

Fallon Health NaviCare[®] SCO and NaviCare[®] HMO SNP

2025 List of Covered Drugs **(Drug List or Formulary)**

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

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Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by 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 *Evidence of Coverage*.

This formulary was updated on 10/27/2025. For more recent information or other questions, contact us at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/navicare.

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



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A. Disclaimers

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

- ❖ NaviCare is a voluntary program in association with MassHealth/EOHHS and CMS.
- ❖ 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 (TRS 711), 9 a.m.–5 p.m., Monday–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 (TRS 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 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31). The call is free.

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. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-700-6996. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-700-6996。我们的中文工作人员很乐意帮助您。这是一项免费服务。

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-700-6996. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-700-6996 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-700-6996번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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



Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-700-6996. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية فوري، ليس عليك سوى الاتصال بنا على 1-877-700-6996. سيقوم شخص ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-700-6996 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-700-6996. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-700-6996. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

Haitian Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ou dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-700-6996. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-700-6996. Ta usługa jest bezpłatna.

Khmer: យើងមានសេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់ឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយ ដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬគម្រោងឱសថរបស់អ្នក។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរសព្ទមកយើងតាមលេខ 1-877-700-6996 ។ អ្នកណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសា អាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មមិនគិតថ្លៃ។

Greek: Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντήσουμε σε οποιοσδήποτε ερωτήσεις μπορεί να έχετε σχετικά με το σχέδιο υγείας ή το σχέδιο φαρμάκων μας. Για να λάβετε υπηρεσίες διερμηνείας, απλώς καλέστε μας στο 1-877-700-6996. Κάποιος που μιλάει Αγγλικά μπορεί να σας βοηθήσει. Αυτή είναι μια δωρεάν υπηρεσία.

Gujarati: અમારી આરોગ્ય અથવા દવા યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા (ઇન્ટરપ્રિટર) સેવાઓ ઉપલબ્ધ છે. દુભાષિયા મેળવવા માટે, અમને 1-877-700-6996 પર કોલ કરો. અંગ્રેજી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

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



Laotian: ພວກເຮົາມີການບໍລິການນາຍແປພາສາຟຣີ ເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບ ແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-877-700-6996. ບຸກຄົນໃດໜຶ່ງທີ່ເວົ້າພາສາອັງກິດໄດ້ຈະສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

- ❖ This document is available for free in Spanish, other languages are available upon request.
- ❖ A member's preferred language, both written and spoken, or request for information in an alternate format is requested by the Plan on each member's enrollment form. The member's language preference will be captured and stored in the Plan's central operating system for all communications, so the member will not 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 NaviCare Enrollee Services at 1-877-700-6996 (TRS 711).

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* 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 (TRS 711).

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



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 approval 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 will cover another drug.)

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

If you are taking a drug that was covered at the **beginning** of the year, we will 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 is not 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 (TRS 711) to check the current Drug List.

B3. What happens when there is 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

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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 will send you information about the specific change we made once it happens.
- We can make these changes only if the drug we are 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.
- You or your provider can ask for an exception from these changes. We will 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.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice.

If you still have 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 will be able to suggest the appropriate alternative treatment for you, if necessary.

We may make other changes that affect the drugs you take. We will 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 is not new to the market, **or**
- we remove an original biological product when adding a biosimilar, or

(This section is continued on the next page).

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- we change the coverage rules or limits for the brand name drug.
- we add a new biosimilar to replace an original biological product currently on the *Drug List*, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- 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 is 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 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 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 will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will 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.

(This section is continued on the next page).

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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 is 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 List of Drugs by medical condition/drug type 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 will 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:

- 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 of 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 are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the Drug List?

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

(This section is continued on the next page).

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



- 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 is like the one you want to take. **Or**
- You can ask NaviCare to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am 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 90 days you are a member of NaviCare. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is 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 will allow multiple refills to provide up to a maximum of 30 days of medication.

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

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by NaviCare **or**
- you are taking a drug that is part of a step therapy restriction

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new NaviCare member.
- This is in addition to the temporary supply during the first 90 days you are a member of NaviCare.

If you are a current member of NaviCare affected by a formulary change from one year to the next, we will provide you with a 30-day transition supply (unless the prescription is written for fewer days) during the first 90 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 are entering or leaving a long-term care facility. You can refer to the *Evidence of Coverage* or call our Enrollee Services team for more information about how to request a formulary exception.

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



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 is not 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 will 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 provider to help you ask for an exception. You can also read **Chapter 9** section 7 of the *Evidence of Coverage* to learn more about exceptions.

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 will 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 will 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

(This section is continued on the next page).

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



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 *Evidence of Coverage*.

B15. What are OTC drugs?

OTC stands for “over-the-counter”. NaviCare covers some OTC drugs when they are written as prescriptions by your provider.

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

B16. Does NaviCare cover non-drug OTC products?

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

You can read the NaviCare SCO and NaviCare 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 prescription 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 prescription 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/copay?

NaviCare members have no copays/copayments for prescription and (OTC) drugs and non-drug products as long as the member follows the plan’s rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

(This section is continued on the next page).

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



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 (TRS 711).

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 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–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 are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will 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. (This applies to NaviCare HMO SNP only. Drugs for members of NaviCare SCO are covered under MassHealth.)
HI	Home Infusion. This prescription drug is covered under our medical benefit. For more information, call Enrollee Services at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/navicare .
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 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31).
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. NaviCare requires your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Health before you fill your prescriptions. If you don't get approval, NaviCare may not cover the 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 are 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 have 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 one-month or three-month supply.
ST	Step Therapy. In some cases, NaviCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, NaviCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, NaviCare will then cover Drug B.

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 you.

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



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Drug	Status	Requirements/Limits
Analgesics		
Analgesics		
JOURNAVX ORAL TABLET	Brand	QL (30 EA per 90 days)
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule</i>	Generic	MO
<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>diclofenac-misoprostol 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
IBU ORAL TABLET 600 MG, 800 MG	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	
<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 suspension</i>	Generic	MO; NEDS
<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	NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</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
<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
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 80 mg</i>	Generic	QL (2 EA per 1 day); NEDS
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
ENDOCET ORAL TABLET 10-325 MG, 7.5-325 MG	Generic	NEDS
<i>endocet oral tablet 2.5-325 mg</i>	Generic	
<i>endocet oral tablet 5-325 mg</i>	Generic	NEDS
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Generic	PA; NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	Generic	PA
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	Generic	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Generic	NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Generic	NEDS
<i>hydromorphone hcl oral tablet</i>	Generic	NEDS
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Generic	PA; 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 hcl oral tablet abuse-deterrent 15 mg</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

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

Drug	Status	Requirements/Limits
Opioidanalgesics,Short-Acting		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	Generic	NEDS
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Generic	NEDS
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	Generic	QL (200 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	
<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 (200 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
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	
<i>naloxone hcl nasal liquid</i>	Generic	
OPVEE NASAL SOLUTION	Brand	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</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
NICOTROL INHALATION INHALER	Brand	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	Generic	QL (53 EA per 28 days)
<i>varenicline tartrate oral tablet</i>	Generic	QL (56 EA per 28 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	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	Generic	HI
ZEMDRI INTRAVENOUS SOLUTION	Brand	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</i>	Generic	
<i>clindamycin phosphate injection solution 600 mg/4ml, 900 mg/6ml</i>	Generic	HI
<i>clindamycin phosphate vaginal 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
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Generic	HI
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	Brand	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	NEDS
<i>linezolid oral tablet</i>	Generic	
<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 (220 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	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
<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	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
<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 550 MG	Brand	MO; QL (3 EA per 1 day); NEDS

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

Drug	Status	Requirements/Limits
Beta-Lactam, Cephalosporins		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
<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>cefдинir oral capsule</i>	Generic	
<i>cefдинir 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	
<i>cefprozil oral tablet</i>	Generic	
<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

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

Drug	Status	Requirements/Limits
<i>cephalexin oral capsule</i>	Generic	
<i>cephalexin oral suspension reconstituted</i>	Generic	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	Generic	HI
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	Generic	HI
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	Brand	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>amoxicillin-pot clavulanate oral tablet chewable</i>	Generic	
<i>ampicillin oral capsule 500 mg</i>	Generic	
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	Generic	HI
<i>ampicillin sodium injection solution reconstituted 125 mg</i>	Generic	
<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 C-R 900/300 INTRAMUSCULAR 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
BICILLIN C-R INTRAMUSCULAR SUSPENSION	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 in dextrose intravenous solution 1 gm/50ml</i>	Generic	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</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
<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
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML	Brand	
ZOSYN INTRAVENOUS SOLUTION 3-0.375 GM/50ML	Brand	HI
Macrolides		
AZASITE OPHTHALMIC SOLUTION	Brand	
<i>azithromycin intravenous solution reconstituted</i>	Generic	HI
<i>azithromycin oral suspension reconstituted</i>	Generic	
<i>azithromycin oral tablet</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
DIFICID ORAL TABLET	Brand	QL (20 EA per 10 days); NEDS
<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 200 mg/5ml</i>	Generic	
<i>erythromycin ethylsuccinate oral tablet</i>	Generic	
<i>erythromycin ophthalmic ointment</i>	Generic	
<i>erythromycin oral tablet delayed release</i>	Generic	
<i>erythromycin stearate oral tablet 250 mg</i>	Generic	
<i>fidaxomicin oral tablet</i>	Generic	QL (20 EA per 10 days)
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
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 ointment</i>	Generic	
<i>sulfacetamide sodium ophthalmic solution</i>	Generic	
<i>sulfadiazine oral tablet</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>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
<i>doxycycline hyclate oral capsule</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</i>	Generic	
MONDOXYNE NL ORAL CAPSULE 100 MG	Generic	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
<i>tetracycline hcl oral capsule</i>	Generic	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	Brand	PA NS; MO; NEDS
BRIVIACT ORAL TABLET	Brand	PA NS; MO; NEDS
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

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

Drug	Status	Requirements/Limits
<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	Brand	MO
<i>subvenite oral tablet</i>	Generic	MO
<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</i>	Generic	
<i>clonazepam oral tablet dispersible</i>	Generic	
<i>diazepam rectal gel</i>	Generic	
EPIDIOLEX ORAL SOLUTION	Brand	PA NS; MO; NEDS
<i>gabapentin 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
<i>gabapentin oral solution 250 mg/5ml</i>	Generic	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Generic	MO
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	Brand	PA NS; MO; NEDS
<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
<i>vigpoder oral packet</i>	Generic	PA NS; NEDS
ZTALMY ORAL SUSPENSION	Brand	PA NS; NEDS
Glutamate Reducing Agents		
EPRONTIA ORAL SOLUTION	Brand	
<i>felbamate oral suspension</i>	Generic	MO; NEDS
<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 tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	Generic	PA NS; NEDS
<i>perampanel oral tablet 2 mg</i>	Generic	PA NS
<i>topiramate oral capsule sprinkle</i>	Generic	MO
<i>topiramate oral solution</i>	Generic	MO
<i>topiramate 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
Sodium Channel Agents		
APTIOM ORAL TABLET	Brand	PA NS; MO; NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	Generic	MO
<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>epitol oral tablet</i>	Generic	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 125 mg/5ml</i>	Generic	MO
<i>phenytoin oral tablet chewable</i>	Generic	MO
<i>phenytoin sodium extended oral capsule</i>	Generic	MO
<i>rufinamide oral suspension</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		
<i>ergoloid mesylates oral tablet</i>	Generic	MO
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour</i>	Generic	MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Brand	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Brand	MO
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

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

Drug	Status	Requirements/Limits
<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)
<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	ST; QL (60 EA per 30 days); NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	Generic	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Generic	MO
<i>bupropion hcl oral tablet</i>	Generic	MO
<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
<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

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

Drug	Status	Requirements/Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	Generic	MO
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 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 er oral capsule extended release 24 hour</i>	Generic	MO
<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	MO
<i>paroxetine hcl oral suspension</i>	Generic	MO
RALDESY ORAL SOLUTION	Brand	NEDS
<i>sertraline hcl oral concentrate</i>	Generic	MO
<i>sertraline hcl oral tablet</i>	Generic	MO
<i>trazodone hcl oral tablet</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
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	Generic	MO
<i>amoxapine 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>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>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	
<i>promethazine hcl oral tablet</i>	Generic	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Generic	
<i>promethegan rectal suppository 25 mg</i>	Generic	
<i>scopolamine transdermal patch 72 hour</i>	Generic	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule</i>	Generic	PA
<i>dronabinol oral capsule</i>	Generic	B/D
<i>granisetron hcl oral tablet</i>	Generic	B/D
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Generic	
<i>ondansetron hcl oral solution</i>	Generic	B/D
<i>ondansetron hcl oral tablet</i>	Generic	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Generic	B/D
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	Brand	B/D
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED	Generic	B/D; HI
<i>amphotericin b liposome intravenous suspension reconstituted</i>	Generic	B/D; HI
BREXAFEMME ORAL TABLET	Brand	PA; QL (4 EA per 1 day); NEDS
<i>caspofungin acetate intravenous solution reconstituted</i>	Generic	HI
CICLODAN EXTERNAL SOLUTION	Generic	
<i>ciclopirox 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>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	
<i>clotrimazole external solution</i>	Generic	QL (30 ML per 30 days)
<i>clotrimazole mouth/throat troche</i>	Generic	
<i>econazole nitrate external cream</i>	Generic	QL (85 GM per 30 days)
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
<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	
NYAMYC EXTERNAL POWDER	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</i>	Generic	
<i>nystatin oral tablet</i>	Generic	
<i>nystatin-triamcinolone external cream</i>	Generic	
<i>nystatin-triamcinolone external ointment</i>	Generic	
NYSTOP EXTERNAL POWDER	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

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

Drug	Status	Requirements/Limits
<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 capsule</i>	Generic	
<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); NEDS
<i>dihydroergotamine mesylate nasal solution</i>	Generic	NEDS
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Brand	
<i>ergotamine-caffeine oral tablet</i>	Generic	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (1 ML per 30 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
ZAVZPRET NASAL SOLUTION	Brand	PA; QL (12 EA per 30 days); NEDS
Serotonin 5-Ht-Receptor Agonists		
<i>rizatriptan benzoate oral tablet</i>	Generic	QL (36 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Generic	QL (36 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>sumatriptan succinate oral tablet</i>	Generic	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Generic	QL (8 ML per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release</i>	Generic	
<i>pyridostigmine bromide oral tablet</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
PRIFTIN ORAL TABLET	Brand	
<i>pyrazinamide oral tablet</i>	Generic	
<i>rifampin intravenous solution reconstituted</i>	Generic	HI
<i>rifampin oral capsule</i>	Generic	
SIRTURO ORAL TABLET	Brand	PA; NEDS
TRECATOR ORAL TABLET	Brand	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Generic	B/D
<i>cyclophosphamide oral tablet</i>	Generic	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	Brand	
GLEOSTINE ORAL CAPSULE 100 MG	Brand	NEDS
LEUKERAN ORAL TABLET	Brand	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

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

Drug	Status	Requirements/Limits
<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
Antiangiogenic Agents		
<i>lenalidomide oral capsule</i>	Generic	PA NS; LA; NEDS
POMALYST ORAL CAPSULE	Brand	PA NS; NEDS
THALOMID ORAL CAPSULE	Brand	PA NS; MO; NEDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	Brand	NEDS
<i>fulvestrant intramuscular solution prefilled syringe</i>	Generic	NEDS
ORSERDU ORAL TABLET	Brand	PA NS; NEDS
SOLTAMOX ORAL SOLUTION	Brand	MO; NEDS
<i>tamoxifen citrate oral tablet</i>	Generic	MO
<i>toremifene citrate oral tablet</i>	Generic	MO; NEDS
Antimetabolites		
<i>azacitidine injection suspension reconstituted</i>	Generic	PA NS; NEDS
<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
PURIXAN ORAL SUSPENSION	Brand	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

