

**Fallon Health
NaviCare[®] HMO SNP
NaviCare[®] NHC HMO SNP**

***2027 List of Covered Drugs
(Drug List or Formulary)***

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE
COVER IN THIS PLAN**

Formulary ID: 00027181 Version: 9

This *Drug List* was updated on 9/25/2026. For more recent information or other questions, contact us at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31), or visit fallonhealth.org/navicare.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs are covered by NaviCare HMO SNP and NaviCare NHC HMO SNP (NaviCare). The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by NaviCare. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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If you have questions, please call NaviCare at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). The call is free. **For more information**, visit fallonhealth.org/navicare.

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Notice of availability of language assistance services and auxiliary aids and services

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-700-6996 (TTY 711) 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31). The call is free.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-700-6996. Someone who speaks English can help you. The call is free. We also provide free auxiliary aids and services, such as large print, braille, or audio. Just call us at the number above to make this request.

Spanish: Contamos con servicios de intérprete gratuitos para responder cualquier pregunta que tenga sobre nuestro plan de salud o medicamentos. Para obtener un intérprete, solo llámenos al

1-877-700-6996. Alguien que habla español podrá ayudarle. La llamada es gratuita.

También ofrecemos ayudas y servicios auxiliares gratuitos, como impresión en letra grande, braille o audio. Solo llámenos al número mencionado arriba para hacer esta solicitud.

Chinese: 我們提供免費口譯服務，以解答您有關我們的健康或藥物計劃的任何問題。如需口譯服務，請撥打 1-877-700-6996。會有說中文的人為您提供幫助。此為免付費電話。我們也提供免費的輔助工具和服務，例如大號字體印刷版、盲文或音訊。請撥打上述電話向我們提出請求。

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez avoir sur notre régime de santé ou d'assurance médicaments. Pour obtenir un interprète, il vous suffit de nous appeler au 1-877-700-6996. Une personne parlant français pourra vous aider. L'appel est gratuit. Nous fournissons également gratuitement des aides et des services auxiliaires, tels que des documents en gros caractères, en braille ou audio. Il vous suffit de nous appeler au numéro ci-dessus pour en faire la demande.

Vietnamese: Chúng tôi cung cấp dịch vụ thông dịch miễn phí để giải đáp mọi thắc mắc liên quan đến chương trình bảo hiểm sức khỏe hoặc chương trình thuốc của chúng tôi. Để yêu cầu chúng tôi bố trí thông dịch viên, vui lòng gọi điện đến số 1-877-700-6996. Một nhân viên nói tiếng Việt sẽ hỗ trợ quý vị. Cuộc gọi này hoàn toàn miễn phí. Chúng tôi cũng cung cấp



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các công cụ và dịch vụ hỗ trợ miễn phí, chẳng hạn như bản in khổ chữ lớn, chữ nổi Braille hoặc băng thu âm. Quý vị chỉ cần gọi cho chúng tôi theo số điện thoại bên trên để yêu cầu các dịch vụ này.

Korean: 저희는 건강 플랜 또는 의약품 플랜에 관한 질문에 답변해 드릴 무료 통역 서비스를 제공합니다. 통역사를 이용하시려면 1-877-700-6996 로 전화해 주십시오. 한국어를 구사하는 직원이 도와드릴 수 있습니다. 통화는 무료입니다. 또한 큰 활자, 점자 또는 오디오와 같은 무료 보조 지원과 서비스도 제공합니다. 이러한 요청을 하시려면 위의 번호로 전화해 주십시오.

Russian: Мы можем предоставить вам бесплатные услуги переводчика, чтобы вы могли получить ответы на все ваши вопросы о нашем плане медицинского обслуживания и обеспечения лекарственными препаратами. Чтобы запросить услуги переводчика, просто позвоните по номеру 1-877-700-6996. Сотрудник, владеющий русским языком, сможет вам помочь. Звонок бесплатный. Мы также предлагаем бесплатные вспомогательные средства и услуги, например материалы, напечатанные крупным шрифтом, шрифтом Брайля или в виде аудиозаписи. Просто позвоните нам по вышеуказанному номеру, чтобы сделать соответствующий запрос.

Arabic:

لدينا خدمات مترجم فوري مجانية للإجابة على أي أسئلة التي قد تكون لديك حول خطتنا للرعاية الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم فوري، فقط اتصل بنا على الرقم 1-877-700-6996. يمكن لشخص يتكلم اللغة الإنجليزية أن يساعدك. إن المكالمات مجانية. نحن نقدم أيضًا مساعدات وخدمات مساعدة مجانية، مثل طباعة بأحرف كبيرة، أو بطريقة برايل، أو ملفات صوتية. فقط اتصل بنا على الرقم المذكور أعلاه لتقديم هذا الطلب.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ हैं। दुभाषिया पाने के लिए बस हमें 1-877-700-6996 पर कॉल करें। कोई हिन्दी बोलने वाला व्यक्ति आपकी मदद कर सकता है। कॉल निःशुल्क है। हम बड़े प्रिंट, ब्रेल या ऑडियो जैसी निःशुल्क सहायक सामग्री और सेवाएँ भी प्रदान करते हैं। इस अनुरोध के लिए बस हमें ऊपर दिए गए नंबर पर कॉल करें।

Italian: Disponiamo di servizi gratuiti di interpretariato per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per chiedere un interprete basta chiamarci al numero 1-877-700-6996. La assisterà un operatore che parla italiano. La chiamata è gratuita. Forniamo inoltre servizi e supporti ausiliari gratuiti, come ad esempio stampa in caratteri grandi, braille o audio. Per questa richiesta basta chiamarci al numero sopra indicato.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer perguntas que possa ter sobre o nosso plano de saúde ou medicamentos. Para obter um intérprete,



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ligue para 1-877-700-6996. Alguém que fala português poderá prestar assistência. A chamada é gratuita. Também fornecemos recursos e serviços auxiliares gratuitos, como impressão em letras grandes, braille ou áudio. Basta ligar para o número acima e fazer tal solicitação.

Haitian Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-700-6996. Yon moun ki pale kreyòl ka ede w. Apèl la gratis. Nou bay èd ak sèvis oksilyè gratis tou, tankou gwo lèt, bray oswa odyo. Jis rele nou nan nimewo ki anwo a pou fè demann sa a.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszystkie Państwa pytania dotyczące planu ubezpieczenia zdrowotnego lub refundacji leków. Aby skorzystać z usług tłumacza, należy zadzwonić pod numer 1-877-700-6996. Osoba mówiąca po polsku udzieli Państwu pomocy. Połączenie jest bezpłatne. Zapewniamy również wsparcie i usługi pomocnicze, takie jak materiały pisane dużym drukiem, alfabetem Braille'a lub nagrania głosowe. Aby o nie poprosić, wystarczy zadzwonić pod podany powyżej numer telefonu.

Khmer: យើងមានសេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់ឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយ ដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬគម្រោងឱសថរបស់អ្នក។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរសព្ទមកយើងតាមលេខ 1-877-700-6996។ នរណាម្នាក់ដែលនិយាយ ភាសាអង់គ្លេសអាចជួយអ្នកបាន។ ការទាក់ទងតាមទូរសព្ទនេះគឺពុំគិតថ្លៃឡើយ។ យើងក៏ផ្តល់ជំនួយបន្ថែមនិងសេវាកម្មជំនួយដោយឥតគិតថ្លៃផងដែរ ដូចជាអក្សរពុម្ពធំ អក្សរស្នាប ឬសំឡេង។ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមលេខខាងលើដើម្បីធ្វើការស្នើសុំនេះ។

Greek: Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντάμε σε οποιοσδήποτε ερωτήσεως μπορεί να έχετε σχετικά με το πρόγραμμά ιατρικής ή φαρμακευτικής περίθαλψης που παρέχουμε. Για να βρείτε διερμηνέα, απλώς καλέστε μας στον αριθμό 1-877-700-6996. Κάποιος που μιλά αγγλικά μπορεί να σας βοηθήσει. Η κλήση είναι χωρίς χρέωση. Επίσης, παρέχουμε δωρεάν βοηθήματα και βοηθητικές υπηρεσίες, όπως μεγάλη γραμματοσειρά, μπράιγ ή ηχητική μορφή. Απλώς καλέστε μας στον παραπάνω αριθμό για να υποβάλετε αυτό το αίτημα.

Gujarati: અમારી આરોગ્ય અથવા દવા યોજના વિશે તમને હોય શકે તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા સેવા છે. દુભાષિયા સેવા મેળવવા માટે, અમને 1-877-700-6996 પર કોલ કરો. ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. કોલ મફત છે. અમે મોટા પ્રિન્ટ, બ્રેઇલ અથવા ઓડિઓ જેવી મફત વધારાની સહાય અને સેવાઓ પણ પ્રદાન કરીએ છીએ. આ વિનંતી કરવા માટે અમને ફક્ત ઉપરના નંબર પર કોલ કરો.



If you have questions, please call NaviCare at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). The call is free. **For more information,** visit fallonhealth.org/navicare.

Laotian: ພວກເຮົາມີການບໍລິການນາຍແປພາສາຟຣີ ເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນປະກັນສຸຂະພາບ ຫຼື ແຜນປະກັນຢາຂອງພວກເຮົາ ເພື່ອຂໍນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-877-700-6996. ຈະມີຄົນທີ່ສາມາດເວົ້າພາສາລາວມາຊ່ວຍທ່ານ. ການໂທແມ່ນບໍ່ເສຍຄ່າ. ນອກຈາກນີ້, ພວກເຮົາຍັງໃຫ້ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມແບບບໍ່ເສຍຄ່າອີກດ້ວຍ ເຊັ່ນ: ການພິມເປັນຕົວໃຫຍ່, ຕົວອັກສອນນູນ ຫຼື ສຽງບັນທຶກ. ພຽງແຕ່ໂທຫາພວກເຮົາຕາມເບີຂ້າງເທິງ ເພື່ອຮ້ອງຂໍສິ່ງນີ້.

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A. Disclaimers

This is a list of drugs that members can get in NaviCare.

- ❖ NaviCare HMO SNP/NaviCare NHC HMO SNP is a Dual Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Commonwealth of Massachusetts MassHealth (Medicaid) program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- ❖ Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit www.mass.gov/estaterecovery.
- ❖ MassOptions is a free resource that connects elders, individuals with disabilities, and their caregivers with information on plan choices that can best meet their needs. You can call MassOptions at 1-800-243-4636 (TTY 711), 9 a.m. to 5 p.m., Monday through Friday.
- ❖ You can always check NaviCare's up-to-date *List of Covered Drugs* online at fallonhealth.org/navicare or by calling Enrollee Services at 1-877-700-6996 (TTY 711). This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Enrollee Services at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). This call is free.
- ❖ This document is available for free in Spanish, Khmer, and Vietnamese. Other languages are available for free upon request.
- ❖ On the member enrollment form, we ask for your preferred language, both written and spoken, or if you'd like information in an alternate format. Your language preference will be captured and stored in our central operating system for all communications, so you won't need to make a separate request each time.
- ❖ Enrolled members may change their preferred language or communications format by informing a member of their Care Team or by calling Enrollee Services at 1-877-700-6996 (TTY 711).



If you have questions, please call NaviCare at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). The call is free. **For more information**, visit fallonhealth.org/navicare.

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B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQ to learn more or look for a question and answer.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by NaviCare. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- NaviCare will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - NaviCare agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a NaviCare network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at fallonhealth.org/navicare or call Enrollee Services at 1-877-700-6996 (TTY 711).

B2. Does the *Drug List* ever change?

Yes, and NaviCare must follow Medicare and MassHealth (Medicaid) rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from NaviCare before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we’ll cover another drug.)

For more information on these drug rules, refer to question B4.

(This section is continued on the next page.)



If you have questions, please call NaviCare at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). The call is free. **For more information**, visit fallonhealth.org/navicare.

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If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check NaviCare's up-to-date *Drug List* online at fallonhealth.org/navicare. Updates to the *Drug List* are posted on the website monthly.
- You can also call Enrollee Services at 1-877-700-6996 (TTY 711) to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription)
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.

(This section is continued on the next page.)



If you have questions, please call NaviCare at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). The call is free. **For more information**, visit fallonhealth.org/navicare.

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- You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.**
Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change.

If you still have a medication that is not safe or has been taken off the market, please return it to the pharmacy that filled your prescription. If you received this medication through a mail-order pharmacy, please contact the pharmacy for instructions on how to return it. Also, please call your doctor. They'll be able to suggest the appropriate alternative treatment for you, if needed.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance, or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, **or**
- we remove an original biological product when adding a biosimilar, **or**
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you

(This section is continued on the next page.)



If you have questions, please call NaviCare at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). The call is free. **For more information**, visit fallonhealth.org/navicare.

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or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from NaviCare, based on specific criteria, before you fill your prescription. Prior authorization is different from a referral. NaviCare may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes NaviCare limits the amount of a drug you can get.
- **Step therapy:** Sometimes NaviCare requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at fallonhealth.org/navicare. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits, or if there are required actions to take to get the drug?

The table in the section titled, "List of Drugs by Medical Condition" has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if NaviCare changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice, and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

(This section is continued on the next page.)



If you have questions, please call NaviCare at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). The call is free. **For more information**, visit fallonhealth.org/navicare.

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- You can search alphabetically, **or**
- You can search by medical condition

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in **Section D**. The Index of Covered Drugs is an alphabetical list of all the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search **by medical condition**, find **Section C1** labeled “List of Drugs by Medical Condition.” The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if you have a heart condition, you should look in the Cardiovascular Agents category. That’s where you will find drugs that treat heart conditions.

B8. What if the drug I want to take isn’t on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Enrollee Services at 1-877-700-6996 (TTY 711) and ask about it. If you learn that NaviCare won’t cover the drug, you can do one of these things:

- Ask Enrollee Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that’s like the one you want to take. **Or**
- Ask NaviCare to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I’m a new NaviCare member and can’t find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 108 days you’re a member of NaviCare. This will give you time to talk to your doctor or other prescriber. They can help you decide if there’s a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we’ll allow multiple refills to provide up to a maximum of 30 days of medication.

We’ll cover a 30-day supply of your drug if:

- You’re taking a drug that isn’t on our *Drug List*, **or**
- Our plan rules don’t let you get the amount ordered by your prescriber, **or**
- The drug requires prior authorization by NaviCare, **or**

(This section is continued on the next page.)



If you have questions, please call NaviCare at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). The call is free. **For more information**, visit fallonhealth.org/navicare.

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- You're taking a drug that's part of a step therapy restriction.

If you're taking a covered drug that NaviCare doesn't consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. If the pharmacy isn't able to bill NaviCare for this one-time supply, MassHealth (Medicaid) will pay for it.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List*, or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 108 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new NaviCare member.
- This is in addition to the temporary supply during the first 108 days you're a member of NaviCare.

If you're a current member of NaviCare affected by a formulary change from one year to the next, we'll provide you with a 30-day transition supply (unless the prescription is written for fewer days) during the first 108 days of the plan year. You should talk to your doctor about switching to a medication that we cover or requesting a formulary exception. You can get early refills if you're entering or leaving a long-term care facility. You can refer to the *Member Handbook* or call our Enrollee Services team for more information about how to request a formulary exception.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask NaviCare to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, NaviCare may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Enrollee Services. An Enrollee Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section 7** of the *Member Handbook* to learn more about exceptions.



If you have questions, please call NaviCare at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). The call is free. **For more information**, visit fallonhealth.org/navicare.

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B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. This may be sent to us by mail or fax. Send by mail to OptumRx, Prior Authorization Department, PO Box 2975, Mission, KS 66201 or fax to 1-844-403-1028.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

NaviCare covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for "over-the-counter." NaviCare covers some OTC drugs when they're written as prescriptions by your provider.

You can read the NaviCare HMO SNP and NaviCare NHC HMO SNP *Over-the-Counter and Additional MassHealth Covered Drugs List* to find out what OTC drugs are covered.



If you have questions, please call NaviCare at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). The call is free. **For more information**, visit fallonhealth.org/navicare.

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B16. Does NaviCare cover non-drug OTC products?

NaviCare covers some non-drug OTC products when they're written as prescriptions by your provider. Examples of non-drug OTC products include simple syrup and zinc oxide.

You can read the NaviCare HMO SNP and NaviCare NHC HMO SNP *Over-the-Counter and Additional MassHealth Covered Drugs List* to find out what non-drug OTC products are covered.

B17. Does NaviCare cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered drugs.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What is my copayment?

NaviCare members have no copayments for prescription and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

All drugs on our *Drug List* have no copay.

- Generic drugs have \$0 copay.
- Brand name drugs have \$0 copay.
- OTCs have a \$0 copay.

If you have questions, call Enrollee Services at 1-877-700-6996 (TTY 711).



If you have questions, please call NaviCare at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). The call is free. **For more information**, visit fallonhealth.org/navicare.

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C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by NaviCare. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by NaviCare.



If you have questions, please call NaviCare at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). The call is free. **For more information**, visit fallonhealth.org/navicare.

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C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the Cardiovascular Agents category. That's where you'll find drugs that treat heart conditions.

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:

Abbreviation	Explanation
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HI	Home Infusion. This prescription drug is covered under our medical benefit. For more information, call Enrollee Services at the number on the bottom of this page.
LA	Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call Enrollee Services at the number at the bottom of this page.
MO	Mail-Order Drug. This prescription drug is available through our mail-order service.
NEDS	Non-Extended Day Supply. This drug is limited to a 30-day supply per prescription fill.
PA	Prior Authorization. You must have authorization from the plan before you can get this drug.
PA NS	Prior Authorization for New Starts only. NaviCare requires a prior authorization for certain drugs for new prescriptions only. This means that if you're newly starting on this drug, you need to get approval from NaviCare before you fill your prescriptions. If you don't get approval, NaviCare may not cover the drug. Prior authorization is not required if you've been previously filling this drug with NaviCare.
QL	Quantity limit. For certain drugs, NaviCare limits the amount of the drug that NaviCare will cover. For example, only 30 each of LYBALVI per 30 days. This may be in addition to a standard 1-month or 3-month supply.
ST	Step Therapy. You must try another drug before you can get this one.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *amoxicillin*) and brand name drugs are capitalized (for example, LYBALVI). The information in the "Necessary actions, restrictions, or limits on use" column tells you if NaviCare has any rules for covering the drug.



If you have questions, please call NaviCare at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31). The call is free. **For more information**, visit fallonhealth.org/navicare.

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Drug	Status	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule</i>	Generic	MO; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	Generic	MO
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Generic	MO
<i>diclofenac sodium external solution 1.5 %</i>	Generic	PA
<i>diclofenac sodium oral tablet delayed release</i>	Generic	MO
<i>diflunisal oral tablet</i>	Generic	MO
<i>etodolac er oral tablet extended release 24 hour</i>	Generic	MO
<i>etodolac oral capsule</i>	Generic	MO
<i>etodolac oral tablet</i>	Generic	MO
<i>flurbiprofen oral tablet</i>	Generic	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	Generic	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	Generic	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Generic	MO
<i>indomethacin er oral capsule extended release</i>	Generic	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Generic	MO
<i>ketorolac tromethamine oral tablet</i>	Generic	QL (20 EA per 30 days)
<i>meloxicam oral tablet</i>	Generic	MO
<i>nabumetone oral tablet</i>	Generic	MO
<i>naproxen dr oral tablet delayed release 500 mg</i>	Generic	MO
<i>naproxen oral tablet</i>	Generic	MO
<i>naproxen oral tablet delayed release 375 mg</i>	Generic	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Generic	MO
<i>oxaprozin oral tablet</i>	Generic	MO
<i>piroxicam oral capsule</i>	Generic	MO
<i>salsalate oral tablet</i>	Generic	MO
<i>sulindac oral tablet</i>	Generic	MO
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly</i>	Generic	QL (4 EA per 28 days); NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Generic	NEDS
<i>methadone hcl injection solution</i>	Generic	NEDS
<i>methadone hcl oral solution</i>	Generic	NEDS
<i>methadone hcl oral tablet</i>	Generic	NEDS
<i>morphine sulfate er oral tablet extended release</i>	Generic	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution</i>	Generic	NEDS
<i>acetaminophen-codeine oral tablet</i>	Generic	NEDS
<i>duramorph injection solution 1 mg/ml</i>	Generic	NEDS
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Generic	NEDS
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	Generic	NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Generic	NEDS
<i>hydromorphone hcl oral tablet</i>	Generic	NEDS
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml</i>	Generic	NEDS
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	Generic	NEDS
<i>morphine sulfate oral solution</i>	Generic	NEDS
<i>morphine sulfate oral tablet</i>	Generic	NEDS
<i>oxycodone hcl oral solution</i>	Generic	NEDS
<i>oxycodone hcl oral tablet</i>	Generic	NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Generic	NEDS
<i>tramadol hcl oral tablet 50 mg</i>	Generic	NEDS
<i>tramadol-acetaminophen oral tablet</i>	Generic	NEDS
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	Generic	QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Generic	PA; QL (3 EA per 1 day)
<i>lidocaine hcl (pf) injection solution 1 %</i>	Generic	
<i>lidocaine hcl external solution</i>	Generic	QL (250 ML per 30 days)
<i>lidocaine hcl injection solution 1 %, 2 %</i>	Generic	
<i>lidocaine viscous hcl mouth/throat solution</i>	Generic	
<i>lidocaine-prilocaine external cream</i>	Generic	QL (30 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	Generic	MO
<i>disulfiram oral tablet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Opioid Dependence Treatments		
<i>buprenorphine hcl injection solution</i>	Generic	
<i>buprenorphine hcl sublingual tablet sublingual</i>	Generic	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	Generic	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Generic	
<i>naltrexone hcl oral tablet</i>	Generic	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	NEDS
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID	Brand	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Generic	
<i>naloxone hcl injection solution cartridge</i>	Generic	
<i>naloxone hcl injection solution prefilled syringe</i>	Generic	
OPVEE NASAL SOLUTION	Brand	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Generic	QL (60 EA per 30 days)
NICOTROL NS NASAL SOLUTION	Brand	QL (360 ML per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	Generic	QL (504 EA per 365 days)
<i>varenicline tartrate oral tablet</i>	Generic	QL (504 EA per 365 days)
<i>varenicline tartrate(continue) oral tablet</i>	Generic	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Generic	HI
ARIKAYCE INHALATION SUSPENSION	Brand	PA; NEDS
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	Generic	HI
<i>gentamicin sulfate external cream</i>	Generic	
<i>gentamicin sulfate external ointment</i>	Generic	
<i>gentamicin sulfate injection solution</i>	Generic	HI
<i>gentamicin sulfate ophthalmic solution</i>	Generic	
<i>neomycin sulfate oral tablet</i>	Generic	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	Generic	NEDS
<i>tobramycin ophthalmic solution</i>	Generic	

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	Generic	HI
Antibacterials, Other		
<i>bacitracin ophthalmic ointment</i>	Generic	
<i>clindamycin hcl oral capsule</i>	Generic	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Generic	
<i>clindamycin phos (once-daily) external gel</i>	Generic	QL (75 ML per 30 days)
<i>clindamycin phos (twice-daily) external gel</i>	Generic	QL (75 GM per 30 days)
<i>clindamycin phosphate external lotion</i>	Generic	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution</i>	Generic	QL (60 ML per 30 days)
<i>clindamycin phosphate in d5w intravenous solution</i>	Generic	HI
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	Generic	HI
<i>clindamycin phosphate vaginal cream</i>	Generic	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Generic	HI
<i>daptomycin intravenous solution reconstituted</i>	Generic	HI
<i>fosfomycin tromethamine oral packet</i>	Generic	
GLOBAL ALCOHOL PREP EASE PAD	Brand	
<i>linezolid intravenous solution 600 mg/300ml</i>	Generic	HI
<i>linezolid oral suspension reconstituted</i>	Generic	QL (1800 ML per 28 days); NEDS
<i>linezolid oral tablet</i>	Generic	QL (56 EA per 28 days)
<i>methenamine hippurate oral tablet</i>	Generic	
<i>metronidazole external cream</i>	Generic	
<i>metronidazole external gel</i>	Generic	
<i>metronidazole external lotion</i>	Generic	
<i>metronidazole intravenous solution 500 mg/100ml</i>	Generic	HI
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Generic	
<i>metronidazole vaginal gel</i>	Generic	
<i>mupirocin external ointment</i>	Generic	QL (110 GM per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Generic	
<i>nitrofurantoin monohyd macro oral capsule</i>	Generic	
<i>polymyxin b sulfate injection solution reconstituted</i>	Generic	HI
<i>silver sulfadiazine external cream</i>	Generic	

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	Brand	QL (6 EA per 30 days); NEDS
SIVEXTRO ORAL TABLET	Brand	QL (6 EA per 30 days); NEDS
<i>ssd external cream</i>	Generic	
<i>tigecycline intravenous solution reconstituted</i>	Generic	HI
<i>tinidazole oral tablet</i>	Generic	
<i>trimethoprim oral tablet</i>	Generic	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	Generic	HI
<i>vancomycin hcl oral capsule 125 mg</i>	Generic	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	Generic	QL (240 EA per 30 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	Generic	
XIFAXAN ORAL TABLET	Brand	MO; QL (90 EA per 30 days)
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour</i>	Generic	
<i>cefaclor oral capsule</i>	Generic	
<i>cefadroxil oral capsule</i>	Generic	
<i>cefadroxil oral suspension reconstituted</i>	Generic	
<i>cefadroxil oral tablet</i>	Generic	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	Generic	HI
<i>cefdinir oral capsule</i>	Generic	
<i>cefdinir oral suspension reconstituted</i>	Generic	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	Generic	HI
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	Generic	HI
<i>cefixime oral capsule</i>	Generic	
<i>cefixime oral suspension reconstituted</i>	Generic	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	Generic	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	Generic	HI
<i>cefoxitin sodium intravenous solution reconstituted</i>	Generic	HI
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Generic	
<i>cefpodoxime proxetil oral tablet</i>	Generic	
<i>cefprozil oral suspension reconstituted</i>	Generic	

