



Tufts Health Together
Pharmacy program and Preferred Drug List
December 1, 2020

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 cholestyramine).
- \$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 certain 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](https://www.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) សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໃບຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

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

*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***	5
*ADENOSINE RECEPTOR ANTAGONIST***	5
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***	5
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	5
*AGENTS FOR NARCOTIC WITHDRAWAL***	9
*AGENTS FOR OPIOID WITHDRAWAL***	9
*ALS AGENTS - MISCELLANEOUS***	9
AMEBICIDES	9
*AMINO ACIDS***	9
AMINOGLYCOSIDES	9
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***	10
*AMINOMETHYLCYCLINES***	10
ANALGESICS - ANTI-INFLAMMATORY	10
ANALGESICS - NONNARCOTIC	13
ANALGESICS - OPIOID	13
ANDROGENS-ANABOLIC	17
ANORECTAL AGENTS	18
ANTHELMINTICS	19
ANTIANGINAL AGENTS	19
ANTIANKXIETY AGENTS	20
ANTIARRHYTHMICS	21
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	22
ANTICOAGULANTS	25
ANTICONVULSANTS	26
ANTIDEPRESSANTS	34
ANTIDIABETICS	39
ANTIDIARRHEALS	43
ANTIDOTES AND SPECIFIC ANTAGONISTS	43
ANTIDOTES	43
ANTIEMETICS	44
ANTIFUNGALS	45
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***	45
ANTI HISTAMINES	46
ANTIHYPERLIPIDEMICS	46
ANTI HYPERTENSIVES	48
ANTI-INFECTIVE AGENTS - MISC.	51
ANTIMALARIALS	52
ANTIMYASTHENIC AGENTS	53
ANTIMYASTHENIC/CHOLINERGIC AGENTS	53
ANTIMYCOBACTERIAL AGENTS	53
*ANTINEOPLASTIC - BCL-2 INHIBITORS***	54
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS***	54
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS***	54
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS***	54
*ANTINEOPLASTIC - XPO1 INHIBITORS***	54
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	54
ANTIPARKINSON AGENTS	61
ANTIPSYCHOTICS/ANTIMANIC AGENTS	62
*ANTIRETROVIRALS ADJUVANTS***	68
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS***	69

ANTIVIRALS	69
*ANTI-VON WILLEBRAND FACTOR AGENTS***	72
ASSORTED CLASSES	72
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***	74
*BACTERIAL MONOCLONAL ANTIBODIES***	74
BETA BLOCKERS	74
*BILE ACID SYNTHESIS DISORDER AGENTS***	75
BIOLOGICALS MISC	75
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***	76
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***	76
CALCIUM CHANNEL BLOCKERS	76
CARDIOTONICS	78
CARDIOVASCULAR AGENTS - MISC.	78
CEPHALOSPORINS	79
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***	80
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS***	80
CONTRACEPTIVES	80
CORTICOSTEROIDS	85
*CORTISOL SYNTHESIS INHIBITORS***	87
COUGH/COLD/ALLERGY	87
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***	87
*CYSTIC FIBROSIS AGENT - COMBINATIONS***	88
DERMATOLOGICALS	88
DIAGNOSTIC PRODUCTS	98
DIGESTIVE AIDS	99
*DIRECT-ACTING P2Y12 INHIBITORS***	99
DIURETICS	99
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***	100
ENDOCRINE AND METABOLIC AGENTS - MISC.	100
*ERYTHROID MATURATION AGENTS***	104
*ESTROGEN-PROGESTIN-GNRH ANTAGONIST***	104
ESTROGENS	104
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***	105
*FARNESOID X RECEPTOR (FXR) AGONISTS***	105
FLUOROQUINOLONES	105
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***	106
GASTROINTESTINAL AGENTS - MISC.	106
GENITOURINARY AGENTS - MISCELLANEOUS	107
*GLYCOPEPTIDES***	108
GOUT AGENTS	108
HEMATOLOGICAL AGENTS - MISC.	108
HEMATOPOIETIC AGENTS	110
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS***	112
HEMOSTATICS	112
*HEPATITIS C AGENT - COMBINATIONS***	113
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**	113
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***	113
HYPNOTICS	113
*HYPOPHOSPHATASIA (HPP) AGENTS***	114
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***	114
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)***	114
*INTEGRIN RECEPTOR ANTAGONISTS***	114

*INTERLEUKIN ANTAGONISTS***	114
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***	114
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***	115
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***	115
LAXATIVES	115
*LEPTIN ANALOGUES***	116
LOCAL ANESTHETICS-PARENTERAL	116
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***	116
MACROLIDES	116
MEDICAL DEVICES	116
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)***	120
MIGRAINE PRODUCTS	120
MINERALS & ELECTROLYTES	121
*MIXED ALLERGENIC EXTRACTS***	122
*MONOBACTAMS***	122
MOUTH/THROAT/DENTAL AGENTS	122
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES***	124
MULTIVITAMINS	124
*MUSCULAR DYSTROPHY AGENTS***	125
MUSCULOSKELETAL THERAPY AGENTS	125
NASAL AGENTS - SYSTEMIC AND TOPICAL	126
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***	126
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***	126
NEUROMUSCULAR AGENTS	126
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS***	127
NUTRIENTS	127
*ONCOLYTIC VIRAL AGENTS - HSV1***	127
OPHTHALMIC AGENTS	127
*OPHTHALMIC NERVE GROWTH FACTORS***	131
*OPHTHALMIC RHO KINASE INHIBITORS***	131
*OREXIN RECEPTOR ANTAGONISTS***	131
OTIC AGENTS	131
OXYTOCICS	132
*PA ENDONUCLEASE INHIBITORS***	132
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***	132
PASSIVE IMMUNIZING AGENTS	132
*PCSK9 INHIBITORS***	133
PENICILLINS	133
PHARMACEUTICAL ADJUVANTS	134
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***	134
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***	134
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***	134
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***	135
*PLEUROMUTILINS***	135
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**	135
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***	135
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***	135
*POTASSIUM REMOVING AGENTS***	135
PROGESTINS	136
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***	136
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	136
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***	141

*PULMONARY FIBROSIS AGENTS***	141
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***	141
RESPIRATORY AGENTS - MISC.	141
*SCLEROSTIN INHIBITORS***	142
*SELECTIN BLOCKERS***	142
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)***	142
*SEROTONIN MODULATORS***	142
*SINUS NODE INHIBITORS**	143
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS***	143
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***	143
*SPINAL MUSCULAR ATROPHY-ANTISENSE OLIGONUCLEOTIDES***	143
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***	143
*STEROIDS - MOUTH/THROAT/DENTAL ***	143
SULFONAMIDES	143
TETRACYCLINES	143
*TETRAHYDROISOQUINOLINES***	144
THYROID AGENTS	144
*TOPICAL ANESTHETIC GASES***	144
*TRANSTHYRETIN STABILIZERS***	144
*TRIPLEPTIDYL PEPTIDASE 1 DEFICIENCY TREATMENT - AGENTS***	145
*TRYPTOPHAN HYDROXYLASE INHIBITORS***	145
ULCER DRUGS	145
URINARY ANTI-INFECTIVES	147
URINARY ANTISPASMODICS	147
VAGINAL PRODUCTS	148
VASOPRESSORS	149
VITAMINS	149
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***	149

Drug	Status	Notes
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***		
NEXLIZET ORAL TABLET	\$3.65	PA
*ADENOSINE RECEPTOR ANTAGONIST***		
NOURIANZ ORAL TABLET	\$3.65	PA; QL (1 tablet per 1 day)
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***		
NEXLETOL ORAL TABLET	\$3.65	PA
ADHD/ANTI-NARCOLEPSY/ANTI- OBESITY/ANOREXIANTS		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); # (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)
<i>amphetamine-dextroamphetamine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 2 years and under and 25 years and older; PBHMI polypharmacy for members less than 18 years of age); QL (90 EA per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$3.65	PA; QL (30 Tablets per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$3.65	PA; QL (60 Tablets per 30 days)
<i>atomoxetine hcl oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
<i>caffeine citrate oral solution</i>	\$3.65	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (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)
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)
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)

^ = Mandates May Apply

¥ = Additional 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 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)
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)
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>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>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 (xr) oral capsule extended release 24 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 2 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 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>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)
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)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
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)
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)
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)
*AGENTS FOR NARCOTIC WITHDRAWAL***		
LUCEMYRA ORAL TABLET	\$3.65	QL (132 EA per 1 Fill)
*AGENTS FOR OPIOID WITHDRAWAL***		
LUCEMYRA ORAL TABLET	\$3.65	QL (132 EA per 1 Fill)
*ALS AGENTS - MISCELLANEOUS***		
Radicava Intravenous Solution	MB/RX	PA
AMEBICIDES		
SOLOSEC ORAL PACKET	\$3.65	PA
*AMINO ACIDS***		
ENDARI ORAL PACKET	\$3.65	PA
AMINOGLYCOSIDES		
ARIKAYCE INHALATION SUSPENSION	\$3.65	
<i>neomycin sulfate oral tablet</i>	\$3.65	
<i>paromomycin sulfate oral capsule</i>	\$3.65	
TOBI PODHALER INHALATION CAPSULE	\$3.65	PA; SP; QL (8 EA per 1 day)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	\$3.65	SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***		
Givlaari Subcutaneous Solution	MB/RX	PA
*AMINOMETHYLCYCLINES***		
NUZYRA ORAL TABLET 150 MG	\$3.65	
ANALGESICS - ANTI-INFLAMMATORY		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	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)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; QL (4 Vials per 28 days)
<i>celecoxib oral capsule</i>	\$3.65	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 oral tablet delayed release</i>	\$3.65	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	PA; SP; # (Preferred product); QL (4 cartridges per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	\$3.65	PA; SP; # (Preferred product); QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	\$3.65	PA; SP; # (Preferred product); QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	\$3.65	PA; SP; # (Preferred product); QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; # (Preferred product); QL (8 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION	\$3.65	PA; SP; # (Preferred product); QL (4 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; # (Preferred product); QL (4 syringes per 28 days)
<i>etodolac er oral tablet extended release 24 hour</i>	\$3.65	
<i>etodolac oral capsule</i>	\$3.65	
<i>etodolac oral tablet</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>fenoprofen calcium oral tablet</i>	\$3.65	
<i>flurbiprofen oral tablet</i>	\$3.65	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	\$3.65	PA; SP; ¥ (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>ibuprofen oral suspension</i>	\$3.65	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$3.65	
Ilaris (150mg Delivered) Subcutaneous Solution Reconstituted	MB/RX	PA; SP
Ilaris Subcutaneous Solution	MB/RX	PA; SP
INDOCIN ORAL SUSPENSION	\$3.65	
<i>indomethacin er oral capsule extended release</i>	\$3.65	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	\$3.65	
<i>ketoprofen er oral capsule extended release 24 hour</i>	\$3.65	
<i>ketoprofen oral capsule</i>	\$3.65	
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	\$3.65	¥ (Max of 5 days per Rx); QL (120 mg per 1 day)
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	\$3.65	¥ (Max of 5 days per Rx); QL (120 mg per 1 day)
<i>ketorolac tromethamine nasal solution</i>	\$3.65	PA; ¥ (Max of 5 days per Rx); QL (4 EA per 1 day)
<i>ketorolac tromethamine oral tablet</i>	\$3.65	QL (20 EA per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (2.28 ML per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (2.28 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
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; QL (28 Syringes per 28 days)
<i>leflunomide oral tablet</i>	\$3.65	
<i>meclofenamate sodium oral capsule</i>	\$3.65	
<i>mefenamic acid oral capsule</i>	\$3.65	PA
<i>meloxicam oral suspension</i>	\$3.65	
<i>meloxicam oral tablet</i>	\$3.65	
<i>nabumetone oral tablet</i>	\$3.65	
<i>naproxen dr oral tablet delayed release</i>	\$3.65	
<i>naproxen oral suspension</i>	\$3.65	
<i>naproxen oral tablet</i>	\$3.65	
<i>naproxen sodium oral tablet</i>	\$3.65	
OLUMIANT ORAL TABLET	\$3.65	PA; SP
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 ML per 28 days)
<i>oxaprozin oral tablet</i>	\$3.65	
<i>piroxicam oral capsule</i>	\$3.65	
RHEUMATREX ORAL TABLET 2.5 MG	\$3.65	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; SP; QL (30 EA per 30 days)
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>sulindac oral tablet</i>	\$3.65	
<i>tolmetin sodium oral capsule</i>	\$3.65	
<i>tolmetin sodium oral tablet</i>	\$3.65	
XELJANZ ORAL TABLET	\$3.65	PA; SP; # (Preferred product); QL (2 tablets per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA; SP; # (Preferred product); QL (1 tablet per 1 day)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
ANALGESICS - NONNARCOTIC		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	\$3.65	QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	\$3.65	QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	\$3.65	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	\$3.65	QL (180 EA per 30 days)
CAPACET ORAL CAPSULE	\$3.65	QL (180 EA per 30 days)
<i>choline & mag trisalicylate oral tablet 1000 mg</i>	\$3.65	
<i>choline-mag trisalicylate oral liquid</i>	\$3.65	
<i>diflunisal oral tablet</i>	\$3.65	
<i>margesic oral capsule</i>	\$3.65	QL (180 EA per 30 days)
<i>marten-tab oral tablet</i>	\$3.65	QL (180 EA per 30 days)
<i>salsalate oral tablet</i>	\$3.65	
TENCON ORAL TABLET 50-325 MG	\$3.65	QL (180 EA per 30 days)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	\$3.65	QL (180 EA per 30 days)
ANALGESICS - OPIOID		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA
<i>acetaminophen-codeine #2 oral tablet</i>	\$3.65	QL (12 EA per 1 day)
<i>acetaminophen-codeine #3 oral tablet</i>	\$3.65	QL (12 EA per 1 day)
<i>acetaminophen-codeine #4 oral tablet</i>	\$3.65	QL (6 EA per 1 day)
<i>acetaminophen-codeine oral solution</i>	\$3.65	QL (150 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$3.65	QL (12 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$3.65	QL (6 EA per 1 day)
APADAZ ORAL TABLET	\$3.65	PA; QL (168 EA per 14 days)
ASCOMP-CODEINE ORAL CAPSULE	\$3.65	QL (180 EA per 30 days)
BELBUCA BUCCAL FILM	\$3.65	PA; QL (60 Films per 30 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG	\$0	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	\$0	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual</i>	\$0	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>	\$0	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>	\$0	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	\$3.65	PA; QL (4 EA per 28 days)
<i>butalbital-asa-caff-codeine oral capsule</i>	\$3.65	QL (180 EA per 30 days)
<i>butorphanol tartrate injection solution</i>	\$3.65	
<i>butorphanol tartrate nasal solution</i>	\$3.65	
CAPITAL/CODEINE ORAL SUSPENSION	\$3.65	QL (150 ML per 1 day)
<i>codeine sulfate oral tablet</i>	\$3.65	QL (360 mg per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE	\$3.65	PA; QL (2 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG	\$3.65	QL (6 EA per 1 day)
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG	\$3.65	QL (12 EA per 1 day)
ENDOCET ORAL TABLET 7.5-325 MG	\$3.65	QL (8 EA per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i>	\$3.65	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	\$3.65	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr</i>	\$3.65	QL (10 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG	\$3.65	PA; QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml, 7.5-500 mg/15ml</i>	\$3.65	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$3.65	QL (6 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	\$3.65	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$3.65	QL (8 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i>	\$3.65	QL (5 EA per 1 day)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	\$3.65	PA; QL (1 EA per 1 day)
<i>hydromorphone hcl oral liquid</i>	\$3.65	QL (20 ML per 1 day)

^ = Mandates May Apply

¥ = Additional 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 oral tablet 2 mg</i>	\$3.65	QL (10 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	\$3.65	QL (5 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	\$3.65	QL (2 EA per 1 day)
<i>hydromorphone hcl rectal suppository</i>	\$3.65	QL (4 EA per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	\$3.65	PA; QL (2 EA per 1 day)
LAZANDA NASAL SOLUTION	\$3.65	PA; QL (4 Sprays per 1 day)
LIQUICET ORAL SOLUTION	\$3.65	QL (90 ML per 1 day)
LORCET HD ORAL TABLET	\$3.65	QL (6 EA per 1 day)
LORCET ORAL TABLET	\$3.65	QL (8 EA per 1 day)
LORCET PLUS ORAL TABLET 7.5-325 MG	\$3.65	QL (6 EA per 1 day)
LORTAB ORAL TABLET 10-325 MG, 7.5-325 MG	\$3.65	QL (6 EA per 1 day)
LORTAB ORAL TABLET 5-325 MG	\$3.65	QL (8 EA per 1 day)
<i>meperidine hcl oral solution</i>	\$3.65	QL (90 ML per 1 day)
<i>meperidine hcl oral tablet 100 mg</i>	\$3.65	QL (9 EA per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	\$3.65	QL (18 EA per 1 day)
Methadone HCl Injection Solution	MB/RX	PA; 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>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)

^ = Mandates May Apply

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

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG	\$3.65	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	\$3.65	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	\$3.65	PA; QL (3 EA per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	\$3.65	PA; QL (6 EA per 1 day)
PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT	Medical Benefit	PA
ROXICET ORAL TABLET 5-325 MG	\$3.65	QL (12 EA per 1 day)
Sublocade Subcutaneous Solution Prefilled Syringe	MB/RX	PA
SUBOXONE SUBLINGUAL FILM	\$0	¥ (Max of 32 mg/day for the first 6 months); # (Preferred product); QL (24 MG per 1 day)
SUBSYS SUBLINGUAL LIQUID	\$3.65	PA; QL (4 Sprays per 1 day)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	\$3.65	PA; QL (1 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	\$3.65	PA; QL (1 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	\$3.65	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	\$3.65	QL (240 EA per 30 days)
VERDROCET ORAL TABLET	\$3.65	QL (12 EA per 1 day)
ZAMICET ORAL SOLUTION	\$3.65	QL (90 ML per 1 day)
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	\$3.65	PA; QL (2 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	\$0	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	\$0	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (30 EA per 30 days)
ANDROGENS-ANABOLIC		
ANADROL-50 ORAL TABLET	\$3.65	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR	\$3.65	PA
AVEED INTRAMUSCULAR SOLUTION	Medical Benefit	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>danazol oral capsule</i>	\$3.65	
JATENZO ORAL CAPSULE 158 MG, 237 MG	\$3.65	PA; QL (2 EA per 1 day)
JATENZO ORAL CAPSULE 198 MG	\$3.65	PA; QL (4 EA per 1 day)
<i>methitest oral tablet</i>	\$3.65	PA
<i>methyletestosterone oral capsule</i>	\$3.65	PA
<i>oxandrolone oral tablet 10 mg</i>	\$3.65	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	\$3.65	PA; QL (240 EA per 30 days)
STRIANT BUCCAL	\$3.65	PA
TESTOPEL IMPLANT PELLETT	Medical Benefit	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	\$3.65	
<i>testosterone enanthate injection solution</i>	\$3.65	
<i>testosterone enanthate intramuscular solution</i>	\$3.65	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	\$3.65	PA
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	\$3.65	
<i>testosterone transdermal solution</i>	\$3.65	PA
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA
ANORECTAL AGENTS		
ANALPRAM-HC RECTAL LOTION	\$3.65	
<i>anucort-hc rectal suppository</i>	\$3.65	
ANUSOL-HC RECTAL SUPPOSITORY	\$3.65	
COLOCORT RECTAL ENEMA	\$3.65	
CORTIFOAM RECTAL FOAM	\$3.65	
HEMMOREX-HC RECTAL SUPPOSITORY	\$3.65	
<i>hydrocortisone ace-pramoxine rectal cream</i>	\$3.65	
<i>hydrocortisone acetate rectal suppository</i>	\$3.65	
<i>hydrocortisone rectal cream</i>	\$3.65	
<i>hydrocortisone rectal enema</i>	\$3.65	
<i>pramcort rectal cream</i>	\$3.65	
PROCTOFOAM HC RECTAL FOAM	\$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	
UCERIS RECTAL FOAM	\$3.65	PA
ANTHELMINTICS		
<i>albendazole oral tablet</i>	\$3.65	
<i>benznidazole oral tablet</i>	\$3.65	
<i>ivermectin oral tablet</i>	\$3.65	
<i>praziquantel oral tablet</i>	\$3.65	
ANTIANGINAL AGENTS		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	\$3.65	
ISORDIL TITRADOSE ORAL TABLET 40 MG	\$3.65	
<i>isosorbide dinitrate er oral tablet extended release</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>isosorbide mononitrate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
MINITRAN TRANSDERMAL PATCH 24 HOUR	\$3.65	¥ (Can be filled for up to a 90 day supply)
NITRO-BID TRANSDERMAL OINTMENT	\$3.65	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	\$3.65	
<i>nitroglycerin sublingual tablet sublingual</i>	\$3.65	
<i>nitroglycerin transdermal patch 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>nitroglycerin translingual aerosol solution</i>	\$3.65	
<i>nitroglycerin translingual solution</i>	\$3.65	
<i>ranolazine er oral tablet extended release 12 hour</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); 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
ANTI-ANXIETY AGENTS		
<i>alprazolam er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
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>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>buspirone hcl oral tablet 30 mg</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>clordiazepoxide 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>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)
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>hydroxyzine hcl oral syrup</i>	\$3.65	
<i>hydroxyzine hcl oral tablet</i>	\$3.65	
<i>hydroxyzine pamoate oral capsule</i>	\$3.65	
LORAZEPAM INTENSOL ORAL CONCENTRATE	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<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)
<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)
ANTIARRHYTHMICS		
<i>amiodarone hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>disopyramide phosphate oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>dofetilide oral capsule</i>	\$3.65	SP
<i>flecainide acetate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional 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>mexiletine hcl oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
MULTAQ ORAL TABLET	\$3.65	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	\$3.65	
PACERONE ORAL TABLET 100 MG, 200 MG	\$3.65	
PACERONE ORAL TABLET 400 MG	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>propafenone hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>quinidine gluconate er oral tablet extended release</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>quinidine sulfate er oral tablet extended release</i>	\$3.65	
<i>quinidine sulfate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADVAIR 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	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	\$3.65	
<i>albuterol sulfate oral syrup</i>	\$3.65	
<i>albuterol sulfate oral tablet</i>	\$3.65	
ALVESCO INHALATION AEROSOL SOLUTION	\$3.65	
ANORO ELLIPTA 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
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	
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-formoterol fumarate inhalation aerosol 160-4.5 mcg/act</i>	\$3.65	PA
<i>budesonide-formoterol fumarate inhalation aerosol 80-4.5 mcg/act</i>	\$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))
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	\$3.65	
<i>cromolyn sodium inhalation nebulization solution</i>	\$3.65	
DALIRESP ORAL TABLET	\$3.65	PA
DULERA INHALATION AEROSOL	\$3.65	PA
ELIXOPHYLLIN ORAL ELIXIR	\$3.65	
<i>epinephrine hcl injection solution 1 mg/ml</i>	\$3.65	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
FLOVENT HFA INHALATION AEROSOL	\$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-salmeterol inhalation aerosol powder breath activated</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	
<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	
LUFYLLIN ORAL TABLET 400 MG	\$3.65	PA
<i>metaproterenol sulfate oral syrup</i>	\$3.65	
<i>metaproterenol sulfate oral tablet</i>	\$3.65	
<i>montelukast sodium oral packet</i>	\$3.65	STPA; ¥ (Covered for members 6 through 23 months of age. Can be filled for up to a 90 day supply.); QL (1 EA per 1 day)
<i>montelukast sodium oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable</i>	\$3.65	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
PERFOROMIST INHALATION NEBULIZATION SOLUTION	\$3.65	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	PA
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$3.65	
QVAR INHALATION AEROSOL SOLUTION	\$3.65	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	\$3.65	QL (10.6 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	\$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
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	\$3.65	
<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	¥ (Can be filled for up to a 90 day supply)
<i>theophylline er oral tablet extended release 12 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>theophylline er oral tablet extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>theophylline oral solution</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	\$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)
<i>zafirlukast oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
ANTICOAGULANTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	\$3.65	# (Preferred product); QL (1 Pack per 1 Lifetime)
ELIQUIS ORAL TABLET	\$3.65	# (Preferred product); QL (60 EA per 30 days)
<i>enoxaparin sodium injection solution</i>	\$3.65	
<i>enoxaparin sodium subcutaneous solution</i>	\$3.65	
<i>fondaparinux sodium subcutaneous solution</i>	\$3.65	
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>heparin (porcine) in nacl intravenous solution 5000-0.9 ut/500ml-%</i>	\$3.65	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 2500 unit/ml, 5000 unit/ml</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	QL (24 vials per 12 days)
JANTOVEN ORAL TABLET	\$3.65	
<i>warfarin sodium oral tablet</i>	\$3.65	
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)
ANTICONVULSANTS		
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)
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)
BRIVIACT ORAL SOLUTION	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
BRIVIACT ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
<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)

^ = Mandates May Apply

¥ = Additional 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 tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>carbamazepine oral tablet chewable</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
CELONTIN ORAL CAPSULE	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<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)
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)
<i>diazepam rectal gel</i>	\$3.65	QL (1 System per 1 Rx)
DILANTIN ORAL CAPSULE 30 MG	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
<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)
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>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)
<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)
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)

^ = Mandates May Apply

¥ = Additional 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)
<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)
NAYZILAM NASAL SOLUTION	\$3.65	PA; ¥ (PA applies to members 0-11 years of age. No PA required for members 12 years of age and older.)
<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)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
PEGANONE ORAL TABLET	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
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>pregabalin oral capsule</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (3 capsules per 1 day)
<i>pregabalin oral solution</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (900 ML per 30 days)
<i>primidone oral tablet</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
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)
SYMPAZAN ORAL FILM	\$3.65	PA; ¥ (Additional PBHMI polypharmacy PA requirements for members less than 18 years of age)
<i>tiagabine hcl oral tablet</i>	\$3.65	PA; ¥ (PA for 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>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)
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)

^ = Mandates May Apply

¥ = Additional 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 capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>valproic acid oral solution</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>valproic acid oral syrup</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
VALTOCO 10 MG DOSE NASAL LIQUID	\$3.65	PA; ¥ (PA applies to members 0-5 years of age. No PA required for members 6 years of age and older.); QL (1 box per 1 fill)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	\$3.65	PA; ¥ (PA applies to members 0-5 years of age. No PA required for members 6 years of age and older.); QL (1 box per 1 fill)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	\$3.65	PA; ¥ (PA applies to members 0-5 years of age. No PA required for members 6 years of age and older.); QL (1 box per 1 fill)
VALTOCO 5 MG DOSE NASAL LIQUID	\$3.65	PA; ¥ (PA applies to members 0-5 years of age. No PA required for members 6 years of age and older.); QL (1 box per 1 fill)
<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)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
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)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
XCOPRI ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
XCOPRI ORAL TABLET THERAPY PACK	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>zonisamide oral capsule</i>	\$3.65	PA; ¥ (PA for PBHMI polypharmacy for members less than 18 years of age)
ANTIDEPRESSANTS		
<i>amitriptyline hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>amoxapine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

^ = Mandates May Apply

¥ = Additional 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 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)
<i>desipramine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	\$3.65	PA; STPA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>desvenlafaxine fumarate er oral tablet extended release 24 hour</i>	\$3.65	PA; STPA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	\$3.65	PA; STPA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>doxepin hcl oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

^ = Mandates May Apply

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

^ = Mandates May Apply

¥ = Additional 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>fluoxetine hcl oral solution</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); 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)
<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)
<i>maprotiline hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>mirtazapine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>mirtazapine oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>nefazodone hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

^ = Mandates May Apply

¥ = Additional 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>nortriptyline hcl oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>nortriptyline hcl oral solution</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	STPA
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); 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>phenelzine sulfate oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>protriptyline hcl oral tablet</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>sertraline hcl oral concentrate</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>sertraline hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

^ = Mandates May Apply

¥ = Additional 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>tranylcypromine sulfate oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>trazodone hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>trimipramine maleate oral capsule</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
TRINTELLIX ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	\$3.65	PA; STPA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>venlafaxine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
VIIBRYD ORAL 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)
ANTIDIABETICS		
<i>acarbose oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
ADMELOG SUBCUTANEOUS SOLUTION	\$3.65	
<i>alogliptin benzoate oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>alogliptin-metformin hcl oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply); QL (2 EA per 1 day)
<i>alogliptin-pioglitazone oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
APPFORMIN-D ORAL	\$1	
AVANDAMET ORAL TABLET	\$1	
AVANDARYL ORAL TABLET	\$1	
AVANDIA ORAL TABLET	\$3.65	
BAQSIMI ONE PACK NASAL POWDER	\$3.65	# (Preferred product)
BAQSIMI TWO PACK NASAL POWDER	\$3.65	# (Preferred product)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
<i>chlorpropamide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
DIABETA ORAL TABLET	\$1	¥ (Can be filled for up to a 90 day supply)
<i>diazoxide oral suspension</i>	\$1	
<i>glimepiride oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>glipizide er oral tablet extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>glipizide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>glipizide xl oral tablet extended release 24 hour</i>	\$1	
<i>glipizide-metformin hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	\$3.65	
<i>glucagon emergency injection kit</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>glyburide micronized oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>glyburide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>glyburide-metformin oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>glycron oral tablet 1.5 mg, 3 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>glycron oral tablet 6 mg</i>	\$1	
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	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$3.65	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	\$3.65	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$3.65	
HUMULIN N SUBCUTANEOUS SUSPENSION	\$3.65	
HUMULIN R INJECTION SOLUTION	\$3.65	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	\$3.65	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
KORLYM ORAL TABLET	\$3.65	PA
<i>metformin hcl er (mod) oral tablet extended release 24 hour</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional 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 er oral tablet extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>metformin hcl oral solution</i>	\$1	
<i>metformin hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>miglitol oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>nateglinide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	\$3.65	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	\$3.65	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	\$3.65	
NOVOLIN N SUBCUTANEOUS SUSPENSION	\$3.65	
NOVOLIN R INJECTION SOLUTION	\$3.65	
NOVOLIN R RELION INJECTION SOLUTION	\$3.65	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$3.65	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	\$3.65	
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>pioglitazone hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>pioglitazone hcl-glimepiride oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>pioglitazone hcl-metformin hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>repaglinide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional 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>repaglinide-metformin hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
STEGLATRO ORAL TABLET	\$3.65	STPA
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
<i>tolazamide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>tolbutamide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	
TRESIBA SUBCUTANEOUS SOLUTION	\$3.65	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	# (Preferred product); QL (4 Pens per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	QL (3 pens per 28 days)
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid</i>	\$3.65	
<i>diphenoxylate-atropine oral tablet</i>	\$3.65	
<i>lofene oral tablet</i>	\$3.65	
<i>loperamide hcl oral capsule</i>	\$3.65	
<i>opium oral tincture</i>	\$3.65	
<i>paregoric oral tincture</i>	\$3.65	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
VISTOGARD ORAL PACKET	\$3.65	QL (20 EA per 30 days)
ANTIDOTES		
CHEMET ORAL CAPSULE	\$3.65	
<i>deferasirox granules oral packet</i>	\$3.65	SP
<i>deferasirox oral tablet</i>	\$3.65	SP
<i>deferasirox oral tablet soluble</i>	\$3.65	SP
EVZIO INJECTION SOLUTION AUTO-INJECTOR	\$0	PA; ¥ (Max of 4 units per 30 days); QL (2 Units per 1 Rx)
FERRIPROX 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
FERRIPROX ORAL TABLET	\$3.65	PA
FERRIPROX TWICE-A-DAY ORAL TABLET	\$3.65	PA
<i>naloxone hcl injection solution 0.4 mg/ml, 1 mg/ml</i>	\$0	
<i>naloxone hcl injection solution prefilled syringe</i>	\$0	
<i>naltrexone hcl oral tablet</i>	\$0	
NARCAN NASAL LIQUID	\$0	¥ (1 kit(box) per RX, 2 kits(boxes) per 30 days); QL (1 Units per 1 Rx)
VISTOGARD ORAL PACKET	\$3.65	QL (20 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0	
ANTIEMETICS		
AKYNZEO ORAL CAPSULE	\$3.65	QL (1 EA per 1 Fill)
<i>Aloxi Intravenous Solution 0.25 MG/5ML</i>	MB/RX	QL (20 ML per 1 Rx)
ANZEMET ORAL TABLET 100 MG	\$3.65	QL (10 EA per 1 fill)
ANZEMET ORAL TABLET 50 MG	\$3.65	QL (5 EA per 1 fill)
BONJESTA ORAL TABLET EXTENDED RELEASE	\$3.65	PA
CESAMET ORAL CAPSULE	\$3.65	PA
<i>Cinvanti Intravenous Emulsion</i>	MB/RX	QL (18 ML per 1 Fill)
<i>dimenhydrinate oral tablet</i>	\$3.65	
<i>doxylamine-pyridoxine oral tablet delayed release</i>	\$3.65	PA
<i>dronabinol oral capsule</i>	\$3.65	
<i>Emend Intravenous Solution Reconstituted 150 MG</i>	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>granisetron hcl oral tablet</i>	\$3.65	QL (14 EA per 1 Fill)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	\$3.65	
<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)

