

NaviCare[®] SCO y NaviCare[®] HMO SNP

Lista de medicamentos cubiertos para 2022 **(Formulario)**

Introducción

Este documento se denomina *Lista de medicamentos cubiertos* (también conocido como Lista de medicamentos). Le indica cuáles son los medicamentos con receta que cubre NaviCare. La Lista de medicamentos también le indica si se aplican normas o restricciones especiales a los medicamentos cubiertos por NaviCare.

Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos, aparece en las páginas de la portada y la portada posterior. Los términos clave y sus definiciones aparecen en el último capítulo de la *Evidencia de cobertura*.

Actualizado el 11/28/2022. Para obtener información más reciente o si desea hacer otras preguntas, comuníquese con nosotros al 1-877-700-6996 (TRS 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1 de octubre al 31 de marzo, los siete días de la semana), o bien visite fallonhealth.org/navicare.

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A. Descargos de responsabilidad

Esta es una lista de los medicamentos que los miembros pueden obtener en NaviCare.

- ❖ NaviCare es un programa voluntario asociado con MassHealth/EOHHS y los CMS.
- ❖ Puede consultar la *Lista de medicamentos cubiertos* más actualizada de NaviCare en línea en fallonhealth.org/navicare o llamando al 1-877-700-6996 (TRS 711).
- ❖ Puede obtener este documento de forma gratuita en otros formatos, como letra grande, braille o audio. Llame al 1-877-700-6996 (TRS 711) de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1 de octubre al 31 de marzo, los siete días de la semana). La llamada es gratuita.
- ❖ En el formulario de inscripción de cada miembro, el plan solicita el idioma que el miembro prefiere para las comunicaciones escritas y verbales. La preferencia de idioma del miembro se registrará y guardará en el sistema operativo central del plan.
- ❖ Los miembros inscritos pueden cambiar su idioma de preferencia o el formato de las comunicaciones informando a un miembro de su equipo de atención o llamando al Servicio para los Inscritos de NaviCare al 1-877-700-6996 (TRS 711).

B. Preguntas frecuentes

Aquí encontrará las respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos*. Para obtener más información o para buscar una pregunta y su respuesta, puede leer todas las preguntas frecuentes.

B1. ¿Qué medicamentos con receta figuran en la *Lista de medicamentos cubiertos*? (Para abreviarla, denominamos a la *Lista de medicamentos cubiertos* “Lista de medicamentos”).

Los medicamentos que figuran en la *Lista de medicamentos cubiertos* que comienza en la página 3 son los medicamentos cubiertos por NaviCare. Los medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia se encuentra dentro de nuestra red si tenemos un contrato para que trabaje con nosotros y le proporcione servicios. Nos referimos a estas farmacias como “farmacias de la red”.

- NaviCare cubrirá todos los medicamentos de la Lista de medicamentos que sean médicamente necesarios si cumple con los siguientes requisitos:
 - su médico u otra persona autorizada a dar recetas afirma que usted necesita los medicamentos para mejorarse o para mantenerse saludable;

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- NaviCare acepta que el medicamento es médicamente necesario para usted; **y**
- obtiene el medicamento con receta en una farmacia de la red de NaviCare.
- En algunos casos, tiene que realizar algo antes para poder obtener un medicamento. Consulte la pregunta B4 para obtener más información.

También puede encontrar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web fallonhealth.org/navicare o llamando al Servicio para los inscritos al 1-877-700-6996 (TRS 711).

B2. ¿Se modifica la Lista de medicamentos en algún momento?

Sí, y NaviCare debe seguir las normas de Medicare y MassHealth al realizar modificaciones. Podemos incorporar medicamentos a la Lista de medicamentos o eliminarlos de ella durante el año.

También podemos modificar nuestras normas sobre los medicamentos. Por ejemplo, podríamos realizar lo siguiente:

- Decidir solicitar o no solicitar la autorización previa para un medicamento. (La autorización previa es un permiso de NaviCare antes de que usted pueda obtener un medicamento).
- Incorporar o modificar la cantidad de medicamento que puede obtener (denominada limitaciones de cantidad).
- Incorporar o modificar restricciones de tratamiento escalonado respecto de un medicamento. (El tratamiento escalonado significa que usted debe probar un medicamento antes de que cubramos otro medicamento).

Para obtener más información sobre estas normas de medicamentos, consulte la pregunta B4.

Si está tomando un medicamento que tenía cobertura **al comienzo** del año, generalmente no lo eliminaremos ni modificaremos la cobertura de dicho medicamento **durante el resto del año** a menos que:

- se desarrolle un nuevo medicamento en el mercado que sea más económico y funcione tan bien como el medicamento que actualmente figura en la Lista de medicamentos;
- nos enteremos de que el medicamento no es seguro; **o**
- se retire el medicamento del mercado.