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>cefprozil oral tablet</i>	Generic	
<i>ceftaroline fosamil intravenous solution reconstituted</i>	Generic	HI; NEDS
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	Generic	HI
<i>ceftazidime intravenous solution reconstituted</i>	Generic	HI
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	Generic	HI
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	Generic	HI
<i>cefuroxime axetil oral tablet</i>	Generic	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	Generic	HI
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	Generic	HI
<i>cephalexin oral capsule</i>	Generic	
<i>cephalexin oral suspension reconstituted</i>	Generic	
<i>tazicef injection solution reconstituted 1 gm</i>	Generic	HI
<i>tazicef intravenous solution reconstituted 2 gm, 6 gm</i>	Generic	HI
Beta-Lactam, Other		
<i>aztreonam injection solution reconstituted</i>	Generic	HI
<i>ertapenem sodium injection solution reconstituted</i>	Generic	HI
<i>imipenem-cilastatin intravenous solution reconstituted</i>	Generic	HI
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	Generic	HI
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	Generic	
<i>amoxicillin oral suspension reconstituted</i>	Generic	
<i>amoxicillin oral tablet</i>	Generic	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Generic	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Generic	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Generic	
<i>amoxicillin-pot clavulanate oral tablet</i>	Generic	
<i>ampicillin oral capsule 500 mg</i>	Generic	
<i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Generic	HI

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	Generic	HI
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Generic	HI
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	Generic	HI
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
<i>dicloxacillin sodium oral capsule</i>	Generic	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Generic	HI
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	Generic	HI
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Generic	HI
<i>oxacillin sodium intravenous solution reconstituted</i>	Generic	HI
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	Generic	HI
<i>penicillin g potassium injection solution reconstituted</i>	Generic	HI
<i>penicillin g sodium injection solution reconstituted</i>	Generic	HI; NEDS
<i>penicillin v potassium oral solution reconstituted</i>	Generic	
<i>penicillin v potassium oral tablet</i>	Generic	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	Generic	HI
Macrolides		
<i>azithromycin intravenous solution reconstituted</i>	Generic	HI
<i>azithromycin oral suspension reconstituted</i>	Generic	
<i>azithromycin oral tablet 250 mg (6 pack)</i>	Generic	MO
<i>azithromycin oral tablet 250 mg, 500 mg, 500 mg (3 pack), 600 mg</i>	Generic	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Generic	
<i>clarithromycin oral suspension reconstituted</i>	Generic	
<i>clarithromycin oral tablet</i>	Generic	
DIFICID ORAL SUSPENSION RECONSTITUTED	Brand	QL (136 ML per 10 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>erythromycin base oral capsule delayed release particles</i>	Generic	
<i>erythromycin base oral tablet</i>	Generic	
<i>erythromycin base oral tablet delayed release 333 mg, 500 mg</i>	Generic	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	Generic	
<i>erythromycin ophthalmic ointment</i>	Generic	
<i>erythromycin oral tablet delayed release</i>	Generic	
<i>fidaxomicin oral tablet</i>	Generic	QL (20 EA per 10 days); NEDS
Quinolones		
CILOXAN OPHTHALMIC OINTMENT	Brand	
<i>ciprofloxacin hcl ophthalmic solution</i>	Generic	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Generic	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	Generic	HI
<i>gatifloxacin ophthalmic solution</i>	Generic	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	Generic	HI
<i>levofloxacin intravenous solution</i>	Generic	
<i>levofloxacin ophthalmic solution 0.5 %</i>	Generic	
<i>levofloxacin oral solution</i>	Generic	
<i>levofloxacin oral tablet</i>	Generic	
<i>moxifloxacin hcl in nacl intravenous solution</i>	Generic	HI
<i>moxifloxacin hcl ophthalmic solution</i>	Generic	
<i>moxifloxacin hcl oral tablet</i>	Generic	
<i>ofloxacin ophthalmic solution</i>	Generic	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Generic	
<i>ofloxacin otic solution</i>	Generic	
Sulfonamides		
<i>sulfacetamide sodium ophthalmic solution</i>	Generic	
<i>sulfadiazine oral tablet</i>	Generic	NEDS
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Generic	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Generic	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted</i>	Generic	HI
<i>doxycycline hyclate intravenous solution reconstituted</i>	Generic	HI

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Generic	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Generic	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Generic	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Generic	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Generic	
<i>minocycline hcl oral capsule</i>	Generic	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	Generic	
<i>mondoxyne nl oral capsule 100 mg</i>	Generic	
<i>tetracycline hcl oral capsule</i>	Generic	
Anticonvulsants		
Anticonvulsants, Other		
<i>brivaracetam oral solution</i>	Generic	PA NS
<i>brivaracetam oral tablet</i>	Generic	PA NS
DIACOMIT ORAL CAPSULE	Brand	PA NS; MO; NEDS
DIACOMIT ORAL PACKET	Brand	PA NS; MO; NEDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Generic	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Generic	MO
<i>divalproex sodium oral tablet delayed release</i>	Generic	MO
FINTEPLA ORAL SOLUTION	Brand	PA NS; MO; NEDS
<i>lamotrigine oral tablet</i>	Generic	MO
<i>lamotrigine starter kit-blue oral kit</i>	Generic	
<i>lamotrigine starter kit-green oral kit</i>	Generic	NEDS
<i>lamotrigine starter kit-orange oral kit</i>	Generic	
<i>levetiracetam er oral tablet extended release 24 hour</i>	Generic	MO
<i>levetiracetam oral solution</i>	Generic	MO
<i>levetiracetam oral tablet</i>	Generic	MO
<i>levetiracetam oral tablet disintegrating soluble</i>	Generic	
<i>roweepra oral tablet 500 mg</i>	Generic	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	Brand	MO
SUBVENITE ORAL SUSPENSION	Generic	
<i>subvenite oral tablet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>subvenite starter kit-blue oral kit</i>	Generic	
<i>subvenite starter kit-green oral kit</i>	Generic	NEDS
<i>subvenite starter kit-orange oral kit</i>	Generic	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Brand	MO; QL (56 EA per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	MO; QL (56 EA per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	Brand	MO; QL (60 EA per 30 days); NEDS
XCOPRI ORAL TABLET 25 MG	Brand	QL (30 EA per 30 days); NEDS
XCOPRI ORAL TABLET 50 MG	Brand	MO; QL (90 EA per 30 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Brand	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Brand	QL (28 EA per 28 days); NEDS
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule</i>	Generic	MO
<i>ethosuximide oral solution</i>	Generic	MO
<i>methsuximide oral capsule</i>	Generic	
ZONISADE ORAL SUSPENSION	Brand	ST
<i>zonisamide oral capsule</i>	Generic	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	Generic	PA NS; MO
<i>clobazam oral tablet</i>	Generic	PA NS; MO
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	Generic	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	Generic	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	Generic	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	Generic	QL (300 EA per 30 days)
<i>diazepam rectal gel</i>	Generic	
EPIDIOLEX ORAL SOLUTION	Brand	PA NS; MO; NEDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Generic	MO; QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	Generic	MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	Generic	MO; QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	Generic	MO; QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	Generic	MO; QL (150 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
NAYZILAM NASAL SOLUTION	Brand	QL (10 EA per 30 days)
<i>phenobarbital oral elixir</i>	Generic	MO
<i>phenobarbital oral tablet</i>	Generic	MO
<i>primidone oral tablet 125 mg</i>	Generic	
<i>primidone oral tablet 250 mg, 50 mg</i>	Generic	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	Brand	PA NS; MO; NEDS
SYMPAZAN ORAL FILM 5 MG	Brand	PA NS; MO
<i>tiagabine hcl oral tablet</i>	Generic	MO
<i>valproic acid oral capsule</i>	Generic	MO
<i>valproic acid oral solution 250 mg/5ml</i>	Generic	MO
VALTOCO 10 MG DOSE NASAL LIQUID	Brand	QL (10 EA per 30 days); NEDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Brand	QL (10 EA per 30 days); NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Brand	QL (10 EA per 30 days); NEDS
VALTOCO 5 MG DOSE NASAL LIQUID	Brand	QL (10 EA per 30 days); NEDS
<i>vigabatrin oral packet</i>	Generic	PA NS; MO; NEDS
<i>vigabatrin oral tablet</i>	Generic	PA NS; MO; NEDS
<i>vigadrone oral packet</i>	Generic	PA NS; MO; NEDS
VIGADRONE ORAL TABLET	Brand	PA NS; NEDS
VIGAFYDE ORAL SOLUTION	Brand	PA NS; NEDS
ZTALMY ORAL SUSPENSION	Brand	PA NS; NEDS
Glutamate Reducing Agents		
<i>felbamate oral suspension</i>	Generic	MO
<i>felbamate oral tablet</i>	Generic	MO
FYCOMPA ORAL SUSPENSION	Brand	PA NS; MO; NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	Brand	PA NS; MO; NEDS
FYCOMPA ORAL TABLET 2 MG	Brand	PA NS; MO
<i>perampanel oral suspension</i>	Generic	PA NS; NEDS
<i>perampanel oral tablet</i>	Generic	PA NS
<i>topiramate oral capsule sprinkle</i>	Generic	MO
<i>topiramate oral solution 25 mg/ml</i>	Generic	
<i>topiramate oral tablet</i>	Generic	MO
Sodium Channel Agents		
<i>carbamazepine er oral capsule extended release 12 hour</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>carbamazepine er oral tablet extended release 12 hour</i>	Generic	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	Generic	MO
<i>carbamazepine oral tablet</i>	Generic	MO
<i>carbamazepine oral tablet chewable</i>	Generic	MO
DILANTIN ORAL CAPSULE 30 MG	Brand	MO
<i>eslicarbazepine acetate oral tablet</i>	Generic	PA NS; MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	Generic	
<i>lacosamide oral solution 10 mg/ml</i>	Generic	MO
<i>lacosamide oral tablet</i>	Generic	MO
<i>oxcarbazepine oral suspension</i>	Generic	MO
<i>oxcarbazepine oral tablet</i>	Generic	MO
<i>phenytek oral capsule</i>	Generic	MO
<i>phenytoin oral suspension</i>	Generic	MO
<i>phenytoin oral tablet chewable</i>	Generic	MO
<i>phenytoin sodium extended oral capsule</i>	Generic	MO
<i>rufinamide oral suspension 40 mg/ml</i>	Generic	PA NS; MO; NEDS
<i>rufinamide oral tablet 200 mg</i>	Generic	PA NS; MO
<i>rufinamide oral tablet 400 mg</i>	Generic	PA NS; MO; NEDS
Antidementia Agents		
Antidementia Agents, Other		
LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (10 ML per 28 days); NEDS
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (7.2 ML per 28 days); NEDS
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour</i>	Generic	MO; QL (30 EA per 30 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Brand	MO; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible</i>	Generic	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Generic	MO
<i>galantamine hydrobromide oral solution</i>	Generic	MO
<i>galantamine hydrobromide oral tablet</i>	Generic	MO
<i>rivastigmine tartrate oral capsule</i>	Generic	MO; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>rivastigmine transdermal patch 24 hour</i>	Generic	MO; QL (1 EA per 1 day)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour</i>	Generic	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	Generic	MO
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Generic	
Antidepressants		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE	Brand	QL (60 EA per 30 days); NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Generic	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Generic	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet</i>	Generic	MO
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	Brand	ST; NEDS
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 36.3 MG, 54.5 MG, 72.6 MG	Brand	ST; QL (30 EA per 30 days); NEDS
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	ST; NEDS
<i>mirtazapine oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	Generic	MO; QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET	Brand	MO; QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Brand	PA NS; QL (28 EA per 14 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG	Brand	PA NS; QL (14 EA per 14 days); NEDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	Brand	PA NS; MO; QL (30 EA per 30 days); NEDS
MARPLAN ORAL TABLET	Brand	MO
<i>phenelzine sulfate oral tablet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>tranylcypromine sulfate oral tablet</i>	Generic	MO
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution</i>	Generic	MO
<i>citalopram hydrobromide oral tablet</i>	Generic	MO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	Generic	MO; QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Generic	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 40 MG, 60 MG	Brand	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Brand	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Generic	MO; QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Generic	MO
<i>escitalopram oxalate oral tablet</i>	Generic	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Brand	PA NS; MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Brand	PA NS; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule</i>	Generic	MO
<i>fluoxetine hcl oral capsule delayed release</i>	Generic	MO; QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	Generic	MO
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	Generic	MO
<i>fluoxetine hcl oral tablet 60 mg</i>	Generic	
<i>fluvoxamine maleate oral tablet</i>	Generic	MO
<i>nefazodone hcl oral tablet</i>	Generic	MO
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Generic	PA NS; MO
<i>paroxetine hcl oral suspension</i>	Generic	PA NS; MO
RALDESY ORAL SOLUTION	Brand	
<i>sertraline hcl oral concentrate</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>sertraline hcl oral tablet</i>	Generic	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Generic	MO
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Generic	MO
<i>vilazodone hcl oral tablet</i>	Generic	PA NS; MO; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	Generic	MO
<i>amoxapine oral tablet</i>	Generic	MO
<i>clomipramine hcl oral capsule</i>	Generic	MO
<i>desipramine hcl oral tablet</i>	Generic	MO
<i>doxepin hcl oral capsule</i>	Generic	MO
<i>doxepin hcl oral concentrate</i>	Generic	MO
<i>doxepin hcl oral tablet</i>	Generic	
<i>imipramine hcl oral tablet</i>	Generic	MO
<i>nortriptyline hcl oral capsule</i>	Generic	MO
<i>nortriptyline hcl oral solution</i>	Generic	MO
<i>protriptyline hcl oral tablet</i>	Generic	MO
<i>trimipramine maleate oral capsule</i>	Generic	MO
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Generic	
<i>promethazine hcl injection solution</i>	Generic	PA
<i>promethazine hcl oral tablet</i>	Generic	PA
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Generic	PA
<i>promethegan rectal suppository 25 mg</i>	Generic	PA
<i>scopolamine transdermal patch 72 hour</i>	Generic	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg</i>	Generic	B/D; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	Generic	B/D; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Generic	B/D; QL (8 EA per 30 days)
<i>aprepitant oral capsule therapy pack</i>	Generic	B/D; QL (6 EA per 30 days)
<i>dronabinol oral capsule</i>	Generic	B/D; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet</i>	Generic	B/D; QL (30 EA per 30 days)
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Generic	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Generic	B/D; QL (450 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>ondansetron hcl oral tablet 24 mg</i>	Generic	B/D; QL (14 EA per 28 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Generic	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Generic	B/D
Antifungals		
Antifungals		
<i>amphotericin b intravenous solution reconstituted</i>	Generic	B/D; HI
<i>amphotericin b liposome intravenous suspension reconstituted</i>	Generic	B/D; HI; NEDS
<i>caspofungin acetate intravenous solution reconstituted</i>	Generic	HI
<i>ciclodan external solution</i>	Generic	
<i>ciclopirox external gel</i>	Generic	
<i>ciclopirox external shampoo</i>	Generic	
<i>ciclopirox external solution</i>	Generic	
<i>ciclopirox olamine external cream</i>	Generic	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	Generic	QL (60 ML per 30 days)
<i>clotrimazole external cream</i>	Generic	QL (90 GM per 30 days)
<i>clotrimazole external solution</i>	Generic	QL (30 ML per 30 days)
<i>clotrimazole mouth/throat troche</i>	Generic	
CRESEMBA ORAL CAPSULE	Brand	PA; NEDS
<i>econazole nitrate external cream</i>	Generic	QL (85 GM per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	Generic	HI
<i>fluconazole oral suspension reconstituted</i>	Generic	
<i>fluconazole oral tablet</i>	Generic	
<i>flucytosine oral capsule</i>	Generic	NEDS
<i>griseofulvin microsize oral suspension</i>	Generic	
<i>griseofulvin microsize oral tablet</i>	Generic	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Generic	
<i>itraconazole oral capsule</i>	Generic	
<i>ketoconazole external cream</i>	Generic	QL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	Generic	
<i>ketoconazole oral tablet</i>	Generic	
<i>micafungin sodium intravenous solution reconstituted</i>	Generic	HI
<i>miconazole 3 vaginal suppository</i>	Generic	
NATACYN OPHTHALMIC SUSPENSION	Brand	