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

Drug	Status	Requirements/Limits
IBRANCE ORAL CAPSULE	Brand	PA NS; NEDS
IBRANCE ORAL TABLET	Brand	PA NS; NEDS
IWILFIN ORAL TABLET	Brand	PA NS; NEDS
JYLAMVO ORAL SOLUTION	Brand	PA NS; NEDS
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	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
NINLARO ORAL CAPSULE	Brand	PA NS; NEDS
ODOMZO ORAL CAPSULE	Brand	PA NS; NEDS
OJJAARA ORAL TABLET	Brand	PA NS; NEDS
ONCASPAR INJECTION SOLUTION	Brand	NEDS
ORGOVYX ORAL TABLET	Brand	PA NS; NEDS
RETEVMO ORAL CAPSULE	Brand	PA NS; NEDS
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
TAGRISSO 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
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, 40 MG	Brand	PA NS; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 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
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	Brand	PA NS; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
ZOLINZA ORAL CAPSULE	Brand	PA NS; NEDS
Antineoplastics, Other		
LUMAKRAS ORAL TABLET 240 MG	Brand	PA NS; QL (4 EA per 1 day); NEDS
VORANIGO ORAL TABLET	Brand	PA NS; QL (60 EA per 30 days); 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
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

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

Drug	Status	Requirements/Limits
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 40 MG	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	Brand	PA NS; NEDS
BRAFTOVI ORAL CAPSULE 75 MG	Brand	PA NS; NEDS
BRUKINSA ORAL CAPSULE	Brand	PA NS; NEDS
CABOMETYX ORAL TABLET	Brand	PA NS; NEDS
CALQUENCE ORAL CAPSULE	Brand	PA NS; NEDS
CALQUENCE ORAL TABLET	Brand	PA NS; NEDS
CAPRELSA ORAL TABLET	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
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; NEDS
<i>everolimus oral tablet soluble</i>	Generic	PA NS; NEDS
EXKIVITY ORAL CAPSULE	Brand	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

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

Drug	Status	Requirements/Limits
HERNEXEOS 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</i>	Generic	
IMBRUVICA ORAL CAPSULE	Brand	PA NS; NEDS
IMBRUVICA ORAL SUSPENSION	Brand	PA NS; NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Brand	PA NS; NEDS
IMKELDI ORAL SOLUTION	Brand	PA NS; NEDS
INLYTA ORAL TABLET	Brand	PA NS; NEDS
INREBIC ORAL CAPSULE	Brand	PA NS; NEDS
JAKAFI ORAL TABLET	Brand	PA NS; QL (60 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET	Brand	PA NS; 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
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
<i>lapatinib ditosylate oral tablet</i>	Generic	PA NS; LA; 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
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

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

Drug	Status	Requirements/Limits
LENVIMA (8 MG DAILY 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; 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</i>	Generic	PA NS; NEDS
PEMAZYRE ORAL TABLET	Brand	PA NS; NEDS
PHYRAGO ORAL TABLET	Brand	PA NS; 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	Brand	PA NS; NEDS
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; NEDS
<i>sorafenib tosylate oral tablet</i>	Generic	PA NS; NEDS
SPRYCEL ORAL TABLET	Brand	PA NS; NEDS
STIVARGA ORAL TABLET	Brand	PA NS; NEDS
<i>sunitinib malate oral capsule</i>	Generic	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
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
TASIGNA 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; NEDS
TRUQAP ORAL TABLET	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
ZEJULA ORAL CAPSULE	Brand	PA NS; NEDS
ZEJULA ORAL TABLET	Brand	PA NS; NEDS
ZELBORAF ORAL TABLET	Brand	PA NS; NEDS
ZYKADIA ORAL TABLET	Brand	PA NS; NEDS
Molecular target inhibitors		
AUGTYRO ORAL CAPSULE 160 MG	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
LAZCLUZE ORAL TABLET 240 MG	Brand	PA NS; NEDS
LAZCLUZE ORAL TABLET 80 MG	Brand	PA NS; QL (60 EA per 30 days); NEDS
Retinoids		
<i>bexarotene external gel</i>	Generic	PA NS; NEDS
<i>bexarotene oral capsule</i>	Generic	NEDS
PANRETIN EXTERNAL GEL	Brand	NEDS
<i>tretinoin oral capsule</i>	Generic	NEDS
Treatment Adjuncts		
<i>leucovorin calcium injection 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>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	Generic	
<i>leucovorin calcium oral tablet</i>	Generic	
<i>mesna oral tablet</i>	Generic	NEDS
MESNEX ORAL TABLET	Brand	NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	Generic	NEDS
<i>ivermectin oral tablet</i>	Generic	PA
<i>praziquantel oral tablet</i>	Generic	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	Brand	NEDS
<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
<i>trihexyphenidyl 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
Antiparkinson Agents, Other		
<i>entacapone oral tablet</i>	Generic	MO
Dopamine Agonists		
<i>apomorphine hcl subcutaneous solution cartridge</i>	Generic	PA; NEDS
<i>bromocriptine mesylate oral capsule</i>	Generic	MO
<i>bromocriptine mesylate oral tablet</i>	Generic	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	Brand	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
RYTARY ORAL CAPSULE EXTENDED RELEASE	Brand	ST; MO
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		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	Generic	
<i>chlorpromazine hcl oral concentrate</i>	Generic	MO
<i>chlorpromazine hcl oral tablet</i>	Generic	MO
<i>fluphenazine decanoate injection 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>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
<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
<i>aripiprazole oral tablet</i>	Generic	MO
<i>aripiprazole oral tablet dispersible 10 mg</i>	Generic	MO; NEDS
<i>aripiprazole oral tablet dispersible 15 mg</i>	Generic	MO
<i>asenapine maleate sublingual tablet sublingual</i>	Generic	MO
CAPLYTA ORAL CAPSULE	Brand	ST; MO; QL (30 EA per 30 days); NEDS
FANAPT ORAL TABLET	Brand	ST; NEDS
FANAPT TITRATION PACK A ORAL TABLET	Brand	ST
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

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

Drug	Status	Requirements/Limits
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</i>	Generic	MO
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
<i>olanzapine oral tablet dispersible</i>	Generic	MO
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</i>	Generic	MO
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Brand	MO; NEDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Generic	MO
<i>quetiapine fumarate oral tablet 150 mg</i>	Generic	
REXULTI ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	Brand	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	Brand	NEDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	Generic	
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</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
<i>risperidone oral solution</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
VRAYLAR ORAL CAPSULE	Brand	ST; MO; QL (1 EA per 1 day); NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Brand	ST
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Generic	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Brand	
2nd generation/Atypical		
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
Treatment-Resistant		
<i>clozapine oral tablet</i>	Generic	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	Generic	
<i>clozapine oral tablet dispersible 200 mg</i>	Generic	NEDS
VERSACLOZ ORAL SUSPENSION	Brand	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 120 MG	Brand	PA; NEDS
PREVYMIS ORAL PACKET 20 MG	Brand	PA
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	

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

Drug	Status	Requirements/Limits
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	Generic	PA; MO
BARACLUDE ORAL SOLUTION	Brand	MO
<i>entecavir oral tablet</i>	Generic	MO
<i>lamivudine oral tablet 100 mg</i>	Generic	MO
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL PACKET	Brand	PA; NEDS
EPCLUSA ORAL TABLET	Brand	PA; NEDS
HARVONI ORAL PACKET	Brand	PA; NEDS
HARVONI ORAL TABLET	Brand	PA; NEDS
<i>sofosbuvir-velpatasvir oral tablet</i>	Generic	PA; NEDS
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
MAVYRET ORAL PACKET	Brand	PA; NEDS
MAVYRET ORAL TABLET	Brand	PA; NEDS
VOSEVI ORAL TABLET	Brand	PA; 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	
Antihherpetic 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	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG	Brand	NEDS
BIKTARVY ORAL TABLET 50-200-25 MG	Brand	MO; NEDS
GENVOYA ORAL TABLET	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
ISENTRESS HD ORAL TABLET	Brand	MO; NEDS
ISENTRESS ORAL PACKET	Brand	MO; NEDS
ISENTRESS ORAL TABLET	Brand	MO; NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Brand	MO; NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Brand	MO
STRIBILD ORAL TABLET	Brand	MO; NEDS
SYMTUZA ORAL TABLET	Brand	MO; NEDS
TIVICAY ORAL TABLET 10 MG	Brand	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	Brand	MO; NEDS
TIVICAY PD ORAL TABLET SOLUBLE	Brand	MO; NEDS
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET	Brand	MO; NEDS
EDURANT ORAL TABLET	Brand	MO; NEDS
EDURANT PED ORAL TABLET SOLUBLE	Brand	QL (180 EA per 30 days)
<i>efavirenz oral capsule</i>	Generic	MO
<i>efavirenz oral tablet</i>	Generic	MO
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	Generic	MO
<i>emtricitab-rilpivir-tenofof df oral tablet</i>	Generic	NEDS
<i>etravirine oral tablet</i>	Generic	MO; NEDS
INTELENCE ORAL TABLET 25 MG	Brand	MO
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Generic	MO
<i>nevirapine oral suspension</i>	Generic	MO
<i>nevirapine oral tablet</i>	Generic	MO
ODEFSEY ORAL TABLET	Brand	MO; NEDS
PIFELTRO ORAL TABLET	Brand	MO; NEDS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	Generic	MO
<i>abacavir sulfate oral tablet</i>	Generic	MO
<i>abacavir sulfate-lamivudine oral tablet</i>	Generic	MO
CIMDUO ORAL TABLET	Brand	MO; NEDS
DELSTRIGO ORAL TABLET	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
DESCOVY ORAL TABLET 120-15 MG	Brand	NEDS
DESCOVY ORAL TABLET 200-25 MG	Brand	MO; NEDS
DOVATO ORAL TABLET	Brand	MO; NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Generic	MO; NEDS
<i>emtricitabine oral capsule</i>	Generic	MO
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Generic	MO; NEDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Generic	MO
EMTRIVA ORAL SOLUTION	Brand	MO
JULUCA ORAL TABLET	Brand	MO; NEDS
<i>lamivudine oral solution 10 mg/ml</i>	Generic	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Generic	MO
<i>lamivudine-zidovudine oral tablet</i>	Generic	MO
<i>tenofovir disoproxil fumarate oral tablet</i>	Generic	MO
TRIUMEQ ORAL TABLET	Brand	MO; NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE	Brand	
TRIZIVIR ORAL TABLET	Brand	MO; NEDS
VIREAD ORAL POWDER	Brand	MO; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Brand	MO; NEDS
<i>zidovudine oral capsule</i>	Generic	MO
<i>zidovudine oral syrup</i>	Generic	MO
<i>zidovudine oral tablet</i>	Generic	MO
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	MO; NEDS
<i>maraviroc oral tablet</i>	Generic	MO; NEDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	Brand	MO; QL (2 EA per 1 day); NEDS
SELZENTRY ORAL SOLUTION	Brand	MO; NEDS
SELZENTRY ORAL TABLET 25 MG	Brand	MO
SELZENTRY ORAL TABLET 75 MG	Brand	MO; NEDS
SUNLENCA ORAL TABLET	Brand	QL (24 EA per 168 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK	Brand	NEDS
TYBOST ORAL TABLET	Brand	MO
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	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
<i>atazanavir sulfate oral capsule</i>	Generic	MO
<i>darunavir oral tablet</i>	Generic	NEDS
EVOTAZ ORAL TABLET	Brand	MO; NEDS
<i>fosamprenavir calcium oral tablet</i>	Generic	MO; NEDS
KALETRA ORAL SOLUTION	Brand	
LEXIVA ORAL SUSPENSION	Brand	MO
<i>lopinavir-ritonavir oral solution</i>	Generic	MO
<i>lopinavir-ritonavir oral tablet</i>	Generic	MO
NORVIR ORAL PACKET	Brand	MO
PREZCOBIX ORAL TABLET 800-150 MG	Brand	MO; NEDS
PREZISTA ORAL SUSPENSION	Brand	NEDS
PREZISTA ORAL TABLET 150 MG	Brand	NEDS
PREZISTA ORAL TABLET 75 MG	Brand	
REYATAZ ORAL PACKET	Brand	MO; NEDS
<i>ritonavir oral tablet</i>	Generic	MO
VIRACEPT ORAL TABLET	Brand	MO; NEDS
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	Generic	MO
<i>amantadine hcl oral solution</i>	Generic	
<i>amantadine hcl oral tablet</i>	Generic	MO
<i>oseltamivir phosphate oral capsule 30 mg</i>	Generic	QL (4 EA per 1 day)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Generic	QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Generic	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Brand	
<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</i>	Generic	
<i>hydroxyzine hcl oral syrup</i>	Generic	
<i>hydroxyzine hcl oral tablet</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
Benzodiazepines		
<i>alprazolam oral tablet</i>	Generic	
<i>clorazepate dipotassium oral tablet</i>	Generic	
DIAZEPAM INTENSOL ORAL CONCENTRATE	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)
LIBERVANT BUCCAL FILM	Brand	QL (10 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	MO
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	Generic	
<i>venlafaxine hcl oral tablet</i>	Generic	MO
Bipolar Agents		
Bipolar Agents, Other		
<i>ziprasidone hcl oral capsule</i>	Generic	MO
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>alogliptin benzoate oral tablet</i>	Generic	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	Brand	PA; MO; QL (3.4 ML per 28 days)
FARXIGA ORAL TABLET	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
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Generic	MO
<i>glipizide er oral tablet extended release 24 hour</i>	Generic	MO
<i>glipizide oral tablet</i>	Generic	MO
<i>glyburide oral tablet</i>	Generic	MO
GLYXAMBI ORAL TABLET	Brand	MO
JANUVIA ORAL TABLET	Brand	MO; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET	Brand	MO
<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)
<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)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA; MO; NEDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA; MO; NEDS
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)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA; MO; QL (9 ML per 30 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 0.5 MG/0.1ML	Brand	QL (0.4 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
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Brand	
<i>glucagon emergency injection kit</i>	Generic	
<i>glucagon emergency injection solution reconstituted 1 mg</i>	Generic	
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG/ML	Brand	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	PA; NEDS
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	

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

Drug	Status	Requirements/Limits
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	
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 50/50 SUBCUTANEOUS SUSPENSION	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

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

Drug	Status	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Brand	MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	Generic	MO
<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	
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		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	Brand	QL (5 EA per 1 day)
ACCU-CHEK AVIVA PLUS KIT	Brand	QL (1 EA per 365 days)
ACCU-CHEK GUIDE IN VITRO STRIP	Brand	QL (5 EA per 1 day)
ACCU-CHEK GUIDE KIT	Brand	QL (1 EA per 365 days)
ACCU-CHEK GUIDE ME KIT	Brand	QL (1 EA per 365 days)
ACCU-CHEK GUIDE TEST IN VITRO STRIP	Brand	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
ACCU-CHEK SMARTVIEW IN VITRO STRIP	Brand	QL (5 EA per 1 day)
ACCUTREND GLUCOSE IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ADVANCE INTUITION TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ADVOCATE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
AGAMATRIX AMP TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
AGAMATRIX JAZZ TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
AGAMATRIX PRESTO TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ASSURE 3 TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ASSURE 4 TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ASSURE II CHECK IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ASSURE II IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ASSURE PLATINUM IN VITRO STRIP	Brand	PA
ASSURE PRISM MULTI TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ASSURE PRO TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
BIOSCANNER GLUCOSE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
<i>blood glucose test in vitro strip</i>	Brand	PA; QL (5 EA per 1 day)
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
CARESENS N GLUCOSE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
CARETOUCH TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
CLEVER CHEK TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	Brand	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
CLEVER CHOICE MICRO TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
CLEVER CHOICE NO CODING IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
CONTOUR NEXT TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
CONTOUR TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
DEXCOM G6 RECEIVER DEVICE	Generic	PA
DEXCOM G6 SENSOR	Generic	PA
DEXCOM G6 TRANSMITTER	Generic	PA
DEXCOM G7 RECEIVER DEVICE	Generic	PA
DEXCOM G7 SENSOR	Generic	PA
<i>easy plus ii glucose test in vitro strip</i>	Brand	PA; QL (5 EA per 1 day)
EASY STEP TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
<i>easy talk blood glucose test in vitro strip</i>	Brand	PA; QL (5 EA per 1 day)
EASY TOUCH TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
<i>easy trak blood glucose test in vitro strip</i>	Brand	PA; QL (5 EA per 1 day)
EASYGLUCO IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
EASYMAX 15 TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ENLITE GLUCOSE SENSOR	Generic	PA
EVERSENSE E3 SENSOR/HOLDER	Generic	PA
EVERSENSE E3 SMART TRANSMITTER	Generic	PA
EVERSENSE SENSOR/HOLDER	Generic	PA
EVERSENSE SMART TRANSMITTER	Generic	PA
FREESTYLE INSULINX TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER DEVICE	Generic	PA
FREESTYLE LIBRE 14 DAY SENSOR	Generic	PA
FREESTYLE LIBRE 2 PLUS SENSOR	Generic	PA
FREESTYLE LIBRE 2 READER DEVICE	Generic	PA
FREESTYLE LIBRE 2 SENSOR	Generic	PA
FREESTYLE LIBRE 3 PLUS SENSOR	Generic	PA
FREESTYLE LIBRE 3 READER DEVICE	Generic	PA
FREESTYLE LIBRE 3 SENSOR	Generic	PA
FREESTYLE LIBRE READER DEVICE	Generic	PA
FREESTYLE LITE TEST IN VITRO STRIP	Brand	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
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
FREESTYLE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
GUARDIAN LINK 3 TRANSMITTER	Generic	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE	Generic	PA
GUARDIAN SENSOR (3)	Generic	PA
ONETOUCH ULTRA 2 KIT	Brand	QL (1 EA per 365 days)
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	Brand	QL (5 EA per 1 day)
ONETOUCH ULTRA IN VITRO STRIP	Brand	QL (5 EA per 1 day)
ONETOUCH ULTRA TEST IN VITRO STRIP	Brand	QL (5 EA per 1 day)
ONETOUCH VERIO FLEX SYSTEM KIT	Brand	QL (1 EA per 365 days)
ONETOUCH VERIO IN VITRO STRIP	Brand	QL (5 EA per 1 day)
ONETOUCH VERIO IQ SYSTEM KIT	Brand	QL (1 EA per 365 days)
ONETOUCH VERIO KIT	Brand	QL (1 EA per 365 days)
OPTIUMEZ TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
PTS PANELS GLUCOSE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
QUICKTEK TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
RELION CONFIRM/MICRO TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
RELION PRIME TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
RELION ULTIMA TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
Blood Products And Modifiers		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Brand	
ELIQUIS ORAL TABLET	Brand	MO
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Generic	
<i>enoxaparin sodium injection solution prefilled syringe</i>	Generic	
XARELTO ORAL TABLET	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
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Brand	
Blood Products And Modifiers, Other		
FABHALTA ORAL CAPSULE	Brand	PA; QL (60 EA per 30 days); NEDS
MULPLETA ORAL TABLET	Brand	PA; NEDS
XOLREMDI ORAL CAPSULE	Brand	PA; QL (120 EA per 30 days); NEDS
Platelet Modifying Agents		
DOPTELET ORAL TABLET	Brand	PA; NEDS
<i>prasugrel hcl oral tablet</i>	Generic	MO
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	
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	
JANTOVEN ORAL TABLET	Generic	MO
<i>warfarin sodium oral tablet</i>	Generic	MO
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule</i>	Generic	MO
CABLIVI INJECTION KIT	Brand	PA; NEDS
<i>eltrombopag olamine oral packet</i>	Generic	PA; NEDS
<i>eltrombopag olamine oral tablet</i>	Generic	PA; NEDS
OXBRYTA ORAL TABLET SOLUBLE	Brand	PA; QL (8 EA per 1 day); 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