^ = Mandates May Apply

¥ = Additional 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>ondansetron oral tablet dispersible</i>	\$3.65	QL (21 EA per 1 Fill)
SANCUSO TRANSDERMAL PATCH	\$3.65	PA; QL (4 EA per 28 days)
<i>scopolamine transdermal patch 72 hour</i>	\$3.65	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	Medical Benefit	
SYNDROS ORAL SOLUTION	\$3.65	PA
<i>trimethobenzamide hcl oral capsule</i>	\$3.65	
Varubi Intravenous Emulsion	MB/RX	
VARUBI ORAL TABLET	\$3.65	¥ (Max of 6 tablets per 30 days); QL (2 Tablets per 1 Fill)
ANTIFUNGALS		
CRESEMBA ORAL CAPSULE	\$3.65	
<i>fluconazole oral suspension reconstituted</i>	\$3.65	
<i>fluconazole oral tablet</i>	\$3.65	
<i>flucytosine oral capsule</i>	\$3.65	PA
<i>griseofulvin microsize oral suspension</i>	\$3.65	
<i>griseofulvin microsize oral tablet</i>	\$3.65	
<i>griseofulvin ultramicrosize oral tablet</i>	\$3.65	
<i>itraconazole oral capsule</i>	\$3.65	
<i>itraconazole oral solution</i>	\$3.65	
<i>ketoconazole oral tablet</i>	\$3.65	
LAMISIL ORAL PACKET	\$3.65	PA; ¥ (Max of 6 weeks); QL (2 Packets per 1 day)
NOXAFIL ORAL SUSPENSION	\$3.65	PA
NOXAFIL ORAL TABLET DELAYED RELEASE	\$3.65	PA
<i>nystatin oral powder</i>	\$3.65	
<i>nystatin oral tablet</i>	\$3.65	
<i>terbinafine hcl oral tablet</i>	\$3.65	¥ (Max of 90 tablets per 365 days); QL (30 EA per 30 days)
<i>voriconazole oral suspension reconstituted</i>	\$3.65	PA
<i>voriconazole oral tablet</i>	\$3.65	PA; QL (180 EA per 30 days)
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***		
HEMLIBRA 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
ANTI HISTAMINES		
<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
<i>clemastine fumarate oral tablet 2.68 mg</i>	\$3.65	
<i>cyproheptadine hcl oral syrup</i>	\$3.65	
<i>cyproheptadine hcl oral tablet</i>	\$3.65	
<i>desloratadine oral tablet</i>	\$3.65	PA
<i>diphenhydramine hcl oral capsule</i>	\$3.65	
<i>diphenhydramine hcl oral elixir</i>	\$3.65	
<i>levocetirizine dihydrochloride oral solution</i>	\$3.65	PA
<i>levocetirizine dihydrochloride oral tablet</i>	\$3.65	PA
PHENADOZ RECTAL SUPPOSITORY	\$3.65	
PHENERGAN RECTAL SUPPOSITORY	\$3.65	
<i>promethazine hcl oral solution</i>	\$3.65	
<i>promethazine hcl oral syrup</i>	\$3.65	
<i>promethazine hcl oral tablet</i>	\$3.65	
<i>promethazine hcl rectal suppository</i>	\$3.65	
PROMETHEGAN RECTAL SUPPOSITORY	\$3.65	
ANTI HYPERLIPIDEMICS		
ADVICOR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
ANTARA ORAL CAPSULE 30 MG, 90 MG	\$3.65	PA; QL (30 EA per 30 days)
<i>atorvastatin calcium oral tablet</i>	\$0	¥ (Can be filled for up to a 90 day supply)
<i>cholestyramine light oral packet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>cholestyramine light oral powder</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>cholestyramine oral packet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>cholestyramine oral powder</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>colesevelam hcl oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

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

^ = Mandates May Apply

¥ = Additional 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>micronized colestipol hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	\$1	¥ (Can be filled for up to a 90 day supply)
NIACOR ORAL TABLET	\$1	¥ (Can be filled for up to a 90 day supply)
<i>pravastatin sodium oral tablet</i>	\$0	¥ (Can be filled for up to a 90 day supply)
<i>rosuvastatin calcium oral tablet</i>	\$0	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
<i>simvastatin oral tablet</i>	\$0	¥ (Can be filled for up to a 90 day supply)
VASCEPA ORAL CAPSULE	\$3.65	PA
ZYPITAMAG ORAL TABLET	\$3.65	PA
ANTIHYPERTENSIVES		
<i>aliskiren fumarate oral tablet</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>amlodipine besylate-valsartan oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>amlodipine-olmesartan oral tablet</i>	\$1	STPA; ¥ (Can be filled for up to a 90 day supply)
<i>amlodipine-valsartan-hctz oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>atenolol-chlorthalidone oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>benazepril hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>benazepril-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>candesartan cilexetil oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

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

^ = Mandates May Apply

¥ = Additional 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>irbesartan oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>irbesartan-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>lisinopril oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>lisinopril-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>losartan potassium oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>losartan potassium-hctz oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>methyldopa oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>methyldopa-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>metoprolol-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>metyrosine oral capsule</i>	\$3.65	
<i>minoxidil oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>moexipril hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>moexipril-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>nadolol-bendroflumethiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>olmesartan medoxomil oral tablet</i>	\$1	PA; STPA; ¥ (Can be filled for up to a 90 day supply)
<i>olmesartan medoxomil-hctz oral tablet</i>	\$1	PA; STPA; ¥ (Can be filled for up to a 90 day supply)
<i>perindopril erbumine oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>phenoxybenzamine hcl oral capsule</i>	\$1	
<i>prazosin hcl oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>propranolol-hctz oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional 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>quinapril hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>quinapril-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>quinaretic oral tablet 10-12.5 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>quinaretic oral tablet 20-25 mg</i>	\$1	
<i>ramipril oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>reserpine oral tablet</i>	\$1	
TEKTURNA HCT ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
<i>telmisartan oral tablet</i>	\$1	STPA; ¥ (Can be filled for up to a 90 day supply)
<i>telmisartan-hctz oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>terazosin hcl oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>trandolapril oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>valsartan oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>valsartan-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO ORAL TABLET DELAYED RELEASE	\$3.65	QL (12 EA per 1 FILL)
ALINIA ORAL SUSPENSION RECONSTITUTED	\$3.65	
ALINIA ORAL TABLET	\$3.65	
<i>atovaquone oral suspension</i>	\$3.65	
<i>clindamycin hcl oral capsule</i>	\$3.65	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	\$3.65	
<i>dapsone oral tablet</i>	\$3.65	
FLAGYL ER ORAL TABLET 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
HYOPHEN ORAL TABLET	\$3.65	
IMPAVIDO ORAL CAPSULE	\$3.65	
KETEK ORAL TABLET	\$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)
<i>me/naphos/mb/hyo1 oral tablet</i>	\$3.65	
<i>metronidazole oral capsule</i>	\$3.65	
<i>metronidazole oral tablet</i>	\$3.65	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	\$3.65	
PHOSPHASAL ORAL TABLET	\$3.65	
PRIMSOL ORAL SOLUTION	\$3.65	
SIVEXTRO ORAL TABLET	\$3.65	QL (6 EA per 365 days)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	\$3.65	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	\$3.65	
SULFATRIM PEDIATRIC ORAL SUSPENSION	\$3.65	
<i>tinidazole oral tablet</i>	\$3.65	
<i>trimethoprim oral tablet</i>	\$3.65	
URIMAR-T ORAL TABLET	\$3.65	
UROLET MB ORAL TABLET	\$3.65	
UROPHEN MB ORAL TABLET	\$3.65	
URYL ORAL TABLET	\$3.65	
Vabomere Intravenous Solution Reconstituted	MB/RX	
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)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl oral tablet</i>	\$3.65	
<i>chloroquine phosphate oral tablet</i>	\$3.65	PA
COARTEM ORAL TABLET	\$3.65	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet</i>	\$3.65	PA
KRINTAFEL ORAL TABLET	\$3.65	QL (2 EA per 1 Fill)
<i>mefloquine hcl oral tablet</i>	\$3.65	
<i>primaquine phosphate oral tablet</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>quinine sulfate oral capsule</i>	\$3.65	PA
ANTIMYASTHENIC AGENTS		
FIRDAPSE ORAL TABLET	\$3.65	PA
<i>guanidine hcl oral tablet</i>	\$3.65	
MESTINON ORAL SYRUP	\$3.65	
<i>pyridostigmine bromide er oral tablet extended release</i>	\$3.65	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$3.65	
RUZURGI ORAL TABLET	\$3.65	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE ORAL TABLET	\$3.65	PA
<i>guanidine hcl oral tablet</i>	\$3.65	
MESTINON ORAL SYRUP	\$3.65	
<i>pyridostigmine bromide er oral tablet extended release</i>	\$3.65	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$3.65	
RUZURGI ORAL TABLET	\$3.65	PA
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine oral capsule</i>	\$3.65	
<i>ethambutol hcl oral tablet</i>	\$3.65	
<i>isoniazid oral syrup</i>	\$3.65	
<i>isoniazid oral tablet</i>	\$3.65	
PASER ORAL PACKET	\$3.65	PA
<i>pretomanid oral tablet</i>	\$3.65	
PRIFTIN ORAL TABLET	\$3.65	
<i>pyrazinamide oral tablet</i>	\$3.65	
<i>rifabutin oral capsule</i>	\$3.65	
RIFAMATE ORAL CAPSULE	\$3.65	
<i>rifampin oral capsule</i>	\$3.65	
RIFATER ORAL TABLET	\$3.65	
SIRTURO ORAL TABLET	\$3.65	PA
TRECATOR ORAL TABLET	\$3.65	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
VENCLEXTA ORAL TABLET	\$3.65	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	\$3.65	PA
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS***		
PEMAZYRE ORAL TABLET	\$3.65	PA
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS***		
TAZVERIK ORAL TABLET	\$3.65	PA
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS***		
ROZLYTREK ORAL CAPSULE	\$3.65	PA; SP
VITRAKVI ORAL CAPSULE	\$3.65	PA; SP
VITRAKVI ORAL SOLUTION	\$3.65	PA; SP
*ANTINEOPLASTIC - XPO1 INHIBITORS***		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$3.65	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$3.65	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	\$3.65	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$3.65	PA
XPOVIO (60 MG TWICE 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
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
<i>abiraterone acetate oral tablet</i>	\$3.65	PA; SP; QL (120 EA per 30 days)
ACTIMMUNE 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
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)
ALECENSA ORAL CAPSULE	\$3.65	PA; SP
Alferon N Injection Solution	MB/RX	SP
ALUNBRIG ORAL TABLET	\$3.65	PA; SP
<i>anastrozole oral tablet</i>	\$3.65	
Arzerra Intravenous Concentrate	MB/RX	SP
Avastin Intravenous Solution	MB/RX	SP
AYVAKIT ORAL TABLET	\$3.65	PA; QL (1 tablet per 1 day)
AzaCITIDine Injection Suspension Reconstituted	MB/RX	
Bavencio Intravenous Solution	MB/RX	
Beleodaq Intravenous Solution Reconstituted	MB/RX	SP
BENDEKA INTRAVENOUS SOLUTION	Medical Benefit	
Besponsa Intravenous Solution Reconstituted	MB/RX	
<i>bexarotene oral capsule</i>	\$3.65	SP
<i>bicalutamide oral tablet</i>	\$3.65	
BOSULIF ORAL TABLET 100 MG	\$3.65	PA; SP; # (Preferred product); QL (4 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	\$3.65	PA; SP; # (Preferred product); QL (1 tablet per 1 day)
BRAFTOVI ORAL CAPSULE	\$3.65	PA
BRUKINSA ORAL CAPSULE	\$3.65	PA
CABOMETYX ORAL TABLET	\$3.65	PA; SP
CALQUENCE ORAL CAPSULE	\$3.65	PA
<i>capecitabine oral tablet 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)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	\$3.65	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	\$3.65	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	\$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
COTELLIC ORAL TABLET	\$3.65	PA; SP
<i>cyclophosphamide injection solution reconstituted</i>	\$1	SP
<i>cyclophosphamide oral capsule</i>	\$3.65	SP
DARZALEX INTRAVENOUS SOLUTION	Medical Benefit	
DAURISMO ORAL TABLET	\$3.65	PA; SP
Decitabine Intravenous Solution Reconstituted	MB/RX	SP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$3.65	
Eligard Subcutaneous Kit	MB/RX	PA; SP
Elspar Injection Solution Reconstituted	MB/RX	SP
EMCYT ORAL CAPSULE	\$3.65	SP
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	
EpiRUBicin HCl Intravenous Solution 200 MG/100ML, 50 MG/25ML	MB/RX	
Erbitux Intravenous Solution	MB/RX	SP
ERIVEDGE ORAL CAPSULE	\$3.65	PA; 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)
<i>etoposide oral capsule</i>	\$3.65	
<i>exemestane oral tablet</i>	\$3.65	
FARYDAK ORAL CAPSULE	\$3.65	PA; SP
Firmagon Subcutaneous Solution Reconstituted	MB/RX	SP
<i>flutamide oral capsule</i>	\$3.65	
GAVRETO ORAL CAPSULE	\$3.65	PA
Gazyva Intravenous Solution	MB/RX	SP
GILOTRIF ORAL TABLET	\$3.65	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	\$3.65	
Halaven Intravenous Solution	MB/RX	SP
Herceptin Intravenous Solution Reconstituted	MB/RX	SP
HEXALEN ORAL CAPSULE	\$3.65	
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>hydroxyurea 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
ICLUSIG ORAL TABLET	\$3.65	PA
<i>imatinib mesylate oral tablet</i>	\$3.65	SP
IMBRUVICA ORAL CAPSULE 70 MG	\$3.65	PA
IMBRUVICA ORAL TABLET	\$3.65	PA
Imfinzi Intravenous Solution	MB/RX	
INLYTA ORAL TABLET	\$3.65	PA; SP; # (Preferred product)
INQOVI ORAL TABLET	\$3.65	PA; SP
INREBIC ORAL CAPSULE	\$3.65	PA; SP
Intron A Injection Solution	MB/RX	SP
Intron A Injection Solution Reconstituted	MB/RX	SP
IRESSA ORAL TABLET	\$3.65	PA
Istodax Intravenous Solution Reconstituted	MB/RX	SP
Ixempra Kit Intravenous Solution Reconstituted	MB/RX	SP
JAKAFI ORAL TABLET	\$3.65	PA; SP
Jevtana Intravenous Solution	MB/RX	SP
Kadcyla Intravenous Solution Reconstituted	MB/RX	SP
KOSELUGO ORAL CAPSULE	\$3.65	PA
<i>lapatinib ditosylate oral tablet</i>	\$3.65	PA; SP; QL (180 EA per 30 days)
Lartruvo Intravenous Solution	MB/RX	
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$3.65	PA; SP
<i>letrozole oral tablet</i>	\$3.65	
<i>leucovorin calcium oral tablet</i>	\$3.65	
LEUKERAN ORAL TABLET	\$3.65	
Leuprolide Acetate Injection Kit	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
Levoleucovorin Calcium Intravenous Solution	MB/RX	SP
LEVOleucovorin Calcium Intravenous Solution Reconstituted 50 MG	MB/RX	SP
LEVOleucovorin Calcium PF Intravenous Solution 250 MG/25ML	MB/RX	SP
<i>lomustine oral capsule</i>	\$3.65	
LONSURF ORAL TABLET	\$3.65	PA; SP
LORBRENA ORAL TABLET	\$3.65	PA; SP
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
LUPRON INJECTION KIT	Medical Benefit	PA; SP
LUPRON SUBCUTANEOUS SOLUTION	Medical Benefit	PA; SP
LYSODREN ORAL TABLET	\$3.65	
MATULANE ORAL CAPSULE	\$3.65	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	\$3.65	
<i>megestrol acetate oral tablet</i>	\$3.65	
MEKINIST ORAL TABLET	\$3.65	PA; SP
MEKTOVI ORAL TABLET	\$3.65	PA
<i>melphalan oral tablet</i>	\$3.65	
<i>mercaptopurine oral tablet</i>	\$3.65	
MESNEX ORAL TABLET	\$3.65	
<i>methotrexate oral tablet</i>	\$3.65	
Mitoxantrone HCl Intravenous Concentrate	MB/RX	SP
MYLERAN ORAL TABLET	\$3.65	
Mylotarg Intravenous Solution Reconstituted 4.5 MG	MB/RX	
NERLYNX ORAL TABLET	\$3.65	PA; SP
NEXAVAR ORAL TABLET	\$3.65	PA; SP; QL (120 EA per 30 days)
<i>nilutamide oral tablet</i>	\$3.65	
NINLARO ORAL CAPSULE	\$3.65	PA; SP
ODOMZO ORAL CAPSULE	\$3.65	PA; SP
Oncaspar Injection Solution	MB/RX	SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
ONUREG ORAL TABLET	\$3.65	PA; SP
Opdivo Intravenous Solution	MB/RX	
PACLitaxel Intravenous Concentrate 100 MG/16.7ML, 150 MG/25ML, 30 MG/5ML, 300 MG/50ML	MB/RX	
Perjeta Intravenous Solution	MB/RX	SP
PHESGO SUBCUTANEOUS SOLUTION	Medical Benefit	PA
POMALYST ORAL CAPSULE	\$3.65	PA; SP
PORTRAZZA INTRAVENOUS SOLUTION	Medical Benefit	
Proleukin Intravenous Solution Reconstituted	MB/RX	SP
PURIXAN ORAL SUSPENSION	\$3.65	
QINLOCK ORAL TABLET	\$3.65	PA
RETEVMO ORAL CAPSULE 40 MG	\$3.65	PA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	\$3.65	PA; QL (120 EA per 30 days)
Rituxan Hycela Subcutaneous Solution	MB/RX	PA; SP
Rituxan Intravenous Solution	MB/RX	PA; SP
RUXIENCE INTRAVENOUS SOLUTION	Medical Benefit	PA
RYDAPT ORAL CAPSULE	\$3.65	PA; SP
SOLTAMOX ORAL SOLUTION	\$3.65	
SPRYCEL ORAL TABLET 100 MG, 140 MG	\$3.65	PA; SP; QL (30 EA per 30 days)
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)
SUTENT ORAL CAPSULE	\$3.65	PA; SP; # (Preferred product)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 296 MCG, 300 MCG, 4 X 296 MCG, 4 X 444 MCG, 444 MCG, 600 MCG, 888 MCG	\$3.65	SP
Synribo Subcutaneous Solution Reconstituted	MB/RX	SP
TABLOID ORAL TABLET	\$3.65	
TABRECTA ORAL TABLET	\$3.65	PA; SP
TAFINLAR ORAL CAPSULE	\$3.65	PA; SP
TAGRISSE ORAL TABLET 40 MG	\$3.65	PA; QL (30 Tablets per 30 days)
TAGRISSE ORAL TABLET 80 MG	\$3.65	PA
<i>tamoxifen citrate oral tablet</i>	\$0	
TASIGNA 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
Tecentriq Intravenous Solution 1200 MG/20ML	MB/RX	
Temodar Intravenous Solution Reconstituted	MB/RX	SP
<i>temozolomide oral capsule</i>	\$3.65	SP
<i>toremifene citrate oral tablet</i>	\$3.65	
Torisel Intravenous Solution	MB/RX	SP
Treanda Intravenous Solution Reconstituted	MB/RX	SP
Trelstar Depot Intramuscular Suspension Reconstituted	MB/RX	SP
Trelstar Intramuscular Suspension Reconstituted	MB/RX	SP
Trelstar LA Intramuscular Suspension Reconstituted	MB/RX	SP
Trelstar Mixject Intramuscular Suspension Reconstituted	MB/RX	SP
<i>tretinoin oral capsule</i>	\$3.65	
TREXALL ORAL TABLET	\$3.65	
Truxima Intravenous Solution	MB/RX	PA
TUKYSA ORAL TABLET	\$3.65	PA
TURALIO ORAL CAPSULE	\$3.65	PA
Valstar Intravesical Solution	MB/RX	SP
Vantas Subcutaneous Kit	MB/RX	SP
Vectibix Intravenous Solution 100 MG/5ML, 400 MG/20ML	MB/RX	SP
Velcade Injection Solution Reconstituted	MB/RX	SP
Vidaza Injection Suspension Reconstituted	MB/RX	SP
VIZIMPRO ORAL TABLET	\$3.65	PA; SP
VOTRIENT ORAL TABLET	\$3.65	PA; SP; QL (120 EA per 30 days)
Vyxeos Intravenous Suspension Reconstituted 100-44 MG	MB/RX	
XALKORI ORAL CAPSULE	\$3.65	PA; SP
XATMEP ORAL SOLUTION	\$3.65	PA
XOSPATA ORAL TABLET	\$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
ZELBORAF 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
Zoladex Subcutaneous Implant 10.8 MG	MB/RX	SP; QL (1 EA per 84 days)
Zoladex Subcutaneous Implant 3.6 MG	MB/RX	SP; QL (1 EA per 28 days)
ZOLINZA ORAL CAPSULE	\$3.65	PA; SP
ZYKADIA ORAL CAPSULE	\$3.65	PA; SP
ZYKADIA ORAL TABLET	\$3.65	PA; SP
ANTIPARKINSON AGENTS		
<i>amantadine hcl oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>amantadine hcl oral syrup</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>amantadine hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
APOKYN SUBCUTANEOUS SOLUTION	\$3.65	SP; QL (15 ML per 30 days)
<i>benztropine mesylate oral tablet</i>	\$3.65	
<i>bromocriptine mesylate oral capsule</i>	\$3.65	
<i>bromocriptine mesylate oral tablet</i>	\$3.65	
<i>carbidopa oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>carbidopa-levodopa oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>carbidopa-levodopa oral tablet dispersible</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>carbidopa-levodopa-entacapone oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>entacapone oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA
INBRIJA INHALATION CAPSULE	\$3.65	PA
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 3.75 MG	\$3.65	¥ (Can be filled for up to a 90 day supply)
NEUPRO TRANSDERMAL PATCH 24 HOUR	\$3.65	PA; 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>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>pramipexole dihydrochloride oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>rasagiline mesylate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>ropinirole hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>selegiline hcl oral capsule</i>	\$3.65	
<i>selegiline hcl oral tablet</i>	\$3.65	
<i>tolcapone oral tablet</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (6 EA per 1 day)
<i>trihexyphenidyl hcl oral elixir</i>	\$3.65	
<i>trihexyphenidyl hcl oral tablet</i>	\$3.65	
XADAGO ORAL TABLET	\$3.65	PA
ZELAPAR ORAL TABLET DISPERSIBLE	\$3.65	PA; QL (60 EA per 30 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
Abilify Maintena Intramuscular Suspension Reconstituted 300 MG, 400 MG	MB/RX	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (1 Vial per 28 days)
ABILIFY MYCITE ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (1 EA per 1 day)
<i>aripiprazole oral solution</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (750 ML per 30 days)

^ = Mandates May Apply

¥ = Additional 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</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)
CAPLYTA ORAL CAPSULE	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (1 capsule per 1 day)
<i>chlorpromazine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>clozapine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>clozapine oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)
COMPAZINE RECTAL SUPPOSITORY	\$3.65	
COMPRO RECTAL SUPPOSITORY	\$3.65	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

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

^ = Mandates May Apply

¥ = Additional 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>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)
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)
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)
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)
<i>loxapine succinate oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
NUPLAZID ORAL CAPSULE	\$3.65	PA; SP; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET	\$3.65	PA; SP; QL (60 Tablets 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
OLANZapine Intramuscular Solution Reconstituted	MB/RX	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>olanzapine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>perphenazine oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	\$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)
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	\$3.65	
<i>prochlorperazine maleate oral tablet</i>	\$3.65	
<i>prochlorperazine rectal suppository</i>	\$3.65	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>quetiapine fumarate oral tablet</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)

^ = Mandates May Apply

¥ = Additional 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)
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)
SECUADO TRANSDERMAL PATCH 24 HOUR	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
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>thioridazine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>thiothixene oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>trifluoperazine hcl oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
VERSACLOZ ORAL SUSPENSION	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
VRAYLAR ORAL CAPSULE	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
VRAYLAR ORAL CAPSULE THERAPY PACK	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>ziprasidone hcl oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)
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)
*ANTIRETROVIRALS ADJUVANTS***		
TYBOST 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
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS***		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; QL (6 ML per 30 days)
ANTIVIRALS		
<i>abacavir sulfate oral solution</i>	\$3.65	
<i>abacavir sulfate oral tablet</i>	\$3.65	
<i>abacavir sulfate-lamivudine oral tablet</i>	\$3.65	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	\$3.65	
<i>acyclovir oral capsule</i>	\$3.65	
<i>acyclovir oral suspension</i>	\$3.65	
<i>acyclovir oral tablet</i>	\$3.65	
<i>adefovir dipivoxil oral tablet</i>	\$3.65	
APTIVUS ORAL CAPSULE	\$3.65	
APTIVUS ORAL SOLUTION	\$3.65	
<i>atazanavir sulfate oral capsule</i>	\$3.65	
BARACLUDE ORAL SOLUTION	\$3.65	
BIKTARVY ORAL TABLET	\$3.65	# (Preferred product)
CIMDUO ORAL TABLET	\$3.65	
COMPLERA ORAL TABLET	\$3.65	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	\$3.65	
DAKLINZA ORAL TABLET	\$3.65	PA; SP
DELSTRIGO ORAL TABLET	\$3.65	
DESCOVY ORAL TABLET	\$3.65	# (Preferred product)
<i>didanosine oral capsule delayed release</i>	\$3.65	
DOVATO ORAL TABLET	\$3.65	# (Preferred product)
EDURANT ORAL TABLET	\$3.65	
<i>efavirenz oral capsule</i>	\$3.65	
<i>efavirenz oral tablet</i>	\$3.65	
<i>efavirenz-emtricitabine-tenofovir oral tablet</i>	\$3.65	
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	\$3.65	
<i>emtricitabine oral capsule</i>	\$3.65	
<i>emtricitabine-tenofovir df oral tablet</i>	\$0	
EMTRIVA ORAL SOLUTION	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>entecavir oral tablet</i>	\$3.65	
EVOTAZ ORAL TABLET	\$3.65	
<i>famciclovir oral tablet</i>	\$3.65	
<i>fosamprenavir calcium oral tablet</i>	\$3.65	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	SP
GENVOYA ORAL TABLET	\$3.65	# (Preferred product)
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	# (Preferred product)
KALETRA ORAL TABLET	\$3.65	
<i>lamivudine oral solution</i>	\$3.65	
<i>lamivudine oral tablet</i>	\$3.65	
<i>lamivudine-zidovudine oral tablet</i>	\$3.65	
LEXIVA ORAL SUSPENSION	\$3.65	
<i>lopinavir-ritonavir oral solution</i>	\$3.65	
MODERIBA ORAL TABLET 200 MG	\$3.65	QL (210 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour</i>	\$3.65	
<i>nevirapine oral suspension</i>	\$3.65	
<i>nevirapine oral tablet</i>	\$3.65	
NORVIR ORAL CAPSULE	\$3.65	
NORVIR ORAL PACKET	\$3.65	
NORVIR ORAL SOLUTION	\$3.65	
NORVIR ORAL TABLET	\$3.65	# (Preferred product)
ODEFSEY ORAL TABLET	\$3.65	# (Preferred product)
<i>oseltamivir phosphate oral capsule 30 mg</i>	\$3.65	¥ (Max of 2 fills per year); QL (20 EA per 1 Fill)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	\$3.65	¥ (Max of 2 fills per year); QL (10 EA per 1 Fill)