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>nyamyc external powder</i>	Generic	QL (60 GM per 30 days)
<i>nystatin external cream</i>	Generic	
<i>nystatin external ointment</i>	Generic	
<i>nystatin external powder</i>	Generic	QL (60 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Generic	
<i>nystatin oral tablet</i>	Generic	
<i>nystatin-triamcinolone external cream</i>	Generic	
<i>nystatin-triamcinolone external ointment</i>	Generic	
<i>nystop external powder</i>	Generic	QL (60 GM per 30 days)
<i>posaconazole oral suspension</i>	Generic	PA; NEDS
<i>posaconazole oral tablet delayed release</i>	Generic	PA; MO; NEDS
<i>terbinafine hcl oral tablet</i>	Generic	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	Generic	
<i>terconazole vaginal suppository</i>	Generic	
<i>voriconazole intravenous solution reconstituted</i>	Generic	PA; HI
<i>voriconazole oral suspension reconstituted</i>	Generic	PA; NEDS
<i>voriconazole oral tablet</i>	Generic	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Generic	MO
<i>colchicine oral tablet</i>	Generic	
<i>colchicine-probenecid oral tablet</i>	Generic	MO
<i>febuxostat oral tablet</i>	Generic	MO
<i>probenecid oral tablet</i>	Generic	MO
Anti-Inflammatory Agents		
Glucocorticoids		
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	Generic	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection solution</i>	Generic	QL (8 ML per 30 days)
<i>dihydroergotamine mesylate nasal solution</i>	Generic	QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet</i>	Generic	QL (40 EA per 28 days)
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (1 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (2 ML per 28 days)
NURTEC ORAL TABLET DISPERSIBLE	Brand	PA; QL (18 EA per 30 days); NEDS
<i>timolol maleate oral tablet</i>	Generic	MO
UBRELVY ORAL TABLET	Brand	PA; QL (16 EA per 30 days); NEDS
Serotonin 5-Ht-Receptor Agonists		
<i>rizatriptan benzoate oral tablet</i>	Generic	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Generic	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	Generic	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Generic	QL (5 ML per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release</i>	Generic	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Generic	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	Generic	MO
<i>rifabutin oral capsule</i>	Generic	
Antituberculars		
<i>ethambutol hcl oral tablet</i>	Generic	
<i>isoniazid oral syrup</i>	Generic	MO
<i>isoniazid oral tablet</i>	Generic	MO
<i>pretomanid oral tablet</i>	Generic	
<i>pyrazinamide oral tablet</i>	Generic	
<i>rifampin intravenous solution reconstituted</i>	Generic	HI
<i>rifampin oral capsule</i>	Generic	
<i>rifapentine oral tablet</i>	Generic	
SIRTURO ORAL TABLET	Brand	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Generic	B/D
<i>cyclophosphamide oral tablet 50 mg</i>	Generic	B/D
LEUKERAN ORAL TABLET	Brand	NEDS
<i>lomustine oral capsule 10 mg, 40 mg</i>	Generic	
<i>lomustine oral capsule 100 mg</i>	Generic	NEDS
MATULANE ORAL CAPSULE	Brand	NEDS
<i>thiotepa injection solution reconstituted 15 mg</i>	Generic	NEDS
VALCHLOR EXTERNAL GEL	Brand	PA NS; NEDS
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	Generic	PA NS
<i>abiraterone acetate oral tablet 500 mg</i>	Generic	PA NS; NEDS
<i>abirtega oral tablet</i>	Generic	PA NS
<i>bicalutamide oral tablet</i>	Generic	
ERLEADA ORAL TABLET	Brand	PA NS; NEDS
EULEXIN ORAL CAPSULE	Brand	
<i>nilutamide oral tablet</i>	Generic	NEDS
NUBEQA ORAL TABLET	Brand	PA NS; NEDS
XTANDI ORAL CAPSULE	Brand	PA NS; NEDS
XTANDI ORAL TABLET	Brand	PA NS; NEDS
YONSA ORAL TABLET	Brand	PA NS; NEDS
Antiangiogenic Agents		
<i>lenalidomide oral capsule</i>	Generic	PA NS; LA; NEDS
<i>pomalidomide oral capsule 1 mg, 2 mg</i>	Generic	PA NS; QL (30 EA per 30 days); NEDS
<i>pomalidomide oral capsule 3 mg, 4 mg</i>	Generic	PA NS; NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG	Brand	PA NS; QL (30 EA per 30 days); NEDS
POMALYST ORAL CAPSULE 3 MG, 4 MG	Brand	PA NS; NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	Brand	PA NS; MO; NEDS
ZENBEXUS ORAL CAPSULE	Brand	PA NS; NEDS
Antiestrogens/Modifiers		
<i>fulvestrant intramuscular solution prefilled syringe</i>	Generic	NEDS
INLURIYO ORAL TABLET	Brand	PA NS; NEDS
ORSERDU ORAL TABLET	Brand	PA NS; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
SOLTAMOX ORAL SOLUTION	Brand	MO; NEDS
<i>tamoxifen citrate oral tablet</i>	Generic	MO
<i>toremifene citrate oral tablet 60 mg</i>	Generic	MO
<i>toremifene citrate oral tablet 60 mg</i>	Generic	MO; NEDS
Antimetabolites		
<i>azacitidine injection suspension reconstituted</i>	Generic	PA NS; NEDS
DROXIA ORAL CAPSULE	Brand	
<i>hydroxyurea oral capsule</i>	Generic	
INQOVI ORAL TABLET	Brand	PA NS; QL (5 EA per 28 days); NEDS
LONSURF ORAL TABLET	Brand	PA NS; NEDS
<i>mercaptopurine oral suspension</i>	Generic	NEDS
<i>mercaptopurine oral tablet</i>	Generic	
ONUREG ORAL TABLET	Brand	PA NS; NEDS
TABLOID ORAL TABLET	Brand	NEDS
Antineoplastics, Other		
<i>bleomycin sulfate injection solution reconstituted</i>	Generic	B/D
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 3.5 MG	Brand	NEDS
COTELLIC ORAL TABLET	Brand	PA NS; NEDS
GAVRETO ORAL CAPSULE	Brand	PA NS; NEDS
GILOTRIF ORAL TABLET	Brand	PA NS; QL (30 EA per 30 days); NEDS
IBRANCE ORAL CAPSULE	Brand	PA NS; NEDS
IBRANCE ORAL TABLET	Brand	PA NS; NEDS
IWILFIN ORAL TABLET	Brand	PA NS; NEDS
KRAZATI ORAL TABLET	Brand	PA NS; NEDS
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Brand	PA NS; QL (8 EA per 1 day); NEDS
LUMAKRAS ORAL TABLET 240 MG	Brand	PA NS; QL (4 EA per 1 day); NEDS
NINLARO ORAL CAPSULE	Brand	PA NS; NEDS
ODOMZO ORAL CAPSULE	Brand	PA NS; NEDS
OJJAARA ORAL TABLET 100 MG, 200 MG	Brand	PA NS; NEDS
OJJAARA ORAL TABLET 150 MG	Brand	PA NS; QL (30 EA per 30 days); NEDS
ONCASPAR INJECTION SOLUTION	Brand	NEDS
ORGOVYX ORAL TABLET	Brand	PA NS; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
RETEVMO ORAL TABLET 120 MG, 160 MG	Brand	PA NS; NEDS
RETEVMO ORAL TABLET 40 MG	Brand	PA NS; QL (90 EA per 30 days); NEDS
RETEVMO ORAL TABLET 80 MG	Brand	PA NS; QL (60 EA per 30 days); NEDS
TAGRISSE ORAL TABLET	Brand	PA NS; QL (30 EA per 30 days); NEDS
TUKYSA ORAL TABLET	Brand	PA NS; NEDS
VENCLEXTA ORAL TABLET 10 MG	Brand	PA NS
VENCLEXTA ORAL TABLET 100 MG, 50 MG	Brand	PA NS; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
VORANIGO ORAL TABLET	Brand	PA NS; QL (60 EA per 30 days); NEDS
WELIREG ORAL TABLET	Brand	PA NS; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Brand	PA NS; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	Brand	PA NS; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Brand	PA NS; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Brand	PA NS; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	Brand	PA NS; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
ZOLINZA ORAL CAPSULE	Brand	PA NS; NEDS
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	Generic	MO
<i>exemestane oral tablet</i>	Generic	MO
<i>letrozole oral tablet</i>	Generic	MO
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE	Brand	PA NS; NEDS
IDHIFA ORAL TABLET	Brand	PA NS; QL (30 EA per 30 days); NEDS
OGSIVEO ORAL TABLET	Brand	PA NS; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
REZLIDHIA ORAL CAPSULE	Brand	PA NS; NEDS
TIBSOVO ORAL TABLET	Brand	PA NS; NEDS
VERZENIO ORAL TABLET	Brand	PA NS; NEDS
VITRAKVI ORAL CAPSULE	Brand	PA NS; NEDS
VITRAKVI ORAL SOLUTION	Brand	PA NS; NEDS
XOSPATA ORAL TABLET	Brand	PA NS; NEDS
ZYDELIG ORAL TABLET	Brand	PA NS; NEDS
Molecular Target Inhibitors		
AKEEGA ORAL TABLET	Brand	PA NS; NEDS
ALECENSA ORAL CAPSULE	Brand	PA NS; NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Brand	PA NS; QL (30 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	Brand	PA NS; QL (120 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Brand	PA NS; QL (60 EA per 365 days); NEDS
AUGTYRO ORAL CAPSULE	Brand	PA NS; NEDS
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	Brand	PA NS; NEDS
AYVAKIT ORAL TABLET	Brand	PA NS; QL (1 EA per 1 day); NEDS
BALVERSA ORAL TABLET	Brand	PA NS; NEDS
BOSULIF ORAL CAPSULE	Brand	PA NS; NEDS
BOSULIF ORAL TABLET 100 MG, 500 MG	Brand	PA NS; NEDS
<i>bosutinib oral tablet 400 mg</i>	Generic	PA NS; NEDS
BRAFTOVI ORAL CAPSULE 75 MG	Brand	PA NS; NEDS
BRUKINSA ORAL CAPSULE	Brand	PA NS; NEDS
BRUKINSA ORAL TABLET	Brand	PA NS; NEDS
CABOMETYX ORAL TABLET 20 MG	Brand	PA NS; QL (30 EA per 30 days); NEDS
CABOMETYX ORAL TABLET 40 MG, 60 MG	Brand	PA NS; NEDS
CALQUENCE ORAL TABLET	Brand	PA NS; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
CAPRELSA ORAL TABLET 100 MG	Brand	PA NS; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	Brand	PA NS; NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Brand	PA NS; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Brand	PA NS; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Brand	PA NS; NEDS
DANZITEN ORAL TABLET	Brand	PA NS; NEDS
<i>dasatinib oral tablet</i>	Generic	PA NS; NEDS
DAURISMO ORAL TABLET	Brand	PA NS; NEDS
ENSACOVE ORAL CAPSULE	Brand	PA NS; NEDS
ERIVEDGE ORAL CAPSULE	Brand	PA NS; NEDS
<i>erlotinib hcl oral tablet</i>	Generic	PA NS; NEDS
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Generic	PA NS; QL (30 EA per 30 days); NEDS
<i>everolimus oral tablet soluble</i>	Generic	PA NS; NEDS
FOTIVDA ORAL CAPSULE	Brand	PA NS; NEDS
FRUZAQLA ORAL CAPSULE	Brand	PA NS; NEDS
<i>gefitinib oral tablet</i>	Generic	PA NS; NEDS
GOMEKLI ORAL CAPSULE	Brand	PA NS; NEDS
GOMEKLI ORAL TABLET SOLUBLE	Brand	PA NS; NEDS
HERNEXEOS ORAL TABLET	Brand	PA NS; NEDS
HYRNUO ORAL TABLET	Brand	PA NS; NEDS
IBTROZI ORAL CAPSULE	Brand	PA NS; NEDS
ICLUSIG ORAL TABLET	Brand	PA NS; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet 100 mg</i>	Generic	
<i>imatinib mesylate oral tablet 400 mg</i>	Generic	NEDS
IMBRUVICA ORAL CAPSULE 140 MG	Brand	PA NS; QL (120 EA per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	Brand	PA NS; QL (28 EA per 28 days); NEDS
IMBRUVICA ORAL SUSPENSION	Brand	PA NS; NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG	Brand	PA NS; QL (28 EA per 28 days); NEDS
IMBRUVICA ORAL TABLET 420 MG	Brand	PA NS; NEDS
IMKELDI ORAL SOLUTION	Brand	PA NS; NEDS
INLYTA ORAL TABLET	Brand	PA NS; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
INREBIC ORAL CAPSULE	Brand	PA NS; NEDS
ITOVEBI ORAL TABLET 3 MG	Brand	PA NS; QL (60 EA per 30 days); NEDS
ITOVEBI ORAL TABLET 9 MG	Brand	PA NS; NEDS
JAKAFI ORAL TABLET	Brand	PA NS; QL (60 EA per 30 days); NEDS
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	PA NS; QL (30 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	Brand	PA NS; NEDS
JAYPIRCA ORAL TABLET 50 MG	Brand	PA NS; QL (30 EA per 30 days); NEDS
JIDEYTRO ORAL TABLET 100 MG	Brand	PA NS; QL (30 EA per 30 days); NEDS
JIDEYTRO ORAL TABLET 25 MG	Brand	PA NS; QL (90 EA per 30 days); NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
KOMZIFTI ORAL CAPSULE	Brand	PA NS; NEDS
KOSELUGO ORAL CAPSULE 10 MG	Brand	PA NS; QL (8 EA per 1 day); NEDS
KOSELUGO ORAL CAPSULE 25 MG	Brand	PA NS; QL (4 EA per 1 day); NEDS
KOSELUGO ORAL CAPSULE SPRINKLE	Brand	PA NS; NEDS
<i>lapatinib ditosylate oral tablet</i>	Generic	PA NS; LA; NEDS
LAZCLUZE ORAL TABLET 240 MG	Brand	PA NS; NEDS
LAZCLUZE ORAL TABLET 80 MG	Brand	PA NS; QL (60 EA per 30 days); NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LORBRENA ORAL TABLET	Brand	PA NS; NEDS
LYNPARZA ORAL TABLET	Brand	PA NS; NEDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
MEKINIST ORAL SOLUTION RECONSTITUTED	Brand	PA NS; NEDS
MEKINIST ORAL TABLET	Brand	PA NS; NEDS
MEKTOVI ORAL TABLET	Brand	PA NS; NEDS
MODEYSO ORAL CAPSULE	Brand	PA NS; NEDS
NERLYNX ORAL TABLET	Brand	PA NS; QL (180 EA per 30 days); NEDS
<i>nilotinib d-tartrate oral capsule</i>	Generic	PA NS; NEDS
<i>nilotinib hcl oral capsule</i>	Generic	PA NS; NEDS
OJEMDA ORAL SUSPENSION RECONSTITUTED	Brand	PA NS; NEDS
OJEMDA ORAL TABLET	Brand	PA NS; NEDS
<i>pazopanib hcl oral tablet 200 mg</i>	Generic	PA NS; NEDS
PEMAZYRE ORAL TABLET	Brand	PA NS; QL (30 EA per 30 days); NEDS
QINLOCK ORAL TABLET	Brand	PA NS; NEDS
REVUFORJ ORAL TABLET	Brand	PA NS; NEDS
ROMVIMZA ORAL CAPSULE	Brand	PA NS; NEDS
ROZLYTREK ORAL CAPSULE	Brand	PA NS; NEDS
ROZLYTREK ORAL PACKET	Brand	PA NS; NEDS
RUBRACA ORAL TABLET 200 MG	Brand	PA NS; QL (120 EA per 30 days); NEDS
RUBRACA ORAL TABLET 250 MG, 300 MG	Brand	PA NS; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
RYDAPT ORAL CAPSULE	Brand	PA NS; NEDS
SCEMBLIX ORAL TABLET 100 MG	Brand	PA NS; QL (120 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG	Brand	PA NS; QL (60 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	Brand	PA NS; QL (240 EA per 30 days); NEDS
<i>sorafenib tosylate oral tablet</i>	Generic	PA NS; NEDS
STIVARGA ORAL TABLET	Brand	PA NS; NEDS
<i>sunitinib malate oral capsule</i>	Generic	PA NS; NEDS
TABRECTA ORAL TABLET	Brand	PA NS; QL (120 EA per 30 days); NEDS
TAFINLAR ORAL CAPSULE	Brand	PA NS; NEDS
TAFINLAR ORAL TABLET SOLUBLE	Brand	PA NS; NEDS
TALZENNA ORAL CAPSULE	Brand	PA NS; NEDS
TAZVERIK ORAL TABLET	Brand	PA NS; QL (8 EA per 1 day); NEDS
TEPMETKO ORAL TABLET	Brand	PA NS; NEDS
<i>torpenz oral tablet</i>	Generic	PA NS; QL (30 EA per 30 days); NEDS
TRUQAP ORAL TABLET 200 MG	Brand	PA NS; NEDS
TRUQAP ORAL TABLET THERAPY PACK 160 MG	Brand	PA NS; NEDS
TURALIO ORAL CAPSULE 125 MG	Brand	PA NS; NEDS
VANFLYTA ORAL TABLET	Brand	PA NS; NEDS
VIZIMPRO ORAL TABLET	Brand	PA NS; NEDS
VONJO ORAL CAPSULE	Brand	PA NS; QL (4 EA per 1 day); NEDS
XALKORI ORAL CAPSULE	Brand	PA NS; NEDS
XALKORI ORAL CAPSULE SPRINKLE	Brand	PA NS; NEDS
YULITHIRA ORAL TABLET	Generic	PA NS; QL (30 EA per 30 days)
ZEJULA ORAL TABLET 100 MG	Brand	PA NS; QL (30 EA per 30 days); NEDS
ZEJULA ORAL TABLET 200 MG, 300 MG	Brand	PA NS; NEDS
ZELBORAF ORAL TABLET	Brand	PA NS; NEDS
ZYKADIA ORAL TABLET	Brand	PA NS; NEDS
Retinoids		
<i>bexarotene external gel</i>	Generic	PA NS; NEDS
<i>bexarotene oral capsule</i>	Generic	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
PANRETIN EXTERNAL GEL	Brand	NEDS
<i>tretinoin oral capsule</i>	Generic	NEDS
Treatment Adjuncts		
<i>lederle leucovorin oral tablet</i>	Generic	
<i>leucovorin calcium injection solution</i>	Generic	
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	Generic	
<i>leucovorin calcium oral tablet</i>	Generic	
<i>mesna oral tablet</i>	Generic	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	Generic	
<i>ivermectin oral tablet</i>	Generic	PA
<i>praziquantel oral tablet</i>	Generic	
Antiprotozoals		
<i>atovaquone oral suspension</i>	Generic	
<i>atovaquone-proguanil hcl oral tablet</i>	Generic	
<i>chloroquine phosphate oral tablet</i>	Generic	MO
COARTEM ORAL TABLET	Brand	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg</i>	Generic	
IMPAVIDO ORAL CAPSULE	Brand	NEDS
<i>mefloquine hcl oral tablet</i>	Generic	MO
<i>nitazoxanide oral tablet</i>	Generic	NEDS
<i>pentamidine isethionate inhalation solution reconstituted</i>	Generic	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	Generic	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Generic	
<i>pyrimethamine oral tablet</i>	Generic	NEDS
<i>quinine sulfate oral capsule</i>	Generic	PA
Pediculicides/Scabicides		
<i>malathion external lotion</i>	Generic	
<i>permethrin external cream</i>	Generic	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>trihexyphenidyl hcl oral tablet</i>	Generic	MO
Antiparkinson Agents, Other		
<i>entacapone oral tablet</i>	Generic	MO
Dopamine Agonists		
<i>bromocriptine mesylate oral capsule</i>	Generic	MO
<i>bromocriptine mesylate oral tablet</i>	Generic	MO
<i>pramipexole dihydrochloride oral tablet</i>	Generic	MO
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Generic	MO
<i>ropinirole hcl oral tablet</i>	Generic	MO
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet</i>	Generic	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Generic	MO
<i>carbidopa-levodopa oral tablet</i>	Generic	MO
<i>carbidopa-levodopa oral tablet dispersible</i>	Generic	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Generic	MO
INBRIJA INHALATION CAPSULE	Brand	PA; MO; QL (10 EA per 1 day); NEDS
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet</i>	Generic	MO
<i>selegiline hcl oral capsule</i>	Generic	MO
<i>selegiline hcl oral tablet</i>	Generic	MO
Antipsychotics		
1St Generation/Typical		
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	Generic	
<i>chlorpromazine hcl oral concentrate</i>	Generic	MO
<i>chlorpromazine hcl oral tablet</i>	Generic	MO
<i>fluphenazine decanoate injection solution</i>	Generic	
<i>fluphenazine hcl injection solution</i>	Generic	
<i>fluphenazine hcl oral concentrate</i>	Generic	MO
<i>fluphenazine hcl oral elixir</i>	Generic	MO
<i>fluphenazine hcl oral tablet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>haloperidol decanoate intramuscular solution</i>	Generic	
<i>haloperidol lactate injection solution</i>	Generic	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Generic	MO
<i>haloperidol oral tablet</i>	Generic	MO
<i>loxapine succinate oral capsule</i>	Generic	MO
<i>molindone hcl oral tablet</i>	Generic	MO
<i>perphenazine oral tablet</i>	Generic	MO
<i>pimozide oral tablet</i>	Generic	MO
<i>prochlorperazine maleate oral tablet</i>	Generic	MO
<i>prochlorperazine rectal suppository</i>	Generic	
<i>thioridazine hcl oral tablet</i>	Generic	MO
<i>thiothixene oral capsule</i>	Generic	MO
<i>trifluoperazine hcl oral tablet</i>	Generic	MO
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Brand	MO; NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Brand	MO; NEDS
<i>aripiprazole oral solution</i>	Generic	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	Generic	MO; QL (60 EA per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	Brand	QL (3.9 ML per 60 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	Brand	QL (1.6 ML per 30 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	Brand	QL (2.4 ML per 30 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	Brand	QL (3.2 ML per 30 days); NEDS
<i>asenapine maleate sublingual tablet sublingual</i>	Generic	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE	Brand	ST; MO; QL (30 EA per 30 days); NEDS
COBENFY ORAL CAPSULE	Brand	PA NS; QL (60 EA per 30 days); NEDS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	Brand	PA NS; QL (112 EA per 365 days); NEDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	Brand	ST; QL (60 EA per 30 days); NEDS
FANAPT ORAL TABLET 2 MG	Brand	ST; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
FANAPT TITRATION PACK A ORAL TABLET	Brand	ST; QL (16 EA per 365 days)
FANAPT TITRATION PACK B ORAL TABLET	Brand	ST; QL (24 EA per 365 days)
FANAPT TITRATION PACK C ORAL TABLET	Brand	ST; QL (16 EA per 365 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Brand	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Brand	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML	Brand	NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	Brand	MO; NEDS
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	Generic	MO; QL (60 EA per 30 days)
LYBALVI ORAL TABLET	Brand	ST; QL (30 EA per 30 days); NEDS
NUPLAZID ORAL CAPSULE	Brand	PA NS; MO; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	Brand	PA NS; MO; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Generic	
<i>olanzapine oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	Generic	MO; QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	Brand	PA NS; QL (90 EA per 30 days); NEDS
OPIPZA ORAL FILM 2 MG	Brand	PA NS; QL (30 EA per 30 days); NEDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Generic	MO; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Brand	MO; NEDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Generic	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 150 mg</i>	Generic	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Generic	MO; QL (60 EA per 30 days)
REXULTI ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	Generic	
<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	Generic	NEDS
<i>risperidone oral solution 1 mg/ml</i>	Generic	MO; QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	Generic	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible</i>	Generic	MO; QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR	Brand	ST; MO; QL (30 EA per 30 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	Brand	QL (0.28 ML per 30 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	Brand	QL (0.35 ML per 30 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	Brand	QL (0.42 ML per 60 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML, 250 MG/0.7ML, 75 MG/0.21ML	Brand	NEDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	Brand	QL (0.14 ML per 30 days); NEDS
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	Brand	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Brand	MO; QL (1 EA per 1 day)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Generic	QL (60 EA per 30 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 25 mg</i>	Generic	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	Generic	QL (120 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	Generic	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	Generic	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	Generic	QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>clozapine oral tablet dispersible 150 mg</i>	Generic	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	Generic	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION	Brand	QL (540 ML per 30 days); NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Generic	
<i>dantrolene sodium oral capsule</i>	Generic	
<i>tizanidine hcl oral tablet</i>	Generic	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET	Brand	NEDS
PREVYMIS ORAL PACKET	Brand	PA; NEDS
PREVYMIS ORAL TABLET	Brand	PA; MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	Generic	MO; NEDS
<i>valganciclovir hcl oral tablet</i>	Generic	MO
ZIRGAN OPHTHALMIC GEL	Brand	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	Generic	PA; MO
BARACLUDE ORAL SOLUTION	Brand	MO; QL (600 ML per 30 days); NEDS
<i>entecavir oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Generic	MO
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
MAVYRET ORAL PACKET	Brand	PA; QL (560 EA per 365 days); NEDS
MAVYRET ORAL TABLET	Brand	PA; QL (336 EA per 365 days); NEDS
VOSEVI ORAL TABLET	Brand	PA; QL (84 EA per 365 days); NEDS
Anti-Hepatitis C (Hcv) Agents, Other		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Brand	NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	NEDS
<i>ribavirin inhalation solution reconstituted</i>	Generic	NEDS
<i>ribavirin oral capsule</i>	Generic	
<i>ribavirin oral tablet 200 mg</i>	Generic	

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Antiherpetic Agents		
<i>acyclovir oral capsule</i>	Generic	
<i>acyclovir oral suspension 200 mg/5ml</i>	Generic	
<i>acyclovir oral tablet</i>	Generic	
<i>acyclovir sodium intravenous solution</i>	Generic	B/D; HI
<i>famciclovir oral tablet</i>	Generic	
<i>trifluridine ophthalmic solution</i>	Generic	
<i>valacyclovir hcl oral tablet</i>	Generic	QL (120 EA per 30 days)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG	Brand	QL (30 EA per 30 days); NEDS
BIKTARVY ORAL TABLET 50-200-25 MG	Brand	MO; QL (30 EA per 30 days); NEDS
GENVOYA ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
ISENTRESS HD ORAL TABLET	Brand	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	Brand	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET	Brand	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Brand	MO; QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Brand	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
SYMTUZA ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
TIVICAY ORAL TABLET 50 MG	Brand	MO; QL (60 EA per 30 days); NEDS
TIVICAY PD ORAL TABLET SOLUBLE	Brand	MO; QL (180 EA per 30 days); NEDS
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
EDURANT PED ORAL TABLET SOLUBLE	Brand	QL (180 EA per 30 days); NEDS
<i>efavirenz oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofof df oral tablet</i>	Generic	QL (30 EA per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>etravirine oral tablet</i>	Generic	MO; QL (60 EA per 30 days); NEDS
INTELENCE ORAL TABLET 25 MG	Brand	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	Generic	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	Generic	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
PIFELTRO ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
<i>rilpivirine hcl oral tablet</i>	Generic	QL (30 EA per 30 days); NEDS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	Generic	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet</i>	Generic	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
DELSTRIGO ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 120-15 MG	Brand	QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 200-25 MG	Brand	MO; QL (30 EA per 30 days); NEDS
DOVATO ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Generic	MO; QL (30 EA per 30 days); NEDS
<i>emtricitabine oral capsule</i>	Generic	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	Generic	MO; QL (30 EA per 30 days); NEDS
EMTRIVA ORAL SOLUTION	Brand	MO; QL (850 ML per 30 days)
IDVYNZO ORAL TABLET	Brand	QL (30 EA per 30 days); NEDS
JULUCA ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
<i>lamivudine oral solution 10 mg/ml</i>	Generic	MO; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Generic	MO; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>lamivudine oral tablet 300 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	Generic	MO; QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE	Generic	QL (180 EA per 30 days); NEDS
VIREAD ORAL POWDER	Brand	MO; QL (240 GM per 30 days); NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Brand	MO; QL (30 EA per 30 days); NEDS
<i>zidovudine oral capsule</i>	Generic	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	Generic	MO; QL (1920 ML per 30 days)
<i>zidovudine oral tablet</i>	Generic	MO; QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
<i>maraviroc oral tablet 150 mg</i>	Generic	MO; QL (60 EA per 30 days); NEDS
<i>maraviroc oral tablet 300 mg</i>	Generic	MO; QL (120 EA per 30 days); NEDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	Brand	MO; QL (2 EA per 1 day); NEDS
SELZENTRY ORAL SOLUTION	Brand	MO; NEDS
SUNLENCA ORAL TABLET	Brand	QL (24 EA per 168 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	Brand	QL (8 EA per 365 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	Brand	QL (10 EA per 365 days); NEDS
TYBOST ORAL TABLET	Brand	MO; QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	Brand	MO; QL (120 EA per 30 days); NEDS
<i>atazanavir sulfate oral capsule 150 mg</i>	Generic	MO
<i>atazanavir sulfate oral capsule 200 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	Generic	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	Generic	QL (30 EA per 30 days); NEDS
EVOTAZ ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
<i>fosamprenavir calcium oral tablet</i>	Generic	MO; QL (120 EA per 30 days); NEDS
KALETRA ORAL SOLUTION	Brand	

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>lopinavir-ritonavir oral tablet</i>	Generic	MO
NORVIR ORAL PACKET	Brand	MO; QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG	Brand	QL (30 EA per 30 days); NEDS
PREZCOBIX ORAL TABLET 800-150 MG	Brand	MO; QL (30 EA per 30 days); NEDS
PREZISTA ORAL SUSPENSION	Brand	QL (400 ML per 30 days); NEDS
PREZISTA ORAL TABLET 150 MG	Brand	QL (180 EA per 30 days); NEDS
PREZISTA ORAL TABLET 75 MG	Brand	QL (300 EA per 30 days)
REYATAZ ORAL PACKET	Brand	MO; QL (180 EA per 30 days); NEDS
<i>ritonavir oral tablet</i>	Generic	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	Brand	MO; QL (300 EA per 30 days); NEDS
VIRACEPT ORAL TABLET 625 MG	Brand	MO; QL (120 EA per 30 days); NEDS
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	Generic	MO
<i>amantadine hcl oral solution 50 mg/5ml</i>	Generic	
<i>amantadine hcl oral tablet</i>	Generic	MO
<i>oseltamivir phosphate oral capsule 30 mg</i>	Generic	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	Generic	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	Generic	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Generic	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Brand	QL (240 EA per 365 days)
<i>rimantadine hcl oral tablet</i>	Generic	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Brand	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Brand	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Generic	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Generic	PA
<i>hydroxyzine hcl oral tablet</i>	Generic	PA

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Generic	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	Generic	QL (150 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	Generic	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	Generic	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Generic	QL (360 EA per 30 days)
<i>diazepam intensol oral concentrate</i>	Generic	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	Generic	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	Generic	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Generic	QL (90 EA per 30 days)
<i>lorazepam injection solution</i>	Generic	
<i>lorazepam intensol oral concentrate</i>	Generic	QL (150 ML per 30 days)
<i>lorazepam oral concentrate</i>	Generic	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Generic	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Generic	QL (150 EA per 30 days)
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>paroxetine hcl oral tablet</i>	Generic	PA NS; MO
<i>venlafaxine hcl oral tablet</i>	Generic	MO
Bipolar Agents		
Bipolar Agents, Other		
<i>ziprasidone hcl oral capsule</i>	Generic	MO; QL (60 EA per 30 days)
Mood Stabilizers		
<i>lamotrigine oral tablet chewable</i>	Generic	MO
<i>lithium carbonate er oral tablet extended release</i>	Generic	MO
<i>lithium carbonate oral capsule</i>	Generic	MO
<i>lithium carbonate oral tablet</i>	Generic	MO
<i>lithium oral solution</i>	Generic	MO
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	Generic	MO; QL (3 EA per 1 day)
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour</i>	Generic	MO
<i>dapagliflozin oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
FARXIGA ORAL TABLET	Brand	MO; QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Generic	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>glipizide er oral tablet extended release 24 hour</i>	Generic	MO
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	Generic	MO
<i>glyburide oral tablet</i>	Generic	PA; MO
GLYXAMBI ORAL TABLET	Brand	MO
JANUVIA ORAL TABLET	Brand	MO; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET	Brand	MO; QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour</i>	Generic	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Generic	MO
<i>miglitol oral tablet</i>	Generic	MO
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet</i>	Generic	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Brand	PA; MO; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Brand	PA; MO; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA; MO; QL (3 ML per 28 days)
OZEMPIC ORAL TABLET 1.5 MG	Brand	PA; MO; QL (60 EA per 365 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	Brand	PA; MO; QL (30 EA per 30 days)
<i>pioglitazone hcl oral tablet</i>	Generic	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Generic	MO; QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	Generic	MO; QL (8 EA per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG	Brand	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 3 MG	Brand	PA; QL (60 EA per 365 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	QL (15 ML per 24 days)
SYNJARDY ORAL TABLET	Brand	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	MO
TRADJENTA ORAL TABLET	Brand	MO; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	MO
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Blood Glucose Regulators		
<i>glipizide-metformin hcl oral tablet</i>	Generic	MO
<i>glyburide-metformin oral tablet</i>	Generic	MO; QL (4 EA per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.5 MG/0.1ML	Brand	QL (0.4 ML per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 1 MG/0.2ML	Brand	QL (0.8 ML per 1 day)
GVOKE KIT SUBCUTANEOUS SOLUTION	Brand	QL (0.8 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Brand	QL (0.8 ML per 1 day)
JANUMET ORAL TABLET	Brand	MO; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	MO; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET	Brand	MO; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	MO; QL (2 EA per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet</i>	Generic	MO
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Generic	MO
Glycemic Agents		
<i>diazoxide oral suspension</i>	Generic	MO; NEDS
<i>glucagon emergency injection solution reconstituted 1 mg</i>	Generic	
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Brand	
BD INS SYR ULTRAFINE 1/2UNIT	Brand	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	Brand	
BD INSULIN SYRINGE HALF-UNIT	Brand	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	Brand	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML	Brand	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Brand	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	Brand	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	Brand	