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

Drug	Status	Requirements/Limits
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Brand	
Hemostasis Agents		
<i>tranexamic acid oral tablet</i>	Generic	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Generic	MO
BRILINTA ORAL TABLET	Brand	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
Bloodproductsandmodifiers		
Bloodproductsandmodifiers,Other		
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
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	Generic	MO
<i>clonidine transdermal patch weekly</i>	Generic	MO
<i>guanfacine hcl oral tablet</i>	Generic	MO
<i>methyldopa oral tablet</i>	Generic	MO
<i>midodrine hcl oral tablet</i>	Generic	
Alpha-Adrenergic Blocking Agents		
<i>prazosin hcl oral capsule</i>	Generic	MO
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
ENTRESTO ORAL CAPSULE SPRINKLE	Brand	
<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

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

Drug	Status	Requirements/Limits
<i>olmesartan medoxomil-hctz oral tablet</i>	Generic	MO
<i>sacubitril-valsartan oral tablet</i>	Generic	MO
<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</i>	Generic	MO; QL (1 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>sorine oral tablet 120 mg, 160 mg, 80 mg</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>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>betaxolol hcl 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>carvedilol phosphate er oral capsule extended release 24 hour</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</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
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</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

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

Drug	Status	Requirements/Limits
<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>isradipine oral capsule</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>taztia xt oral capsule extended release 24 hour</i>	Generic	MO
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Generic	MO
<i>tiadylt er oral capsule extended release 24 hour 420 mg</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
CORLANOR ORAL SOLUTION	Brand	PA; MO
DIGOX ORAL TABLET 125 MCG	Generic	MO
<i>digox oral tablet 250 mcg</i>	Generic	MO
<i>digoxin oral solution</i>	Generic	MO
<i>digoxin oral tablet</i>	Generic	MO
<i>droxidopa oral capsule</i>	Generic	PA; NEDS
FILSPARI ORAL TABLET	Brand	PA; QL (30 EA per 30 days); NEDS
<i>ivabradine hcl oral tablet</i>	Generic	PA
<i>metyrosine 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
<i>telmisartan-amlodipine oral tablet</i>	Generic	MO
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (0.8 ML per 28 days); NEDS
VERQUVO ORAL TABLET	Brand	PA; 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
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>torseamide 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
<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
<i>metolazone oral tablet</i>	Generic	MO
Dyslipidemics, Fibric 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

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

Drug	Status	Requirements/Limits
<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
<i>colestipol hcl oral tablet</i>	Generic	MO
<i>ezetimibe oral tablet</i>	Generic	MO
<i>ezetimibe-simvastatin oral tablet</i>	Generic	MO
<i>icosapent ethyl oral capsule</i>	Generic	
<i>niacin (antihyperlipidemic) oral tablet</i>	Generic	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	Generic	MO
NIACOR ORAL TABLET	Brand	
<i>omega-3-acid ethyl esters oral capsule</i>	Generic	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO
<i>prevalite oral packet</i>	Generic	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Brand	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet</i>	Generic	MO
<i>minoxidil 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
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 patch 24 hour</i>	Generic	MO
<i>nitroglycerin translingual solution</i>	Generic	MO
Cardiovascularagents		
Cardiovascularagents,Other		
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); NEDS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	Brand	PA; QL (3 ML per 28 days); NEDS
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)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	Generic	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Generic	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 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</i>	Generic	MO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 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>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</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 oral tablet extended release 24 hour 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; NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Brand	PA; NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG	Brand	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Brand	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	Brand	PA; NEDS
HETLIOZ LQ ORAL SUSPENSION	Brand	PA; MO; NEDS
INGREZZA ORAL CAPSULE	Brand	PA; MO; NEDS
INGREZZA ORAL CAPSULE SPRINKLE	Brand	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Brand	PA; NEDS
NUEDEXTA ORAL CAPSULE	Brand	PA; MO; NEDS
RELYVRIO ORAL PACKET	Brand	PA; QL (60 EA per 30 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; 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>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>pregabalin oral capsule</i>	Generic	MO
<i>pregabalin oral solution</i>	Generic	MO
SAVELLA ORAL TABLET	Brand	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	Brand	
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Brand	MO; NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Brand	MO; NEDS
BETASERON SUBCUTANEOUS KIT	Brand	MO; NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Generic	PA; MO
<i>dimethyl fumarate oral capsule delayed release</i>	Generic	PA; MO
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	Generic	PA; NEDS
<i>fingolimod hcl oral capsule</i>	Generic	PA; NEDS
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	Generic	MO; NEDS
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	Generic	MO; NEDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Generic	MO; NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (1.6 ML per 30 days); NEDS
<i>teriflunomide oral tablet</i>	Generic	PA; 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
Centralnervoussystemagents		
Centralnervoussystem,Other		
DUVYZAT ORAL SUSPENSION	Brand	PA; QL (360 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
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	
PERIOGARD MOUTH/THROAT SOLUTION	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	NEDS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (6 ML per 28 days); NEDS
<i>amcinonide external cream</i>	Generic	
<i>ammonium lactate external cream</i>	Generic	
<i>ammonium lactate external lotion</i>	Generic	
<i>azelaic acid external gel</i>	Generic	
<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 (120 ML per 30 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 40 MG	Generic	
<i>clobetasol prop emollient base external cream</i>	Generic	QL (60 GM per 30 days)
<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 foam</i>	Generic	
<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)
CLODAN EXTERNAL SHAMPOO	Generic	
<i>clotrimazole-betamethasone external cream</i>	Generic	
<i>clotrimazole-betamethasone external lotion</i>	Generic	
<i>diclofenac sodium external gel 1 %</i>	Generic	QL (960 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>diclofenac sodium external gel 3 %</i>	Generic	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal gel 1 %</i>	Generic	QL (960 GM per 30 days)
<i>doxepin hcl external cream</i>	Generic	QL (90 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	
<i>fluorouracil external cream</i>	Generic	
<i>fluorouracil external solution</i>	Generic	
<i>hydrocortisone (perianal) external cream</i>	Generic	
<i>imiquimod external cream 5 %</i>	Generic	
LITFULO ORAL CAPSULE	Brand	PA; QL (30 EA per 30 days); NEDS
<i>methoxsalen rapid oral capsule</i>	Generic	NEDS
<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 gel</i>	Generic	
<i>podofilox external solution</i>	Generic	
PROCTO-MED HC EXTERNAL CREAM	Generic	
PROCTOSOL HC EXTERNAL CREAM	Generic	
PROCTOZONE-HC EXTERNAL CREAM	Generic	
REGRANEX EXTERNAL GEL	Brand	NEDS
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	
<i>tazarotene external gel</i>	Generic	
<i>tretinoin external cream</i>	Generic	
<i>tretinoin external gel</i>	Generic	
Dermatologicalagents		
Dermatologicalagents		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (6 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
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
CLINISOL SF INTRAVENOUS SOLUTION	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-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	Generic	HI
<i>kcl-lactated ringers-d5w intravenous solution</i>	Generic	HI
<i>klor-con 10 oral tablet extended release</i>	Generic	MO
<i>klor-con m10 oral tablet extended release</i>	Generic	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	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	
PLENAMINE INTRAVENOUS SOLUTION	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
<i>potassium chloride oral packet</i>	Generic	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</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>potassium citrate er oral tablet extended release</i>	Generic	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	Generic	HI
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 chloride irrigation solution 0.9 %</i>	Generic	
<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>deferiprone oral tablet</i>	Generic	PA; MO; NEDS
<i>kionex combination suspension</i>	Generic	
<i>penicillamine oral tablet</i>	Generic	NEDS
<i>sodium polystyrene sulfonate oral powder</i>	Generic	
<i>sps (sodium polystyrene sulf) combination suspension</i>	Generic	
<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 E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	Brand	B/D; HI
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Brand	B/D; HI
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Brand	B/D; HI
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Brand	B/D; HI
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Brand	B/D; HI
CLINIMIX/DEXTROSE (4.25/10) 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 (4.25/5) INTRAVENOUS SOLUTION	Brand	B/D; HI
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
Vitamins		
<i>doxercalciferol oral capsule</i>	Generic	MO
<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</i>	Generic	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Generic	
Gastrointestinal Agents, Other		
CLENPIQ ORAL SOLUTION	Brand	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Generic	
GATTEX SUBCUTANEOUS KIT	Brand	PA; MO; NEDS
LIVDELZI ORAL CAPSULE	Brand	PA; QL (30 EA per 30 days); NEDS
<i>loperamide hcl oral capsule</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	

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

Drug	Status	Requirements/Limits
OCALIVA ORAL TABLET 5 MG	Brand	PA; MO; QL (60 EA per 30 days); NEDS
RELISTOR ORAL TABLET	Brand	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	Brand	NEDS
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	NEDS
REZDIFFRA ORAL TABLET	Brand	PA; QL (30 EA per 30 days); NEDS
<i>ursodiol oral capsule 300 mg</i>	Generic	MO
<i>ursodiol oral tablet</i>	Generic	MO
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 hcl oral solution 300 mg/5ml</i>	Generic	
<i>cimetidine oral tablet 200 mg</i>	Generic	
<i>cimetidine oral tablet 300 mg, 400 mg</i>	Generic	MO
<i>cimetidine oral tablet 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 0.5 mg</i>	Generic	PA; MO; QL (2 EA per 1 day)
<i>alosetron hcl oral tablet 1 mg</i>	Generic	PA; MO; QL (2 EA per 1 day); NEDS
LINZESS ORAL CAPSULE	Brand	MO
<i>lubiprostone oral capsule</i>	Generic	MO
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 10 gm/15ml</i>	Generic	MO
<i>peg 3350-kcl-na bicarb-nacl 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
<i>peg-3350/electrolytes oral solution reconstituted</i>	Generic	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Generic	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Generic	
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>dexlansoprazole oral capsule delayed release</i>	Generic	MO
<i>esomeprazole magnesium oral capsule delayed release</i>	Generic	MO
<i>lansoprazole oral capsule delayed release</i>	Generic	MO
<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)
Gastrointestinalagents		
Gastrointestinalagents,Other		
IQIRVO ORAL TABLET	Brand	PA; QL (30 EA per 30 days); NEDS
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
AQNEURSA ORAL PACKET	Brand	PA; QL (120 EA per 30 days); NEDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Brand	PA; HI; LA
ATTRUBY ORAL TABLET THERAPY PACK	Brand	PA; QL (120 EA per 30 days); NEDS
<i>betaine oral powder</i>	Generic	MO; NEDS
CERDELGA ORAL CAPSULE	Brand	PA; MO; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Brand	MO
CYSTAGON ORAL CAPSULE	Brand	MO
DAYBUE ORAL SOLUTION	Brand	PA; QL (3600 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
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	Brand	PA; HI
GLASSIA INTRAVENOUS SOLUTION 4 GM/200ML, 5 GM/250ML	Generic	PA; HI
<i>l-glutamine oral packet</i>	Generic	PA; NEDS
<i>miglustat oral capsule</i>	Generic	PA; MO; NEDS
MIPLYFFA ORAL CAPSULE	Brand	PA; QL (90 EA per 30 days); 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
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	Brand	PA; NEDS
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	Brand	PA; NEDS
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	Brand	PA; NEDS
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	Brand	PA; NEDS
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	Brand	PA; NEDS
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	Brand	PA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	Brand	PA; HI
<i>sapropterin dihydrochloride oral packet</i>	Generic	PA; MO; NEDS
<i>sodium phenylbutyrate oral tablet</i>	Generic	MO; NEDS
VIJOICE ORAL PACKET	Brand	PA; QL (28 EA per 28 days); NEDS
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	Brand	PA; QL (28 EA per 28 days); NEDS
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	Brand	PA; QL (56 EA per 28 days); NEDS
<i>yargesa oral capsule</i>	Generic	PA; NEDS
ZELVYSIA ORAL PACKET	Brand	PA; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Brand	PA; HI
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, 60000-189600 UNIT	Brand	MO
ZOKINVY ORAL CAPSULE	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
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
PYRUKYND ORAL TABLET 20 MG, 5 MG	Brand	PA; QL (60 EA per 30 days); NEDS
PYRUKYND ORAL TABLET 50 MG	Brand	PA; QL (120 EA per 30 days); NEDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	Brand	PA; QL (30 EA per 30 days); NEDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Generic	
Geneticorenzymedisorder:Replacement, Modifiers,Treatment		
Geneticorenzymedisorder:Replacement, Modifiers,Treatment		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (0.8 ML per 28 days); NEDS
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>trospium chloride er oral capsule extended release 24 hour</i>	Generic	MO
<i>trospium 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)

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

Drug	Status	Requirements/Limits
<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	
CUVRIOR ORAL TABLET	Brand	PA; NEDS
ELMIRON ORAL CAPSULE	Brand	NEDS
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule</i>	Generic	B/D; MO
<i>calcium acetate oral tablet 667 mg</i>	Generic	B/D; MO
<i>sevelamer carbonate oral packet</i>	Generic	B/D; MO
<i>sevelamer carbonate oral tablet</i>	Generic	B/D; MO
<i>sevelamer hcl oral tablet 800 mg</i>	Generic	B/D; MO
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>ala-cort external cream</i>	Generic	QL (240 GM per 30 days)
<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)

