$3.65	STPA; QL (9 EA per 30 days)
ROXICET ORAL TABLET 5-325 MG	\$3.65	QL (12 EA per 1 day)
SAVELLA ORAL TABLET	\$3.65	STPA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	\$3.65	STPA; QL (60 EA per 30 days)
SPRIX NASAL SOLUTION	\$3.65	PA; ¥ (Max of 5 days per Rx); QL (4 units per 1 day)
<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)

^ = 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
<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)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	\$3.65	QL (4 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$1	
<i>telmisartan oral tablet</i>	\$1	STPA
TENCON ORAL TABLET 50-325 MG	\$3.65	QL (180 EA per 30 days)
<i>timolol maleate oral tablet</i>	\$1	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 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 (30 EA per 30 days)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 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 EA per 30 days)
<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); QL (180 EA per 30 days)
<i>topiramate oral tablet 100 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)
<i>topiramate oral tablet 200 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>topiramate oral tablet 25 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 (180 EA per 30 days)
TOSYMRA NASAL SOLUTION	\$3.65	PA; QL (6 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
<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</i>	\$3.65	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	\$3.65	QL (240 EA per 30 days)
<i>trandolapril oral tablet</i>	\$1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 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)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 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)
<i>verapamil hcl oral tablet</i>	\$1	
VERDROCET ORAL TABLET	\$3.65	QL (12 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG	\$3.65	QL (60 EA per 30 days)
ZAMICET ORAL SOLUTION	\$3.65	QL (90 ML per 1 day)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	\$3.65	QL (180 EA per 30 days)
ZOXYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	\$3.65	PA; QL (2 EA per 1 day)
<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)
ZOMIG NASAL SOLUTION	\$3.65	STPA; QL (6 Units per 30 days)
ZONTIVITY ORAL TABLET	\$3.65	
PATIENT DEMOGRAPHICS		
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)

^ = 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
<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)
CHANTIX CONTINUING MONTH PAK ORAL TABLET	\$0	
CHANTIX ORAL TABLET	\$0	
CHANTIX STARTING MONTH PAK ORAL TABLET	\$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 14 mg/24hr, 21 mg/24hr</i>	\$0	
<i>eql nicotine polacrilex mouth/throat gum</i>	\$0	
<i>eql nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>eql nicotine transdermal patch 24 hour</i>	\$0	
<i>gnp nicotine mini mouth/throat lozenge</i>	\$0	
<i>gnp nicotine polacrilex mouth/throat gum</i>	\$0	
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	\$0	
<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	
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	
<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	
<i>ra mini nicotine mouth/throat lozenge</i>	\$0	

^ = 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
<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	
<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</i>	\$0	
<i>sm nicotine transdermal patch 24 hour</i>	\$0	
<i>sw nicotine polacrilex mouth/throat gum</i>	\$0	
<i>sw nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>tgt nicotine mouth/throat gum 4 mg</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	
PREGNANCY		
BONJESTA ORAL TABLET EXTENDED RELEASE	\$3.65	PA
<i>bp folinatal plus b oral tablet</i>	\$3.65	
<i>caffeine citrate oral solution</i>	\$3.65	
<i>doxylamine-pyridoxine oral tablet delayed release</i>	\$3.65	PA
ELITE-OB ORAL TABLET	\$3.65	
HYDROXYprogesterone Caproate Intramuscular Oil	MB/RX	¥ (Single Dose Vial Preferred); QL (1 ML per 7 days)
INATAL ADVANCE ORAL TABLET	\$3.65	
<i>methylergonovine maleate oral tablet</i>	\$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	

^ = 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
<i>prenatal oral tablet 27-0.8 mg</i>	\$3.65	
Rhophylac Injection Solution Prefilled Syringe	MB/RX	SP
TRINATE ORAL TABLET	\$3.65	
WinRho SDF Injection Solution	MB/RX	SP
ZULRESSO INTRAVENOUS SOLUTION	Medical Benefit	PA
PROCEDURE		
ADRENALIN INJECTION SOLUTION 1 MG/ML	\$3.65	
Aloxi Intravenous Solution 0.25 MG/5ML	MB/RX	QL (20 ML per 1 Rx)
Alphanate/VWF Complex/Human Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>aminocaproic acid oral solution</i>	\$3.65	
<i>aminocaproic acid oral tablet</i>	\$3.65	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	\$3.65	PA; QL (60 EA per 30 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	
<i>azathioprine oral tablet</i>	\$3.65	
BRILINTA ORAL TABLET 60 MG	\$3.65	QL (60 EA per 30 days)
BRILINTA ORAL TABLET 90 MG	\$3.65	PA; QL (60 EA per 30 days)
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	\$3.65	
<i>bromfenac sodium ophthalmic solution</i>	\$3.65	
CIDALEAZE EXTERNAL CREAM	\$3.65	
<i>cinacalcet hcl oral tablet</i>	\$3.65	STPA; SP
<i>clopidogrel bisulfate oral tablet</i>	\$3.65	
<i>cyclosporine modified oral capsule</i>	\$3.65	
<i>cyclosporine modified oral solution</i>	\$3.65	
<i>cyclosporine oral capsule</i>	\$3.65	
Cytogam Intravenous Injectable	MB/RX	PA; SP
<i>deferasirox oral tablet soluble</i>	\$3.65	SP
<i>dexamethasone sodium phosphate ophthalmic solution</i>	\$3.65	
<i>diclofenac sodium ophthalmic solution</i>	\$3.65	
<i>dipyridamole oral tablet</i>	\$3.65	

^ = 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
<i>dofetilide oral capsule</i>	\$3.65	SP
<i>doxercalciferol oral capsule</i>	\$3.65	
DUREZOL OPHTHALMIC EMULSION	\$3.65	
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	
FERRIPROX ORAL SOLUTION	\$3.65	PA
FERRIPROX ORAL TABLET	\$3.65	PA
<i>flurbiprofen sodium ophthalmic solution</i>	\$3.65	
<i>fondaparinux sodium subcutaneous solution</i>	\$3.65	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	\$3.65	
GATTEX SUBCUTANEOUS KIT	\$3.65	SP; QL (1 Kit per 1 day)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	\$3.65	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	\$3.65	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$3.65	
GENGRAF ORAL SOLUTION	\$3.65	
GLYDO EXTERNAL GEL	\$3.65	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	\$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, 5000 unit/ml</i>	\$3.65	
Humate-P Intravenous Solution Reconstituted 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	MB/RX	PA; SP
<i>hydroxyzine hcl oral syrup</i>	\$3.65	
<i>hydroxyzine hcl oral tablet</i>	\$3.65	
<i>hydroxyzine pamoate oral capsule</i>	\$3.65	
ILEVRO OPHTHALMIC SUSPENSION	\$3.65	

^ = 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
INVELTYS OPHTHALMIC SUSPENSION	\$3.65	PA
IPIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	QL (24 vials per 12 days)
JADENU ORAL TABLET	\$3.65	SP
JADENU SPRINKLE ORAL PACKET	\$3.65	SP
<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 ophthalmic solution</i>	\$3.65	
<i>ketorolac tromethamine oral tablet</i>	\$3.65	QL (20 EA per 30 days)
<i>lidocaine external ointment</i>	\$3.65	QL (50 GM per 30 days)
<i>lidocaine hcl (pf) injection solution 4 %</i>	\$3.65	
<i>lidocaine hcl external cream 3 %</i>	\$3.65	
<i>lidocaine hcl external gel 2 %</i>	\$3.65	
<i>lidocaine hcl external lotion</i>	\$3.65	
<i>lidocaine hcl external solution</i>	\$3.65	
<i>lidocaine hcl injection solution 0.5 %, 1 %, 1.5 %, 2 %</i>	\$3.65	
<i>lidocaine viscous mouth/throat 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	
<i>liothyronine sodium oral tablet</i>	\$3.65	
LOTEMAX SM OPHTHALMIC GEL	\$3.65	PA
MOVIPREP ORAL SOLUTION RECONSTITUTED	\$3.65	
MOZOBIL SUBCUTANEOUS SOLUTION	Medical Benefit	SP
<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>mycophenolic acid oral tablet delayed release</i>	\$3.65	
<i>neomycin sulfate oral tablet</i>	\$3.65	

^ = 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
NEULASTA DELIVERY KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA DELIVERY KIT SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (0.6 ML per 14 days)
NEVANAC OPHTHALMIC SUSPENSION	\$3.65	
NUTRESTORE ORAL PACKET	\$3.65	PA
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	\$3.65	
OSMOPREP ORAL TABLET	\$3.65	QL (32 EA per 1 Fill)
OTIPRIO INTRATYMPANIC SUSPENSION	Medical Benefit	
<i>oxycodone-ibuprofen oral tablet</i>	\$3.65	PA; QL (4 EA per 1 day)
<i>peg 3350/electrolytes oral solution reconstituted</i>	\$3.65	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	\$3.65	
<i>peg-3350/electrolytes oral solution reconstituted</i>	\$3.65	
PHENADOZ RECTAL SUPPOSITORY	\$3.65	
PHENERGAN RECTAL SUPPOSITORY	\$3.65	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$3.65	
<i>pilocarpine hcl oral tablet</i>	\$3.65	
<i>prasugrel hcl oral tablet</i>	\$3.65	
PREPOPIK ORAL PACKET	\$3.65	
Prevymis Intravenous Solution	MB/RX	PA
PREVYMIS ORAL TABLET	\$3.65	PA
<i>probenecid oral tablet</i>	\$3.65	
PROGRAF ORAL PACKET 1 MG	\$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	

^ = 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
PROMETHEGAN RECTAL SUPPOSITORY	\$3.65	
<i>proparacaine hcl ophthalmic solution</i>	\$3.65	
<i>quinidine gluconate er oral tablet extended release</i>	\$3.65	
<i>quinidine sulfate er oral tablet extended release</i>	\$3.65	
<i>quinidine sulfate oral tablet</i>	\$3.65	
SANDIMMUNE ORAL SOLUTION	\$3.65	
<i>silver sulfadiazine external cream</i>	\$3.65	
<i>sirolimus oral solution</i>	\$3.65	
<i>sirolimus oral tablet</i>	\$3.65	
SPRIX NASAL SOLUTION	\$3.65	PA; ¥ (Max of 5 days per Rx); QL (4 units per 1 day)
SSD EXTERNAL CREAM	\$3.65	
SULFAMYLON EXTERNAL CREAM	\$3.65	PA
SUPREP BOWEL PREP KIT ORAL SOLUTION	\$3.65	
<i>tacrolimus oral capsule</i>	\$3.65	
Thyrogen Intramuscular Solution Reconstituted	MB/RX	SP
TRIESENCE INTRAOCULAR SUSPENSION	\$3.65	
TRILYTE ORAL SOLUTION RECONSTITUTED	\$3.65	
<i>trimethobenzamide hcl oral capsule</i>	\$3.65	
VEXOL OPHTHALMIC SUSPENSION	\$3.65	
Vonvendi Intravenous Solution Reconstituted	MB/RX	PA; SP
Wilate Intravenous Kit	MB/RX	PA; SP
Wilate Intravenous Solution Reconstituted 1000-1000 UNIT, 500-500 UNIT	MB/RX	PA; SP
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	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)
ZONTIVITY ORAL TABLET	\$3.65	
ZORTRESS ORAL TABLET	\$3.65	SP

^ = 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
RECENT OPERATION		
ADRENALIN INJECTION SOLUTION 1 MG/ML	\$3.65	
Aloxi Intravenous Solution 0.25 MG/5ML	MB/RX	QL (20 ML per 1 Rx)
Alphanate/VWF Complex/Human Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>aminocaproic acid oral solution</i>	\$3.65	
<i>aminocaproic acid oral tablet</i>	\$3.65	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	
<i>azathioprine oral tablet</i>	\$3.65	
BRILINTA ORAL TABLET 60 MG	\$3.65	QL (60 EA per 30 days)
BRILINTA ORAL TABLET 90 MG	\$3.65	PA; QL (60 EA per 30 days)
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	\$3.65	
<i>bromfenac sodium ophthalmic solution</i>	\$3.65	
CIDALEAZE EXTERNAL CREAM	\$3.65	
<i>clopidogrel bisulfate oral tablet</i>	\$3.65	
<i>cyclosporine modified oral capsule</i>	\$3.65	
<i>cyclosporine modified oral solution</i>	\$3.65	
<i>cyclosporine oral capsule</i>	\$3.65	
Cytogam Intravenous Injectable	MB/RX	PA; SP
<i>dexamethasone sodium phosphate ophthalmic solution</i>	\$3.65	
<i>diclofenac sodium ophthalmic solution</i>	\$3.65	
<i>dipyridamole oral tablet</i>	\$3.65	
DUREZOL OPHTHALMIC EMULSION	\$3.65	
<i>flurbiprofen sodium ophthalmic solution</i>	\$3.65	
<i>fondaparinux sodium subcutaneous solution</i>	\$3.65	
GATTEX SUBCUTANEOUS KIT	\$3.65	SP; QL (1 Kit per 1 day)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$3.65	
GENGRAF ORAL SOLUTION	\$3.65	
GLYDO EXTERNAL GEL	\$3.65	
<i>heparin (porcine) in nacl intravenous solution 5000-0.9 ut/500ml-%</i>	\$3.65	

^ = 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
Humate-P Intravenous Solution Reconstituted 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	MB/RX	PA; SP
<i>hydroxyzine hcl oral syrup</i>	\$3.65	
<i>hydroxyzine hcl oral tablet</i>	\$3.65	
<i>hydroxyzine pamoate oral capsule</i>	\$3.65	
ILEVRO OPHTHALMIC SUSPENSION	\$3.65	
INVELTYS OPHTHALMIC SUSPENSION	\$3.65	PA
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	QL (24 vials per 12 days)
<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 ophthalmic solution</i>	\$3.65	
<i>ketorolac tromethamine oral tablet</i>	\$3.65	QL (20 EA per 30 days)
<i>lidocaine external ointment</i>	\$3.65	QL (50 GM per 30 days)
<i>lidocaine hcl (pf) injection solution 4 %</i>	\$3.65	
<i>lidocaine hcl external cream 3 %</i>	\$3.65	
<i>lidocaine hcl external gel 2 %</i>	\$3.65	
<i>lidocaine hcl external lotion</i>	\$3.65	
<i>lidocaine hcl external solution</i>	\$3.65	
<i>lidocaine hcl injection solution 0.5 %, 1 %, 1.5 %, 2 %</i>	\$3.65	
<i>lidocaine viscous mouth/throat 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	
LOTEMAX SM OPHTHALMIC GEL	\$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>mycophenolic acid oral tablet delayed release</i>	\$3.65	
<i>neomycin sulfate oral tablet</i>	\$3.65	
NEVANAC OPHTHALMIC SUSPENSION	\$3.65	

^ = 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
NUTRESTORE ORAL PACKET	\$3.65	PA
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	\$3.65	
OTIPRIO INTRATYMPANIC SUSPENSION	Medical Benefit	
<i>oxycodone-ibuprofen oral tablet</i>	\$3.65	PA; QL (4 EA per 1 day)
PHENADOZ RECTAL SUPPOSITORY	\$3.65	
PHENERGAN RECTAL SUPPOSITORY	\$3.65	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$3.65	
<i>prasugrel hcl oral tablet</i>	\$3.65	
Prevymis Intravenous Solution	MB/RX	PA
PREVYMIS ORAL TABLET	\$3.65	PA
PROGRAF ORAL PACKET 1 MG	\$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	
<i>proparacaine hcl ophthalmic solution</i>	\$3.65	
SANDIMMUNE ORAL SOLUTION	\$3.65	
<i>silver sulfadiazine external cream</i>	\$3.65	
<i>sirolimus oral solution</i>	\$3.65	
<i>sirolimus oral tablet</i>	\$3.65	
SPRIX NASAL SOLUTION	\$3.65	PA; ¥ (Max of 5 days per Rx); QL (4 units per 1 day)
SSD EXTERNAL CREAM	\$3.65	
SULFAMYLON EXTERNAL CREAM	\$3.65	PA
<i>tacrolimus oral capsule</i>	\$3.65	
TRIESENCE INTRAOCULAR SUSPENSION	\$3.65	
<i>trimethobenzamide hcl oral capsule</i>	\$3.65	
VEXOL OPHTHALMIC SUSPENSION	\$3.65	
Vonvendi Intravenous Solution Reconstituted	MB/RX	PA; SP
Wilate Intravenous Kit	MB/RX	PA; SP
Wilate Intravenous Solution Reconstituted 1000-1000 UNIT, 500-500 UNIT	MB/RX	PA; SP

^ = 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
ZONTIVITY ORAL TABLET	\$3.65	
ZORTRESS ORAL TABLET	\$3.65	SP
SEPSIS SYNDROME		
ADRENALIN INJECTION SOLUTION	\$3.65	
<i>epinephrine hcl injection solution 1 mg/ml</i>	\$3.65	
SKIN CONDITION		
8-MOP ORAL CAPSULE	\$3.65	
ABSORICA ORAL CAPSULE	\$3.65	PA
<i>acitretin oral capsule</i>	\$3.65	QL (60 EA per 30 days)
<i>acne medication 5 external gel</i>	\$3.65	
<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	
Alferon N Injection Solution	MB/RX	SP
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
ANALPRAM-HC RECTAL LOTION 2.5-1 %	\$3.65	
APEXICON E EXTERNAL CREAM	\$3.65	PA
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)

^ = 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
<i>azelaic acid external gel</i>	\$3.65	QL (50 GM per 1 Rx)
AZELEX EXTERNAL CREAM	\$3.65	QL (30 grams per 1 fill)
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>benzoyl peroxide cleanser external liquid</i>	\$3.65	# (Preferred in class)
<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	QL (23 GM per 30 days)
Berinert Intravenous Kit	MB/RX	SP
<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 oral capsule</i>	\$3.65	SP
BEYAZ ORAL TABLET	\$0	
<i>bp foaming wash external liquid</i>	\$3.65	
<i>bp wash external liquid 10 %, 2.5 %, 5 %</i>	\$3.65	
<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
CALCITRENE EXTERNAL OINTMENT	\$3.65	

^ = 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
<i>calcitriol external ointment</i>	\$3.65	
CAPEX EXTERNAL SHAMPOO	\$3.65	PA
CENTANY EXTERNAL OINTMENT	\$3.65	
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$3.65	PA
<i>cetirizine hcl oral syrup 1 mg/ml</i>	\$3.65	PA
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	
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 (6 Syringes per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	\$3.65	PA; SP; QL (2 EA per 28 days)
CLARAVIS ORAL CAPSULE	\$3.65	PA; ¥ (Max of 5 months); QL (60 EA per 30 days)
<i>clemastine fumarate oral tablet 2.68 mg</i>	\$3.65	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	\$3.65	PA; QL (50 GM per 30 days)
<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>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

^ = 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
<i>clobetasol propionate external shampoo</i>	\$3.65	
<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	
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	\$3.65	PA; SP; QL (1 Syringe per 28 days)
<i>cyproheptadine hcl oral syrup</i>	\$3.65	
<i>cyproheptadine hcl oral tablet</i>	\$3.65	
<i>dapsone external gel</i>	\$3.65	PA; QL (60 GM per 30 days)
<i>dapsone oral tablet</i>	\$3.65	
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