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Brand	
CVS GAUZE STERILE PAD 2" X2"	Brand	
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	Brand	
HUMALOG INJECTION SOLUTION	Brand	MO
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	Brand	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	Brand	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	Brand	MO
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Brand	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Brand	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	Brand	MO
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Brand	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Brand	MO
HUMULIN N SUBCUTANEOUS SUSPENSION	Brand	MO
HUMULIN R INJECTION SOLUTION	Brand	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Brand	MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	Brand	MO
<i>insulin aspart flexpen subcutaneous solution pen- injector</i>	Generic	
<i>insulin aspart injection solution</i>	Generic	
<i>insulin aspart penfill subcutaneous solution cartridge</i>	Generic	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>insulin lispro injection solution</i>	Generic	MO
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Generic	MO
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	Generic	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
LANTUS SUBCUTANEOUS SOLUTION	Brand	MO
MONOJECT 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, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Brand	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	Brand	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	Brand	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	Brand	
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	Brand	
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML	Brand	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
Blood Glucose Supplies		
Glucose Monitoring Test Supplies		
<i>accu-chek aviva plus in vitro strip</i>	Generic	QL (5 EA per 1 day)
<i>accu-chek guide test in vitro strip</i>	Generic	QL (5 EA per 1 day)
<i>accu-chek smartview in vitro strip</i>	Generic	QL (5 EA per 1 day)
<i>accutrend glucose in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>advance intuition test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>advance micro-draw test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>advocate redi-code in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>advocate redi-code+ test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>advocate test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>agamatrix amp test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>agamatrix jazz test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>agamatrix presto test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>assure 3 test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>assure 4 test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>assure ii check in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>assure ii in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>assure platinum in vitro strip</i>	Generic	PA
<i>assure prism multi test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>assure pro test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>blood glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>careone blood glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>caresens n glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>caretouch test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever chek auto-code test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever chek auto-code voice in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever chek test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever choice auto-code test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever choice micro test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever choice no coding in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever choice talk system in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>contour next test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>contour test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>dexcom g6 receiver device</i>	Generic	PA
<i>dexcom g6 sensor</i>	Generic	PA
<i>dexcom g6 transmitter</i>	Generic	PA
<i>dexcom g7 receiver device</i>	Generic	PA
<i>dexcom g7 sensor</i>	Generic	PA
<i>easy plus ii glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>easy step test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>easy talk blood glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>easy touch test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>easy trak blood glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>easygluco in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>easymax 15 test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>enlite glucose sensor</i>	Generic	PA
<i>eversense sensor/holder</i>	Generic	PA
<i>eversense smart transmitter</i>	Generic	PA
FONDCIRCLE BLOOD GLUCOSE MONIT KIT	Brand	PA; QL (1 EA per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
FONDCIRCLE BLOOD GLUCOSE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
<i>freestyle insulinx test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>freestyle libre 14 day reader device</i>	Generic	PA
<i>freestyle libre 14 day sensor</i>	Generic	PA
<i>freestyle libre 2 plus sensor</i>	Generic	PA
<i>freestyle libre 2 reader device</i>	Generic	PA
<i>freestyle libre 2 sensor</i>	Generic	PA
<i>freestyle libre 3 plus sensor</i>	Generic	PA
<i>freestyle libre 3 reader device</i>	Generic	PA
<i>freestyle libre 3 sensor</i>	Generic	PA
<i>freestyle libre reader device</i>	Generic	PA
<i>freestyle lite test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>freestyle precision neo test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>freestyle test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>guardian link 3 transmitter</i>	Generic	PA
<i>guardian real-time replace ped device</i>	Generic	PA
<i>guardian sensor (3)</i>	Generic	PA
<i>onetouch ultra blue test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>onetouch ultra in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>onetouch ultra test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>onetouch verio in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>optiumez test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>precision xtra blood glucose in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>prodigy no coding blood gluc in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>quicktek test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>relion blood glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>relion confirm/micro test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>relion prime test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>relion ultima test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP	Brand	PA; QL (150 EA per 30 days)
Blood Products And Modifiers		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule</i>	Generic	QL (60 EA per 30 days)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE	Brand	MO; QL (420 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE	Brand	MO; QL (560 EA per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Brand	MO; QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE	Brand	MO; QL (84 EA per 28 days)
ELIQUIS ORAL TABLET 2.5 MG	Brand	MO; QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	Brand	MO
ELIQUIS ORAL TABLET SOLUBLE	Brand	MO; QL (140 EA per 28 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Generic	
<i>enoxaparin sodium injection solution prefilled syringe</i>	Generic	
<i>rivaroxaban oral suspension reconstituted</i>	Generic	QL (600 ML per 30 days)
<i>rivaroxaban oral tablet</i>	Generic	QL (60 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Brand	MO; QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Brand	MO; QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Brand	QL (102 EA per 365 days)
Blood Products And Modifiers, Other		
LEUKINE INJECTION SOLUTION RECONSTITUTED	Brand	PA; NEDS
VOYDEYA ORAL TABLET	Brand	PA; QL (180 EA per 30 days); NEDS
VOYDEYA ORAL TABLET THERAPY PACK	Brand	PA; QL (180 EA per 30 days); NEDS
Hemostasis Agents		
<i>tranexamic acid oral tablet</i>	Generic	
Platelet Modifying Agents		
DOPTELET ORAL TABLET	Brand	PA; NEDS
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE	Brand	PA; NEDS
<i>prasugrel hcl oral tablet</i>	Generic	MO
WAYRILZ ORAL TABLET	Brand	PA; QL (60 EA per 30 days); NEDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Generic	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Generic	

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Brand	NEDS
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Generic	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>	Generic	
<i>jantoven oral tablet</i>	Generic	MO
<i>warfarin sodium oral tablet</i>	Generic	MO
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule</i>	Generic	MO
<i>eltrombopag olamine oral packet</i>	Generic	PA; NEDS
<i>eltrombopag olamine oral tablet</i>	Generic	PA; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Brand	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Brand	PA; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Brand	NEDS
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Generic	MO
<i>cilostazol oral tablet</i>	Generic	MO
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Generic	QL (1 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Generic	MO
<i>dipyridamole oral tablet</i>	Generic	MO
<i>ticagrelor oral tablet 60 mg</i>	Generic	
<i>ticagrelor oral tablet 90 mg</i>	Generic	MO
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.05 mg</i>	Generic	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Generic	MO
<i>clonidine transdermal patch weekly</i>	Generic	MO
<i>guanfacine hcl oral tablet</i>	Generic	MO
<i>midodrine hcl oral tablet</i>	Generic	
Alpha-Adrenergic Blocking Agents		
<i>prazosin hcl oral capsule</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Angiotensin II Receptor Antagonists		
<i>amlodipine-olmesartan oral tablet</i>	Generic	MO
<i>candesartan cilexetil oral tablet</i>	Generic	MO
<i>candesartan cilexetil-hctz oral tablet</i>	Generic	MO
FILSPARI ORAL TABLET 200 MG	Brand	PA; QL (30 EA per 30 days); NEDS
FILSPARI ORAL TABLET 400 MG	Brand	PA; QL (60 EA per 30 days); NEDS
<i>irbesartan oral tablet</i>	Generic	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Generic	MO
<i>losartan potassium oral tablet</i>	Generic	MO
<i>losartan potassium-hctz oral tablet</i>	Generic	MO; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet</i>	Generic	MO
<i>olmesartan medoxomil-hctz oral tablet</i>	Generic	MO
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	Generic	MO; QL (180 EA per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg</i>	Generic	QL (60 EA per 30 days)
<i>sacubitril-valsartan oral tablet 97-103 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>telmisartan oral tablet</i>	Generic	MO
<i>telmisartan-hctz oral tablet</i>	Generic	MO
<i>valsartan oral tablet</i>	Generic	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	Generic	MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	Generic	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	Generic	MO
<i>captopril oral tablet</i>	Generic	MO
<i>enalapril maleate oral tablet</i>	Generic	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	Generic	MO
<i>fosinopril sodium oral tablet</i>	Generic	MO
<i>fosinopril sodium-hctz oral tablet</i>	Generic	MO
<i>lisinopril oral tablet</i>	Generic	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Generic	MO
<i>moexipril hcl oral tablet</i>	Generic	MO
<i>perindopril erbumine oral tablet</i>	Generic	MO
<i>quinapril hcl oral tablet</i>	Generic	MO; QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-25 mg</i>	Generic	MO; QL (1 EA per 1 day)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	Generic	MO; QL (2 EA per 1 day)
<i>ramipril oral capsule</i>	Generic	MO
<i>trandolapril oral tablet</i>	Generic	MO
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Generic	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet</i>	Generic	MO
<i>dofetilide oral capsule</i>	Generic	MO
<i>flecainide acetate oral tablet</i>	Generic	MO
<i>mexiletine hcl oral capsule</i>	Generic	MO
MULTAQ ORAL TABLET	Brand	MO
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Generic	MO
<i>propafenone hcl oral tablet</i>	Generic	MO
<i>quinidine gluconate er oral tablet extended release</i>	Generic	MO
<i>quinidine sulfate oral tablet</i>	Generic	MO
<i>sotalol hcl (af) oral tablet</i>	Generic	MO
<i>sotalol hcl oral tablet</i>	Generic	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	Generic	MO
<i>atenolol oral tablet</i>	Generic	MO
<i>atenolol-chlorthalidone oral tablet</i>	Generic	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Generic	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Generic	MO
<i>carvedilol oral tablet</i>	Generic	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Generic	MO
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Generic	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Generic	MO
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Generic	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Generic	MO
<i>pindolol oral tablet</i>	Generic	MO
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Generic	MO
<i>propranolol hcl oral solution</i>	Generic	MO
<i>propranolol hcl oral tablet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Calcium Channel Blocking Agents		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Generic	MO
<i>amlodipine besylate oral tablet</i>	Generic	MO
<i>amlodipine besylate-valsartan oral tablet</i>	Generic	MO; QL (1 EA per 1 day)
<i>cartia xt oral capsule extended release 24 hour</i>	Generic	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	Generic	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Generic	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Generic	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Generic	MO
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	Generic	MO
<i>diltiazem hcl oral tablet</i>	Generic	MO
<i>dilt-xr oral capsule extended release 24 hour</i>	Generic	MO
<i>felodipine er oral tablet extended release 24 hour</i>	Generic	MO
<i>matzim la oral tablet extended release 24 hour</i>	Generic	MO
<i>nicardipine hcl oral capsule</i>	Generic	MO
<i>nifedipine er oral tablet extended release 24 hour</i>	Generic	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Generic	MO
<i>tiadylt er oral capsule extended release 24 hour</i>	Generic	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Generic	MO
<i>verapamil hcl er oral tablet extended release</i>	Generic	MO
<i>verapamil hcl oral tablet</i>	Generic	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet</i>	Generic	MO
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (2.4 ML per 28 days); NEDS
CORLANOR ORAL SOLUTION	Brand	PA; MO; QL (450 ML per 30 days)
<i>digoxin oral solution</i>	Generic	MO
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Generic	MO
<i>droxidopa oral capsule 100 mg</i>	Generic	PA
<i>droxidopa oral capsule 200 mg, 300 mg</i>	Generic	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>ivabradine hcl oral tablet</i>	Generic	PA; QL (60 EA per 30 days)
<i>metirosine oral capsule</i>	Generic	NEDS
NEXLETOL ORAL TABLET	Brand	PA; MO; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET	Brand	PA; MO; QL (1 EA per 1 day)
<i>pentoxifylline er oral tablet extended release</i>	Generic	MO
<i>ranolazine er oral tablet extended release 12 hour</i>	Generic	MO
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (0.5 ML per 84 days); NEDS
<i>telmisartan-amlodipine oral tablet</i>	Generic	MO
VANRAFIA ORAL TABLET	Brand	PA; QL (30 EA per 30 days); NEDS
VERQUVO ORAL TABLET	Brand	PA; MO; QL (1 EA per 1 day)
WEGOVY ORAL TABLET 1.5 MG	Brand	PA; QL (60 EA per 365 days)
WEGOVY ORAL TABLET 25 MG, 4 MG, 9 MG	Brand	PA; QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	Brand	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	Brand	PA; QL (3 ML per 28 days)
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral tablet</i>	Generic	MO
<i>methazolamide oral tablet</i>	Generic	MO
Diuretics, Loop		
<i>bumetanide oral tablet</i>	Generic	MO
<i>ethacrynic acid oral tablet</i>	Generic	MO
<i>furosemide injection solution</i>	Generic	HI
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Generic	MO
<i>furosemide oral tablet</i>	Generic	MO
<i>toremide oral tablet</i>	Generic	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet</i>	Generic	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	Generic	MO
<i>eplerenone oral tablet</i>	Generic	MO
KERENDIA ORAL TABLET	Brand	PA; MO; QL (1 EA per 1 day)
<i>spironolactone oral tablet</i>	Generic	MO
<i>spironolactone-hctz oral tablet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>triamterene oral capsule</i>	Generic	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Generic	MO
<i>triamterene-hctz oral tablet</i>	Generic	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Generic	MO
<i>hydrochlorothiazide oral capsule</i>	Generic	MO
<i>hydrochlorothiazide oral tablet</i>	Generic	MO
<i>indapamide oral tablet</i>	Generic	MO
INZIRQO ORAL SUSPENSION RECONSTITUTED	Brand	PA
<i>metolazone oral tablet</i>	Generic	MO
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Generic	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Generic	MO
<i>gemfibrozil oral tablet</i>	Generic	MO
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet</i>	Generic	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Generic	MO
<i>fluvastatin sodium oral capsule</i>	Generic	MO
<i>lovastatin oral tablet</i>	Generic	MO
<i>pitavastatin calcium oral tablet</i>	Generic	MO
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Generic	MO; QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	Generic	MO; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet</i>	Generic	MO
<i>simvastatin oral tablet</i>	Generic	MO; QL (1.5 EA per 1 day)
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	Generic	MO
<i>cholestyramine light oral powder</i>	Generic	MO
<i>cholestyramine oral packet</i>	Generic	MO
<i>cholestyramine oral powder</i>	Generic	MO
<i>colesevelam hcl oral packet</i>	Generic	MO
<i>colesevelam hcl oral tablet</i>	Generic	MO
<i>colestipol hcl oral packet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>colestipol hcl oral tablet</i>	Generic	MO
<i>ezetimibe oral tablet</i>	Generic	MO
<i>ezetimibe-simvastatin oral tablet</i>	Generic	MO
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	Generic	MO
<i>omega-3-acid ethyl esters oral capsule</i>	Generic	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (2 ML per 28 days)
<i>prevalite oral packet</i>	Generic	MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (3 ML per 28 days)
VASCEPA ORAL CAPSULE 1 GM	Brand	
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet</i>	Generic	MO
<i>minoxidil oral tablet</i>	Generic	MO
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Generic	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Generic	MO
<i>isosorbide mononitrate oral tablet</i>	Generic	MO
NITRO-BID TRANSDERMAL OINTMENT	Brand	MO
<i>nitroglycerin rectal ointment</i>	Generic	
<i>nitroglycerin sublingual tablet sublingual</i>	Generic	MO
<i>nitroglycerin transdermal ointment</i>	Generic	
<i>nitroglycerin transdermal patch 24 hour</i>	Generic	MO
<i>nitroglycerin translingual solution</i>	Generic	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	Generic	MO; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	Generic	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Generic	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 5 mg</i>	Generic	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Generic	MO; QL (60 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	Generic	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	Generic	MO; QL (60 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Generic	MO
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release</i>	Generic	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg</i>	Generic	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	Generic	MO
<i>methylphenidate hcl oral tablet</i>	Generic	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	Generic	MO; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	Generic	MO; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET	Brand	PA; MO; QL (120 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	PA; QL (30 EA per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Brand	PA; QL (56 EA per 365 days); NEDS
<i>dextromethorphan-quinidine oral capsule</i>	Generic	PA; NEDS
FORZINITY SUBCUTANEOUS SOLUTION	Brand	PA; QL (14 ML per 28 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
INGREZZA ORAL CAPSULE 40 MG	Brand	PA; MO; QL (60 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE 60 MG, 80 MG	Brand	PA; MO; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	Brand	PA; QL (60 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	Brand	PA; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Brand	PA; QL (56 EA per 365 days); NEDS
<i>riluzole oral tablet</i>	Generic	MO; QL (2 EA per 1 day)
SKYCLARYS ORAL CAPSULE	Brand	PA; QL (90 EA per 30 days); NEDS
<i>tasimelteon oral capsule</i>	Generic	PA; MO; QL (30 EA per 30 days); NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	Generic	PA; MO
<i>tetrabenazine oral tablet 25 mg</i>	Generic	PA; MO; NEDS
VEOZAH ORAL TABLET	Brand	PA; QL (30 EA per 30 days)
Fibromyalgia Agents		
<i>milnacipran hcl oral</i>	Generic	MO; QL (110 EA per 365 days)
<i>milnacipran hcl oral tablet</i>	Generic	MO; QL (60 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	Generic	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	Generic	MO; QL (900 ML per 30 days)
SAVELLA ORAL TABLET	Brand	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	Brand	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Brand	PA; MO; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Brand	PA; MO; QL (4 EA per 28 days); NEDS
BETASERON SUBCUTANEOUS KIT	Brand	PA; MO; QL (15 EA per 30 days); NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Generic	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i>	Generic	PA; MO; QL (60 EA per 30 days)
<i>fingolimod hcl oral capsule</i>	Generic	PA; QL (30 EA per 30 days); NEDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Generic	PA; MO; QL (30 ML per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Generic	PA; MO; QL (12 ML per 28 days); NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (0.4 ML per 28 days); NEDS
<i>teriflunomide oral tablet</i>	Generic	PA; QL (30 EA per 30 days); NEDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Brand	PA; QL (14 EA per 365 days); NEDS
ZEPOSIA ORAL CAPSULE	Brand	PA; MO; QL (30 EA per 30 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	Brand	PA; QL (56 EA per 365 days); NEDS

Dental And Oral Agents

Dental And Oral Agents

<i>cevimeline hcl oral capsule</i>	Generic	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	Generic	
<i>kourzeq mouth/throat paste</i>	Generic	
<i>periogard mouth/throat solution</i>	Generic	
<i>pilocarpine hcl oral tablet</i>	Generic	MO
<i>triamcinolone acetonide mouth/throat paste</i>	Generic	

Dermatological Agents

Dermatological Agents

<i>acitretin oral capsule</i>	Generic	
<i>acyclovir external ointment</i>	Generic	QL (15 GM per 14 days)
<i>adapalene external gel 0.1 %</i>	Generic	
<i>adapalene external solution</i>	Generic	
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (8 ML per 28 days); NEDS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (6 ML per 28 days); NEDS
<i>ammonium lactate external cream</i>	Generic	
<i>ammonium lactate external lotion</i>	Generic	
<i>azelaic acid external gel</i>	Generic	QL (100 GM per 30 days)
<i>calcipotriene external cream</i>	Generic	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Generic	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Generic	QL (60 ML per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	Generic	
<i>clobetasol prop emollient base external cream</i>	Generic	QL (60 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>clobetasol propionate e external cream</i>	Generic	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	Generic	QL (60 GM per 30 days)
<i>clobetasol propionate external gel</i>	Generic	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment</i>	Generic	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	Generic	
<i>clobetasol propionate external solution</i>	Generic	QL (59 ML per 30 days)
<i>clodan external shampoo</i>	Generic	
<i>clotrimazole-betamethasone external cream</i>	Generic	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	Generic	QL (60 ML per 30 days)
<i>diclofenac sodium external gel 3 %</i>	Generic	QL (200 GM per 30 days)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; NEDS
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; NEDS
<i>erythromycin external gel</i>	Generic	
<i>erythromycin external solution</i>	Generic	
EUCRISA EXTERNAL OINTMENT	Brand	PA
<i>fluorouracil external cream 0.5 %</i>	Generic	MO; QL (30 GM per 30 days); NEDS
<i>fluorouracil external cream 5 %</i>	Generic	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	Generic	
<i>hydrocortisone (perianal) external cream</i>	Generic	
<i>imiquimod external cream 5 %</i>	Generic	QL (48 EA per 30 days)
<i>mupirocin calcium external cream</i>	Generic	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	Brand	PA; QL (2 EA per 28 days); NEDS
<i>pimecrolimus external cream</i>	Generic	
<i>podofilox external solution</i>	Generic	
<i>pramosone external cream 1-1 %</i>	Generic	
<i>procto-med hc external cream</i>	Generic	
<i>proctosol hc external cream</i>	Generic	
<i>proctozone-hc external cream</i>	Generic	
SANTYL EXTERNAL OINTMENT	Brand	QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	Generic	
<i>sulfacetamide sodium (acne) external lotion</i>	Generic	
<i>tacrolimus external ointment</i>	Generic	QL (120 GM per 30 days)
<i>tazarotene external cream</i>	Generic	QL (60 GM per 30 days)
<i>tazarotene external gel</i>	Generic	QL (100 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>tretinoin external cream</i>	Generic	
<i>tretinoin external gel</i>	Generic	
<i>trilatas external gel</i>	Generic	QL (100 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INTRAVENOUS SOLUTION 15 %	Brand	B/D; HI
<i>carglumic acid oral tablet soluble</i>	Generic	PA; NEDS
<i>clinisol sf intravenous solution</i>	Generic	B/D; HI
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	Brand	HI
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	Generic	HI
<i>kcl in dextrose-nacl intravenous solution 20-5-0.2 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	Generic	
<i>klor-con 10 oral tablet extended release</i>	Generic	MO
<i>klor-con m10 oral tablet extended release</i>	Generic	MO
<i>klor-con m15 oral tablet extended release</i>	Generic	MO
<i>klor-con m20 oral tablet extended release</i>	Generic	MO
<i>klor-con oral packet 20 meq</i>	Generic	MO
<i>klor-con oral tablet extended release</i>	Generic	MO
K-PHOS NO 2 ORAL TABLET	Brand	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Generic	HI
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	Generic	HI
<i>na sulfate-k sulfate-mg sulf oral solution</i>	Generic	
ORACIT ORAL SOLUTION	Brand	
<i>plenamine intravenous solution</i>	Generic	B/D; HI
<i>potassium chloride crys er oral tablet extended release</i>	Generic	MO
<i>potassium chloride er oral capsule extended release</i>	Generic	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Generic	MO
<i>potassium chloride er oral tablet extended release 15 meq</i>	Generic	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	Generic	HI

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>potassium chloride oral packet 20 meq</i>	Generic	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Generic	MO
<i>potassium citrate er oral tablet extended release</i>	Generic	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	Generic	
PREMASOL INTRAVENOUS SOLUTION 10 %	Brand	B/D; HI
PROSOL INTRAVENOUS SOLUTION	Brand	B/D; HI
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Generic	HI
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Generic	MO
TRAVASOL INTRAVENOUS SOLUTION	Brand	B/D; HI
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Brand	B/D; HI
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox oral tablet 90 mg</i>	Generic	
<i>deferasirox oral tablet soluble 125 mg</i>	Generic	MO
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	Generic	MO; NEDS
<i>kionex combination suspension</i>	Generic	
<i>penicillamine oral tablet</i>	Generic	NEDS
<i>sodium polystyrene sulfonate combination suspension</i>	Generic	
<i>sodium polystyrene sulfonate oral powder</i>	Generic	
<i>sps (sodium polystyrene sulf) combination suspension</i>	Generic	
<i>tolvaptan (hyponatremia) oral tablet</i>	Generic	PA; QL (120 EA per 30 days); NEDS
<i>tolvaptan oral tablet</i>	Generic	PA; QL (120 EA per 30 days); NEDS
<i>trientine hcl oral capsule 250 mg</i>	Generic	NEDS
VELTASSA ORAL PACKET 1 GM	Brand	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Brand	MO
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Brand	B/D; HI
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Brand	B/D; HI

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Brand	B/D; HI
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Brand	B/D; HI
<i>dextrose intravenous solution 10 %, 5 %</i>	Generic	HI
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	Generic	HI
INTRALIPID INTRAVENOUS EMULSION	Brand	B/D; HI
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Brand	HI
NUTRILIPID INTRAVENOUS EMULSION	Brand	B/D; HI
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	Brand	HI
Potassium Binders		
LOKELMA ORAL PACKET	Brand	QL (90 EA per 30 days)
Vitamins		
<i>pnv-dha oral capsule</i>	Generic	
<i>prenatal oral tablet 27-1 mg</i>	Generic	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	Generic	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Generic	
<i>dicyclomine hcl oral tablet 20 mg</i>	Generic	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Generic	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Generic	
Gastrointestinal Agents, Other		
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	Generic	
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	Brand	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Generic	
<i>loperamide hcl oral capsule</i>	Generic	
<i>metoclopramide hcl +rfd injection solution</i>	Generic	
<i>metoclopramide hcl injection solution</i>	Generic	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Generic	
<i>metoclopramide hcl oral tablet</i>	Generic	
MOTOFEN ORAL TABLET	Brand	
MOVANTIK ORAL TABLET	Brand	QL (30 EA per 30 days)
RELISTOR ORAL TABLET	Brand	QL (90 EA per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
REZDIFFRA ORAL TABLET	Brand	PA; QL (30 EA per 30 days); NEDS
TALICIA ORAL CAPSULE DELAYED RELEASE	Brand	
<i>ursodiol oral capsule 300 mg</i>	Generic	MO
<i>ursodiol oral tablet</i>	Generic	MO
VOQUEZNA DUAL PAK ORAL THERAPY PACK	Brand	PA
VOQUEZNA ORAL TABLET 10 MG	Brand	PA; QL (30 EA per 30 days)
VOQUEZNA ORAL TABLET 20 MG	Brand	PA; QL (60 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	Brand	PA
VOWST ORAL CAPSULE	Brand	PA; NEDS
XERMELO ORAL TABLET	Brand	PA; MO; QL (90 EA per 30 days); NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet 200 mg</i>	Generic	
<i>cimetidine oral tablet 300 mg</i>	Generic	MO
<i>cimetidine oral tablet 400 mg, 800 mg</i>	Generic	MO
<i>famotidine oral suspension reconstituted</i>	Generic	MO
<i>famotidine oral tablet 20 mg</i>	Generic	MO
<i>famotidine oral tablet 40 mg</i>	Generic	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet</i>	Generic	PA; MO; QL (2 EA per 1 day)
LINZESS ORAL CAPSULE	Brand	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule</i>	Generic	MO; QL (60 EA per 30 days)
Laxatives		
<i>constulose oral solution</i>	Generic	MO
<i>enulose oral solution</i>	Generic	MO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	Brand	
<i>gavilyte-g oral solution reconstituted</i>	Generic	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	Generic	
<i>generlac oral solution</i>	Generic	MO
<i>lactulose oral solution</i>	Generic	MO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Generic	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Generic	