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

Drug	Status	Requirements/Limits
CORTROPHIN INJECTION GEL	Brand	PA; NEDS
<i>deflazacort oral suspension</i>	Generic	PA; NEDS
<i>deflazacort oral tablet</i>	Generic	PA; NEDS
<i>desonide external cream</i>	Generic	QL (240 GM per 30 days)
<i>desonide external lotion</i>	Generic	QL (240 ML per 30 days)
<i>desonide external ointment</i>	Generic	QL (240 GM per 30 days)
<i>desoximetasone external cream</i>	Generic	QL (180 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	Generic	QL (180 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)
<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 (120 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 butyrate external ointment</i>	Generic	QL (180 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 %, 2.5 %</i>	Generic	QL (240 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	Generic	QL (180 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	Generic	QL (180 GM per 30 days)
<i>jaythari oral tablet</i>	Generic	PA; NEDS
<i>medpura hydrocortisone 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>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	
<i>pyqui oral suspension</i>	Generic	PA; NEDS
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Generic	QL (160 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Generic	QL (150 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)
TRIDERM EXTERNAL CREAM 0.1 %	Generic	QL (160 GM per 30 days)
TRIDERM EXTERNAL CREAM 0.5 %	Generic	QL (150 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	NEDS
<i>desmopressin acetate oral tablet</i>	Generic	MO
GENOTROPIN MINQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	Brand	PA

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

Drug	Status	Requirements/Limits
GENOTROPIN MINIQICK 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
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	Generic	
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	Generic	NEDS
VYNDAMAX ORAL CAPSULE	Brand	PA; MO; QL (1 EA per 1 day); NEDS
VYNDAQEL ORAL CAPSULE	Brand	PA; MO; QL (4 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; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	Brand	PA; MO
<i>danazol oral capsule</i>	Generic	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	Generic	MO
<i>testosterone enanthate intramuscular solution</i>	Generic	MO
<i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 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

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

Drug	Status	Requirements/Limits
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Brand	MO; QL (8 EA per 28 days)
<i>altavera oral tablet</i>	Generic	MO
<i>alyacen 1/35 oral tablet</i>	Generic	MO
<i>amabelz oral tablet</i>	Generic	MO
<i>amethia oral tablet</i>	Generic	MO
<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
<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
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	Brand	MO
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Brand	MO
<i>cryselle-28 oral tablet</i>	Generic	MO
<i>cyred eq oral tablet</i>	Generic	MO
<i>desogestrel-ethinyl estradiol oral tablet</i>	Generic	MO
<i>dotti transdermal patch twice weekly</i>	Generic	MO; QL (8 EA per 28 days)
<i>drospirenone-ethinyl estradiol oral tablet</i>	Generic	MO
<i>eluryng vaginal ring</i>	Generic	MO
<i>enilloring vaginal ring</i>	Generic	MO
<i>enpresse-28 oral tablet</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</i>	Generic	MO
<i>estradiol vaginal tablet</i>	Generic	MO
<i>estradiol-norethindrone acet 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
ESTRING VAGINAL RING 7.5 MCG/24HR	Brand	MO
<i>ethynodiol diac-eth estradiol oral tablet</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>finzala oral tablet chewable</i>	Generic	MO
FYAVOLV ORAL TABLET	Generic	MO
<i>galbriela oral tablet chewable</i>	Generic	MO
<i>hailey 24 fe oral tablet</i>	Generic	MO
<i>haloette vaginal ring</i>	Generic	MO
<i>iclevia oral tablet</i>	Generic	MO
<i>introvale oral tablet</i>	Generic	MO
<i>isibloom oral tablet</i>	Generic	MO
<i>jaimiess oral tablet</i>	Generic	MO
<i>jasmiel oral tablet</i>	Generic	MO
<i>jinteli oral tablet</i>	Generic	MO
<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
KELNOR 1/50 ORAL TABLET	Generic	MO
<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>leena 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
<i>levonorgest-eth estrad 91-day oral tablet</i>	Generic	MO
<i>levonorgestrel-ethinyl estrad 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>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Generic	MO
<i>levora 0.15/30 (28) oral tablet</i>	Generic	MO
<i>lojaimiess oral tablet</i>	Generic	MO
<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>lutra 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
MENEST ORAL TABLET	Brand	MO
<i>mibelas 24 fe oral tablet chewable</i>	Generic	MO
<i>microgestin 1.5/30 oral tablet</i>	Generic	MO
<i>microgestin 1/20 oral tablet</i>	Generic	MO
<i>microgestin 24 fe 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>minzoya oral tablet</i>	Generic	MO
<i>necon 0.5/35 (28) oral tablet</i>	Generic	MO
<i>necon 1/35 (28) oral tablet</i>	Generic	MO
<i>nikki oral tablet</i>	Generic	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Generic	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</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>norethindron-ethinyl estrad-fe oral tablet</i>	Generic	MO
<i>norethin-eth estradiol-fe oral tablet chewable</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
<i>nortrel 1/35 (28) 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 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>nymyo oral tablet</i>	Generic	MO
<i>ocella oral tablet</i>	Generic	MO
<i>orquidea oral tablet</i>	Generic	MO
<i>orsythia oral tablet</i>	Generic	MO
<i>pimtrea oral tablet</i>	Generic	MO
<i>portia-28 oral tablet</i>	Generic	MO
PREMARIN ORAL TABLET	Brand	MO
PREMARIN VAGINAL CREAM	Brand	MO
PREMPHASE ORAL TABLET	Brand	MO
PREMPRO ORAL TABLET	Brand	MO
<i>reclipsen oral tablet</i>	Generic	MO
<i>rosyrah oral tablet</i>	Generic	MO
<i>setlakin oral tablet</i>	Generic	MO
<i>sprintec 28 oral tablet</i>	Generic	MO
<i>sronyx oral tablet</i>	Generic	MO
SYEDA ORAL TABLET	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>trinessa (28) oral tablet</i>	Generic	MO
<i>tri-nymyo oral tablet</i>	Generic	MO
<i>tri-sprintec oral tablet</i>	Generic	MO
<i>trivora (28) oral tablet</i>	Generic	MO
<i>tri-vylibra lo oral tablet</i>	Generic	MO
TRI-VYLIBRA ORAL TABLET	Generic	MO
<i>turqoz oral tablet</i>	Generic	MO
<i>tyblume oral tablet chewable</i>	Generic	MO
<i>valtya 1/50 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>velivet oral tablet</i>	Generic	MO
<i>vienva oral tablet</i>	Generic	MO
<i>vyfemla oral tablet</i>	Generic	MO
VYLIBRA ORAL TABLET	Generic	MO
<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

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

Drug	Status	Requirements/Limits
<i>norethindrone oral tablet</i>	Generic	MO
<i>sharobel oral tablet</i>	Generic	MO
Selective Estrogen Receptor Modifying Agents		
OSPHERA ORAL TABLET	Brand	PA; MO
<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>euthyrox oral tablet</i>	Generic	MO
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Generic	MO
<i>levo-t oral tablet 125 mcg</i>	Generic	MO
<i>levothyroxine sodium oral tablet</i>	Generic	MO
LEVOXYL ORAL TABLET	Generic	MO
<i>liomny oral tablet</i>	Generic	MO
<i>liothyronine sodium oral tablet</i>	Generic	MO
SYNTHROID ORAL TABLET	Brand	MO
UNITHROID ORAL TABLET	Generic	MO
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
CRENESSITY ORAL CAPSULE 100 MG	Brand	PA; QL (120 EA per 30 days); NEDS
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	Brand	PA; QL (90 EA per 30 days); NEDS
CRENESSITY ORAL SOLUTION	Brand	PA; QL (240 ML per 30 days); NEDS
ISTURISA ORAL TABLET 1 MG, 5 MG	Brand	PA; MO; NEDS
LYSODREN ORAL TABLET	Brand	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, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	Generic	
ELIGARD SUBCUTANEOUS KIT	Brand	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA NS; QL (4 EA per 365 days); NEDS
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
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE	Generic	
<i>leuprolide acetate injection kit</i>	Generic	NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Brand	NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Brand	NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Brand	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
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	Brand	MO; NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Brand	PA; MO; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	Brand	PA NS; 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

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 (Adrenal)		
Hormonal agents, Stimulant/Replacement/Modifying (Adrenal)		
AGAMREE ORAL SUSPENSION	Brand	PA; QL (225 ML per 30 days); NEDS
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	Brand	PA; HI
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Brand	PA; HI
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; NEDS
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	Generic	PA; NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
<i>sajazir subcutaneous solution prefilled syringe</i>	Generic	PA; NEDS
Antiangiogenic Agents		
EMPAVELI SUBCUTANEOUS SOLUTION	Brand	PA; QL (200 ML per 28 days); NEDS
Immune Suppressants		
<i>azathioprine sodium injection solution reconstituted</i>	Generic	B/D; NEDS
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	Brand	PA; NEDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	Brand	PA; NEDS
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	Brand	PA; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Brand	PA; NEDS
GAMMAKED INJECTION SOLUTION 1 GM/10ML	Brand	PA; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	Brand	PA; NEDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	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
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	Brand	PA; NEDS
PANZYGA INTRAVENOUS SOLUTION	Brand	PA; NEDS
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	Brand	PA; NEDS
Immunological Agents, Other		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Brand	PA NS; LA; MO; NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; MO; NEDS
<i>auranofin oral capsule</i>	Brand	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
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
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	Brand	PA; 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

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

Drug	Status	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Brand	PA; QL (1.34 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
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	Brand	PA; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	Brand	PA; NEDS
<i>leflunomide oral tablet</i>	Generic	MO
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Brand	PA; NEDS
OLUMIANT ORAL TABLET 4 MG	Brand	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (4 ML per 28 days); NEDS
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 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	Brand	PA; NEDS
RIDAURA ORAL CAPSULE	Brand	MO; NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Brand	PA; MO; QL (1 EA per 1 day); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	Brand	PA; QL (1 EA per 1 day); 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

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

Drug	Status	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Brand	PA; QL (1.2 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Brand	PA; QL (2.4 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; QL (1 ML per 28 days); NEDS
SOTYKTU ORAL TABLET	Brand	PA; NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Brand	PA; MO; QL (0.5 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Brand	PA; MO; QL (0.5 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Brand	PA; MO; QL (1 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (3 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	Brand	PA; QL (0.5 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	Brand	PA; QL (1 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Brand	PA; MO; QL (3 ML per 28 days); NEDS
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; NEDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA; MO; NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Brand	PA; MO; NEDS
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA
WEZLANA SUBCUTANEOUS SOLUTION	Brand	PA; QL (3 ML per 84 days); NEDS
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Brand	PA; QL (1.5 ML per 84 days); NEDS
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Brand	PA; QL (3 ML per 84 days); NEDS
XELJANZ ORAL SOLUTION	Brand	PA; MO; QL (300 ML per 30 days); NEDS
XELJANZ ORAL TABLET	Brand	PA; MO; QL (60 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
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	PA; MO; QL (30 EA per 30 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; NEDS
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; 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 (1 EA per 28 days); NEDS
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	Generic	PA; QL (3 EA per 28 days); NEDS
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT	Brand	PA; QL (3 EA per 28 days); NEDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Brand	B/D
<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
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Brand	PA; NEDS
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Brand	PA; NEDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Brand	PA; NEDS
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	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
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Brand	PA; 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 (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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, 0.5 mg, 0.75 mg, 1 mg</i>	Generic	B/D; MO; NEDS
<i>engraft oral capsule 100 mg, 25 mg</i>	Generic	B/D; MO
<i>engraft oral solution</i>	Generic	B/D; MO
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Brand	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Brand	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Brand	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Brand	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	Brand	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Brand	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Brand	PA; MO; QL (3 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
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Brand	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Brand	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	Brand	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Brand	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Brand	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Brand	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Brand	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Brand	PA; MO; QL (3 EA per 28 days); NEDS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; NEDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; 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

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

Drug	Status	Requirements/Limits
OTEZLA ORAL TABLET THERAPY PACK	Brand	PA; QL (110 EA per 365 days); NEDS
PROGRAF ORAL PACKET	Brand	B/D; MO
REZUROCK ORAL TABLET	Brand	PA; QL (60 EA per 30 days); NEDS
SANDIMMUNE ORAL SOLUTION	Brand	B/D; MO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; NEDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; NEDS
<i>sirolimus oral solution</i>	Generic	B/D; MO; NEDS
<i>sirolimus oral tablet</i>	Generic	B/D; MO
<i>tacrolimus oral capsule</i>	Generic	B/D; MO
TAVNEOS ORAL CAPSULE	Brand	PA; QL (180 EA per 30 days); NEDS
TREXALL ORAL TABLET	Brand	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (3.6 ML per 28 days); NEDS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (3.6 ML per 28 days); NEDS
XATMEP ORAL SOLUTION	Brand	
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	Brand	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Brand	
ADACEL INTRAMUSCULAR SUSPENSION	Brand	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
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	

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

Drug	Status	Requirements/Limits
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Generic	
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 1440 EL U/ML	Brand	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Generic	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED	Brand	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
INFANRIX INTRAMUSCULAR SUSPENSION	Brand	
IPOL INJECTION INJECTABLE	Brand	
IPOL INJECTION SUSPENSION	Brand	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	Brand	
IXIARO INTRAMUSCULAR SUSPENSION	Brand	
JYNNEOS SUBCUTANEOUS SUSPENSION	Brand	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
MENACTRA INTRAMUSCULAR SOLUTION	Brand	
MENQUADFI INTRAMUSCULAR SOLUTION	Brand	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Brand	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Brand	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Generic	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	

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

Drug	Status	Requirements/Limits
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Brand	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
<i>penmenvy intramuscular suspension reconstituted</i>	Generic	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
PREHEVBRIO INTRAMUSCULAR SUSPENSION	Brand	B/D
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	
ROTARIX ORAL SUSPENSION RECONSTITUTED	Brand	
ROTATEQ ORAL SOLUTION	Brand	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Brand	QL (2 EA per 999 days)
STAMARIL INJECTION SUSPENSION RECONSTITUTED	Brand	
TDVAX INTRAMUSCULAR SUSPENSION	Brand	
TENIVAC INTRAMUSCULAR INJECTABLE	Brand	
TENIVAC INTRAMUSCULAR SUSPENSION	Brand	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	

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

Drug	Status	Requirements/Limits
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	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Generic	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Brand	
YF-VAX SUBCUTANEOUS INJECTABLE	Brand	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Brand	
Immunologicalagents		
Immunologicalagents,Other		
RINVOQ LQ ORAL SOLUTION	Brand	PA; QL (360 ML per 30 days); NEDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Brand	PA; NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Brand	PA; NEDS
Immunosuppressants		
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Brand	PA; QL (2 EA per 28 days); NEDS
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Brand	PA; QL (1 EA per 28 days); NEDS
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule</i>	Generic	
<i>mesalamine er oral capsule extended release</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	

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

Drug	Status	Requirements/Limits
<i>mesalamine rectal suppository</i>	Generic	
<i>mesalamine-cleanser rectal kit</i>	Generic	
<i>sulfasalazine oral tablet</i>	Generic	MO
<i>sulfasalazine oral tablet delayed release</i>	Generic	MO
Glucocorticoids		
<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	
TARPEYO ORAL CAPSULE DELAYED RELEASE	Brand	PA; QL (120 EA per 30 days); NEDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Generic	MO; QL (1 EA per 1 day)
<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
<i>calcitriol oral capsule</i>	Generic	MO
<i>calcitriol oral solution</i>	Generic	MO
<i>cinacalcet hcl oral tablet</i>	Generic	MO
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	Brand	PA; NEDS
<i>ibandronate sodium oral tablet</i>	Generic	MO; QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	
<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 (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	Generic	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	Generic	MO; QL (1 EA per 1 day)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	Generic	PA; MO; NEDS
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	Generic	PA; 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
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML	Brand	PA; QL (1.12 ML per 28 days); NEDS
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML	Brand	PA; QL (1.96 ML per 28 days); NEDS
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML	Brand	PA; QL (2.8 ML per 28 days); NEDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS 31G X 6 MM	Brand	
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM	Brand	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	Brand	
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	
BD PEN NEEDLE MICRO ULTRAFINE	Brand	
BD PEN NEEDLE MINI U/F	Brand	
BD PEN NEEDLE MINI ULTRAFINE	Brand	
BD PEN NEEDLE NANO 2ND GEN	Brand	
BD PEN NEEDLE NANO U/F	Brand	
BD PEN NEEDLE NANO ULTRAFINE	Brand	
BD PEN NEEDLE ORIG ULTRAFINE	Brand	
BD PEN NEEDLE ORIGINAL U/F	Brand	
BD PEN NEEDLE SHORT U/F	Brand	
BD PEN NEEDLE SHORT ULTRAFINE	Brand	
BD SYRINGE LUER-LOK 1 ML	Brand	
COMFORT EZ PEN NEEDLES 32G X 8 MM	Brand	
<i>dichlorphenamide oral tablet</i>	Generic	PA; NEDS
DROPLET PEN NEEDLES 32G X 8 MM	Brand	
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8"	Brand	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Brand	
HYPODERMIC NEEDLE 25G X 3/4" , 26G X 3/8" , 26G X 5/8"	Brand	
INSUPEN SENSITIVE 32G X 8 MM	Brand	
<i>levocarnitine oral solution</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>levocarnitine oral tablet</i>	Generic	MO
LITETOUCH PEN NEEDLES 29G X 12.7MM	Brand	
<i>methylergonovine maleate oral tablet</i>	Generic	NEDS
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	
PEN NEEDLES 30G X 8 MM	Brand	
PURE COMFORT PEN NEEDLE 32G X 8 MM	Brand	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Brand	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Brand	
ULTICARE PEN NEEDLES 29G X 12.7MM	Brand	
ULTILET PEN NEEDLE 29G X 12.7MM	Brand	
ULTRA-THIN II PEN NEEDLES	Brand	
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
RHOPRESSA OPHTHALMIC SOLUTION	Brand	MO
<i>travoprost (bak free) ophthalmic solution</i>	Generic	MO
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic ointment</i>	Generic	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	Generic	MO
<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)