^ = 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
<i>desoximetasone external cream 0.25 %</i>	\$3.65	
<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 sodium transdermal gel 3 %</i>	\$3.65	¥ (Max of 90 days per year); QL (200 GM per 30 days)
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>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	\$0	
DRYSOL EXTERNAL SOLUTION	\$3.65	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	\$3.65	PA; SP; QL (2 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	\$3.65	PA; SP; QL (4 ML per 28 days)
Dysport Intramuscular Solution Reconstituted	MB/RX	PA; SP
<i>econazole nitrate external cream</i>	\$3.65	
ECOZA EXTERNAL FOAM	\$3.65	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	PA; SP; # (Preferred product); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; # (Preferred product); QL (4 ML 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 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; # (Preferred product); QL (4 ML per 28 days)
EPIFOAM EXTERNAL FOAM	\$3.65	
ERIVEDGE ORAL CAPSULE	\$3.65	PA; SP
<i>erythromycin external gel</i>	\$3.65	
<i>erythromycin external solution</i>	\$3.65	
EUCRISA EXTERNAL OINTMENT	\$3.65	PA
EURAX EXTERNAL CREAM	\$3.65	
EURAX EXTERNAL LOTION	\$3.65	

^ = 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
EXELDERM EXTERNAL CREAM	\$3.65	PA
EXELDERM EXTERNAL SOLUTION	\$3.65	PA
FABIOR EXTERNAL FOAM	\$3.65	PA
Fabrazyme Intravenous Solution Reconstituted	MB/RX	PA; SP
FINACEA EXTERNAL FOAM	\$3.65	QL (50 GM per 1 Rx)
<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 otic oil</i>	\$3.65	
<i>fluocinolone acetonide scalp external oil</i>	\$3.65	
<i>fluocinonide external cream 0.05 %</i>	\$3.65	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	\$3.65	PA; QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	\$3.65	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	\$3.65	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	\$3.65	QL (60 ML per 30 days)
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	
GALAFOLD ORAL CAPSULE	\$3.65	PA
Gammagard S/D Less IgA Intravenous Solution Reconstituted	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
<i>gentamicin sulfate external cream</i>	\$3.65	
<i>gentamicin sulfate external ointment</i>	\$3.65	
GIANVI ORAL TABLET	\$0	
<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>halcinonide external cream</i>	\$3.65	PA

^ = 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
<i>halobetasol propionate external cream</i>	\$3.65	PA
<i>halobetasol propionate external ointment</i>	\$3.65	PA
HALOG EXTERNAL OINTMENT	\$3.65	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEN SUBCUTANEOUS KIT	\$3.65	PA; SP; # (Preferred product); QL (2 EA per 28 days)
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	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	\$3.65	PA; SP; ¥ (1 Fill per life of plan); # (Preferred product)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; # (Preferred product); QL (2 EA per 28 days)
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	\$3.65	
<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 rectal cream</i>	\$3.65	
<i>hydrocortisone valerate external cream</i>	\$3.65	
<i>hydrocortisone valerate external ointment</i>	\$3.65	
<i>hydroxychloroquine sulfate oral tablet</i>	\$3.65	
<i>hydroxyurea oral capsule</i>	\$3.65	
<i>icatibant acetate subcutaneous solution</i>	\$3.65	PA; SP; QL (3 ML per 1 Fill)
Ilumya Subcutaneous Solution Prefilled Syringe	MB/RX	PA
<i>imiquimod external cream</i>	\$3.65	

^ = 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
<i>imiquimod pump external cream</i>	\$3.65	PA; QL (7.5 GM per 14 days)
IMLYGIC INTRALESIONAL SUSPENSION	Medical Benefit	
IMPAVIDO ORAL CAPSULE	\$3.65	
Infectra Intravenous Solution Reconstituted	MB/RX	PA
Intron A Injection Solution	MB/RX	SP
Intron A Injection Solution Reconstituted	MB/RX	SP
<i>isotretinoin oral capsule</i>	\$3.65	PA
Istodax Intravenous Solution Reconstituted	MB/RX	SP
JUBLIA EXTERNAL SOLUTION	\$3.65	PA
<i>ketconazole external cream</i>	\$3.65	
<i>ketconazole external foam</i>	\$3.65	
<i>ketconazole external shampoo 2 %</i>	\$3.65	
KETODAN EXTERNAL FOAM	\$3.65	
<i>kp clotrimazole external cream</i>	\$3.65	
LAMISIL ORAL PACKET	\$3.65	PA; ¥ (Max of 6 weeks); QL (2 Packets per 1 day)
<i>levocetirizine dihydrochloride oral solution</i>	\$3.65	PA
<i>levocetirizine dihydrochloride oral tablet</i>	\$3.65	PA
<i>lidocaine external ointment</i>	\$3.65	QL (50 GM per 30 days)
<i>lidocaine hcl external cream 3 %</i>	\$3.65	
<i>lidocaine hcl external lotion</i>	\$3.65	
<i>lidopin external cream 3 %</i>	\$3.65	
<i>lindane external lotion</i>	\$3.65	
<i>lindane external shampoo</i>	\$3.65	
LORYNA ORAL TABLET	\$0	
<i>luliconazole external cream</i>	\$3.65	PA
<i>malathion external lotion</i>	\$3.65	
<i>methotrexate oral tablet</i>	\$3.65	
<i>methoxsalen rapid oral capsule</i>	\$3.65	
<i>metronidazole external cream</i>	\$3.65	
<i>metronidazole external gel 0.75 %</i>	\$3.65	
<i>metronidazole external gel 1 %</i>	\$3.65	PA
<i>metronidazole external lotion</i>	\$3.65	
MIRVASO EXTERNAL GEL	\$3.65	PA

^ = 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
<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
NEUAC EXTERNAL GEL	\$3.65	PA
NIKKI ORAL TABLET	\$0	
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	
<i>nystatin-triamcinolone external cream</i>	\$3.65	
<i>nystatin-triamcinolone external ointment</i>	\$3.65	
NYSTOP EXTERNAL POWDER	\$3.65	
ODOMZO ORAL CAPSULE	\$3.65	PA; SP
OFEV ORAL CAPSULE	\$3.65	SP; QL (60 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (4 ML per 28 days)
Orencia Intravenous Solution Reconstituted	MB/RX	PA; SP; QL (4 VIALS per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$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 (60 EA per 30 days)
<i>oxiconazole nitrate external cream</i>	\$3.65	PA
OXISTAT EXTERNAL LOTION	\$3.65	PA
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>pimecrolimus external cream</i>	\$3.65	PA

^ = 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
<i>podofilox external solution</i>	\$3.65	
PORTRAZZA INTRAVENOUS SOLUTION	Medical Benefit	
PRAMOSONE E EXTERNAL CREAM	\$3.65	
PRAMOSONE EXTERNAL CREAM 1-1 %	\$3.65	
PRAMOSONE EXTERNAL LOTION	\$3.65	
PRAMOSONE EXTERNAL OINTMENT	\$3.65	
<i>prednicarbate external cream</i>	\$3.65	
PROCTO-PAK RECTAL CREAM	\$3.65	
PROCTOSOL HC RECTAL CREAM	\$3.65	
PROCTOZONE-HC RECTAL CREAM	\$3.65	
<i>psorcon external cream</i>	\$3.65	PA
QBREXZA EXTERNAL PAD	\$3.65	PA; QL (1 EA per 1 day)
REGRANEX EXTERNAL GEL	\$3.65	
Remicade Intravenous Solution Reconstituted	MB/RX	PA; SP
Renflexis Intravenous Solution Reconstituted	MB/RX	PA; SP
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	\$3.65	PA
RHEUMATREX ORAL TABLET 2.5 MG	\$3.65	
ROSADAN EXTERNAL CREAM	\$3.65	
ROSADAN EXTERNAL GEL	\$3.65	
Ruconest Intravenous Solution Reconstituted	MB/RX	SP
SANTYL EXTERNAL OINTMENT	\$3.65	QL (30 GM per 1 Rx)
<i>selenium sulfide external lotion</i>	\$3.65	
<i>selenium sulfide external shampoo 2.25 %</i>	\$3.65	
<i>selenium sulf-pyrithione-urea external shampoo</i>	\$3.65	
SELRX EXTERNAL SHAMPOO	\$3.65	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (3 ML per 28 days)
Simponi Aria Intravenous Solution	MB/RX	PA; SP; QL (5 vials per 8 Weeks)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	\$3.65	PA; SP; QL (2 EA per 84 days)
SOLARAZE TRANSDERMAL GEL	\$3.65	¥ (Max of 90 days per year); QL (200 GM per 30 days)
SOOLANTRA EXTERNAL CREAM	\$3.65	PA
<i>spinosad external suspension</i>	\$3.65	STPA; QL (120 ML per 1 Fill)

^ = 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
Stelara Intravenous Solution	MB/RX	PA; SP; ¥ (1 Fill per life of plan); QL (4 VIALS per 1 Fill)
Stelara Subcutaneous Solution 45 MG/0.5ML	MB/RX	PA; QL (4 Vials per 1 Lifetime)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (1 Syringe per 84 days)
<i>sulfacetamide sodium (acne) external lotion</i>	\$3.65	
<i>sulfacetamide sodium external suspension</i>	\$3.65	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 296 MCG, 300 MCG, 4 X 296 MCG, 4 X 444 MCG, 444 MCG, 600 MCG	\$3.65	SP
SYLATRON SUBCUTANEOUS KIT 888 MCG	\$3.65	SP
SYNALAR (CREAM) EXTERNAL KIT	\$3.65	PA
SYNALAR (OINTMENT) EXTERNAL KIT	\$3.65	PA
TACLONEX EXTERNAL SUSPENSION	\$3.65	PA
<i>tacrolimus external ointment</i>	\$3.65	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days)
TARGRETIN EXTERNAL GEL	\$3.65	
<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	
TILIA FE ORAL TABLET	\$0	
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)

^ = 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
<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
TREXALL ORAL TABLET	\$3.65	
<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</i>	\$3.65	
TRIDERM EXTERNAL CREAM 0.1 %	\$3.65	
TRI-LEGEST FE ORAL TABLET	\$0	
ULESFIA EXTERNAL LOTION	\$3.65	PA; QL (12 Bottles per 1 Rx)
VALCHLOR EXTERNAL GEL	\$3.65	
VEREGEN EXTERNAL OINTMENT	\$3.65	PA
VESTURA ORAL TABLET	\$0	
XELJANZ ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; SP; QL (30 EA per 30 days)
Xeomin Intramuscular Solution Reconstituted	MB/RX	PA; SP
XEPI EXTERNAL CREAM	\$3.65	PA; QL (30 GM per 1 Fill)
XERAC AC EXTERNAL SOLUTION	\$3.65	
Xolair Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP; QL (6 Vials per 28 days)
Xolair Subcutaneous Solution Reconstituted	MB/RX	PA; SP; QL (6 vials per 28 days)
XOLEGEL EXTERNAL GEL	\$3.65	
ZENATANE ORAL CAPSULE	\$3.65	PA
ZOLINZA ORAL CAPSULE	\$3.65	PA; SP
ZYCLARA EXTERNAL CREAM	\$3.65	PA; QL (28 EA per 14 days)
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	\$3.65	PA; QL (2 pumps per 1 day)
SLOW DRUG ELIMINATION BY KIDNEY		
<i>probenecid oral tablet</i>	\$3.65	
WEAKNESS, NUMBNESS OR PAIN FROM NERVE DAMAGE		
ACTHAR INJECTION GEL	\$3.65	PA; SP

^ = 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
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); # (Preferred product); QL (60 EA per 30 days)
ADZENYS ER 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); QL (15 ML 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)
AFINITOR DISPERZ ORAL TABLET SOLUBLE	\$3.65	PA; SP; QL (60 EA per 30 days)
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	\$3.65	PA; QL (2 ML per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; QL (1 ML per 30 days)
<i>almotriptan malate oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
<i>amantadine hcl oral capsule</i>	\$3.65	
<i>amantadine hcl oral syrup</i>	\$3.65	
<i>amantadine hcl oral tablet</i>	\$3.65	
<i>amlodipine-atorvastatin oral tablet</i>	\$1	PA; QL (30 EA per 30 days)
<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)
APOKYN SUBCUTANEOUS SOLUTION	\$3.65	SP; QL (15 ML per 30 days)
APTENSIO 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 (30 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
APTIOM 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>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$3.65	PA; QL (30 Tablets per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$3.65	PA; QL (60 Tablets per 30 days)
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	\$3.65	PA; QL (60 EA 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)
<i>atropine sulfate ophthalmic ointment</i>	\$3.65	
<i>atropine sulfate ophthalmic solution</i>	\$3.65	
AUBAGIO ORAL TABLET	\$3.65	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 INTRAMUSCULAR KIT	\$3.65	SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	\$3.65	SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	\$3.65	SP
<i>baclofen oral tablet</i>	\$3.65	
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)
<i>benztropine mesylate oral tablet</i>	\$3.65	
BETASERON SUBCUTANEOUS KIT	\$3.65	SP
BETASERON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	SP
Botox Injection Solution Reconstituted	MB/RX	PA; SP
BRIVIACT ORAL SOLUTION	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)

^ = 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
BRIVIACT ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
<i>bromocriptine mesylate oral capsule</i>	\$3.65	
<i>bromocriptine mesylate oral tablet</i>	\$3.65	
CAFERGOT ORAL TABLET	\$3.65	
<i>caffeine citrate oral solution</i>	\$3.65	
<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)
<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)
<i>carbidopa oral tablet</i>	\$3.65	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$3.65	
<i>carbidopa-levodopa oral tablet</i>	\$3.65	
<i>carbidopa-levodopa oral tablet dispersible</i>	\$3.65	
<i>carbidopa-levodopa-entacapone oral tablet</i>	\$3.65	
CELONTIN ORAL CAPSULE	\$3.65	PA; ¥ (PA for 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)

^ = 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
<i>clobazam oral suspension</i>	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
<i>clobazam oral tablet</i>	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (60 EA per 30 days)
<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)
<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 (60 EA per 30 days)
<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)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	\$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); QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	\$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); QL (60 EA per 30 days)
<i>constulose oral solution</i>	\$3.65	
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)
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>	\$3.65	QL (15 ML per 30 days)
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	\$3.65	QL (2 ML 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
<i>dalfampridine er oral tablet extended release 12 hour</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>dantrolene sodium oral capsule</i>	\$3.65	
DAYTRANA TRANSDERMAL PATCH	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 patches per 30 days)
DEPEN TITRATABS ORAL TABLET	\$3.65	
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)
<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</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)
DIACOMIT ORAL CAPSULE	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
DIACOMIT ORAL PACKET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)

^ = 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
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)
<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)
<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)
<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)
<i>diazepam rectal gel</i>	\$3.65	QL (1 System per 1 Rx)
<i>dihydroergotamine mesylate nasal solution</i>	\$3.65	
DILANTIN ORAL CAPSULE 30 MG	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>diphenhydramine hcl oral capsule</i>	\$3.65	
<i>diphenhydramine hcl oral elixir</i>	\$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)
<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)
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	\$3.65	
<i>donepezil hcl oral tablet dispersible</i>	\$3.65	

^ = 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
DYANA VEL 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); QL (240 ML per 30 days)
Dysport Intramuscular Solution Reconstituted	MB/RX	PA; SP
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
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>entacapone oral tablet</i>	\$3.65	
<i>enulose oral solution</i>	\$3.65	
EPIDIOLEX ORAL SOLUTION	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
EPITOL ORAL TABLET	\$3.65	PA; ¥ (PA applies to members 6 years and under)
<i>ergoloid mesylates oral tablet</i>	\$3.65	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	
<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)
<i>eszopiclone 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)
<i>ethosuximide oral capsule</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>ethosuximide oral solution</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
Exondys 51 Intravenous Solution	MB/RX	PA
EXTAVIA SUBCUTANEOUS KIT	\$3.65	SP

^ = 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
EXTAVIA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	SP
FIRDAPSE ORAL TABLET	\$3.65	PA
<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)
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); QL (30 EA per 30 days)
<i>frovatriptan succinate oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
FYCOMPA ORAL SUSPENSION	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
FYCOMPA ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
<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</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>galantamine hydrobromide er oral capsule extended release 24 hour</i>	\$3.65	
<i>galantamine hydrobromide oral solution</i>	\$3.65	
<i>galantamine hydrobromide oral tablet</i>	\$3.65	
Gammagard Injection Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
<i>generlac oral solution</i>	\$3.65	
GILENYA ORAL CAPSULE	\$3.65	SP; QL (30 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
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	\$3.65	SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$3.65	SP
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA
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>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); QL (30 EA per 30 days)
<i>guanidine hcl oral tablet</i>	\$3.65	
HETLIOZ ORAL CAPSULE	\$3.65	PA; QL (30 EA per 30 days)
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)
<i>hydroxyzine hcl oral syrup</i>	\$3.65	
<i>hydroxyzine hcl oral tablet</i>	\$3.65	
<i>hydroxyzine pamoate oral capsule</i>	\$3.65	
INBRIJA INHALATION CAPSULE	\$3.65	PA
INCRELEX SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
INGREZZA ORAL CAPSULE	\$3.65	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK	\$3.65	PA; QL (1 EA per 1 day)
KEYEYIS ORAL TABLET	\$3.65	PA
<i>lactulose encephalopathy oral solution</i>	\$3.65	
<i>lactulose oral solution</i>	\$3.65	

^ = 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
<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); QL (90 EA per 30 days)
<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)
<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 100 mg, 150 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)
<i>lamotrigine oral tablet 200 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 25 mg</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under); QL (180 EA per 30 days)
<i>lamotrigine oral tablet chewable</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under); QL (180 EA per 30 days)
<i>lamotrigine oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under)
<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)

^ = 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
<i>lamotrigine titration oral kit</i>	\$3.65	PA; ¥ (PA applies to members 6 years and under)
LEMTRADA INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>levetiracetam er oral tablet extended release 24 hour 500 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 (180 EA per 30 days)
<i>levetiracetam er oral tablet extended release 24 hour 750 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 (120 EA per 30 days)
<i>levetiracetam oral solution</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>levetiracetam oral tablet</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>lidocaine external patch 5 %</i>	\$3.65	
LYRICA CR 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); QL (30 EA per 30 days)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (10 EA per 30 days)
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	SP; QL (120 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
MAYZENT ORAL TABLET 2 MG	\$3.65	SP; QL (30 EA per 30 days)
<i>meclizine hcl oral tablet</i>	\$3.65	
<i>memantine hcl er oral capsule extended release 24 hour</i>	\$3.65	
<i>memantine hcl oral solution 2 mg/ml</i>	\$3.65	
<i>memantine hcl oral tablet</i>	\$3.65	
MESTINON ORAL SYRUP	\$3.65	
<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 (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 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 (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 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 oral tablet extended release 10 mg, 20 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)
<i>methylphenidate hcl er 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 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)