^ = Mandates May Apply

¥ = Additional 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>oseltamivir phosphate oral suspension reconstituted</i>	\$3.65	¥ (Max of 2 fills per year); QL (180 ML per 1 Fill)
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	\$3.65	SP; QL (4 EA per 28 days)
PIFELTRO ORAL TABLET	\$3.65	
<i>Prevymis Intravenous Solution</i>	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	
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	
SELZENTRY ORAL SOLUTION	\$3.65	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET	\$3.65	
SOVALDI ORAL TABLET 400 MG	\$3.65	PA; SP
<i>stavudine oral capsule</i>	\$3.65	
<i>stavudine oral solution reconstituted</i>	\$3.65	
STRIBILD ORAL TABLET	\$3.65	
SYMTUZA ORAL TABLET	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>tenofovir disoproxil fumarate oral tablet</i>	\$3.65	
TIVICAY ORAL TABLET	\$3.65	
TIVICAY PD ORAL TABLET SOLUBLE	\$3.65	
TRIUMEQ ORAL TABLET	\$3.65	# (Preferred product)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	\$0	
TYZEKA ORAL TABLET	\$3.65	
<i>valacyclovir hcl oral tablet</i>	\$3.65	
<i>valganciclovir hcl oral solution reconstituted</i>	\$3.65	
<i>valganciclovir hcl oral tablet</i>	\$3.65	
VEMLIDY ORAL TABLET	\$3.65	
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	
<i>zidovudine oral capsule</i>	\$3.65	
<i>zidovudine oral syrup</i>	\$3.65	
<i>zidovudine oral tablet</i>	\$3.65	
*ANTI-VON WILLEBRAND FACTOR AGENTS***		
CABLIVI INJECTION KIT	\$3.65	
ASSORTED CLASSES		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$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
<i>cyclosporine modified 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>cyclosporine modified oral solution</i>	\$3.65	
<i>cyclosporine oral capsule</i>	\$3.65	
DEPEN TITRATABS ORAL TABLET	\$3.65	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	\$3.65	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$3.65	
GENGRAF ORAL SOLUTION	\$3.65	
KIONEX ORAL POWDER	\$3.65	
KIONEX ORAL SUSPENSION	\$3.65	
LOKELMA ORAL PACKET	\$3.65	
<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>penicillamine oral capsule</i>	\$3.65	
PROGRAF ORAL PACKET 1 MG	\$3.65	
REVLIMID ORAL CAPSULE	\$3.65	PA; SP
SANDIMMUNE ORAL SOLUTION	\$3.65	
<i>sirolimus oral solution</i>	\$3.65	
<i>sirolimus oral tablet</i>	\$3.65	
<i>sodium polystyrene sulfonate oral powder</i>	\$3.65	
<i>sodium polystyrene sulfonate oral suspension</i>	\$3.65	
<i>sodium polystyrene sulfonate rectal suspension</i>	\$3.65	
SPS ORAL SUSPENSION	\$3.65	
<i>tacrolimus oral capsule</i>	\$3.65	
THALOMID ORAL CAPSULE	\$3.65	SP
<i>trientine hcl oral capsule</i>	\$3.65	PA
VELTASSA ORAL PACKET	\$3.65	
Xiaflex Injection Solution Reconstituted	MB/RX	PA
ZORTRESS ORAL TABLET 1 MG	\$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
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; SP; QL (2 ML per 30 days)
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)
*BACTERIAL MONOCLONAL ANTIBODIES***		
Zinplava Intravenous Solution	MB/RX	
BETA BLOCKERS		
<i>acebutolol hcl oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>atenolol oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>betaxolol hcl oral tablet</i>	\$1	
<i>bisoprolol fumarate oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
BYSTOLIC ORAL TABLET	\$3.65	STPA; QL (30 EA per 30 days)
<i>carvedilol oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	\$1	PA; STPA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>labetalol hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
LEVATOL ORAL TABLET	\$1	PA
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	\$3.65	PA
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>pindolol oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional 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>propranolol hcl er oral capsule extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>propranolol hcl oral solution</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>propranolol hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	\$1	
SORINE ORAL TABLET 80 MG	\$1	¥ (Can be filled for up to a 90 day supply)
<i>sotalol hcl (af) oral tablet 120 mg, 80 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>sotalol hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
SOTYLIZE ORAL SOLUTION	\$3.65	
<i>timolol maleate oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
*BILE ACID SYNTHESIS DISORDER AGENTS***		
CHOLBAM ORAL CAPSULE	\$3.65	PA
BIOLOGICALS MISC		
PALFORZIA (12 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (120 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (160 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (20 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (200 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (240 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (3 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	\$3.65	PA
PALFORZIA (300 MG TITRATION) ORAL PACKET	\$3.65	PA
PALFORZIA (40 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (6 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA (80 MG DAILY DOSE) ORAL	\$3.65	PA
PALFORZIA INITIAL ESCALATION ORAL	\$3.65	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***		
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)
Vyepti Intravenous Solution	MB/RX	PA; QL (3 ML per 90 days)
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***		
NURTEC ORAL TABLET DISPERSIBLE	\$3.65	PA; QL (8 EA per 30 days)
UBRELVY ORAL TABLET	\$3.65	PA; QL (8 EA per 30 days)
CALCIUM CHANNEL BLOCKERS		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	\$1	¥ (Can be filled for up to a 90 day supply)
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	\$1	
<i>amlodipine besylate oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	\$1	PA
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	\$1	¥ (Can be filled for up to a 90 day supply)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG	\$1	
COVERA-HS ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
<i>dilt-cd oral capsule extended release 24 hour</i>	\$1	
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional 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>diltiazem hcl er oral capsule extended release 12 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg</i>	\$1	
<i>diltzac oral capsule extended release 24 hour</i>	\$1	
DYNACIRC CR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$1	
<i>felodipine er oral tablet extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>isradipine oral capsule</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 420 MG	\$1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>nicardipine hcl oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	\$3.65	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	\$1	¥ (Can be filled for up to a 90 day supply)
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	\$1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>nifedipine oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional 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>nimodipine oral capsule</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>nisoldipine er oral tablet extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
NYMALIZE ORAL SOLUTION 6 MG/ML	\$3.65	PA
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	\$1	¥ (Can be filled for up to a 90 day supply)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG	\$1	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>verapamil hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
CARDIOTONICS		
DIGITEK ORAL TABLET 125 MCG	\$3.65	¥ (Can be filled for up to a 90 day supply)
DIGITEK ORAL TABLET 250 MCG	\$3.65	
DIGOX ORAL TABLET	\$3.65	
<i>digoxin oral solution</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>digoxin oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	\$3.65	
CARDIOVASCULAR AGENTS - MISC.		
ADEMPAS ORAL TABLET	\$3.65	PA; SP
ALYQ ORAL TABLET	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>ambrisentan oral tablet</i>	\$3.65	PA; SP; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet</i>	\$0	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
BIDIL ORAL TABLET	\$3.65	PA
<i>bosentan oral tablet</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
Epoprostenol Sodium 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
OPSUMIT ORAL TABLET	\$3.65	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	\$3.65	PA; SP
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>tadalafil (pah) oral tablet</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	\$3.65	PA; QL (30 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE	\$3.65	PA; SP; QL (120 EA per 30 days)
TYVASO INHALATION SOLUTION	\$3.65	PA; SP
TYVASO REFILL INHALATION SOLUTION	\$3.65	PA; SP
TYVASO STARTER INHALATION SOLUTION	\$3.65	PA; SP
Veletri Intravenous Solution Reconstituted	MB/RX	PA
VENTAVIS INHALATION SOLUTION	\$3.65	PA; SP; QL (9 Vials per 1 day)
CEPHALOSPORINS		
CEDAX ORAL SUSPENSION RECONSTITUTED 90 MG/5ML	\$3.65	
<i>cefaclor er oral tablet extended release 12 hour</i>	\$3.65	
<i>cefaclor oral capsule</i>	\$3.65	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$3.65	
<i>cefadroxil oral capsule</i>	\$3.65	
<i>cefadroxil oral suspension reconstituted</i>	\$3.65	
<i>cefadroxil oral tablet</i>	\$3.65	
<i>cefдинir oral capsule</i>	\$3.65	
<i>cefдинir oral suspension reconstituted</i>	\$3.65	
<i>cefditoren pivoxil oral tablet</i>	\$3.65	
<i>cefixime oral capsule</i>	\$3.65	
<i>cefixime oral suspension reconstituted</i>	\$3.65	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	\$3.65	
<i>cefpodoxime proxetil oral tablet</i>	\$3.65	
<i>cefprozil oral suspension reconstituted</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>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>cephalexin oral capsule</i>	\$3.65	
<i>cephalexin oral suspension reconstituted</i>	\$3.65	
<i>cephalexin oral tablet</i>	\$3.65	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	\$3.65	
SUPRAX ORAL TABLET CHEWABLE	\$3.65	
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***		
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)
Vyepti Intravenous Solution	MB/RX	PA; QL (3 ML per 90 days)
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS***		
TRULANCE ORAL TABLET	\$3.65	PA
CONTRACEPTIVES		
ALTAVERA ORAL TABLET	\$0	
<i>alyacen 1/35 oral tablet</i>	\$0	
<i>alyacen 7/7/7 oral tablet</i>	\$0	
AMETHIA LO ORAL TABLET	\$0	
AMETHIA ORAL TABLET	\$0	
AMETHYST ORAL TABLET	\$0	
APRI ORAL TABLET	\$0	
ARANELLE ORAL TABLET	\$0	
ASHLYNA ORAL TABLET	\$0	
AUBRA ORAL TABLET	\$0	
AVIANE ORAL TABLET	\$0	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
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	
CAMILA ORAL TABLET	\$0	
CAMRESE LO ORAL TABLET	\$0	
CAMRESE ORAL TABLET	\$0	
CAZIAN T ORAL TABLET	\$0	
CHATEAL ORAL TABLET	\$0	
CRYSSELLE-28 ORAL TABLET	\$0	
CYCLAFEM 1/35 ORAL TABLET	\$0	
CYCLAFEM 7/7/7 ORAL TABLET	\$0	
CYRED ORAL TABLET	\$0	
DASETTA 1/35 ORAL TABLET	\$0	
DASETTA 7/7/7 ORAL TABLET	\$0	
DAYSEE ORAL TABLET	\$0	
DEBLITANE ORAL TABLET	\$0	
DELYLA ORAL TABLET	\$0	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION	\$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	\$0	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03- 0.451 mg</i>	\$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	\$0	
ELINEST ORAL TABLET	\$0	
ELLA ORAL TABLET	\$0	
EMOQUETTE ORAL TABLET	\$0	
ENPRESSE-28 ORAL TABLET	\$0	
ENSKYCE ORAL TABLET 0.15-30 MG- MCG	\$0	
ERRIN ORAL TABLET	\$0	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
ESTARYLLA ORAL TABLET	\$0	
FALMINA ORAL TABLET	\$0	
FAYOSIM ORAL TABLET	\$0	
GIANVI ORAL TABLET	\$0	
GILDAGIA ORAL TABLET	\$0	
GILDESS 1.5/30 ORAL TABLET	\$0	
GILDESS 1/20 ORAL TABLET	\$0	
GILDESS 24 FE ORAL TABLET	\$0	
GILDESS FE 1.5/30 ORAL TABLET	\$0	
GILDESS FE 1/20 ORAL TABLET	\$0	
HEATHER ORAL TABLET	\$0	
INTROVALE ORAL TABLET	\$0	
JENCYCLA ORAL TABLET	\$0	
JOLESSA ORAL TABLET	\$0	
JOLIVETTE ORAL TABLET	\$0	
JULEBER ORAL TABLET	\$0	
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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
LEENA ORAL TABLET	\$0	
LESSINA ORAL TABLET	\$0	
LEVONEST ORAL TABLET	\$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	\$0	
<i>levonorgestrel oral tablet</i>	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	\$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	\$0	
LEVORA 0.15/30 (28) ORAL TABLET	\$0	
LO LOESTRIN FE ORAL TABLET	\$0	
LOMEDIA 24 FE ORAL TABLET	\$0	
LORYNA ORAL TABLET	\$0	
LOW-OGESTREL ORAL TABLET	\$0	
LUTERA ORAL TABLET	\$0	
LYZA ORAL TABLET	\$0	
<i>marlissa oral tablet</i>	\$0	
MICROGESTIN 1.5/30 ORAL TABLET	\$0	
MICROGESTIN 1/20 ORAL TABLET	\$0	
MICROGESTIN 24 FE ORAL TABLET	\$0	
MICROGESTIN FE 1.5/30 ORAL TABLET	\$0	
MICROGESTIN FE 1/20 ORAL TABLET	\$0	
MONO-LINYAH ORAL TABLET	\$0	
MONONESSA ORAL TABLET	\$0	
MY WAY ORAL TABLET	\$0	
MYZILRA ORAL TABLET	\$0	
NATAZIA ORAL TABLET	\$0	
NECON 0.5/35 (28) ORAL TABLET	\$0	
NECON 1/35 (28) ORAL TABLET	\$0	
NECON 1/50 (28) ORAL TABLET	\$0	
NECON 10/11 (28) ORAL TABLET	\$0	
NECON 7/7/7 ORAL TABLET	\$0	
NEXT CHOICE ONE DOSE ORAL TABLET	\$0	
NEXT CHOICE ORAL TABLET	\$0	
NIKKI ORAL TABLET	\$0	
NORA-BE ORAL TABLET	\$0	

^ = Mandates May Apply

¥ = Additional 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>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i>	\$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	\$0	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	\$0	
<i>norethindrone oral tablet</i>	\$0	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	\$0	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	\$0	
<i>norgestrel-ethinyl estradiol oral tablet</i>	\$0	
NORLYROC ORAL TABLET	\$0	
NORTREL 0.5/35 (28) ORAL TABLET	\$0	
NORTREL 1/35 (21) ORAL TABLET	\$0	
NORTREL 1/35 (28) ORAL TABLET	\$0	
NORTREL 7/7/7 ORAL TABLET	\$0	
NUVARING VAGINAL RING	\$0	
OCELLA ORAL TABLET	\$0	
OGESTREL ORAL TABLET	\$0	
ORSYTHIA ORAL TABLET	\$0	
PHILITH ORAL TABLET	\$0	
PIMTREA ORAL TABLET	\$0	
PIRMELLA 1/35 ORAL TABLET	\$0	
PIRMELLA 7/7/7 ORAL TABLET	\$0	
PORTIA-28 ORAL TABLET	\$0	
PREVIFEM ORAL TABLET	\$0	
QUASENSE ORAL TABLET	\$0	
RECLIPSEN ORAL TABLET	\$0	
SETLAKIN ORAL TABLET	\$0	
SHAROBEL ORAL TABLET	\$0	
SPRINTEC 28 ORAL TABLET	\$0	
SRONYX ORAL TABLET	\$0	
SYEDA ORAL TABLET	\$0	
TARINA FE 1/20 ORAL TABLET	\$0	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
TILIA FE ORAL TABLET	\$0	
TRI-ESTARYLLA ORAL TABLET	\$0	
TRI-LEGEST FE ORAL TABLET	\$0	
TRI-LINYAH ORAL TABLET	\$0	
TRI-LO-ESTARYLLA ORAL TABLET	\$0	
TRI-LO-MARZIA ORAL TABLET	\$0	
TRI-LO-SPRINTEC ORAL TABLET	\$0	
TRINESSA (28) ORAL TABLET	\$0	
TRINESSA LO ORAL TABLET	\$0	
TRI-PREVIFEM ORAL TABLET	\$0	
TRI-SPRINTEC ORAL TABLET	\$0	
TRIVORA (28) ORAL TABLET	\$0	
VELIVET ORAL TABLET	\$0	
VESTURA ORAL TABLET	\$0	
VIENVA ORAL TABLET	\$0	
<i>viorele oral tablet</i>	\$0	
VYFEMLA ORAL TABLET	\$0	
WERA ORAL TABLET	\$0	
WYMZYA FE ORAL TABLET CHEWABLE	\$0	
XULANE TRANSDERMAL PATCH WEEKLY	\$0	
ZARAH ORAL TABLET	\$0	
ZENCHENT FE ORAL TABLET CHEWABLE	\$0	
ZENCHENT ORAL TABLET	\$0	
ZOVIA 1/35E (28) ORAL TABLET	\$0	
ZOVIA 1/50E (28) ORAL TABLET	\$0	
CORTICOSTEROIDS		
<i>budesonide er oral tablet extended release 24 hour</i>	\$3.65	PA
<i>budesonide oral capsule delayed release particles</i>	\$3.65	
<i>cortisone acetate oral tablet</i>	\$3.65	
DELTASONE ORAL TABLET	\$3.65	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>dexamethasone oral elixir</i>	\$3.65	
<i>dexamethasone oral solution</i>	\$3.65	
<i>dexamethasone oral tablet</i>	\$3.65	
DEXTAK 10 DAY ORAL TABLET THERAPY PACK	\$3.65	
DEXTAK 13 DAY ORAL TABLET THERAPY PACK	\$3.65	
DEXTAK 6 DAY ORAL TABLET THERAPY PACK	\$3.65	
EMFLAZA ORAL SUSPENSION	\$3.65	PA; QL (26 ML per 30 days)
EMFLAZA ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
<i>fludrocortisone acetate oral tablet</i>	\$3.65	
<i>hydrocortisone oral tablet</i>	\$3.65	
KENALOG INJECTION SUSPENSION	\$3.65	
MEDROL ORAL TABLET 2 MG	\$3.65	
<i>methylprednisolone oral tablet</i>	\$3.65	
<i>methylprednisolone oral tablet therapy pack</i>	\$3.65	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	\$3.65	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK	\$3.65	
MILLIPRED DP ORAL TABLET THERAPY PACK	\$3.65	
MILLIPRED ORAL TABLET	\$3.65	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	PA
<i>prednisolone oral solution</i>	\$3.65	
<i>prednisolone oral syrup 15 mg/5ml</i>	\$3.65	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	\$3.65	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	\$3.65	
PREDNISONE INTENSOL ORAL CONCENTRATE	\$3.65	
<i>prednisone oral solution</i>	\$3.65	
<i>prednisone oral tablet</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>prednisone oral tablet therapy pack</i>	\$3.65	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG	\$3.65	
*CORTISOL SYNTHESIS INHIBITORS***		
ISTURISA ORAL TABLET	\$3.65	PA
COUGH/COLD/ALLERGY		
<i>acetylcysteine inhalation solution</i>	\$3.65	
<i>benzonatate oral capsule</i>	\$3.65	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	\$3.65	PA
GILPHEX TR ORAL TABLET	\$3.65	
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	\$3.65	
<i>guaifenesin-codeine oral solution</i>	\$3.65	QL (60 ML per 1 day)
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	\$3.65	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	\$3.65	
<i>nortuss-ex oral liquid</i>	\$3.65	
<i>phenyleph-promethazine-cod oral syrup</i>	\$3.65	QL (30 ML per 1 day)
<i>phenylephrine-guaifenesin oral liquid</i>	\$3.65	
<i>promethazine vc plain oral syrup</i>	\$3.65	
<i>promethazine vc/codeine oral syrup</i>	\$3.65	QL (30 ML per 1 day)
<i>promethazine-codeine oral solution</i>	\$3.65	QL (30 ML per 1 day)
<i>promethazine-codeine oral syrup</i>	\$3.65	QL (30 ML per 1 day)
<i>promethazine-dm oral syrup</i>	\$3.65	
<i>promethazine-phenylephrine oral syrup</i>	\$3.65	
PULMOSAL INHALATION NEBULIZATION SOLUTION	\$3.65	
SEMPREX-D ORAL CAPSULE	\$3.65	PA
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
IBRANCE ORAL CAPSULE	\$3.65	PA; SP; # (Preferred product)
IBRANCE ORAL TABLET	\$3.65	PA; SP; # (Preferred product)
KISQALI 200 DOSE ORAL TABLET	\$3.65	PA
KISQALI 400 DOSE 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
KISQALI 600 DOSE ORAL TABLET	\$3.65	PA
VERZENIO ORAL TABLET	\$3.65	PA; SP
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
ORKAMBI ORAL PACKET	\$3.65	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	\$3.65	PA; QL (120 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK	\$3.65	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK	\$3.65	PA; QL (84 tablets per 28 days)
DERMATOLOGICALS		
8-MOP ORAL CAPSULE	\$3.65	
ABSORICA LD ORAL CAPSULE	\$3.65	PA
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 cream</i>	\$3.65	PA; QL (5 GM per 1 Fill)
<i>acyclovir external ointment</i>	\$3.65	
ACZONE EXTERNAL GEL 7.5 %	\$3.65	PA; QL (60 GM per 30 days)
<i>adapalene external cream</i>	\$3.65	STPA
<i>adapalene external gel</i>	\$3.65	STPA
<i>adapalene external lotion</i>	\$3.65	STPA
<i>ala-cort external cream 1 %</i>	\$3.65	
<i>alclometasone dipropionate external cream</i>	\$3.65	
<i>alclometasone dipropionate external ointment</i>	\$3.65	
<i>alphatrex external gel</i>	\$3.65	
ALTABAX EXTERNAL OINTMENT	\$3.65	STPA; QL (15 GM per 1 Fill)
ALTRENO EXTERNAL LOTION	\$3.65	PA
<i>amcinonide external cream</i>	\$3.65	PA
<i>amcinonide external lotion</i>	\$3.65	PA
<i>amcinonide external ointment</i>	\$3.65	PA
<i>ammonium lactate external cream</i>	\$3.65	
<i>ammonium lactate external lotion</i>	\$3.65	
AMNESTEEM ORAL CAPSULE	\$3.65	PA
APEXICON E EXTERNAL CREAM	\$3.65	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
AVAR CLEANSER EXTERNAL EMULSION	\$3.65	
AVITA EXTERNAL CREAM	\$3.65	PA; ¥ (PA Applies to Members 26 years and older); # (Preferred in class)
AVITA EXTERNAL GEL	\$3.65	PA; ¥ (PA Applies to Members 26 years and older); # (Preferred in class)
<i>azelaic acid external gel</i>	\$3.65	QL (50 GM per 1 Rx)
AZELEX EXTERNAL CREAM	\$3.65	PA; QL (30 grams per 1 fill)
<i>benzoyl peroxide cleanser external liquid</i>	\$3.65	# (Preferred in class)
<i>benzoyl peroxide creamy wash external liquid† 4 %</i>	\$3.65	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	\$3.65	
<i>benzoyl peroxide wash external liquid</i>	\$3.65	
<i>benzoyl peroxide-erythromycin external gel</i>	\$3.65	PA; QL (23 GM per 30 days)
<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>bp foaming wash external liquid</i>	\$3.65	
<i>bp wash external liquid 10 %, 5 %</i>	\$3.65	
<i>bp wash external liquid 2.5 %</i>	\$3.65	PA
<i>bpo external gel</i>	\$3.65	PA
BRYHALI EXTERNAL LOTION	\$3.65	PA
<i>calcipotriene external cream</i>	\$3.65	
<i>calcipotriene external ointment</i>	\$3.65	
<i>calcipotriene external solution</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>calcipotriene-betameth diprop external ointment</i>	\$3.65	PA
CALCITRENE EXTERNAL OINTMENT	\$3.65	
<i>calcitriol external ointment</i>	\$3.65	
CAPEX EXTERNAL SHAMPOO	\$3.65	PA
CENTANY EXTERNAL OINTMENT	\$3.65	
CEROVEL EXTERNAL LOTION	\$3.65	
CICLODAN EXTERNAL CREAM	\$3.65	
CICLODAN EXTERNAL SOLUTION	\$3.65	
<i>ciclopirox external gel</i>	\$3.65	
<i>ciclopirox external shampoo</i>	\$3.65	PA
<i>ciclopirox external solution</i>	\$3.65	
<i>ciclopirox olamine external cream</i>	\$3.65	
<i>ciclopirox olamine external suspension</i>	\$3.65	PA
CIDALEAZE EXTERNAL CREAM	\$3.65	
CLARAVIS ORAL CAPSULE	\$3.65	PA; ¥ (Max of 5 months); QL (60 EA per 30 days)
CLEARPLEX X EXTERNAL GEL	\$3.65	
CLINDAMAX EXTERNAL GEL	\$3.65	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	\$3.65	PA; 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>clindamycin phosphate external swab</i>	\$3.65	
<i>clobetasol propionate e external cream</i>	\$3.65	
<i>clobetasol propionate external cream</i>	\$3.65	PA
<i>clobetasol propionate external foam</i>	\$3.65	
<i>clobetasol propionate external gel</i>	\$3.65	PA
<i>clobetasol propionate external liquid</i>	\$3.65	PA
<i>clobetasol propionate external lotion</i>	\$3.65	
<i>clobetasol propionate external ointment</i>	\$3.65	PA
<i>clobetasol propionate external shampoo</i>	\$3.65	
<i>clobetasol propionate external solution</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>clocortolone pivalate external cream</i>	\$3.65	PA
<i>clocortolone pivalate pump external cream</i>	\$3.65	PA
CLODAN EXTERNAL SHAMPOO	\$3.65	
<i>clotrimazole anti-fungal external cream</i>	\$3.65	
<i>clotrimazole external cream</i>	\$3.65	
<i>clotrimazole external solution</i>	\$3.65	
<i>clotrimazole-betamethasone external cream</i>	\$3.65	
<i>clotrimazole-betamethasone external lotion</i>	\$3.65	
CONDYLOX EXTERNAL GEL	\$3.65	
COPASIL EXTERNAL GEL	\$3.65	
CORDRAN EXTERNAL OINTMENT	\$3.65	PA
CORDRAN EXTERNAL TAPE	\$3.65	PA
CORMAX SCALP APPLICATION EXTERNAL SOLUTION	\$3.65	PA
CORTISPORIN EXTERNAL CREAM	\$3.65	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$3.65	PA; SP; QL (1 Syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (1 Syringe per 28 days)
<i>dapsone external gel 5 %</i>	\$3.65	PA; QL (60 GM per 30 days)
DENAVIR EXTERNAL CREAM	\$3.65	PA; QL (5 GM per 1 Fill)
<i>desonide external cream</i>	\$3.65	PA
<i>desonide external lotion</i>	\$3.65	PA
<i>desonide external ointment</i>	\$3.65	PA
<i>desoximetasone external cream 0.05 %</i>	\$3.65	PA
<i>desoximetasone external cream 0.25 %</i>	\$3.65	
<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	

^ = Mandates May Apply

¥ = Additional 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 epolamine transdermal patch</i>	\$3.65	PA; ¥ (Max of 3 months); QL (60 EA per 30 days)
<i>diclofenac sodium transdermal gel 1 %</i>	\$3.65	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal gel 3 %</i>	\$3.65	¥ (Max of 90 days per year); QL (200 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	\$3.65	PA
DIFFERIN EXTERNAL GEL 0.1 %	\$3.65	^ (OTC only)
<i>diflorasone diacetate external cream</i>	\$3.65	PA
<i>diflorasone diacetate external ointment</i>	\$3.65	PA
<i>doxepin hcl external cream</i>	\$3.65	QL (45 grams per 1 Fill)
DRITHO-CREME HP EXTERNAL CREAM	\$3.65	
DRYSOL EXTERNAL SOLUTION	\$3.65	
<i>econazole nitrate external cream</i>	\$3.65	
ECOZA EXTERNAL FOAM	\$3.65	PA
EPIFOAM EXTERNAL FOAM	\$3.65	
<i>erythromycin external gel</i>	\$3.65	
<i>erythromycin external solution</i>	\$3.65	
EURAX EXTERNAL CREAM	\$3.65	
EURAX EXTERNAL LOTION	\$3.65	
EXELDERM EXTERNAL CREAM	\$3.65	PA
EXELDERM EXTERNAL SOLUTION	\$3.65	PA
FABIOR EXTERNAL FOAM	\$3.65	PA
FINACEA EXTERNAL FOAM	\$3.65	PA; QL (50 GM per 1 Rx)
FIRST-HYDROCORTISONE EXTERNAL GEL	\$3.65	
<i>fluocinolone acetonide body external oil</i>	\$3.65	
<i>fluocinolone acetonide external cream</i>	\$3.65	
<i>fluocinolone acetonide external ointment</i>	\$3.65	
<i>fluocinolone acetonide external solution</i>	\$3.65	
<i>fluocinolone acetonide scalp external oil</i>	\$3.65	
<i>fluocinonide external cream 0.05 %</i>	\$3.65	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)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
FLUOROPLEX EXTERNAL CREAM	\$3.65	
<i>fluorouracil external cream</i>	\$3.65	
<i>fluorouracil external solution</i>	\$3.65	
<i>flurandrenolide external cream</i>	\$3.65	PA
<i>flurandrenolide external lotion</i>	\$3.65	PA
<i>fluticasone propionate external cream</i>	\$3.65	
<i>fluticasone propionate external lotion</i>	\$3.65	
<i>fluticasone propionate external ointment</i>	\$3.65	
GEBAUERS PAIN EASE EXTERNAL AEROSOL	\$3.65	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	\$3.65	
<i>gentamicin sulfate external cream</i>	\$3.65	
<i>gentamicin sulfate external ointment</i>	\$3.65	
GLYDO EXTERNAL GEL	\$3.65	
<i>gordons urea external ointment 40 %</i>	\$3.65	
<i>halcinonide external cream</i>	\$3.65	PA
<i>halobetasol propionate external cream</i>	\$3.65	PA
<i>halobetasol propionate external ointment</i>	\$3.65	PA
HALOG EXTERNAL OINTMENT	\$3.65	PA
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	\$3.65	
<i>hydrocortisone butyrate external cream</i>	\$3.65	PA
<i>hydrocortisone butyrate external lotion</i>	\$3.65	
<i>hydrocortisone butyrate external ointment</i>	\$3.65	PA
<i>hydrocortisone butyrate external solution</i>	\$3.65	PA
<i>hydrocortisone external cream 1 %, 2.5 %</i>	\$3.65	
<i>hydrocortisone external lotion 1 %, 2.5 %</i>	\$3.65	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	\$3.65	
<i>hydrocortisone valerate external cream</i>	\$3.65	
<i>hydrocortisone valerate external ointment</i>	\$3.65	
Ilumya Subcutaneous Solution Prefilled Syringe	MB/RX	PA
<i>imiquimod external cream</i>	\$3.65	
<i>imiquimod pump external cream</i>	\$3.65	PA; QL (7.5 GM per 14 days)
<i>isotretinoin oral capsule</i>	\$3.65	PA

^ = Mandates May Apply

¥ = Additional 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
K.B.G.L IN TERODERM EXTERNAL CREAM	\$3.65	
<i>ketoconazole external cream</i>	\$3.65	
<i>ketoconazole external foam</i>	\$3.65	
<i>ketoconazole external shampoo 2 %</i>	\$3.65	
KETODAN EXTERNAL FOAM	\$3.65	
<i>kp clotrimazole external cream</i>	\$3.65	
LAMISIL SPRAY EXTERNAL SOLUTION	\$3.65	
LATRIX EXTERNAL SUSPENSION	\$3.65	
<i>lavare wound wash external gel</i>	\$3.65	
LEXETTE EXTERNAL FOAM	\$3.65	PA
LICART TRANSDERMAL PATCH 24 HOUR	\$3.65	PA; QL (30 EA per 30 days)
<i>lidocaine external ointment</i>	\$3.65	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	\$3.65	
<i>lidocaine hcl external cream 3 %</i>	\$3.65	
<i>lidocaine hcl external gel 2 %</i>	\$3.65	
<i>lidocaine hcl external lotion</i>	\$3.65	
<i>lidocaine hcl external solution</i>	\$3.65	
<i>lidocaine-prilocaine external cream</i>	\$3.65	
<i>lidocaine-prilocaine external kit</i>	\$3.65	
<i>lidopin external cream 3 %</i>	\$3.65	
LIDOPROFEN EXTERNAL CREAM	\$3.65	
<i>lindane external lotion</i>	\$3.65	
<i>lindane external shampoo</i>	\$3.65	
LOKARA EXTERNAL LOTION	\$3.65	PA
<i>luliconazole external cream</i>	\$3.65	PA
<i>malathion external lotion</i>	\$3.65	
<i>methoxsalen rapid oral capsule</i>	\$3.65	
<i>metronidazole external cream</i>	\$3.65	
<i>metronidazole external gel</i>	\$3.65	
<i>metronidazole external lotion</i>	\$3.65	
MICROCYN EXTERNAL GEL	\$3.65	