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

Drug	Status	Requirements/Limits
<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>neo-polycin hc ophthalmic ointment</i>	Generic	
<i>neo-polycin ophthalmic ointment</i>	Generic	
<i>polycin ophthalmic ointment</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
TYRVAYA NASAL SOLUTION	Brand	
XDEMVY OPHTHALMIC SOLUTION	Brand	QL (10 ML per 42 days); NEDS
Ophthalmic Anti-Allergy Agents		
ALOCRILOPHTHALMIC 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
<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

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

Drug	Status	Requirements/Limits
<i>timolol maleate ophthalmic solution</i>	Generic	MO
Ophthalmic Anti-Inflammatories		
ALREX OPHTHALMIC SUSPENSION	Brand	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Generic	
<i>bromfenac sodium ophthalmic solution 0.07 %</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	
FML FORTE OPHTHALMIC SUSPENSION	Brand	
INVELTYS OPHTHALMIC SUSPENSION	Brand	
<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	
NEVANAC OPHTHALMIC SUSPENSION	Brand	
PRED MILD OPHTHALMIC SUSPENSION	Brand	
<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	
FLAC OTIC OIL	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	

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

Drug	Status	Requirements/Limits
<i>neomycin-polymyxin-hc otic suspension</i>	Generic	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	Generic	
<i>cyproheptadine hcl oral tablet</i>	Generic	
<i>diphenhydramine hcl injection solution</i>	Generic	
<i>hydroxyzine pamoate oral capsule</i>	Generic	
<i>levocetirizine dihydrochloride oral tablet</i>	Generic	QL (1 EA per 1 day)
<i>olopatadine hcl nasal solution</i>	Generic	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Brand	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Brand	MO
<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	
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	Generic	
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act, 50 mcg/act</i>	Generic	MO
<i>fluticasone propionate hfa inhalation aerosol</i>	Generic	MO
<i>fluticasone propionate nasal suspension</i>	Generic	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Brand	MO
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		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Brand	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	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
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Brand	MO
<i>ipratropium bromide inhalation solution</i>	Generic	B/D; MO
<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
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	Brand	MO
<i>tiotropium bromide inhalation capsule</i>	Generic	
<i>tiotropium bromide monohydrate inhalation capsule</i>	Generic	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution</i>	Generic	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Generic	B/D; MO
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Generic	MO
<i>albuterol sulfate oral tablet</i>	Generic	MO
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	Brand	PA; QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	Brand	PA; QL (13 GM per 30 days)
<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</i>	Generic	B/D; MO
<i>levalbuterol tartrate inhalation aerosol</i>	Generic	MO
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Brand	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Brand	MO
<i>terbutaline sulfate oral tablet</i>	Generic	MO
Cystic Fibrosis Agents		
ALYFTREK ORAL TABLET 10-50-125 MG	Brand	PA; QL (56 EA per 28 days); NEDS
ALYFTREK ORAL TABLET 4-20-50 MG	Brand	PA; QL (84 EA per 28 days); NEDS
BRONCHITOL INHALATION CAPSULE	Brand	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
CAYSTON INHALATION SOLUTION RECONSTITUTED	Brand	PA; NEDS
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG	Brand	PA; NEDS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	Brand	PA; MO; NEDS
KALYDECO ORAL TABLET	Brand	PA; MO; NEDS
ORKAMBI ORAL PACKET	Brand	PA; MO; NEDS
ORKAMBI ORAL TABLET	Brand	PA; MO; NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Brand	B/D; MO; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	Brand	PA; MO; QL (2 EA per 1 day); NEDS
TOBI PODHALER INHALATION CAPSULE	Brand	MO; NEDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Generic	B/D; MO; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	Brand	PA; MO; QL (3 EA per 1 day); 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
<i>theophylline oral elixir</i>	Brand	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	Brand	PA; MO; NEDS
ALYQ ORAL TABLET	Generic	PA; MO
<i>ambrisentan oral tablet</i>	Generic	PA; MO; NEDS
<i>bosentan oral tablet</i>	Generic	PA; MO; NEDS
<i>bosentan oral tablet soluble</i>	Generic	PA; NEDS
LIQREV ORAL SUSPENSION	Brand	PA; NEDS
OPSUMIT ORAL TABLET	Brand	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
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Brand	PA; NEDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Brand	PA; NEDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Brand	PA; 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
<i>tadalafil (pah) oral tablet</i>	Generic	PA; MO
TRACLEER ORAL TABLET SOLUBLE	Brand	PA; MO; NEDS
UPTRAVI ORAL TABLET	Brand	PA; MO; NEDS
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	Brand	PA; NEDS
VENTAVIS INHALATION SOLUTION	Brand	PA; MO; NEDS
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE	Brand	PA; MO; NEDS
<i>pirfenidone oral capsule</i>	Generic	PA; MO; NEDS
<i>pirfenidone oral tablet</i>	Generic	PA; MO; NEDS
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution</i>	Generic	B/D
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Brand	MO
BEVESPI AEROSPHERE INHALATION AEROSOL	Brand	MO
BREYNA INHALATION AEROSOL	Generic	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	Brand	MO
SYMBICORT INHALATION AEROSOL	Brand	MO
Respiratory Tract/Pulmonary Agents		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Brand	MO
ADVAIR HFA INHALATION AEROSOL	Brand	MO
BREZTRI AEROSPHERE INHALATION AEROSOL	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
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	Brand	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	Brand	PA; MO; NEDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Generic	MO
<i>mometasone furoate nasal suspension</i>	Generic	
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
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
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Generic	MO
Respiratorytract/Pulmonaryagents		
Phosphodiesteraseinhibitors,Airwaysdis ease		
OHTUVAYRE INHALATION SUSPENSION	Brand	PA; QL (150 ML per 30 days); NEDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 350 mg</i>	Generic	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Generic	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Generic	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Generic	
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet</i>	Generic	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	Generic	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>zolpidem tartrate er oral tablet extended release</i>	Generic	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	Generic	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual</i>	Generic	
Sleep Disorders, Other		
LUMRYZ ORAL PACKET	Brand	PA; 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; 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)
Sleepdisorderagents		
Sleepdisorders,Other		
LUMRYZ STARTER PACK ORAL THERAPY PACK	Brand	PA; NEDS

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

D. Index of Covered Drugs

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carbidopa.....	30	CIMDUO	35	(4.25/5).....	60
carbidopa-levodopa.....	30	cimetidine.....	61	CLINIMIX/DEXTROSE	
carbidopa-levodopa er.....	30	cimetidine hcl.....	61	(5/15).....	60
carbidopa-levodopa-entacapone	30	CIMZIA	80	CLINIMIX/DEXTROSE	
CAREONE BLOOD		CIMZIA (2 SYRINGE)	80	(5/20).....	60
GLUCOSE TEST	43	CIMZIA STARTER KIT	80	CLINISOL SF	58
CARESENS N GLUCOSE		CIMZIA-STARTER	81	clobazam.....	13
TEST	43	cinacalcet hcl.....	87	clobetasol prop emollient base..	56
CARETOUCH TEST	43	CINRYZE	76	clobetasol propionate.....	56
carglumic acid.....	58	ciprofloxacin hcl.....	11	clobetasol propionate e.....	56
carisoprodol.....	96	ciprofloxacin in d5w.....	11	CLODAN	56
carteolol hcl.....	90	ciprofloxacin-dexamethasone.....	91	clomipramine hcl.....	18
cartia xt.....	49	citalopram hydrobromide.....	16	clonazepam.....	13
carvedilol.....	49	CLARAVIS	56	clonidine.....	47
carvedilol phosphate er.....	49	clarithromycin.....	10	clonidine hcl.....	47
caspofungin acetate.....	18	clarithromycin er.....	10	clopidogrel bisulfate.....	47
CAYSTON	94	CLENPIQ	60	clorazepate dipotassium.....	38
cefaclor.....	8	CLEVER CHEK AUTO-		clotrimazole.....	19
cefaclor er.....	8	CODE TEST	43	clotrimazole-betamethasone.....	56
cefadroxil.....	8	CLEVER CHEK AUTO-		clozapine.....	33
cefazolin sodium.....	8	CODE VOICE	43	COARTEM	29
cefdinir.....	8	CLEVER CHEK TEST	43	COBENFY	33
cefepime hcl.....	8	CLEVER CHOICE AUTO-		COBENFY STARTER PACK	33
cefixime.....	8	CODE TEST	43	colchicine.....	20
cefotaxime sodium.....	8	CLEVER CHOICE MICRO		colchicine-probenecid.....	20
cefotetan disodium.....	8	TEST	44	colesevelam hcl.....	52
cefoxitin sodium.....	8	CLEVER CHOICE NO		colestipol hcl.....	52
cefpodoxime proxetil.....	8	CODING	44	colistimethate sodium (cba).....	7
cefprozil.....	8	CLEVER CHOICE TALK		COMBIPATCH	69
ceftazidime.....	8	SYSTEM	44	COMBIVENT RESPIMAT	92
ceftriaxone sodium.....	8	CLIMARA PRO	69	COMETRIQ (100 MG	
cefuroxime axetil.....	8	clindamycin hcl.....	6	DAILY DOSE)	25
cefuroxime sodium.....	8	clindamycin palmitate hcl.....	6	COMETRIQ (140 MG	
celecoxib.....	3	clindamycin phos (once-daily).....	6	DAILY DOSE)	25
cephalexin.....	9	clindamycin phos (twice-daily).....	6	COMETRIQ (60 MG DAILY	
CEQUA	89	clindamycin phosphate.....	6	DOSE)	25
CERDELGA	62	clindamycin phosphate in d5w.....	6	COMFORT ASSIST	
cevimeline hcl.....	56			INSULIN SYRINGE	41

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

COMFORT EZ PEN		<i>desmopressin ace spray refrig</i> 67	<i>diphenoxylate-atropine</i> 60
NEEDLES 88		<i>desmopressin acetate</i> 67	<i>diphtheria-tetanus toxoids dt</i> 84
COMPLERA 35		<i>desogestrel-ethinyl estradiol</i> 69	<i>dipyridamole</i> 47
<i>constulose</i> 61		<i>desonide</i> 66	<i>disulfiram</i> 5
CONTOUR NEXT TEST 44		<i>desoximetasone</i> 66	<i>divalproex sodium</i> 12
CONTOUR TEST 44		<i>desvenlafaxine succinate er</i> 17	<i>divalproex sodium er</i> 12
COPIKTRA 24		<i>dexamethasone</i> 66	<i>dofetilide</i> 48
CORLANOR 50	DEXAMETHASONE		<i>donepezil hcl</i> 15
CORTROPHIN 66	INTENSOL 66		DOPTelet 46
COSENTYX 77	<i>dexamethasone sodium</i>		<i>dorzolamide hcl</i> 90
COSENTYX (300 MG DOSE) 77	<i>phosphate</i> 66, 91		<i>dorzolamide hcl-timolol mal</i> 90
COSENTYX SENSOREADY	DEXCOM G6 RECEIVER 44		<i>dorzolamide hcl-timolol mal pf</i> ... 90
(300 MG) 77	DEXCOM G6 SENSOR 44		<i>dotti</i> 69
COSENTYX SENSOREADY	DEXCOM G6		DOVATO 36
PEN 77	TRANSMITTER 44		<i>doxazosin mesylate</i> 65
COSENTYX UNOREADY 77	DEXCOM G7 RECEIVER 44		<i>doxepin hcl</i> 18, 57
COTELLIC 22	DEXCOM G7 SENSOR 44		<i>doxercalciferol</i> 60
CRENESSITY 74	<i>dexlansoprazole</i> 62		<i>doxy 100</i> 12
CREON 62	<i>dexmethylphenidate hcl</i> 54		<i>doxycycline hyclate</i> 12
<i>cromolyn sodium</i> 90, 94	<i>dexmethylphenidate hcl er</i> ... 53, 54		<i>doxycycline monohydrate</i> 12
<i>cryselle-28</i> 69	<i>dextroamphetamine sulfate</i> 53		DRIZALMA SPRINKLE 17
CUVRIOR 65	<i>dextroamphetamine sulfate er</i> 53		<i>dronabinol</i> 18
CVS GAUZE STERILE 41	<i>dextrose</i> 60		DROPLET INSULIN
<i>cyclobenzaprine hcl</i> 96	<i>dextrose-sodium chloride</i> 60		SYRINGE 41
<i>cyclopentolate hcl</i> 89	DIACOMIT 12		DROPLET PEN NEEDLES ... 88
<i>cyclophosphamide</i> 21	<i>diazepam</i> 13, 38		<i>drospirenone-ethinyl estradiol</i> ... 69
<i>cyclosporine</i> 81	DIAZEPAM INTENSOL 38		<i>droxidopa</i> 50
<i>cyclosporine modified</i> 81	<i>diazoxide</i> 40		DULERA 93
<i>cyproheptadine hcl</i> 92	<i>dichlorphenamide</i> 88		<i>duloxetine hcl</i> 17
<i>cyred eq</i> 69	<i>diclofenac potassium</i> 3		DUPIXENT 77, 78
CYSTAGON 62	<i>diclofenac sodium</i> 3, 56, 57, 91		<i>duramorph</i> 4
<i>dalfampridine er</i> 55	<i>diclofenac sodium er</i> 3		<i>dutasteride</i> 65
DALVANCE 7	<i>diclofenac-misoprostol</i> 3		<i>dutasteride-tamsulosin hcl</i> 65
<i>danazol</i> 68	<i>dicloxacin sodium</i> 10		DUVYZAT 55
<i>dantrolene sodium</i> 33	<i>dicyclomine hcl</i> 60		<i>easy plus ii glucose test</i> 44
DANZITEN 25	DIFICID 10, 11		EASY STEP TEST 44
<i>dapsone</i> 21	<i>diflunisal</i> 3		<i>easy talk blood glucose test</i> 44
DAPTACEL 83	<i>difluprednate</i> 91		EASY TOUCH
<i>daptomycin</i> 7	DIGOX 50		HYPODERMIC NEEDLE 88
<i>darunavir</i> 37	<i>digox</i> 50		EASY TOUCH TEST 44
<i>dasatinib</i> 25	<i>digoxin</i> 50		<i>easy trak blood glucose test</i> 44
DAURISMO 25	<i>dihydroergotamine mesylate</i> 20		EASYGLUCO 44
DAYBUE 62	DILANTIN 15		EASYMAX 15 TEST 44
<i>deblitane</i> 73	<i>diltiazem hcl</i> 50		EBGLYSS 57
<i>deferasirox</i> 59	<i>diltiazem hcl er</i> 49		<i>econazole nitrate</i> 19
<i>deferiprone</i> 59	<i>diltiazem hcl er beads</i> 49		EDURANT 35
<i>deflazacort</i> 66	<i>diltiazem hcl er coated beads</i> 49		EDURANT PED 35
DELSTRIGO 35	<i>dilt-xr</i> 50		<i>efavirenz</i> 35
DEPO-SUBQ PROVERA 104 73	<i>dimethyl fumarate</i> 55		<i>efavirenz-emtricitab-tenofo df</i> 35
DESCOVY 36	<i>dimethyl fumarate starter pack</i> ... 55		<i>efavirenz-lamivudine-tenofovir</i> ... 36
<i>desipramine hcl</i> 18	<i>diphenhydramine hcl</i> 92		ELIGARD 75