^ = 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
<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)
MIGERGOT RECTAL SUPPOSITORY	\$3.65	
MIGRANAL NASAL SOLUTION	\$3.65	QL (8 Units per 30 days)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 3.75 MG	\$3.65	
Mitoxantrone HCl Intravenous Concentrate	MB/RX	SP
<i>modafinil oral tablet</i>	\$3.65	PA; QL (30 EA per 30 days)
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)
Myobloc Intramuscular Solution	MB/RX	PA; SP
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	
<i>naratriptan hcl oral tablet</i>	\$3.65	STPA; QL (9 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR	\$3.65	PA; QL (30 EA per 30 days)
<i>nimodipine oral capsule</i>	\$1	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	\$3.65	PA; QL (2 EA per 1 day)
NUPLAZID ORAL CAPSULE	\$3.65	PA; SP; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET	\$3.65	PA; SP; QL (60 Tablets per 30 days)
Ocrevus Intravenous Solution	MB/RX	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)
Onpattro Intravenous Solution	MB/RX	PA
<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)

^ = 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
<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 150 MG, 300 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)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (120 EA per 30 days)
OZOBAX ORAL SOLUTION	\$3.65	PA
PEGANONE ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
<i>penicillamine oral capsule</i>	\$3.65	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>phenytoin oral suspension 125 mg/5ml</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>phenytoin oral tablet chewable</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<i>phenytoin sodium extended oral capsule</i>	\$3.65	PA; ¥ (PA for 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)

^ = 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
<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	
<i>pramipexole dihydrochloride oral tablet</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 (60 EA per 30 days)
<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>propranolol hcl er oral capsule extended release 24 hour</i>	\$1	
<i>propranolol hcl oral solution</i>	\$1	
<i>propranolol hcl oral tablet</i>	\$1	
<i>pyridostigmine bromide er oral tablet extended release</i>	\$3.65	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$3.65	
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	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (360 mL per 30 days)
Radicava Intravenous Solution	MB/RX	PA
<i>ramelteon oral tablet</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>rasagiline mesylate oral tablet</i>	\$3.65	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION	\$3.65	SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION	\$3.65	SP

^ = 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
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	SP
REBIF SUBCUTANEOUS SOLUTION	\$3.65	SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION	\$3.65	SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	SP
REGRANEX EXTERNAL GEL	\$3.65	
<i>riluzole oral tablet</i>	\$3.65	
<i>rivastigmine tartrate oral capsule</i>	\$3.65	
<i>rivastigmine transdermal patch 24 hour</i>	\$3.65	
<i>rizatriptan benzoate oral tablet</i>	\$3.65	STPA; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	\$3.65	STPA; QL (9 EA per 30 days)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	\$3.65	
<i>ropinirole hcl oral tablet</i>	\$3.65	
RUZURGI ORAL TABLET	\$3.65	PA
SandoSTATIN LAR Depot Intramuscular Kit	MB/RX	PA; SP; QL (1 vial per 28 days)
<i>selegiline hcl oral capsule</i>	\$3.65	
<i>selegiline hcl oral tablet</i>	\$3.65	
Signifor LAR Intramuscular Suspension Reconstituted ER	MB/RX	PA
Soliris Intravenous Solution 10 MG/ML	MB/RX	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)
Spinraza Intrathecal Solution	MB/RX	PA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	\$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)
<i>sumatriptan nasal solution</i>	\$3.65	QL (6 Units 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
<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)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	\$3.65	QL (4 EA per 30 days)
SUNOSI ORAL TABLET	\$3.65	PA; QL (30 EA per 30 Fills)
SYMPAZAN ORAL FILM	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
TECFIDERA ORAL	\$3.65	SP; QL (60 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	\$3.65	SP; QL (60 EA per 30 days)
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; QL (6 ML 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)
<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>tiagabine hcl oral tablet</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
TIGLUTIK ORAL SUSPENSION	\$3.65	
<i>tolcapone oral tablet</i>	\$3.65	PA; QL (180 EA per 30 days)
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 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 (30 EA per 30 days)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 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 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
<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); QL (180 EA per 30 days)
<i>topiramate oral tablet 100 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)
<i>topiramate oral tablet 200 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>topiramate oral tablet 25 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 (180 EA per 30 days)
TOSYMRA NASAL SOLUTION	\$3.65	PA; QL (6 EA per 30 days)
<i>trientine hcl oral capsule</i>	\$3.65	PA
<i>trihexyphenidyl hcl oral elixir</i>	\$3.65	
<i>trihexyphenidyl hcl oral tablet</i>	\$3.65	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 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)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 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)
Tysabri Intravenous Concentrate	MB/RX	PA; SP; QL (1 vial per 28 days)
<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)

^ = 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
<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)
<i>vigabatrin oral packet</i>	\$3.65	PA; SP; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (180 EA per 30 days)
<i>vigabatrin oral tablet</i>	\$3.65	PA; SP; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (180 EA per 30 days)
VIMPAT ORAL SOLUTION	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age); QL (60 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); # (Preferred product); QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE	\$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); QL (30 EA per 30 days)
XADAGO ORAL TABLET	\$3.65	PA
XARELTO ORAL TABLET 2.5 MG	\$3.65	QL (60 EA per 30 days)
Xeomin Intramuscular Solution Reconstituted	MB/RX	PA; SP
XIFAXAN ORAL TABLET 200 MG	\$3.65	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	\$3.65	QL (6 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
XYREM ORAL SOLUTION	\$3.65	PA
<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)
ZELAPAR ORAL TABLET DISPERSIBLE	\$3.65	PA; QL (60 EA per 30 days)
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)
<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)
<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)
ZOMIG NASAL SOLUTION	\$3.65	STPA; QL (6 Units per 30 days)
<i>zonisamide oral capsule</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
ZONTIVITY ORAL TABLET	\$3.65	

^ = 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

Index

- 8-MOP**.....259
abacavir sulfate..... 22, 45, 205
abacavir sulfate-lamivudine
.....22, 45, 205
abacavir-lamivudine-zidovudine
.....22, 45, 205
Abilify Maintena.....175
ABILIFY MYCITE..... 175
abiraterone acetate.....205
ABSORICA..... 259
ABSTRAL..... 15, 237
acamprosate calcium..... 175, 205
acarbose.....55, 127
ACCU-CHEK SAFE-T PRO LANCETS..... 200
ACCU-CHEK SOFT TOUCH LANCETS..... 200
ACCU-CHEK SOFTCLIX LANCETS..... 200
acebutolol hcl.....65
acetaminophen-codeine
.....205, 237, 238
acetaminophen-codeine #2..... 237
acetaminophen-codeine #3..... 237
acetaminophen-codeine #4..... 237
ACETASOL HC..... 135
acetazolamide..... 8, 55, 111, 135
acetazolamide er.....205
acetic acid.....135
acetic acid-aluminum acetate... 135
acetylcysteine..... 8, 111, 236
ACIPHEX SPRINKLE
.....118, 139, 205
acitretin.....205, 259
acne medication 5..... 259
Actemra.....42, 45, 140, 160
ACTEMRA..42, 46, 140, 160, 205
Actemra ACTPen..42, 45, 140, 160
ACTHAR
.....42, 46, 82, 140, 160, 270
ACTIMMUNE..... 3, 46, 160
ACTOPLUS MET XR.....55, 127
acyclovir.....22, 205, 259
ACZONE..... 259
adapalene.....259
ADDERALL XR83, 160, 175, 271
adefovir dipivoxil 22, 118, 140, 205
ADEMPAS...3, 9, 35, 65, 111, 205
ADMELOG..... 206
ADMELOG SOLOSTAR..... 206
ADRENACLICK..... 19
ADRENALIN
.19, 22, 65, 135, 206, 251, 256, 259
ADVAIR HFA..... 9, 35, 111, 140
Advate.....3
ADVICOR..... 55, 65, 238
Adynovate.....3
ADZENYS ER...83, 161, 175, 271
ADZENYS XR-ODT
.....83, 161, 176, 271
AEMCOLO..... 206
AEROSPAN.. 9, 35, 111, 140, 206
AFEDITAB CR..... 65, 238
AFINITOR..... 15, 78, 102, 118
AFINITOR DISPERZ 15, 83, 271
Afstyla.....3
AIMOVIG..... 66, 83, 238, 271
AIMOVIG (140 MG DOSE)
.....65, 83, 238, 271
AKYNZEO..... 15, 118
ala-cort..... 140, 259
albendazole..... 206
albuterol sulfate..... 8, 9, 36, 111
albuterol sulfate er.....9, 36, 111
albuterol sulfate hfa 9, 36, 111, 206
alclometasone dipropionate
.....140, 259
ALDACTAZIDE.....55, 66
Aldurazyme.....55, 127
ALECENSA.....206
alendronate sodium
.....55, 102, 127, 161
Alferon N..... 22, 140, 259
alfuzosin hcl er.....15, 78
ALINIA..... 22, 118
Aliqopa..... 206
aliskiren fumarate..... 66, 206
allopurinol..... 15, 55, 78
almotriptan malate
.....66, 83, 206, 238, 271
ALOCRIIL.....20, 135, 140, 158
alogliptin benzoate.....55, 127, 206
alogliptin-metformin hcl
.....56, 127, 206
alogliptin-pioglitazone 56, 127, 206
ALOMIDE.....206
alosectron hcl..... 118, 206
Aloxi..... 15, 118, 251, 256
ALPHAGAN P..... 135
Alphanate.....206
Alphanate/VWF
Complex/Human
.....3, 46, 66, 140, 251, 256
AlphaNine SD.....3
alphetrex..... 206
alprazolam..... 176
alprazolam er..... 176
ALPRAZOLAM INTENSOL 176
alprazolam xr..... 176
Alprolix.....3
ALREX..... 20, 135, 140, 158
ALTABAX..... 22, 140, 259
ALTAVERA..... 102
ALTRENO.....259
ALUNBRIG.....206
ALVESCO..... 9, 36, 111, 140
alyacen 1/35..... 102
alyacen 7/7/7..... 102
ALYQ..... 9, 36, 66, 111
amantadine hcl.....22, 83, 271
ambrisentan..... 9, 36, 66, 111, 206
amcinonide..... 140, 259
AMETHIA..... 103
AMETHIA LO..... 103
AMETHYST..... 103
amiloride hcl..... 56, 66
amiloride-hydrochlorothiazide... 66
aminocaproic acid..... 66, 251, 256
amiodarone hcl..... 66, 206
amitriptyline hcl.....206
amlodipine besy-benazepril hcl.. 66
amlodipine besylate..... 66, 238
amlodipine besylate-valsartan
.....66, 206
amlodipine-atorvastatin
.....56, 66, 83, 271
amlodipine-olmesartan..... 66, 206
amlodipine-valsartan-hctz.. 66, 206

^ = 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

<i>ammonium lactate</i>	259	ASCOMP-CODEINE	177, 238	AVONEX PREFILLED ...	84, 272
AMNESTEEM	259	ASHLYNA	103	AzaCITIDine.....	208
<i>amoxapine</i>	176	ASMANEX (120 METERED DOSES)	9, 36, 111, 141	AZASITE	22, 135, 141, 158
<i>amoxicill-clarithro-lansopraz</i>	22, 118, 140, 206	ASMANEX (14 METERED DOSES)	9, 36, 111, 141	<i>azathioprine</i>	42, 46, 78, 141, 161, 251, 256
<i>amoxicillin</i>	206, 207	ASMANEX (30 METERED DOSES)	9, 36, 111, 141	<i>azelaic acid</i>	141, 208, 260
<i>amoxicillin-pot clavulanate</i>	207	ASMANEX (60 METERED DOSES)	9, 36, 112, 141	<i>azelastine hcl</i>	20, 22, 36, 40, 112, 135, 141, 158
<i>amoxicillin-pot clavulanate er</i> ..	207	ASMANEX (7 METERED DOSES)	9, 36, 112, 141	AZELEX	260
<i>amphetamine-dextroamphetamine</i>	83, 161, 176, 207, 271	ASMANEX HFA	10, 36, 112, 141	<i>azithromycin</i>	208
<i>ampicillin</i>	207	<i>aspirin-dipyridamole er</i>	3, 66, 84, 208, 251, 272	AZOPT	135
ANADROL-50	3, 46	ASTAGRAF XL	46, 78, 208, 251, 256	AZURETTE	103
<i>anagrelide hcl</i>	3, 15, 66	AT LAST LANCETS	200	<i>bacitracin</i>	22, 136
ANALPRAM-HC	140, 207, 259	<i>atazanavir sulfate</i>	22, 46, 208	<i>bacitracin-polymyxin b</i>	22, 136
<i>anastrozole</i>	207	<i>atenolol</i>	66, 238	<i>bacitra-neomycin-polymyxin-hc</i>	208
ANDRODERM	103, 127	<i>atenolol-chlorthalidone</i>	66	<i>baclofen</i>	84, 161, 272
ANDROGEL	103, 127	<i>atomoxetine hcl</i>	84, 161, 177, 208, 272	BACTROBAN NASAL	22
ANDROXY	103, 127	<i>atorvastatin calcium</i>	56	<i>balsalazide disodium</i>	118, 141
ANORO ELLIPTA	9, 36, 111, 140, 207	<i>atovaquone</i>	208	BALZIVA	103
ANTARA	56, 207	<i>atovaquone-proguanil hcl</i>	22	BANZEL	208
<i>antipyrine-benzocaine</i>	207	ATRIPLA	22, 46	BARACLUDGE	22, 118, 141
<i>anucort-hc</i>	66, 118, 140	<i>atropine sulfate</i>	84, 135, 161, 272	BASAGLAR KWIKPEN	209
ANUSOL-HC	66, 118, 140	ATROVENT HFA	10, 36, 112	Bavencio.....	209
ANZEMET	15, 118	AUBAGIO	84, 272	BAXDELA	209
APADAZ	238	AUBRA	103, 208	BD INSULIN SYRINGE	200
APEXICON E	140, 259	AUGMENTIN	208	BD INSULIN SYRINGE MICROFINE	200
APOKYN	83, 271	AURYXIA	3, 33, 56, 78, 127, 161, 198, 208	BD INSULIN SYRINGE U/F	200
APPFORMIN-D	207	AUSTEDO	84, 161, 177, 272	BD INSULIN SYRINGE ULTRAFINE	200
APRI	103	AUVI-Q	20	BD LANCET ULTRAFINE 33G	200
APRISO	118, 140	AVANDAMET	208	BD SAFETY-LOK INSULIN SYRINGE	200
APTENSIO XR	83, 161, 176, 271	AVANDARYL	208	BD SYRINGE SLIP TIP	200
APTIOM	84, 207, 272	AVANDIA	56, 127	Bebulin.....	3
APTIVUS	22, 46	AVAR CLEANSER	208	BECONASE AQ	20, 22, 36, 40, 112, 141, 158
Aralast NP.....	9, 36, 56, 111	Avastin.....	10, 15, 78, 112, 118	BEKYREE	103
ARANELLE	103	AVC VAGINAL	22, 78, 103	BELBUCA	238
ARANESP (ALBUMIN FREE)	3, 15, 78	AVIANE	103	Beleodaq.....	209
ARCALYST	46, 56, 135, 141	<i>avidoxy</i>	208	BELSOMRA	84, 272
ARIKAYCE	207	AVITA	259	<i>benazepril hcl</i>	66
<i>aripiprazole</i>	177, 207, 208	AVONEX	84, 272	<i>benazepril-hydrochlorothiazide</i> ..	66
Aristada.....	177	AVONEX PEN	84, 272	BENDEKA	209
Aristada Initio.....	177			BeneFIX.....	3
<i>armodafinil</i>	9, 84, 111, 272			Benlysta.....	42, 46, 141, 260
ARMOUR THYROID	208				
Arzerra.....	3, 15				

^ = 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

BENLYSTA.....42, 46, 141, 260	BREO ELLIPTA 10, 37, 112, 142	<i>calcipotriene-betameth diprop</i>
<i>benznidazole</i> 22	<i>briellyn</i> 103	.....209, 260
<i>benzonatate</i> 10, 23, 40, 112, 141	BRILINTA.....3, 67, 238, 251, 256	<i>calcitonin (salmon)</i> ... 103, 127, 161
<i>benzoyl peroxide</i> 260	<i>brimonidine tartrate</i>.....136	CALCITRENE.....260
<i>benzoyl peroxide cleanser</i>.....260	Brineura..... 56, 161	<i>calcitriol</i>.....56, 261
<i>benzoyl peroxide creamy wash</i> . 209	BRIVIACT 84, 85, 272, 273	<i>calcium acetate (phos binder)</i>
<i>benzoyl peroxide wash</i> 260	<i>bromfenac sodium</i>	.....33, 56, 78, 127, 161, 198
<i>benzoyl peroxide-erythromycin</i> .260	..... 136, 142, 238, 251, 256	CALQUENCE.....209
<i>benztropine mesylate</i>.....84, 272	<i>bromfenac sodium (once-daily)</i>	CAMILA.....103
BEPREVE 20, 136, 141, 158	..... 136, 142, 209, 238, 251, 256	CAMRESE 103
Berinert..... 20, 46, 56, 260	<i>bromocriptine mesylate</i>	CAMRESE LO.....103
BESIVANCE.....209	.....85, 127, 273	<i>candesartan cilexetil</i> 67
Besponsa.....209	BRYHALI.....260	<i>candesartan cilexetil-hctz</i> 67
<i>betamethasone dipropionate</i>	<i>budesonide</i>	CANTIL 118
..... 142, 260	10, 20, 23, 37, 40, 112, 118, 142,	CAPACET 179, 238
<i>betamethasone dipropionate</i>	209	<i>capecitabine</i> 209
<i>aug</i> 141, 142, 260	<i>budesonide er</i> 118, 142	CAPEX.....142, 261
<i>betamethasone valerate</i> 142, 260	<i>bumetanide</i>.....56, 67	CAPITAL/CODEINE.....238
BETASERON 84, 272	BUNAVAIL 177	CAPRELSA.....209
<i>betaxolol hcl</i>.....66, 136	<i>buprenorphine</i>.....209, 238	<i>captopril</i>.....56, 67, 78, 127
<i>bethanechol chloride</i>.....78	<i>buprenorphine hcl</i>.....177	<i>captopril-hydrochlorothiazide</i>....67
BETIMOL 136	<i>buprenorphine hcl-naloxone hcl</i>	CARAFATE 118, 142
BETOPTIC-S 136	..... 178	CARBAGLU 56
<i>bexarotene</i>.....15, 209, 260	BUPROBAN 178, 248	<i>carbamazepine</i> 85, 162, 179, 273
BEYAZ.....103, 177, 260	<i>bupropion hcl</i> 178	<i>carbamazepine er</i> 85, 179, 209, 273
<i>bicalutamide</i> 209	<i>bupropion hcl er (smoking det)</i>	<i>carbidopa</i> 85, 210, 273
BIDIL 66	..... 178, 249	<i>carbidopa-levodopa</i> 85, 273
BIKTARVY.....23, 46	<i>bupropion hcl er (sr)</i> 178	<i>carbidopa-levodopa er</i>.....85, 273
<i>bimatoprost</i> 136, 209	<i>bupropion hcl er (xl)</i> 178	<i>carbidopa-levodopa-entacapone</i>
<i>bisoprolol fumarate</i> 66	<i>bupirone hcl</i> 178	.....85, 273
<i>bisoprolol-hydrochlorothiazide</i> .. 66	<i>butalbital-acetaminophen</i> . 178, 238	CARDIZEM LA.....67, 238
Bivigam.....46	<i>butalbital-apap-caffeine</i> ... 178, 238	CARDURA XL.....15, 79
BLEPHAMIDE 136, 142	<i>butalbital-asa-caff-codeine</i>	Carimune NF..... 3, 46, 67, 142
BLEPHAMIDE S.O.P. 136, 142	..... 178, 238	<i>carisoprodol</i> 162
BLISOVI 24 FE 103	<i>butalbital-aspirin-caffeine</i>	<i>carisoprodol-aspirin</i> 162
BLISOVI FE 1.5/30 103	..... 178, 209, 238	<i>carteolol hcl</i> 136
BLISOVI FE 1/20 103	<i>butorphanol tartrate</i> 238	CARTIA XT 67, 239
BONJESTA 118, 250	BYSTOLIC.....67	<i>carvedilol</i> 67
<i>bosentan</i> 10, 37, 66, 112, 209	<i>cabergoline</i> 127	<i>carvedilol phosphate er</i> 67, 210
BOSULIF.....209	CABLIVI 3, 67	CAVAREST 210
Botox.....66, 84, 238, 272	CABOMETYX 209	CAVIRINSE 210
<i>bp foaming wash</i> 260	CAFERGOT.....67, 85, 238, 273	CAYSTON 10, 37, 56, 112
<i>bp folinatal plus b</i> 250	<i>caffeine citrate</i>	CAZIAN 103
<i>bp multinatal plus</i> 209	..... 10, 15, 85, 112, 250, 273	CEDAX 210
<i>bp wash</i> 260	<i>calcipotriene</i> 260	<i>cefaclor</i> 210
<i>bpo</i> 260		<i>cefaclor er</i> 210
BRAFTOVI 209		<i>cefadroxil</i> 210