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Protectants		
<i>misoprostol oral tablet</i>	Generic	MO
<i>sucralfate oral suspension</i>	Generic	MO
<i>sucralfate oral tablet</i>	Generic	MO
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release</i>	Generic	MO; QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release</i>	Generic	MO; QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg</i>	Generic	MO; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>	Generic	MO; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	Generic	MO; QL (2 EA per 1 day)
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
<i>betaine oral powder</i>	Generic	MO; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Brand	MO
CYSTAGON ORAL CAPSULE	Brand	MO
<i>l-glutamine oral packet</i>	Generic	PA; NEDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Generic	PA; MO; NEDS
<i>nitisinone oral capsule 20 mg</i>	Generic	PA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	Brand	PA; HI; NEDS
<i>sapropterin dihydrochloride oral packet</i>	Generic	PA; MO; NEDS
<i>sapropterin dihydrochloride oral tablet</i>	Generic	PA; NEDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Generic	NEDS
<i>sodium phenylbutyrate oral tablet</i>	Generic	MO; NEDS
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (20 ML per 28 days); NEDS
<i>yargesa oral capsule</i>	Generic	PA; NEDS
<i>zelvysia oral packet</i>	Generic	PA; NEDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Brand	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	Brand	MO; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA ORAL TABLET	Brand	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Brand	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Generic	MO
<i>oxybutynin chloride oral solution</i>	Generic	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Generic	MO
<i>solifenacin succinate oral tablet</i>	Generic	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Generic	MO
<i>tolterodine tartrate oral tablet</i>	Generic	MO
<i>tropium chloride er oral capsule extended release 24 hour</i>	Generic	MO
<i>tropium chloride oral tablet</i>	Generic	MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Generic	MO; QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet</i>	Generic	MO
<i>dutasteride oral capsule</i>	Generic	MO
<i>dutasteride-tamsulosin hcl oral capsule</i>	Generic	MO
<i>finasteride oral tablet 5 mg</i>	Generic	MO; QL (1 EA per 1 day)
<i>silodosin oral capsule</i>	Generic	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Generic	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Generic	MO
<i>terazosin hcl oral capsule</i>	Generic	MO
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	Generic	
ELMIRON ORAL CAPSULE	Brand	NEDS
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule</i>	Generic	MO
<i>calcium acetate (phos binder) oral tablet</i>	Generic	MO
<i>calcium acetate oral tablet 667 mg</i>	Generic	MO
<i>sevelamer carbonate oral packet</i>	Generic	MO
<i>sevelamer carbonate oral tablet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>sevelamer hcl oral tablet 800 mg</i>	Generic	MO
Glucose Monitoring Test Supplies		
Glucose Monitoring Test Supplies		
ACCU-CHEK AVIVA PLUS KIT	Brand	QL (1 EA per 365 days)
ACCU-CHEK GUIDE KIT	Brand	QL (1 EA per 365 days)
ACCU-CHEK GUIDE ME KIT	Brand	QL (1 EA per 365 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>alclometasone dipropionate external cream</i>	Generic	QL (240 GM per 30 days)
<i>alclometasone dipropionate external ointment</i>	Generic	QL (240 GM per 30 days)
<i>betamethasone dipropionate aug external cream</i>	Generic	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Generic	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Generic	QL (180 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Generic	QL (150 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	Generic	QL (150 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	Generic	QL (150 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	Generic	QL (150 GM per 30 days)
<i>betamethasone valerate external cream</i>	Generic	QL (150 GM per 30 days)
<i>betamethasone valerate external lotion</i>	Generic	QL (180 ML per 30 days)
<i>betamethasone valerate external ointment</i>	Generic	QL (150 GM per 30 days)
<i>desonide external cream</i>	Generic	QL (240 GM per 30 days)
<i>desonide external ointment</i>	Generic	QL (120 GM per 30 days)
<i>desoximetasone external cream 0.25 %</i>	Generic	QL (100 GM per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Brand	
<i>dexamethasone oral elixir</i>	Generic	
<i>dexamethasone oral solution</i>	Generic	
<i>dexamethasone oral tablet</i>	Generic	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Generic	
<i>fludrocortisone acetate oral tablet</i>	Generic	MO
<i>fluocinolone acetonide body external oil</i>	Generic	
<i>fluocinolone acetonide external cream</i>	Generic	QL (240 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>fluocinolone acetonide external ointment</i>	Generic	QL (240 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	Generic	QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Generic	
<i>fluocinonide emulsified base external cream</i>	Generic	QL (60 GM per 30 days)
<i>fluocinonide external cream</i>	Generic	QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	Generic	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	Generic	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	Generic	QL (60 ML per 30 days)
<i>fluticasone propionate external cream</i>	Generic	QL (150 GM per 30 days)
<i>fluticasone propionate external ointment</i>	Generic	QL (150 GM per 30 days)
<i>halobetasol propionate external cream</i>	Generic	QL (150 GM per 30 days)
<i>halobetasol propionate external ointment</i>	Generic	QL (150 GM per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Generic	QL (240 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Generic	QL (240 ML per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Generic	QL (100 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	Generic	QL (240 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	Generic	QL (60 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	Generic	QL (180 GM per 30 days)
<i>medpura hydrocortisone external cream</i>	Brand	QL (240 GM per 30 days)
<i>methylprednisolone oral tablet</i>	Generic	
<i>methylprednisolone oral tablet therapy pack</i>	Generic	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Generic	
<i>mometasone furoate external cream</i>	Generic	QL (150 GM per 30 days)
<i>mometasone furoate external ointment</i>	Generic	QL (150 GM per 30 days)
<i>mometasone furoate external solution</i>	Generic	
<i>prednisolone oral solution</i>	Generic	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	Generic	
PREDNISONE INTENSOL ORAL CONCENTRATE	Brand	
<i>prednisone oral solution</i>	Generic	
<i>prednisone oral tablet</i>	Generic	
<i>prednisone oral tablet therapy pack</i>	Generic	
TARPEYO ORAL CAPSULE DELAYED RELEASE	Brand	PA; QL (120 EA per 30 days); NEDS
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Generic	QL (160 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>triamcinolone acetonide external cream 0.5 %</i>	Generic	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	Generic	QL (180 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Generic	QL (160 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Generic	QL (150 GM per 30 days)
<i>triderm external cream 0.5 %</i>	Generic	QL (454 GM per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</i>	Generic	MO
<i>desmopressin acetate injection solution</i>	Generic	
<i>desmopressin acetate oral tablet</i>	Generic	MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	Brand	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Brand	PA; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE	Brand	PA; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	Brand	PA; LA; MO; NEDS
ISTURISA ORAL TABLET 1 MG	Brand	PA; QL (240 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	Brand	PA; QL (360 EA per 30 days); NEDS
VYNDAMAX ORAL CAPSULE	Brand	PA; MO; QL (1 EA per 1 day); NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>mifepristone oral tablet 300 mg</i>	Generic	PA; QL (120 EA per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol oral capsule</i>	Generic	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Generic	MO
<i>testosterone cypionate intramuscular solution 200 mg/ml (1 ml)</i>	Generic	
<i>testosterone enanthate intramuscular solution</i>	Generic	MO
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Generic	PA; MO
Estrogens		
<i>abigale lo oral tablet</i>	Generic	MO
<i>abigale oral tablet</i>	Generic	MO
<i>altavera oral tablet</i>	Generic	MO
<i>alyacen 1/35 oral tablet</i>	Generic	MO
<i>amethia oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>amethyst oral tablet</i>	Generic	MO
<i>apri oral tablet</i>	Generic	MO
<i>aranelle oral tablet</i>	Generic	MO
<i>ashlyna oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>aubra eq oral tablet</i>	Generic	MO
<i>aviane oral tablet</i>	Generic	MO
<i>azurette oral tablet</i>	Generic	MO
<i>balziva oral tablet</i>	Generic	MO
<i>blisovi 24 fe oral tablet</i>	Generic	MO
<i>blisovi fe 1.5/30 oral tablet</i>	Generic	MO
<i>briellyn oral tablet</i>	Generic	MO
<i>camrese lo oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>camrese oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>cryselle oral tablet</i>	Generic	MO
<i>cyred eq oral tablet</i>	Generic	MO
<i>daysee oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Generic	MO
<i>dotti transdermal patch twice weekly</i>	Generic	MO; QL (8 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>drospirenone-ethinyl estradiol oral tablet</i>	Generic	MO
<i>eluryng vaginal ring</i>	Generic	MO
<i>enilloring vaginal ring</i>	Generic	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	Generic	MO
<i>estarylla oral tablet</i>	Generic	MO
<i>estradiol oral tablet</i>	Generic	MO
<i>estradiol transdermal patch twice weekly</i>	Generic	MO; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Generic	MO
<i>estradiol vaginal cream 0.01 %</i>	Generic	MO
<i>estradiol vaginal tablet</i>	Generic	MO
<i>estradiol-norethindrone acet oral tablet</i>	Generic	MO
ESTRING VAGINAL RING 7.5 MCG/24HR	Brand	MO; QL (1 EA per 90 days)
<i>estrogens conjugated oral tablet</i>	Generic	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Generic	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Generic	MO
<i>falmina oral tablet</i>	Generic	MO
<i>feirza 1.5/30 oral tablet</i>	Generic	MO
<i>feirza 1/20 oral tablet</i>	Generic	MO
<i>fyavolv oral tablet</i>	Generic	MO
<i>galbriela oral tablet chewable</i>	Generic	MO
<i>hailey 24 fe oral tablet</i>	Generic	MO
HAILEY FE 1/20 ORAL TABLET	Generic	MO
<i>iclevia oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>introvale oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>isibloom oral tablet</i>	Generic	MO
<i>jaimiess oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>jasmiel oral tablet</i>	Generic	MO
<i>jinteli oral tablet</i>	Generic	MO
<i>jolessa oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>juleber oral tablet</i>	Generic	MO
<i>junel 1.5/30 oral tablet</i>	Generic	MO
<i>junel 1/20 oral tablet</i>	Generic	MO
<i>junel fe 1.5/30 oral tablet</i>	Generic	MO
<i>junel fe 1/20 oral tablet</i>	Generic	MO
<i>junel fe 24 oral tablet</i>	Generic	MO
<i>kariva oral tablet</i>	Generic	MO
<i>kelnor 1/35 oral tablet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>kurvelo oral tablet</i>	Generic	MO
<i>larin 1.5/30 oral tablet</i>	Generic	MO
<i>larin 1/20 oral tablet</i>	Generic	MO
<i>larin fe 1.5/30 oral tablet</i>	Generic	MO
<i>larin fe 1/20 oral tablet</i>	Generic	MO
<i>lessina oral tablet</i>	Generic	MO
<i>levonest oral tablet</i>	Generic	MO
<i>levonorgest-eth est & eth est oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>levonorgest-eth estrad 91-day oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>levonorgest-eth estradiol-iron oral tablet</i>	Generic	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	Generic	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Generic	MO
<i>lojaimiess oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>loryna oral tablet</i>	Generic	MO
<i>low-ogestrel oral tablet</i>	Generic	MO
<i>luizza 1.5/30 oral tablet</i>	Generic	MO
<i>luizza 1/20 oral tablet</i>	Generic	MO
<i>luteru oral tablet</i>	Generic	MO
<i>lyllana transdermal patch twice weekly</i>	Generic	MO; QL (8 EA per 28 days)
<i>marlissa oral tablet</i>	Generic	MO
<i>microgestin 1.5/30 oral tablet</i>	Generic	MO
<i>microgestin 1/20 oral tablet</i>	Generic	MO
<i>microgestin fe 1.5/30 oral tablet</i>	Generic	MO
<i>microgestin fe 1/20 oral tablet</i>	Generic	MO
<i>mili oral tablet</i>	Generic	MO
<i>mimvey oral tablet</i>	Generic	MO
<i>necon 0.5/35 (28) oral tablet</i>	Generic	MO
<i>nikki oral tablet</i>	Generic	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Generic	MO
<i>norethindrone-eth estradiol oral tablet</i>	Generic	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Generic	MO
<i>norgestim-eth estrad triphasic oral tablet</i>	Generic	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	Generic	MO
<i>nortrel 1/35 (21) oral tablet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>nortrel 1/35 (28) oral tablet</i>	Generic	MO
<i>nortrel 7/7/7 oral tablet</i>	Generic	MO
<i>nylia 1/35 oral tablet</i>	Generic	MO
<i>nylia 7/7/7 oral tablet</i>	Generic	MO
<i>pimtrex oral tablet</i>	Generic	MO
<i>portia-28 oral tablet</i>	Generic	MO
PREMARIN VAGINAL CREAM	Brand	MO
PREMPHASE ORAL TABLET	Brand	MO
PREMPRO ORAL TABLET	Brand	MO
<i>reclipsen oral tablet</i>	Generic	MO
<i>setlakin oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
SIMPESSE ORAL TABLET	Generic	MO; QL (91 EA per 91 days)
<i>sprintec 28 oral tablet</i>	Generic	MO
<i>sronyx oral tablet</i>	Generic	MO
<i>syeda oral tablet</i>	Generic	MO
<i>tarina 24 fe oral tablet</i>	Generic	MO
<i>tarina fe 1/20 eq oral tablet</i>	Generic	MO
<i>taysofy oral capsule</i>	Generic	MO
<i>tilia fe oral tablet</i>	Generic	MO
<i>tri-estarylla oral tablet</i>	Generic	MO
<i>tri-legest fe oral tablet</i>	Generic	MO
<i>tri-lo-estarylla oral tablet</i>	Generic	MO
<i>tri-lo-sprintec oral tablet</i>	Generic	MO
<i>tri-mili oral tablet</i>	Generic	MO
<i>tri-sprintec oral tablet</i>	Generic	MO
<i>tri-vylibra lo oral tablet</i>	Generic	MO
<i>tri-vylibra oral tablet</i>	Generic	MO
<i>turqoz oral tablet</i>	Generic	MO
<i>tyblume oral tablet chewable</i>	Generic	MO
<i>tydemy oral tablet</i>	Generic	MO
<i>valtya 1/35 oral tablet</i>	Generic	MO
<i>valtya 1/50 oral tablet</i>	Generic	MO
<i>velivet oral tablet</i>	Generic	MO
<i>vienva oral tablet</i>	Generic	MO
<i>viorele oral tablet</i>	Generic	MO
<i>vyfemla oral tablet</i>	Generic	MO
<i>vylibra oral tablet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>wymzya fe oral tablet chewable</i>	Generic	MO
<i>xarah fe oral tablet</i>	Generic	MO
<i>xelria fe oral tablet chewable</i>	Generic	MO
<i>yuvafem vaginal tablet</i>	Generic	MO
<i>zovia 1/35 (28) oral tablet</i>	Generic	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>liletta (52 mg) intrauterine intrauterine device 20.1 mcg/day</i>	Generic	
NEXPLANON SUBCUTANEOUS IMPLANT	Brand	
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	Generic	
<i>xulane transdermal patch weekly</i>	Generic	
Progestins		
<i>camila oral tablet</i>	Generic	MO
<i>deblitane oral tablet</i>	Generic	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Brand	QL (0.65 ML per 90 days)
<i>errin oral tablet</i>	Generic	MO
<i>gallifrey oral tablet</i>	Generic	MO
HEATHER ORAL TABLET	Brand	
<i>incassia oral tablet</i>	Generic	MO
<i>lyleq oral tablet</i>	Generic	MO
<i>lyza oral tablet</i>	Generic	MO
<i>medroxyprogesterone acetate intramuscular suspension</i>	Generic	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	Generic	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	Generic	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Generic	MO
<i>megestrol acetate oral tablet</i>	Generic	
<i>meleya oral tablet</i>	Generic	MO
<i>nora-be oral tablet</i>	Generic	MO
<i>norethindrone acetate oral tablet</i>	Generic	MO
<i>norethindrone oral tablet</i>	Generic	MO
<i>orquidea oral tablet</i>	Generic	MO
<i>sharobel oral tablet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Selective Estrogen Receptor Modifying Agents		
OSPHERA ORAL TABLET	Brand	PA; QL (30 EA per 30 days)
<i>raloxifene hcl oral tablet</i>	Generic	MO; QL (1 EA per 1 day)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levo-t oral tablet 300 mcg</i>	Generic	MO
<i>levothyroxine sodium oral tablet</i>	Generic	MO
<i>levoxyl oral tablet</i>	Generic	MO
<i>liomny oral tablet</i>	Generic	MO
<i>liothyronine sodium oral tablet</i>	Generic	MO
SYNTHROID ORAL TABLET	Brand	MO
<i>unithroid oral tablet</i>	Generic	MO
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	Brand	NEDS
PALSONIFY ORAL TABLET 20 MG	Brand	PA; QL (60 EA per 30 days); NEDS
PALSONIFY ORAL TABLET 30 MG	Brand	PA; QL (120 EA per 30 days); NEDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	Generic	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	Brand	QL (1 EA per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG	Brand	QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	Brand	QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	Brand	QL (1 EA per 28 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA NS; QL (4 EA per 365 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Brand	PA NS; QL (1 EA per 28 days)
<i>lanreotide acetate subcutaneous solution</i>	Generic	PA NS; NEDS
<i>leuprolide acetate injection kit</i>	Generic	NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Brand	QL (1 EA per 28 days); NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Brand	QL (1 EA per 84 days); NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Generic	MO
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Generic	MO; NEDS
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	Generic	MO
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	Generic	MO; NEDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	Brand	MO; QL (1 EA per 28 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Brand	PA; MO; QL (60 ML per 30 days); NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	Brand	PA NS; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	Brand	PA; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	LA; MO; NEDS
SYNAREL NASAL SOLUTION	Brand	NEDS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	Generic	MO
<i>propylthiouracil oral tablet</i>	Generic	MO
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	Brand	PA; HI; NEDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Brand	PA; HI; NEDS
EKTERLY ORAL TABLET	Brand	PA; QL (120 EA per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; NEDS
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	Generic	PA; NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI; NEDS
Immune Suppressants		
<i>azathioprine sodium injection solution reconstituted</i>	Generic	B/D; NEDS
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	Brand	PA; NEDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML	Brand	PA; NEDS
GAMMAGARD ERC INJECTION SOLUTION	Brand	PA; NEDS
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 5 GM/50ML	Brand	PA; NEDS
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML	Brand	PA; NEDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 5 GM/50ML	Brand	PA; NEDS
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML	Brand	PA; NEDS
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Brand	PA; NEDS
Immunological Agents, Other		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Brand	PA NS; LA; MO; NEDS
ANZUPGO EXTERNAL CREAM	Brand	PA; QL (60 GM per 28 days); NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; MO; NEDS
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA NS; NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA NS; NEDS
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Brand	PA; QL (1 ML per 28 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	Brand	PA; QL (2 ML per 28 days); NEDS
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Brand	PA; QL (1 ML per 28 days); NEDS
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	Brand	PA; QL (2 ML per 28 days); NEDS
CIBINQO ORAL TABLET	Brand	PA; QL (30 EA per 30 days); NEDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Brand	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Brand	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (10 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	Brand	PA; MO; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Brand	PA; MO; QL (8 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Brand	PA; MO; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Brand	PA; MO; QL (8 ML per 28 days); NEDS
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (1.36 ML per 28 days); NEDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	Brand	PA; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	Brand	PA; NEDS
LAGEVRIO ORAL CAPSULE	Brand	QL (40 EA per 5 days)
<i>leflunomide oral tablet</i>	Generic	MO
LEQSELVI ORAL TABLET	Brand	PA; QL (60 EA per 30 days); NEDS
OCTAGAM INTRAVENOUS SOLUTION 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	Brand	PA; NEDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (4 ML per 28 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	Brand	PA; MO; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	Brand	PA; MO; QL (1.6 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	Brand	PA; MO; QL (2.8 ML per 28 days); NEDS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	Brand	QL (20 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	Brand	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	Brand	QL (30 EA per 5 days)
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML	Brand	PA; NEDS
REVCovi INTRAMUSCULAR SOLUTION	Brand	PA; NEDS
RHAPSIDO ORAL TABLET	Brand	PA; QL (60 EA per 30 days); NEDS
RINVOQ LQ ORAL SOLUTION	Brand	PA; QL (360 ML per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Brand	PA; MO; QL (30 EA per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	Brand	PA; QL (30 EA per 30 days); NEDS
SKYRIZI INTRAVENOUS SOLUTION	Brand	PA; QL (60 ML per 365 days); NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Brand	PA; QL (1.2 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Brand	PA; QL (2.4 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Brand	PA; MO; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	Brand	PA; QL (0.37 ML per 28 days); NEDS
SOTYKTU ORAL TABLET	Brand	PA; QL (30 EA per 30 days); NEDS
STARJEMZA SUBCUTANEOUS SOLUTION	Brand	PA; QL (3 ML per 84 days)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (3 ML per 84 days)
STEQUEYMA SUBCUTANEOUS SOLUTION	Brand	PA; QL (3 ML per 84 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (3 ML per 84 days)
<i>tofacitinib citrate er oral tablet extended release 24 hour</i>	Generic	PA; QL (30 EA per 30 days); NEDS
<i>tofacitinib citrate oral solution</i>	Generic	PA; QL (300 ML per 30 days); NEDS
<i>tofacitinib citrate oral tablet</i>	Generic	PA; QL (60 EA per 30 days); NEDS
XOCOVA ORAL TABLET	Brand	QL (7 EA per 5 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	Brand	PA; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Brand	PA; QL (1 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Brand	PA; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Brand	PA; QL (1 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; QL (8 EA per 28 days); NEDS
YESINTEK SUBCUTANEOUS SOLUTION	Brand	PA; QL (3 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (3 ML per 84 days)
Immunomodulators		
ILARIS SUBCUTANEOUS SOLUTION	Brand	PA; QL (2 ML per 28 days); NEDS
Immunosuppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; NEDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; QL (3.6 ML per 28 days); NEDS
<i>adalimumab-aaty (1 pen) subcutaneous auto- injector kit 40 mg/0.4ml</i>	Generic	PA; QL (6 EA per 28 days); NEDS
<i>adalimumab-aaty (1 pen) subcutaneous auto- injector kit 80 mg/0.8ml</i>	Generic	PA; QL (3 EA per 28 days); NEDS
<i>adalimumab-aaty (2 pen) subcutaneous auto- injector kit</i>	Generic	PA; QL (6 EA per 28 days); NEDS
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml</i>	Generic	PA; QL (2 EA per 28 days); NEDS
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	Generic	PA; QL (6 EA per 28 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT	Brand	PA; QL (3 EA per 28 days); NEDS
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit</i>	Generic	PA; QL (6 EA per 28 days); NEDS
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i>	Generic	PA; QL (2 EA per 28 days); NEDS
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	Generic	PA; QL (6 EA per 28 days); NEDS
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; NEDS
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; NEDS
<i>azathioprine oral tablet 50 mg</i>	Generic	B/D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; NEDS
<i>cyclosporine modified oral capsule</i>	Generic	B/D; MO
<i>cyclosporine modified oral solution</i>	Generic	B/D; MO
<i>cyclosporine oral capsule</i>	Generic	B/D; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Brand	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Brand	PA; MO; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Brand	PA; MO; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Brand	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (8 ML per 28 days); NEDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	Brand	B/D
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	Brand	B/D; NEDS
<i>everolimus oral tablet 0.25 mg</i>	Generic	B/D; MO
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	Generic	B/D; MO; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	Generic	B/D; MO
JYLAMVO ORAL SOLUTION	Brand	PA NS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (2.28 ML per 28 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; QL (2.28 ML per 28 days); NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; NEDS
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Generic	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Generic	
<i>methotrexate sodium injection solution reconstituted</i>	Generic	
<i>methotrexate sodium oral tablet</i>	Generic	
<i>mycophenolate mofetil oral capsule</i>	Generic	B/D; MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	Generic	B/D; MO; NEDS
<i>mycophenolate mofetil oral tablet</i>	Generic	B/D; MO
<i>mycophenolate sodium oral tablet delayed release</i>	Generic	B/D; MO
OTEZLA ORAL TABLET 20 MG	Brand	PA; QL (60 EA per 30 days); NEDS
OTEZLA ORAL TABLET 30 MG	Brand	PA; MO; QL (60 EA per 30 days); NEDS
OTEZLA ORAL TABLET THERAPY PACK	Brand	PA; QL (110 EA per 365 days); NEDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	PA; QL (30 EA per 30 days); NEDS
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK	Brand	PA; QL (82 EA per 365 days); NEDS
PROGRAF ORAL PACKET	Brand	B/D; MO
REZUROCK ORAL TABLET	Brand	PA; QL (60 EA per 30 days); NEDS
<i>sirolimus oral solution</i>	Generic	B/D; MO
<i>sirolimus oral tablet</i>	Generic	B/D; MO
<i>tacrolimus er oral capsule extended release 24 hour</i>	Generic	B/D
<i>tacrolimus oral capsule</i>	Generic	B/D; MO
TAVNEOS ORAL CAPSULE	Brand	PA; QL (180 EA per 30 days); NEDS
XATMEP ORAL SOLUTION	Brand	PA NS
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Brand	PA; QL (2 EA per 28 days); NEDS
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Brand	PA; QL (2 EA per 28 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Brand	PA; QL (2 EA per 28 days); NEDS
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	Brand	QL (1 EA per 252 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Brand	
ADACEL INTRAMUSCULAR SUSPENSION	Brand	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	QL (1 EA per 999 days)
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	Brand	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Brand	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Brand	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	Brand	B/D
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Brand	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Brand	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
<i>heplisav-b intramuscular solution prefilled syringe</i>	Generic	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED	Brand	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
INFANRIX INTRAMUSCULAR SUSPENSION	Brand	
IPOLE INJECTION SUSPENSION	Brand	