^ = Mandates May Apply

¥ = Additional 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	
MIRVASO EXTERNAL GEL	\$3.65	PA
<i>mometasone furoate external cream</i>	\$3.65	
<i>mometasone furoate external ointment</i>	\$3.65	
<i>mometasone furoate external solution</i>	\$3.65	
<i>mupirocin calcium external cream</i>	\$3.65	PA
<i>mupirocin external ointment</i>	\$3.65	
MYORISAN ORAL CAPSULE	\$3.65	PA
<i>naftifine hcl external cream</i>	\$3.65	PA
NAFTIN EXTERNAL GEL 1 %	\$3.65	PA
<i>napro external cream</i>	\$3.65	
NEUAC EXTERNAL GEL	\$3.65	PA
NORITATE EXTERNAL CREAM	\$3.65	PA
NYAMYC EXTERNAL POWDER	\$3.65	
<i>nystatin external cream</i>	\$3.65	
<i>nystatin external ointment</i>	\$3.65	
<i>nystatin external powder</i>	\$3.65	
<i>nystatin-triamcinolone external cream</i>	\$3.65	
<i>nystatin-triamcinolone external ointment</i>	\$3.65	
NYSTOP EXTERNAL POWDER	\$3.65	
<i>oxiconazole nitrate external cream</i>	\$3.65	PA
OXISTAT EXTERNAL LOTION	\$3.65	PA
OXSORALEN EXTERNAL LOTION	\$3.65	
PANDEL EXTERNAL CREAM	\$3.65	
PANRETIN EXTERNAL GEL	\$3.65	PA
PENNSAID TRANSDERMAL SOLUTION 2 %	\$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
<i>podofilox external solution</i>	\$3.65	
PRAMOSONE E EXTERNAL CREAM	\$3.65	
PRAMOSONE EXTERNAL CREAM 1-1 %	\$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
PRAMOSONE EXTERNAL LOTION	\$3.65	
PRAMOSONE EXTERNAL OINTMENT	\$3.65	
PRASCION EXTERNAL EMULSION	\$3.65	
<i>prednicarbate external cream</i>	\$3.65	
<i>premium lidocaine external ointment</i>	\$3.65	QL (50 GM per 30 days)
<i>psorcon external cream</i>	\$3.65	PA
QBREXZA EXTERNAL PAD	\$3.65	PA; QL (1 EA per 1 day)
REA LO 40 EXTERNAL CREAM	\$3.65	
REA LO 40 EXTERNAL LOTION	\$3.65	
REGRANEX EXTERNAL GEL	\$3.65	
REMEVEN EXTERNAL CREAM	\$3.65	
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	\$3.65	PA
<i>rexaphenac transdermal cream</i>	\$3.65	
ROSADAN EXTERNAL CREAM	\$3.65	
ROSADAN EXTERNAL GEL	\$3.65	
ROSANIL CLEANSER EXTERNAL EMULSION	\$3.65	
SANTYL EXTERNAL OINTMENT	\$3.65	QL (30 GM per 1 Rx)
<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)
<i>silver sulfadiazine external cream</i>	\$3.65	
SKLICE EXTERNAL LOTION	\$3.65	STPA; QL (117 GM per 1 day)
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)
SSD EXTERNAL CREAM	\$3.65	
Stelara Subcutaneous Solution 45 MG/0.5ML	MB/RX	PA; QL (4 Vials per 1 Lifetime)

^ = Mandates May Apply

¥ = Additional 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 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	
<i>sulfacetamide sodium-sulfur external emulsion</i>	\$3.65	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	\$3.65	
SULFAMYLON EXTERNAL CREAM	\$3.65	PA
SYNALAR (CREAM) EXTERNAL KIT	\$3.65	PA
SYNALAR (OINTMENT) EXTERNAL KIT	\$3.65	PA
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); # (Preferred product); QL (1 Injection per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); # (Preferred product); QL (1 Injection per 28 days)
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	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; SP; QL (1 ML per 54 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (1 ML per 54 days)
<i>tretinoin external cream</i>	\$3.65	PA; ¥ (PA Applies to Members 26 years and older); # (Preferred in class)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	\$3.65	PA; ¥ (PA Applies to Members 26 years and older); # (Preferred in class)
<i>tretinoin external gel 0.05 %</i>	\$3.65	PA
<i>tretinoin microsphere external gel</i>	\$3.65	PA

^ = Mandates May Apply

¥ = Additional 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 microsphere pump external gel</i>	\$3.65	PA
<i>triamcinolone acetonide external aerosol solution</i>	\$3.65	PA
<i>triamcinolone acetonide external cream</i>	\$3.65	
<i>triamcinolone acetonide external lotion</i>	\$3.65	
<i>triamcinolone acetonide external ointment 0.025 % , 0.1 % , 0.5 %</i>	\$3.65	
TRIDERM EXTERNAL CREAM 0.1 %	\$3.65	
U-KERA E EXTERNAL CREAM	\$3.65	
ULESFIA EXTERNAL LOTION	\$3.65	PA; QL (12 Bottles per 1 Rx)
UMECTA EXTERNAL EMULSION	\$3.65	
<i>urea external cream 40 % , 50 %</i>	\$3.65	
<i>urea external lotion 40 %</i>	\$3.65	
<i>urea external suspension</i>	\$3.65	
<i>urea nail film external suspension</i>	\$3.65	
<i>urea-c40 external lotion</i>	\$3.65	
<i>ure-k external cream</i>	\$3.65	
VALCHLOR EXTERNAL GEL	\$3.65	
VEREGEN EXTERNAL OINTMENT	\$3.65	PA
VOLTAREN TRANSDERMAL GEL	\$3.65	^ (OTC only); QL (200 GM per 30 days)
XEPI EXTERNAL CREAM	\$3.65	PA; QL (30 GM per 1 Fill)
XERAC AC EXTERNAL SOLUTION	\$3.65	
XOLEGEL EXTERNAL GEL	\$3.65	
ZENATANE ORAL CAPSULE	\$3.65	PA
ZYCLARA 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)
DIAGNOSTIC PRODUCTS		
FREESTYLE INSULINX TEST IN VITRO STRIP	\$0	QL (300 EA per 30 days)
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)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	\$0	QL (300 EA per 30 days)
Thyrogen Intramuscular Solution Reconstituted	MB/RX	SP
DIGESTIVE AIDS		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	\$3.65	
VIOKACE ORAL TABLET	\$3.65	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	\$3.65	
*DIRECT-ACTING P2Y12 INHIBITORS***		
BRILINTA ORAL TABLET	\$3.65	QL (60 EA per 30 days)
DIURETICS		
<i>acetazolamide er oral capsule extended release 12 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>acetazolamide oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
ALDACTAZIDE ORAL TABLET 50-50 MG	\$1	¥ (Can be filled for up to a 90 day supply)
<i>amiloride hcl oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>amiloride-hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>bumetanide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>chlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>chlorthalidone oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
DIURIL ORAL SUSPENSION	\$3.65	
Ethacrynate Sodium Intravenous Solution Reconstituted	MB/RX	
<i>ethacrynic acid oral tablet</i>	\$1	PA; ¥ (Can be filled for up to a 90 day supply)
<i>furosemide injection solution 10 mg/ml</i>	\$1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>furosemide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional 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>hydrochlorothiazide oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>hydrochlorothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>indapamide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
INTROL ORAL SOLUTION	\$1	
KEVEYIS ORAL TABLET	\$3.65	PA
<i>methazolamide oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>methyclothiazide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>metolazone oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>spironolactone oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>spironolactone-hctz oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
THALITONE ORAL TABLET	\$1	
<i>toremide oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>triamterene oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>triamterene-hctz oral capsule</i>	\$1	¥ (Can be filled for up to a 90 day supply)
<i>triamterene-hctz oral tablet</i>	\$1	¥ (Can be filled for up to a 90 day supply)
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***		
SUNOSI ORAL TABLET	\$3.65	PA; QL (30 EA per 30 days)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ACTHAR INJECTION GEL	\$3.65	PA; SP
Aldurazyme Intravenous Solution	MB/RX	PA; SP
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days)

^ = Mandates May Apply

¥ = Additional 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>alendronate sodium oral tablet 40 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 6 Months)
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; SP
<i>cabergoline oral tablet</i>	\$3.65	
<i>calcitonin (salmon) nasal solution</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>calcitriol oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>calcitriol oral solution</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
CARBAGLU ORAL TABLET	\$3.65	PA
<i>cinacalcet hcl oral tablet</i>	\$3.65	STPA; SP
<i>desmopressin ace rhinal tube nasal solution</i>	\$3.65	
<i>desmopressin ace spray refrig nasal solution</i>	\$3.65	
<i>desmopressin acetate oral tablet</i>	\$3.65	
<i>desmopressin acetate spray nasal solution</i>	\$3.65	
<i>doxercalciferol oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
Elaprase Intravenous Solution	MB/RX	SP
<i>etidronate disodium oral tablet</i>	\$3.65	
Fabrazyme Intravenous Solution Reconstituted	MB/RX	PA; SP
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)
GALAFOLD ORAL CAPSULE	\$3.65	PA
GENOTROPIN MINIQUECK 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

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
Ibandronate Sodium Intravenous Solution 3 MG/3ML	MB/RX	QL (3 ML per 90 days)
<i>ibandronate sodium oral tablet</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 28 days)
INCRELEX SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
JYNARQUE ORAL TABLET	\$3.65	
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	\$3.65	
<i>levocarnitine oral solution</i>	\$3.65	
<i>levocarnitine oral tablet</i>	\$3.65	
Lumizyme Intravenous Solution Reconstituted	MB/RX	SP
Lupron Depot-Ped (1-Month) Intramuscular Kit	MB/RX	PA; SP
Lupron Depot-Ped (3-Month) Intramuscular Kit	MB/RX	PA; SP
MIACALCIN INJECTION SOLUTION	\$3.65	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	\$3.65	PA; SP
Naglazyme Intravenous Solution	MB/RX	SP
NATPARA SUBCUTANEOUS CARTRIDGE	\$3.65	SP; QL (2 Cartridges per 21 days)
<i>nitisinone oral capsule</i>	\$3.65	
NITYR ORAL TABLET	\$3.65	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	\$3.65	PA; SP; QL (30 ML per 30 days)
OMNITROPE SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ORFADIN ORAL CAPSULE 20 MG	\$3.65	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
ORFADIN ORAL SUSPENSION	\$3.65	PA
ORILISSA ORAL TABLET 150 MG	\$3.65	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	\$3.65	PA; QL (60 EA per 30 days)
OSPHERA ORAL TABLET	\$3.65	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	\$3.65	PA
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>paricalcitol oral capsule</i>	\$3.65	PA
Prolia Subcutaneous Solution	MB/RX	PA; SP; QL (1 syringe per 180 days)
<i>raloxifene hcl oral tablet</i>	\$0	¥ (Can be filled for up to a 90 day supply)
RAVICTI ORAL LIQUID	\$3.65	PA; SP
<i>risedronate sodium oral tablet 150 mg</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days)
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP
SAIZEN INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	\$3.65	PA; SP
SandoSTATIN LAR Depot Intramuscular Kit	MB/RX	PA; SP; QL (1 vial per 28 days)
<i>sapropterin dihydrochloride oral packet</i>	\$3.65	PA; SP
<i>sapropterin dihydrochloride oral tablet soluble</i>	\$3.65	PA; SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
SEROPHENE ORAL TABLET	\$3.65	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	\$3.65	PA; SP
Signifor LAR Intramuscular Suspension Reconstituted ER	MB/RX	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	\$3.65	PA; QL (60 ML per 30 days)
Somatuline Depot Subcutaneous Solution	MB/RX	SP; QL (1 ML per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP; QL (30 EA per 30 days)
STIMATE NASAL SOLUTION	\$3.65	SP
Supprelin LA Subcutaneous Kit	MB/RX	PA; SP
SYNAREL NASAL SOLUTION	\$3.65	PA
<i>tolvaptan oral tablet 15 mg</i>	\$3.65	SP; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	\$3.65	SP; QL (60 EA per 30 days)
Triptodur Intramuscular Suspension Reconstituted ER	MB/RX	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$3.65	PA; SP; QL (2 ML per 30 days)
Xgeva Subcutaneous Solution	MB/RX	PA; SP; QL (1 vial per 30 days)
Zoledronic Acid Intravenous Concentrate	MB/RX	
Zoledronic Acid Intravenous Solution	MB/RX	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
*ERYTHROID MATURATION AGENTS***		
Reblozyl Subcutaneous Solution Reconstituted	MB/RX	PA
*ESTROGEN-PROGESTIN-GNRH ANTAGONIST***		
ORIAHNN ORAL CAPSULE THERAPY PACK	\$3.65	PA; QL (56 EA per 28 days)
ESTROGENS		
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	\$3.65	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	\$3.65	
DIVIGEL TRANSDERMAL 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
ELESTRIN TRANSDERMAL GEL	\$3.65	
<i>est estrogens-methyltest hs oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>est estrogens-methyltest oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>estradiol oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>estradiol transdermal patch twice weekly</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>estradiol transdermal patch weekly</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>estradiol-norethindrone acet oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
ESTROGEL TRANSDERMAL GEL	\$3.65	
<i>estropipate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
EVAMIST TRANSDERMAL SOLUTION	\$3.65	
<i>norethindrone-eth estradiol oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
PREMPHASE ORAL TABLET	\$3.65	
PREMPRO ORAL TABLET	\$3.65	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
DUAVEE ORAL TABLET	\$3.65	
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
OCALIVA ORAL TABLET	\$3.65	PA; SP; QL (30 TABS per 30 days)
FLUOROQUINOLONES		
BAXDELA ORAL TABLET	\$3.65	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	\$3.65	
<i>ciprofloxacin hcl oral tablet</i>	\$3.65	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	\$3.65	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
FACTIVE ORAL TABLET	\$3.65	
<i>levofloxacin oral solution</i>	\$3.65	
<i>levofloxacin oral tablet</i>	\$3.65	
<i>moxifloxacin hcl oral tablet</i>	\$3.65	
<i>ofloxacin oral tablet 400 mg</i>	\$3.65	
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***		
ZULRESSO INTRAVENOUS SOLUTION	Medical Benefit	PA
GASTROINTESTINAL AGENTS - MISC.		
<i>alosetron hcl oral tablet</i>	\$3.65	
AURYXIA ORAL TABLET	\$3.65	PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>balsalazide disodium oral capsule</i>	\$3.65	
<i>calcium acetate (phos binder) oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>calcium acetate (phos binder) oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
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)
<i>cromolyn sodium oral concentrate</i>	\$3.65	
<i>enulose oral solution</i>	\$3.65	
FOSRENOL ORAL PACKET	\$3.65	
GATTEX SUBCUTANEOUS KIT	\$3.65	SP; QL (1 Kit per 1 day)
<i>generlac oral solution</i>	\$3.65	
Inflectra Intravenous Solution Reconstituted	MB/RX	PA
<i>lactulose encephalopathy oral solution</i>	\$3.65	
<i>lanthanum carbonate oral tablet chewable</i>	\$3.65	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>mesalamine oral tablet delayed release 800 mg</i>	\$3.65	
<i>mesalamine rectal enema</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>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	
MOVANTIK ORAL TABLET	\$3.65	PA
PHOSLYRA ORAL SOLUTION	\$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
Remicade Intravenous Solution Reconstituted	MB/RX	PA; SP
RENAGEL ORAL TABLET	\$3.65	
Renflexis Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>sevelamer carbonate oral packet</i>	\$3.65	
SFROWASA RECTAL ENEMA	\$3.65	
<i>sulfasalazine oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>sulfasalazine oral tablet delayed release</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
SYMPROIC ORAL TABLET	\$3.65	PA
<i>ursodiol oral capsule</i>	\$3.65	
<i>ursodiol oral tablet</i>	\$3.65	
GENITOURINARY AGENTS - MISCELLANEOUS		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	
CYSTAGON ORAL CAPSULE	\$3.65	PA; SP
<i>cytra-2 oral solution</i>	\$3.65	
<i>dutasteride oral capsule</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>dutasteride-tamsulosin hcl oral capsule</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
ELMIRON ORAL CAPSULE	\$3.65	
<i>finasteride oral tablet 5 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional 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-PHOS NO 2 ORAL TABLET	\$3.65	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	\$3.65	
<i>potassium citrate er oral tablet extended release</i>	\$3.65	
<i>potassium citrate monohydrate granules</i>	\$3.65	
<i>silodosin oral capsule</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply)
<i>sodium chloride irrigation solution 0.9 %</i>	\$3.65	PA
<i>tamsulosin hcl oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
*GLYCOPEPTIDES***		
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)
<i>vancomycin hcl oral capsule</i>	\$3.65	QL (40 EA per 10 days)
GOUT AGENTS		
<i>allopurinol oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>colchicine oral tablet</i>	\$3.65	
<i>colchicine-probenecid oral tablet</i>	\$3.65	
<i>febuxostat oral tablet</i>	\$3.65	STPA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
Krystexxa Intravenous Solution	MB/RX	PA; SP
<i>probenecid oral tablet</i>	\$3.65	
HEMATOLOGICAL AGENTS - MISC.		
Advate Intravenous Solution Reconstituted	MB/RX	PA; SP
Adynovate Intravenous Solution Reconstituted	MB/RX	PA; SP
Afstyla Intravenous Kit	MB/RX	PA; SP
Alphanate Intravenous Solution Reconstituted	MB/RX	PA; SP
Alphanate/VWF Complex/Human Intravenous Solution Reconstituted	MB/RX	PA; SP
AlphaNine SD Intravenous Solution Reconstituted	MB/RX	PA; SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
Alprolix Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>anagrelide hcl oral capsule</i>	\$3.65	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply); QL (2 EA per 1 day)
Bebulin Intravenous Solution Reconstituted	MB/RX	PA; SP
BeneFIX Intravenous Kit	MB/RX	PA; SP; # (Preferred product)
BeneFIX Intravenous Solution Reconstituted 1000 UNIT, 2000 UNIT, 500 UNIT	MB/RX	PA; SP; # (Preferred product)
Berinert Intravenous Kit	MB/RX	SP
BRILINTA ORAL TABLET	\$3.65	QL (60 EA per 30 days)
<i>cilostazol oral tablet</i>	\$3.65	
Cinryze Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>clopidogrel bisulfate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
Coagadex Intravenous Solution Reconstituted	MB/RX	PA; SP
Corifact Intravenous Kit	MB/RX	PA; SP
<i>dipyridamole oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
Eloctate Intravenous Solution Reconstituted	MB/RX	PA; SP
Esperoct Intravenous Solution Reconstituted	MB/RX	PA; SP
Feiba Intravenous Solution Reconstituted	MB/RX	PA; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; SP
Helixate FS Intravenous Kit	MB/RX	PA; SP
Hemofil M Intravenous Solution Reconstituted 1000 UNIT, 1501-2000 UNIT, 1700 UNIT, 1701-2000 UNIT, 220-400 UNIT, 250 UNIT, 500 UNIT, 801-1500 UNIT, 801-1700 UNIT	MB/RX	PA; SP
Humate-P Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>icatibant acetate subcutaneous solution</i>	\$3.65	PA; SP; QL (6 ML per 1 Fill)
Idelvion Intravenous Solution Reconstituted	MB/RX	PA; SP
Ixinity Intravenous Solution Reconstituted	MB/RX	PA; SP
Jivi Intravenous Solution Reconstituted	MB/RX	PA; SP
Koate Intravenous Solution Reconstituted	MB/RX	PA; SP
Koate-DVI Intravenous Solution Reconstituted	MB/RX	PA; SP
Kogenate FS Bio-Set 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
Kogenate FS Intravenous Kit	MB/RX	PA; SP
Kovaltry Intravenous Solution Reconstituted	MB/RX	PA; SP
Monoclalte-P Intravenous Kit	MB/RX	PA; SP
Mononine Intravenous Solution Reconstituted	MB/RX	PA; SP
Novoeight Intravenous Solution Reconstituted	MB/RX	PA; SP
NovoSeven Intravenous Solution Reconstituted	MB/RX	PA; SP
NovoSeven RT Intravenous Solution Reconstituted	MB/RX	PA; SP
Nuwiq Intravenous Kit	MB/RX	PA; SP
Nuwiq Intravenous Solution Reconstituted	MB/RX	PA; SP
Obizur Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>pentoxifylline er oral tablet extended release</i>	\$3.65	
<i>prasugrel hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
Profilnine Intravenous Solution Reconstituted	MB/RX	PA; SP
Profilnine SD Intravenous Solution Reconstituted	MB/RX	PA; SP
Rebinyn Intravenous Solution Reconstituted	MB/RX	PA; SP
Recombinate Intravenous Solution Reconstituted	MB/RX	PA; SP
RiaSTAP Intravenous Solution Reconstituted	MB/RX	SP
Rixubis Intravenous Solution Reconstituted	MB/RX	PA; SP
Ruconest Intravenous Solution Reconstituted	MB/RX	SP
Sevenfact Intravenous Solution Reconstituted	MB/RX	PA; SP
Soliris Intravenous Solution 10 MG/ML	MB/RX	PA; SP
Tretten Intravenous Solution Reconstituted	MB/RX	PA; SP
Ultomiris Intravenous Solution	MB/RX	PA
Vonvendi Intravenous Solution Reconstituted	MB/RX	PA; SP
Wilate Intravenous Kit	MB/RX	PA; SP
Wilate Intravenous Solution Reconstituted	MB/RX	PA; SP
Xyntha Intravenous Kit	MB/RX	PA; SP; # (Preferred product)
Xyntha Solofuse Intravenous Kit	MB/RX	PA; SP; # (Preferred product)
HEMATOPOIETIC AGENTS		
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)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
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)
CERDELGA ORAL CAPSULE	\$3.65	SP
Cerezyme Intravenous Solution Reconstituted	MB/RX	PA; SP
<i>cyanocobalamin injection solution</i>	\$3.65	
DOPTELET ORAL TABLET 20 MG	\$3.65	PA; SP
DROXIA ORAL CAPSULE	\$3.65	
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>ferrous sulfate granules</i>	\$3.65	
<i>folbee oral tablet</i>	\$3.65	
<i>folic acid oral tablet 1 mg, 800 mcg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>folic acid oral tablet 400 mcg</i>	\$0	¥ (Can be filled for up to a 90 day supply)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (0.6 ML per 14 days)
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)
Leukine Intravenous Solution Reconstituted	MB/RX	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)
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)

^ = Mandates May Apply

¥ = Additional 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 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)
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)
Nplate Subcutaneous Solution Reconstituted	MB/RX	SP
PROCRIT INJECTION SOLUTION	\$3.65	SP; QL (10 ML per 14 days)
PROMACTA ORAL PACKET	\$3.65	SP
PROMACTA ORAL TABLET	\$3.65	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	\$3.65	SP; QL (10 ML per 14 days)
SIKLOS ORAL TABLET	\$3.65	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (0.6 ML per 14 days)
Vpriv Intravenous Solution Reconstituted	MB/RX	PA; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	\$3.65	SP; QL (10 Syringes per 14 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; SP; QL (0.6 ML per 14 days)
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS***		
OXBRYTA ORAL TABLET	\$3.65	PA; SP
HEMOSTATICS		
<i>aminocaproic acid oral solution</i>	\$3.65	
<i>aminocaproic acid oral tablet</i>	\$3.65	
<i>tranexamic acid oral tablet</i>	\$3.65	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
*HEPATITIS C AGENT - COMBINATIONS***		
<i>ledipasvir-sofosbuvir oral tablet</i>	\$3.65	PA; SP; # (Preferred product)
MAVYRET ORAL TABLET	\$3.65	PA; SP; # (Preferred product)
<i>sofosbuvir-velpatasvir oral tablet</i>	\$3.65	PA; SP; # (Preferred product)
VOSEVI ORAL TABLET	\$3.65	PA; SP
ZEPATIER ORAL TABLET	\$3.65	PA; SP
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**		
XURIDEN ORAL PACKET	\$3.65	PA; QL (120 Packets per 30 days)
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***		
WAKIX ORAL TABLET	\$3.65	PA; QL (2 tablets per 1 day)
HYPNOTICS		
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
<i>estazolam oral tablet 1 mg</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>eszopiclone oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
HETLIOZ ORAL CAPSULE	\$3.65	PA; QL (30 EA per 30 days)
<i>phenobarbital oral elixir</i>	\$3.65	
<i>phenobarbital oral solution</i>	\$3.65	
<i>phenobarbital oral tablet</i>	\$3.65	
<i>ramelteon oral tablet</i>	\$3.65	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)

^ = Mandates May Apply

¥ = Additional 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>zaleplon oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
*HYPOPHOSPHATASIA (HPP) AGENTS***		
STRENSIQ SUBCUTANEOUS SOLUTION	\$3.65	PA; QL (24 Vials per 28 days)
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***		
VIBERZI ORAL TABLET	\$3.65	
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)***		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
*INTEGRIN RECEPTOR ANTAGONISTS***		
Entyvio Intravenous Solution Reconstituted	MB/RX	PA; SP
*INTERLEUKIN ANTAGONISTS***		
Stelara Intravenous Solution	MB/RX	PA; SP; ¥ (1 Fill per life of plan); QL (4 VIALS per 1 Fill)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; SP
Fasenra Subcutaneous Solution Prefilled Syringe	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
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
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***		
TIBSOVO ORAL TABLET	\$3.65	PA
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***		
IDHIFA ORAL TABLET	\$3.65	PA; SP; QL (30 EA per 30 days)
LAXATIVES		
<i>constulose oral solution</i>	\$3.65	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	\$0	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	\$0	
GAVILYTE-H ORAL KIT	\$3.65	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	\$0	
<i>lactulose oral solution</i>	\$3.65	
OSMOPREP ORAL TABLET	\$0	QL (32 EA per 1 Fill)
<i>peg 3350/electrolytes oral solution reconstituted</i>	\$0	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	\$0	
<i>peg-3350/electrolytes oral solution reconstituted</i>	\$0	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	\$0	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	\$0	
<i>polyethylene glycol 3350 oral powder</i>	\$0	
PREPOPIK ORAL PACKET	\$0	
SUPREP BOWEL PREP KIT ORAL SOLUTION	\$0	
TRILYTE ORAL SOLUTION RECONSTITUTED	\$0	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
*LEPTIN ANALOGUES***		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	PA; QL (30 Vials per 30 days)
LOCAL ANESTHETICS-PARENTERAL		
<i>lidocaine hcl (pf) injection solution 4 %</i>	\$3.65	
<i>lidocaine hcl injection solution 0.5 %, 1 %, 1.5 %, 2 %</i>	\$3.65	
<i>ropivacaine hcl-nacl injection solution 0.1-0.9 %</i>	Medical Benefit	
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***		
KANUMA INTRAVENOUS SOLUTION	Medical Benefit	PA; SP
MACROLIDES		
<i>azithromycin oral packet</i>	\$3.65	
<i>azithromycin oral suspension reconstituted</i>	\$3.65	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	\$3.65	
<i>clarithromycin er oral tablet extended release 24 hour</i>	\$3.65	
<i>clarithromycin oral suspension reconstituted</i>	\$3.65	
<i>clarithromycin oral tablet</i>	\$3.65	
DIFICID ORAL TABLET	\$3.65	PA; QL (20 EA per 1 Fill)
E.E.S. 400 ORAL TABLET	\$3.65	
ERY-TAB ORAL TABLET DELAYED RELEASE	\$3.65	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	\$3.65	
<i>erythromycin base oral capsule delayed release particles</i>	\$3.65	
<i>erythromycin base oral tablet</i>	\$3.65	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	\$3.65	
<i>erythromycin ethylsuccinate oral tablet</i>	\$3.65	
PCE ORAL TABLET DELAYED RELEASE	\$3.65	
ZMAX ORAL SUSPENSION RECONSTITUTED	\$3.65	
MEDICAL DEVICES		
ACCU-CHEK SAFE-T PRO LANCETS	\$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
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>comfort lancets</i>	\$3.65	
DEXCOM G6 RECEIVER DEVICE	\$0	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	\$0	PA; ¥ (1 pack/box contains 3 sensors); QL (1 PACK per 30 days)
DEXCOM G6 TRANSMITTER	\$0	PA; QL (1 EA per 90 days)
<i>easy comfort insulin syringe 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>	\$0	
EZ-LETS LANCETS 26G	\$3.65	
FINGERSTIX LANCETS	\$3.65	
FREESTYLE LANCETS	\$0	
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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
HY-VEE LANCETS	\$3.65	
<i>hy-vee thin lancets</i>	\$3.65	
<i>insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	\$3.65	
<i>insulin syringe/needle</i>	\$3.65	
<i>kinney lancets</i>	\$3.65	
<i>kinney thin lancets</i>	\$3.65	
<i>kinray insulin syringe 29g x 1/2" 0.5 ml</i>	\$3.65	
<i>lancets</i>	\$3.65	
<i>lancets thin</i>	\$3.65	
LIFESCAN UNISTIK II LANCETS	\$3.65	
<i>lite touch lancets</i>	\$3.65	
<i>longs lancets thin</i>	\$3.65	
MEDISENSE THIN LANCETS	\$3.65	
MEIJER LANCETS	\$3.65	
MICROTAINER SAFETY FLOW LANCET	\$3.65	
MONOJECT CONTROL SYRINGE	\$3.65	
MONOJECT FILTER ASPIRATOR	\$3.65	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	\$3.65	
MONOJECT PHARMACY TRAY 20 ML , 3 ML , 35 ML , 6 ML , 60 ML	\$3.65	
MONOJECT PISTON SYRINGE	\$3.65	
MONOJECT SAFETY SYRINGE/SHIELD 12 ML , 20G X 1-1/2" 12 ML, 21G X 1" 3 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 3 ML	\$3.65	