En las preguntas B3 y B6 a continuación, encontrará más información sobre lo que sucede cuando se modifica la Lista de medicamentos.

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Si tiene preguntas, llame a NaviCare al 1-877-700-6996 (TRS 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1 de octubre al 31 de marzo, los siete días de la semana). La llamada es gratuita. **Para obtener más información**, visite fallonhealth.org/navicare.

- Siempre puede verificar la Lista de medicamentos actualizada de NaviCare en línea en fallonhealth.org/navicare.
- También puede llamar al Servicio para los inscritos al 1-877-700-6996 (TRS 711) para consultar la Lista de medicamentos actual.

B3. ¿Qué sucede cuándo se introduce una modificación a la Lista de medicamentos?

Algunas modificaciones a la Lista de medicamentos entrarán en vigencia **de inmediato**. Por ejemplo:

- **Se lanza un nuevo medicamento genérico.** En ocasiones, aparece un nuevo medicamento genérico en el mercado que funciona tan bien como el medicamento de marca que actualmente figura en la Lista de medicamentos. Cuando esto sucede, podríamos eliminar el medicamento de marca y agregar el nuevo medicamento genérico, pero el costo que le corresponde pagar por el nuevo medicamento seguirá siendo \$0. Cuando incorporemos el nuevo medicamento genérico, también podemos decidir mantener el medicamento de marca en la lista, pero cambiar sus normas o límites de cobertura.
 - Podríamos no avisarle por anticipado respecto a esta modificación, pero le enviaremos información sobre el cambio específico una vez que lo realicemos.
 - Usted o su proveedor pueden solicitar una excepción de estas modificaciones. Le enviaremos un aviso con los pasos que puede seguir para solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.
- **El medicamento se retira del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) indica que el medicamento que usted toma no es seguro o el fabricante del medicamento lo retira del mercado, lo eliminaremos de la Lista de medicamentos. Si usted está tomando el medicamento, se lo informaremos.

Si todavía tiene algún medicamento que no es seguro o que se retiró del mercado, debe devolverlo a la farmacia en la que lo obtuvo. Si recibió dicho medicamento por medio de una farmacia de pedido por correo, debe comunicarse con la farmacia para recibir instrucciones sobre cómo devolverlo. También debe llamar a su médico. Él le recomendará el tratamiento alternativo adecuado para usted si hace falta.

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Si tiene preguntas, llame a NaviCare al 1-877-700-6996 (TRS 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1 de octubre al 31 de marzo, los siete días de la semana). La llamada es gratuita. **Para obtener más información**, visite fallonhealth.org/navicare.

Podríamos realizar otras modificaciones que afecten a los medicamentos que usted toma. Le avisaremos por adelantado sobre estas otras modificaciones a la Lista de medicamentos. Estas modificaciones podrían suceder en los siguientes casos:

- La FDA brinda nuevas pautas o surgen nuevas pautas clínicas sobre un medicamento.
- Incorporamos un medicamento genérico que no es nuevo en el mercado y
 - Reemplazamos un medicamento de marca que figura actualmente en la Lista de medicamentos ○
 - Modificamos las normas o los límites de cobertura para el medicamento de marca.

Cuando se produzcan estas modificaciones:

- Se lo notificaremos, al menos, 30 días antes de modificar la Lista de medicamentos.
- Se lo informaremos y le daremos un suministro para 30 días del medicamento después de que pida la reposición.

Esto le dará tiempo para consultar con su médico o con la persona autorizada a dar recetas. Ellos pueden ayudarle a decidir:

- Si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar.
- Si debe solicitar una excepción de estas modificaciones. Para obtener más información sobre las excepciones, consulte las preguntas B10 a B12.

B4. ¿Hay alguna restricción o limitación en la cobertura para medicamentos, o alguna medida que se deba tomar para obtener determinados medicamentos?

Sí, algunos medicamentos tienen normas de cobertura o limitaciones en la cantidad que puede obtener. En algunos casos, usted, su médico u otra persona autorizada a dar recetas deben realizar algo antes para poder obtener un medicamento. Por ejemplo:

- **Autorización previa:** Para algunos medicamentos, usted, su médico u otra persona autorizada a dar recetas deben conseguir la autorización de NaviCare antes de obtener los medicamentos con receta. La autorización previa no es lo mismo que la remisión. Es posible que NaviCare no cubra el medicamento si usted no obtiene una autorización previa.
- **Límites de cantidad:** En ocasiones, NaviCare limita la cantidad que puede obtener de un medicamento.

(Esta sección continúa en la página siguiente).