^ = 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

<i>cefдинир</i>	210	CIDALEAZE	.....	160, 239, 251, 256, 261	<i>clocortolone pivalate</i> 143, 211, 262
<i>cefditoren pivoxil</i>	210	.....	160, 239, 251, 256, 261		<i>clocortolone pivalate pump</i>
<i>cefixime</i>	210	CILOXAN	211		.....
<i>cefpodoxime proxetil</i>	210	CIMDUO	23, 46		143, 211, 262
<i>cefprozil</i>	210	<i>cimetidine</i>	119, 143, 239	CLODAN	262
<i>ceftibuten</i>	210	<i>cimetidine hcl</i>	119, 143	<i>clomipramine hcl</i>	179
CEFTIN	210	CIMZIA	.....	<i>clonazepam</i>	86, 162, 180, 274
CefTRIAxone Sodium.....	210	.....	43, 46, 119, 143, 162, 261	<i>clonidine hcl</i>	67
<i>cefuroxime axetil</i>	210	CIMZIA PREFILLED	.....	<i>clonidine hcl er</i>	.....
<i>celecoxib</i>	42, 46, 142, 162, 210	.....	42, 46, 119, 143, 162, 261	.....	86, 162, 180, 211, 274
CELONTIN	85, 273	CIMZIA STARTER KIT	.....	<i>clopidogrel bisulfate</i>	.....
CENTANY	23, 142, 261	.....	42, 46, 119, 143, 162, 261	.....	4, 67, 239, 251, 256
<i>cephalexin</i>	210	<i>cinacalcet hcl</i>	79, 128, 211, 251	<i>clorazepate dipotassium</i>	.....
CERDELGA	56	Cinryze.....	57	.....	86, 180, 274
Cerezyme.....	56, 210	Cinvanti.....	15, 119	CLORPRES	67
CEROVEL	211	CIPRO	211	<i>clotrimazole</i> 23, 112, 143, 158, 262	
CESAMET	15, 118	CIPRO HC	135	<i>clotrimazole anti-fungal</i>	.....
<i>cetirizine hcl</i>	.....	CIPRODEX	23, 135	.....	23, 143, 200, 262
.....	20, 23, 41, 56, 112, 142, 261	<i>ciprofloxacin</i>	211	<i>clotrimazole-betamethasone</i>	.....
<i>cevimeline hcl</i>	42, 46, 119, 136, 142	<i>ciprofloxacin hcl</i>	211	.....	23, 143, 262
CHANTIX	179, 249	<i>ciprofloxacin-ciproflox hcl er</i> ... 211		<i>clozapine</i>	180, 212
CHANTIX CONTINUING		<i>citalopram hydrobromide</i>	179	Coagadex.....	4
MONTH PAK	179, 249	CLARAVIS	261	COARTEM	23
CHANTIX STARTING		CLARINEX ... 20, 23, 41, 112, 143		<i>codeine sulfate</i>	239
MONTH PAK	179, 249	CLARINEX-D 12 HOUR	.....	<i>colchicine</i>	57, 143, 162
CHATEAL	103	.....	20, 23, 37, 41, 112, 143	<i>colchicine-probenecid</i>	57, 143, 162
CHEMET	236	<i>clarithromycin</i>	211	<i>colesevelam hcl</i>	57, 212
<i>chlordiazepoxide hcl</i> ... 85, 179, 273		<i>clarithromycin er</i>	211	<i>colestipol hcl</i>	57
<i>chlordiazepoxide-clidinium</i>	.....	CLEANLET LANCETS 28G 200		COLOCORT	119, 143
.....	119, 142	CLEARPLEX X	211	COMBIGAN	136
<i>chlorhexidine gluconate</i>	.....	<i>clemastine fumarate</i>	.....	COMBIPATCH	103, 128
.....	23, 119, 158	.....	20, 23, 41, 112, 143, 261	COMBIVENT RESPIMAT	.....
<i>chloroquine phosphate</i>	23	CLEOCIN	23, 79, 103	.....	10, 37, 112
<i>chlorothiazide</i>	56	CLIMARA PRO	103, 128, 162	COMETRIQ (100 MG	
<i>chlorpromazine hcl</i>	10, 112, 179	CLINDAMAX	211	DAILY DOSE)	212
<i>chlorpropamide</i>	56, 127	<i>clindamycin hcl</i>	211	COMETRIQ (140 MG	
<i>chlorthalidone</i>	56, 211	<i>clindamycin palmitate hcl</i>	211	DAILY DOSE)	212
<i>chlorzoxazone</i>	162	<i>clindamycin phos-benzoyl perox</i>	.....	COMETRIQ (60 MG DAILY	
CHOLBAM	56, 119	.....	261	DOSE)	212
<i>cholestyramine</i>	56, 57	<i>clindamycin phosphate</i>	.....	<i>comfort lancets</i>	200
<i>cholestyramine light</i>	56	.....	23, 79, 103, 261	COMPAZINE	212
<i>choline & mag trisalicylate</i>	211	CLINPRO 5000	119	COMPLERA	23, 47
<i>choline-mag trisalicylate</i> ..	142, 162	<i>clobazam</i>	86, 211, 274	COMPRO	119
CICLODAN	23, 143, 261	<i>clobetasol propionate</i>	.....	CONCERTA	86, 163, 180, 274
<i>ciclopirox</i>	23, 143, 261	.....	143, 211, 261, 262	CONDYLOX	23, 144, 262
<i>ciclopirox olamine</i>	23, 143, 261	<i>clobetasol propionate e</i>	143, 261	<i>constulose</i>	57, 86, 119, 274

^ = 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

COPIKTRA	212	Cytogam.....	24, 47, 251, 256	<i>desoximetasone</i>	144, 262, 263
CORDRAN	144, 262	<i>cytra-2</i>	212	<i>desvenlafaxine er</i>	181
Corifact.....	4	<i>daily multi</i>	201	<i>desvenlafaxine fumarate er</i>	181
CORLANOR	67	DAKLINZA	24, 119, 144	<i>desvenlafaxine succinate er</i>	.....181, 213
CORMAX SCALP APPLICATION	262	<i>dalfampridine er.</i>	87, 163, 212, 275	<i>dexamethasone</i>	128
CORTIFOAM	119, 144	DALIRESP	10, 37, 113, 144	DEXAMETHASONE INTENSOL	128
<i>cortisone acetate</i>	128	<i>danazol</i>	57, 104	<i>dexamethasone sodium phosphate</i> ..	135, 136, 144, 251, 256
CORTISPORIN	23, 144, 262	<i>dantrolene sodium</i>	.....87, 139, 163, 275	DEXCOM G6 RECEIVER	213
CORTISPORIN-TC	135	<i>dapsone</i>	24, 262	DEXCOM G6 SENSOR	213
COSENTYX 43, 47, 144, 163, 262		<i>darifenacin hydrobromide er</i>	.....79, 163, 212	DEXCOM G6 TRANSMITTER	213
COSENTYX (300 MG DOSE)	43, 47, 144, 163, 262	DARZALEX	212	DEXEDRINE	87, 164, 181, 275
COSENTYX SENSOREADY (300 MG)	43, 47, 144, 163, 262	DASETTA 1/35	104	DEXILANT	119
COSENTYX SENSOREADY PEN	43, 47, 144, 163, 262	DASETTA 7/7/7	104	<i>dexmethylphenidate hcl</i>	.....87, 164, 181, 275
COTELLIC	212	DAURISMO	212	DEXPAK 10 DAY	128
COTEMPLA XR-ODT	86, 163, 180, 274	DAYSEE	104	DEXPAK 13 DAY	128
COVERA-HS	212	DAYTRANA	87, 164, 181, 275	DEXPAK 6 DAY	128
CREON	119	DEBLITANE	104	<i>dextroamphetamine sulfate</i>	.....87, 164, 181, 182, 275
CRESEMBA	23	Decitabine.....	212	<i>dextroamphetamine sulfate er</i>	.....87, 164, 181, 275
CRINONE	104, 128	<i>deferasirox</i>	4, 212, 237, 251	DIABETA	57, 128
CRIXIVAN	24, 47	DELSTRIGO	24, 47	DIACOMIT	87, 164, 275
<i>cromolyn sodium</i>	...10, 20, 37, 47, 112, 136, 144, 158	DELTASONE	212	<i>diazepam</i>	88, 165, 182, 213, 276
CRYSSELLE-28	104	DELYLA	104	DIAZEPAM INTENSOL	.....88, 164, 182, 276
Crysvita.....	33, 57, 163, 198	DEMSEER	15, 67	<i>diclofenac epolamine</i>	160, 165, 213
Cutaquig.....	47	DENAVIR	24, 119, 262	<i>diclofenac potassium</i>	144, 165, 239
Cuvitru.....	47	DENTA 5000 PLUS	119	<i>diclofenac sodium</i>	136, 145, 165, 213, 239, 251, 256, 263
CUVPOSA	119	DENTAGEL	119	<i>diclofenac sodium er</i>	.....43, 47, 144, 165
<i>cyanocobalamin</i>	34, 198, 212	DEPEN TITRATABS	.....57, 87, 119, 164, 237, 275	<i>dicloxacillin sodium</i>	213
CYCLAFEM 1/35	104	DEPO-PROVERA	15, 79, 104	DICOPANOL FUSEPAQ	213
CYCLAFEM 7/7/7	104	DEPO-SUBQ PROVERA	104	<i>dicyclomine hcl</i>	119, 120, 213
<i>cyclobenzaprine hcl</i>	163	DEPO-TESTOSTERONE	.....104, 128	<i>didanosine</i>	24, 47
<i>cyclopentolate hcl</i>	.....86, 136, 163, 212, 274	DEPRIZINE FUSEPAQ	212	DIFFERIN	263
<i>cyclophosphamide</i>	212	DESCOVY	24, 47	DIFICID	213
<i>cycloserine</i>	212	<i>desipramine hcl</i>	181	<i>diflorasone diacetate</i>	145, 263
<i>cyclosporine</i> ..	47, 79, 119, 251, 256	<i>desloratadine</i> ..	20, 24, 41, 113, 144	<i>diflunisal</i>	239
<i>cyclosporine modified</i>	.....47, 79, 119, 251, 256	<i>desmopressin ace rhinal tube</i>	.....57, 128	DIGITEK	67
<i>cyproheptadine hcl</i>	.....20, 24, 41, 112, 113, 144, 262	<i>desmopressin ace spray refrig</i>	.....57, 128	DIGOX	67
CYRED	104	<i>desmopressin acetate</i>	57, 79, 128		
CYSTAGON	57	<i>desmopressin acetate spray</i>	57, 128		
		<i>desogestrel-ethinyl estradiol</i>	.....104, 212		
		<i>desonide</i>	144, 262		

^ = 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

<i>digoxin</i>	67, 68	<i>drospirenone-ethinyl estradiol</i>	104, 183, 214, 263	EMOQUETTE	104
<i>dihydroergotamine mesylate</i>	68, 88, 239, 276	DROXIA	4	EMPLICITI	215
DILANTIN	88, 276	DRYSOL	263	EMSAM	183
DILATRATE-SR	68, 239	DUAVEE	104, 128, 165, 214	EMTRIVA	24, 47, 48
<i>dilt-cd</i>	68, 213, 239	DULERA	10, 37, 113, 145	<i>enalapril maleate</i>	69
<i>diltiazem cd</i>	68, 239	<i>duloxetine hcl</i>	165, 183, 214, 240	<i>enalapril-hydrochlorothiazide</i>	69
<i>diltiazem hcl</i>	68, 239	DUPIXENT .10, 24, 37, 113, 145, 158, 159, 263		ENBREL	43, 48, 145, 166, 263
<i>diltiazem hcl er</i>	68, 239	DUREZOL	136, 145, 240, 252, 256	ENBREL MINI	43, 48, 145, 165, 263
<i>diltiazem hcl er beads</i>	68, 239	<i>dutasteride</i>	16, 79, 214	ENBREL SURECLICK	43, 48, 145, 166, 263
<i>diltiazem hcl er coated beads</i>	68, 213, 239	<i>dutasteride-tamsulosin hcl</i>	16, 79, 214	ENDARI	4
<i>dilt-xr</i>	68, 239	DYANAVEL XR	89, 165, 183, 277	ENDOCET	240
<i>diltzac</i>	68, 239	DYNACIRC CR	214	<i>enoxaparin sodium</i> ..	4, 69, 240, 252
<i>dimenhydrinate</i>	120	Dysport.....	89, 165, 263, 277	ENPRESSE-28	104
<i>diphenhydramine hcl</i>	20, 88, 276	E.E.S. 400	214	ENSKYCE	104
<i>diphenoxylate-atropine</i>	120	<i>easy comfort insulin syringe</i>	201	<i>entacapone</i>	89, 277
<i>dipyridamole</i>	4, 68, 251, 256	EASYGEL	214	<i>entecavir</i>	24, 120, 145, 215
<i>disopyramide phosphate</i>	68	<i>econazole nitrate</i>	24, 145, 263	ENTRESTO	69
<i>disulfiram</i>	182	ECOZA	24, 145, 214, 263	Entyvio.....	120, 145
DIURIL	57	EDARBI	69	<i>enulose</i>	57, 89, 120, 277
<i>divalproex sodium</i>	68, 88, 182, 239, 240, 276	EDLUAR	89, 277	EPANED	69, 215
<i>divalproex sodium er</i>	68, 88, 182, 239, 276	EDURANT	24, 47	EPCLUSA	24, 120, 145
DIVIGEL	79, 104, 128, 158	<i>efavirenz</i>	24, 47, 214	EPIDIOLEX	89, 166, 277
<i>dofetilide</i>	68, 213, 252	EGRIFTA	24, 43, 47, 57, 145, 215	EPIFOAM	145, 263
<i>donepezil hcl</i>	88, 182, 276	Elaprase.....	57, 120, 128	<i>epinastine hcl</i>	20, 136, 145, 159
DONNATAL	213	ELESTRIN	79, 104, 128, 159	<i>epinephrine</i>	20
DOPTELET	4, 47, 68, 145, 213	<i>eletriptan hydrobromide</i>	69, 89, 215, 240, 277	<i>epinephrine hcl</i>	20, 24, 69, 259
<i>dorzolamide hcl</i>	136, 213	Eligard.....	16, 79	EPIPEN 2-PAK	20
<i>dorzolamide hcl-timolol mal</i>	136, 213	ELINEST	104	EPIPEN JR 2-PAK	20
<i>dorzolamide hcl-timolol mal pf</i>	136, 214	ELIQUIS	4, 10, 69, 113, 252	EpiRUBicin HCl.....	215
DOVATO	24, 47	ELITE-OB	250	EPITOL	89, 166, 277
<i>doxazosin mesylate</i>	16, 68, 79	ELIXOPHYLLIN	10, 37, 113, 145	<i>eplerenone</i>	69, 240
<i>doxepin hcl</i>	182, 183, 214	ELLA	104	EPOGEN	4, 16, 79
<i>doxercalciferol</i>	79, 128, 214, 252	ELMIRON	79	Epoprostenol Sodium	10, 37, 69, 113
<i>doxycycline hyclate</i>	158, 214	Eloctate.....	4	<i>eprosartan mesylate</i>	69
<i>doxycycline monohydrate</i>	214	Elspar.....	215	<i>eq nicotine</i>	183, 201, 249
<i>doxylamine-pyridoxine</i>	120, 250	EMADINE	20, 136, 145, 159	<i>eq nicotine polacrilex</i>	183, 201, 249
DRITHO-CREME HP	214	EMBEDA	240	<i>eq nicotine step 3</i>	183, 201, 249
<i>dronabinol</i>	16, 24, 47, 57, 120	EMCYT	16, 79	<i>eq nicotine</i>	183, 249
<i>drospirenone-eth estrad-levomefol</i>	104, 214	Emend.....	16, 120, 215	<i>eq nicotine polacrilex</i>	183, 249
		EMEND	16, 120	Erbitux.....	215
		EMFLAZA	89, 145, 165, 277	<i>ergocalciferol</i>	34, 198
				<i>ergoloid mesylates</i>	89, 183, 277
				ERGOMAR	69, 89, 240, 277
				ERIVEDGE	16, 263