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

ELIQUIS	45	<i>erythromycin ethylsuccinate</i>	11	<i>felodipine er</i>	50
ELIQUIS DVT/PE		<i>erythromycin stearate</i>	11	<i>fenofibrate</i>	51
STARTER PACK	45	<i>escitalopram oxalate</i>	17	<i>fenofibrate micronized</i>	51
ELIXOPHYLLIN	94	<i>eslicarbazepine acetate</i>	15	<i>fentanyl</i>	3
ELMIRON	65	<i>esomeprazole magnesium</i>	62	<i>fentanyl citrate</i>	4
<i>eltrombopag olamine</i>	46	<i>estarylla</i>	69	FETZIMA	17
<i>eluryng</i>	69	<i>estradiol</i>	69	FETZIMA TITRATION	17
EMCYT	22	<i>estradiol-norethindrone acet.</i>	69	<i>fidaxomicin</i>	11
EMPAVELI	76	ESTRING	70	FILSPARI	50
EMSAM	16	<i>eszopiclone</i>	96	<i>finasteride</i>	65
<i>emtricitabine</i>	36	<i>ethacrynic acid</i>	51	<i> fingolimod hcl</i>	55
<i>emtricitabine-tenofovir df</i>	36	<i>ethambutol hcl</i>	21	FINTEPLA	12
<i>emtricitab-rilpivir-tenofov df</i>	35	<i>ethosuximide</i>	13	<i>finzala</i>	70
EMTRIVA	36	<i>ethynodiol diac-eth estradiol</i>	70	FIRMAGON	75
<i>enalapril maleate</i>	48	<i>etodolac</i>	3	FIRMAGON (240 MG DOSE) 75	
<i>enalapril-hydrochlorothiazide</i>	48	<i>etodolac er</i>	3	FLAC	91
ENBREL	81	<i>etonogestrel-ethinyl estradiol</i>	70	FLEBOGAMMA DIF	76, 78
ENBREL MINI	81	<i>etravirine</i>	35	<i>flecainide acetate</i>	48
ENBREL SURECLICK	81	EULEXIN	22	<i>fluconazole</i>	19
ENDOCET	4	<i>euthyrox</i>	74	<i>fluconazole in sodium chloride</i> ..	19
<i>endocet</i>	4	<i>everolimus</i>	25, 81	<i>flucytosine</i>	19
ENGERIX-B	84	EVERSENSE E3		<i>fludrocortisone acetate</i>	66
<i>enilloring</i>	69	SENSOR/HOLDER	44	<i>flunisolide</i>	92
ENLITE GLUCOSE		EVERSENSE E3 SMART		<i>fluocinolone acetonide</i>	66, 91
SENSOR	44	TRANSMITTER	44	<i>fluocinolone acetonide body</i>	66
<i>enoxaparin sodium</i>	45	EVERSENSE		<i>fluocinolone acetonide scalp</i>	66
<i>enpresse-28</i>	69	SENSOR/HOLDER	44	<i>fluocinonide</i>	66
<i>enskyce</i>	69	EVERSENSE SMART		<i>fluocinonide emulsified base</i>	66
<i>entacapone</i>	30	TRANSMITTER	44	<i>fluorometholone</i>	91
<i>entecavir</i>	34	EVOTAZ	37	<i>fluorouracil</i>	57
ENTRESTO	47	EXEL COMFORT POINT		<i>fluoxetine hcl</i>	17
<i>enulose</i>	61	PEN NEEDLE	88	<i>fluphenazine decanoate</i>	30
ENVARUS XR	81	<i>exemestane</i>	24	<i>fluphenazine hcl</i>	31
EPCLUSA	34	EXKIVITY	25	<i>flurbiprofen</i>	3
EPIDIOLEX	13	EYSUVIS	91	<i>flurbiprofen sodium</i>	91
<i>epinastine hcl</i>	90	<i>ezetimibe</i>	52	<i>fluticasone propionate</i>	66, 92
<i>epinephrine</i>	93	<i>ezetimibe-simvastatin</i>	52	<i>fluticasone propionate diskus</i>	92
<i>epitol</i>	15	FABHALTA	46	<i>fluticasone propionate hfa</i>	92
<i>eplerenone</i>	51	<i>falmina</i>	70	<i>fluticasone-salmeterol</i>	96
EPRONTIA	14	<i>famciclovir</i>	34	<i>fluvastatin sodium</i>	52
ERAXIS	19	<i>famotidine</i>	61	<i>fluvastatin sodium er</i>	51
<i>ergoloid mesylates</i>	15	FANAPT	31	<i>fluvoxamine maleate</i>	17
ERGOMAR	20	FANAPT TITRATION		<i>fluvoxamine maleate er</i>	17
<i>ergotamine-caffeine</i>	20	PACK A	31	FML FORTE	91
ERIVEDGE	25	FARXIGA	38	<i>fondaparinux sodium</i>	46
ERLEADA	22	FASENRA	96	FORTEO	87
<i>erlotinib hcl</i>	25	FASENRA PEN	96	<i>fosamprenavir calcium</i>	37
<i>errin</i>	73	<i>febuxostat</i>	20	<i>fosfomycin tromethamine</i>	7
<i>ertapenem sodium</i>	9	<i>feirza 1.5/30</i>	70	<i>fosinopril sodium</i>	48
<i>erythromycin</i>	11, 57	<i>feirza 1/20</i>	70	<i>fosinopril sodium-hctz</i>	48
<i>erythromycin base</i>	11	<i>felbamate</i>	14	<i>fosphenytoin sodium</i>	15

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

FOTIVDA	25	<i>gemfibrozil</i>	51	HAVRIX	84
FRAGMIN	46	GEMTESA	64	HEATHER	73
FREESTYLE INSULINX		<i>generlac</i>	61	<i>heparin sodium (porcine)</i>	46
TEST	44	<i>gengraf</i>	81	<i>heparin sodium (porcine) pf</i>	46
FREESTYLE LIBRE 14 DAY		GENOTROPIN	68	HEPLISAV-B	84
READER	44	GENOTROPIN MINIQUICK		HERNEXEOS	26
FREESTYLE LIBRE 14 DAY			67, 68	HETLIOZ LQ	54
SENSOR	44	<i>gentamicin in saline</i>	6	HIBERIX	84
FREESTYLE LIBRE 2 PLUS		<i>gentamicin sulfate</i>	6	HUMALOG	41
SENSOR	44	GENVOYA	34	HUMALOG JUNIOR	
FREESTYLE LIBRE 2		GILOTRIF	22	KWIKPEN	41
READER	44	GLASSIA	63	HUMALOG KWIKPEN	41
FREESTYLE LIBRE 2		<i>glatiramer acetate</i>	55	HUMALOG MIX 50/50	41
SENSOR	44	<i>glatopa</i>	55	HUMALOG MIX 50/50	
FREESTYLE LIBRE 3 PLUS		GLATOPA	55	KWIKPEN	41
SENSOR	44	GLEOSTINE	21	HUMALOG MIX 75/25	41
FREESTYLE LIBRE 3		<i>glimepiride</i>	39	HUMALOG MIX 75/25	
READER	44	<i>glipizide</i>	39	KWIKPEN	41
FREESTYLE LIBRE 3		<i>glipizide er</i>	39	HUMIRA (1 PEN)	81
SENSOR	44	<i>glipizide-metformin hcl</i>	40	HUMIRA (2 PEN)	81
FREESTYLE LIBRE		GLOBAL ALCOHOL PREP		HUMIRA (2 SYRINGE)	81
READER	44	EASE	7	HUMIRA-CD/UC/HS	
FREESTYLE LITE TEST	44	GLUCAGEN HYPOKIT	40	STARTER	81, 82
FREESTYLE PRECISION		<i>glucagon emergency</i>	40	HUMIRA-PED<40KG	
NEO TEST	45	GLUCAGON EMERGENCY	40	CROHNS STARTER	82
FREESTYLE TEST	45	<i>glyburide</i>	39	HUMIRA-PED>=40KG	
FRUZAQLA	25	<i>glyburide-metformin</i>	40	CROHNS START	82
<i>fulvestrant</i>	22	<i>glycopyrrolate</i>	60	HUMIRA-PED>=40KG UC	
<i>furosemide</i>	51	GLYXAMBI	39	STARTER	82
FUZEON	36	GOMEKLI	25	HUMIRA-PS/UV/ADOL HS	
FYAVOLV	70	<i>granisetron hcl</i>	18	STARTER	82
FYCOMPA	14	<i>griseofulvin microsize</i>	19	HUMIRA-	
<i>gabapentin</i>	13, 14	<i>griseofulvin ultramicrosize</i>	19	PSORIASIS/UEIT	
<i>galantamine hydrobromide</i>	16	<i>guanfacine hcl</i>	47	STARTER	82
<i>galantamine hydrobromide er</i>	15	<i>guanfacine hcl er</i>	54	HUMULIN 70/30	41
<i>galbriela</i>	70	GUARDIAN LINK 3		HUMULIN 70/30 KWIKPEN	41
<i>gallifrey</i>	73	TRANSMITTER	45	HUMULIN N	41
GAMMAGARD	76	GUARDIAN REAL-TIME		HUMULIN N KWIKPEN	41
GAMMAGARD S/D LESS		REPLACE PED	45	HUMULIN R	41
IGA	76	GUARDIAN SENSOR (3)	45	HUMULIN R U-500	
GAMMAKED	76	GVOKE HYPOPEN 2-PACK	40	(CONCENTRATED)	42
GAMMAPLEX	76, 78	GVOKE KIT	40	HUMULIN R U-500	
GAMUNEX-C	76	GVOKE PFS	40	KWIKPEN	42
GARDASIL 9	84	HAEGARDA	76	<i>hydralazine hcl</i>	52
<i>gatifloxacin</i>	11	<i>hailey 24 fe</i>	70	<i>hydrochlorothiazide</i>	51
GATTEX	60	<i>halobetasol propionate</i>	66	<i>hydrocodone-acetaminophen</i>	4, 5
GAVILYTE-C	61	<i>haloette</i>	70	<i>hydrocortisone</i>	66, 87
<i>gavilyte-g</i>	61	<i>haloperidol</i>	31	<i>hydrocortisone (perianal)</i>	57
<i>gavilyte-n with flavor pack</i>	61	<i>haloperidol decanoate</i>	31	<i>hydrocortisone butyrate</i>	66
GAVRETO	22	<i>haloperidol lactate</i>	31	<i>hydrocortisone valerate</i>	66
<i>gefitinib</i>	25	HARVONI	34	<i>hydrocortisone-acetic acid</i>	91

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

<i>hydromorphone hcl</i>	4	<i>ipratropium-albuterol</i>	93	<i>kelnor 1/35</i>	70
<i>hydroxychloroquine sulfate</i>	29	IQIRVO	62	KELNOR 1/50	70
<i>hydroxyurea</i>	22	<i>irbesartan</i>	47	KERENDIA	51
<i>hydroxyzine hcl</i>	37	<i>irbesartan-hydrochlorothiazide</i> ..	47	KESIMPTA	55
<i>hydroxyzine pamoate</i>	92	ISENTRESS	35	<i>ketoconazole</i>	19
HYPODERMIC NEEDLE	88	ISENTRESS HD	35	<i>ketorolac tromethamine</i>	3, 91
<i>ibandronate sodium</i>	87	<i>isibloom</i>	70	KEVZARA	82
IBRANCE	23	ISOLYTE-P IN D5W	60	KINERET	82
IBTROZI	26	ISOLYTE-S PH 7.4	58	KINRIX	84
IBU	3	<i>isoniazid</i>	21	<i>kionex</i>	59
<i>ibuprofen</i>	3	<i>isosorbide dinitrate</i>	53	KISQALI (200 MG DOSE)	26
<i>icatibant acetate</i>	76	<i>isosorbide mononitrate</i>	53	KISQALI (400 MG DOSE)	26
<i>iclevia</i>	70	<i>isosorbide mononitrate er</i>	53	KISQALI (600 MG DOSE)	26
ICLUSIG	26	<i>isradipine</i>	50	KISQALI FEMARA (200 MG DOSE)	23
<i>icosapent ethyl</i>	52	ISTURISA	74	KISQALI FEMARA (400 MG DOSE)	23
IDHIFA	24	ITOVEBI	28	KISQALI FEMARA (600 MG DOSE)	23
ILARIS	80	<i>itraconazole</i>	19	<i>klor-con</i>	58
<i>imatinib mesylate</i>	26	<i>ivabradine hcl</i>	50	<i>klor-con 10</i>	58
IMBRUVICA	26	<i>ivermectin</i>	29	<i>klor-con m10</i>	58
<i>imipenem-cilastatin</i>	9	IWILFIN	23	KLOR-CON M15	58
<i>imipramine hcl</i>	18	IXCHIQ	84	<i>klor-con m20</i>	58
<i>imiquimod</i>	57	IXIARO	84	KLOXXADO	5
IMKELDI	26	<i>jaimiess</i>	70	KOSELUGO	26
IMOVAX RABIES	84	JAKAFI	26	<i>kourzeq</i>	56
IMPAVIDO	29	JANTOVEN	46	K-PHOS NO 2	58
INBRIJA	30	JANUMET	40	KRAZATI	23
<i>incassia</i>	73	JANUMET XR	40	<i>kurvelo</i>	70
INCRELEX	68	JANUVIA	39	<i>labetalol hcl</i>	49
INCRUSE ELLIPTA	93	JARDIANCE	39	<i>lacosamide</i>	15
<i>indapamide</i>	51	<i>jasmiel</i>	70	<i>lactulose</i>	61
<i>indomethacin</i>	3	JAYPIRCA	26	<i>lamivudine</i>	34, 36
<i>indomethacin er</i>	3	<i>jaythari</i>	66	<i>lamivudine-zidovudine</i>	36
INFANRIX	84	JENTADUETO	40	<i>lamotrigine</i>	12, 38
INGREZZA	54	JENTADUETO XR	40	<i>lamotrigine starter kit-blue</i>	12
INLYTA	26	<i>jinteli</i>	70	<i>lamotrigine starter kit-green</i>	12
INQOVI	22	JOURNAVX	3	<i>lamotrigine starter kit-orange</i>	12
INREBIC	26	JUBBONTI	87	<i>lanreotide acetate</i>	75
<i>insulin lispro</i>	42	<i>juleber</i>	70	<i>lansoprazole</i>	62
<i>insulin lispro (1 unit dial)</i>	42	JULUCA	36	LANTUS	42
<i>insulin lispro junior kwikpen</i>	42	<i>june1 1.5/30</i>	70	LANTUS SOLOSTAR	42
<i>insulin lispro prot & lispro</i>	42	<i>june1 1/20</i>	70	<i>lapatinib ditosylate</i>	26
INSUPEN SENSITIVE	88	<i>june1 fe 1.5/30</i>	70	<i>larin 1.5/30</i>	70
INTELENCE	35	<i>june1 fe 1/20</i>	70	<i>larin 1/20</i>	70
INTRALIPID	60	<i>june1 fe 24</i>	70	<i>larin fe 1.5/30</i>	70
<i>introvale</i>	70	JYLAMVO	23	<i>larin fe 1/20</i>	70
INVEGA HAFYERA	31	JYNNEOS	84	<i>latanoprost</i>	89
INVEGA SUSTENNA	31, 32	KALETRA	37	LAZCLUZE	28
INVEGA TRINZA	32	KALYDECO	94	<i>leena</i>	70
INVELTYS	91	<i>kariva</i>	70		
IPOL	84	<i>kcl in dextrose-nacl</i>	58		
<i>ipratropium bromide</i>	93	<i>kcl-lactated ringers-d5w</i>	58		