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- **Tratamiento escalonado:** En ocasiones, NaviCare le exige que realice un tratamiento escalonado. Esto significa que usted deberá probar medicamentos en un determinado orden para su afección médica. Es posible que deba probar un medicamento antes de que cubramos otro medicamento. Si su médico considera que el primer medicamento no es adecuado para usted, entonces, cubriremos el segundo.

Para averiguar si su medicamento tiene requisitos adicionales o limitaciones, consulte las tablas que empiezan en la página xi. También puede obtener más información en nuestro sitio web fallonhealth.org/navicare. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede solicitarnos que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo para consultar con su médico o con la persona autorizada a dar recetas. Ellos pueden ayudarle a decidir si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si debe pedir una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabré si el medicamento que deseo tiene límites o si debo tomar alguna medida para obtener el medicamento?

La tabla en la Lista de medicamentos por afección médica de la página 3 tiene una columna titulada “Acciones necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si NaviCare modifica sus normas sobre cómo cubre algunos medicamentos (por ejemplo, autorización previa, límites de cantidad o restricciones de tratamiento escalonado)?

En algunos casos, le notificaremos con anticipación si incorporamos o modificamos las autorizaciones previas, los límites de cantidad o las restricciones de tratamiento escalonado respecto de un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso anticipado y las situaciones en las que podríamos no avisarle con anticipación cuando se modifiquen las normas sobre los medicamentos en la Lista de medicamentos.

B7. ¿Cómo puedo encontrar un medicamento en la Lista de medicamentos?

Hay dos formas para encontrar un medicamento:

- Puede buscar por orden alfabético o
- Puede buscar por afección médica.

Para buscar **por orden alfabético**, busque su medicamento en el índice de la sección Medicamentos cubiertos. Puede encontrarla al comienzo de la página 85.

(Esta sección continúa en la página siguiente).



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Para buscar **por afección médica**, busque la sección denominada “Lista de medicamentos por afección médica” de la página xi. Los medicamentos de esta sección están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Agentes cardiovasculares. Allí encontrará los medicamentos que sirven para tratar las afecciones cardíacas.

B8. ¿Qué sucede si el medicamento que deseo tomar no figura en la Lista de medicamentos?

Si no encuentra su medicamento en la Lista de medicamentos, llame al Servicio para los inscritos al 1-877-700-6996 (TRS 711) y pregunte por él. Si le informan que NaviCare no cubrirá el medicamento, usted puede hacer lo siguiente:

- Pedirle al Servicio para los inscritos una lista de los medicamentos que sean similares al que desea tomar. Luego, muéstrele la lista a su médico o a otra persona autorizada a dar recetas. Pueden recetarle un medicamento de la Lista de medicamentos que sea similar al que desea tomar. **O bien**
- Puede pedirle al plan de salud que haga una excepción para cubrir el medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B9. ¿Qué sucede si soy un miembro nuevo de NaviCare y no puedo encontrar mi medicamento en la Lista de medicamentos, o si tengo algún problema para obtener mi medicamento?

Nosotros podemos ayudarle. Podemos cubrir un suministro temporal para 30 días de su medicamento durante los primeros 90 días a partir del momento en el que se convierte en miembro de NaviCare. Esto le dará tiempo para consultar con su médico o con la persona autorizada a dar recetas. Ellos pueden ayudarle a decidir si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si debe pedir una excepción.

Si su receta está indicada para menos días, permitiremos varias reposiciones para proporcionar un suministro máximo para 30 días del medicamento.

Cubriremos un suministro para 30 días de su medicamento en los siguientes casos:

- Usted toma un medicamento que no figura en nuestra Lista de medicamentos.
- Nuestras normas del plan no le permiten obtener la cantidad solicitada por la persona autorizada a dar recetas.
- El medicamento requiere autorización previa de Navicare.
- Toma un medicamento que forma parte de una restricción de tratamiento escalonado.

(Esta sección continúa en la página siguiente).



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Si está tomando un medicamento que NaviCare no considera que es un medicamento de la Parte D, usted tiene derecho a recibir un suministro temporal único para 72 horas del medicamento por única vez.

Si se encuentra en un hogar de convalecencia o en un centro de atención a largo plazo y necesita un medicamento que no figura en la Lista de medicamentos, o si no puede obtener con facilidad el medicamento que necesita, nosotros podemos ayudarle. Si ha sido miembro del plan por más de 90 días, reside en un centro de atención a largo plazo y necesita un suministro de inmediato:

- Cubriremos un suministro para 31 días del medicamento que necesite (a menos que tenga una receta por menos días), independientemente de que sea un miembro nuevo de NaviCare o no.
- Esto se agrega al suministro temporal durante los primeros 90 días que usted sea miembro de NaviCare.