^ = 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

<i>erlotinib hcl</i>	215	EZ-LETS LANCETS 26G	201	FIRST-PROGESTERONE	
ERRIN	104	FABIOR	216, 264	VGS 100	217
ERY-TAB	215	Fabrazyme.....	16, 57, 79, 264	FIRST-PROGESTERONE	
ERYTHROCIN STEARATE	215	FACTIVE	216	VGS 200	217
<i>erythromycin</i>	24, 136, 263	FALMINA	105	FIRST-PROGESTERONE	
<i>erythromycin base</i>	215	<i>famciclovir</i>	216	VGS 25	217
<i>erythromycin ethylsuccinate</i>	215	<i>famotidine</i>	120, 240	FIRST-PROGESTERONE	
ESBRIET	10, 37, 113	FANAPT	184	VGS 400	217
ESCAVITE	34, 120, 198	FANAPT TITRATION		FIRST-PROGESTERONE	
ESCAVITE D	34, 120, 198	PACK	184	VGS 50	217
<i>escitalopram oxalate</i>	183, 184	FARYDAK	4, 16	FIRST-TESTOSTERONE	217
<i>esomeprazole magnesium</i>	120, 215	Fasenra.....	4, 11, 25, 37, 113, 146	FIRST-TESTOSTERONE	
<i>est estrogens-methyltest</i>	215	FASENRA PEN		MC	217
<i>est estrogens-methyltest hs</i>	215	.....	4, 11, 25, 37, 113, 146	FIRST-VANCOMYCIN 25	217
ESTARYLLA	104	FAYOSIM	105	FIRST-VANCOMYCIN 50	217
<i>estazolam</i>	89, 277	<i>febuxostat</i>	57, 146, 166, 216	FIRVANQ	217
<i>estradiol</i>		Feiba.....	4, 69, 216	FLAGYL ER	217
.....	79, 104, 105, 128, 159, 215	<i>felbamate</i>	216	FLAREX	137, 146
<i>estradiol-norethindrone acet</i>	215	<i>felodipine er</i>	69	<i>flavoxate hcl</i>	79, 241
ESTRING	79, 105, 128, 159	FEMRING	79, 105, 129, 159	Flebogamma.....	217
ESTROGEL	79, 105, 129, 159	<i>fenofibrate</i>	58, 216	Flebogamma DIF.....	48
<i>estropipate</i>	105, 129	<i>fenofibrate micronized</i>	58	<i>flecainide acetate</i>	69
<i>eszopiclone</i>	89, 277	<i>fenofibric acid</i>	58, 216	<i>flolipid</i>	58
Ethacrynate Sodium		<i>fenopropfen calcium</i>	240	FLOVENT DISKUS	
.....	10, 57, 69, 113, 216	<i>fentanyl</i>	240	.....	11, 37, 113, 146
<i>ethacrynic acid</i>	10, 57, 69, 113, 216	<i>fentanyl citrate</i>	16, 240	FLOVENT HFA	11, 37, 113, 146
<i>ethambutol hcl</i>	216	FENTORA	16, 241	<i>fluconazole</i>	217
<i>ethosuximide</i>	89, 277	FERRIPROX	237, 252	<i>flucytosine</i>	217
<i>etidronate disodium</i>	57, 166	<i>ferrous sulfate</i>	216	<i>fludrocortisone acetate</i>	129
<i>etodolac</i>	146, 166, 240	FETZIMA	184, 216	<i>flunisolide</i>	20, 25, 41, 113, 146
<i>etodolac er</i>	43, 48, 145, 166	FETZIMA TITRATION	184, 216	<i>fluocinolone acetonide</i>	
<i>etoposide</i>	216	FIBRICOR	58	.....	135, 146, 264
EUCRISA	146, 263	FINACEA	146, 264	<i>fluocinolone acetonide body</i>	
EUFLEXXA	146, 166	<i>finasteride</i>	16, 79	.....	146, 264
EURAX	24, 263	FINGERSTIX LANCETS	201	<i>fluocinolone acetonide scalp</i>	
EVAMIST	105	FIRDAPSE	48, 90, 146, 166, 278	.....	146, 264
Evenity.....	105, 129, 166	Firmagon.....	216	<i>fluocinonide</i>	146, 218, 264
EVOTAZ	24, 48	FIRST-BXN MOUTHWASH	216	FLUORABON	120
EVZIO	237	FIRST-DUKES		FLUOR-A-DAY	120
EXELDERM	24, 25, 146, 264	MOUTHWASH	216	FLUORIDEX DAILY	
<i>exemestane</i>	16, 105	FIRST-HYDROCORTISONE		DEFENSE	120
Exondys 51.....	89, 146, 166, 277	.....	217	FLUORIDEX ENHANCED	
EXTAVIA	89, 90, 277, 278	FIRST-LANSOPRAZOLE	217	WHITENING	218
Eylea.....	4, 57, 69, 129, 136	FIRST-MARYS		FLUORIDEX SENSITIVITY	
EZALLOR SPRINKLE	57	MOUTHWASH	217	RELIEF	120, 218
<i>ezetimibe</i>	57, 216	FIRST-MOUTHWASH BLM	217	<i>fluorometholone</i>	137, 146
<i>ezetimibe-simvastatin</i>	57, 216	FIRST-OMEPRAZOLE	217	FLUOROPLEX	264

^ = 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

<i>fluorouracil</i>	16, 264	FUZEON	25, 48	GILENYA	90, 278
<i>fluoxetine hcl</i>	184	FYCOMPA 90, 166, 167, 218, 278		GILOTRIF	218
<i>fluoxetine hcl (pmd)</i>	184, 218	<i>gabapentin</i>	25, 90, 241, 278	GILPHEX TR	25, 41, 113, 147
<i>fluphenazine decanoate</i>	184	GALAFOLD	16, 58, 80, 264	Glassia.....	11, 37, 58, 113
<i>fluphenazine hcl</i>	185	<i>galantamine hydrobromide</i>		<i>glatiramer acetate</i>	91, 279
FLURA-DROPS	120	.....	90, 185, 278	GLATOPA	91, 279
<i>flurandrenolide</i>	146, 218, 264	<i>galantamine hydrobromide er</i>		GLEOSTINE	218
<i>flurazepam hcl</i>	90, 278	.....	90, 185, 278	<i>glimepiride</i>	58, 129
<i>flurbiprofen</i>	43, 48, 146, 166	GamaSTAN S/D.....	25, 120, 147	<i>glipizide</i>	58, 129
<i>flurbiprofen sodium</i> ..	137, 252, 256	Gammagard...48, 90, 147, 167, 278		<i>glipizide er</i>	58, 129
<i>flutamide</i>	218	Gammagard S/D Less IgA		<i>glipizide xl</i>	58, 129
<i>fluticasone propionate</i>		4, 48, 70, 121, 137, 139, 147, 159,		<i>glipizide-metformin hcl</i>	58, 129
.....	25, 37, 41, 113, 147, 264	264		GLUCAGEN HYPOKIT ..	58, 129
<i>fluticasone-salmeterol</i>		Gammakod.....	4, 48, 70, 147	GLUCAGON EMERGENCY	
.....	11, 37, 113, 147, 218	Gammaplex.....	4, 48, 70, 147, 218	.....	59, 129
<i>fluvastatin sodium</i>	58	Gamunex-C.....	5, 48, 70, 147	GLUCOSOURCE LANCETS	
<i>fluvastatin sodium er</i>	58, 218	<i>gatifloxacin</i>	218	.....	201
<i>fluvoxamine maleate</i>	185	GATTEX	121, 252, 256	<i>glyburide</i>	59, 129
<i>fluvoxamine maleate er</i>	185	GAVILYTE-C	121, 252	<i>glyburide micronized</i>	59, 129
FML	137, 147	GAVILYTE-G	121, 252	<i>glyburide-metformin</i>	59, 129
FML FORTE	137, 147	GAVILYTE-H	121	<i>glycopyrrolate</i>	218
FOCALIN XR ... 90, 166, 185, 278		Gazyva.....	218	<i>glycron</i>	218
<i>folbee</i>	34, 198	GEBAUERS PAIN EASE	218	GLYDO	
<i>folic acid</i>	4, 34, 198	GEBAUERS SPRAY AND		.....	11, 80, 113, 167, 241, 252, 256
<i>fondaparinux sodium</i>		STRETCH	218	<i>gnp lancets</i>	201
.....	4, 69, 252, 256	GELNIQUE	80, 167	<i>gnp nicotine mini</i>	185, 249
FORTEO	105, 129, 166	<i>gemfibrozil</i>	58	<i>gnp nicotine polacrilex</i>	185, 249
FORTICAL	105, 129, 166	<i>generlac</i>	58, 90, 121, 278	<i>gnp ultra com insulin syringe</i> ... 201	
FOSAMAX PLUS D		GENGRAF .. 48, 80, 121, 252, 256		GOCOVRI	91, 279
.....	105, 129, 166	GENOTROPIN		GOLYTELY	121, 252
<i>fosamprenavir calcium</i> ..	25, 48, 218	.....	25, 34, 49, 58, 129, 198	<i>gordons urea</i>	218
<i>fosinopril sodium</i>	69	GENOTROPIN MINIQUICK		GRALISE	25, 91, 241, 279
<i>fosinopril sodium-hctz</i>	69	.....	25, 34, 49, 58, 129, 198	GRALISE STARTER	
FOSRENOL		GENTAK	218	.....	26, 91, 241, 279
.....	34, 58, 79, 129, 166, 198	<i>gentamicin sulfate</i>	25, 218, 264	<i>granisetron hcl</i>	16, 121
FRAGMIN	4, 69, 241, 252	GENTLE-LET GP		GRANIX	5, 16, 49, 219
FREESTYLE INSULINX		LANCETS	201	<i>griseofulvin microsize</i>	26, 264
TEST	201	GENTLE-LET LANCETS	201	<i>griseofulvin ultramicrosize</i> ..	26, 264
FREESTYLE LANCETS	201	GENVOYA	25, 49	<i>guaifenesin er</i> ..11, 26, 41, 113, 147	
FREESTYLE LITE TEST	201	Geodon.....	185	<i>guaifenesin-codeine</i>	
FREESTYLE PRECISION		GIANVI	105, 185, 264	.....	11, 26, 41, 114, 147
NEO TEST	201	GILDAGIA	105	<i>guanfacine hcl</i>	70
FREESTYLE TEST	201	GILDESS 1.5/30	105	<i>guanfacine hcl er</i> 91, 167, 186, 279	
<i>frovatriptan succinate</i>		GILDESS 1/20	105	<i>guanidine hcl</i> 49, 91, 147, 167, 279	
.....	69, 90, 218, 241, 278	GILDESS 24 FE	105	GYNAZOLE-1	26, 80, 105
FULPHILA	4, 16, 48	GILDESS FE 1.5/30	105	HAEGARDA	59
<i>furosemide</i>	11, 58, 69, 70, 113	GILDESS FE 1/20	105		

^ = 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

HAEMOLANCE LOW			
FLOW LANCETS	201		
Halaven.....	219		
<i>halcinonide</i>	147, 264		
<i>halobetasol propionate</i>	147, 265		
HALOG	147, 265		
<i>haloperidol</i>	186		
<i>haloperidol decanoate</i>	186		
<i>haloperidol lactate</i>	186		
HARVONI	26, 121, 147		
HEATHER	105		
Helixate FS.....	5		
HEMLIBRA	5, 70		
HEMMOREX-HC	70, 121, 147		
Hemofil M.....	5, 219		
<i>heparin (porcine) in nacl</i>	70, 252, 256		
<i>heparin sodium (porcine)</i>	5, 70, 219, 252		
Herceptin.....	219		
HETLIOZ	91, 279		
HEXALEN	219		
Hizentra.....	49, 219		
<i>hm nicotine</i>	186, 201, 249		
<i>hm nicotine polacrilex</i>	186, 249		
HOMATROPAIRE	137, 147		
<i>homatropine hbr</i>	137, 147		
HORIZANT	91, 279		
HUMALOG MIX 50/50	219		
HUMALOG MIX 50/50			
KWIKPEN	219		
HUMALOG MIX 75/25	219		
HUMALOG MIX 75/25			
KWIKPEN	219		
Humate-P	5, 49, 70, 147, 219, 252, 257		
HUMATROPE	26, 34, 49, 59, 129, 198		
HUMIRA	44, 49, 121, 137, 148, 167, 265		
HUMIRA PEDIATRIC			
CROHNS START	43, 49, 121, 137, 148, 167, 265		
HUMIRA PEN	43, 49, 121, 148, 167, 265		
HUMIRA PEN-CD/UC/HS			
STARTER	43, 49, 121, 137, 148, 167, 265		
HUMIRA PEN-PS/UV/ADOL			
HS START	44, 49, 121, 137, 148, 167, 265		
HUMULIN 70/30	201		
HUMULIN 70/30 KWIKPEN			
HUMULIN N	201		
HUMULIN N KWIKPEN	201		
HUMULIN R	201		
HUMULIN R U-500			
(CONCENTRATED)	59, 129		
HUMULIN R U-500			
KWIKPEN	59, 129		
HYCANTIN	219		
<i>hydralazine hcl</i>	70		
<i>hydrochlorothiazide</i>	70		
<i>hydrocod polst-cpm polst er</i>	11, 20, 26, 41, 114, 148		
<i>hydrocodone-acetaminophen</i>	219, 241		
<i>hydrocodone-homatropine</i>	11, 26, 41, 114, 148		
<i>hydrocodone-ibuprofen</i>	219, 241		
<i>hydrocortisone</i>	121, 129, 148, 219, 265		
<i>hydrocortisone ace-pramoxine</i>	70, 121, 148, 265		
<i>hydrocortisone acetate</i>	70, 121, 148		
<i>hydrocortisone butyrate</i>	148, 219, 265		
<i>hydrocortisone valerate</i>	148, 265		
<i>hydrocortisone-acetic acid</i>	135		
<i>hydromet</i>	11, 26, 41, 114, 148		
<i>hydromorphone hcl</i>	242		
<i>hydromorphone hcl er</i>	242		
<i>hydroxychloroquine sulfate</i>	44, 49, 148, 167, 265		
HYDROXYprogesterone			
Caproate	16, 70, 80, 105, 130, 219, 250		
<i>hydroxyurea</i>	16, 265		
<i>hydroxyzine hcl</i>	91, 186, 252, 257, 279		
<i>hydroxyzine pamoate</i>	91, 186, 252, 257, 279		
HYOPHEN	219		
<i>hyoscyamine sulfate</i>	220		
<i>hyoscyamine sulfate er</i>	219		
<i>hyosyne</i>	220		
HYPERSAL	220		
Hyqvia.....	49		
HY-VEE LANCETS	201		
<i>hy-vee thin lancets</i>	202		
Ibandronate Sodium	105, 130, 167, 220		
<i>ibandronate sodium</i> ..	105, 130, 167		
IBRANCE	220		
<i>ibuprofen</i>	148, 167, 242		
<i>icatibant acetate</i>	20, 49, 59, 220, 265		
ICLUSIG	220		
Idelvion.....	5		
IDHIFA	220		
Ilaris.....	49, 59, 135, 149, 167		
Ilaris (150mg Delivered).....	220		
ILEVRO ...137, 149, 242, 252, 257			
ILOTYCIN	26, 137		
Ilumya.....	265		
<i>imatinib mesylate</i>	220		
IMBRUVICA	5, 16, 160, 220		
Imfinzi.....	220		
<i>imipramine hcl</i>	80, 186		
<i>imipramine pamoate</i>	186		
<i>imiquimod</i>	16, 26, 149, 265		
<i>imiquimod pump</i>	266		
IMLYGIC	17, 266		
IMPAVIDO	26, 266		
INATAL ADVANCE	250		
INBRIJA	91, 279		
INCRELEX	91, 130, 279		
INCRUSE ELLIPTA	11, 38, 114, 149		
<i>indapamide</i>	59, 70		
INDOCIN	59, 149, 167		
<i>indomethacin</i>	59, 149, 167		
<i>indomethacin er</i>	59, 149, 167		
Inflectra.44, 50, 121, 149, 167, 266			
INGREZZA	91, 168, 279		
INLYTA	220		
INREBIC	5		

^ = 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

<i>insulin syringe</i>	202	JUBLIA	27, 149, 266	Kovaltry.....	5
<i>insulin syringe/needle</i>	202	JULEBER	105	<i>kp clotrimazole</i>	27, 149, 266
INTELENCE	26, 50	JULUCA	27, 50	K-PHOS	221
INTRAROSA		JUNEL 1.5/30	106	K-PHOS NO 2	221
.....	80, 105, 130, 159, 242	JUNEL 1/20	106	KRINTAFEL	27
INTROL	220	JUNEL FE 1.5/30	106	Krystexxa.....	59, 149, 168
Intron A.....	17, 26, 122, 149, 266	JUNEL FE 1/20	106	KURVELO	106
INTROVALE	105	JUNEL FE 24	106	KUVAN	59, 221
Invega Sustenna.....	186	JUXTAPID	59	KYLEENA	106
Invega Trinza.....	187	JYNARQUE	59, 80, 130	KYNAMRO	59, 60
INVELTYS		K.B.G.L IN TERODERM	221	<i>labetalol hcl</i>	71
.....	137, 149, 242, 253, 257	Kadcyla.....	221	<i>lactulose</i>	60, 91, 122, 279
INVIRASE	26, 50	KADIAN	242	<i>lactulose encephalopathy</i>	
<i>ipratropium bromide</i>		KAITLIB FE	106	.....	60, 91, 122, 279
.....	11, 21, 26, 38, 41, 114, 149	KALETRA	27, 50	LAMISIL	27, 149, 266
<i>ipratropium-albuterol</i> ...	11, 38, 114	KALYDECO	11, 38, 59, 114	LAMISIL SPRAY	221
IPRIVASK	5, 70, 253, 257	KANUMA	59	<i>lamivudine</i>	27, 50, 122, 150, 221
<i>irbesartan</i>	70	KARIGEL	221	<i>lamivudine-zidovudine</i>	27, 50
<i>irbesartan-hydrochlorothiazide</i> ..	70	KARIGEL-N	221	<i>lamotrigine</i> ..	92, 168, 169, 187, 280
IRESSA	220	KARIVA	106	<i>lamotrigine er</i>	92, 280
ISENTRESS	26, 50	KELNOR 1/35	106	<i>lamotrigine odt</i> ...92, 168, 187, 280	
ISENTRESS HD	26, 50	KENALOG ..	44, 50, 130, 149, 168	<i>lamotrigine starter kit-blue</i>	
<i>isometheptene-dichloral-apap</i> ..	220	KETEK	221	.....	92, 169, 187, 280
<i>isoniazid</i>	26	<i>ketoconazole</i>	27, 149, 221, 266	<i>lamotrigine starter kit-green</i>	
ISOPTO CARBACHOL	220	KETODAN	149, 266	.....	92, 169, 187, 280
ISOPTO HYOSCINE	220	<i>ketoprofen</i>	149, 168, 242	<i>lamotrigine starter kit-orange</i>	
ISORDIL TITRADOSE ...71, 242		<i>ketoprofen er</i>	44, 50, 149, 168	.....	92, 169, 187, 280
<i>isosorbide dinitrate</i>	71, 242	<i>ketorolac tromethamine</i>		<i>lamotrigine titration</i>	
<i>isosorbide dinitrate er</i>	71, 242	.....	137, 149, 242, 253, 257	.....	93, 169, 188, 281
<i>isosorbide mononitrate</i>	71, 242	<i>ketotifen fumarate</i> 21, 137, 149, 159		<i>lancets</i>	202
<i>isosorbide mononitrate er</i> ...71, 242		KEVEYIS	59, 91, 168, 279	<i>lancets thin</i>	202
<i>isotretinoin</i>	220, 266	KEVZARA	44, 50, 149, 168	LANOXIN	71, 221
<i>isradipine</i>	71	KIMIDESS	106	<i>lansoprazole</i>	122, 150
Istodax.....	17, 266	KINERET	44, 50, 149, 168	<i>lanthanum carbonate</i>	
<i>itraconazole</i>	220	<i>kinney lancets</i>	202	.....	34, 60, 80, 130, 169, 198, 221
<i>ivermectin</i>	26, 122, 220	<i>kinney thin lancets</i>	202	LARIN 1.5/30	106
Ixempra Kit.....	220	<i>kinray insulin syringe</i>	202	LARIN 1/20	106
Ixinity.....	5	KIONEX	59	LARIN 24 FE	106
JADENU	5, 237, 253	KISQALI 200 DOSE	221	LARIN FE 1.5/30	106, 221
JADENU SPRINKLE ..5, 237, 253		KISQALI 400 DOSE	221	LARIN FE 1/20	106, 221
JAKAFI	5, 17, 71	KISQALI 600 DOSE	221	Lartuvo.....	221
JANTOVEN	5, 71	KLOR-CON M15	59	LASTACAPT ...	21, 137, 150, 159
JENCYCLA	105	Koate.....	5	<i>latanoprost</i>	137, 221
Jevtana.....	220	Koate-DVI.....	5	LATRIX	221
Jivi.....	5	Kogenate FS.....	5, 221	LATUDA	188, 221
JOLESSA	105	Kogenate FS Bio-Set.....	5	<i>lavare wound wash</i>	221
JOLIVETTE	105	KORLYM	59, 130	LAYOLIS FE	106