^ = Mandates May Apply

¥ = Additional 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" 12 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/4" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML, 3 ML , 6 ML	\$3.65	
MONOJECT SYRINGE CATH TIP	\$3.65	
MONOJECT SYRINGE ECC LUER 35 ML	\$3.65	
MONOJECT SYRINGE LUER LOCK	\$3.65	
MONOJECT SYRINGE REG LUER 12 ML , 20 ML , 3 ML , 35 ML , 6 ML	\$3.65	
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML	\$3.65	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 28G X 1/2" 1 ML	\$3.65	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML	\$3.65	
MONOLET LANCETS	\$3.65	
OMNIPOD DASH 5 PACK PODS	\$0	QL (10 pods per 30 days)
ONETOUCH CLUB LANCETS FINE PT	\$3.65	
ONETOUCH FINEPOINT LANCETS	\$3.65	
ONETOUCH LANCETS	\$3.65	
ONETOUCH ULTRASOFT LANCETS	\$3.65	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML	\$3.65	
PRECISION THIN LANCETS	\$3.65	
PRECISION THINS GP LANCETS	\$3.65	
PRECISION ULTRA LANCET	\$3.65	
<i>preferred plus lancets colored</i>	\$3.65	
<i>preferred plus lancets thin</i>	\$3.65	
PSS SELECT GP LANCETS	\$3.65	
PSS SELECT SAFETY LANCETS	\$3.65	
<i>reality lancets</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>reality trigger lancets</i>	\$3.65	
<i>sb lancets thin</i>	\$3.65	
<i>sb lancets ultra thin</i>	\$3.65	
<i>super thin lancets</i>	\$3.65	
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	\$3.65	
SURELITE LANCETS	\$3.65	
<i>tb syringe 1 ml</i>	\$3.65	
TECHLITE LANCETS	\$3.65	
THINLETS GP LANCETS	\$3.65	
THINLETS LANCET	\$3.65	
<i>topco insulin syringe</i>	\$3.65	
ULTICARE TUBERCULIN SAFETY SYR 28G X 1/2" 1 ML	\$3.65	
ULTILET CLASSIC LANCETS	\$3.65	
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	
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)***		
SCENESSE SUBCUTANEOUS IMPLANT	Medical Benefit	PA
MIGRAINE PRODUCTS		
<i>almotriptan malate oral tablet</i>	\$3.65	PA; QL (9 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
CAFERGOT ORAL TABLET	\$3.65	
<i>dihydroergotamine mesylate nasal solution</i>	\$3.65	
<i>eletriptan hydrobromide oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	
<i>frovatriptan succinate oral tablet</i>	\$3.65	PA; QL (9 EA per 30 days)
<i>isometheptene-dichloral-apap oral capsule</i>	\$3.65	QL (300 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY	\$3.65	
<i>migragesic ida oral capsule</i>	\$3.65	QL (300 EA per 30 days)
MIGRANAL NASAL SOLUTION	\$3.65	QL (8 Units per 30 days)
<i>naratriptan hcl oral tablet</i>	\$3.65	STPA; QL (9 EA per 30 days)
NODOLOR ORAL CAPSULE	\$3.65	QL (300 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	\$3.65	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	\$3.65	QL (9 EA per 30 days)
<i>sumatriptan nasal solution</i>	\$3.65	QL (6 Units per 30 days)
<i>sumatriptan succinate oral tablet</i>	\$3.65	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	\$3.65	QL (4 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	\$3.65	QL (4 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	\$3.65	QL (4 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	\$3.65	QL (4 EA per 30 days)
TOSYMRA NASAL SOLUTION	\$3.65	PA; QL (6 EA per 30 days)
<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)
MINERALS & ELECTROLYTES		
FLUORABON ORAL SOLUTION	\$3.65	
FLUOR-A-DAY ORAL SOLUTION	\$3.65	
FLUOR-A-DAY ORAL TABLET CHEWABLE	\$3.65	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	\$3.65	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	\$3.65	
K-PHOS ORAL TABLET	\$3.65	
LOZI-FLUR MOUTH/THROAT LOZENGE	\$3.65	
<i>magdelay oral tablet delayed release 70 mg</i>	\$3.65	
PHOSPHA 250 NEUTRAL ORAL TABLET	\$3.65	
<i>pot bicarb-pot chloride oral tablet effervescent</i>	\$3.65	
<i>potassium bicarbonate granules</i>	\$3.65	
<i>potassium bicarbonate oral tablet effervescent</i>	\$3.65	
<i>potassium chloride crys er oral tablet extended release</i>	\$3.65	
<i>potassium chloride er oral capsule extended release</i>	\$3.65	
<i>potassium chloride er oral tablet extended release</i>	\$3.65	
<i>potassium chloride granules</i>	\$3.65	
<i>potassium chloride oral packet</i>	\$3.65	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$3.65	
<i>sodium fluoride oral solution</i>	\$3.65	
<i>sodium fluoride oral tablet</i>	\$3.65	
<i>sodium fluoride oral tablet chewable</i>	\$3.65	
*MIXED ALLERGENIC EXTRACTS***		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	\$3.65	PA; QL (30 EA per 30 days)
*MONOBACTAMS***		
CAYSTON INHALATION SOLUTION RECONSTITUTED	\$3.65	SP
MOUTH/THROAT/DENTAL AGENTS		
CAVAREST DENTAL GEL	\$3.65	
CAVIRINSE MOUTH/THROAT SOLUTION	\$3.65	
<i>cevimeline hcl oral capsule</i>	\$3.65	
<i>chlorhexidine gluconate mouth/throat solution</i>	\$3.65	
CLINPRO 5000 DENTAL PASTE	\$3.65	
<i>clotrimazole mouth/throat lozenge</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>clotrimazole mouth/throat troche</i>	\$3.65	
CONTROLRX DENTAL CREAM	\$3.65	
DENTA 5000 PLUS DENTAL CREAM	\$3.65	
DENTAGEL DENTAL GEL	\$3.65	
EASYGEL DENTAL GEL	\$3.65	
FIRST-BXN MOUTHWASH MOUTH/THROAT SUSPENSION	\$3.65	
FIRST-DUKES MOUTHWASH MOUTH/THROAT SUSPENSION	\$3.65	
FIRST-MARYS MOUTHWASH MOUTH/THROAT SUSPENSION	\$3.65	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	\$3.65	
FLUORIDEX DAILY DEFENSE DENTAL GEL	\$3.65	
FLUORIDEX ENHANCED WHITENING DENTAL GEL	\$3.65	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL	\$3.65	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	\$3.65	
KARIGEL DENTAL GEL	\$3.65	
KARIGEL-N DENTAL GEL	\$3.65	
<i>lidocaine viscous mouth/throat solution</i>	\$3.65	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED	\$3.65	
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED	\$3.65	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED	\$3.65	
NEUTRAGARD ADVANCED DENTAL GEL	\$3.65	
<i>neutral sodium fluoride mouth/throat solution</i>	\$3.65	
<i>nystatin mouth/throat suspension</i>	\$3.65	
ORALONE MOUTH/THROAT PASTE	\$3.65	
PAROEX MOUTH/THROAT SOLUTION	\$3.65	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
PERIOGARD MOUTH/THROAT SOLUTION	\$3.65	
PHOS-FLUR DENTAL GEL	\$3.65	
<i>pilocarpine hcl oral tablet</i>	\$3.65	
<i>sf 5000 plus dental cream</i>	\$3.65	
<i>sf dental gel</i>	\$3.65	
<i>triamcinolone acetonide mouth/throat paste</i>	\$3.65	
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES***		
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)
MULTIVITAMINS		
<i>bp folinatal plus b oral tablet</i>	\$3.65	
<i>bp multinatal plus oral tablet</i>	\$3.65	
<i>bp multinatal plus oral tablet chewable</i>	\$3.65	
<i>daily multi oral tablet</i>	\$3.65	
ELITE-OB ORAL TABLET	\$3.65	
ESCAVITE D ORAL TABLET CHEWABLE	\$3.65	Age Limit (Max 6 Years)
ESCAVITE ORAL TABLET CHEWABLE	\$3.65	Age Limit (Max 6 Years)
INATAL ADVANCE ORAL TABLET	\$3.65	
MULTI COMPLETE ORAL CAPSULE	\$3.65	
<i>multi vitamin/fluoride oral tablet chewable</i>	\$3.65	
<i>multi vitamin/minerals oral tablet</i>	\$3.65	
<i>multi-vit/fluoride oral solution</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>multi-vitamin/fluoride oral tablet chewable 0.5 mg</i>	\$3.65	
<i>multivitamin/fluoride oral tablet chewable 1 mg</i>	\$3.65	
MYKIDZ IRON FL ORAL SUSPENSION	\$3.65	
<i>mynephrocaps oral capsule</i>	\$3.65	
NEPHROCAPS QT ORAL TABLET DISPERSIBLE	\$3.65	
OBSTETRIX EC ORAL TABLET	\$3.65	
<i>pnv folic acid + iron oral tablet</i>	\$3.65	
<i>prenatabs fa oral tablet</i>	\$3.65	
PRENATABS RX ORAL TABLET	\$3.65	
<i>prenatal 19 oral tablet</i>	\$3.65	
<i>prenatal 19 oral tablet chewable</i>	\$3.65	
<i>prenatal oral tablet 27-0.8 mg</i>	\$3.65	
RENAL ORAL CAPSULE	\$3.65	
TRINATE ORAL TABLET	\$3.65	
<i>tri-vit/fluoride/iron oral solution</i>	\$3.65	
<i>tri-vitamin/fluoride oral solution</i>	\$3.65	
*MUSCULAR DYSTROPHY AGENTS***		
Exondys 51 Intravenous Solution	MB/RX	PA
VYONDYS 53 INTRAVENOUS SOLUTION	Medical Benefit	PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen oral tablet</i>	\$3.65	
<i>carisoprodol oral tablet 350 mg</i>	\$3.65	
<i>carisoprodol-aspirin oral tablet</i>	\$3.65	
<i>chlorzoxazone oral tablet 500 mg</i>	\$3.65	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	\$3.65	
<i>dantrolene sodium oral capsule</i>	\$3.65	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
<i>metaxalone oral tablet 800 mg</i>	\$3.65	STPA; QL (120 EA per 30 days)
<i>methocarbamol 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>orphenadrine citrate er oral tablet extended release 12 hour</i>	\$3.65	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	\$3.65	
OZOBAX ORAL SOLUTION	\$3.65	PA
<i>tizanidine hcl oral tablet</i>	\$3.65	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ADRENALIN NASAL SOLUTION	\$3.65	
<i>azelastine hcl nasal solution 0.1 %</i>	\$3.65	
BACTROBAN NASAL NASAL OINTMENT	\$3.65	
BECONASE AQ NASAL SUSPENSION	\$3.65	PA
<i>budesonide nasal suspension</i>	\$3.65	
FLONASE SENSIMIST NASAL SUSPENSION	\$3.65	PA
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$3.65	PA
<i>fluticasone propionate nasal suspension</i>	\$3.65	
<i>ipratropium bromide nasal solution</i>	\$3.65	
<i>mometasone furoate nasal suspension</i>	\$3.65	PA
OMNARIS NASAL SUSPENSION	\$3.65	PA
<i>pseudoephedrine hcl oral tablet 60 mg</i>	\$3.65	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	\$3.65	PA
QNASL NASAL AEROSOL SOLUTION	\$3.65	PA
<i>triamcinolone acetanide nasal aerosol</i>	\$3.65	
VERAMYST NASAL SUSPENSION	\$3.65	PA
ZETONNA NASAL AEROSOL SOLUTION	\$3.65	PA
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO ORAL TABLET	\$3.65	
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***		
NORTHERA ORAL CAPSULE	\$3.65	PA
NEUROMUSCULAR AGENTS		
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
Dysport Intramuscular Solution Reconstituted	MB/RX	PA; SP
Myobloc Intramuscular Solution	MB/RX	PA; SP
<i>riluzole oral tablet</i>	\$3.65	
TIGLUTIK ORAL SUSPENSION	\$3.65	
Xeomin Intramuscular Solution Reconstituted	MB/RX	PA; SP
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS***		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	Medical Benefit	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	Medical Benefit	PA
NUTRIENTS		
DOJOLVI ORAL LIQUID	\$3.65	PA
<i>n-acetyl-l-cysteine oral capsule</i>	\$3.65	
NUTRESTORE ORAL PACKET	\$3.65	PA
*ONCOLYTIC VIRAL AGENTS - HSV1***		
IMLYGIC INTRALESIONAL SUSPENSION	Medical Benefit	
OPHTHALMIC AGENTS		
ALOCRIL OPHTHALMIC SOLUTION	\$3.65	PA
ALOMIDE OPHTHALMIC SOLUTION	\$3.65	PA
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	\$3.65	PA
ALREX OPHTHALMIC SUSPENSION	\$3.65	
<i>atropine sulfate ophthalmic ointment</i>	\$3.65	
<i>atropine sulfate ophthalmic solution 1 %</i>	\$3.65	
AZASITE OPHTHALMIC SOLUTION	\$3.65	QL (2.5 mL per 1 fill)
<i>azelastine hcl ophthalmic solution</i>	\$3.65	PA
AZOPT OPHTHALMIC SUSPENSION	\$3.65	PA
<i>bacitracin ophthalmic ointment</i>	\$3.65	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	\$3.65	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	\$3.65	
BEPREVE OPHTHALMIC SOLUTION	\$3.65	PA
BESIVANCE 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
<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	
CEQUA OPHTHALMIC SOLUTION	\$3.65	PA; QL (2 vials per 1 day)
CILOXAN OPHTHALMIC OINTMENT	\$3.65	
<i>ciprofloxacin hcl ophthalmic solution</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
FLAREX OPHTHALMIC SUSPENSION	\$3.65	
<i>fluorometholone ophthalmic 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>flurbiprofen sodium ophthalmic solution</i>	\$3.65	
FML FORTE OPHTHALMIC SUSPENSION	\$3.65	
FML OPHTHALMIC OINTMENT	\$3.65	
<i>gatifloxacin ophthalmic solution</i>	\$3.65	
GENTAK OPHTHALMIC OINTMENT	\$3.65	
<i>gentamicin sulfate ophthalmic ointment</i>	\$3.65	
<i>gentamicin sulfate ophthalmic solution</i>	\$3.65	
HOMATROPAIRE OPHTHALMIC SOLUTION	\$3.65	
<i>homatropine hbr ophthalmic solution</i>	\$3.65	
ILEVRO OPHTHALMIC SUSPENSION	\$3.65	
ILOTYCIN OPHTHALMIC OINTMENT	\$3.65	
INVELTYS OPHTHALMIC SUSPENSION	\$3.65	PA
ISOPTO CARBACHOL OPHTHALMIC SOLUTION	\$3.65	
ISOPTO HYOSCINE OPHTHALMIC SOLUTION	\$3.65	
<i>ketorolac tromethamine ophthalmic solution</i>	\$3.65	
<i>ketotifen fumarate ophthalmic solution</i>	\$3.65	
LASTACFT OPHTHALMIC SOLUTION	\$3.65	PA
<i>latanoprost ophthalmic solution</i>	\$3.65	
<i>levobunolol hcl ophthalmic solution</i>	\$3.65	
<i>levofloxacin ophthalmic solution</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
Macugen Intraocular Solution	MB/RX	SP
MAXIDEX OPHTHALMIC SUSPENSION	\$3.65	
<i>metipranolol ophthalmic solution</i>	\$3.65	
MOXEZA OPHTHALMIC SOLUTION	\$3.65	
<i>moxifloxacin hcl ophthalmic solution</i>	\$3.65	
<i>naphazoline hcl ophthalmic solution</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
NATACYN OPHTHALMIC SUSPENSION	\$3.65	PA
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	\$3.65	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	\$3.65	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	\$3.65	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	\$3.65	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	\$3.65	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	\$3.65	
NEO-POLYCIN OPHTHALMIC OINTMENT	\$3.65	
NEVANAC OPHTHALMIC SUSPENSION	\$3.65	
<i>ofloxacin ophthalmic solution</i>	\$3.65	
<i>olopatadine hcl ophthalmic solution</i>	\$3.65	PA
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	\$3.65	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$3.65	
POLYCIN OPHTHALMIC OINTMENT	\$3.65	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	\$3.65	
<i>polyvinyl alcohol ophthalmic solution</i>	\$3.65	
PRED MILD OPHTHALMIC SUSPENSION	\$3.65	
PRED-G OPHTHALMIC SUSPENSION	\$3.65	
PRED-G S.O.P. OPHTHALMIC OINTMENT	\$3.65	
<i>prednisolone acetate ophthalmic suspension</i>	\$3.65	
<i>prednisolone sodium phosphate ophthalmic solution</i>	\$3.65	
<i>proparacaine hcl ophthalmic solution</i>	\$3.65	
RESTASIS OPHTHALMIC EMULSION	\$3.65	PA; QL (60 EA per 30 days)
SIMBRINZA OPHTHALMIC SUSPENSION	\$3.65	PA
<i>sulfacetamide sodium ophthalmic ointment</i>	\$3.65	
<i>sulfacetamide sodium 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>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 ophthalmic solution</i>	\$3.65	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	\$3.65	
TOBREX OPHTHALMIC OINTMENT	\$3.65	
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
ZIOPTAN OPHTHALMIC SOLUTION	\$3.65	
ZIRGAN OPHTHALMIC GEL	\$3.65	PA
ZYLET OPHTHALMIC SUSPENSION	\$3.65	QL (5 mL per 30 days)
*OPHTHALMIC NERVE GROWTH FACTORS***		
OXERVATE OPHTHALMIC SOLUTION	\$3.65	PA
*OPHTHALMIC RHO KINASE INHIBITORS***		
RHOPRESSA OPHTHALMIC SOLUTION	\$3.65	PA
*OREXIN RECEPTOR ANTAGONISTS***		
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)
OTIC AGENTS		
ACETASOL HC OTIC SOLUTION	\$3.65	
<i>acetic acid otic solution</i>	\$3.65	
<i>acetic acid-aluminum acetate otic solution</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional 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>antipyrine-benzocaine otic solution 5.4-1.4 %, 54-14 mg/ml</i>	\$3.65	
CIPRO HC OTIC SUSPENSION	\$3.65	
<i>ciprofloxacin-dexamethasone otic suspension</i>	\$3.65	
CORTISPORIN-TC OTIC SUSPENSION	\$3.65	
<i>fluocinolone acetonide otic oil</i>	\$3.65	
<i>hydrocortisone-acetic acid otic solution</i>	\$3.65	
<i>neomycin-polymyxin-hc otic solution</i>	\$3.65	
<i>neomycin-polymyxin-hc otic suspension</i>	\$3.65	
<i>ofloxacin otic solution</i>	\$3.65	
<i>otic care otic solution</i>	\$3.65	
OTIPRIO INTRATYMPANIC SUSPENSION	Medical Benefit	
OXYTOCICS		
<i>methylergonovine maleate oral tablet</i>	\$3.65	
*PA ENDONUCLEASE INHIBITORS***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	\$3.65	¥ (Max of 2 fills per year); QL (2 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	\$3.65	¥ (Max of 2 fills per year); QL (2 EA per 1 day)
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
Hyqvia Subcutaneous Kit	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
PASSIVE IMMUNIZING AGENTS		
Asceniv Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Bivigam Intravenous Solution 5 GM/50ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Carimune NF Intravenous Solution Reconstituted 12 GM, 6 GM	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Cutaquig Subcutaneous Solution	MB/RX	PA; ¥ (PA applies to members 18 years of age and older)
Cuvitru Subcutaneous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Cytogam Intravenous Injectable	MB/RX	PA; SP
Flebogamma DIF Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
Flebogamma Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
GamaSTAN S/D Intramuscular Injectable	MB/RX	PA; SP
Gammagard Injection Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Gammagard S/D Less IgA Intravenous Solution Reconstituted	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Gammaked Injection Solution 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Gammaplex Intravenous Solution 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Gamunex-C Injection Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Hizentra Subcutaneous Solution 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Hizentra Subcutaneous Solution Prefilled Syringe	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Octagam Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Panzyga Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Privigen Intravenous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
Rhophylac Injection Solution Prefilled Syringe	MB/RX	SP
SYNAGIS INTRAMUSCULAR SOLUTION	\$0	PA; SP; QL (2 ML per 1 day)
WinRho SDF Injection Solution	MB/RX	SP
Xembify Subcutaneous Solution	MB/RX	PA; SP; ¥ (PA applies to members 18 years of age and older)
*PCSK9 INHIBITORS***		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	\$3.65	PA; # (Preferred in class); QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$3.65	PA; # (Preferred in class); QL (2 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	PA; # (Preferred in class); QL (2 ML per 28 days)
PENICILLINS		
<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>ampicillin oral capsule</i>	\$3.65	
<i>ampicillin oral suspension reconstituted</i>	\$3.65	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	\$3.65	
<i>dicloxacillin sodium oral capsule</i>	\$3.65	
<i>penicillin g procaine intramuscular suspension</i>	\$3.65	
<i>penicillin v potassium oral solution reconstituted</i>	\$3.65	
<i>penicillin v potassium oral tablet</i>	\$3.65	
PHARMACEUTICAL ADJUVANTS		
<i>polyethylene glycol 3350 powder</i>	\$0	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
Aliqopa Intravenous Solution Reconstituted	MB/RX	
COPIKTRA ORAL CAPSULE	\$3.65	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA; SP
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA; SP
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$3.65	PA; SP
ZYDELIG ORAL TABLET	\$3.65	PA; SP
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***		
EUCRISA EXTERNAL OINTMENT	\$3.65	PA; # (Preferred product)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
OTEZLA ORAL TABLET	\$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
OTEZLA ORAL TABLET THERAPY PACK	\$3.65	PA; SP; QL (60 EA per 30 days)
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***		
TAKHZYRO SUBCUTANEOUS SOLUTION	\$3.65	PA; SP
*PLEUROMUTILINS***		
XENLETA ORAL TABLET	\$3.65	
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
LYNPARZA ORAL CAPSULE	\$3.65	PA; SP
LYNPARZA ORAL TABLET	\$3.65	PA; SP
RUBRACA ORAL TABLET	\$3.65	PA; SP; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE	\$3.65	PA; SP
ZEJULA ORAL CAPSULE	\$3.65	PA
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
LYNPARZA ORAL CAPSULE	\$3.65	PA; SP
LYNPARZA ORAL TABLET	\$3.65	PA; SP
RUBRACA ORAL TABLET	\$3.65	PA; SP; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE	\$3.65	PA; SP
ZEJULA ORAL CAPSULE	\$3.65	PA
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***		
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)
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)
*POTASSIUM REMOVING AGENTS***		
KIONEX 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
KIONEX ORAL SUSPENSION	\$3.65	
LOKELMA ORAL PACKET	\$3.65	
<i>sodium polystyrene sulfonate oral powder</i>	\$3.65	
<i>sodium polystyrene sulfonate oral suspension</i>	\$3.65	
<i>sodium polystyrene sulfonate rectal suspension</i>	\$3.65	
SPS ORAL SUSPENSION	\$3.65	
VELTASSA ORAL PACKET	\$3.65	
PROGESTINS		
HYDROXYprogesterone Caproate Intramuscular Oil	MB/RX	¥ (Single Dose Vial Preferred); QL (1 ML per 7 days)
<i>medroxyprogesterone acetate oral tablet</i>	\$3.65	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	\$3.65	
<i>norethindrone acetate oral tablet</i>	\$3.65	
<i>progesterone intramuscular oil</i>	\$3.65	PA
<i>progesterone micronized oral capsule</i>	\$3.65	
<i>progesterone micronized transdermal cream</i>	\$3.65	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
ZONTIVITY ORAL TABLET	\$3.65	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>acamprosate calcium oral tablet delayed release</i>	\$0	¥ (Can be filled for up to a 90 day supply); QL (6 EA per 1 day)
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
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	\$3.65	SP
BETASERON SUBCUTANEOUS KIT	\$3.65	SP
BETASERON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$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
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)
CHANTIX CONTINUING MONTH PAK ORAL TABLET	\$0	
CHANTIX ORAL TABLET	\$0	
CHANTIX STARTING MONTH PAK ORAL TABLET	\$0	
<i>dalfampridine er oral tablet extended release 12 hour</i>	\$3.65	PA; SP; QL (60 EA per 30 days)
<i>disulfiram oral tablet</i>	\$0	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>donepezil hcl oral tablet dispersible</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>eq nicotine mouth/throat gum 4 mg</i>	\$0	
<i>eq nicotine mouth/throat lozenge</i>	\$0	
<i>eq nicotine polacrilex mouth/throat gum</i>	\$0	
<i>eq nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>eq nicotine step 3 transdermal patch 24 hour</i>	\$0	
<i>eq nicotine transdermal patch 24 hour</i>	\$0	
<i>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	
EXTAVIA SUBCUTANEOUS KIT	\$3.65	SP
EXTAVIA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$3.65	SP
<i>fluoxetine hcl (pmdd) oral tablet</i>	\$3.65	PA
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional 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>galantamine hydrobromide oral solution</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>galantamine hydrobromide oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
GILENYA ORAL CAPSULE	\$3.65	SP; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	\$3.65	SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$3.65	SP
<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	
GRALISE ORAL TABLET	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (90 EA per 30 days)
GRALISE STARTER ORAL	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>hm nicotine polacrilex mouth/throat gum</i>	\$0	
<i>hm nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>hm nicotine transdermal patch 24 hour</i>	\$0	
HORIZANT ORAL TABLET EXTENDED RELEASE	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE	\$3.65	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK	\$3.65	PA; QL (1 EA per 1 day)
LEMTRADA INTRAVENOUS SOLUTION	Medical Benefit	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)
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>memantine hcl er oral capsule extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>memantine hcl oral solution 2 mg/ml</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>memantine hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$3.65	
NICORELIEF MOUTH/THROAT GUM	\$0	
<i>nicotine mini mouth/throat lozenge</i>	\$0	
<i>nicotine polacrilex mouth/throat gum</i>	\$0	
<i>nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>nicotine step 1 transdermal patch 24 hour</i>	\$0	
<i>nicotine step 2 transdermal patch 24 hour</i>	\$0	
<i>nicotine step 3 transdermal patch 24 hour</i>	\$0	
<i>nicotine transdermal patch 24 hour</i>	\$0	
NICOTROL INHALATION INHALER	\$0	
NICOTROL NS NASAL SOLUTION	\$0	
NUEDEXTA ORAL CAPSULE	\$3.65	PA
Ocrevus Intravenous Solution	MB/RX	PA; SP
<i>olanzapine-fluoxetine hcl oral capsule</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age); QL (30 EA per 30 days)
<i>paroxetine mesylate oral capsule</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>pimozide oral tablet</i>	\$3.65	PA; ¥ (Additional PA requirements for members 5 years and under; PBHMI polypharmacy for members less than 18 years of age)
<i>qc nicotine polacrilex mouth/throat gum</i>	\$0	
<i>ra mini nicotine mouth/throat lozenge</i>	\$0	
<i>ra nicotine mouth/throat gum</i>	\$0	

^ = Mandates May Apply

¥ = Additional 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 polacrilex mouth/throat gum</i>	\$0	
<i>ra nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>ra nicotine transdermal patch 24 hour</i>	\$0	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION	\$3.65	SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$3.65	SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION	\$3.65	SP
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
<i>rivastigmine tartrate oral capsule</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>rivastigmine transdermal patch 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
SAVELLA ORAL TABLET	\$3.65	STPA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	\$3.65	STPA; QL (60 EA per 30 days)
<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>sr nicotine mouth/throat gum</i>	\$0	
<i>sw nicotine polacrilex mouth/throat gum</i>	\$0	
<i>sw nicotine polacrilex mouth/throat lozenge</i>	\$0	
TECFIDERA ORAL	\$3.65	SP; ¥ (1 Fill per life of plan); 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
TECFIDERA ORAL CAPSULE DELAYED RELEASE	\$3.65	SP; QL (60 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</i>	\$0	
<i>tgt nicotine polacrilex mouth/throat gum</i>	\$0	
<i>tgt nicotine polacrilex mouth/throat lozenge</i>	\$0	
<i>tgt nicotine step one transdermal patch 24 hour</i>	\$0	
<i>tgt nicotine step three transdermal patch 24 hour</i>	\$0	
<i>tgt nicotine step two transdermal patch 24 hour</i>	\$0	
Tysabri Intravenous Concentrate	MB/RX	SP
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE	\$3.65	SP
VUMERITY ORAL CAPSULE DELAYED RELEASE	\$3.65	SP
XYREM ORAL SOLUTION	\$3.65	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	\$3.65	SP
ZEPOSIA ORAL CAPSULE	\$3.65	SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	\$3.65	SP
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
OFEV ORAL CAPSULE	\$3.65	SP; QL (60 EA per 30 days)
*PULMONARY FIBROSIS AGENTS***		
ESBRIET ORAL CAPSULE	\$3.65	SP; QL (270 EA per 30 days)
ESBRIET ORAL TABLET	\$3.65	SP; QL (270 EA per 30 days)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
UPTRAVI ORAL TABLET	\$3.65	PA; SP
UPTRAVI ORAL TABLET THERAPY PACK	\$3.65	PA; SP
RESPIRATORY AGENTS - MISC.		
Aralast NP Intravenous Solution Reconstituted 1000 MG, 500 MG	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
Glassia Intravenous Solution	MB/RX	SP
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)
PULMOZYME INHALATION SOLUTION	\$3.65	SP
*SCLEROSTIN INHIBITORS***		
Evenity Subcutaneous Solution Prefilled Syringe	MB/RX	PA
*SELECTIN BLOCKERS***		
ADAKVEO INTRAVENOUS SOLUTION	Medical Benefit	PA
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)***		
REYVOW ORAL TABLET 100 MG	\$3.65	PA; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	\$3.65	PA; QL (4 EA per 30 days)
*SEROTONIN MODULATORS***		
<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)
OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	STPA
<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)
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)
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)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
*SINUS NODE INHIBITORS**		
CORLANOR ORAL SOLUTION	\$3.65	
CORLANOR ORAL TABLET	\$3.65	
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS***		
Onpattro Intravenous Solution	MB/RX	PA
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
SEGLUROMET ORAL TABLET	\$3.65	STPA
*SPINAL MUSCULAR ATROPHY- ANTISENSE OLIGONUCLEOTIDES***		
Spinraza Intrathecal Solution	MB/RX	PA
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***		
TAVALISSE ORAL TABLET	\$3.65	QL (60 EA per 30 days)
*STEROIDS - MOUTH/THROAT/DENTAL***		
ORALONE MOUTH/THROAT PASTE	\$3.65	
<i>triamcinolone acetonide mouth/throat paste</i>	\$3.65	
SULFONAMIDES		
<i>sulfadiazine oral tablet</i>	\$3.65	
TETRACYCLINES		
<i>avidoxy oral tablet</i>	\$3.65	
<i>doxycycline hyclate oral capsule</i>	\$3.65	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$3.65	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$3.65	
<i>doxycycline monohydrate oral suspension reconstituted</i>	\$3.65	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	\$3.65	
<i>minocycline hcl oral capsule</i>	\$3.65	
MONDOXYNE NL ORAL CAPSULE 100 MG, 50 MG	\$3.65	
MORGIDOX ORAL CAPSULE 100 MG	\$3.65	
<i>tetracycline hcl 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
*TETRAHYDROISOQUINOLINES***		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	
THYROID AGENTS		
ARMOUR THYROID ORAL TABLET	\$3.65	
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	
<i>methimazole oral tablet</i>	\$3.65	
NATURE-THROID ORAL TABLET	\$3.65	
<i>np thyroid oral tablet 30 mg, 60 mg, 90 mg</i>	\$3.65	
<i>propylthiouracil oral tablet</i>	\$3.65	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	\$3.65	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	\$3.65	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	\$3.65	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	\$3.65	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	\$3.65	
UNITHROID DIRECT ORAL TABLET	\$3.65	
UNITHROID ORAL TABLET	\$3.65	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	\$3.65	
WP THYROID ORAL TABLET	\$3.65	
*TOPICAL ANESTHETIC GASES***		
GEBAUERS PAIN EASE EXTERNAL AEROSOL	\$3.65	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	\$3.65	
*TRANSTHYRETIN STABILIZERS***		
VYNDAMAX ORAL CAPSULE	\$3.65	PA; SP; QL (30 EA per 30 days)
VYNDAREL ORAL CAPSULE	\$3.65	PA; 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
*TRIPEPTIDYL PEPTIDASE 1 DEFICIENCY TREATMENT - AGENTS***		
Brineura Solution	MB/RX	PA
*TRYPTOPHAN HYDROXYLASE INHIBITORS***		
XERMELO ORAL TABLET	\$3.65	PA
ULCER DRUGS		
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE	\$3.65	PA
<i>amoxicill-clarithro-lansopraz oral</i>	\$3.65	
CANTIL ORAL TABLET	\$3.65	PA
CARAFATE ORAL SUSPENSION	\$3.65	PA; ¥ (PA applies to members 12 years and older)
<i>chlordiazepoxide-clidinium oral capsule</i>	\$3.65	PA; ¥ (PA applies to members 5 years of age and under; PBHMI polypharmacy for members less than 18 years of age)
<i>cimetidine hcl oral solution</i>	\$3.65	
<i>cimetidine oral tablet</i>	\$3.65	
CUVPOSA ORAL SOLUTION	\$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	
<i>dicyclomine hcl oral tablet</i>	\$3.65	
DONNATAL ORAL TABLET	\$3.65	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	\$3.65	PA; ¥ (Rx and OTC require PA. Can be filled for up to a 90 day supply.)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply)
<i>esomeprazole magnesium oral packet</i>	\$3.65	PA
<i>famotidine oral suspension reconstituted</i>	\$3.65	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$3.65	
FIRST-LANSOPRAZOLE ORAL SUSPENSION	\$3.65	PA; ¥ (PA applies to members 14 and older (No PA required for members 0-13 years of age))