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

<i>leflunomide</i>	78	<i>lidocaine-prilocaine</i>	5	LYTGOBI (12 MG DAILY DOSE)	27
<i>lenalidomide</i>	22	<i>liletta (52 mg)</i>	73	LYTGOBI (16 MG DAILY DOSE)	27
LENVIMA (10 MG DAILY DOSE)	26	<i>linezolid</i>	7	LYTGOBI (20 MG DAILY DOSE)	27
LENVIMA (12 MG DAILY DOSE)	26	LINZESS	61	<i>lyza</i>	73
LENVIMA (14 MG DAILY DOSE)	26	<i>liomny</i>	74	<i>magnesium sulfate</i>	58
LENVIMA (18 MG DAILY DOSE)	26	<i>liothyronine sodium</i>	74	<i>malathion</i>	29
LENVIMA (20 MG DAILY DOSE)	26	LIQREV	94	<i>maraviroc</i>	36
LENVIMA (24 MG DAILY DOSE)	26	<i>lisinopril</i>	48	<i>marlissa</i>	71
LENVIMA (4 MG DAILY DOSE)	26	<i>lisinopril-hydrochlorothiazide</i>	48	MARPLAN	16
LENVIMA (8 MG DAILY DOSE)	27	LITETOUCH PEN NEEDLES	89	MATULANE	21
<i>lessina</i>	70	LITFULO	57	<i>matzim la</i>	50
<i>letrozole</i>	24	<i>lithium</i>	38	MAVYRET	34
<i>leucovorin calcium</i>	28, 29	<i>lithium carbonate</i>	38	<i>meclizine hcl</i>	18
LEUKERAN	21	<i>lithium carbonate er</i>	38	<i>medpura hydrocortisone</i>	66
<i>leuprolide acetate</i>	75	LIVDELZI	60	<i>medroxyprogesterone acetate</i>	73
LEUPROLIDE ACETATE (3 MONTH)	75	LIVTENCITY	33	<i>mefloquine hcl</i>	29
<i>levalbuterol hcl</i>	93	<i>lojaimiess</i>	71	<i>megestrol acetate</i>	73
<i>levalbuterol tartrate</i>	93	LONSURF	22	MEKINIST	27
<i>levetiracetam</i>	13	<i>loperamide hcl</i>	60	MEKTOVI	27
<i>levetiracetam er</i>	12	<i>lopinavir-ritonavir</i>	37	<i>meleya</i>	73
<i>levobunolol hcl</i>	90	<i>lorazepam</i>	38	<i>meloxicam</i>	3
<i>levocarnitine</i>	88, 89	<i>lorazepam intensol</i>	38	<i>memantine hcl</i>	16
<i>levocetirizine dihydrochloride</i>	92	LORBRENA	27	<i>memantine hcl er</i>	16
<i>levofloxacin</i>	11	<i>loryna</i>	71	<i>memantine hcl-donepezil hcl</i>	15
<i>levofloxacin in d5w</i>	11	<i>losartan potassium</i>	47	MENACTRA	84
<i>levonest</i>	70	<i>losartan potassium-hctz</i>	47	MENEST	71
<i>levonorgest-eth est & eth est</i>	70	<i>loteprednol etabonate</i>	91	MENQUADFI	84
<i>levonorgest-eth estrad 91-day</i>	70	<i>lovastatin</i>	52	MENVEO	84
<i>levonorgestrel-ethinyl estrad</i>	70	<i>low-ogestrel</i>	71	<i>meperidine hcl</i>	4
<i>levonorg-eth estrad triphasic</i>	71	<i>loxapine succinate</i>	31	<i>mercaptopurine</i>	22
<i>levora 0.15/30 (28)</i>	71	<i>lubiprostone</i>	61	<i>meropenem</i>	9
LEVO-T	74	<i>luizza 1.5/30</i>	71	<i>mesalamine</i>	86, 87
<i>levo-t</i>	74	<i>luizza 1/20</i>	71	<i>mesalamine er</i>	86
<i>levothyroxine sodium</i>	74	LUMAKRAS	23, 24	<i>mesalamine-cleanser</i>	87
LEVOXYL	74	LUMIGAN	89	<i>mesna</i>	29
LEXIVA	37	LUMRYZ	97	MESNEX	29
<i>l-glutamine</i>	63	LUMRYZ STARTER PACK ..	97	<i>metformin hcl</i>	39
LIBERVANT	38	LUPRON DEPOT (1-MONTH)	75	<i>metformin hcl er</i>	39
<i>lidocaine</i>	5	LUPRON DEPOT (3-MONTH)	75	<i>methadone hcl</i>	4
<i>lidocaine hcl</i>	5	LUPRON DEPOT (4-MONTH)	75	<i>methazolamide</i>	51
<i>lidocaine hcl (pf)</i>	5	<i>lurasidone hcl</i>	32	<i>methenamine hippurate</i>	7
<i>lidocaine viscous hcl</i>	5	<i>lutra</i>	71	<i>methimazole</i>	75
		LYBALVI	32	<i>methocarbamol</i>	96
		<i>lyleq</i>	73	<i>methotrexate sodium</i>	82
		<i>lyllana</i>	71	<i>methotrexate sodium (pf)</i>	82
		LYNPARZA	27	<i>methoxsalen rapid</i>	57
		LYSODREN	74	<i>methsuximide</i>	13
				<i>methyldopa</i>	47

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

<i>methylergonovine maleate</i>	89	<i>morphine sulfate er</i>	4	<i>nicardipine hcl</i>	50
<i>methylphenidate hcl</i>	54	MOTOFEN	60	NICOTROL	6
<i>methylphenidate hcl er</i>	54	MOUNJARO	39	<i>nifedipine er</i>	50
<i>methylphenidate hcl er (osm)</i>	54	MOVANTIK	60	<i>nifedipine er osmotic release</i>	50
<i>methylprednisolone</i>	67	<i>moxifloxacin hcl</i>	11	<i>nikki</i>	71
<i>methylprednisolone acetate</i>	20	<i>moxifloxacin hcl in nacl</i>	11	<i>nilotinib hcl</i>	27
<i>methylprednisolone sodium succ</i>	67	MRESVIA	84	<i>nilutamide</i>	22
<i>metoclopramide hcl</i>	60	MULPLETA	46	NINLARO	23
<i>metolazone</i>	51	MULTAQ	48	<i>nitazoxanide</i>	29
<i>metoprolol succinate er</i>	49	<i>multiple electro type 1 ph 7.4</i>	58	<i>nitisinone</i>	63
<i>metoprolol tartrate</i>	49	<i>mupirocin</i>	7	NITRO-BID	53
<i>metoprolol-hydrochlorothiazide</i>	49	<i>mupirocin calcium</i>	57	<i>nitrofurantoin monohyd macro</i>	7
<i>metronidazole</i>	7	<i>mycophenolate mofetil</i>	82	<i>nitroglycerin</i>	53
<i>metyrosine</i>	50	<i>mycophenolate sodium</i>	82	<i>nora-be</i>	73
<i>mexiletine hcl</i>	48	MYRBETRIQ	64	<i>norelgestromin-eth estradiol</i>	73
<i>mibelas 24 fe</i>	71	<i>na sulfate-k sulfate-mg sulf</i>	58	<i>norethin ace-eth estrad-fe</i>	71
<i>micafungin sodium</i>	19	<i>nabumetone</i>	3	<i>norethindrone</i>	74
<i>miconazole 3</i>	19	<i>nadolol</i>	49	<i>norethindrone acetate</i>	73
<i>microgestin 1.5/30</i>	71	<i>nafcillin sodium</i>	10	<i>norethindrone acet-ethinyl est</i>	71
<i>microgestin 1/20</i>	71	<i>naloxone hcl</i>	5	<i>norethindrone-eth estradiol</i>	71
<i>microgestin 24 fe</i>	71	<i>naltrexone hcl</i>	5	<i>norethindron-ethinyl estrad-fe</i>	71
<i>microgestin fe 1.5/30</i>	71	NAMZARIC	15	<i>norethin-eth estradiol-fe</i>	71
<i>microgestin fe 1/20</i>	71	<i>naproxen</i>	3	<i>norgestimate-eth estradiol</i>	71
<i>midodrine hcl</i>	47	<i>naproxen dr</i>	3	<i>norgestim-eth estrad triphasic</i>	71
MIEBO	89	<i>naproxen sodium</i>	3	<i>nortrel 0.5/35 (28)</i>	71
<i>mifepristone</i>	68	NATACYN	19	<i>nortrel 1/35 (21)</i>	71
<i>miglitol</i>	39	<i>nateglinide</i>	39	<i>nortrel 1/35 (28)</i>	71
<i>miglustat</i>	63	NAYZILAM	14	<i>nortrel 7/7/7</i>	72
<i>mili</i>	71	<i>necon 0.5/35 (28)</i>	71	<i>nortriptyline hcl</i>	18
<i>mimvey</i>	71	<i>necon 1/35 (28)</i>	71	NORVIR	37
<i>minocycline hcl</i>	12	<i>nefazodone hcl</i>	17	NUBEQA	22
<i>minoxidil</i>	52	NEMLUVIO	57	NUCALA	96
<i>minzoya</i>	71	<i>neomycin sulfate</i>	6	NUEDEXTA	54
MIPLYFFA	63	<i>neomycin-bacitracin zn-</i>		NUPLAZID	32
<i>mirtazapine</i>	16	<i>polymyx</i>	90	NURTEC	20
<i>misoprostol</i>	62	<i>neomycin-polymyxin-dexameth</i> ...	91	NUTRILIPID	60
M-M-R II	84	<i>neomycin-polymyxin-gramicidin</i>	90	NUZYRA	12
<i>modafinil</i>	97	<i>neomycin-polymyxin-hc</i> 7, 91, 92		NYAMYC	19
MODEYSO	27	<i>neo-polycin</i>	90	<i>nylia 1/35</i>	72
<i>moexipril hcl</i>	48	<i>neo-polycin hc</i>	90	<i>nylia 7/7/7</i>	72
<i>molindone hcl</i>	31	NERLYNX	27	<i>nymyo</i>	72
<i>mometasone furoate</i>	67, 96	NEUPRO	30	<i>nystatin</i>	19
MONDOXYNE NL	12	NEVANAC	91	<i>nystatin-triamcinolone</i>	19
MONOJECT		<i>nevirapine</i>	35	NYSTOP	19
HYPODERMIC NEEDLE	89	<i>nevirapine er</i>	35	OALIVA	61
MONOJECT INSULIN		NEXLETOL	50	<i>ocella</i>	72
SYRINGE	42, 89	NEXLIZET	50	OCTAGAM	77, 78
<i>montelukast sodium</i>	92	NEXPLANON	73	<i>octreotide acetate</i>	68, 75
<i>morphine sulfate</i>	4	<i>niacin (antihyperlipidemic)</i>	52	ODEFSEY	35
<i>morphine sulfate (concentrate)</i>	4	<i>niacin er (antihyperlipidemic)</i>	52	ODOMZO	23
<i>morphine sulfate (pf)</i>	4	NIACOR	52	OFEV	95

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

<i>ofloxacin</i>	11	OTEZLA	82, 83	PERSERIS	32
OGSIVEO	24	<i>oxacillin sodium</i>	10	<i>phenelzine sulfate</i>	16
OHTUVAYRE	96	<i>oxacillin sodium in dextrose</i>	10	<i>phenobarbital</i>	14
OJEMDA	27	<i>oxaprozin</i>	3	<i>phenytek</i>	15
OJJAARA	23	OXBRYTA	46	<i>phenytoin</i>	15
<i>olanzapine</i>	32	<i>oxcarbazepine</i>	15	<i>phenytoin sodium extended</i>	15
<i>olmesartan medoxomil</i>	47	<i>oxybutynin chloride</i>	64	PHYRAGO	27
<i>olmesartan medoxomil-hctz</i>	48	<i>oxybutynin chloride er</i>	64	PIFELTRO	35
<i>olopatadine hcl</i>	92	<i>oxycodone hcl</i>	4	<i>pilocarpine hcl</i>	56, 90
OLPRUVA (2 GM DOSE)	63	<i>oxycodone hcl er</i>	4	<i>pimecrolimus</i>	57
OLPRUVA (3 GM DOSE)	63	<i>oxycodone-acetaminophen</i>	4	<i>pimozide</i>	31
OLPRUVA (4 GM DOSE)	63	OZEMPIC (0.25 OR 0.5		<i>pimtreea</i>	72
OLPRUVA (5 GM DOSE)	63	MG/DOSE)	39	<i>pindolol</i>	49
OLPRUVA (6 GM DOSE)	63	OZEMPIC (1 MG/DOSE)	39	<i>pioglitazone hcl</i>	39
OLPRUVA (6.67 GM DOSE) ..	63	OZEMPIC (2 MG/DOSE)	39	<i>pioglitazone hcl-glimepiride</i>	40
OLUMIANT	78	<i>paliperidone er</i>	32	<i>pioglitazone hcl-metformin hcl</i> ...	40
<i>omega-3-acid ethyl esters</i>	52	PANRETIN	28	<i>piperacillin sod-tazobactam so</i> ...10	
<i>omeprazole</i>	62	<i>pantoprazole sodium</i>	62	PIQRAY (200 MG DAILY	
ONCASPAR	23	PANZYGA	77	DOSE)	24
<i>ondansetron</i>	18	<i>paricalcitol</i>	87	PIQRAY (250 MG DAILY	
<i>ondansetron hcl</i>	18	<i>paroxetine hcl</i>	17, 38	DOSE)	24
ONETOUCH ULTRA	45	<i>paroxetine hcl er</i>	17	PIQRAY (300 MG DAILY	
ONETOUCH ULTRA 2	45	PAXLOVID (150/100)	78	DOSE)	24
ONETOUCH ULTRA BLUE		PAXLOVID (300/100 &		<i>pirfenidone</i>	95
TEST	45	150/100)	78	<i>piroxicam</i>	3
ONETOUCH ULTRA TEST ..	45	PAXLOVID (300/100)	78	<i>pitavastatin calcium</i>	52
ONETOUCH VERIO	45	<i>pazopanib hcl</i>	27	PLENAMINE	58
ONETOUCH VERIO FLEX		PEDIARIX	84	<i>pnv-dha</i>	60
SYSTEM	45	PEDVAX HIB	85	<i>podofilox</i>	57
ONETOUCH VERIO IQ		<i>peg 3350-kcl-na bicarb-nacl</i>	61	<i>polycin</i>	90
SYSTEM	45	<i>peg-3350/electrolytes</i>	62	<i>polymyxin b sulfate</i>	7
ONUREG	22	<i>peg-3350/electrolytes/ascorbat</i> ..	62	<i>polymyxin b-trimethoprim</i>	90
OPIPZA	32	PEGASYS	34	POMALYST	22
OPSUMIT	94	<i>peg-kcl-nacl-nasulf-na asc-c</i>	62	<i>portia-28</i>	72
OPTIUMEZ TEST	45	PEMAZYRE	27	<i>posaconazole</i>	19
OPVEE	5	PEN NEEDLES	89	<i>potassium chloride</i>	58
ORACIT	58	PENBRAYA	85	<i>potassium chloride crys er</i>	58
ORENCIA	78	<i>penicillamine</i>	59	<i>potassium chloride er</i>	58
ORENCIA CLICKJECT	78	<i>penicillin g pot in dextrose</i>	10	<i>potassium citrate er</i>	59
ORENITRAM	95	<i>penicillin g potassium</i>	10	<i>potassium cl in dextrose 5%</i>	59
ORENITRAM MONTH 1	95	<i>penicillin g sodium</i>	10	PRALUENT	52
ORENITRAM MONTH 2	95	<i>penicillin v potassium</i>	10	<i>pramipexole dihydrochloride</i>	30
ORENITRAM MONTH 3	95	<i>penmenvy</i>	85	<i>prasugrel hcl</i>	46
ORGOVYX	23	PENTACEL	85	<i>pravastatin sodium</i>	52
ORKAMBI	94	<i>pentamidine isethionate</i>	29	<i>praziquantel</i>	29
<i>orphenadrine citrate er</i>	96	<i>pentoxifylline er</i>	50	<i>prazosin hcl</i>	47
<i>orquidea</i>	72	<i>perampanel</i>	14	PRECISION XTRA BLOOD	
ORSERDU	22	<i>perindopril erbumine</i>	48	GLUCOSE	45
<i>orsythia</i>	72	PERIOGARD	56	PRED MILD	91
<i>oseltamivir phosphate</i>	37	<i>permethrin</i>	29	<i>prednisolone</i>	67
OSPHENA	74	<i>perphenazine</i>	31	<i>prednisolone acetate</i>	91