^ = 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

LEENA.....106	LEVO-T 130	<i>losartan potassium-hctz</i> 71
<i>leflunomide</i> 44, 50, 150, 169	<i>levothyroxine sodium</i> 130	LOTEMAX.....137, 150
LEMTRADA 93, 281	LEVOXYL.....130	LOTEMAX SM
LENVIMA (10 MG DAILY DOSE) 221	LEXIVA.....27, 50	.....137, 150, 243, 253, 257
LENVIMA (12 MG DAILY DOSE) 221	<i>lidocaine</i>	<i>loteprednol etabonate</i> 137, 150, 223
LENVIMA (14 MG DAILY DOSE) 222	11, 27, 93, 114, 222, 242, 253, 257,	<i>lovastatin</i>.....60
LENVIMA (20 MG DAILY DOSE) 222	266, 281	LOW-OGESTREL 106
LENVIMA (24 MG DAILY DOSE) 222	<i>lidocaine hcl</i>	<i>loxapine succinate</i>.....188
LENVIMA (4 MG DAILY DOSE) 222	11, 80, 114, 160, 169, 242, 253,	LOZI-FLUR 223
LESSINA 106	257, 266	LUCEMYRA 188
<i>letrozole</i> 17, 106	<i>lidocaine hcl (pf)</i>.....253, 257	Lucentis.....6, 60, 71, 130, 137
<i>leucovorin calcium</i> ..5, 34, 198, 237	<i>lidocaine viscous</i>.....253, 257	LUFYLLIN.....223
LEUKERAN.....5, 17	<i>lidocaine-prilocaine</i>.....253, 257	<i>luliconazole</i>.....27, 150, 266
Leukine..... 222	<i>lidopin</i> 160, 242, 253, 257, 266	LUMIGAN.....138
Leuprolide Acetate..... 17, 80, 130	LIDOPROFEN.....222	Lumizyme..... 11, 60, 71, 114
<i>levalbuterol hcl</i> 11, 38, 114	LIFESCAN UNISTIK II	LUPRON 223
<i>levalbuterol tartrate</i>	LANCETS 202	Lupron Depot (1-Month)
..... 11, 38, 114, 222	<i>lindane</i> 27, 266	.....6, 17, 71, 80, 106
LEVATOL 222	<i>linezolid</i>.....222	Lupron Depot (3-Month)
<i>levetiracetam</i>.....93, 169, 281	<i>liothyronine sodium</i> 17, 130, 253	.....6, 17, 71, 80, 106
<i>levetiracetam er</i> 93, 281	LIQUICET 222	Lupron Depot (4-Month)..... 17, 80
<i>levobunolol hcl</i>.....137, 222	<i>lisinopril</i>.....71	Lupron Depot (6-Month)..... 17, 80
<i>levocarnitine</i> 34, 199, 222	<i>lisinopril-hydrochlorothiazide</i> 71	Lupron Depot-Ped (1-Month)... 130
<i>levocetirizine dihydrochloride</i>	<i>lite touch lancets</i> 202	Lupron Depot-Ped (3-Month)... 130
.....21, 27, 41, 60, 114, 150, 266	<i>lithium</i> 188	LUTERA.....107
<i>levofloxacin</i> 222	<i>lithium carbonate</i> 188	LYNPARZA 223
Levoleucovorin Calcium	<i>lithium carbonate er</i> 188	LYRICA CR
.....5, 17, 34, 122, 199, 237	LIVALO.....60	.....27, 60, 93, 130, 243, 281
LEVOleucovorin Calcium	LO LOESTRIN FE 106	LYSODREN 17, 130
.....6, 17, 34, 122, 199, 222, 237	<i>lofene</i>.....222	LYZA 107, 223
LEVOleucovorin Calcium PF	LOKARA 222	Macugen.....138
.....6, 17, 34, 122, 199, 237	LOKELMA 60	<i>magdelay</i>.....60
LEVONEST.....106	LOMEDIA 24 FE 106, 222	<i>malathion</i> 27, 266
<i>levonorgest-eth estrad 91-day</i>	<i>lomustine</i> 222	<i>maprotiline hcl</i> 189
.....106, 222	<i>longs lancets thin</i> 202	<i>margesic</i> 189, 243
<i>levonorgestrel</i> 106, 222	LONSURF 222	<i>marlissa</i>.....107
<i>levonorgestrel-ethinyl estrad</i>	<i>loperamide hcl</i> 122	<i>marten-tab</i>.....189, 243
.....106, 222	<i>lopinavir-ritonavir</i> 27, 50, 222	MATULANE 223
<i>levonorg-eth estrad triphasic</i>	<i>lorazepam</i> 188	MATZIM LA 71, 243
.....106, 222	LORAZEPAM INTENSOL ...188	MAVENCLAD (10 TABS)
LEVORA 0.15/30 (28) 106	LORBRENA 222	.....93, 281
	LORCET 242	MAVENCLAD (4 TABS) .93, 281
	LORCET HD 242	MAVENCLAD (5 TABS) .93, 281
	LORCET PLUS 243	MAVENCLAD (6 TABS) .93, 281
	LORTAB 243	MAVENCLAD (7 TABS) .93, 281
	LORYNA 106, 188, 266	MAVENCLAD (8 TABS) .93, 281
	<i>losartan potassium</i> 71	MAVENCLAD (9 TABS) .93, 281

^ = 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

MAVYRET	27, 122, 150	<i>methitest</i>	107, 131	MIGRANAL	72, 95, 243, 283
MAXIDEX	138, 150	<i>methocarbamol</i>	169	MILLIPRED	131
MAYZENT	93, 94, 281, 282	<i>methotrexate</i> ..	44, 50, 150, 169, 266	MILLIPRED DP	131
<i>me/naphos/mb/hyo1</i>	223	<i>methoxsalen rapid</i>	223, 266	MILLIPRED DP 12-DAY	224
<i>meclizine hcl</i>	71, 94, 282	<i>methyclothiazide</i>	60	MINITRAN	72, 244
<i>meclofenamate sodium</i>	150, 169, 243	<i>methylidopa</i>	71	<i>minocycline hcl</i>	224
MEDISENSE THIN		<i>methylidopa-</i> <i>hydrochlorothiazide</i>	71	<i>minoxidil</i>	72
LANCETS	202	<i>methylergonovine maleate</i> ..	71, 250	MIRAPEX ER	95, 283
MEDROL	130	<i>methylphenidate hcl</i>	94, 95, 170, 190, 223, 282, 283	MIRCERA	6, 80, 81
<i>medroxyprogesterone acetate</i>	71, 80, 107, 130	<i>methylphenidate hcl er</i>	94, 170, 190, 282	<i>mirtazapine</i>	190
<i>mefenamic acid</i>	107, 243	<i>methylphenidate hcl er (cd)</i>	94, 170, 189, 282	MIRVASO	150, 224, 266
<i>mefloquine hcl</i>	27	<i>methylphenidate hcl er (la)</i>	94, 170, 189, 282	<i>misoprostol</i>	122
<i>megestrol acetate</i>	27, 34, 50, 60, 199, 223	<i>methylphenidate hcl er (la)</i>	94, 170, 189, 190, 223, 282	Mitoxantrone HCl	6, 17, 81, 95, 283
MEIJER LANCETS	202	<i>methylprednisolone</i>	131	<i>modafinil</i>	12, 95, 114, 283
MEKINIST	223	<i>methylprednisolone sodium succ</i>	131	MODERIBA	27, 122, 150, 224
MEKTOVI	223	<i>methyltestosterone</i>	107, 131, 223	<i>moexipril hcl</i>	72
<i>meloxicam</i>	44, 50, 150, 169	<i>metipranolol</i>	138	<i>moexipril-hydrochlorothiazide</i> ...	72
<i>melphalan</i>	223	<i>metoclopramide hcl</i>	60, 122, 131	<i>mometasone furoate</i>	21, 28, 41, 114, 150, 224, 267
<i>memantine hcl</i>	94, 189, 223, 282	<i>metolazone</i>	61, 80	MONDOXYNE NL	224
<i>memantine hcl er</i>	94, 189, 282	<i>metoprolol succinate er</i>	71, 243	Monoclate-P.....	6, 224
MENEST	107, 130	<i>metoprolol tartrate</i>	72, 243	MONOJECT CONTROL SYRINGE	224
<i>mepерidine hcl</i>	223, 243	<i>metoprolol-hydrochlorothiazide</i> ..	72	MONOJECT FILTER ASPIRATOR	202
<i>meprobamate</i>	189	<i>metronidazole</i>	27, 80, 107, 150, 223, 266	MONOJECT INSULIN SYRINGE	202, 224
<i>mercaptapurine</i>	223	<i>mexiletine hcl</i>	72	MONOJECT PHARMACY TRAY	202
<i>mesalamine</i>	122, 150, 223	MIACALCIN	107, 131, 170	MONOJECT PISTON SYRINGE	202
MESNEX	17, 71, 80, 107	<i>miconazole 3</i>	27, 80, 107	MONOJECT SAFETY SYRINGE/SHIELD	202, 224
MESTINON ..	50, 94, 150, 169, 282	MICROCYN	202	MONOJECT SYRINGE TRAY	202
<i>metaproterenol sulfate</i> ..	11, 38, 114	MICROCYN SKIN AND WOUND	224	MONOJECT SYRINGE CATH TIP	203
<i>metaxalone</i>	169	MICROGESTIN 1.5/30	107	MONOJECT SYRINGE ECC	203
<i>metformin hcl</i>	60, 131	MICROGESTIN 1/20	107	MONOJECT SYRINGE LUER	203
<i>metformin hcl er</i>	60, 130	MICROGESTIN 24 FE	107	MONOJECT SYRINGE LUER LOCK	203, 224
<i>metformin hcl er (mod)</i>	60, 130, 223	MICROGESTIN FE 1.5/30	107	MONOJECT SYRINGE REG	203, 224
<i>metformin hcl er (osm)</i>	60, 130	MICROGESTIN FE 1/20	107	MONOJECT TB SAFETY SYRINGE	203
Methadone HCl.....	189, 243	<i>micronized colestipol hcl</i>	61	MONOJECT TB SYRINGE ..	203
<i>methadone hcl</i>	189, 243	MICROTAINER SAFETY FLOW LANCET	202		
METHADONE HCL INTENSOL	189, 243	<i>midodrine hcl</i>	72		
METHADOSE	189, 243	MIGERGOT	72, 95, 243, 283		
<i>methamphetamine hcl</i>	60, 94, 169, 189, 282	<i>miglitol</i>	61, 131, 224		
<i>methazolamide</i>	138	<i>migragesic ida</i>	224		
<i>methenamine hippurate</i>	27, 80				
<i>methenamine mandelate</i>	27, 80				
<i>methimazole</i>	131				

^ = 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

MONOJECT ULTRA	<i>n-acetyl-l-cysteine</i>	225	NERLYNX	225
COMFORT SYRINGE	<i>nadolol</i>	72, 244	NEUAC	267
MONOLET LANCETS	<i>nadolol-bendroflumethiazide</i>	72	NEULASTA	6, 17, 51, 254
MONO-LINYAH	NAFRINSE DAILY		NEULASTA DELIVERY	
MONONESSA	ACIDULATED	225	KIT	6, 17, 51, 254
Mononine.....	NAFRINSE		NEULASTA ONPRO	
<i>montelukast sodium</i>	DAILY/NEUTRAL	123	.....	6, 17, 51, 254
.....	NAFRINSE WEEKLY	225	NEUPOGEN	6, 17, 51
MONUROL	<i>naftifine hcl</i>	28, 151, 225, 267	NEUPRO	95, 283
MORGIDOX	NAFTIN	28, 151, 267	NEUTRAGARD	
<i>morphine sulfate</i>	Naglazyme.....	61, 131	ADVANCED	225
<i>morphine sulfate (concentrate)</i>	<i>naloxone hcl</i>	237	<i>neutral sodium fluoride</i>	123
<i>morphine sulfate er</i>	<i>naltrexone hcl</i>	190	NEVANAC	
<i>morphine sulfate er beads</i>	NAMENDA XR TITRATION		.....	138, 151, 244, 254, 257
MOVANTIK	PACK	95, 190, 283	<i>nevirapine</i>	28, 51
MOVIPREP	<i>naphazoline hcl</i>	138	<i>nevirapine er</i>	28, 51, 225
MOXEZA	<i>napro</i>	225	NEXAVAR	225
<i>moxifloxacin hcl</i>	<i>naproxen</i>	151, 171, 244	NEXIUM	123
MOZOBIL	<i>naproxen dr</i>	44, 51, 151, 171	NEXIUM 24HR	123, 203
MULPLETA	<i>naproxen sodium</i>	151, 171, 244	NEXT CHOICE	225
MULTAQ	<i>naratriptan hcl</i>	72, 95, 244, 283	NEXT CHOICE ONE DOSE	107
MULTI COMPLETE	NARCAN	237	<i>niacin er</i>	61
<i>multi vitamin/fluoride</i>	NATACYN	28, 138, 151, 159	<i>niacin er (antihyperlipidemic)</i>	.....
<i>multi vitamin/minerals</i>	NATAZIA	72, 81, 107	.....	61, 225
<i>multi-vit/fluoride</i>	<i>nateglinide</i>	61, 131	NIACOR	61
<i>multi-vit/fluoride/iron</i>	NATPARA	61, 131	<i>nicardipine hcl</i>	72, 244
.....	NATURE-THROID	225	NICORELIEF	191, 249
<i>multivitamin/fluoride</i>	NEBUPENT		<i>nicotine</i>	191, 249
<i>multi-vitamin/fluoride</i>.....	.....	12, 28, 38, 51, 114, 151	<i>nicotine mini</i>	191, 249
<i>mupirocin</i>	NEBUSAL	225	<i>nicotine polacrilex</i>	191, 249
<i>mupirocin calcium</i>	NECON 0.5/35 (28)	107	<i>nicotine step 1</i>	191, 249
MY WAY	NECON 1/35 (28)	107	<i>nicotine step 2</i>	191, 249
MYALEPT	NECON 1/50 (28)	107	<i>nicotine step 3</i>	191, 249
<i>mycophenolate mofetil</i>	NECON 10/11 (28)	107	NICOTROL	191, 249
.....	NECON 7/7/7	107	NICOTROL NS	191, 249
<i>mycophenolic acid</i>	<i>nefazodone hcl</i>	191	NIFEDIAC CC	225
.....	<i>neomycin sulfate</i>	123, 253, 257	NIFEDICAL XL	72, 244
MYDAYIS	<i>neomycin-bacitracin zn-</i>		<i>nifedipine</i>	72, 244
MYKIDZ IRON FL	<i>polymyx</i>	28, 138	<i>nifedipine er</i>	72, 244
MYLERAN	<i>neomycin-polymyxin-dexameth</i>	225	<i>nifedipine er osmotic release</i>	.....
Mylotarg.....	<i>neomycin-polymyxin-gramicidin</i>	.....	.....	72, 244
<i>my nephrocaps</i>.....	.....	28, 138	NIKKI	107, 191, 267
Myobloc.....	<i>neomycin-polymyxin-hc</i>	.....	<i>nilutamide</i>	225
MYORISAN.....	.....	28, 135, 138, 225	<i>nimodipine</i>	72, 95, 160, 283
MYRBETRIQ	NEO-POLYCIN	28, 138	NINLARO	6, 17
MYZILRA	NEO-POLYCIN HC	225	<i>nisoldipine er</i>	72
<i>nabumetone</i>	NEPHROCAPS QT	34, 199	<i>nitisinone</i>	61, 225