^ = Mandates May Apply

¥ = Additional 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-OMEPRAZOLE ORAL SUSPENSION	\$3.65	PA; ¥ (PA applies to members 14 and older (No PA required for members 0-13 years of age))
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$3.65	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	\$3.65	
<i>hyoscyamine sulfate oral elixir</i>	\$3.65	
<i>hyoscyamine sulfate oral solution</i>	\$3.65	
<i>hyoscyamine sulfate oral tablet</i>	\$3.65	
<i>hyoscyamine sulfate oral tablet dispersible</i>	\$3.65	
<i>hyoscyamine sulfate sublingual tablet sublingual</i>	\$3.65	
<i>hyosyne oral elixir</i>	\$3.65	
<i>hyosyne oral solution</i>	\$3.65	
<i>lansoprazole oral capsule delayed release</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply)
<i>lansoprazole oral tablet dispersible</i>	\$3.65	PA; ¥ (Age Limit: Max 2 years. Can be filled for up to a 90 day supply.)
<i>misoprostol oral tablet</i>	\$3.65	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	\$3.65	PA
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	\$3.65	PA
NEXIUM ORAL PACKET 2.5 MG, 5 MG	\$3.65	PA
<i>nizatidine oral capsule</i>	\$3.65	
<i>nizatidine oral solution</i>	\$3.65	
<i>omeprazole oral capsule delayed release</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION	\$3.65	
<i>omeprazole-sodium bicarbonate oral capsule</i>	\$3.65	PA; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet</i>	\$3.65	PA; QL (1 EA per 1 day)
<i>pantoprazole sodium oral packet</i>	\$3.65	PA
<i>pantoprazole sodium oral tablet delayed release</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>phenobarbital-belladonna alk oral elixir</i>	\$3.65	
PHENOHYTRO ORAL TABLET	\$3.65	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
PRILOSEC ORAL PACKET	\$3.65	PA
PYLERA ORAL CAPSULE	\$3.65	
<i>rabeprazole sodium oral tablet delayed release</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply)
<i>ranitidine hcl oral capsule</i>	\$3.65	
<i>ranitidine hcl oral syrup</i>	\$3.65	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	\$3.65	
<i>sucralfate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine oral packet</i>	\$3.65	
<i>methenamine hippurate oral tablet</i>	\$3.65	
<i>methenamine mandelate oral tablet</i>	\$3.65	
<i>nitrofurantoin macrocrystal oral capsule</i>	\$3.65	
<i>nitrofurantoin monohyd macro oral capsule</i>	\$3.65	
<i>nitrofurantoin oral suspension</i>	\$3.65	
URETRON D/S ORAL TABLET	\$3.65	
URINARY ANTISPASMODICS		
<i>bethanechol chloride oral tablet</i>	\$3.65	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	\$3.65	PA; ¥ (Can be filled for up to a 90 day supply)
<i>flavoxate hcl oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
GELNIQUE TRANSDERMAL GEL	\$3.65	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>oxybutynin chloride oral syrup</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>oxybutynin chloride oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	\$3.65	PA
<i>solifenacin succinate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional 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>tolterodine tartrate er oral capsule extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>tolterodine tartrate oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$3.65	PA
<i>tropium chloride er oral capsule extended release 24 hour</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
<i>tropium chloride oral tablet</i>	\$3.65	¥ (Can be filled for up to a 90 day supply)
VAGINAL PRODUCTS		
AVC VAGINAL VAGINAL CREAM	\$3.65	
CLEOCIN VAGINAL SUPPOSITORY	\$3.65	
<i>clindamycin phosphate vaginal cream</i>	\$3.65	
CRINONE VAGINAL GEL 8 %	\$3.65	PA
<i>estradiol vaginal cream</i>	\$3.65	
<i>estradiol vaginal tablet</i>	\$3.65	
ESTRING VAGINAL RING	\$3.65	
FEMRING VAGINAL RING	\$3.65	
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	
GYNAZOLE-1 VAGINAL CREAM	\$3.65	
INTRAROSA VAGINAL INSERT	\$3.65	PA; QL (28 EA per 28 days)
<i>metronidazole vaginal gel</i>	\$3.65	
<i>miconazole 3 vaginal suppository</i>	\$3.65	
PREMARIN VAGINAL CREAM	\$3.65	
<i>terconazole vaginal cream</i>	\$3.65	
<i>terconazole vaginal suppository</i>	\$3.65	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Drug	Status	Notes
VANDAZOLE VAGINAL GEL	\$3.65	
ZAZOLE VAGINAL CREAM 0.8 %	\$3.65	
ZAZOLE VAGINAL SUPPOSITORY	\$3.65	
VASOPRESSORS		
ADRENALIN INJECTION DEVICE	\$3.65	PA; QL (2 EA per 1 Fill)
ADRENALIN INJECTION SOLUTION AUTO-INJECTOR	\$3.65	PA; QL (2 EA per 1 Fill)
ADRENALIN INJECTION SOLUTION	\$3.65	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	\$3.65	PA; QL (2 EA per 1 day)
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	\$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)
midodrine hcl oral tablet	\$3.65	
norepinephrine bitartrate intravenous solution	Medical Benefit	
norepinephrine-dextrose intravenous solution 4-5 mg/250ml-%, 4-5 mg/500ml-%, 8-5 mg/250ml-%	Medical Benefit	
norepinephrine-sodium chloride intravenous solution 4-0.9 mg/250ml-%, 8-0.9 mg/250ml-%	Medical Benefit	
norepinephrine-sodium chloride intravenous solution prefilled syringe 0.08-0.9 mg/10ml-%, 0.16-0.9 mg/10ml-%	Medical Benefit	
VITAMINS		
ergocalciferol oral capsule	\$3.65	
niacin er oral capsule extended release	\$1	¥ (Can be filled for up to a 90 day supply)
phytonadione oral tablet	\$3.65	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	\$3.65	
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***		
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

^ = Mandates 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	88	ADMELOG SOLOSTAR	40	Alphanate/VWF	
<i>abacavir sulfate</i>	69	ADRENALIN	149	Complex/Human.....	108
<i>abacavir sulfate-lamivudine</i>	69	ADRENALIN	126, 149	AlphaNine SD.....	108
<i>abacavir-lamivudine-zidovudine</i>	69	ADVAIR HFA	22	<i>alphetrex</i>	88
Abilify Maintena.....	62	Advate.....	108	<i>alprazolam</i>	20
ABILIFY MYCITE	62	ADVICOR	46	<i>alprazolam er</i>	20
<i>abiraterone acetate</i>	54	Adynovate.....	108	ALPRAZOLAM INTENSOL ..	20
ABSORICA	88	ADZENYS ER	5	<i>alprazolam xr</i>	20
ABSORICA LD	88	ADZENYS XR-ODT	5	Alprolix.....	109
ABSTRAL	13	AEMCOLO	51	ALREX	127
<i>acamprosate calcium</i>	136	AEROSPAN	22	ALTABAX	88
<i>acarbose</i>	39	AFEDITAB CR	76	ALTAVERA	80
ACCU-CHEK SAFE-T PRO		AFINITOR	55	ALTRENO	88
LANCETS	116	AFINITOR DISPERZ	55	ALUNBRIG	55
ACCU-CHEK SOFT TOUCH		Afstyla.....	108	ALVESCO	22
LANCETS	117	AIMOVIG	76, 80	<i>alyacen 1/35</i>	80
ACCU-CHEK SOFTCLIX		AIMOVIG (140 MG DOSE)		<i>alyacen 7/7/7</i>	80
LANCETS	117		76, 80	ALYQ	78
<i>acebutolol hcl</i>	74	AKYNZEO	44	<i>amantadine hcl</i>	61
<i>acetaminophen-codeine</i>	13	<i>ala-cort</i>	88	<i>ambrisentan</i>	78
<i>acetaminophen-codeine #2</i>	13	<i>albendazole</i>	19	<i>amcinonide</i>	88
<i>acetaminophen-codeine #3</i>	13	<i>albuterol sulfate</i>	22	AMETHIA	80
<i>acetaminophen-codeine #4</i>	13	<i>albuterol sulfate er</i>	22	AMETHIA LO	80
ACETASOL HC	131	<i>albuterol sulfate hfa</i>	22	AMETHYST	80
<i>acetazolamide</i>	99	<i>alclometasone dipropionate</i>	88	<i>amiloride hcl</i>	99
<i>acetazolamide er</i>	99	ALDACTAZIDE	99	<i>amiloride-hydrochlorothiazide</i> ..	99
<i>acetic acid</i>	131	Aldurazyme.....	100	<i>aminocaproic acid</i>	112
<i>acetic acid-aluminum acetate</i> ..	131	ALECENSA	55	<i>amiodarone hcl</i>	21
<i>acetylcysteine</i>	87	<i>alendronate sodium</i>	100, 101	<i>amitriptyline hcl</i>	34
ACIPHEX SPRINKLE	145	Alferon N.....	55	<i>amlodipine besy-benazepril hcl</i> ..	48
<i>acitretin</i>	88	<i>alfuzosin hcl er</i>	107	<i>amlodipine besylate</i>	76
<i>acne medication 5</i>	88	ALINIA	51	<i>amlodipine besylate-valsartan</i>	48
Actemra.....	10	Aliqopa.....	134	<i>amlodipine-atorvastatin</i>	78
ACTEMRA	10	<i>aliskiren fumarate</i>	48	<i>amlodipine-olmesartan</i>	48
ACTEMRA ACTPEN	10	<i>allopurinol</i>	108	<i>amlodipine-valsartan-hctz</i>	48
ACTHAR	100	<i>almotriptan malate</i>	120	<i>ammonium lactate</i>	88
ACTIMMUNE	54	ALOCRI	127	AMNESTEEM	88
ACTOPLUS MET XR	40	<i>alogliptin benzoate</i>	40	<i>amoxapine</i>	34
<i>acyclovir</i>	69, 88	<i>alogliptin-metformin hcl</i>	40	<i>amoxicill-clarithro-lansopraz</i> ...	145
ACZONE	88	<i>alogliptin-pioglitazone</i>	40	<i>amoxicillin</i>	133, 134
ADAKVEO	142	ALOMIDE	127	<i>amoxicillin-pot clavulanate</i>	134
<i>adapalene</i>	88	<i>alosetron hcl</i>	106	<i>amoxicillin-pot clavulanate er</i> ..	134
ADDERALL XR	5	Aloxi.....	44	<i>amphetamine-</i>	
<i>adefovir dipivoxil</i>	69	ALPHAGAN P	127	<i>dextroamphetamine</i>	5
ADEMPAS	78	Alphanate.....	108	<i>ampicillin</i>	134
ADMELOG	40			ANADROL-50	17

^ = Mandates 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>anagrelide hcl</i>	109	<i>atenolol</i>	74	BAQSIMI ONE PACK	40
ANALPRAM-HC	18	<i>atenolol-chlorthalidone</i>	48	BAQSIMI TWO PACK	40
<i>anastrozole</i>	55	<i>atomoxetine hcl</i>	5	BARACLUDE	69
ANDRODERM	17	<i>atorvastatin calcium</i>	46	BASAGLAR KWIKPEN	40
ANORO ELLIPTA	22	<i>atovaquone</i>	51	Bavencio.....	55
ANTARA	46	<i>atovaquone-proguanil hcl</i>	52	BAXDELA	105
<i>antipyrine-benzocaine</i>	132	<i>atropine sulfate</i>	127	BD INSULIN SYRINGE	117
<i>anucort-hc</i>	18	ATROVENT HFA	23	BD INSULIN SYRINGE	
ANUSOL-HC	18	AUBAGIO	136	MICROFINE	117
ANZEMET	44	AUBRA	80	BD INSULIN SYRINGE U/F	117
APADAZ	13	AUGMENTIN	134	BD INSULIN SYRINGE	
APEXICON E	88	AURYXIA	106	ULTRAFINE	117
APOKYN	61	AUSTEDO	136	BD LANCET ULTRAFINE	
APPFORMIN-D	40	AUVI-Q	149	33G	117
APRI	80	AVANDAMET	40	BD SAFETY-LOK INSULIN	
APTIOM	26	AVANDARYL	40	SYRINGE	117
APTIVUS	69	AVANDIA	40	BD SYRINGE SLIP TIP	117
Aralast NP.....	141	AVAR CLEANSER	89	Bebulin.....	109
ARANELLE	80	Avastin.....	55	BECONASE AQ	126
ARANESP (ALBUMIN		AVC VAGINAL	148	BEKYREE	81
FREE)	110, 111	AVEED	17	BELBUCA	13
ARCALYST	10	AVIANE	80	Beleodaq.....	55
ARIKAYCE	9	<i>avidoxy</i>	143	BELSOMRA	131
<i>aripiprazole</i>	62, 63	AVITA	89	<i>benazepril hcl</i>	48
Aristada.....	63	AVONEX	136	<i>benazepril-hydrochlorothiazide</i> ..	48
Aristada Initio.....	63	AVONEX PEN	136	BENDEKA	55
<i>armodafinil</i>	5	AVONEX PREFILLED	136	BeneFIX.....	109
ARMOUR THYROID	144	AVSOLA	106	Benlysta.....	72
Arzerra.....	55	AYVAKIT	55	BENLYSTA	72
Asceniv.....	132	AzaCITIDine.....	55	<i>benznidazole</i>	19
ASCOMP-CODEINE	13	AZASITE	127	<i>benzonatate</i>	87
ASHLYNA	80	<i>azathioprine</i>	72	<i>benzoyl peroxide</i>	89
ASMANEX (120 METERED		<i>azelaic acid</i>	89	<i>benzoyl peroxide cleanser</i>	89
DOSES)	23	<i>azelastine hcl</i>	126, 127	<i>benzoyl peroxide creamy wash</i> ..	89
ASMANEX (14 METERED		AZELEX	89	<i>benzoyl peroxide wash</i>	89
DOSES)	23	<i>azithromycin</i>	116	<i>benzoyl peroxide-erythromycin</i> ...	89
ASMANEX (30 METERED		AZOPT	127	<i>benztropine mesylate</i>	61
DOSES)	23	AZURETTE	81	BEPREVE	127
ASMANEX (60 METERED		<i>bacitracin</i>	127	Berinert.....	109
DOSES)	23	<i>bacitracin-polymyxin b</i>	127	BESIVANCE	127
ASMANEX (7 METERED		<i>bacitra-neomycin-polymyxin-hc</i>	127	Besponsa.....	55
DOSES)	23	<i>baclofen</i>	125	<i>betamethasone dipropionate</i>	89
ASMANEX HFA	23	BACTROBAN NASAL	126	<i>betamethasone dipropionate</i>	
<i>aspirin-dipyridamole er</i>	109	BAFIERTAM	136	<i>aug</i>	89
ASTAGRAF XL	72	<i>balsalazide disodium</i>	106	<i>betamethasone valerate</i>	89
AT LAST LANCETS	117	BALZIVA	81	BETASERON	136
<i>atazanavir sulfate</i>	69	BANZEL	26	<i>betaxolol hcl</i>	74, 128

^ = Mandates 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>bethanechol chloride</i>	147	<i>bupropion hcl</i>	35	CARDURA XL	107
BETIMOL	128	<i>bupropion hcl er (smoking det)</i>	137	Carimune NF.....	132
BETOPTIC-S	128	<i>bupropion hcl er (sr)</i>	34	<i>carisoprodol</i>	125
<i>bexarotene</i>	55	<i>bupropion hcl er (xl)</i>	34	<i>carisoprodol-aspirin</i>	125
BEYAZ	81	<i>buspirone hcl</i>	20	<i>carteolol hcl</i>	128
<i>bicalutamide</i>	55	<i>butalbital-acetaminophen</i>	13	CARTIA XT	76
BIDIL	78	<i>butalbital-apap-caffeine</i>	13	<i>carvedilol</i>	74
BIKTARVY	69	<i>butalbital-asa-caff-codeine</i>	14	<i>carvedilol phosphate er</i>	74
<i>bimatoprost</i>	128	<i>butalbital-aspirin-caffeine</i>	13	CAVAREST	122
<i>bisoprolol fumarate</i>	74	<i>butorphanol tartrate</i>	14	CAVIRINSE	122
<i>bisoprolol-hydrochlorothiazide</i> ..	48	BYNFEZIA PEN	101	CAYSTON	122
Bivigam.....	132	BYSTOLIC	74	CAZANT	81
BLEPHAMIDE	128	<i>cabergoline</i>	101	CEDAX	79
BLEPHAMIDE S.O.P.	128	CABLIVI	72	<i>cefaclor</i>	79
BLISOVI 24 FE	81	CABOMETYX	55	<i>cefaclor er</i>	79
BLISOVI FE 1.5/30	81	CAFERGOT	121	<i>cefadroxil</i>	79
BLISOVI FE 1/20	81	<i>caffeine citrate</i>	6	<i>cefdinir</i>	79
BONJESTA	44	<i>calcipotriene</i>	89	<i>cefditoren pivoxil</i>	79
<i>bosentan</i>	78	<i>calcipotriene-betameth diprop</i>	90	<i>cefixime</i>	79
BOSULIF	55	<i>calcitonin (salmon)</i>	101	<i>cefpodoxime proxetil</i>	79
Botox.....	126	CALCITRENE	90	<i>cefpodoxil</i>	79, 80
<i>bp foaming wash</i>	89	<i>calcitriol</i>	90, 101	<i>ceftibuten</i>	80
<i>bp folinatal plus b</i>	124	<i>calcium acetate (phos binder)</i> ...106		CEFTIN	80
<i>bp multinatal plus</i>	124	CALQUENCE	55	CefTRIAxone Sodium.....	80
<i>bp wash</i>	89	CAMILA	81	<i>cefuroxime axetil</i>	80
<i>bpo</i>	89	CAMRESE	81	<i>celecoxib</i>	10
BRAFTOVI	55	CAMRESE LO	81	CELONTIN	27
BREO ELLIPTA	23	<i>candesartan cilexetil</i>	48	CENTANY	90
<i>briellyn</i>	81	<i>candesartan cilexetil-hctz</i>	49	<i>cephalexin</i>	80
BRILINTA	99, 109	CANTIL	145	CEQUA	128
<i>brimonidine tartrate</i>	128	CAPACET	13	CERDELGA	111
Brineura.....	145	<i>capecitabine</i>	55	Cerezyme.....	111
BRIVIACT	26	CAPEX	90	CEROVEL	90
<i>bromfenac sodium</i>	128	CAPITAL/CODEINE	14	CESAMET	44
<i>bromfenac sodium (once-daily)</i>	128	CAPLYTA	63	<i>cetirizine hcl</i>	46
<i>bromocriptine mesylate</i>	61	CAPRELSA	55	<i>cevimeline hcl</i>	122
BRUKINSA	55	<i>captopril</i>	49	CHANTIX	137
BRYHALI	89	<i>captopril-hydrochlorothiazide</i>	49	CHANTIX CONTINUING	
<i>budesonide</i>	23, 85, 126	CARAFATE	145	MONTH PAK	137
<i>budesonide er</i>	85	CARBAGLU	101	CHANTIX STARTING	
<i>budesonide-formoterol fumarate</i>	23	<i>carbamazepine</i>	26, 27	MONTH PAK	137
<i>bumetanide</i>	99	<i>carbamazepine er</i>	26	CHATEAL	81
BUNAVAIL	13	<i>carbidopa</i>	61	CHEMET	43
<i>buprenorphine</i>	14	<i>carbidopa-levodopa</i>	61	<i>chlordiazepoxide hcl</i>	20
<i>buprenorphine hcl</i>	13	<i>carbidopa-levodopa er</i>	61	<i>chlordiazepoxide-clidinium</i>	145
<i>buprenorphine hcl-naloxone hcl</i>	14	<i>carbidopa-levodopa-entacapone</i>	61	<i>chlorhexidine gluconate</i>	122
BUPROBAN	137	CARDIZEM LA	76	<i>chloroquine phosphate</i>	52

^ = Mandates 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>chlorothiazide</i>	99	CLINPRO 5000	122	CORLANOR	143
<i>chlorpromazine hcl</i>	63	<i>clobazam</i>	27	CORMAX SCALP	
<i>chlorpropamide</i>	40	<i>clobetasol propionate</i>	90	APPLICATION	91
<i>chlorthalidone</i>	99	<i>clobetasol propionate e</i>	90	CORTIFOAM	18
<i>chlorzoxazone</i>	125	<i>clocortolone pivalate</i>	91	<i>cortisone acetate</i>	85
CHOLBAM	75	<i>clocortolone pivalate pump</i>	91	CORTISPORIN	91
<i>cholestyramine</i>	46	CLODAN	91	CORTISPORIN-TC	132
<i>cholestyramine light</i>	46	<i>clomipramine hcl</i>	35	COSENTYX	91
<i>choline & mag trisalicylate</i>	13	<i>clonazepam</i>	27	COSENTYX (300 MG DOSE)	91
<i>choline-mag trisalicylate</i>	13	<i>clonidine hcl</i>	49	COSENTYX SENSOREADY	
CICLODAN	90	<i>clonidine hcl er</i>	6	(300 MG)	91
<i>ciclopirox</i>	90	<i>clopidogrel bisulfate</i>	109	COSENTYX SENSOREADY	
<i>ciclopirox olamine</i>	90	<i>clorazepate dipotassium</i>	20	PEN	91
CIDALEAZE	90	CLORPRES	49	COTELLIC	56
<i>cilostazol</i>	109	<i>clotrimazole</i>	91, 122, 123	COTEMPLA XR-ODT	6
CILOXAN	128	<i>clotrimazole anti-fungal</i>	91	COVERA-HS	76
CIMDUO	69	<i>clotrimazole-betamethasone</i>	91	CREON	99
<i>cimetidine</i>	145	<i>clozapine</i>	63	CRESEMBA	45
<i>cimetidine hcl</i>	145	Coagadex	109	CRINONE	148
CIMZIA	106	COARTEM	52	CRIXIVAN	69
CIMZIA PREFILLED	106	<i>codeine sulfate</i>	14	<i>cromolyn sodium</i>	23, 106, 128
CIMZIA STARTER KIT	106	<i>colchicine</i>	108	CRYSELLE-28	81
<i>cinacalcet hcl</i>	101	<i>colchicine-probenecid</i>	108	Crysvita	149
Cinryze	109	<i>colesevelam hcl</i>	46	Cutaquig	132
Cinvanti	44	<i>colestipol hcl</i>	47	Cuvitru	132
CIPRO	105	COLOCORT	18	CUVPOSA	145
CIPRO HC	132	COMBIGAN	128	<i>cyanocobalamin</i>	111
<i>ciprofloxacin</i>	105	COMBIPATCH	104	CYCLAFEM 1/35	81
<i>ciprofloxacin hcl</i>	105, 128	COMBIVENT RESPIMAT	23	CYCLAFEM 7/7/7	81
<i>ciprofloxacin-ciproflox hcl er</i> ...	105	COMETRIQ (100 MG		<i>cyclobenzaprine hcl</i>	125
<i>ciprofloxacin-dexamethasone</i> ...	132	DAILY DOSE)	55	<i>cyclopentolate hcl</i>	128
<i>citalopram hydrobromide</i>	35	COMETRIQ (140 MG		<i>cyclophosphamide</i>	56
CLARAVIS	90	DAILY DOSE)	55	<i>cycloserine</i>	53
CLARINEX	46	COMETRIQ (60 MG DAILY		<i>cyclosporine</i>	73
CLARINEX-D 12 HOUR	87	DOSE)	55	<i>cyclosporine modified</i>	72, 73
<i>clarithromycin</i>	116	<i>comfort lancets</i>	117	<i>cyproheptadine hcl</i>	46
<i>clarithromycin er</i>	116	COMPAZINE	63	CYRED	81
CLEANLET LANCETS 28G	117	COMPLERA	69	CYSTAGON	107
CLEARPLEX X	90	COMPRO	63	Cytogam	132
<i>clemastine fumarate</i>	46	CONCERTA	6	<i>cytra-2</i>	107
CLEOCIN	148	CONDYLOX	91	<i>daily multi</i>	124
CLIMARA PRO	104	<i>constulose</i>	115	DAKLINZA	69
CLINDAMAX	90	CONTROLRX	123	<i>dalfampridine er</i>	137
<i>clindamycin hcl</i>	51	COPASIL	91	DALIRESP	23
<i>clindamycin palmitate hcl</i>	51	COPIKTRA	134	<i>danazol</i>	18
<i>clindamycin phos-benzoyl perox</i>	90	CORDRAN	91	<i>dantrolene sodium</i>	125
<i>clindamycin phosphate</i>	90, 148	Corifact	109	<i>dapsone</i>	51, 91

^ = Mandates 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>darifenacin hydrobromide er</i>	147	DEXPAK 6 DAY	86	DOPTelet	111
DARZALEX	56	<i>dextroamphetamine sulfate</i>	7	<i>dorzolamide hcl</i>	128
DASETTA 1/35	81	<i>dextroamphetamine sulfate er</i>	6	<i>dorzolamide hcl-timolol mal</i>	128
DASETTA 7/7/7	81	DIABETA	40	<i>dorzolamide hcl-timolol mal pf</i>	128
DAURISMO	56	DIACOMIT	27	DOVATO	69
DAYSEE	81	<i>diazepam</i>	21, 27	<i>doxazosin mesylate</i>	49
DAYTRANA	6	DIAZEPAM INTENSOL	20	<i>doxepin hcl</i>	35, 36, 92
DEBLITANE	81	<i>diazoxide</i>	40	<i>doxercalciferol</i>	101
<i>Decitabine</i>	56	<i>diclofenac epolamine</i>	92	<i>doxycycline hyclate</i>	143
<i>deferasirox</i>	43	<i>diclofenac potassium</i>	10	<i>doxycycline monohydrate</i>	143
<i>deferasirox granules</i>	43	<i>diclofenac sodium</i>	10, 92, 128	<i>doxylamine-pyridoxine</i>	44
DELSTRIGO	69	<i>diclofenac sodium er</i>	10	DRITHO-CREME HP	92
DELTASONE	85	<i>dicloxacin sodium</i>	134	<i>dronabinol</i>	44
DELYLA	81	<i>dicyclomine hcl</i>	145	<i>drospiren-eth estrad-levomefol</i>	81
DENAVIR	91	<i>didanosine</i>	69	<i>drospirenone-ethinyl estradiol</i>	81
DENTA 5000 PLUS	123	DIFFERIN	92	DROXIA	111
DENTAGEL	123	DIFICID	116	DRYSOL	92
DEPEN TITRATABS	73	<i>diflorasone diacetate</i>	92	DUAVEE	105
DEPO-PROVERA	56	<i>diflunisal</i>	13	DULERA	23
DEPO-SUBQ PROVERA 104	81	DIGITEK	78	<i>duloxetine hcl</i>	36
DESCOVY	69	DIGOX	78	DUPIXENT	74
<i>desipramine hcl</i>	35	<i>digoxin</i>	78	DUREZOL	128
<i>desloratadine</i>	46	<i>dihydroergotamine mesylate</i>	121	<i>dutasteride</i>	107
<i>desmopressin ace rhinal tube</i>	101	DILANTIN	27	<i>dutasteride-tamsulosin hcl</i>	107
<i>desmopressin ace spray refrig</i>	101	DILATRATE-SR	19	DYANAVEL XR	7
<i>desmopressin acetate</i>	101	<i>dilt-cd</i>	76	DYNACIRC CR	77
<i>desmopressin acetate spray</i>	101	<i>diltiazem cd</i>	76	<i>Dysport</i>	127
<i>desogestrel-ethinyl estradiol</i>	81	<i>diltiazem hcl</i>	77	E.E.S. 400	116
<i>desonide</i>	91	<i>diltiazem hcl er</i>	77	<i>easy comfort insulin syringe</i>	117
<i>desoximetasone</i>	91	<i>diltiazem hcl er beads</i>	76	EASYGEL	123
<i>desvenlafaxine er</i>	35	<i>diltiazem hcl er coated beads</i>	76	<i>econazole nitrate</i>	92
<i>desvenlafaxine fumarate er</i>	35	<i>dilt-xr</i>	77	ECOZA	92
<i>desvenlafaxine succinate er</i>	35	<i>diltzac</i>	77	EDARBI	49
<i>dexamethasone</i>	86	<i>dimenhydrinate</i>	44	EDLUAR	113
DEXAMETHASONE		<i>diphenhydramine hcl</i>	46	EDURANT	69
INTENSOL	85	<i>diphenoxylate-atropine</i>	43	<i>efavirenz</i>	69
<i>dexamethasone sodium</i>		<i>dipyridamole</i>	109	<i>efavirenz-emtricitab-tenofovir</i>	69
<i>phosphate</i>	128	<i>disopyramide phosphate</i>	21	<i>efavirenz-lamivudine-tenofovir</i>	69
DEXCOM G6 RECEIVER	117	<i>disulfiram</i>	137	EGRIFTA	101
DEXCOM G6 SENSOR	117	DIURIL	99	<i>Elaprase</i>	101
DEXCOM G6		<i>divalproex sodium</i>	27, 28	ELESTRIN	105
TRANSMITTER	117	<i>divalproex sodium er</i>	27	<i>eletriptan hydrobromide</i>	121
DEXEDRINE	6	DIVIGEL	104	<i>Eligard</i>	56
DEXILANT	145	<i>dofetilide</i>	21	ELINEST	81
<i>dexmethylphenidate hcl</i>	6	DOJOLVI	127	ELIQUIS	25
DEXPAK 10 DAY	86	<i>donepezil hcl</i>	137	ELIQUIS DVT/PE	
DEXPAK 13 DAY	86	DONNATAL	145	STARTER PACK	25