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

<i>prednisolone sodium phosphate</i>67, 91	<i>pyqui</i> 67	REZDIFFRA 61
<i>prednisone</i>67	<i>pyrazinamide</i>21	REZLIDHIA 24
PREDNISON 67	<i>pyridostigmine bromide</i> 21	REZUROCK 83
PREFERRED PLUS	<i>pyridostigmine bromide er</i>21	RHOPRESSA89
INSULIN SYRINGE 42	<i>pyrimethamine</i> 29	<i>ribavirin</i>34
<i>pregabalin</i>55	PYRUKYND64	RIDAURA78
PREHEVBRI 85	PYRUKYND TAPER PACK ...64	<i>rifabutin</i> 21
PREMARIN 72	QINLOCK27	<i>rifampin</i>21
PREMASOL59	QUADRACEL85	<i>riluzole</i> 54
PREMPHASE72	<i>quetiapine fumarate</i> 32	<i>rimantadine hcl</i>37
PREMPRO72	QUICKTEK TEST 45	RINVOQ78
<i>prenatal</i>60	<i>quinapril hcl</i>48	RINVOQ LQ86
<i>prevalite</i>52	<i>quinapril-hydrochlorothiazide</i> ...48	<i>risedronate sodium</i> 87
PREVYMIS33	<i>quinidine gluconate er</i> 48	RISPERDAL CONSTA32
PREZCOBIX37	<i>quinidine sulfate</i>48	<i>risperidone</i>33
PREZISTA37	<i>quinine sulfate</i>29	<i>risperidone microspheres er</i> 32
PRIFTIN21	RABAVERT85	<i>ritonavir</i>37
<i>primaquine phosphate</i> 29	RALDESY 17	<i>rivastigmine</i> 16
<i>primidone</i>14	<i>raloxifene hcl</i>74	<i>rivastigmine tartrate</i> 16
PRIORIX85	<i>ramelteon</i>97	<i>rizatriptan benzoate</i> 20
PRIVIGEN 77, 78	<i>ramipril</i>48	ROCKLATAN90
PROAIR RESPICLICK93	<i>ranolazine er</i>50	<i>roflumilast</i>94
<i>probenecid</i>20	<i>rasagiline mesylate</i> 30	ROMVIMZA27
<i>prochlorperazine</i>31	<i>reclipsen</i>72	<i>ropinirole hcl</i>30
<i>prochlorperazine maleate</i>31	RECOMBIVAX HB85	<i>ropinirole hcl er</i>30
PROCTO-MED HC57	REGRANEX57	<i>rosuvastatin calcium</i>52
PROCTOSOL HC57	RELENZA DISKHALER37	<i>rosyrah</i>72
PROCTOZONE-HC57	RELION BLOOD GLUCOSE	ROTARIX85
PRODIGY NO CODING	TEST45	ROTATEQ85
BLOOD GLUC45	RELION CONFIRM/MICRO	<i>roweepra</i>13
PROGRAF83	TEST45	ROZLYTREK27
PROLASTIN-C63	RELION INSULIN	RUBRACA27
<i>promethazine hcl</i>18	SYRINGE42	RUCONEST76
<i>promethegan</i>18	RELI-ON INSULIN	<i>rufinamide</i>15
<i>propafenone hcl</i>48	SYRINGE42	RUKOBIA36
<i>propafenone hcl er</i>48	RELION PRIME TEST45	RYDAPT27
<i>proparacaine hcl</i>90	RELION ULTIMA TEST45	RYTARY30
<i>propranolol hcl</i>49	RELISTOR61	<i>sacubitril-valsartan</i>48
<i>propranolol hcl er</i>49	RELYVRIO54	<i>sajazir</i>76
<i>propylthiouracil</i>75	<i>repaglinide</i>39	<i>salsalate</i>3
PROQUAD85	REPATHA52	SANDIMMUNE83
PROSOL59	REPATHA PUSHTRONEX	SANTYL57
<i>protriptyline hcl</i>18	SYSTEM52	<i>sapropterin dihydrochloride</i>63
PTS PANELS GLUCOSE	REPATHA SURECLICK52	SAVELLA55
TEST45	RESTASIS90	SAVELLA TITRATION
PULMICORT FLEXHALER ..92	RESTASIS MULTIDOSE90	PACK55
PULMOZYME94	RETACRIT46	SCEMBLIX27
PURE COMFORT PEN	RETEVMO23	<i>scopolamine</i>18
NEEDLE89	REVUFORJ27	SECUADO33
PURIXAN22	REXULTI32	<i>selegiline hcl</i>30
	REYATAZ37	<i>selenium sulfide</i>57

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

SELZENTRY	36	STRIBILD	35	TDVAX	85
SEREVENT DISKUS	93	<i>subvenite</i>	13	TECHLITE INSULIN	
<i>sertraline hcl</i>	17	<i>subvenite starter kit-blue</i>	13	SYRINGE	42
<i>setlakin</i>	72	<i>subvenite starter kit-green</i>	13	TEFLARO	9
<i>sevelamer carbonate</i>	65	<i>subvenite starter kit-orange</i>	13	<i>telmisartan</i>	48
<i>sevelamer hcl</i>	65	<i>sucrafate</i>	62	<i>telmisartan-amlodipine</i>	50
<i>sharobel</i>	74	<i>sulfacetamide sodium</i>	11	<i>telmisartan-hctz</i>	48
SHINGRIX	85	<i>sulfacetamide sodium (acne)</i>	57	<i>temazepam</i>	97
SIGNIFOR	75	<i>sulfacetamide-prednisolone</i>	91	TENIVAC	85
SIGNIFOR LAR	75	<i>sulfadiazine</i>	11	<i>tenofovir disoproxil fumarate</i>	36
<i>sildenafil citrate</i>	95	<i>sulfamethoxazole-trimethoprim</i> ..	12	TEPMETKO	28
<i>silodosin</i>	65	<i>sulfasalazine</i>	87	<i>terazosin hcl</i>	65
<i>silver sulfadiazine</i>	7	<i>sulindac</i>	3	<i>terbinafine hcl</i>	20
SIMBRINZA	90	<i>sumatriptan succinate</i>	21	<i>terbutaline sulfate</i>	93
SIMPONI	83	<i>sunitinib malate</i>	27	<i>terconazole</i>	20
<i>simvastatin</i>	52	SUNLENCA	36	<i>teriflunomide</i>	55
<i>sirolimus</i>	83	SURE COMFORT PEN		<i>teriparatide</i>	87
SIRTURO	21	NEEDLES	89	<i>testosterone</i>	68
SIVEXTRO	7	SYEDA	72	<i>testosterone cypionate</i>	68
SKYCLARYS	54	SYMBICORT	95	<i>testosterone enanthate</i>	68
SKYRIZI	78, 79	SYMDEKO	94	<i>tetrabenazine</i>	55
SKYRIZI PEN	78	SYMLINPEN 120	39	<i>tetracycline hcl</i>	12
<i>sodium chloride</i>	59	SYMLINPEN 60	39	THALOMID	22
<i>sodium fluoride</i>	59	SYMPAZAN	14	<i>theophylline</i>	94
<i>sodium oxybate</i>	97	SYMTUZA	35	<i>theophylline er</i>	94
<i>sodium phenylbutyrate</i>	63, 64	SYNAREL	75	<i>thioridazine hcl</i>	31
<i>sodium polystyrene sulfonate</i>	59	SYNJARDY	39	<i>thiotepa</i>	21
<i>sofosbuvir-velpatasvir</i>	34	SYNJARDY XR	39	<i>thiothixene</i>	31
<i>solifenacin succinate</i>	64	SYNTHROID	74	TIADYLT ER	50
SOLTAMOX	22	TABLOID	22	<i>tiadylt er</i>	50
SOMATULINE DEPOT	75	TABRECTA	28	<i>tiagabine hcl</i>	14
SOMAVERT	75	<i>tacrolimus</i>	57, 83	TIBSOVO	24
<i>sorafenib tosylate</i>	27	<i>tadalafil</i>	65	TICOVAC	85
<i>sorine</i>	48	<i>tadalafil (pah)</i>	95	<i>tigecycline</i>	7
<i>sotalol hcl</i>	49	TAFINLAR	28	<i>tilia fe</i>	72
<i>sotalol hcl (af)</i>	49	TAGRISSO	23	<i>timolol maleate</i>	20, 90, 91
SOTYKTU	79	TALTZ	79	<i>timolol maleate (once-daily)</i>	90
SPIRIVA RESPIMAT	93	TALZENNA	28	<i>tinidazole</i>	7
<i>spironolactone</i>	51	<i>tamoxifen citrate</i>	22	<i>tiotropium bromide</i>	93
<i>spironolactone-hctz</i>	51	<i>tamsulosin hcl</i>	65	<i>tiotropium bromide</i>	
<i>sprintec 28</i>	72	<i>tarina 24 fe</i>	72	<i>monohydrate</i>	93
SPRITAM	13	<i>tarina fe 1/20 eq</i>	72	TIVICAY	35
SPRYCEL	27	TARPEYO	87	TIVICAY PD	35
<i>sps (sodium polystyrene sulf)</i>	59	TASIGNA	28	<i>tizanidine hcl</i>	33
<i>sronyx</i>	72	<i>tasimelteon</i>	54	TOBI PODHALER	94
<i>ssd</i>	7	TAVNEOS	83	TOBRADEX	91
STAMARIL	85	<i>taysofy</i>	72	<i>tobramycin</i>	6, 94
STELARA	79	<i>tazarotene</i>	57	<i>tobramycin sulfate</i>	6
STIOLTO RESPIMAT	95	TAZICEF	9	<i>tobramycin-dexamethasone</i>	91
STIVARGA	27	<i>taztia xt</i>	50	<i>tolterodine tartrate</i>	64
<i>streptomycin sulfate</i>	6	TAZVERIK	28	<i>tolterodine tartrate er</i>	64

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

<i>topiramate</i>	14	TRIUMEQ PD	36	<i>velivet</i>	73
<i>toremifene citrate</i>	22	<i>trivora (28)</i>	72	VELTASSA	59
<i>torpenz</i>	28	TRI-VYLIBRA	72	VENCLEXTA	23
<i>torsemide</i>	51	<i>tri-vylibra lo</i>	72	VENCLEXTA STARTING	
TOUJEO MAX SOLOSTAR	42	TRIZIVIR	36	PACK	23
TOUJEO SOLOSTAR	42	TROPHAMINE	59	<i>venlafaxine besylate er</i>	38
TPN ELECTROLYTES	60	<i>trosipium chloride</i>	64	<i>venlafaxine hcl</i>	38
TRACLEER	95	<i>trosipium chloride er</i>	64	<i>venlafaxine hcl er</i>	17
TRADJENTA	39	TRUEPLUS 5-BEVEL PEN		VENTAVIS	95
<i>tramadol hcl</i>	4	NEEDLES	89	VEOZAH	55
<i>tramadol-acetaminophen</i>	4	TRULICITY	39	<i>verapamil hcl</i>	50
<i>trandolapril</i>	48	TRUMENBA	85	<i>verapamil hcl er</i>	50
<i>trandolapril-verapamil hcl er</i>	48	TRUQAP	28	VERQUVO	50
<i>tranexamic acid</i>	47	TRYNGOLZA	50	VERSACLOZ	33
<i>tranylcypromine sulfate</i>	16	TUKYSA	23	VERZENIO	24
TRAVASOL	59	TURALIO	28	VICTOZA	39
<i>travoprost (bak free)</i>	89	<i>turqoz</i>	72	<i>vienna</i>	73
<i>trazodone hcl</i>	17	TWINRIX	86	<i>vigabatrin</i>	14
TRECATOR	21	<i>tyblume</i>	72	<i>vigadrone</i>	14
TRELEGY ELLIPTA	96	TYBOST	36	VIGADRONE	14
TREMFYA	79, 86	TYENNE	83	VIGAFYDE	14
TREMFYA CROHNS		TYPHIM VI	86	<i>vigpoder</i>	14
INDUCTION	79	TYRVAYA	90	VIJOICE	63
TREMFYA ONE-PRESS	79	UBRELVY	20	<i>vilazodone hcl</i>	17
TREMFYA PEN	86	ULTICARE PEN NEEDLES	89	VIMKUNYA	86
TREMFYA-CD/UC		ULTILET PEN NEEDLE	89	VIRACEPT	37
INDUCTION	79	ULTRA-THIN II PEN		VIREAD	36
<i>tretinoin</i>	28, 57	NEEDLES	89	VITRAKVI	24
TREXALL	83	UNITHROID	74	VIVITROL	5
<i>triamcinolone acetonide</i>	56, 67	UPTRAVI	95	VIVOTIF	86
<i>triamterene</i>	51	UPTRAVI TITRATION	95	VIZIMPRO	28
<i>triamterene-hctz</i>	51	<i>ursodiol</i>	61	VONJO	28
TRIDERM	67	VABOMERE	7	VORANIGO	24
<i>trientine hcl</i>	59	<i>valacyclovir hcl</i>	34	<i>voriconazole</i>	20
<i>tri-estarylla</i>	72	VALCHLOR	21	VOSEVI	34
<i>trifluoperazine hcl</i>	31	<i>valganciclovir hcl</i>	33	VOWST	61
<i>trifluridine</i>	34	<i>valproic acid</i>	14	VOYDEYA	47
<i>trihexyphenidyl hcl</i>	29	<i>valsartan</i>	48	VRAYLAR	33
TRIJARDY XR	39	<i>valsartan-hydrochlorothiazide</i> ...	48	<i>vyfemla</i>	73
TRIKAFTA	94	VALTOCO 10 MG DOSE	14	VYKAT XR	40
<i>tri-legest fe</i>	72	VALTOCO 15 MG DOSE	14	VYLIBRA	73
<i>tri-lo-estarylla</i>	72	VALTOCO 20 MG DOSE	14	VYNDAMAX	68
<i>tri-lo-sprintec</i>	72	VALTOCO 5 MG DOSE	14	VYNDAQEL	68
<i>trimethoprim</i>	7	<i>valtya 1/50</i>	72	WAINUA	64
<i>tri-mili</i>	72	<i>vancomycin hcl</i>	7	<i>warfarin sodium</i>	46
<i>trimipramine maleate</i>	18	VANFLYTA	28	WEGOVY	53
<i>trinessa (28)</i>	72	VAQTA	86	WELIREG	23
TRINTELLIX	16	<i>varenicline tartrate</i>	6	WEZLANA	79
<i>tri-nymyo</i>	72	<i>varenicline tartrate (starter)</i>	6	<i>wixela inhub</i>	96
<i>tri-sprintec</i>	72	VARIVAX	86	<i>wymzya fe</i>	73
TRIUMEQ	36	VARIZIG	86	WYOST	87

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

XALKORI	28	ZENPEP	63
<i>xarah fe</i>	73	ZEPOSIA	55
XARELTO	45	ZEPOSIA 7-DAY STARTER	
XARELTO STARTER PACK	46	PACK	55
XATMEP	83	ZEPOSIA STARTER KIT	55
XCOPRI	13	ZERBAXA	9
XCOPRI (250 MG DAILY		<i>zidovudine</i>	36
DOSE)	13	<i>ziprasidone hcl</i>	38
XCOPRI (350 MG DAILY		<i>ziprasidone mesylate</i>	33
DOSE)	13	ZIRGAN	33
XDEMY	90	ZOKINVY	63
XELJANZ	79	ZOLINZA	24
XELJANZ XR	80	<i>zolpidem tartrate</i>	97
<i>xelria fe</i>	73	<i>zolpidem tartrate er</i>	97
XERMELO	61	ZONISADE	13
XIFAXAN	7	<i>zonisamide</i>	13
XIGDUO XR	39	ZOSYN	10
XOFLUZA (40 MG DOSE)	37	<i>zovia 1/35 (28)</i>	73
XOFLUZA (80 MG DOSE)	37	ZTALMY	14
XOLAIR	80	ZURZUVAE	16
XOLREMDI	46	ZYDELIG	24
XOSPATA	24	ZYKADIA	28
XPOVIO (100 MG ONCE		ZYMFENTRA (2 PEN)	86
WEEKLY)	23	ZYMFENTRA (2 SYRINGE) ..	86
XPOVIO (40 MG ONCE		ZYPREXA RELPREVV	33
WEEKLY)	23		
XPOVIO (40 MG TWICE			
WEEKLY)	23		
XPOVIO (60 MG ONCE			
WEEKLY)	24		
XPOVIO (60 MG TWICE			
WEEKLY)	24		
XPOVIO (80 MG ONCE			
WEEKLY)	24		
XPOVIO (80 MG TWICE			
WEEKLY)	24		
XTANDI	22		
<i>xulane</i>	73		
<i>yargesa</i>	63		
YF-VAX	86		
YORVIPATH	88		
<i>yuvaferm</i>	73		
<i>zafirlukast</i>	92		
<i>zaleplon</i>	96		
ZARXIO	47		
ZAVZPRET	20		
ZEJULA	28		
ZELBORAF	28		
ZELVYSIA	63		
ZEMAIRA	63		
ZEMDRI	6		

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This formulary was updated on 10/27/2025. For more recent information or other questions, contact us at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/navicare.

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



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