^ = 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

NITRO-BID	72, 244	NOVOLIN R RELION	203	<i>olanzapine</i>	191, 192
NITRO-DUR	72, 244	NOVOLOG MIX 70/30	226	<i>olanzapine-fluoxetine hcl</i>	192
<i>nitrofurantoin</i>	226	NOVOLOG MIX 70/30		OLEPTRO	226
<i>nitrofurantoin macrocrystal</i>	226	FLEXPEN	226	<i>olmesartan medoxomil</i>	73, 226
<i>nitrofurantoin monohyd macro</i>	226	NovoSeven.....	226	<i>olmesartan medoxomil-hctz</i>	73, 226
<i>nitroglycerin</i>	72, 73, 244, 245	NovoSeven RT.....	7, 73	<i>olopatadine hcl</i>	
NITYR	61	NOXAFIL		.....	21, 138, 152, 159, 227
NIVESTYM	7, 18, 51	.12, 28, 51, 114, 115, 151, 159, 226		OLUMIANT	44, 52, 152, 171
<i>nizatidine</i>	123, 151	<i>np thyroid</i>	226	<i>omeprazole</i>	123, 152
NODOLOR	226	Nplate.....	7, 52, 73, 151	OMEPRAZOLE+SYRSPEN	
NORA-BE	107	NUCALA		D SF ALKA	227
NORDITROPIN FLEXPRO		...7, 12, 21, 28, 29, 38, 73, 115, 151		<i>omeprazole-sodium bicarbonate</i>	
.....	28, 35, 51, 61, 131, 199	NUCYNTA	245	.....	73, 123, 152, 227
<i>norepinephrine bitartrate</i>	73	NUCYNTA ER		OMNARIS	
<i>norepinephrine-dextrose</i>	73, 226	.....	61, 95, 131, 245, 283	.....	21, 29, 38, 41, 115, 152
<i>norepinephrine-sodium chloride</i>		NUDEXTA	191	OMNITROPE	
.....	73, 226	NUPLAZID	95, 191, 283	.....	29, 35, 52, 61, 131, 132, 199
<i>norethin ace-eth estrad-fe</i>	107, 226	NUTRESTORE	123, 254, 258	Oncaspar.....	7, 18
<i>norethindrone</i>	108	NUTROPIN AQ NUSPIN 10		<i>ondansetron</i>	18, 123
<i>norethindrone acetate</i>		.....	29, 35, 52, 61, 131, 199	<i>ondansetron hcl</i> ..	18, 123, 254, 258
.....	73, 81, 107, 131	NUTROPIN AQ NUSPIN 20		ONETOUCH CLUB	
<i>norethindrone acet-ethinyl est</i>		.....	29, 35, 52, 61, 131, 199	LANCETS FINE PT	203
.....	108, 226	NUTROPIN AQ NUSPIN 5		ONETOUCH FINEPOINT	
<i>norethindrone-eth estradiol</i>		.....	29, 35, 52, 61, 131, 199	LANCETS	203
.....	108, 131, 171, 226	NUVARING	108	ONETOUCH LANCETS	203
<i>norethin-eth estradiol-fe</i>	108, 226	Nuwiq.....	7	ONETOUCH ULTRASOFT	
<i>norgestimate-eth estradiol</i>	108	NUZYRA	226	LANCETS	204
<i>norgestim-eth estrad triphasic</i>		NYAMYC	29, 151, 267	Onpattro.....	61, 95, 283
.....	108, 226	<i>nystatin</i>	29, 152, 159, 226, 267	OPANA ER	245
<i>norgestrel-ethinyl estradiol</i>	226	<i>nystatin-triamcinolone</i>	29, 152, 267	Opdivo.....	227
NORITATE	151, 267	NYSTOP	29, 152, 267	<i>opium</i>	227
NORLYROC	108	Obizur.....	7, 52, 73, 152	OPSUMIT	12, 38, 73, 115, 227
NORPACE CR	73	OBSTETRIX EC	250	ORALAIR	21, 29, 38, 41, 115, 152
NORTHERA	73	OALIVA	123	ORALONE	159
NORTREL 0.5/35 (28)	108	OCELLA	108	Orencia.....	44, 52, 152, 171, 267
NORTREL 1/35 (21)	108	Ocrevus.....	95, 283	ORENCIA ..	44, 52, 152, 171, 267
NORTREL 1/35 (28)	108	Octagam.....	7, 52, 73, 152	ORENCIA CLICKJECT	
NORTREL 7/7/7	108	<i>octreotide acetate</i>		.....	44, 52, 152, 171, 267
<i>nortriptyline hcl</i>	191	.....	18, 61, 95, 123, 131, 171, 283	ORENITRAM	12, 38, 73, 115
<i>nortuss-ex</i>	226	ODACTRA	21, 29, 41, 115, 152	ORFADIN	61
NORVIR	28, 51	ODEFSEY	29, 52	ORLISSA	108
Novoeight.....	7	ODOMZO	18, 267	ORKAMBI	12, 38, 61, 115
NOVOLIN 70/30	203	OFEV		<i>orphenadrine citrate er</i>	171
NOVOLIN 70/30 RELION	203	.....	12, 38, 44, 52, 73, 115, 152, 267	<i>orphenadrine-aspirin-caffeine</i> ..	227
NOVOLIN N	203	<i>ofloxacin</i>	135, 226	ORSYTHIA	108
NOVOLIN N RELION	203	OGESTREL	108	<i>oseltamivir phosphate</i>	29, 227
NOVOLIN R	203	OLANZapine.....	191	OSMOPREP	123, 254

^ = 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

OSPHENA .81, 108, 132, 159, 245	PAXIL 192	PHOSLYRA
OTEZLA	PCE 227	.....35, 62, 81, 132, 172, 199
52, 73, 123, 138, 152, 159, 171, 267	<i>peg 3350/electrolytes</i> 123, 254	PHOSPHA 250 NEUTRAL 62
<i>otic care</i> 227	<i>peg 3350-kcl-na bicarb-nacl</i>	PHOSPHASAL 228
OTIPRIO 29, 135, 254, 258	..... 124, 254	PHOSPHOLINE IODIDE 138
<i>oxandrolone</i> 61, 62	<i>peg-3350/electrolytes</i> 124, 254	<i>phytonadione</i> 7, 228
<i>oxaprozin</i> 44, 52, 152, 171	PEGANONE.....96, 171, 227, 284	PICATO.....267
<i>oxazepam</i> 95, 192, 283	PEGASYS 30, 124, 153	PIFELTRO 30, 52
<i>oxcarbazepine</i> 96, 284	PEGASYS PROCLICK	<i>pilocarpine hcl</i>
OXERVATE 138, 152	..... 30, 124, 153	.18, 44, 52, 124, 138, 153, 254, 258
<i>oxiconazole nitrate</i>	PEGINTRON 30, 124, 153	<i>pimecrolimus</i> .....153, 228, 267
..... 30, 152, 227, 267	PEG-INTRON ... 30, 124, 153, 228	<i>pimozide</i> .....96, 172, 193, 228, 284
OXISTAT 30, 152, 267	PEG-INTRON REDIPEN	PIMTREA 108, 228
OXSORALEN 227	..... 30, 124, 153	<i>pindolol</i> 74
OXTELLAR XR 96, 284	PEG-INTRON REDIPEN	<i>pioglitazone hcl</i> 62, 132
<i>oxybutynin chloride</i> 81, 171	PAK 4 30, 124, 153	<i>pioglitazone hcl-glimepiride</i>
<i>oxybutynin chloride er</i> 81, 171	<i>penicillamine</i>	..... 62, 132
<i>oxycodone hcl</i> 245	..... 62, 96, 124, 171, 228, 237, 284	<i>pioglitazone hcl-metformin hcl</i>
<i>oxycodone hcl er</i> 227, 245	<i>penicillin g procaine</i> 228	..... 62, 132
<i>oxycodone-acetaminophen</i> 227, 245	<i>penicillin v potassium</i> 228	PIQRAY (200 MG DAILY
<i>oxycodone-aspirin</i> 245	PENNSAID 153, 171, 228	DOSE) 228
<i>oxycodone-ibuprofen</i> 245, 254, 258	<i>pentoxifylline er</i> 74, 171, 246	PIQRAY (250 MG DAILY
OXYCONTIN 227, 245	PERFOROMIST .12, 39, 115, 153	DOSE) 228
<i>oxymorphone hcl</i> 246	<i>perindopril erbumine</i> 74, 246	PIQRAY (300 MG DAILY
<i>oxymorphone hcl er</i> 246	PERIOGARD 30, 124, 159	DOSE) 228
OXYTROL 81, 171	<i>Perjeta</i> 228	PIRMELLA 1/35 108
OZEMPIC (0.25 OR 0.5	<i>permethrin</i> 30, 267	PIRMELLA 7/7/7 108, 228
MG/DOSE) 62, 132	<i>perphenazine</i> 192	<i>piroxicam</i> 44, 52, 153, 172
OZEMPIC (1 MG/DOSE) 62, 132	PERSERIS 192	<i>pnv folic acid + iron</i> 250
OZOBAX 96, 171, 284	PHENADOZ ... 124, 246, 254, 258	<i>podofilox</i> 30, 153, 268
PACERONE 74	<i>phenazopyridine hcl</i> 81, 246	POLYCIN 30, 138
<i>PACLitaxel</i> 227	<i>phenelzine sulfate</i> 193	<i>polyethylene glycol 3350</i> 124
<i>paliperidone er</i> 192, 227	PHENERGAN .124, 246, 254, 258	<i>polymyxin b-trimethoprim</i> ...30, 138
PALYNZIQ 62	<i>phenobarbital</i> 228	<i>polyvinyl alcohol</i> 138
<i>Pamidronate Disodium</i> 18, 62	<i>phenobarbital-belladonna alk</i> .. 228	POMALYST 228
PANDEL 152, 267	PHENOHYTRO 228	PORTIA-28 108
PANRETIN ... 18, 44, 52, 152, 267	<i>phenoxybenzamine hcl</i> .. 18, 74, 228	PORTRAZZA 12, 18, 115, 268
<i>pantoprazole sodium</i> 227	<i>phenyleph-promethazine-cod</i>	<i>pot bicarb-pot chloride</i> 62
<i>Panzyga</i> 7, 52, 74, 153	..... 12, 30, 41, 115, 153, 228	<i>potassium bicarbonate</i> 62, 228
<i>paregoric</i> 123	<i>phenylephrine-guaifenesin</i> 228	<i>potassium chloride</i> 62, 229
<i>paricalcitol</i> 81, 132, 227	<i>phenytoin</i> 96, 284	<i>potassium chloride crys er</i> 62
PAROEX 30, 123, 159	PHENYTOIN INFATABS	<i>potassium chloride er</i> 62, 229
<i>paromomycin sulfate</i> 30, 123	..... 96, 284	<i>potassium citrate er</i> 229
<i>paroxetine hcl</i> 192	<i>phenytoin sodium extended</i> .96, 284	<i>potassium citrate monohydrate</i> .229
<i>paroxetine hcl er</i> 192	PHILITH 108	<i>pramcort</i> 74, 124
<i>paroxetine mesylate</i> 108	PHOS-FLUR 228	
PASER 12, 30, 115, 153		

^ = 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

<i>pramipexole dihydrochloride</i>	Prevmis	30, 52, 254, 258	<i>promethazine-dm</i>	.....	13, 21, 31, 42, 116, 154
.....	PREVYMIS	30, 52, 254, 258	<i>promethazine-phenylephrine</i>	.....	21, 31, 42, 116, 154, 230
<i>pramipexole dihydrochloride er</i>	PREZCOBIX	30, 52	PROMETHEGAN	.....	125, 246, 255, 258
.....	PREZISTA	30, 52, 53	<i>propafenone hcl</i>	74	
PRAMOSONE	PRIFTIN	12, 30, 115, 153	<i>propafenone hcl er</i>	74	
PRAMOSONE E	PRILOSEC	124, 153	<i>proparacaine hcl</i>	138, 255, 258	
PRASCION	<i>primaquine phosphate</i>	30	<i>propranolol hcl</i>	.....	74, 97, 172, 246, 285
<i>prasugrel hcl</i>	<i>primidone</i>	229	<i>propranolol hcl er</i>	74, 97, 246, 285	
.....	PRIMSOL	229	<i>propranolol-hctz</i>	74	
<i>pravastatin sodium</i>	Privigen	7, 53, 74, 153	<i>propylthiouracil</i>	132	
<i>praziquantel</i>	PROAIR DIGIHALER	.....	PROTONIX	230	
.....	.....	12, 39, 115	<i>protriptyline hcl</i>	193	
PRECISION SURE-DOSE	PROAIR HFA	12, 39, 115	PROVENTIL HFA	13, 39, 116	
SYRINGE	PROAIR RESPICLICK	.....	<i>pseudoephedrine hcl</i>	.....	31, 42, 116, 154
PRECISION THIN	.....	12, 39, 115	<i>psorcon</i>	154, 268	
LANCETS	<i>probenecid</i> ..	63, 153, 172, 254, 270	PSS SELECT GP LANCETS	204	
PRECISION THINS GP	PROBUPHINE IMPLANT	.....	PSS SELECT SAFETY	204	
LANCETS	KIT	193	LANCETS	204	
PRECISION ULTRA	<i>prochlorperazine</i>	124	PULMICORT FLEXHALER	.....	13, 39, 116, 154
LANCET	<i>prochlorperazine edisylate</i>	124	PULMOSAL	230	
PRECISION XTRA BLOOD	<i>prochlorperazine maleate</i>	124	PULMOZYME	13, 39, 63, 116	
GLUCOSE	PROCRT	7, 18, 81	PURIXAN	230	
PRED MILD	PROCTOFOAM HC	74, 124	PYLERA	31, 125, 154	
PRED-G	PROCTO-PAK	154, 268	<i>pyrazinamide</i>	230	
PRED-G S.O.P.	PROCTOSOL HC ..	154, 229, 268	<i>pyridostigmine bromide</i>	.....	53, 97, 154, 172, 285
<i>prednicarbate</i>	PROCTOZONE-HC	.....	.....	53, 97, 154, 172, 285	
.....	.....	154, 229, 268	<i>pyridostigmine bromide er</i>	.....	53, 97, 154, 172, 230, 285
<i>prednisolone</i>	Profilnine	7	QBREXZA	268	
<i>prednisolone acetate</i>	Profilnine SD	7	<i>qc nicotine polacrilex</i>	204	
.....	<i>progesterone</i> ..	74, 81, 109, 132, 230	QNASL	21, 31, 42, 116, 154	
<i>prednisone</i>	<i>progesterone micronized</i> ..	109, 230	QNASL CHILDRENS	.....	21, 31, 42, 116, 154
PREDNISON INTENSOL ..	PROGLYCEM	18, 63, 124, 132	QUASENSE	109	
<i>preferred plus lancets colored</i> ..	PROGRAF	53, 81, 124, 254, 258	<i>quetiapine fumarate</i>	193	
<i>preferred plus lancets thin</i>	Proleukin	230	<i>quetiapine fumarate er</i>	193, 230	
<i>pregabalin</i>	Prolia	109, 132, 172	QUILLICHEW ER	.....	97, 172, 193, 285
.....	PROMACTA	.....	.....	97, 172, 193, 285	
PREMARIN	.....	7, 30, 53, 74, 124, 154	QUILLIVANT XR	.....	97, 172, 193, 285
.....	<i>promethazine hcl</i>	.....	<i>quinapril hcl</i>	74	
<i>premium lidocaine</i> .....	.....	124, 125, 230, 246, 254, 258			
PREMPHASE ..	<i>promethazine vc plain</i>	.....		
PREMPRO .....	.....	21, 30, 41, 115, 154			
<i>prenatabs fa</i>	<i>promethazine vc/codeine</i>	.....		
.....	.....	13, 31, 42, 115, 154			
PRENATABS RX	<i>promethazine-codeine</i>	.....		
<i>prenatal</i> .....	.....	13, 21, 31, 42, 115, 154			
<i>prenatal 19</i>					
PREPOPIK					
PREVIFEM					

^ = 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

<i>quinapril-hydrochlorothiazide</i> ....74	Renflexis	<i>ropinirole hcl er</i> 98, 286
<i>quinaretic</i> 230	.....45, 53, 125, 154, 172, 268	<i>ropivacaine hcl-nacl</i> 231
<i>quinidine gluconate er</i> 74, 255	<i>repaglinide</i> 63, 133, 230	ROSADAN 155, 268
<i>quinidine sulfate</i> 74, 255	<i>repaglinide-metformin hcl</i>	ROSANIL CLEANSER 231
<i>quinidine sulfate er</i> 74, 255	.....63, 133, 230	<i>rosuvastatin calcium</i> 63, 231
<i>quinine sulfate</i> 230	REPATHA 63, 75	ROXICET 246
QVAR 13, 39, 116, 154	REPATHA PUSHTRONEX	ROZLYTREK 231
QVAR REDHALER	SYSTEM 63, 75	RUBRACA 231
..... 13, 39, 116, 154	REPATHA SURECLICK .. 63, 75	Ruconest..... 21, 53, 63, 268
<i>ra mini nicotine</i> 193, 249	RESCRIPTOR 31, 53	RUZURGI ... 53, 98, 155, 173, 286
<i>ra nicotine</i> 193, 250	RESCULA 138	RYDAPT 231
<i>ra nicotine polacrilex</i> 193, 250	<i>reserpine</i> 75	SAIZEN ... 31, 35, 53, 63, 133, 200
<i>rabeprazole sodium</i> .. 125, 154, 230	RESTASIS 138, 154, 159	SAIZEN CLICK.EASY
Radicava.....97, 172, 285	RETACRIT 7, 18, 81	.....31, 35, 53, 63, 133, 199
<i>raloxifene hcl</i>	RETIN-A MICRO PUMP .....268	SAIZENPREP
..... 18, 109, 133, 172, 230	REVLIMID 230	.....31, 35, 53, 63, 133, 200
<i>ramelteon</i> 97, 230, 285	<i>rexaphenac</i> 230	<i>salsalate</i> 45, 53, 155, 173
<i>ramipril</i> 74	REXULTI 194	SAMSCA 63, 133
<i>ranitidine hcl</i> 74, 125, 154, 246	REYATAZ 31, 53	SANCUSO 18, 125
<i>ranolazine er</i> 75, 230, 246	RHEUMATREX	SANDIMMUNE
<i>rasagiline mesylate</i> 97, 230, 285	.....45, 53, 155, 172, 268	.....53, 81, 125, 255, 258
RAVICTI 63	Rhophylac 7, 53, 75, 155, 251	SandoSTATIN LAR Depot
REA LO 40 230	RHOPRESSA 139	..... 18, 63, 98, 125, 133, 173, 286
<i>reality lancets</i> 204	RiaSTAP 8	SANTYL 160, 268
<i>reality trigger lancets</i> 204	RIBASPHERE 31, 125, 155	SAPHRIS 194
REBETOL 31, 125, 154	<i>ribavirin</i> 31, 125, 155	SAVELLA 155, 173, 246
REBIF 98, 286	<i>rifabutin</i> 230	SAVELLA TITRATION
REBIF REBIDOSE 97, 285	RIFAMATE 230	PACK 155, 173, 246
REBIF REBIDOSE	<i>rifampin</i> 230	<i>sb lancets thin</i> 204
TITRATION PACK	RIFATER 230	<i>sb lancets ultra thin</i> 204
.....97, 98, 285, 286	<i>riluzole</i> 98, 172, 286	<i>scopolamine</i> 125
REBIF TITRATION PACK	<i>rimantadine hcl</i> 31	SEGLUROMET 63, 133
.....98, 286	RINVOQ 45, 53, 155, 172	<i>selegiline hcl</i> 98, 286
Rebinyn 7	RIOMET 63, 133	<i>selenium sulfide</i> 155, 231, 268
RECLIPSEN 109	<i>risedronate sodium</i>	<i>selenium sulf-pyrithione-urea</i>
Recombinate 7	.....63, 109, 133, 172, 231	..... 155, 268
REGRANEX	RisperDAL Consta.....194	SELRX 155, 231, 268
.....63, 98, 133, 230, 268, 286	<i>risperidone</i> 194	SELZENTRY 31, 53
RELENZA DISKHALER 31	RISPERIDONE M-TAB 194, 231	SEMPREX-D .21, 31, 42, 116, 155
RELISTOR 125, 237	Rituxan 18, 45, 53, 155, 173	SEROPHENE 231
REMEVEN 230	Rituxan Hycela 231	SEROQUEL XR 194
Remicade	<i>rivastigmine</i> 98, 194, 231, 286	SEROSTIM
.....44, 53, 125, 154, 172, 268	<i>rivastigmine tartrate</i> ... 98, 194, 286	.....31, 35, 53, 63, 133, 200
REMODULIN 13, 39, 75, 116	Rixubis 8, 231	<i>sertraline hcl</i> 195
RENAGEL	<i>rizatriptan benzoate</i>	SETLAKIN 109
.....35, 63, 81, 133, 172, 199	.....75, 98, 246, 286	
RENAL 35, 199	<i>ropinirole hcl</i> 98, 286	