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

ELITE-OB	124	<i>eprosartan mesylate</i>	49	<i>everolimus</i>	73
ELIXOPHYLLIN	23	<i>eq nicotine</i>	137	EVOTAZ	70
ELLA	81	<i>eq nicotine polacrilex</i>	137	EVZIO	43
ELMIRON	107	<i>eq nicotine step 3</i>	137	EXELDERM	92
<i>Eloctate</i>	109	<i>eql nicotine</i>	137	<i>exemestane</i>	56
<i>Elspar</i>	56	<i>eql nicotine polacrilex</i>	137	<i>Exondys 51</i>	125
EMADINE	128	<i>Erbitux</i>	56	EXTAVIA	137
EMBEDA	14	<i>ergocalciferol</i>	149	<i>Eylea</i>	128
EMCYT	56	<i>ergoloid mesylates</i>	137	EZALLOR SPRINKLE	47
<i>Emend</i>	44	ERGOMAR	121	<i>ezetimibe</i>	47
EMEND	44	ERIVEDGE	56	<i>ezetimibe-simvastatin</i>	47
EMFLAZA	86	<i>erlotinib hcl</i>	56	EZ-LETS LANCETS 26G	117
EMOQUETTE	81	ERRIN	81	FABIOR	92
EMPLICITI	56	ERY-TAB	116	<i>Fabrazyme</i>	101
EMSAM	36	ERYTHROCIN STEARATE	116	FACTIVE	106
<i>emtricitabine</i>	69	<i>erythromycin</i>	92, 128	FALMINA	82
<i>emtricitabine-tenofovir df</i>	69	<i>erythromycin base</i>	116	<i>famciclovir</i>	70
EMTRIVA	69	<i>erythromycin ethylsuccinate</i>	116	<i>famotidine</i>	145
<i>enalapril maleate</i>	49	ESBRIET	141	FANAPT	64
<i>enalapril-hydrochlorothiazide</i>	49	ESCAVITE	124	FANAPT TITRATION	
ENBREL	10	ESCAVITE D	124	PACK	64
ENBREL MINI	10	<i>escitalopram oxalate</i>	36	FARYDAK	56
ENBREL SURECLICK	10	<i>esomeprazole magnesium</i>	145	<i>Fasenra</i>	114
ENDARI	9	<i>Esperoct</i>	109	FASENRA PEN	114
ENDOCET	14	<i>est estrogens-methyltest</i>	105	FAYOSIM	82
<i>enoxaparin sodium</i>	25	<i>est estrogens-methyltest hs</i>	105	<i>febuxostat</i>	108
ENPRESSE-28	81	ESTARYLLA	82	<i>Feiba</i>	109
ENSKYCE	81	<i>estazolam</i>	113	<i>felbamate</i>	28
ENSPRYNG	73	<i>estradiol</i>	105, 148	<i>felodipine er</i>	77
<i>entacapone</i>	61	<i>estradiol-norethindrone acet</i>	105	FEMRING	148
<i>entecavir</i>	70	ESTRING	148	<i>fenofibrate</i>	47
ENTRESTO	126	ESTROGEL	105	<i>fenofibrate micronized</i>	47
<i>Entyvio</i>	114	<i>estropipate</i>	105	<i>fenofibric acid</i>	47
<i>enulose</i>	106	<i>eszopiclone</i>	113	<i>fenopropfen calcium</i>	11
EPANED	49	<i>Ethacrynate Sodium</i>	99	<i>fentanyl</i>	14
EPIDIOLEX	28	<i>ethacrynic acid</i>	99	<i>fentanyl citrate</i>	14
EPIFOAM	92	<i>ethambutol hcl</i>	53	FENTORA	14
<i>epinastine hcl</i>	128	<i>ethosuximide</i>	28	FERRIPROX	43, 44
<i>epinephrine</i>	149	<i>etidronate disodium</i>	101	FERRIPROX TWICE-A-	
<i>epinephrine hcl</i>	23	<i>etodolac</i>	10	DAY	44
EPIPEN 2-PAK	149	<i>etodolac er</i>	10	<i>ferrous sulfate</i>	111
EPIPEN JR 2-PAK	149	<i>etoposide</i>	56	FETZIMA	36
<i>EpiRUBicin HCl</i>	56	EUCRISA	134	FETZIMA TITRATION	36
EPITOL	28	EUFLEXXA	125	FINACEA	92
<i>eplerenone</i>	49	EURAX	92	<i>finasteride</i>	107
EPOGEN	111	EVAMIST	105	FINGERSTIX LANCETS	117
<i>Epoprostenol Sodium</i>	78	<i>Evenity</i>	142	FIRDAPSE	53

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

Firmagon.....	56	FLUORIDEX SENSITIVITY		FYCOMPA	28
FIRST-BXN MOUTHWASH	123	RELIEF	123	<i>gabapentin</i>	28
FIRST-DUKES		<i>fluorometholone</i>	128	GALAFOLD	101
MOUTHWASH	123	FLUOROPLEX	93	<i>galantamine hydrobromide</i>	138
FIRST-HYDROCORTISONE	92	<i>fluorouracil</i>	93	<i>galantamine hydrobromide er..</i>	137
FIRST-LANSOPRAZOLE	145	<i>fluoxetine hcl</i>	36, 37	GamaSTAN S/D	133
FIRST-MARYS		<i>fluoxetine hcl (pmdd)</i>	137	Gammagard.....	133
MOUTHWASH	123	<i>fluphenazine decanoate</i>	64	Gammagard S/D Less IgA.....	133
FIRST-MOUTHWASH BLM	123	<i>fluphenazine hcl</i>	64	Gammaked.....	133
FIRST-OMEPRAZOLE	146	FLURA-DROPS	121	Gammplex.....	133
FIRST-PROGESTERONE		<i>flurandrenolide</i>	93	Gamunex-C.....	133
VGS 100	148	<i>flurazepam hcl</i>	113	<i>gatifloxacin</i>	129
FIRST-PROGESTERONE		<i>flurbiprofen</i>	11	GATTEX	106
VGS 200	148	<i>flurbiprofen sodium</i>	129	GAVILYTE-C	115
FIRST-PROGESTERONE		<i>flutamide</i>	56	GAVILYTE-G	115
VGS 25	148	<i>fluticasone propionate</i>	93, 126	GAVILYTE-H	115
FIRST-PROGESTERONE		<i>fluticasone-salmeterol</i>	24	GAVRETO	56
VGS 400	148	<i>fluvastatin sodium</i>	47	Gazyva.....	56
FIRST-PROGESTERONE		<i>fluvastatin sodium er</i>	47	GEBAUERS PAIN EASE	93, 144
VGS 50	148	<i>fluvoxamine maleate</i>	37	GEBAUERS SPRAY AND	
FIRST-VANCOMYCIN 25	108	<i>fluvoxamine maleate er</i>	37	STRETCH	93, 144
FIRST-VANCOMYCIN 50	108	FML	129	GELNIQUE	147
FIRVANQ	108	FML FORTE	129	<i>gemfibrozil</i>	47
FLAGYL ER	51	FOCALIN XR	7	<i>generlac</i>	106
FLAREX	128	<i>folbee</i>	111	GENGRAF	73
<i>flavoxate hcl</i>	147	<i>folic acid</i>	111	GENOTROPIN	101
Flebogamma.....	133	<i>fondaparinux sodium</i>	25	GENOTROPIN MINQUICK	
Flebogamma DIF.....	132	FORTEO	101		101
<i>flecainide acetate</i>	21	FORTICAL	101	GENTAK	129
<i>flolipid</i>	47	FOSAMAX PLUS D	101	<i>gentamicin sulfate</i>	93, 129
FLONASE SENSIMIST	126	<i>fosamprenavir calcium</i>	70	GENTLE-LET GP	
FLOVENT DISKUS	23	<i>fosfomycin tromethamine</i>	147	LANCETS	117
FLOVENT HFA	23	<i>fosinopril sodium</i>	49	GENTLE-LET LANCETS	117
<i>fluconazole</i>	45	<i>fosinopril sodium-hctz</i>	49	GENVOYA	70
<i>flucytosine</i>	45	FOSRENOL	106	Geodon.....	64
<i>fludrocortisone acetate</i>	86	FRAGMIN	25	GIANVI	82
<i>flunisolide</i>	126	FREESTYLE INSULINX		GILDAGIA	82
<i>fluocinolone acetonide</i>	92, 132	TEST	98	GILDESS 1.5/30	82
<i>fluocinolone acetonide body</i>	92	FREESTYLE LANCETS	117	GILDESS 1/20	82
<i>fluocinolone acetonide scalp</i>	92	FREESTYLE LITE TEST	98	GILDESS 24 FE	82
<i>fluocinonide</i>	92	FREESTYLE PRECISION		GILDESS FE 1.5/30	82
FLUORABON	121	NEO TEST	98	GILDESS FE 1/20	82
FLUOR-A-DAY	121	FREESTYLE TEST	98	GILENYA	138
FLUORIDEX DAILY		<i>frovatriptan succinate</i>	121	GILOTRIF	56
DEFENSE	123	FULPHILA	111	GILPHEX TR	87
FLUORIDEX ENHANCED		<i>furosemide</i>	99	Givlaari.....	10
WHITENING	123	FUZEON	70	Glassia.....	142

^ = Mandates 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>glatiramer acetate</i>	138	HEATHER	82	<i>hydrocortisone ace-pramoxine</i>	18, 93
GLATOPA	138	<i>Helixate FS</i>	109	<i>hydrocortisone acetate</i>	18
GLEOSTINE	56	HEMLIBRA	45	<i>hydrocortisone butyrate</i>	93
<i>glimepiride</i>	40	HEMMOREX-HC	18	<i>hydrocortisone valerate</i>	93
<i>glipizide</i>	40	<i>Hemofil M</i>	109	<i>hydrocortisone-acetic acid</i>	132
<i>glipizide er</i>	40	<i>heparin (porcine) in nacl</i>	25	<i>hydromorphone hcl</i>	14, 15
<i>glipizide xl</i>	40	<i>heparin sodium (porcine)</i>	25	<i>hydromorphone hcl er</i>	14
<i>glipizide-metformin hcl</i>	40	<i>Herceptin</i>	56	<i>hydroxychloroquine sulfate</i>	52
GLUCAGEN HYPOKIT	40	HETLIOZ	113	HYDROXY progesterone	
<i>glucagon emergency</i>	40	HEXALEN	56	<i>Caproate</i>	136
GLUCOSOURCE LANCETS	117	<i>Hizentra</i>	133	<i>hydroxyurea</i>	56
<i>glyburide</i>	41	<i>hm nicotine</i>	138	<i>hydroxyzine hcl</i>	21
<i>glyburide micronized</i>	41	<i>hm nicotine polacrilex</i>	138	<i>hydroxyzine pamoate</i>	21
<i>glyburide-metformin</i>	41	HOMATROPAIRE	129	HYOPHEN	52
<i>glycopyrrolate</i>	146	<i>homatropine hbr</i>	129	<i>hyoscyamine sulfate</i>	146
<i>glycron</i>	41	HORIZANT	138	<i>hyoscyamine sulfate er</i>	146
GLYDO	93	HUMALOG MIX 50/50	41	<i>hyosyne</i>	146
<i>gnp lancets</i>	117	HUMALOG MIX 50/50 KWIKPEN	41	HYPERSAL	87
<i>gnp nicotine mini</i>	138	HUMALOG MIX 75/25	41	<i>Hyqvia</i>	132
<i>gnp nicotine polacrilex</i>	138	HUMALOG MIX 75/25 KWIKPEN	41	HY-VEE LANCETS	118
<i>gnp ultra com insulin syringe</i> ...	117	<i>Humate-P</i>	109	<i>hy-vee thin lancets</i>	118
GOCOVRI	61	HUMATROPE	101	<i>Ibandronate Sodium</i>	102
GOLYTELY	115	HUMIRA	11	<i>ibandronate sodium</i>	102
<i>gordons urea</i>	93	HUMIRA PEDIATRIC CROHNS START	11	IBRANCE	87
GRALISE	135, 138	HUMIRA PEN	11	<i>ibuprofen</i>	11
GRALISE STARTER	135, 138	HUMIRA PEN-CD/UC/HS STARTER	11	<i>icatibant acetate</i>	109
<i>granisetron hcl</i>	44	HUMIRA PEN-PS/UV/ADOL HS START	11	ICLUSIG	57
GRANIX	111	HUMULIN 70/30	41	<i>Idelvion</i>	109
<i>griseofulvin microsize</i>	45	HUMULIN 70/30 KWIKPEN ..	41	IDHIFA	115
<i>griseofulvin ultramicrosize</i>	45	HUMULIN N	41	<i>Ilaris</i>	11
<i>guaifenesin er</i>	87	HUMULIN N KWIKPEN	41	<i>Ilaris (150mg Delivered)</i>	11
<i>guaifenesin-codeine</i>	87	HUMULIN R	41	ILEVRO	129
<i>guanfacine hcl</i>	49	HUMULIN R U-500 (CONCENTRATED)	41	ILOTYCIN	129
<i>guanfacine hcl er</i>	7	HUMULIN R U-500 KWIKPEN	41	<i>Ilumya</i>	93
<i>guanidine hcl</i>	53	HYCANTIN	56	<i>imatinib mesylate</i>	57
GYNAZOLE-1	148	<i>hydralazine hcl</i>	49	IMBRUVICA	57
HAEGARDA	109	<i>hydrochlorothiazide</i>	100	<i>Imfinzi</i>	57
HAEMOLANCE LOW FLOW LANCETS	117	<i>hydrocodone-acetaminophen</i>	14	<i>imipramine hcl</i>	37
<i>Halaven</i>	56	<i>hydrocodone-ibuprofen</i>	14	<i>imipramine pamoate</i>	37
<i>halcinonide</i>	93	<i>hydrocortisone</i>	18, 86, 93	<i>imiquimod</i>	93
<i>halobetasol propionate</i>	93			<i>imiquimod pump</i>	93
HALOG	93			IMLYGIC	127
<i>haloperidol</i>	65			IMPAVIDO	52
<i>haloperidol decanoate</i>	64			INATAL ADVANCE	124
<i>haloperidol lactate</i>	64			INBRIJA	61
				INCRELEX	102

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

INCRUSE ELLIPTA24	JANTOVEN 26	KLOR-CON M15122
<i>indapamide</i> 100	JATENZO 18	Koate.....109
INDOCIN11	JENCYCLA82	Koate-DVI..... 109
<i>indomethacin</i>11	Jevtana..... 57	Kogenate FS.....110
<i>indomethacin er</i> 11	Jivi.....109	Kogenate FS Bio-Set..... 109
Inflectra.....106	JOLESSA82	KORLYM41
INGREZZA 138	JOLIVETTE 82	KOSELUGO 57
INLYTA57	JUBLIA94	Kovaltry..... 110
INQOVI 57	JULEBER82	<i>kp clotrimazole</i>94
INREBIC 57	JULUCA 70	K-PHOS 122
<i>insulin syringe</i>118	JUNEL 1.5/30 82	K-PHOS NO 2 108
<i>insulin syringe/needle</i> 118	JUNEL 1/20 82	KRINTAFEL52
INTELENCE70	JUNEL FE 1.5/30 82	Krystexxa..... 108
INTRAROSA 148	JUNEL FE 1/20 82	KURVELO 82
INTROL100	JUNEL FE 24 82	KYLEENA82
Intron A.....57	JUXTAPID 47	KYNAMRO47
INTROVALE 82	JYNARQUE 102	<i>labetalol hcl</i> 74
Invega Sustenna..... 65	K.B.G.L IN TERODERM94	<i>lactulose</i> 115
Invega Trinza..... 65	Kadcyla..... 57	<i>lactulose encephalopathy</i>106
INVELTYS 129	KADIAN 15	LAMISIL 45
INVIRASE70	KAITLIB FE 82	LAMISIL SPRAY94
<i>ipratropium bromide</i>24, 126	KALETRA70	<i>lamivudine</i>70
<i>ipratropium-albuterol</i> 24	KALYDECO 142	<i>lamivudine-zidovudine</i> 70
IPRIVASK26	KANUMA116	<i>lamotrigine</i>29
<i>irbesartan</i>50	KARIGEL 123	<i>lamotrigine er</i> 29
<i>irbesartan-hydrochlorothiazide</i> .. 50	KARIGEL-N 123	<i>lamotrigine odt</i>29
IRESSA57	KARIVA 82	<i>lamotrigine starter kit-blue</i>29
ISENTRESS 70	KELNOR 1/3582	<i>lamotrigine starter kit-green</i>29
ISENTRESS HD 70	KENALOG86	<i>lamotrigine starter kit-orange</i> 29
<i>isometheptene-dichloral-apap</i> .. 121	KETEK 52	<i>lamotrigine titration</i>30
<i>isoniazid</i>53	<i>ketoconazole</i>45, 94	<i>lancets</i> 118
ISOPTO CARBACHOL 129	KETODAN 94	<i>lancets thin</i>118
ISOPTO HYOSCINE 129	<i>ketoprofen</i> 11	LANOXIN 78
ISORDIL TITRADOSE 19	<i>ketoprofen er</i> 11	<i>lansoprazole</i>146
<i>isosorbide dinitrate</i> 19	<i>ketorolac tromethamine</i> 11, 129	<i>lanthanum carbonate</i> 106
<i>isosorbide dinitrate er</i>19	<i>ketotifen fumarate</i> 129	<i>lapatinib ditosylate</i> 57
<i>isosorbide mononitrate</i> 19	KEVEYIS 100	LARIN 1.5/30 82
<i>isosorbide mononitrate er</i>19	KEVZARA 11	LARIN 1/20 82
<i>isotretinoin</i>93	KIMIDESS 82	LARIN 24 FE 82
<i>isradipine</i>77	KINERET 12	LARIN FE 1.5/30 82
Istodax.....57	<i>kinney lancets</i>118	LARIN FE 1/20 82
ISTURISA 87	<i>kinney thin lancets</i> 118	Lartruvo..... 57
<i>itraconazole</i> 45	<i>kinray insulin syringe</i> 118	LASTACFT 129
<i>ivermectin</i>19	KIONEX 73, 135, 136	<i>latanoprost</i> 129
Ixempra Kit.....57	KISQALI 200 DOSE 87	LATRIX94
Ixinity.....109	KISQALI 400 DOSE 87	LATUDA 65
JAKAFI 57	KISQALI 600 DOSE 88	<i>lavare wound wash</i> 94

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

LAYOLIS FE	82	LICART	94	LOZI-FLUR	122
LAZANDA	15	<i>lidocaine</i>	94	LUCEMYRA	9
<i>ledipasvir-sofosbuvir</i>	113	<i>lidocaine hcl</i>	94, 116	Lucentis.....	129
LEENA	83	<i>lidocaine hcl (pf)</i>	116	LUFYLLIN	24
<i>leflunomide</i>	12	<i>lidocaine viscous</i>	123	<i>luliconazole</i>	94
LEMTRADA	138	<i>lidocaine-prilocaine</i>	94	Lumizyme.....	102
LENVIMA (10 MG DAILY DOSE)	57	<i>lidopin</i>	94	LUPRON	58
LENVIMA (12 MG DAILY DOSE)	57	LIDOPROFEN	94	Lupron Depot (1-Month).....	58
LENVIMA (14 MG DAILY DOSE)	57	LIFESCAN UNISTIK II		Lupron Depot (3-Month).....	58
LENVIMA (20 MG DAILY DOSE)	57	LANCETS	118	Lupron Depot (4-Month).....	58
LENVIMA (24 MG DAILY DOSE)	57	<i>lindane</i>	94	Lupron Depot (6-Month).....	58
LENVIMA (4 MG DAILY DOSE)	57	<i>linezolid</i>	52	Lupron Depot-Ped (1-Month)...	102
LESSINA	83	<i>liothyronine sodium</i>	144	Lupron Depot-Ped (3-Month)...	102
<i>letrozole</i>	57	LIQUICET	15	LUTERA	83
<i>leucovorin calcium</i>	57	<i>lisinopril</i>	50	LYNPARZA	135
LEUKERAN	57	<i>lisinopril-hydrochlorothiazide</i> ...	50	LYRICA CR	135, 138
Leukine.....	111	<i>lite touch lancets</i>	118	LYSODREN	58
Leuprolide Acetate.....	57	<i>lithium</i>	65	LYZA	83
<i>levabuterol hcl</i>	24	<i>lithium carbonate</i>	65	Macugen.....	129
<i>levabuterol tartrate</i>	24	<i>lithium carbonate er</i>	65	<i>magdelay</i>	122
LEVATOL	74	LIVALO	47	<i>malathion</i>	94
<i>levetiracetam</i>	30	LO LOESTRIN FE	83	<i>maprotiline hcl</i>	37
<i>levetiracetam er</i>	30	<i>lofene</i>	43	<i>margesic</i>	13
<i>levobunolol hcl</i>	129	LOKARA	94	<i>marlissa</i>	83
<i>levocarnitine</i>	102	LOKELMA	73, 136	<i>marten-tab</i>	13
<i>levocetirizine dihydrochloride</i> ...	46	LOMEDIA 24 FE	83	MATULANE	58
<i>levofloxacin</i>	106, 129	<i>lomustine</i>	58	MATZIM LA	77
Levoleucovorin Calcium.....	58	<i>longs lancets thin</i>	118	MAVENCLAD (10 TABS)	124
LEVOleucovorin Calcium.....	58	LONSURF	58	MAVENCLAD (4 TABS)	124
LEVOleucovorin Calcium PF.....	58	<i>loperamide hcl</i>	43	MAVENCLAD (5 TABS)	124
LEVONEST	83	<i>lopinavir-ritonavir</i>	70	MAVENCLAD (6 TABS)	124
<i>levonorgest-eth estrad 91-day</i>	83	<i>lorazepam</i>	21	MAVENCLAD (7 TABS)	124
<i>levonorgestrel</i>	83	LORAZEPAM INTENSOL	21	MAVENCLAD (8 TABS)	124
<i>levonorgestrel-ethinyl estrad</i>	83	LORBRENA	58	MAVENCLAD (9 TABS)	124
<i>levonorg-eth estrad triphasic</i>	83	LORCET	15	MAVYRET	113
LEVORA 0.15/30 (28)	83	LORCET HD	15	MAXIDEX	129
LEVO-T	144	LORCET PLUS	15	MAYZENT	138, 139
<i>levothyroxine sodium</i>	144	LORTAB	15	<i>me/naphos/mb/hyo1</i>	52
LEVOXYL	144	LORYNA	83	<i>meclizine hcl</i>	44
LEXETTE	94	<i>losartan potassium</i>	50	<i>meclofenamate sodium</i>	12
LEXIVA	70	<i>losartan potassium-hctz</i>	50	MEDISENSE THIN	
		LOTEMAX	129	LANCETS	118
		LOTEMAX SM	129	MEDROL	86
		<i>loteprednol etabonate</i>	129	<i>medroxyprogesterone acetate</i> ...	136
		<i>lovastatin</i>	47	<i>mefenamic acid</i>	12
		LOW-OGESTREL	83	<i>mefloquine hcl</i>	52
		<i>loxapine succinate</i>	65	<i>megestrol acetate</i>	58, 136

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

MEIJER LANCETS	118	<i>metolazone</i>	100	MONOJECT FILTER	
MEKINIST	58	<i>metoprolol succinate er</i>	74	ASPIRATOR	118
MEKTOVI	58	<i>metoprolol tartrate</i>	74	MONOJECT INSULIN	
<i>meloxicam</i>	12	<i>metoprolol-hydrochlorothiazide</i>	50	SYRINGE	118
<i>melphalan</i>	58	<i>metronidazole</i>	52, 94, 148	MONOJECT PHARMACY	
<i>memantine hcl</i>	139	<i>metyrosine</i>	50	TRAY	118
<i>memantine hcl er</i>	139	<i>mexiletine hcl</i>	22	MONOJECT PISTON	
<i>meperidine hcl</i>	15	MIACALCIN	102	SYRINGE	118
<i>mercaptapurine</i>	58	<i>miconazole 3</i>	148	MONOJECT SAFETY	
<i>mesalamine</i>	106, 107	MICROCYN	94	SYRINGE/SHIELD	118
MESNEX	58	MICROCYN SKIN AND		MONOJECT SYRINGE	119
MESTINON	53	WOUND	95	MONOJECT SYRINGE	
<i>metaproterenol sulfate</i>	24	MICROGESTIN 1.5/30	83	CATH TIP	119
<i>metaxalone</i>	125	MICROGESTIN 1/20	83	MONOJECT SYRINGE ECC	
<i>metformin hcl</i>	42	MICROGESTIN 24 FE	83	LUER	119
<i>metformin hcl er</i>	42	MICROGESTIN FE 1.5/30	83	MONOJECT SYRINGE	
<i>metformin hcl er (mod)</i>	41	MICROGESTIN FE 1/20	83	LUER LOCK	119
<i>metformin hcl er (osm)</i>	41	<i>micronized colestipol hcl</i>	48	MONOJECT SYRINGE REG	
Methadone HCl.....	15	MICROTAINER SAFETY		LUER	119
<i>methadone hcl</i>	15	FLOW LANCET	118	MONOJECT TB SAFETY	
METHADONE HCL		<i>midodrine hcl</i>	149	SYRINGE	119
INTENSOL	15	MIGERGOT	121	MONOJECT TB SYRINGE ..	119
METHADOSE	15	<i>miglitol</i>	42	MONOJECT ULTRA	
<i>methamphetamine hcl</i>	7	<i>migragesic ida</i>	121	COMFORT SYRINGE	119
<i>methazolamide</i>	100	MIGRANAL	121	MONOLET LANCETS	119
<i>methenamine hippurate</i>	147	MILLIPRED	86	MONO-LINYAH	83
<i>methenamine mandelate</i>	147	MILLIPRED DP	86	MONONESSA	83
<i>methimazole</i>	144	MILLIPRED DP 12-DAY	86	Mononine.....	110
<i>methitest</i>	18	MINITRAN	19	<i>montelukast sodium</i>	24
<i>methocarbamol</i>	125	<i>minocycline hcl</i>	143	MORGIDOX	143
<i>methotrexate</i>	58	<i>minoxidil</i>	50	<i>morphine sulfate</i>	16
<i>methoxsalen rapid</i>	94	MIRAPEX ER	61	<i>morphine sulfate (concentrate)</i> ..	15
<i>methyclothiazide</i>	100	MIRCERA	111	<i>morphine sulfate er</i>	15, 16
<i>methyldopa</i>	50	<i>mirtazapine</i>	37	<i>morphine sulfate er beads</i>	15
<i>methyldopa-</i>		MIRVASO	95	MOVANTIK	107
<i>hydrochlorothiazide</i>	50	<i>misoprostol</i>	146	MOXEZA	129
<i>methylergonovine maleate</i>	132	Mitoxantrone HCl.....	58	<i>moxifloxacin hcl</i>	106, 129
<i>methylphenidate hcl</i>	8	<i>modafinil</i>	8	MOZOBIL	111
<i>methylphenidate hcl er</i>	8	MODERIBA	70	MULPLETA	111
<i>methylphenidate hcl er (cd)</i>	7	<i>moexipril hcl</i>	50	MULTAQ	22
<i>methylphenidate hcl er (la)</i>	7, 8	<i>moexipril-hydrochlorothiazide</i> ..	50	MULTI COMPLETE	124
<i>methylphenidate hcl er (xr)</i>	8	<i>mometasone furoate</i>	95, 126	<i>multi vitamin/fluoride</i>	124
<i>methylprednisolone</i>	86	MONDOXYNE NL	143	<i>multi vitamin/minerals</i>	124
<i>methylprednisolone sodium succ</i>	86	Monoclate-P.....	110	<i>multi-vit/fluoride</i>	124
<i>methyltestosterone</i>	18	MONOJECT CONTROL		<i>multi-vit/fluoride/iron</i>	125
<i>metipranolol</i>	129	SYRINGE	118	<i>multivitamin/fluoride</i>	125
<i>metoclopramide hcl</i>	107			<i>multi-vitamin/fluoride</i>	125

^ = Mandates 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>mupirocin</i>	95	NECON 0.5/35 (28)	83	<i>nicotine step 3</i>	139
<i>mupirocin calcium</i>	95	NECON 1/35 (28)	83	NICOTROL	139
MY WAY	83	NECON 1/50 (28)	83	NICOTROL NS	139
MYALEPT	116	NECON 10/11 (28)	83	NIFEDIAC CC	77
MYCAPSSA	102	NECON 7/7/7	83	NIFEDICAL XL	77
<i>mycophenolate mofetil</i>	73	<i>nefazodone hcl</i>	37, 142	<i>nifedipine</i>	77
<i>mycophenolic acid</i>	73	<i>neomycin sulfate</i>	9	<i>nifedipine er</i>	77
MYDAYIS	8	<i>neomycin-bacitracin zn-</i>		<i>nifedipine er osmotic release</i>	77
MYKIDZ IRON FL	125	<i>polymyx</i>	130	NIKKI	83
MYLERAN	58	<i>neomycin-polymyxin-dexameth</i>	130	<i>nilutamide</i>	58
<i>Mylotarg</i>	58	<i>neomycin-polymyxin-gramicidin</i>		<i>nimodipine</i>	78
<i>mynephrocaps</i>	125		130	NINLARO	58
<i>Myobloc</i>	127	<i>neomycin-polymyxin-hc</i>	130, 132	<i>nisoldipine er</i>	78
MYORISAN	95	NEO-POLYCIN	130	<i>nitisinone</i>	102
MYRBETRIQ	147	NEO-POLYCIN HC	130	NITRO-BID	19
MYZILRA	83	NEPHROCAPS QT	125	NITRO-DUR	19
<i>nabumetone</i>	12	NERLYNX	58	<i>nitrofurantoin</i>	147
<i>n-acetyl-l-cysteine</i>	127	NEUAC	95	<i>nitrofurantoin macrocrystal</i>	147
<i>nadolol</i>	74	NEULASTA	112	<i>nitrofurantoin monohyd macro</i>	147
<i>nadolol-bendroflumethiazide</i>	50	NEULASTA DELIVERY		<i>nitroglycerin</i>	19
NAFRINSE DAILY		KIT	111, 112	NITYR	102
ACIDULATED	123	NEULASTA ONPRO	112	NIVESTYM	112
NAFRINSE		NEUPOGEN	112	<i>nizatidine</i>	146
DAILY/NEUTRAL	123	NEUPRO	61	NODOLOR	121
NAFRINSE WEEKLY	123	NEUTRAGARD		NORA-BE	83
<i>naftifine hcl</i>	95	ADVANCED	123	NORDITROPIN FLEXPRO	102
NAFTIN	95	<i>neutral sodium fluoride</i>	123	<i>norepinephrine bitartrate</i>	149
<i>Naglazyme</i>	102	NEVANAC	130	<i>norepinephrine-dextrose</i>	149
<i>naloxone hcl</i>	44	<i>nevirapine</i>	70	<i>norepinephrine-sodium chloride</i>	
<i>naltrexone hcl</i>	44	<i>nevirapine er</i>	70		149
NAMENDA XR TITRATION		NEXAVAR	58	<i>norethin ace-eth estrad-fe</i>	84
PACK	139	NEXIUM	146	<i>norethindrone</i>	84
<i>naphazoline hcl</i>	129	NEXIUM 24HR	146	<i>norethindrone acetate</i>	136
<i>napro</i>	95	NEXLETOL	5	<i>norethindrone acet-ethinyl est</i>	84
<i>naproxen</i>	12	NEXLIZET	5	<i>norethindrone-eth estradiol</i>	105
<i>naproxen dr</i>	12	NEXT CHOICE	83	<i>norethin-eth estradiol-fe</i>	84
<i>naproxen sodium</i>	12	NEXT CHOICE ONE DOSE ..	83	<i>norgestimate-eth estradiol</i>	84
<i>naratriptan hcl</i>	121	<i>niacin er</i>	149	<i>norgestim-eth estrad triphasic</i>	84
NARCAN	44	<i>niacin er (antihyperlipidemic)</i>	48	<i>norgestrel-ethinyl estradiol</i>	84
NATACYN	130	NIACOR	48	NORITATE	95
NATAZIA	83	<i>nicardipine hcl</i>	77	NORLYROC	84
<i>nateglinide</i>	42	NICORELIEF	139	NORPACE CR	22
NATPARA	102	<i>nicotine</i>	139	NORTHERA	126
NATURE-THROID	144	<i>nicotine mini</i>	139	NORTREL 0.5/35 (28)	84
NAYZILAM	30	<i>nicotine polacrilex</i>	139	NORTREL 1/35 (21)	84
NEBUPENT	52	<i>nicotine step 1</i>	139	NORTREL 1/35 (28)	84
NEBUSAL	87	<i>nicotine step 2</i>	139	NORTREL 7/7/7	84