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
IXIARO INTRAMUSCULAR SUSPENSION	Brand	
JYNNEOS SUBCUTANEOUS SUSPENSION	Brand	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
MENQUADFI INTRAMUSCULAR SOLUTION	Brand	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Brand	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Brand	
<i>mresvia intramuscular suspension prefilled syringe</i>	Generic	QL (0.5 ML per 999 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
PEDVAXHIB INTRAMUSCULAR SUSPENSION	Brand	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Brand	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Brand	
QUADRACEL INTRAMUSCULAR SUSPENSION	Brand	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
RECOMBIVAX HB INJECTION SUSPENSION	Brand	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Brand	B/D
ROTARIX ORAL SUSPENSION	Brand	
ROTATEQ ORAL SOLUTION	Brand	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	QL (1 ML per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Brand	QL (2 EA per 999 days)
TENIVAC INTRAMUSCULAR INJECTABLE	Brand	
TENIVAC INTRAMUSCULAR SUSPENSION	Brand	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
TYPHIM VI INTRAMUSCULAR SOLUTION	Brand	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Brand	
VAQTA INTRAMUSCULAR SUSPENSION	Brand	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	Brand	
VARIZIG INTRAMUSCULAR SOLUTION	Brand	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	Brand	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Generic	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Brand	
YF-VAX SUBCUTANEOUS INJECTABLE	Brand	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Brand	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule</i>	Generic	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Generic	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	Generic	
<i>mesalamine rectal enema</i>	Generic	
<i>mesalamine rectal suppository</i>	Generic	
<i>mesalamine-cleanser rectal kit</i>	Generic	
<i>sulfasalazine oral tablet</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>sulfasalazine oral tablet delayed release</i>	Generic	MO
Glucocorticoids		
ANALPRAM HC EXTERNAL CREAM 2.5-1 %	Brand	
<i>budesonide er oral tablet extended release 24 hour</i>	Generic	QL (1 EA per 1 day); NEDS
<i>budesonide oral capsule delayed release particles</i>	Generic	QL (3 EA per 1 day)
<i>hydrocortisone oral tablet</i>	Generic	
<i>hydrocortisone rectal enema</i>	Generic	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Generic	MO; QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA; NEDS
<i>calcitonin (salmon) injection solution</i>	Generic	NEDS
<i>calcitonin (salmon) nasal solution</i>	Generic	MO; QL (3.7 ML per 30 days)
<i>calcitriol oral capsule</i>	Generic	MO
<i>calcitriol oral solution</i>	Generic	MO
<i>cinacalcet hcl oral tablet</i>	Generic	MO
<i>ibandronate sodium oral tablet</i>	Generic	MO; QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	QL (2 ML per 365 days)
OSENVLT SUBCUTANEOUS SOLUTION	Brand	PA; NEDS
<i>paricalcitol oral capsule</i>	Generic	PA; MO
<i>risedronate sodium oral tablet 150 mg</i>	Generic	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	Generic	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg</i>	Generic	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	Generic	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	Generic	MO; QL (30 EA per 30 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	QL (2 ML per 365 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	Generic	PA; MO; NEDS
WYOST SUBCUTANEOUS SOLUTION	Brand	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS 31G X 6 MM	Brand	QL (200 EA per 30 days)
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM	Brand	QL (200 EA per 30 days)
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	Brand	QL (200 EA per 30 days)
BD DISP NEEDLES 25G X 7/8" , 30G X 1/2"	Brand	
BD PEN	Brand	
BD PEN MINI	Brand	
BD PEN NEEDLE MICRO U/F	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE MINI U/F	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE MINI ULTRAFINE	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE NANO U/F	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE NANO ULTRAFINE	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE ORIGINAL U/F	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT U/F	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE	Brand	QL (200 EA per 30 days)
BD SYRINGE LUER-LOK 1 ML	Brand	
CEQUR SIMPLICITY 2U DEVICE	Brand	PA; QL (1 EA per 4 days)
CEQUR SIMPLICITY INSERTER	Brand	PA
COMFORT EZ PEN NEEDLES 32G X 8 MM	Brand	QL (200 EA per 30 days)
<i>dichlorphenamide oral tablet</i>	Generic	PA; QL (120 EA per 30 days); NEDS
DROPLET PEN NEEDLES 32G X 8 MM	Brand	QL (200 EA per 30 days)
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8"	Brand	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Brand	QL (200 EA per 30 days)
<i>levocarnitine oral solution</i>	Generic	MO
<i>levocarnitine oral tablet</i>	Generic	MO
LITETOUCH PEN NEEDLES 29G X 12.7MM	Brand	QL (200 EA per 30 days)
<i>methylergonovine maleate oral tablet</i>	Generic	QL (56 EA per 365 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 26G X 1/2" , 27G X 1/2" , 30G X 3/4"	Brand	
MONOJECT INSULIN SYRINGE U-100 1 ML	Brand	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Brand	PA; QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	Brand	PA; QL (1 EA per 3 days)
OMNIPOD 5 LIBRE INTRO KIT	Brand	PA; QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS	Brand	PA; QL (1 EA per 3 days)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	Brand	PA; QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	Brand	PA; QL (1 EA per 3 days)
OMNIPOD DASH INTRO (GEN 4) KIT	Brand	PA; QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	Brand	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	Brand	PA; QL (1 EA per 3 days)
PEN NEEDLES 30G X 8 MM	Brand	QL (200 EA per 30 days)
PURE COMFORT PEN NEEDLE 32G X 8 MM	Brand	QL (200 EA per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	Generic	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Brand	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Brand	QL (200 EA per 30 days)
ULTICARE PEN NEEDLES 29G X 12.7MM	Brand	QL (200 EA per 30 days)
ULTILET PEN NEEDLE 29G X 12.7MM	Brand	QL (200 EA per 30 days)
ULTRA-THIN II PEN NEEDLES	Brand	QL (200 EA per 30 days)
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	Generic	MO
<i>latanoprost ophthalmic solution</i>	Generic	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Brand	MO; QL (2.5 ML per 25 days)
RHOPRESSA OPHTHALMIC SOLUTION	Brand	MO; QL (2.5 ML per 25 days)
<i>travoprost (bak free) ophthalmic solution</i>	Generic	MO; QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION	Brand	QL (5 ML per 25 days)
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Generic	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Generic	
CEQUA OPHTHALMIC SOLUTION	Brand	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Generic	MO
MIEBO OPHTHALMIC SOLUTION	Brand	PA; QL (12 ML per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Generic	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Generic	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Generic	
<i>proparacaine hcl ophthalmic solution</i>	Generic	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Brand	MO
RESTASIS OPHTHALMIC EMULSION	Brand	MO
ROCKLATAN OPHTHALMIC SOLUTION	Brand	MO; QL (2.5 ML per 25 days)
TRYPTYR OPHTHALMIC SOLUTION	Brand	PA; QL (60 EA per 30 days)
XDEMVEY OPHTHALMIC SOLUTION	Brand	QL (10 ML per 42 days); NEDS
XIIDRA OPHTHALMIC SOLUTION	Brand	QL (60 EA per 30 days)
Ophthalmic Anti-Allergy Agents		
ALOCRIL OPHTHALMIC SOLUTION	Brand	
<i>azelastine hcl ophthalmic solution</i>	Generic	
<i>cromolyn sodium ophthalmic solution</i>	Generic	
<i>epinastine hcl ophthalmic solution</i>	Generic	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Generic	MO
<i>apraclonidine hcl ophthalmic solution</i>	Generic	
<i>betaxolol hcl ophthalmic solution</i>	Generic	MO
BETOPTIC-S OPHTHALMIC SUSPENSION	Brand	MO
<i>brimonidine tartrate ophthalmic solution</i>	Generic	MO
<i>brinzolamide ophthalmic suspension</i>	Generic	MO
<i>carteolol hcl ophthalmic solution</i>	Generic	MO
<i>dorzolamide hcl ophthalmic solution</i>	Generic	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Generic	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Generic	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Generic	MO
SIMBRINZA OPHTHALMIC SUSPENSION	Brand	MO
<i>timolol maleate (once-daily) ophthalmic solution</i>	Generic	MO
<i>timolol maleate ophthalmic gel forming solution</i>	Generic	MO
<i>timolol maleate ophthalmic solution</i>	Generic	MO
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Generic	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Generic	QL (12 ML per 365 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	Generic	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Generic	
<i>diclofenac sodium ophthalmic solution</i>	Generic	
<i>difluprednate ophthalmic emulsion</i>	Generic	
EYSUVIS OPHTHALMIC SUSPENSION	Brand	QL (16.6 ML per 30 days)
<i>fluorometholone ophthalmic suspension</i>	Generic	
<i>flurbiprofen sodium ophthalmic solution</i>	Generic	
<i>ketorolac tromethamine ophthalmic solution</i>	Generic	
<i>loteprednol etabonate ophthalmic suspension</i>	Generic	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Generic	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Generic	
<i>prednisolone acetate ophthalmic suspension</i>	Generic	
<i>prednisolone sodium phosphate ophthalmic solution</i>	Generic	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Generic	
TOBRADEX OPHTHALMIC OINTMENT	Brand	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Generic	
Otic Agents		
Otic Agents		
<i>acetic acid otic solution</i>	Generic	
<i>ciprofloxacin-dexamethasone otic suspension</i>	Generic	
<i>fluocinolone acetonide otic oil</i>	Generic	
<i>hydrocortisone-acetic acid otic solution</i>	Generic	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Generic	
<i>neomycin-polymyxin-hc otic suspension</i>	Generic	

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	Generic	QL (60 ML per 30 days)
<i>cyproheptadine hcl oral tablet</i>	Generic	
<i>diphenhydramine hcl injection solution</i>	Generic	
<i>hydroxyzine pamoate oral capsule</i>	Generic	PA
<i>levocetirizine dihydrochloride oral tablet</i>	Generic	QL (1 EA per 1 day)
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Brand	MO; QL (30 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Brand	MO; QL (60 EA per 30 days)
<i>budesonide inhalation suspension</i>	Generic	B/D; MO; QL (4 ML per 1 day)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Generic	QL (50 ML per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	Generic	MO; QL (60 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	Generic	QL (120 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	Generic	MO; QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	Generic	MO; QL (60 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act</i>	Generic	MO; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Generic	MO; QL (21.2 GM per 30 days)
<i>fluticasone propionate nasal suspension</i>	Generic	
Antileukotrienes		
<i>montelukast sodium oral packet</i>	Generic	MO
<i>montelukast sodium oral tablet</i>	Generic	MO
<i>montelukast sodium oral tablet chewable</i>	Generic	MO
<i>zafirlukast oral tablet</i>	Generic	MO; QL (2 EA per 1 day)
Bronchodilators, Anticholinergic		
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Brand	MO; QL (8 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Brand	MO; QL (30 EA per 30 days)
<i>ipratropium bromide hfa inhalation aerosol solution</i>	Generic	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution</i>	Generic	B/D; MO; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution</i>	Generic	MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Generic	B/D; MO; QL (540 ML per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	Brand	MO; QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Brand	MO
<i>tiotropium bromide inhalation capsule</i>	Generic	QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Generic	MO; QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	Generic	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	Generic	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Generic	B/D; MO; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	Generic	B/D; MO; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Generic	B/D; MO; QL (100 EA per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Generic	MO
<i>albuterol sulfate oral tablet</i>	Generic	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	Generic	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Generic	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	Generic	B/D; MO; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Generic	B/D; MO; QL (90 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	Generic	B/D; MO; QL (270 ML per 30 days)
<i>levalbuterol tartrate inhalation aerosol</i>	Generic	MO; QL (30 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Brand	MO; QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Brand	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet</i>	Generic	MO
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED	Brand	PA; NEDS
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG	Brand	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	Brand	PA; MO; QL (56 EA per 28 days); NEDS
KALYDECO ORAL TABLET	Brand	PA; MO; QL (60 EA per 30 days); NEDS
ORKAMBI ORAL PACKET	Brand	PA; MO; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	Brand	PA; MO; QL (112 EA per 28 days); NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Brand	B/D; MO; NEDS
TOBI PODHALER INHALATION CAPSULE	Brand	MO; QL (224 EA per 56 days); NEDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Generic	B/D; MO; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	Brand	PA; MO; QL (84 EA per 28 days); NEDS
TRIKAFTA ORAL THERAPY PACK	Brand	PA; QL (56 EA per 28 days); NEDS
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution</i>	Generic	B/D; MO
<i>cromolyn sodium oral concentrate</i>	Generic	MO
Phosphodiesterase Inhibitors, Airways Disease		
ELIXOPHYLLIN ORAL ELIXIR	Brand	MO
<i>roflumilast oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	Generic	MO
<i>theophylline er oral tablet extended release 24 hour</i>	Generic	MO

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
THEOPHYLLINE ORAL ELIXIR	Brand	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	Brand	PA; MO; QL (90 EA per 30 days); NEDS
<i>alyq oral tablet</i>	Generic	PA; MO; QL (60 EA per 30 days)
<i>ambrisentan oral tablet</i>	Generic	PA; MO; QL (30 EA per 30 days); NEDS
<i>bosentan oral tablet</i>	Generic	PA; MO; QL (60 EA per 30 days); NEDS
<i>bosentan oral tablet soluble</i>	Generic	PA; MO; QL (112 EA per 28 days); NEDS
<i>macitentan oral tablet</i>	Generic	PA; QL (30 EA per 30 days); NEDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Brand	PA; QL (336 EA per 365 days); NEDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Brand	PA; QL (672 EA per 365 days); NEDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Brand	PA; QL (504 EA per 365 days); NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Brand	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	Brand	PA; MO; NEDS
<i>sildenafil citrate oral tablet 20 mg</i>	Generic	PA; MO; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	Generic	PA; MO; QL (60 EA per 30 days)
UPTRA VI ORAL TABLET 100 MCG, 150 MCG	Brand	PA; QL (60 EA per 30 days); NEDS
UPTRA VI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Brand	PA; MO; QL (60 EA per 30 days); NEDS
UPTRA VI TITRATION ORAL TABLET THERAPY PACK	Brand	PA; QL (400 EA per 365 days); NEDS
WINREVAIR SUBCUTANEOUS KIT	Brand	PA; QL (1 EA per 21 days); NEDS
Pulmonary Fibrosis Agents		
JASCAYD ORAL TABLET	Brand	PA; QL (60 EA per 30 days); NEDS
<i>nintedanib esylate oral capsule</i>	Generic	PA; NEDS
OFEV ORAL CAPSULE	Brand	PA; QL (60 EA per 30 days); NEDS
<i>pirfenidone oral capsule</i>	Generic	PA; MO; NEDS
<i>pirfenidone oral tablet</i>	Generic	PA; MO; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution</i>	Generic	B/D
AIRSUPRA INHALATION AEROSOL	Brand	QL (32.1 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Brand	MO; QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL	Brand	MO; QL (10.7 GM per 30 days)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT	Generic	QL (12 GM per 30 days)
BREYNA INHALATION AEROSOL 80-4.5 MCG/ACT	Generic	QL (13.8 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	Brand	QL (10.7 GM per 30 days)
BRINSUPRI ORAL TABLET	Brand	PA; QL (30 EA per 30 days); NEDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	Brand	MO; QL (24 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	Brand	MO; QL (12 GM per 30 days)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	Brand	MO; QL (13.8 GM per 30 days)
Respiratory Tract/Pulmonary Agents		
ADVAIR HFA INHALATION AEROSOL	Brand	MO; QL (24 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Brand	MO; QL (23.6 GM per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (1 ML per 28 days); NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	Brand	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	Brand	PA; MO; QL (1 ML per 28 days); NEDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Generic	MO; QL (60 EA per 30 days)
<i>mometasone furoate nasal suspension</i>	Generic	QL (34 GM per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Brand	PA; MO; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Brand	PA; QL (0.4 ML per 28 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

Drug	Status	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; MO; QL (3 EA per 28 days); NEDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Brand	MO; QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Generic	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Generic	
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet</i>	Generic	PA; QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	Generic	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Generic	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	Generic	PA; QL (30 EA per 30 days)
Sleep Disorders, Other		
LUMRYZ STARTER PACK ORAL THERAPY PACK	Brand	PA; QL (56 EA per 365 days); NEDS
<i>modafinil oral tablet</i>	Generic	PA; MO; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	Generic	QL (30 EA per 30 days)
<i>sodium oxybate oral solution</i>	Generic	PA; LA; QL (540 ML per 30 days); NEDS
Sleep Promoting Agents		
BELSOMRA ORAL TABLET	Brand	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Generic	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

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AVTOZMA	78	BD SAFETYGLIDE INSULIN SYRINGE	41	BREZTRI AEROSPHERE	92
AYVAKIT	24	BD SYRINGE LUER-LOK	84	<i>brillyn</i>	67
<i>azacitidine</i>	22	BD VEO INSULIN SYR ULTRAFINE	41	<i>brimonidine tartrate</i>	86
<i>azathioprine</i>	78	BD VEO INSULIN SYRINGE U/F	41	<i>brimonidine tartrate-timolol</i>	85
<i>azathioprine sodium</i>	74	BELSOMRA	93	BRINSUPRI	92
<i>azelaic acid</i>	56	<i>benazepril hcl</i>	48	<i>brinzolamide</i>	86
<i>azelastine hcl</i>	86, 88	<i>benazepril-hydrochlorothiazide</i> ..	48	<i>brivaracetam</i>	11
<i>azithromycin</i>	9	BENLYSTA	78	<i>bromfenac sodium</i>	87
<i>aztreonam</i>	8	<i>benztropine mesylate</i>	29	<i>bromfenac sodium (once-daily)</i> ..	87
<i>azurette</i>	67	BERINERT	73	<i>bromocriptine mesylate</i>	30
<i>bacitracin</i>	6	BESREMI	74	BRUKINSA	24
<i>bacitracin-polymyxin b</i>	86	BESREMI PEN	74	<i>budesonide</i>	83, 88
<i>bacitra-neomycin-polymyxin-hc</i> ..	86	<i>betaine</i>	62	<i>budesonide er</i>	83
<i>baclofen</i>	34	<i>betamethasone dipropionate</i>	64	<i>bumetanide</i>	51
<i>balsalazide disodium</i>	82	<i>betamethasone dipropionate aug</i>	64	<i>buprenorphine</i>	3
BALVERSA	24	<i>betamethasone valerate</i>	64	<i>buprenorphine hcl</i>	5
<i>balziva</i>	67	BETASERON	55	<i>buprenorphine hcl-naloxone hcl</i> ..	5
BARACLUDE	34	<i>betaxolol hcl</i>	86	<i>bupropion hcl</i>	15
BCG VACCINE	80	<i>bethanechol chloride</i>	63	<i>bupropion hcl er (smoking det)</i>	5
BD DISP NEEDLES	84	BETOPTIC-S	86	<i>bupropion hcl er (sr)</i>	15
BD INS SYR ULTRAFINE 1/2UNIT	41	BEVESPI AEROSPHERE	92	<i>bupropion hcl er (xl)</i>	15
BD INSULIN SYR ULTRAFINE II	41	<i>bexarotene</i>	28	<i>buspirone hcl</i>	38
BD INSULIN SYRINGE HALF-UNIT	41	BEXSERO	80	<i>cabergoline</i>	72
BD INSULIN SYRINGE U/F ..	41	<i>bicalutamide</i>	21	CABOMETYX	24
BD INSULIN SYRINGE ULTRAFINE	41	BICILLIN L-A	9	<i>calcipotriene</i>	56
BD PEN	84	BIKTARVY	35	<i>calcitonin (salmon)</i>	83
BD PEN MINI	84	BIMZELX	74, 75	<i>calcitriol</i>	83
BD PEN NEEDLE MICRO U/F	84	<i>bismuth/metronidaz/tetracyclin</i> ..	60	<i>calcium acetate</i>	63
BD PEN NEEDLE MICRO ULTRAFINE	84	<i>bisoprolol fumarate</i>	49	<i>calcium acetate (phos binder)</i>	63
BD PEN NEEDLE MINI U/F ..	84	<i>bisoprolol-hydrochlorothiazide</i> ..	49	CALQUENCE	24
BD PEN NEEDLE MINI ULTRAFINE	84	BIVIGAM	74	<i>camila</i>	71
BD PEN NEEDLE NANO 2ND GEN	84	<i>bleomycin sulfate</i>	22	<i>camrese</i>	67
BD PEN NEEDLE NANO U/F	84	<i>blisovi 24 fe</i>	67	<i>camrese lo</i>	67
BD PEN NEEDLE NANO ULTRAFINE	84	<i>blisovi fe 1.5/30</i>	67	<i>candesartan cilexetil</i>	48
BD PEN NEEDLE ORIG ULTRAFINE	84	<i>blood glucose test</i>	44	<i>candesartan cilexetil-hctz</i>	48
		BONSITY	83	CAPLYTA	31
		BOOSTRIX	80	CAPRELSA	25
		BORTEZOMIB	22	<i>captopril</i>	48
		<i>bosentan</i>	91	<i>carbamazepine</i>	14
		BOSULIF	24	<i>carbamazepine er</i>	13, 14
		<i>bosutinib</i>	24	<i>carbidopa</i>	30
				<i>carbidopa-levodopa</i>	30
				<i>carbidopa-levodopa er</i>	30
				<i>carbidopa-levodopa-entacapone</i> ..	30
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You can find information on what the symbols and abbreviations on this table mean by going to section C1.