^ = 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

<i>sevelamer carbonate</i>	SOVALDI	32, 125, 155, 231	<i>sumatriptan succinate refill</i>
.....35, 63, 81, 133, 173, 200, 231	<i>spinosad</i>	32, 268	.....75, 99, 246, 287
<i>sf</i>	Spinraza.....	98, 286	SUNOSI
<i>sf 5000 plus</i>	<i>spironolactone</i>	64, 75, 125, 139	13, 99, 116, 287
SFROWASA	<i>spironolactone-hctz</i>	64, 75	<i>super thin lancets</i>
125, 155	SPRAVATO (56 MG DOSE)	195	204
SHAROBEL	SPRAVATO (84 MG DOSE)	195	Supprelin LA.....
109	SPRINTEC 28	109	133
SIGNIFOR	SPRITAM	98, 173, 286	SUPRAX
133	SPRIX	246, 255, 258	232
Signifor LAR 64, 98, 133, 173, 286	SPRYCEL	231, 232	SUPREP BOWEL PREP KIT
SIKLOS	SPS	64	.....126, 255
8	<i>sr nicotine</i>	204	<i>sure comfort insulin syringe</i>
<i>sildenafil citrate</i>	SRONYX	109	204
13, 39, 75, 116	SSD	32, 160, 255, 258	SURELITE LANCETS
SILIQ	<i>stavudine</i>	32, 54	204
268	STEGLATRO	64, 133	SUSTOL
<i>silodosin</i>	Stelara.....	125, 155, 173, 269	18, 126
18, 81, 231	STELARA	125, 155, 173, 269	SUTENT
<i>silver sulfadiazine</i>	STIMATE	8	232
.....31, 160, 255, 258	STIVARGA	232	<i>sw nicotine polacrilex</i>
SIMBRINZA	STRENSIQ	64	195, 250
139	STRIANT	109, 133	SYEDA
SIMCOR	STRIBILD	32, 54	109
64	STRIVERDI RESPIMAT	.....13, 39, 116, 156	SYLATRON
SIMPONI.....	.....	13, 39, 116, 156	18, 269
45, 53, 54, 155, 173	Sublocade.....	195	SYMBICORT
Simponi Aria	SUBOXONE	195	13, 39, 116, 156
.....45, 53, 155, 173, 231, 268	<i>sucralfate</i>	125, 156	SYMDEKO
<i>simvastatin</i>	<i>sulfacetamide sodium</i>	.....32, 139, 156, 159, 269	13, 39, 64, 116
64	.....	32, 139, 156, 159, 269	SYMFI
<i>sirolimus</i>	<i>sulfacetamide sodium (acne)</i>	269	32, 54
.....13, 54, 81, 82, 116, 231, 255, 258	<i>sulfacetamide sodium-sulfur</i>	232	SYMFI LO
SIRTURO	<i>sulfacetamide-prednisolone</i>	.....139, 156	32, 54
13, 31, 116, 155	.....	139, 156	SYMLINPEN 120
SIVEXTRO	<i>sulfadiazine</i>	232	64, 133
231	<i>sulfamethoxazole-trimethoprim</i>	232	SYMLINPEN 60
SKLICE	SULFAMYLON 32, 160, 255, 258	.....45, 54, 126, 156, 173, 232	64, 134
31	<i>sulfasalazine</i>	.....45, 54, 126, 156, 173, 232	SYMPAZAN
SKYRIZI (150 MG DOSE).....	.....	45, 54, 126, 156, 173, 232	99, 287
268	SULFATRIM PEDIATRIC ... 232	.....156, 173	SYMPROIC
<i>sm nicotine</i>	<i>sulindac</i>	156, 173	126, 237
195, 250	<i>sumatriptan</i>	75, 98, 246, 286	SYMTUZA
<i>sm nicotine polacrilex</i>	<i>sumatriptan succinate</i>	.....75, 99, 246, 247, 287	32, 54
195, 250	.....	75, 99, 246, 247, 287	SYNAGIS
<i>sodium chloride</i>			13, 32, 116, 156
231			SYNALAR (CREAM)
<i>sodium fluoride</i>			156, 269
125, 231			SYNALAR (OINTMENT)
<i>sodium polystyrene sulfonate</i>			.....156, 269
.....64, 231			SYNAREL
SOLARAZE			109, 134
268			SYNDROS
<i>solifenacin succinate</i> ... 82, 173, 231			18, 32, 54, 64, 126
Soliris			Synribo.....
.....8, 54, 64, 75, 82, 98, 155, 173, 286			8, 19
SOLOSEC			TABLOID
31, 82, 109			232
SOLTAMOX			TACLONEX
18, 109			269
SOLU-CORTEF			<i>tacrolimus</i>
133			54, 82, 126, 156, 232, 255, 258, 269
Somatuline Depot			<i>tadalafil</i>
.....18, 64, 98, 133, 173, 286			109, 232
SOMAVERT 64, 98, 133, 173, 286			<i>tadalafil (pah)</i>
SOOLANTRA			13, 39, 75, 117, 232
155, 268			TAFINLAR
SORINE			232
75			TAGRISSE
<i>sotalol hcl</i>			232
75			TAKHZYRO
<i>sotalol hcl (af)</i>			64
75			TALTZ
SOTYLIZE			45, 54, 156, 173, 269
75			TALZENNA
			232
			<i>tamoxifen citrate</i>
			19, 109
			<i>tamsulosin hcl</i>
			19, 82
			TARGRETIN
			19, 269
			TARINA FE 1/20
			109
			TASIGNA
			232

^ = 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

TAVALISSE.....8, 54, 75, 156	THYROLAR-1/2 134	TRECTOR.....32
<i>tazarotene</i> 269	THYROLAR-1/4 134	Trelstar..... 19, 82, 233
TAZORAC 269	THYROLAR-2 134	Trelstar Depot..... 233
TAZTIA XT 75, 247	THYROLAR-3 134	Trelstar LA.....233
<i>tb syringe 1 ml</i> 204	<i>tiagabine hcl</i> 99, 233, 287	Trelstar Mixject.....19, 82, 233
Tecentriq.....232	TIBSOVO 233	TREMFYA 269
TECFIDERA.....99, 287	TIGLUTIK 99, 174, 287	TRESIBA.....233
TECHLITE LANCETS.....204	TILIA FE 109, 269	TRESIBA FLEXTOUCH 233
TEGSEDI.....64, 99, 287	<i>timolol maleate</i> 76, 139, 247	<i>tretinoin</i>.....233, 269, 270
TEKTRUNA HCT 76	TIMOPTIC OCUDOSE 139	<i>tretinoin microsphere</i>.....270
<i>telmisartan</i> 76, 232, 247	<i>tinidazole</i>.....32, 82, 110, 126	<i>tretinoin microsphere pump</i>.....270
<i>telmisartan-hctz</i> 76, 232	TIVICAY 32, 54, 233	Tretten.....8
<i>temazepam</i> 99, 287	<i>tizanidine hcl</i> 174	TREXALL ... 45, 54, 157, 174, 270
Temodar.....232	TOBI PODHALER	<i>triamcinolone acetonide</i>
<i>temozolomide</i>.....232	.....14, 32, 40, 64, 117, 157	.21, 32, 42, 117, 157, 159, 233, 270
TENCON 195, 247	TOBRADEX.....32, 139, 157	<i>triamterene</i>.....64, 233
<i>tenofovir disoproxil fumarate</i>	<i>tobramycin</i>	<i>triamterene-hctz</i> 64, 77
.....32, 54, 126, 156, 232	.....14, 32, 40, 64, 117, 157, 233	TRIDERM 157, 270
<i>terazosin hcl</i> 19, 76, 82	<i>tobramycin-dexamethasone</i>	<i>trientine hcl</i>
<i>terbinafine hcl</i>.....232	.....32, 139, 157	.....64, 100, 126, 174, 233, 237, 288
<i>terbutaline sulfate</i> 13, 39, 117	TOBREX 233	TRIESENCE ... 139, 157, 255, 258
<i>terconazole</i>.....32, 82, 109	<i>tolazamide</i> 64, 134	TRI-ESTARYLLA 110
TERSI 156, 269	<i>tolbutamide</i> 64, 134	<i>trifluoperazine hcl</i>.....196
TESTOPEL 109, 134	<i>tolcapone</i>.....99, 233, 287	<i>trifluridine</i>.....32, 139, 157, 160
<i>testosterone</i> 109, 134, 233	<i>tolmetin sodium</i>.....45, 54, 157, 174	TRIGLIDE 65
<i>testosterone cypionate</i>.....109, 134	<i>tolterodine tartrate</i>.....82, 174	<i>trihexyphenidyl hcl</i>.....100, 288
<i>testosterone enanthate</i> 109, 134	<i>tolterodine tartrate er</i> . 82, 174, 233	TRI-LEGEST FE 110, 270
<i>tetrabenazine</i>	<i>topco insulin syringe</i>.....204	TRI-LINYAH 110
.....99, 174, 195, 233, 287	<i>topiramate</i> 76, 100, 247, 288	TRI-LO-ESTARYLLA 110
<i>tetracycline hcl</i>.....233	<i>topiramate er</i> 76, 99, 247, 287	TRI-LO-MARZIA 110
<i>tgt nicotine</i> 195, 204, 250	<i>toremifene citrate</i>.....233	TRI-LO-SPRINTEC.....110, 234
<i>tgt nicotine polacrilex</i> 195, 250	Torisel..... 19, 82	TRILYTE 126, 234, 255
<i>tgt nicotine step one</i> 195, 250	<i>torseamide</i>.....64, 76	<i>trimethobenzamide hcl</i>
<i>tgt nicotine step three</i>.....195, 250	TOSYMRA 76, 100, 247, 288	.....126, 255, 258
<i>tgt nicotine step two</i> 195, 250	TOVIAZ.....82, 174	<i>trimethoprim</i> 234
THALITONE 233	TRACLEER 14, 40, 76, 117	<i>trimipramine maleate</i>.....196
THALOMID.....8, 19	<i>tramadol hcl</i>.....248	TRINATE 251
THEO-24 14, 39, 40, 117, 156	<i>tramadol hcl er</i>.....248	TRINESSA (28) 110
THEOCHRON ... 14, 40, 117, 156	<i>tramadol hcl er (biphasic)</i> 248	TRINESSA LO.....110
<i>theophylline</i> 14, 40, 117, 157	<i>tramadol-acetaminophen</i> 248	TRINTELLIX 196
<i>theophylline er</i> 14, 40, 117, 156	<i>trandolapril</i> 76, 248	TRI-PREVIFEM.....110
THINLETS GP LANCETS ... 204	<i>trandolapril-verapamil hcl er</i> 76	Triptodur..... 134
THINLETS LANCET 204	<i>tranexamic acid</i>.....77, 82, 110	TRI-SPRINTEC 110
<i>thioridazine hcl</i> 195	<i>tranylcypromine sulfate</i> 196	TRIUMEQ.....32, 54
<i>thiothixene</i>.....196	TRAVATAN Z 139	<i>tri-vit/fluoride/iron</i>.....35, 126, 200
Thyrogen..... 19, 134, 255	<i>trazodone hcl</i> 196	<i>tri-vitamin/fluoride</i> 35, 126, 200
THYROLAR-1 134	Treanda..... 233	TRIVORA (28) 110

^ = 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

TROKENDI XR	<i>urea-c40</i>	234	VIDEX	33, 54
.....77, 100, 234, 248, 288	<i>ure-k</i>	234	VIENVA	110
<i>tropicamide</i>	URETRON D/S	234	<i>vigabatrin</i>	101, 174, 235, 289
<i>tropium chloride</i>	URIMAR-T	234	VIIBRYD	197
<i>tropium chloride er</i>	UROLET MB	234	VIIBRYD STARTER PACK	197
TRULANCE	UROPHEN MB	234	VIMPAT	101, 289
TRUVADA	<i>ursodiol</i>	126	VIOKACE	126
TRUXIMA	URYL	234	<i>viorele</i>	110
TURALIO	Vabomere.....	234	VIRACEPT	33, 54
TUSSIGON	<i>valacyclovir hcl</i>	234	VIRAZOLE	14, 33, 117, 157
14, 32, 42, 117, 157	VALCHLOR	19, 234, 270	VIREAD	33, 54, 55, 126, 157
TYBOST	<i>valganciclovir hcl</i>	234	VISTOGARD	237
32, 54	<i>valproic acid</i>	100, 101, 288, 289	Visudyne.....	139
TYKERB	<i>valsartan</i>	77, 235	VITALET PRO LANCETS ... 205	
234	<i>valsartan-hydrochlorothiazide</i> ... 77		VITALET PRO PLUS	
TYMLOS	Valstar.....	235	LANCETS	205
110, 134, 174	<i>vancomycin hcl</i>	235	<i>vitamin d (ergocalciferol)</i> ... 35, 200	
Tysabri.....	VANDAZOLE	32, 82, 110	VITEKTA	33, 55
100, 126, 157, 288	Vantas.....	19, 82	VITRAKVI	235
TYVASO	Varubi.....	19, 126	VIVITROL	197
14, 40, 77, 117	VARUBI	235	VIZIMPRO	235
TYVASO REFILL 14, 40, 77, 117	VASCEPA	65	VOLTAREN	157, 174
TYVASO STARTER	Vectibix.....	235	Vonvendi.....	8, 77, 255, 258
.....14, 40, 77, 117	Velcade.....	235	<i>voriconazole</i>	235
TYZEKA	Veletri.....	14, 40, 77, 117	VOSEVI	33, 126, 157
32, 126, 157	VELIVET	110	VOTRIENT	235
UCERIS	VELTASSA	65	Vpriv.....	65
126, 157	VEMLIDY	33, 126, 157	VRAYLAR	197
UDENYCA	VENCLEXTA	235	VYFEMLA	110, 235
8, 19, 54	VENCLEXTA STARTING		VYNDAMAX	65, 77
U-KERA E	PACK	235	VYNDAQEL	65, 77
234	<i>venlafaxine hcl</i>	196	VYVANSE	101, 174, 197, 289
ULESFIA	<i>venlafaxine hcl er</i>	196	Vyxeos.....	235
32, 270	VENTAVIS	14, 40, 77, 117	VYZULTA	139
ULTICARE TUBERCULIN	VENTOLIN HFA	14, 40, 117	W&F LANCETS 26G	205
SAFETY SYR	VERAMYST	21, 33, 42, 117, 157	W&F LANCETS COLORED	
204	<i>verapamil hcl</i>	77, 248	21G	205
ULTILET CLASSIC	<i>verapamil hcl er</i>	77	<i>warfarin sodium</i>	8, 77
LANCETS	VERDROCET	248	WERA	110
204	VEREGEN	33, 157, 270	WESTHROID	235
ULTILET LANCETS	VERSACLOZ	196, 235	Wilate	
205	VERZENIO	235	.....8, 55, 77, 78, 157, 235, 255, 258	
Ultomiris.....	VESTURA	110, 197, 270	WinRho SDF....	8, 55, 78, 158, 251
8, 65, 77, 82	VEXOL	139, 157, 255, 258	WIXELA INHUB 14, 40, 117, 158	
ULTRA-THIN II AUTO	VIBERZI	126	WP THYROID	236
LANCET	VICTOZA	65, 134	WYMZYA FE	110
205	Vidaza.....	235	XADAGO	101, 289
ULTRA-THIN II LANCETS				
205				
UMECTA				
234				
UNILET COMFORTOUCH				
LANCET				
205				
UNILET G.P. LANCET				
205				
UNILET G.P. SUPERLITE				
LANCET				
205				
UNILET LANCET				
205				
UNILET SUPERLITE				
LANCET				
205				
UNISTIK 1				
205				
UNITHROID				
134, 234				
UNITHROID DIRECT				
234				
UPTRAVI				
14, 40, 77, 117				
<i>urea</i>				
234				
<i>urea nail film</i>				
234				

^ = 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

XALKORI	236	ZAZOLE	236
XARELTO		ZEBUTAL	197, 236, 248
...8, 14, 78, 101, 117, 248, 255, 289		ZEJULA	236
XARELTO STARTER PACK		ZELAPAR	102, 290
.....8, 14, 78, 118, 255		ZELBORAF	236
XATMEP	8, 19, 158, 175	ZENATANE	270
XELJANZ		ZENCHENT	110
.....45, 55, 126, 158, 175, 270		ZENCHENT FE	110
XELJANZ XR		ZENPEP	127, 236
.....45, 55, 126, 158, 175, 270		ZENZEDI	102, 175, 197, 290
XELPROS	139	ZEPATIER	33, 127, 158
Xembify.....	55	ZETONNA	
Xeomin.....	101, 139, 175, 270, 289	.....22, 33, 40, 42, 118, 158	
XEPI	33, 158, 270	<i>zidovudine</i>	33, 55
XERAC AC	270	Zinplava.....	33, 127, 158
XERMELO	19, 126	ZIOPTAN	139
Xgeva.....	19, 65, 175	<i>ziprasidone hcl</i>	197
Xiaflex.....	110, 175	ZIRGAN	33, 139, 158
XIFAXAN	33, 65, 101, 127, 289	ZMAX	236
XOFLUZA	33	ZOHYDRO ER	248
Xolair		Zoladex.....	19, 82, 110
.....14, 21, 22, 40, 65, 118, 158, 270		Zoledronic Acid	
XOLEGEL	158, 270	.....8, 19, 65, 110, 134, 175, 236	
XOSPATA	236	ZOLINZA	19, 270
XPOVIO (100 MG ONCE		<i>zolmitriptan</i>	78, 102, 248, 290
WEEKLY)	236	<i>zolpidem tartrate</i>	102, 290
XPOVIO (60 MG ONCE		<i>zolpidem tartrate er</i>	102, 290
WEEKLY)	236	ZOMACTON	
XPOVIO (80 MG ONCE		.....33, 35, 55, 65, 135, 200	
WEEKLY)	236	ZOMIG	78, 102, 236, 248, 290
XPOVIO (80 MG TWICE		<i>zonisamide</i>	102, 290
WEEKLY)	236	ZONTIVITY	
XTANDI	236	.....8, 78, 102, 248, 255, 259, 290	
XULANE	110	ZORBTIVE	
XURIDEN	65	.....33, 35, 55, 65, 135, 200	
Xyntha.....	8	ZORTRESS	55, 82, 127, 255, 259
Xyntha Solofuse.....	8	ZOVIA 1/35E (28)	111
XYOSTED	110, 134	ZOVIA 1/50E (28)	111
XYREM	102, 175, 290	ZUBSOLV	198, 236
Yervoy.....	236	ZULRESSO	198, 251
YONDELIS	19, 45, 55, 158	ZYCLARA	270
<i>zafirlukast</i>	14, 40, 118, 158	ZYCLARA PUMP	270
<i>zaleplon</i>	102, 290	ZYDELIG	236
Zaltrap.....	236	ZYKADIA	236
ZAMICET	248	ZYLET	33, 139, 158
ZARAH	110	ZYPITAMAG	65
ZARXIO	8, 19, 55	ZyPREXA Relprevv.....	198

^ = 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