^ = Mandates 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>nortriptyline hcl</i>	38	OFEV	141	<i>orphenadrine-aspirin-caffeine</i> ..	126
<i>nortuss-ex</i>	87	<i>ofloxacin</i>	106, 130, 132	ORSYTHIA	84
NORVIR	70	OGESTREL	84	ORTIKOS	86
NOURIANZ	5	<i>OLANZapine</i>	66	<i>oseltamivir phosphate</i>	70, 71
Novoeight.....	110	<i>olanzapine</i>	66	OSMOPREP	115
NOVOLIN 70/30	42	<i>olanzapine-fluoxetine hcl</i>	139	OSPHENA	103
NOVOLIN 70/30 RELION	42	OLEPTRO	38, 142	OTEZLA	134, 135
NOVOLIN N	42	<i>olmesartan medoxomil</i>	50	<i>otic care</i>	132
NOVOLIN N RELION	42	<i>olmesartan medoxomil-hctz</i>	50	OTIPRIO	132
NOVOLIN R	42	<i>olopatadine hcl</i>	130	<i>oxandrolone</i>	18
NOVOLIN R RELION	42	OLUMIANT	12	<i>oxaprozin</i>	12
NOVOLOG MIX 70/30	42	<i>omeprazole</i>	146	<i>oxazepam</i>	21
NOVOLOG MIX 70/30		OMEPRAZOLE+SYRSPEN		OXBRYTA	112
FLEXPEN	42	D SF ALKA	146	<i>oxcarbazepine</i>	30
NovoSeven.....	110	<i>omeprazole-sodium bicarbonate</i>	146	OXERVATE	131
NovoSeven RT.....	110		146	<i>oxiconazole nitrate</i>	95
NOXAFIL	45	OMNARIS	126	OXISTAT	95
<i>np thyroid</i>	144	OMNIPOD DASH 5 PACK		OXSORALEN	95
Nplate.....	112	PODS	119	OXTELLAR XR	30
NUCALA	115	OMNITROPE	102	<i>oxybutynin chloride</i>	147
NUCYNTA	16	Oncaspar.....	58	<i>oxybutynin chloride er</i>	147
NUCYNTA ER	16	<i>ondansetron</i>	45	<i>oxycodone hcl</i>	16
NUEDEXTA	139	<i>ondansetron hcl</i>	44	<i>oxycodone hcl er</i>	16
NUPLAZID	65	ONETOUCH CLUB		<i>oxycodone-acetaminophen</i>	16
NURTEC	76	LANCETS FINE PT	119	<i>oxycodone-aspirin</i>	16
NUTRESTORE	127	ONETOUCH FINEPOINT		<i>oxycodone-ibuprofen</i>	16
NUTROPIN AQ NUSPIN 10	102	LANCETS	119	OXYCONTIN	16, 17
NUTROPIN AQ NUSPIN 20	102	ONETOUCH LANCETS	119	<i>oxymorphone hcl</i>	17
NUTROPIN AQ NUSPIN 5...	102	ONETOUCH ULTRASOFT		<i>oxymorphone hcl er</i>	17
NUVARING	84	LANCETS	119	OXYTROL	147
Nuwiq.....	110	Onpattro.....	143	OZEMPIC (0.25 OR 0.5	
NUZYRA	10	ONUREG	59	MG/DOSE)	42
NYAMYC	95	OPANA ER	16	OZEMPIC (1 MG/DOSE)	42
NYMALIZE	78	Opdivo.....	59	OZOBAX	126
<i>nystatin</i>	45, 95, 123	<i>opium</i>	43	PACERONE	22
<i>nystatin-triamcinolone</i>	95	OPSUMIT	79	PACLitaxel.....	59
NYSTOP	95	ORALAIR	122	PALFORZIA (12 MG DAILY	
Obizur.....	110	ORALONE	123, 143	DOSE)	75
OBSTETRIX EC	125	Orencia.....	12	PALFORZIA (120 MG	
OALIVA	105	ORENCIA	12	DAILY DOSE)	75
OCELLA	84	ORENCIA CLICKJECT	12	PALFORZIA (160 MG	
Ocrevus.....	139	ORENITRAM	79	DAILY DOSE)	75
Octagam.....	133	ORFADIN	102, 103	PALFORZIA (20 MG DAILY	
<i>octreotide acetate</i>	102	ORIAHNN	104	DOSE)	75
ODACTRA	122	ORILISSA	103	PALFORZIA (200 MG	
ODEFSEY	70	ORKAMBI	88	DAILY DOSE)	75
ODOMZO	58	<i>orphenadrine citrate er</i>	126		

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

PALFORZIA (240 MG DAILY DOSE)	75	<i>penicillamine</i>	73	PIQRAY (300 MG DAILY DOSE)	134
PALFORZIA (3 MG DAILY DOSE)	75	<i>penicillin g procaine</i>	134	PIRMELLA 1/35	84
PALFORZIA (300 MG MAINTENANCE)	75	<i>penicillin v potassium</i>	134	PIRMELLA 7/7/7	84
PALFORZIA (300 MG TITRATION)	75	PENNSAID	95	<i>piroxicam</i>	12
PALFORZIA (40 MG DAILY DOSE)	75	<i>pentoxifylline er</i>	110	<i>piv foliac acid + iron</i>	125
PALFORZIA (6 MG DAILY DOSE)	75	PERFOROMIST	24	<i>podofilox</i>	95
PALFORZIA (80 MG DAILY DOSE)	75	<i>perindopril erbumine</i>	50	POLYCIN	130
PALFORZIA INITIAL ESCALATION	75	PERIOGARD	124	<i>polyethylene glycol 3350</i> ..	115, 134
<i>paliperidone er</i>	66	<i>Perjeta</i>	59	<i>polymyxin b-trimethoprim</i>	130
PALYNZIQ	103	<i>permethrin</i>	95	<i>polyvinyl alcohol</i>	130
<i>Pamidronate Disodium</i>	103	<i>perphenazine</i>	66	POMALYST	59
PANDEL	95	PERSERIS	66	PORTIA-28	84
PANRETIN	95	PHENADOZ	46	PORTRAZZA	59
<i>pantoprazole sodium</i>	146	<i>phenazopyridine hcl</i>	108	<i>pot bicarb-pot chloride</i>	122
<i>Panzyga</i>	133	<i>phenelzine sulfate</i>	38	<i>potassium bicarbonate</i>	122
<i>paregoric</i>	43	PHENERGAN	46	<i>potassium chloride</i>	122
<i>paricalcitol</i>	103	<i>phenobarbital</i>	113	<i>potassium chloride crys er</i>	122
PAROEX	123	<i>phenobarbital-belladonna alk.</i> ..	146	<i>potassium chloride er</i>	122
<i>paromomycin sulfate</i>	9	PHENOHYTRO	146	<i>potassium citrate er</i>	108
<i>paroxetine hcl</i>	38	<i>phenoxybenzamine hcl</i>	50	<i>potassium citrate monohydrate</i> ..	108
<i>paroxetine hcl er</i>	38	<i>phenyleph-promethazine-cod</i>	87	<i>pramcort</i>	18
<i>paroxetine mesylate</i>	139	<i>phenylephrine-guaifenesin</i>	87	<i>pramipexole dihydrochloride</i>	62
PASER	53	<i>phenytoin</i>	31	<i>pramipexole dihydrochloride er</i> ..	62
PAXIL	38	PHENYTOIN INFATABS	31	PRAMOSONE	95, 96
PCE	116	<i>phenytoin sodium extended</i>	31	PRAMOSONE E	95
<i>peg 3350/electrolytes</i>	115	PHESGO	59	PRASCION	96
<i>peg 3350-kcl-na bicarb-nacl</i>	115	PHILITH	84	<i>prasugrel hcl</i>	110
<i>peg-3350/electrolytes</i>	115	PHOS-FLUR	124	<i>pravastatin sodium</i>	48
<i>peg-3350/electrolytes/ascorbat</i> ..	115	PHOSLYRA	107	<i>praziquantel</i>	19
PEGANONE	31	PHOSPHA 250 NEUTRAL	122	<i>prazosin hcl</i>	50
PEGASYS	71	PHOSPHASAL	52	PRECISION SURE-DOSE SYRINGE	119
PEGASYS PROCLICK	71	PHOSPHOLINE IODIDE	130	PRECISION THIN LANCETS	119
PEGINTRON	71	<i>phytonadione</i>	149	PRECISION THINS GP LANCETS	119
PEG-INTRON	71	PICATO	95	PRECISION ULTRA LANCET	119
PEG-INTRON REDIPEN	71	PIFELTRO	71	PRECISION XTRA BLOOD GLUCOSE	99
PEG-INTRON REDIPEN	71	<i>pilocarpine hcl</i>	124, 130	PRED MILD	130
PAK 4	71	<i>pimecrolimus</i>	95	PRED-G	130
<i>peg-kcl-nacl-nasulf-na asc-c</i>	115	<i>pimozide</i>	139	PRED-G S.O.P.	130
PEMAZYRE	54	PIMTREA	84	<i>prednicarbate</i>	96
		<i>pindolol</i>	74	<i>prednisolone</i>	86
		<i>pioglitazone hcl</i>	42	<i>prednisolone acetate</i>	130
		<i>pioglitazone hcl-glimepiride</i>	42		
		<i>pioglitazone hcl-metformin hcl</i>	42		
		PIQRAY (200 MG DAILY DOSE)	134		
		PIQRAY (250 MG DAILY DOSE)	134		

^ = Mandates 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>prednisolone sodium phosphate</i>86, 130	Prolia.....103	QVAR24
<i>prednisone</i>86, 87	PROMACTA112	QVAR REDIHALER24
PREDNISON INTENSOL.... 86	<i>promethazine hcl</i>46	<i>ra mini nicotine</i>139
<i>preferred plus lancets colored</i> .. 119	<i>promethazine vc plain</i>87	<i>ra nicotine</i>139, 140
<i>preferred plus lancets thin</i> 119	<i>promethazine vc/codeine</i>87	<i>ra nicotine polacrilex</i>140
<i>pregabalin</i>31	<i>promethazine-codeine</i>87	<i>rabeprazole sodium</i>147
PREMARIN148	<i>promethazine-dm</i>87	Radicava.....9
<i>premium lidocaine</i>96	<i>promethazine-phenylephrine</i>87	<i>raloxifene hcl</i>103
PREMPHASE105	PROMETHEGAN46	<i>ramelteon</i>113
PREMPRO105	<i>propafenone hcl</i>22	<i>ramipril</i>51
<i>prenatabs fa</i>125	<i>propafenone hcl er</i>22	<i>ranitidine hcl</i>147
PRENATABS RX125	<i>proparacaine hcl</i>130	<i>ranolazine er</i>19
<i>prenatal</i>125	<i>propranolol hcl</i>75	<i>rasagiline mesylate</i>62
<i>prenatal 19</i>125	<i>propranolol hcl er</i>75	RAVICTI103
PREPOPIK115	<i>propranolol-hctz</i>50	REA LO 4096
<i>pretomanid</i>53	<i>propylthiouracil</i>144	<i>reality lancets</i>119
PREVIFEM84	<i>protriptyline hcl</i>38	<i>reality trigger lancets</i>120
<i>Prevymis</i>71	<i>pseudoephedrine hcl</i>126	REBETOL71
PREVYMIS71	<i>psorcon</i>96	REBIF140
PREZCOBIX71	PSS SELECT GP LANCETS 119	REBIF REBIDOSE140
PREZISTA71	PSS SELECT SAFETY	REBIF REBIDOSE
PRIFTIN53	LANCETS119	TITRATION PACK140
PRIOSEC147	PULMICORT FLEXHALER ..24	REBIF TITRATION PACK ..140
<i>primaquine phosphate</i>52	PULMOSAL87	<i>Rebinyn</i>110
<i>primidone</i>31	PULMOZYME142	<i>Reblozyl</i>104
PRIMSOL52	PURIXAN59	RECLIPSEN84
<i>Privigen</i>133	PYLERA147	<i>Recombinate</i>110
PROAIR DIGIHALER24	<i>pyrazinamide</i>53	REGRANEX96
PROAIR RESPICLICK24	<i>pyridostigmine bromide</i>53	RELENZA DISKHALER71
<i>probenecid</i>108	<i>pyridostigmine bromide er</i>53	RELISTOR107
PROBUPHINE IMPLANT	QBREXZA96	REMEVEN96
KIT17	<i>qc nicotine polacrilex</i>139	<i>Remicade</i>107
<i>prochlorperazine</i>66	QINLOCK59	REMODULIN79
<i>prochlorperazine edisylate</i>66	QNASL126	RENAGEL107
<i>prochlorperazine maleate</i>66	QNASL CHILDRENS126	RENAL125
PROCRT112	QUASENSE84	<i>Renflexis</i>107
PROCTOFOAM HC18	<i>quetiapine fumarate</i>66	<i>repaglinide</i>42
PROCTO-PAK19	<i>quetiapine fumarate er</i>66	<i>repaglinide-metformin hcl</i>43
PROCTOSOL HC19	QUILLICHEW ER8	REPATHA133
PROCTOZONE-HC19	QUILLIVANT XR9	REPATHA PUSHTRONEX
<i>Profilnine</i>110	<i>quinapril hcl</i>51	SYSTEM133
<i>Profilnine SD</i>110	<i>quinapril-hydrochlorothiazide</i>51	REPATHA SURECLICK133
<i>progesterone</i>136	<i>quinaretic</i>51	RESCRIPTOR71
<i>progesterone micronized</i>136	<i>quinidine gluconate er</i>22	<i>reserpine</i>51
PROGRAF73	<i>quinidine sulfate</i>22	RESTASIS130
<i>Proleukin</i>59	<i>quinidine sulfate er</i>22	RETACRIT112
	<i>quinine sulfate</i>53	RETEVMO59

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

RETIN-A MICRO PUMP	96	SANDIMMUNE	73	SKYRIZI (150 MG DOSE)	96
REVLIMID	73	Sando STATIN LAR Depot	103	<i>sm nicotine</i>	140
<i>rexaphenac</i>	96	SANTYL	96	<i>sm nicotine polacrilex</i>	140
REXULTI	67	SAPHRIS	67	<i>sodium chloride</i>	108
REYATAZ	71	<i>sapropterin dihydrochloride</i>	103	<i>sodium fluoride</i>	122
REYVOW	142	SAVELLA	140	<i>sodium polystyrene sulfonate</i>	73, 136
RHEUMATREX	12	SAVELLA TITRATION PACK	140	<i>sofosbuvir-velpatasvir</i>	113
Rhophylac.....	133	<i>sb lancets thin</i>	120	SOLARAZE	96
RHOPRESSA	131	<i>sb lancets ultra thin</i>	120	<i>solifenacin succinate</i>	147
RiaSTAP.....	110	SCENESSE	120	Soliris.....	110
RIBASPHERE	71	<i>scopolamine</i>	45	SOLOSEC	9
<i>ribavirin</i>	71	SECUADO	67	SOLTAMOX	59
<i>rifabutin</i>	53	SEGLUROMET	143	SOLU-CORTEF	87
RIFAMATE	53	<i>selegiline hcl</i>	62	Somatuline Depot.....	104
<i>rifampin</i>	53	<i>selenium sulfide</i>	96	SOMAVERT	104
RIFATER	53	<i>selenium sulf-pyrithione-urea</i>	96	SOOLANTRA	96
<i>riluzole</i>	127	SELRX	96	SORINE	75
<i>rimantadine hcl</i>	71	SELZENTRY	71	<i>sotalol hcl</i>	75
RINVOQ	12	SEMPREX-D	87	<i>sotalol hcl (af)</i>	75
<i>risedronate sodium</i>	103	SEROPHENE	104	SOTYLIZE	75
RisperDAL Consta.....	67	SEROQUEL XR	67	SOVALDI	71
<i>risperidone</i>	67	SEROSTIM	104	<i>spinosad</i>	96
RISPERIDONE M-TAB	67	<i>sertraline hcl</i>	38	Spinraza.....	143
Rituxan.....	59	SETLAKIN	84	SPIRIVA RESPIMAT	24
Rituxan Hycela.....	59	<i>sevelamer carbonate</i>	107	<i>spironolactone</i>	100
<i>rivastigmine</i>	140	Sevenfact.....	110	<i>spironolactone-hctz</i>	100
<i>rivastigmine tartrate</i>	140	<i>sf</i>	124	SPRAVATO (56 MG DOSE)	127
Rixubis.....	110	<i>sf 5000 plus</i>	124	SPRAVATO (84 MG DOSE)	127
<i>rizatriptan benzoate</i>	121	SFROWASA	107	SPRINTEC 28	84
<i>ropinirole hcl</i>	62	SHAROBEL	84	SPRITAM	31
<i>ropinirole hcl er</i>	62	SIGNIFOR	104	SPRYCEL	59
<i>ropivacaine hcl-nacl</i>	116	Signifor LAR.....	104	SPS	73, 136
ROSADAN	96	SIKLOS	112	<i>sr nicotine</i>	140
ROSANIL CLEANSER	96	<i>sildenafil citrate</i>	79	SRONYX	84
<i>rosuvastatin calcium</i>	48	SILIQ	96	SSD	96
ROXICET	17	<i>silodosin</i>	108	<i>stavudine</i>	71
ROZLYTREK	54	<i>silver sulfadiazine</i>	96	STEGLATRO	43
RUBRACA	135	SIMBRINZA	130	Stelara.....	96, 114
Ruconest.....	110	SIMCOR	48	STELARA	97
RUXIENCE	59	SIMPONI	12	STIMATE	104
RUZURGI	53	Simponi Aria.....	12	STIVARGA	59
RYDAPT	59	<i>simvastatin</i>	48	STRENSIQ	114
SAIZEN	103	<i>sirolimus</i>	73	STRIANT	18
SAIZEN CLICK.EASY	103	SIRTURO	53	STRIBILD	71
SAIZENPREP	103	SIVEXTRO	52	STRIVERDI RESPIMAT	25
<i>salsalate</i>	13	SKLICE	96	Sublocade.....	17
SANCUSO	45				

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

SUBOXONE	17	TAFINLAR	59	THEO-24	25
SUBSYS	17	TAGRISSO	59	THEOCHRON	25
<i>sucralfate</i>	147	TAKHZYRO	135	<i>theophylline</i>	25
<i>sulfacetamide sodium</i>	97, 130	TALTZ	97	<i>theophylline er</i>	25
<i>sulfacetamide sodium (acne)</i>	97	TALZENNA	135	THINLETS GP LANCETS ...	120
<i>sulfacetamide sodium-sulfur</i>	97	<i>tamoxifen citrate</i>	59	THINLETS LANCET	120
<i>sulfacetamide-prednisolone</i>	131	<i>tamsulosin hcl</i>	108	<i>thioridazine hcl</i>	68
<i>sulfadiazine</i>	143	TARGRETIN	97	<i>thiothixene</i>	68
<i>sulfamethoxazole-trimethoprim</i> ..	52	TARINA FE 1/20	84	Thyrogen.....	99
SULFAMYLON	97	TASIGNA	59	THYROLAR-1	144
<i>sulfasalazine</i>	107	TAVALISSE	143	THYROLAR-1/2	144
SULFATRIM PEDIATRIC	52	<i>tazarotene</i>	97	THYROLAR-1/4	144
<i>sulindac</i>	12	TAZORAC	97	THYROLAR-2	144
<i>sumatriptan</i>	121	TAZTIA XT	78	THYROLAR-3	144
<i>sumatriptan succinate</i>	121	TAZVERIK	54	<i>tiagabine hcl</i>	31
<i>sumatriptan succinate refill</i>	121	<i>tb syringe 1 ml</i>	120	TIBSOVO	115
SUNOSI	100	Tecentriq.....	60	TIGLUTIK	127
<i>super thin lancets</i>	120	TECFIDERA	140, 141	TILIA FE	85
Supprelin LA.....	104	TECHLITE LANCETS	120	<i>timolol maleate</i>	75, 131
SUPRAX	80	TEGSEDI	69	TIMOPTIC OCUDOSE	131
SUPREP BOWEL PREP KIT		TEKTURN HCT	51	<i>tinidazole</i>	52
.....	115	<i>telmisartan</i>	51	TIVICAY	72
<i>sure comfort insulin syringe</i>	120	<i>telmisartan-hctz</i>	51	TIVICAY PD	72
SURELITE LANCETS	120	<i>temazepam</i>	113	<i>tizanidine hcl</i>	126
SUSTOL	45	Temodar.....	60	TOBI PODHALER	9
SUTENT	59	<i>temozolomide</i>	60	TOBRADEX	131
<i>sw nicotine polacrilex</i>	140	TENCON	13	<i>tobramycin</i>	9, 131
SYEDA	84	<i>tenofovir disoproxil fumarate</i>	72	<i>tobramycin-dexamethasone</i>	131
SYLATRON	59	TEPEZZA	114	TOBREX	131
SYMDEKO	88	<i>terazosin hcl</i>	51	<i>tolazamide</i>	43
SYMLINPEN 120	43	<i>terbinafine hcl</i>	45	<i>tolbutamide</i>	43
SYMLINPEN 60	43	<i>terbutaline sulfate</i>	25	<i>tolcapone</i>	62
SYMPAZAN	31	<i>terconazole</i>	148	<i>tolmetin sodium</i>	12
SYMPROIC	107	TERSI	97	<i>tolterodine tartrate</i>	148
SYMTUZA	71	TESTOPEL	18	<i>tolterodine tartrate er</i>	148
SYNAGIS	133	<i>testosterone</i>	18	<i>tolvaptan</i>	104
SYNALAR (CREAM)	97	<i>testosterone cypionate</i>	18	<i>topco insulin syringe</i>	120
SYNALAR (OINTMENT)	97	<i>testosterone enanthate</i>	18	<i>topiramate</i>	32
SYNAREL	104	<i>tetrabenazine</i>	141	<i>topiramate er</i>	32
SYNDROS	45	<i>tetracycline hcl</i>	143	<i>toremifene citrate</i>	60
Synribo.....	59	<i>tgt nicotine</i>	141	Torisel.....	60
TABLOID	59	<i>tgt nicotine polacrilex</i>	141	<i>torsemide</i>	100
TABRECTA	59	<i>tgt nicotine step one</i>	141	TOSYMRA	121
TACLONEX	97	<i>tgt nicotine step three</i>	141	TOVIAZ	148
<i>tacrolimus</i>	73, 97	<i>tgt nicotine step two</i>	141	TRACLEER	79
<i>tadalafil</i>	79	THALITONE	100	<i>tramadol hcl</i>	17
<i>tadalafil (pah)</i>	79	THALOMID	73	<i>tramadol hcl er</i>	17

^ = Mandates 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>tramadol hcl er (biphasic)</i>	17	Triptodur.....	104	UNITHROID	144
<i>tramadol-acetaminophen</i>	17	TRI-SPRINTEC	85	UNITHROID DIRECT	144
<i>trandolapril</i>	51	TRIUMEQ	72	UPTRAVI	141
<i>trandolapril-verapamil hcl er</i>	51	<i>tri-vit/fluoride/iron</i>	125	<i>urea</i>	98
<i>tranexamic acid</i>	112	<i>tri-vitamin/fluoride</i>	125	<i>urea nail film</i>	98
<i>tranylcypromine sulfate</i>	39	TRIVORA (28)	85	<i>urea-c40</i>	98
<i>trazodone hcl</i>	39, 142	TROKENDI XR	32	<i>ure-k</i>	98
Treanda.....	60	<i>tropicamide</i>	131	URETRON D/S	147
TRECTOR	53	<i>tropium chloride</i>	148	URIMAR-T	52
Trelstar.....	60	<i>tropium chloride er</i>	148	UROLET MB	52
Trelstar Depot.....	60	TRULANCE	80	UROPHEN MB	52
Trelstar LA.....	60	TRULICITY	43	<i>ursodiol</i>	107
Trelstar Mixject.....	60	TRUVADA	72	URL	52
TREMFYA	97	Truxima.....	60	Vabomere.....	52
TRESIBA	43	TUKYSA	60	<i>valacyclovir hcl</i>	72
TRESIBA FLEXTOUCH	43	TURALIO	60	VALCHLOR	98
<i>tretinoin</i>	60, 97	TYBOST	68	<i>valganciclovir hcl</i>	72
<i>tretinoin microsphere</i>	97	TYMLOS	104	<i>valproic acid</i>	33
<i>tretinoin microsphere pump</i>	98	Tysabri.....	141	<i>valsartan</i>	51
Tretten.....	110	TYVASO	79	<i>valsartan-hydrochlorothiazide</i> ...	51
TREXALL	60	TYVASO REFILL	79	Valstar.....	60
<i>triamcinolone acetanide</i>	98, 124, 126, 143	TYVASO STARTER	79	VALTOCO 10 MG DOSE	33
<i>triamterene</i>	100	TYZEKA	72	VALTOCO 15 MG DOSE	33
<i>triamterene-hctz</i>	100	UBRELVY	76	VALTOCO 20 MG DOSE	33
TRIDERM	98	UCERIS	19	VALTOCO 5 MG DOSE	33
<i>trientine hcl</i>	73	UDENYCA	112	<i>vancomycin hcl</i>	108
TRIESENCE	131	U-KERA E	98	VANDAZOLE	149
TRI-ESTARYLLA	85	ULESFA	98	Vantas.....	60
<i>trifluoperazine hcl</i>	68	ULTICARE TUBERCULIN SAFETY SYR	120	Varubi.....	45
<i>trifluridine</i>	131	ULTILET CLASSIC LANCETS	120	VARUBI	45
<i>trihexyphenidyl hcl</i>	62	ULTILET LANCETS	120	VASCEPA	48
TRIKAFTA	88	Ultomiris.....	110	Vectibix.....	60
TRI-LEGEST FE	85	ULTRA-THIN II AUTO LANCET	120	Velcade.....	60
TRI-LINYAH	85	ULTRA-THIN II LANCETS	120	Veletri.....	79
TRI-LO-ESTARYLLA	85	UMECTA	98	VELIVET	85
TRI-LO-MARZIA	85	UNILET COMFORTOUCH LANCET	120	VELTASSA	73, 136
TRI-LO-SPRINTEC	85	UNILET G.P. LANCET	120	VEMLIDY	72
TRILYTE	115	UNILET G.P. SUPERLITE LANCET	120	VENCLEXTA	54
<i>trimethobenzamide hcl</i>	45	UNILET LANCET	120	VENCLEXTA STARTING PACK	54
<i>trimethoprim</i>	52	UNISTIK 1	120	<i>venlafaxine hcl</i>	39
<i>trimipramine maleate</i>	39			<i>venlafaxine hcl er</i>	39
TRINATE	125			VENTAVIS	79
TRINESSA (28)	85			VERAMYST	126
TRINESSA LO	85			<i>verapamil hcl</i>	78
TRINTELLIX	39, 142			<i>verapamil hcl er</i>	78
TRI-PREVIFEM	85			VERDROCET	17

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative

VEREGEN	98	W&F LANCETS COLORED		XPOVIO (80 MG ONCE	
VERSACLOZ	68	21G	120	WEEKLY)	54
VERZENIO	88	WAKIX	113	XPOVIO (80 MG TWICE	
VESTURA	85	<i>warfarin sodium</i>	26	WEEKLY)	54
VEXOL	131	WERA	85	XTANDI	60
VIBERZI	114	WESTHROID	144	XULANE	85
VICTOZA	43	Wilate.....	110	XURIDEN	113
Vidaza.....	60	WinRho SDF.....	133	Xyntha.....	110
VIDEX	72	WIXELA INHUB	25	Xyntha Solofuse.....	110
VIENVA	85	WP THYROID	144	XYOSTED	18
<i>vigabatrin</i>	33	WYMZYA FE	85	XYREM	141
VIIBRYD	39, 142	XADAGO	62	Yervoy.....	60
VIIBRYD STARTER PACK		XALKORI	60	YONDELIS	144
.....	39, 142	XARELTO	26	<i>zafirlukast</i>	25
VIMPAT	33, 34	XARELTO STARTER PACK	26	<i>zaleplon</i>	114
VIOKACE	99	XATMEP	60	Zaltrap.....	60
<i>viorele</i>	85	XCOPRI	34	ZAMICET	17
VIRACEPT	72	XCOPRI (250 MG DAILY		ZARAH	85
VIRAZOLE	72	DOSE)	34	ZARXIO	112
VIREAD	72	XCOPRI (350 MG DAILY		ZAZOLE	149
VISTOGARD	43, 44	DOSE)	34	ZEBUTAL	13
Visudyne.....	131	XELJANZ	12	ZEJULA	135
VITALET PRO LANCETS...	120	XELJANZ XR	12	ZELAPAR	62
VITALET PRO PLUS		Xembify.....	133	ZELBORAF	60
LANCETS	120	XENLETA	135	ZENATANE	98
<i>vitamin d (ergocalciferol)</i>	149	Xeomin.....	127	ZENCHENT	85
VITEKTA	72	XEPI	98	ZENCHENT FE	85
VITRAKVI	54	XERAC AC	98	ZENPEP	99
VIVITROL	44	XERMELO	145	ZENZEDI	9
VIZIMPRO	60	Xgeva.....	104	ZEPATIER	113
VOLTAREN	98	Xiaflex.....	73	ZEPOSIA	141
Vonvendi.....	110	XIFAXAN	52	ZEPOSIA 7-DAY STARTER	
<i>voriconazole</i>	45	XOFLUZA (40 MG DOSE)...	132	PACK	141
VOSEVI	113	XOFLUZA (80 MG DOSE)...	132	ZEPOSIA STARTER KIT	141
VOTRIENT	60	Xolair.....	25	ZETONNA	126
Vpriv.....	112	XOLEGEL	98	<i>zidovudine</i>	72
VRAYLAR	68	XOSPATA	60	ZIEXTENZO	112
VUMERITY	141	XPOVIO (100 MG ONCE		Zinplava.....	74
VUMERITY (STARTER)	141	WEEKLY)	54	ZIOPTAN	131
Vyepti.....	76, 80	XPOVIO (40 MG ONCE		<i>ziprasidone hcl</i>	68
VYFEMLA	85	WEEKLY)	54	ZIRGAN	131
VYNDAMAX	144	XPOVIO (40 MG TWICE		ZMAX	116
VYNDAQEL	144	WEEKLY)	54	ZOHYDRO ER	17
VYONDYS 53	125	XPOVIO (60 MG ONCE		Zoladex.....	61
VYVANSE	9	WEEKLY)	54	Zoledronic Acid.....	104
Vyxeos.....	60	XPOVIO (60 MG TWICE		ZOLINZA	61
W&F LANCETS 26G	120	WEEKLY)	54	<i>zolmitriptan</i>	121

^ = Mandates 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>zolpidem tartrate</i>	114
<i>zolpidem tartrate er</i>	114
ZOMACTON	104
ZOMIG	121
<i>zonisamide</i>	34
ZONTIVITY	136
ZORBTIVE	104
ZORTRESS	73
ZOVIA 1/35E (28)	85
ZOVIA 1/50E (28)	85
ZUBSOLV	17
ZULRESSO	106
ZYCLARA	98
ZYCLARA PUMP	98
ZYDELIG	134
ZYKADIA	61
ZYLET	131
ZYPITAMAG	48
ZyPREXA Relprevv	68

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

PBHMI = Pediatric Behavioral Health Medication Initiative