<i>carteolol hcl</i>	86	<i>clarithromycin er</i>	9	COMETRIQ (60 MG DAILY DOSE)	25
<i>cartia xt</i>	50	CLENPIQ	60	COMFORT ASSIST INSULIN SYRINGE	42
<i>carvedilol</i>	49	<i>clever chek auto-code test</i>	44	COMFORT EZ PEN NEEDLES	84
<i>caspofungin acetate</i>	18	<i>clever chek auto-code voice</i>	44	<i>constulose</i>	61
CAYSTON	90	<i>clever chek test</i>	44	<i>contour next test</i>	44
<i>cefaclor</i>	7	<i>clever choice auto-code test</i>	44	<i>contour test</i>	44
<i>cefaclor er</i>	7	<i>clever choice micro test</i>	44	COPIKTRA	23
<i>cefadroxil</i>	7	<i>clever choice no coding</i>	44	CORLANOR	50
<i>cefazolin sodium</i>	7	<i>clever choice talk system</i>	44	COSENTYX	75
<i>cefdinir</i>	7	<i>clindamycin hcl</i>	6	COSENTYX (300 MG DOSE)	75
<i>cefepime hcl</i>	7	<i>clindamycin palmitate hcl</i>	6	COSENTYX SENSOREADY (300 MG)	75
<i>cefixime</i>	7	<i>clindamycin phos (once-daily)</i>	6	COSENTYX SENSOREADY PEN	75
<i>cefotaxime sodium</i>	7	<i>clindamycin phos (twice-daily)</i>	6	COSENTYX UNOREADY	75
<i>cefotetan disodium</i>	7	<i>clindamycin phosphate</i>	6	COTELLIC	22
<i>cefoxitin sodium</i>	7	<i>clindamycin phosphate in d5w</i>	6	CREON	62
<i>cefpodoxime proxetil</i>	7	CLINIMIX/DEXTROSE (4.25/10)	59	CRESEMBA	18
<i>cefprozil</i>	7, 8	CLINIMIX/DEXTROSE (4.25/5)	59	<i>cromolyn sodium</i>	86, 90
<i>ceftaroline fosamil</i>	8	CLINIMIX/DEXTROSE (5/15)	60	<i>cryselle</i>	67
<i>ceftazidime</i>	8	CLINIMIX/DEXTROSE (5/20)	60	CVS GAUZE STERILE	42
<i>ceftriaxone sodium</i>	8	CLINISOL SF	58	<i>cyclobenzaprine hcl</i>	93
<i>cefuroxime axetil</i>	8	<i>clobazam</i>	12	<i>cyclopentolate hcl</i>	86
<i>cefuroxime sodium</i>	8	<i>clobetasol prop emollient base</i> ...	56	<i>cyclophosphamide</i>	21
<i>celecoxib</i>	3	<i>clobetasol propionate</i>	57	<i>cyclosporine</i>	78
<i>cephalexin</i>	8	<i>clobetasol propionate e</i>	57	<i>cyclosporine modified</i>	78
CEQUA	86	<i>clodan</i>	57	<i>cyproheptadine hcl</i>	88
CEQUR SIMPLICITY 2U	84	<i>clomipramine hcl</i>	17	<i>cyred eq</i>	67
CEQUR SIMPLICITY INSERTER	84	<i>clonazepam</i>	12	CYSTAGON	62
<i>cevimeline hcl</i>	56	<i>clonidine</i>	47	<i>dabigatran etexilate mesylate</i>	45
<i>chlorhexidine gluconate</i>	56	<i>clonidine hcl</i>	47	<i>dalfampridine er</i>	55
<i>chloroquine phosphate</i>	29	<i>clopidogrel bisulfate</i>	47	<i>danazol</i>	67
<i>chlorpromazine hcl</i>	30	<i>clorazepate dipotassium</i>	39	<i>dantrolene sodium</i>	34
<i>chlorthalidone</i>	52	<i>clotrimazole</i>	18	DANZITEN	25
<i>cholestyramine</i>	52	<i>clotrimazole-betamethasone</i>	57	<i>dapaglifloz base-metformin er</i> ...	39
<i>cholestyramine light</i>	52	<i>clozapine</i>	33, 34	<i>dapagliflozin</i>	39
CIBINQO	75	COARTEM	29	<i>dapsone</i>	20
<i>ciclodan</i>	18	COBENFY	31	DAPTACEL	80
<i>ciclopirox</i>	18	COBENFY STARTER PACK	31	<i>daptomycin</i>	6
<i>ciclopirox olamine</i>	18	<i>colchicine</i>	19	<i>darunavir</i>	37
<i>cilostazol</i>	47	<i>colchicine-probenecid</i>	19	<i>dasatinib</i>	25
CILOXAN	10	<i>colesevelam hcl</i>	52	DAURISMO	25
CIMDUO	36	<i>colestipol hcl</i>	52, 53	<i>daysee</i>	67
<i>cimetidine</i>	61	<i>colistimethate sodium (cba)</i>	6	<i>deblitane</i>	71
<i>cinacalcet hcl</i>	83	COMBIVENT RESPIMAT	88	<i>deferasirox</i>	59
CINRYZE	73	COMETRIQ (100 MG DAILY DOSE)	25	DELSTRIGO	36
<i>ciprofloxacin hcl</i>	10	COMETRIQ (140 MG DAILY DOSE)	25	DEPO-SUBQ PROVERA 104	71
<i>ciprofloxacin in d5w</i>	10			DESCOVY	36
<i>ciprofloxacin-dexamethasone</i>	87				
<i>citalopram hydrobromide</i>	16				
<i>claravis</i>	56				
<i>clarithromycin</i>	9				

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

<i>desipramine hcl</i>	17	<i>divalproex sodium er</i>	11	ELMIRON	63
<i>desmopressin ace spray refrig</i>	66	<i>dofetilide</i>	49	<i>eltrombopag olamine</i>	47
<i>desmopressin acetate</i>	66	<i>donepezil hcl</i>	14	<i>eluryng</i>	68
<i>desogestrel-ethinyl estradiol</i>	67	DOPTELET	46	EMGALITY	20
<i>desonide</i>	64	DOPTELET SPRINKLE	46	EMGALITY (300 MG DOSE)	20
<i>desoximetasone</i>	64	<i>dorzolamide hcl</i>	86	EMSAM	15
<i>desvenlafaxine succinate er</i>	16	<i>dorzolamide hcl-timolol mal</i>	86	<i>emtricitabine</i>	36
<i>dexamethasone</i>	64	<i>dorzolamide hcl-timolol mal pf</i> ...86		<i>emtricitabine-tenofovir df</i>	36
DEXAMETHASONE		<i>dotti</i>	67	<i>emtricitab-rilpivir-tenofov df</i>	35
INTENSOL	64	DOVATO	36	EMTRIVA	36
<i>dexamethasone sodium</i>		<i>doxazosin mesylate</i>	63	<i>enalapril maleate</i>	48
<i>phosphate</i>	64, 87	<i>doxepin hcl</i>	17	<i>enalapril-hydrochlorothiazide</i>	48
<i>dexcom g6 receiver</i>	44	<i>doxy 100</i>	10	ENBREL	78
<i>dexcom g6 sensor</i>	44	<i>doxycycline hyclate</i>	10, 11	ENBREL MINI	78
<i>dexcom g6 transmitter</i>	44	<i>doxycycline monohydrate</i>	11	ENBREL SURECLICK	78
<i>dexcom g7 receiver</i>	44	DRIZALMA SPRINKLE	16	<i>endocet</i>	4
<i>dexcom g7 sensor</i>	44	<i>dronabinol</i>	17	ENGERIX-B	80
<i>dexmethylphenidate hcl</i>	54	DROPLET INSULIN		<i>enilloring</i>	68
<i>dexmethylphenidate hcl er</i>	54	SYRINGE	42	<i>enlite glucose sensor</i>	44
<i>dextroamphetamine sulfate</i>	54	DROPLET PEN NEEDLES	84	<i>enoxaparin sodium</i>	46
<i>dextroamphetamine sulfate er</i>	54	<i>drospirenone-ethinyl estradiol</i>	68	ENSACOVE	25
<i>dextromethorphan-quinidine</i>	54	DROXIA	22	<i>enskyce</i>	68
<i>dextrose</i>	60	<i>droxidopa</i>	50	<i>entacapone</i>	30
<i>dextrose-sodium chloride</i>	60	<i>duloxetine hcl</i>	16	<i>entecavir</i>	34
DIACOMIT	11	DUPIXENT	75	ENTYVIO PEN	75
<i>diazepam</i>	12, 39	<i>duramorph</i>	4	<i>enulose</i>	61
<i>diazepam intensol</i>	39	<i>dutasteride</i>	63	ENVARUS XR	78
<i>diazoxide</i>	41	<i>dutasteride-tamsulosin hcl</i>	63	EPIDIOLEX	12
<i>dichlorphenamide</i>	84	<i>easy plus ii glucose test</i>	44	<i>epinastine hcl</i>	86
<i>diclofenac potassium</i>	3	<i>easy step test</i>	44	<i>epinephrine</i>	89
<i>diclofenac sodium</i>	3, 57, 87	<i>easy talk blood glucose test</i>	44	<i>eplerenone</i>	51
<i>diclofenac sodium er</i>	3	EASY TOUCH		<i>ergotamine-caffeine</i>	19
<i>dicloxacillin sodium</i>	9	HYPODERMIC NEEDLE	84	ERIVEDGE	25
<i>dicyclomine hcl</i>	60	<i>easy touch test</i>	44	ERLEADA	21
DIFICID	9	<i>easy trak blood glucose test</i>	44	<i>erlotinib hcl</i>	25
<i>diflunisal</i>	3	<i>easygluco</i>	44	<i>errin</i>	71
<i>difluprednate</i>	87	<i>easymax 15 test</i>	44	<i>ertapenem sodium</i>	8
<i>digoxin</i>	50	EBGLYSS	57	<i>erythromycin</i>	10, 57
<i>dihydroergotamine mesylate</i>	19	<i>econazole nitrate</i>	18	<i>erythromycin base</i>	10
DILANTIN	14	EDURANT PED	35	<i>erythromycin ethylsuccinate</i>	10
<i>diltiazem hcl</i>	50	<i>efavirenz</i>	35	<i>escitalopram oxalate</i>	16
<i>diltiazem hcl er</i>	50	<i>efavirenz-emtricitab-tenofo df</i>	35	<i>eslicarbazepine acetate</i>	14
<i>diltiazem hcl er beads</i>	50	<i>efavirenz-lamivudine-tenofovir</i> ...36		<i>esomeprazole magnesium</i>	62
<i>diltiazem hcl er coated beads</i>	50	EKTERLY	73	<i>estarylla</i>	68
<i>dilt-xr</i>	50	ELIGARD	72	<i>estradiol</i>	68
<i>dimethyl fumarate</i>	55	ELIQUIS	46	<i>estradiol-norethindrone acet</i>	68
<i>diphenhydramine hcl</i>	88	ELIQUIS (1.5 MG PACK)	45	ESTRING	68
<i>diphenoxylate-atropine</i>	60	ELIQUIS (2 MG PACK)	46	<i>estrogens conjugated</i>	68
<i>dipyridamole</i>	47	ELIQUIS DVT/PE		<i>eszopiclone</i>	93
<i>disulfiram</i>	4	STARTER PACK	46	<i>ethacrynic acid</i>	51
<i>divalproex sodium</i>	11	ELIXOPHYLLIN	90	<i>ethambutol hcl</i>	20

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<i>ethosuximide</i>	12	<i>flecainide acetate</i>	49	<i>freestyle test</i>	45
<i>ethynodiol diac-eth estradiol</i>	68	<i>fluconazole</i>	18	FRUZAQLA	25
<i>etodolac</i>	3	<i>fluconazole in sodium chloride</i> ..	18	<i>fulvestrant</i>	21
<i>etodolac er</i>	3	<i>flucytosine</i>	18	<i>furosemide</i>	51
<i>etonogestrel-ethinyl estradiol</i>	68	<i>fludrocortisone acetate</i>	64	<i>fyavolv</i>	68
<i>etravirine</i>	36	<i>flunisolide</i>	88	FYCOMPA	13
EUCRISA	57	<i>fluocinolone acetone</i>	64, 65, 87	<i>gabapentin</i>	12
EULEXIN	21	<i>fluocinolone acetone body</i>	64	<i>galantamine hydrobromide</i>	14
<i>everolimus</i>	25, 78	<i>fluocinolone acetone scalp</i>	65	<i>galantamine hydrobromide er</i>	14
<i>eversense sensor/holder</i>	44	<i>fluocinonide</i>	65	<i>galbriela</i>	68
<i>eversense smart transmitter</i>	44	<i>fluocinonide emulsified base</i>	65	<i>gallifrey</i>	71
EVOTAZ	37	<i>fluorometholone</i>	87	GAMMAGARD	74
EXEL COMFORT POINT		<i>fluorouracil</i>	57	GAMMAGARD ERC	74
PEN NEEDLE	84	<i>fluoxetine hcl</i>	16	GAMMAKED	74
<i>exemestane</i>	23	<i>fluphenazine decanoate</i>	30	GAMMAPLEX	75
EXXUA	15	<i>fluphenazine hcl</i>	30	GAMUNEX-C	74
EXXUA TITRATION PACK ..	15	<i>flurbiprofen</i>	3	GARDASIL 9	80
EYSUVIS	87	<i>flurbiprofen sodium</i>	87	<i>gatifloxacin</i>	10
<i>ezetimibe</i>	53	<i>fluticasone furoate-vilanterol</i>	88	GAVILYTE-C	61
<i>ezetimibe-simvastatin</i>	53	<i>fluticasone propionate</i>	65, 88	<i>gavilyte-g</i>	61
<i>falmina</i>	68	<i>fluticasone propionate diskus</i>	88	<i>gavilyte-n with flavor pack</i>	61
<i>famciclovir</i>	35	<i>fluticasone propionate hfa</i>	88	GAVRETO	22
<i>famotidine</i>	61	<i>fluticasone-salmeterol</i>	92	<i>gefitinib</i>	25
FANAPT	31	<i>fluvastatin sodium</i>	52	<i>gemfibrozil</i>	52
FANAPT TITRATION		<i>fluvastatin sodium er</i>	52	GEMTESA	63
PACK A	32	<i>fluvoxamine maleate</i>	16	<i>generlac</i>	61
FANAPT TITRATION		<i>fondaparinux sodium</i>	46	<i>engraf</i>	78
PACK B	32	FONDCIRCLE BLOOD		GENOTROPIN	66
FANAPT TITRATION		GLUCOSE MONIT	44	GENOTROPIN MINISQUICK ..	66
PACK C	32	FONDCIRCLE BLOOD		<i>gentamicin in saline</i>	5
FARXIGA	39	GLUCOSE TEST	45	<i>gentamicin sulfate</i>	5
FASENRA	92	FORZINITY	54	GENVOYA	35
FASENRA PEN	92	<i>fosamprenavir calcium</i>	37	GILOTRIF	22
<i>febuxostat</i>	19	<i>fosfomycin tromethamine</i>	6	<i>glatiramer acetate</i>	55, 56
<i>feirza 1.5/30</i>	68	<i>fosinopril sodium</i>	48	<i>glimepiride</i>	39
<i>feirza 1/20</i>	68	<i>fosinopril sodium-hctz</i>	48	<i>glipizide</i>	40
<i>felbamate</i>	13	<i>fosphenytoin sodium</i>	14	<i>glipizide er</i>	40
<i>felodipine er</i>	50	FOTIVDA	25	<i>glipizide-metformin hcl</i>	41
<i>fenofibrate</i>	52	FRAGMIN	47	GLOBAL ALCOHOL PREP	
<i>fenofibrate micronized</i>	52	<i>freestyle insulinx test</i>	45	EASE	6
<i>fentanyl</i>	3	<i>freestyle libre 14 day reader</i>	45	<i>glucagon emergency</i>	41
FETZIMA	16	<i>freestyle libre 14 day sensor</i>	45	<i>glyburide</i>	40
FETZIMA TITRATION	16	<i>freestyle libre 2 plus sensor</i>	45	<i>glyburide-metformin</i>	41
<i>fidaxomicin</i>	10	<i>freestyle libre 2 reader</i>	45	<i>glycopyrrolate</i>	60
FILSPARI	48	<i>freestyle libre 2 sensor</i>	45	GLYXAMBI	40
<i>finasteride</i>	63	<i>freestyle libre 3 plus sensor</i>	45	GOMEKLI	25
<i>fin golimod hcl</i>	55	<i>freestyle libre 3 reader</i>	45	<i>granisetron hcl</i>	17
FINTEPLA	11	<i>freestyle libre 3 sensor</i>	45	<i>griseofulvin microsize</i>	18
FIRMAGON	73	<i>freestyle libre reader</i>	45	<i>griseofulvin ultramicrosize</i>	18
FIRMAGON (240 MG DOSE) ..	72	<i>freestyle lite test</i>	45	<i>guanfacine hcl</i>	47
FLEBOGAMMA DIF	74, 75	<i>freestyle precision neo test</i>	45	<i>guanfacine hcl er</i>	54

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

<i>guardian link 3 transmitter</i>	45	<i>ibandronate sodium</i>	83	<i>irbesartan-hydrochlorothiazide</i> ..	48
<i>guardian real-time replace ped</i> ..	45	IBRANCE	22	ISENTRESS	35
<i>guardian sensor (3)</i>	45	IBTROZI	25	ISENTRESS HD	35
GVOKE HYPOPEN 2-PACK	41	<i>ibu</i>	3	<i>isibloom</i>	68
GVOKE KIT	41	<i>ibuprofen</i>	3	ISOLYTE-P IN D5W	60
GVOKE PFS	41	<i>icatibant acetate</i>	74	ISOLYTE-S PH 7.4	58
HAEGARDA	74	<i>iclevia</i>	68	<i>isoniazid</i>	20
<i>hailey 24 fe</i>	68	ICLUSIG	25	<i>isosorbide dinitrate</i>	53
HAILEY FE 1/20	68	IDHIFA	23	<i>isosorbide mononitrate</i>	53
<i>halobetasol propionate</i>	65	IDVYNZO	36	<i>isosorbide mononitrate er</i>	53
<i>haloperidol</i>	31	ILARIS	77	ISTURISA	66
<i>haloperidol decanoate</i>	31	<i>imatinib mesylate</i>	25	ITOVEBI	26
<i>haloperidol lactate</i>	31	IMBRUVICA	25	<i>itraconazole</i>	18
HAVRIX	80	<i>imipenem-cilastatin</i>	8	<i>ivabradine hcl</i>	51
HEATHER	71	<i>imipramine hcl</i>	17	<i>ivermectin</i>	29
<i>heparin sodium (porcine)</i>	47	<i>imiquimod</i>	57	IWILFIN	22
<i>heparin sodium (porcine) pf</i>	47	IMKELDI	25	IXIARO	81
<i>heplisav-b</i>	80	IMOVAX RABIES	80	<i>jaimiess</i>	68
HERNEXEOS	25	IMPAVIDO	29	JAKAFI	26
HIBERIX	80	INBRIJA	30	JAKAFI XR	26
HUMALOG	42	<i>incassia</i>	71	<i>jantoven</i>	47
HUMALOG JUNIOR		INCRELEX	66	JANUMET	41
KWIKPEN	42	INCRUSE ELLIPTA	89	JANUMET XR	41
HUMALOG KWIKPEN	42	<i>indapamide</i>	52	JANUVIA	40
HUMALOG MIX 50/50		<i>indomethacin</i>	3	JARDIANCE	40
KWIKPEN	42	<i>indomethacin er</i>	3	JASCAYD	91
HUMALOG MIX 75/25	42	INFANRIX	80	<i>jasmiel</i>	68
HUMALOG MIX 75/25		INGREZZA	55	JAYPIRCA	26
KWIKPEN	42	INLURIYO	21	JENTADUETO	41
HUMULIN 70/30	42	INLYTA	25	JENTADUETO XR	41
HUMULIN 70/30 KWIKPEN ..	42	INQOVI	22	JIDEYTRO	26
HUMULIN N	42	INREBIC	26	<i>jinteli</i>	68
HUMULIN N KWIKPEN	42	<i>insulin aspart</i>	42	<i>jolessa</i>	68
HUMULIN R	42	<i>insulin aspart flexpen</i>	42	JUBBONTI	83
HUMULIN R U-500		<i>insulin aspart penfill</i>	42	<i>juleber</i>	68
(CONCENTRATED)	42	<i>insulin lispro</i>	43	JULUCA	36
HUMULIN R U-500		<i>insulin lispro (1 unit dial)</i>	42	<i>junel 1.5/30</i>	68
KWIKPEN	42	<i>insulin lispro junior kwikpen</i>	43	<i>junel 1/20</i>	68
<i>hydralazine hcl</i>	53	<i>insulin lispro prot & lispro</i>	43	<i>junel fe 1.5/30</i>	68
<i>hydrochlorothiazide</i>	52	INTELENCE	36	<i>junel fe 1/20</i>	68
<i>hydrocodone-acetaminophen</i>	4	INTRALIPID	60	<i>junel fe 24</i>	68
<i>hydrocortisone</i>	65, 83	<i>introvale</i>	68	JYLAMVO	78
<i>hydrocortisone (perianal)</i>	57	INVEGA HAFYERA	32	JYNNEOS	81
<i>hydrocortisone valerate</i>	65	INVEGA SUSTENNA	32	KALETRA	37
<i>hydrocortisone-acetic acid</i>	87	INVEGA TRINZA	32	KALYDECO	90
<i>hydromorphone hcl</i>	4	INZIRQO	52	<i>kariva</i>	68
<i>hydroxychloroquine sulfate</i>	29	IPOLE	80	<i>kcl in dextrose-nacl</i>	58
<i>hydroxyurea</i>	22	<i>ipratropium bromide</i>	89	<i>kelnor 1/35</i>	68
<i>hydroxyzine hcl</i>	38	<i>ipratropium bromide hfa</i>	89	KERENDIA	51
<i>hydroxyzine pamoate</i>	88	<i>ipratropium-albuterol</i>	89	KESIMPTA	56
HYRNUO	25	<i>irbesartan</i>	48	<i>ketoconazole</i>	18

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

<i>ketorolac tromethamine</i>	3, 87	LENVIMA (18 MG DAILY DOSE)	26	<i>lisinopril</i>	48
KEVZARA	78, 79	LENVIMA (20 MG DAILY DOSE)	26	<i>lisinopril-hydrochlorothiazide</i>	48
KINERET	79	LENVIMA (24 MG DAILY DOSE)	27	LITETOUCH PEN	
KINRIX	81	LENVIMA (4 MG DAILY DOSE)	27	NEEDLES	84
<i>kionex</i>	59	LENVIMA (8 MG DAILY DOSE)	27	<i>lithium</i>	39
KISQALI (200 MG DOSE)	26	LEQEMBI IQLIK	14	<i>lithium carbonate</i>	39
KISQALI (400 MG DOSE)	26	LEQEMBI IQLIK (500 MG DOSE)	14	<i>lithium carbonate er</i>	39
KISQALI (600 MG DOSE)	26	LEQSEVI	75	LIVTENCITY	34
<i>klor-con</i>	58	<i>lessina</i>	69	<i>lojaimiess</i>	69
<i>klor-con 10</i>	58	<i>letrozole</i>	23	LOKELMA	60
<i>klor-con m10</i>	58	<i>leucovorin calcium</i>	29	<i>lomustine</i>	21
<i>klor-con m15</i>	58	LEUKERAN	21	LONSURF	22
<i>klor-con m20</i>	58	LEUKINE	46	<i>loperamide hcl</i>	60
KLOXXADO	5	<i>leuprolide acetate</i>	73	<i>lopinavir-ritonavir</i>	38
KOMZIFTI	26	<i>levabuterol hcl</i>	89	<i>lorazepam</i>	39
KOSELUGO	26	<i>levabuterol tartrate</i>	89	<i>lorazepam intensol</i>	39
<i>kourzeq</i>	56	<i>levetiracetam</i>	11	LORBRENA	27
K-PHOS NO 2	58	<i>levetiracetam er</i>	11	<i>loryna</i>	69
KRAZATI	22	<i>levobunolol hcl</i>	86	<i>losartan potassium</i>	48
<i>kurvelo</i>	69	<i>levocarnitine</i>	84	<i>losartan potassium-hctz</i>	48
<i>labetalol hcl</i>	49	<i>levocetirizine dihydrochloride</i>	88	<i>loteprednol etabonate</i>	87
<i>lacosamide</i>	14	<i>levofloxacin</i>	10	<i>lovastatin</i>	52
<i>lactulose</i>	61	<i>levofloxacin in d5w</i>	10	<i>low-ogestrel</i>	69
LAGEVRIO	75	<i>levonest</i>	69	<i>loxapine succinate</i>	31
<i>lamivudine</i>	34, 36, 37	<i>levonorgest-eth est & eth est</i>	69	<i>lubiprostone</i>	61
<i>lamivudine-zidovudine</i>	37	<i>levonorgest-eth estrad 91-day</i>	69	<i>luizza 1.5/30</i>	69
<i>lamotrigine</i>	11, 39	<i>levonorgest-eth estradiol-iron</i>	69	<i>luizza 1/20</i>	69
<i>lamotrigine starter kit-blue</i>	11	<i>levonorgestrel-ethinyl estrad</i>	69	LUMAKRAS	22
<i>lamotrigine starter kit-green</i>	11	<i>levonorg-eth estrad triphasic</i>	69	LUMIGAN	85
<i>lamotrigine starter kit-orange</i>	11	<i>levo-t</i>	72	LUMRYZ STARTER PACK..	93
<i>lanreotide acetate</i>	73	<i>levothyroxine sodium</i>	72	LUPRON DEPOT (1-MONTH)	73
<i>lansoprazole</i>	62	<i>levoxyl</i>	72	LUPRON DEPOT (3-MONTH)	73
LANTUS	43	<i>l-glutamine</i>	62	<i>lurasidone hcl</i>	32
LANTUS SOLOSTAR	43	<i>lidocaine</i>	4	<i>lutra</i>	69
<i>lapatinib ditosylate</i>	26	<i>lidocaine hcl</i>	4	LYBALVI	32
<i>larin 1.5/30</i>	69	<i>lidocaine hcl (pf)</i>	4	<i>lyleq</i>	71
<i>larin 1/20</i>	69	<i>lidocaine viscous hcl</i>	4	<i>lyllana</i>	69
<i>larin fe 1.5/30</i>	69	<i>lidocaine-prilocaine</i>	4	LYNPARZA	27
<i>larin fe 1/20</i>	69	LIFYORLI (125 MG DOSE) ... 27		LYSODREN	72
<i>latanoprost</i>	85	LIFYORLI (150 MG DOSE) ... 27		LYTGOBI (12 MG DAILY DOSE)	27
LAZCLUZE	26	<i>liletta (52 mg)</i>	71	LYTGOBI (16 MG DAILY DOSE)	27
<i>lederle leucovorin</i>	29	<i>linezolid</i>	6	LYTGOBI (20 MG DAILY DOSE)	27
<i>leflunomide</i>	75	LINZESS	61	<i>lyza</i>	71
<i>lenalidomide</i>	21	<i>liomny</i>	72	<i>macitentan</i>	91
LENVIMA (10 MG DAILY DOSE)	26	<i>liothyronine sodium</i>	72	<i>magnesium sulfate</i>	58
LENVIMA (12 MG DAILY DOSE)	26			<i>malathion</i>	29
LENVIMA (14 MG DAILY DOSE)	26				

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maraviroc.....	37	mexiletine hcl.....	49	naloxone hcl.....	5
marlissa.....	69	miconazole 3.....	18	naltrexone hcl.....	5
MARPLAN	15	microgestin 1.5/30.....	69	NAMZARIC	14
MATULANE	21	microgestin 1/20.....	69	naproxen.....	3
matzim la.....	50	microgestin fe 1.5/30.....	69	naproxen dr.....	3
MAVYRET	34	microgestin fe 1/20.....	69	naproxen sodium.....	3
meclizine hcl.....	17	midodrine hcl.....	47	NATACYN	18
medpura hydrocortisone.....	65	MIEBO	86	nateglinide.....	40
medroxyprogesterone acetate.....	71	mifepristone.....	66	NAYZILAM	13
mefloquine hcl.....	29	miglitol.....	40	necon 0.5/35 (28).....	69
megestrol acetate.....	71	mili.....	69	nefazodone hcl.....	16
MEKINIST	27	milnacipran hcl.....	55	NEMLUVIO	57
MEKTOVI	27	mimvey.....	69	neomycin sulfate.....	5
meleya.....	71	minocycline hcl.....	11	neomycin-bacitracin zn-	
meloxicam.....	3	minoxidil.....	53	polymyx.....	86
memantine hcl.....	15	mirtazapine.....	15	neomycin-polymyxin-dexameth...87	
memantine hcl er.....	15	misoprostol.....	62	neomycin-polymyxin-gramicidin 86	
memantine hcl-donepezil hcl er..	14	M-M-R II	81	neomycin-polymyxin-hc.....	6, 87
MENQUADFI	81	modafinil.....	93	NERLYNX	27
MENVEO	81	MODEYSO	27	nevirapine.....	36
mercaptapurine.....	22	moexipril hcl.....	48	nevirapine er.....	36
meropenem.....	8	molindone hcl.....	31	NEXLETOL	51
mesalamine.....	82	mometasone furoate.....	65, 92	NEXLIZET	51
mesalamine-cleanser.....	82	mondoxyne nl.....	11	NEXPLANON	71
mesna.....	29	MONOJECT		niacin er (antihyperlipidemic)....	53
metformin hcl.....	40	HYPODERMIC NEEDLE	85	nicardipine hcl.....	50
metformin hcl er.....	40	MONOJECT INSULIN		NICOTROL NS	5
methadone hcl.....	3	SYRINGE	43, 85	nifedipine er.....	50
methazolamide.....	51	montelukast sodium.....	88	nifedipine er osmotic release.....	50
methenamine hippurate.....	6	morphine sulfate.....	4	nikki.....	69
methimazole.....	73	morphine sulfate (concentrate)....	4	nilotinib d-tartrate.....	27
methocarbamol.....	93	morphine sulfate (pf).....	4	nilotinib hcl.....	27
methotrexate sodium.....	79	morphine sulfate er.....	3	nilutamide.....	21
methotrexate sodium (pf).....	79	MOTOFEN	60	NINLARO	22
methsuximide.....	12	MOUNJARO	40	nintedanib esylate.....	91
methylergonovine maleate.....	84	MOVANTIK	60	nitazoxanide.....	29
methylphenidate hcl.....	54	moxifloxacin hcl.....	10	nitisinone.....	62
methylphenidate hcl er.....	54	moxifloxacin hcl in nacl.....	10	NITRO-BID	53
methylphenidate hcl er (osm)....	54	mresvia.....	81	nitrofurantoin monohyd macro....	6
methylphenidate hcl er(diffus)....	54	MULTAQ	49	nitroglycerin.....	53
methylprednisolone.....	65	multiple electro type 1 ph 7.4....	58	nora-be.....	71
methylprednisolone acetate.....	19	mupirocin.....	6	norelgestromin-eth estradiol.....	71
methylprednisolone sodium succ	65	mupirocin calcium.....	57	norethindrone.....	71
metoclopramide hcl.....	60	mycophenolate mofetil.....	79	norethindrone acetate.....	71
metoclopramide hcl +rfid.....	60	mycophenolate sodium.....	79	norethindrone acet-ethinyl est....	69
metolazone.....	52	MYRBETRIQ	63	norethindrone-eth estradiol.....	69
metoprolol succinate er.....	49	na sulfate-k sulfate-mg sulf.....	58	norgestimate-eth estradiol.....	69
metoprolol tartrate.....	49	nabumetone.....	3	norgestim-eth estrad triphasic ...	69
metoprolol-hydrochlorothiazide.	49	nadolol.....	49	nortrel 0.5/35 (28).....	69
metronidazole.....	6	nafcillin sodium.....	9	nortrel 1/35 (21).....	69
metyrosine.....	51			nortrel 1/35 (28).....	70

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nortrel 7/7/7.....	70	onetouch verio.....	45	PEGASYS	34
nortriptyline hcl.....	17	ONUREG	22	PEMAZYRE	27
NORVIR	38	OPIPZA	32	PEN NEEDLES	85
NOVOLIN R FLEXPEN	43	optiumez test.....	45	PENBRAYA	81
NUBEQA	21	OPVEE	5	penicillamine.....	59
NUCALA	92, 93	ORACIT	58	penicillin g pot in dextrose.....	9
NUPLAZID	32	ORENCIA	76	penicillin g potassium.....	9
NURTEC	20	ORENCIA CLICKJECT	75	penicillin g sodium.....	9
NUTRILIPID	60	ORENITRAM	91	penicillin v potassium.....	9
nyamyc.....	19	ORENITRAM MONTH 1	91	PENMENVY	81
nylia 1/35.....	70	ORENITRAM MONTH 2	91	PENTACEL	81
nylia 7/7/7.....	70	ORENITRAM MONTH 3	91	pentamidine isethionate.....	29
nystatin.....	19	ORGOVYX	22	pentoxifylline er.....	51
nystatin-triamcinolone.....	19	ORKAMBI	90	perampanel.....	13
nystop.....	19	orquidea.....	71	perindopril erbumine.....	48
OCTAGAM	74, 75	ORSERDU	21	periogard.....	56
octreotide acetate.....	73	oseltamivir phosphate.....	38	permethrin.....	29
ODEFSEY	36	OSENVELT	83	perphenazine.....	31
ODOMZO	22	OSPHERA	72	PERSERIS	33
OFEV	91	OTEZLA	79	phenelzine sulfate.....	15
ofloxacin.....	10	OTEZLA XR	79	phenobarbital.....	13
OGSIVEO	23	OTEZLA/OTEZLA XR		phenytek.....	14
OJEMDA	27	INITIATION PK	79	phenytoin.....	14
OJJAARA	22	oxacillin sodium.....	9	phenytoin sodium extended.....	14
olanzapine.....	32	oxaprozin.....	3	PIFELTRO	36
olmesartan medoxomil.....	48	oxcarbazepine.....	14	pilocarpine hcl.....	56, 87
olmesartan medoxomil-hctz.....	48	oxybutynin chloride.....	63	pimecrolimus.....	57
omega-3-acid ethyl esters.....	53	oxybutynin chloride er.....	63	pimozide.....	31
omeprazole.....	62	oxycodone hcl.....	4	pimtrea.....	70
OMNIPOD 5 DEXG7G6		oxycodone-acetaminophen.....	4	pindolol.....	49
INTRO GEN 5	85	OZEMPIC	40	pioglitazone hcl.....	40
OMNIPOD 5 DEXG7G6		OZEMPIC (0.25 OR 0.5		pioglitazone hcl-glimepiride.....	41
PODS GEN 5	85	MG/DOSE)	40	pioglitazone hcl-metformin hcl...	41
OMNIPOD 5 LIBRE INTRO..	85	OZEMPIC (1 MG/DOSE)	40	piperacillin sod-tazobactam so.....	9
OMNIPOD 5 LIBRE PODS...	85	OZEMPIC (2 MG/DOSE)	40	PIQRAY (200 MG DAILY	
OMNIPOD 5 LIBRE2 G6		paliperidone er.....	32	DOSE)	24
INTRO GEN5	85	PALSONIFY	72	PIQRAY (250 MG DAILY	
OMNIPOD 5 LIBRE2 PLUS		PANRETIN	29	DOSE)	24
G6 PODS	85	pantoprazole sodium.....	62	PIQRAY (300 MG DAILY	
OMNIPOD DASH INTRO		paricalcitol.....	83	DOSE)	24
(GEN 4)	85	paroxetine hcl.....	16, 39	pirfenidone.....	91
OMNIPOD DASH PDM		paroxetine hcl er.....	16	piroxicam.....	3
(GEN 4)	85	PAXLOVID (150/100)	76	pitavastatin calcium.....	52
OMNIPOD DASH PODS		PAXLOVID (300/100 &		plenamine.....	58
(GEN 4)	85	150/100)	76	pnv-dha.....	60
ONCASPAR	22	PAXLOVID (300/100)	76	podofilox.....	57
ondansetron.....	18	pazopanib hcl.....	27	polymyxin b sulfate.....	6
ondansetron hcl.....	17, 18	PEDIARIX	81	polymyxin b-trimethoprim.....	86
onetouch ultra.....	45	PEDVAXHIB	81	pomalidomide.....	21
onetouch ultra blue test.....	45	peg 3350-kcl-na bicarb-nacl.....	61	POMALYST	21
onetouch ultra test.....	45	peg-3350/electrolytes.....	61	portia-28.....	70

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<i>posaconazole</i>	19	<i>proparacaine hcl</i>	86	REVCovi	76
<i>potassium chloride</i>	58, 59	<i>propranolol hcl</i>	49	REVUFORJ	27
<i>potassium chloride crys er</i>	58	<i>propranolol hcl er</i>	49	REXULTI	33
<i>potassium chloride er</i>	58	<i>propylthiouracil</i>	73	REYATAZ	38
<i>potassium citrate er</i>	59	PROQUAD	81	REZDIFFRA	61
<i>potassium cl in dextrose 5%</i>	59	PROSOL	59	REZLIDHIA	24
PRALUENT	53	<i>protriptyline hcl</i>	17	REZUROCK	79
<i>pramipexole dihydrochloride</i>	30	PULMOZYME	90	RHAPSIDO	76
<i>pramosone</i>	57	PURE COMFORT PEN		RHOPRESSA	85
<i>prasugrel hcl</i>	46	NEEDLE	85	<i>ribavirin</i>	34
<i>pravastatin sodium</i>	52	<i>pyrazinamide</i>	20	<i>rifabutin</i>	20
<i>praziquantel</i>	29	<i>pyridostigmine bromide</i>	20	<i>rifampin</i>	20
<i>prazosin hcl</i>	47	<i>pyridostigmine bromide er</i>	20	<i>rifapentine</i>	20
<i>precision xtra blood glucose</i>	45	<i>pyrimethamine</i>	29	<i>rilpivirine hcl</i>	36
<i>prednisolone</i>	65	QINLOCK	27	<i>riluzole</i>	55
<i>prednisolone acetate</i>	87	QUADRACEL	81	<i>rimantadine hcl</i>	38
<i>prednisolone sodium phosphate</i>		<i>quetiapine fumarate</i>	33	RINVOQ	76
.....	65, 87	<i>quicktek test</i>	45	RINVOQ LQ	76
<i>prednisone</i>	65	<i>quinapril hcl</i>	48	<i>risedronate sodium</i>	83
PREDNISONE INTENSOL	65	<i>quinapril-hydrochlorothiazide</i>		<i>risperidone</i>	33
PREFERRED PLUS			48, 49	<i>risperidone microspheres er</i>	33
INSULIN SYRINGE	43	<i>quinidine gluconate er</i>	49	<i>ritonavir</i>	38
<i>pregabalin</i>	55	<i>quinidine sulfate</i>	49	<i>rivaroxaban</i>	46
PREMARIN	70	<i>quinine sulfate</i>	29	<i>rivastigmine</i>	15
PREMASOL	59	RABAVERT	81	<i>rivastigmine tartrate</i>	14
PREMPHASE	70	RALDESY	16	<i>rizatriptan benzoate</i>	20
PREMPRO	70	<i>raloxifene hcl</i>	72	ROCKLATAN	86
<i>prenatal</i>	60	<i>ramelteon</i>	93	<i>roflumilast</i>	90
<i>pretomanid</i>	20	<i>ramipril</i>	49	ROMVIMZA	27
<i>prevalite</i>	53	<i>ranolazine er</i>	51	<i>ropinirole hcl</i>	30
PREVYMIS	34	<i>rasagiline mesylate</i>	30	<i>ropinirole hcl er</i>	30
PREZCOBIX	38	<i>reclipsen</i>	70	<i>rosuvastatin calcium</i>	52
PREZISTA	38	RECOMBIVAX HB	81	ROTARIX	81
<i>primaquine phosphate</i>	29	REDEMPLO	51	ROTATEQ	81
<i>primidone</i>	13	RELENZA DISKHALER	38	<i>roweepra</i>	11
PRIORIX	81	<i>relion blood glucose test</i>	45	ROZLYTREK	27
PRIVIGEN	74, 76	<i>relion confirm/micro test</i>	45	RUBRACA	27
PROAIR RESPICLICK	90	RELION INSULIN		RUCONEST	74
<i>probenecid</i>	19	SYRINGE	43	<i>rufinamide</i>	14
<i>prochlorperazine</i>	31	RELI-ON INSULIN		RUKOBIA	37
<i>prochlorperazine maleate</i>	31	SYRINGE	43	RYBELSUS	40
<i>procto-med hc</i>	57	<i>relion prime test</i>	45	RYDAPT	28
<i>proctosol hc</i>	57	<i>relion ultima test</i>	45	<i>sacubitril-valsartan</i>	48
<i>proctozone-hc</i>	57	RELISTOR	60	<i>salsalate</i>	3
<i>prodigy no coding blood gluc</i>	45	<i>repaglinide</i>	40	SANTYL	57
PROGRAF	79	REPATHA	53	<i>sapropterin dihydrochloride</i>	62
PROLASTIN-C	62	REPATHA SURECLICK	53	SAVELLA	55
<i>promethazine hcl</i>	17	RESTASIS	86	SAVELLA TITRATION	
<i>promethegan</i>	17	RESTASIS MULTIDOSE	86	PACK	55
<i>propafenone hcl</i>	49	RETACRIT	47	SCSEMBLIX	28
<i>propafenone hcl er</i>	49	RETEVMO	23	<i>scopolamine</i>	17

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

SECUADO	33	STOBOCLO	83	TECHLITE INSULIN	
<i>selegiline hcl</i>	30	<i>streptomycin sulfate</i>	5	SYRINGE	43
<i>selenium sulfide</i>	57	STRIBILD	35	<i>telmisartan</i>	48
SELZENTRY	37	SUBVENITE	11	<i>telmisartan-amlodipine</i>	51
SEREVENT DISKUS	90	<i>subvenite</i>	11	<i>telmisartan-hctz</i>	48
<i>sertraline hcl</i>	16, 17	<i>subvenite starter kit-blue</i>	12	<i>temazepam</i>	93
<i>setlakin</i>	70	<i>subvenite starter kit-green</i>	12	TENIVAC	82
<i>sevelamer carbonate</i>	63	<i>subvenite starter kit-orange</i>	12	<i>tenofovir disoproxil fumarate</i>	37
<i>sevelamer hcl</i>	64	<i>sucralfate</i>	62	TEPMETKO	28
<i>sharobel</i>	71	<i>sulfacetamide sodium</i>	10	<i>terazosin hcl</i>	63
SHINGRIX	81, 82	<i>sulfacetamide sodium (acne)</i>	57	<i>terbinafine hcl</i>	19
SIGNIFOR	73	<i>sulfacetamide-prednisolone</i>	87	<i>terbutaline sulfate</i>	90
SIGNIFOR LAR	73	<i>sulfadiazine</i>	10	<i>terconazole</i>	19
<i>sildenafil citrate</i>	91	<i>sulfamethoxazole-trimethoprim</i> ..	10	<i>teriflunomide</i>	56
<i>silodosin</i>	63	<i>sulfasalazine</i>	82, 83	<i>teriparatide</i>	83
<i>silver sulfadiazine</i>	6	<i>sulindac</i>	3	<i>testosterone</i>	67
SIMBRINZA	87	<i>sumatriptan succinate</i>	20	<i>testosterone cypionate</i>	67
SIMPESSE	70	<i>sunitinib malate</i>	28	<i>testosterone enanthate</i>	67
<i>simvastatin</i>	52	SUNLENCA	37	<i>tetrabenazine</i>	55
<i>sirolimus</i>	79	SURE COMFORT PEN		<i>tetracycline hcl</i>	11
SIRTURO	20	NEEDLES	85	THALOMID	21
SIVEXTRO	7	<i>syeda</i>	70	THEOPHYLLINE	91
SKYCLARYS	55	SYMBICORT	92	<i>theophylline er</i>	90
SKYRIZI	76	SYMPAZAN	13	<i>thioridazine hcl</i>	31
SKYRIZI PEN	76	SYMTUZA	35	<i>thiotepa</i>	21
<i>sodium chloride</i>	59, 85	SYNAREL	73	<i>thiothixene</i>	31
<i>sodium fluoride</i>	59	SYNJARDY	40	<i>tiadylt er</i>	50
<i>sodium oxybate</i>	93	SYNJARDY XR	40	<i>tiagabine hcl</i>	13
<i>sodium phenylbutyrate</i>	62	SYNTHROID	72	TIBSOVO	24
<i>sodium polystyrene sulfonate</i>	59	TABLOID	22	<i>ticagrelor</i>	47
<i>solifenacin succinate</i>	63	TABRECTA	28	TICOVAC	82
SOLQUA	40	<i>tacrolimus</i>	57, 79	<i>tigecycline</i>	7
SOLTAMOX	22	<i>tacrolimus er</i>	79	<i>tilia fe</i>	70
SOMATULINE DEPOT	73	<i>tadalafil</i>	63	<i>timolol maleate</i>	20, 87
SOMAVERT	73	<i>tadalafil (pah)</i>	91	<i>timolol maleate (once-daily)</i>	87
<i>sorafenib tosylate</i>	28	TAFINLAR	28	<i>tinidazole</i>	7
<i>sotalol hcl</i>	49	TAGRISSO	23	<i>tiotropium bromide</i>	89
<i>sotalol hcl (af)</i>	49	TALICIA	61	TIVICAY	35
SOTYKTU	76	TALZENNA	28	TIVICAY PD	35
SPIRIVA RESPIMAT	89	<i>tamoxifen citrate</i>	22	<i>tizanidine hcl</i>	34
<i>spironolactone</i>	51	<i>tamsulosin hcl</i>	63	TOBI PODHALER	90
<i>spironolactone-hctz</i>	51	<i>tarina 24 fe</i>	70	TOBRADEX	87
<i>sprintec 28</i>	70	<i>tarina fe 1/20 eq</i>	70	<i>tobramycin</i>	5, 90
SPRITAM	11	TARPEYO	65	<i>tobramycin sulfate</i>	6
<i>sps (sodium polystyrene sulf)</i>	59	<i>tasimelteon</i>	55	<i>tobramycin-dexamethasone</i>	87
<i>sronyx</i>	70	TAVNEOS	79	<i>tofacitinib citrate</i>	77
<i>ssd</i>	7	<i>taysofy</i>	70	<i>tofacitinib citrate er</i>	77
STARJEMZA	76	<i>tazarotene</i>	57	<i>tolterodine tartrate</i>	63
STEQEYMA	76, 77	<i>tazicef</i>	8	<i>tolterodine tartrate er</i>	63
STIOLTO RESPIMAT	92	TAZVERIK	28	<i>tolvaptan</i>	59
STIVARGA	28			<i>tolvaptan (hyponatremia)</i>	59

You can find information on what the symbols and abbreviations on this table mean by going to section C1.

<i>topiramate</i>	13	TRUMENBA	82	VEOZAH	55
<i>toremifene citrate</i>	22	TRUQAP	28	<i>verapamil hcl</i>	50
<i>torpenz</i>	28	TRYPTYR	86	<i>verapamil hcl er</i>	50
<i>torsemide</i>	51	TUKYSA	23	VERQUVO	51
TOUJEO MAX SOLOSTAR	43	TURALIO	28	VERSACLOZ	34
TOUJEO SOLOSTAR	43	<i>turqoz</i>	70	VERZENIO	24
TPN ELECTROLYTES	60	TWINRIX	82	<i>vienva</i>	70
TRADJENTA	40	<i>tyblume</i>	70	<i>vigabatrin</i>	13
<i>tramadol hcl</i>	4	TYBOST	37	<i>vigadrone</i>	13
<i>tramadol-acetaminophen</i>	4	<i>tydemy</i>	70	VIGADRONE	13
<i>trandolapril</i>	49	TYPHIM VI	82	VIGAFYDE	13
<i>trandolapril-verapamil hcl er</i>	49	UBRELVY	20	<i>vilazodone hcl</i>	17
<i>tranexamic acid</i>	46	ULTICARE PEN NEEDLES	85	VIMKUNYA	82
<i>tranylcypromine sulfate</i>	16	ULTILET PEN NEEDLE	85	<i>viorele</i>	70
TRAVASOL	59	ULTRA-THIN II PEN		VIRACEPT	38
<i>travoprost (bak free)</i>	85	NEEDLES	85	VIREAD	37
<i>trazodone hcl</i>	17	<i>unithroid</i>	72	VITRAKVI	24
TRELEGY ELLIPTA	93	UPTRAVI	91	VIVITROL	5
<i>tretinoin</i>	29, 58	UPTRAVI TITRATION	91	VIVOTIF	82
<i>triamcinolone acetonide</i>	56, 65, 66	<i>ursodiol</i>	61	VIZIMPRO	28
<i>triamterene</i>	52	UZEDY	33	VONJO	28
<i>triamterene-hctz</i>	52	<i>valacyclovir hcl</i>	35	VOQUEZNA	61
<i>triderm</i>	66	VALCHLOR	21	VOQUEZNA DUAL PAK	61
<i>trientine hcl</i>	59	<i>valganciclovir hcl</i>	34	VOQUEZNA TRIPLE PAK	61
<i>tri-estarylla</i>	70	<i>valproic acid</i>	13	VORANIGO	23
<i>trifluoperazine hcl</i>	31	<i>valsartan</i>	48	<i>voriconazole</i>	19
<i>trifluridine</i>	35	<i>valsartan-hydrochlorothiazide</i>	48	VOSEVI	34
<i>trihexyphenidyl hcl</i>	30	VALTOCO 10 MG DOSE	13	VOWST	61
TRIJARDY XR	40	VALTOCO 15 MG DOSE	13	VOYDEYA	46
TRIKAFTA	90	VALTOCO 20 MG DOSE	13	VRAYLAR	33
<i>tri-legest fe</i>	70	VALTOCO 5 MG DOSE	13	<i>vyfemla</i>	70
<i>trilitas</i>	58	<i>valtya 1/35</i>	70	<i>vylibra</i>	70
<i>tri-lo-estarylla</i>	70	<i>valtya 1/50</i>	70	VYNDAMAX	66
<i>tri-lo-sprintec</i>	70	<i>vancomycin hcl</i>	7	VYVGART HYTRULO	62
<i>trimethoprim</i>	7	VANFLYTA	28	VYZULTA	85
<i>tri-mili</i>	70	VANRAFIA	51	<i>warfarin sodium</i>	47
<i>trimipramine maleate</i>	17	VAQTA	82	WAYRILZ	46
TRINTELLIX	15	<i>varenicline tartrate</i>	5	WEGOVY	51
<i>tri-sprintec</i>	70	<i>varenicline tartrate (starter)</i>	5	WELIREG	23
TRIUMEQ	37	<i>varenicline tartrate(continue)</i>	5	WINREVAIR	91
TRIUMEQ PD	37	VARIVAX	82	<i>wymzya fe</i>	71
<i>tri-vylibra</i>	70	VARIZIG	82	WYOST	83
<i>tri-vylibra lo</i>	70	VASCEPA	53	XALKORI	28
TROPHAMINE	59	VAXCHORA	82	<i>xarah fe</i>	71
<i>tropium chloride</i>	63	<i>velivet</i>	70	XARELTO	46
<i>tropium chloride er</i>	63	VELTASSA	59	XARELTO STARTER PACK	46
TRUE METRIX PRO		VENCLEXTA	23	XATMEP	79
BLOOD GLUCOSE	45	VENCLEXTA STARTING		XCOPRI	12
TRUEPLUS 5-BEVEL PEN		PACK	23	XCOPRI (250 MG DAILY	
NEEDLES	85	<i>venlafaxine hcl</i>	39	DOSE)	12
TRULICITY	40	<i>venlafaxine hcl er</i>	17		

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XCOPRI (350 MG DAILY DOSE)	12	ZOLINZA	23
XDEMVY	86	<i>zolpidem tartrate</i>	93
<i>xelria fe</i>	71	<i>zolpidem tartrate er</i>	93
XERMELO	61	ZONISADE	12
XIFAXAN	7	<i>zonisamide</i>	12
XIGDUO XR	40	<i>zovia 1/35 (28)</i>	71
XIIDRA	86	ZTALMY	13
XOCOVA	77	ZURZUVAE	15
XOFLUZA (40 MG DOSE)	38	ZYDELIG	24
XOFLUZA (80 MG DOSE)	38	ZYKADIA	28
XOLAIR	77	ZYMFENTRA (1 PEN)	79
XOSPATA	24	ZYMFENTRA (2 PEN)	79
XPOVIO (100 MG ONCE WEEKLY)	23	ZYMFENTRA (2 SYRINGE) ..	80
XPOVIO (40 MG ONCE WEEKLY)	23		
XPOVIO (40 MG TWICE WEEKLY)	23		
XPOVIO (60 MG ONCE WEEKLY)	23		
XPOVIO (60 MG TWICE WEEKLY)	23		
XPOVIO (80 MG ONCE WEEKLY)	23		
XPOVIO (80 MG TWICE WEEKLY)	23		
XTANDI	21		
<i>xulane</i>	71		
<i>yargesa</i>	62		
YESINTEK	77		
YF-VAX	82		
YONSA	21		
YULITHIRA	28		
<i>yuvaferm</i>	71		
<i>zafirlukast</i>	88		
<i>zaleplon</i>	93		
ZARXIO	47		
ZEJULA	28		
ZELBORAF	28		
<i>zelvysia</i>	62		
ZENBEXUS	21		
ZENPEP	62		
ZEPOSIA	56		
ZEPOSIA 7-DAY STARTER PACK	56		
ZEPOSIA STARTER KIT	56		
<i>zidovudine</i>	37		
<i>ziprasidone hcl</i>	39		
<i>ziprasidone mesylate</i>	33		
ZIRGAN	34		

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This formulary was updated on 9/25/2026. For more recent information or other questions, contact us at 1-877-700-6996 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday (7 days a week, Oct. 1 through March 31), or visit fallonhealth.org/navicare.



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