Si es un miembro actual de NaviCare y se ha visto afectado por un cambio en el Formulario de un año al otro, le proporcionaremos un suministro de transición para 30 días (salvo que la receta se extienda para menos días) durante los primeros 90 días del año del plan. Debe hablar con su médico para decidir si debe cambiarse a un medicamento que cubramos o solicitar una excepción al Formulario. Puede obtener reposiciones tempranas si ingresa en un centro de atención a largo plazo o se retira de él. Puede consultar la *Evidencia de cobertura* o llamar a nuestro equipo del Servicio para los inscritos para obtener más información sobre cómo solicitar una excepción al Formulario.

B10. ¿Puedo solicitar una excepción para que se cubra mi medicamento?

Sí. Puede solicitar a NaviCare que haga una excepción para cubrir un medicamento que no figure en la Lista de medicamentos.

También puede solicitarnos que cambiemos las normas de su medicamento.

- Por ejemplo, NaviCare puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene una limitación, puede pedirnos que la cambiemos para cubrir una cantidad mayor.
- Otros ejemplos: Puede solicitarnos que omitamos las restricciones de tratamiento escalonado o los requisitos de autorización previa.

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame a Servicio para los inscritos. Un representante del Servicio para los inscritos trabajará con usted y su proveedor para ayudarle a solicitar una excepción. También puede leer el Capítulo 8 de la *Evidencia de cobertura* para obtener más información sobre las excepciones.



Si tiene preguntas, llame a NaviCare al 1-877-700-6996 (TRS 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1 de octubre al 31 de marzo, los siete días de la semana). La llamada es gratuita. **Para obtener más información**, visite fallonhealth.org/navicare.

B12. ¿Cuánto tiempo lleva obtener una excepción?

Después de recibida la declaración de su proveedor que respalda su solicitud de una excepción, tomaremos una decisión dentro de las 72 horas. Debe enviárnosla por correo o fax. Envíela por correo postal a OptumRx, Prior Authorization Department, PO Box 25183, Santa Ana, CA 92799 o por fax al 1-844-403-1028.

Si usted o la persona autorizada a dar recetas consideran que su salud puede perjudicarse si debe esperar 72 horas para recibir una decisión, puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si la persona autorizada a dar recetas respalda su solicitud, le informaremos nuestra decisión dentro de las 24 horas después de haber recibido la declaración de apoyo de la persona autorizada a dar recetas.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos por los mismos ingredientes activos que los medicamentos de marca. Generalmente, cuestan menos que los medicamentos de marca y no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (FDA).

NaviCare cubre tanto los medicamentos de marca como los genéricos.

B14. ¿Qué son los medicamentos de venta libre (OTC)?

OTC significa “de venta libre”. NaviCare cubre algunos medicamentos de venta libre cuando su proveedor se los receta como un medicamento con receta.

Puede leer la Lista de medicamentos de venta libre de NaviCare SCO y NaviCare HMO SNP para conocer qué medicamentos de venta libre tienen cobertura.

B15. ¿NaviCare cubre productos de venta libre que no sean medicamentos?

NaviCare cubre algunos productos de venta libre que no sean medicamentos cuando su proveedor se los receta como un medicamento con receta. Entre los ejemplos de productos de venta libre que no sean medicamentos, se encuentran el jarabe simple y el óxido de cinc.

Puede leer la Lista de medicamentos de venta libre de NaviCare SCO y NaviCare HMO SNP para conocer qué productos de venta libre que no sean medicamentos tienen cobertura.

B16. ¿NaviCare cubre suministros a largo plazo de medicamentos con receta?

- **Programas de pedidos por correo.** Ofrecemos un programa de pedido por correo que le permite recibir un suministro para hasta 100 días de sus medicamentos con receta directamente en su hogar.
- **Programas de farmacias minoristas para 100 días.** Algunas farmacias minoristas también pueden ofrecer un suministro de hasta 100 días de los medicamentos con receta cubiertos.



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B17. ¿Puedo solicitarle a mi farmacia local que me envíe medicamentos con receta a mi hogar?

Es posible que su farmacia local pueda enviarle su medicamento con receta a su hogar. Puede llamar a su farmacia para averiguar si ofrecen el servicio de envío a domicilio.

B18. ¿Qué es mi copago?

Los miembros de NaviCare no deben pagar copagos por medicamentos con receta y medicamentos de venta libre (OTC) ni por productos que no sean medicamentos siempre y cuando sigan las normas del plan. Consulte las preguntas B14 y B15 para obtener más información sobre los medicamentos de venta libre y los productos que no son medicamentos.

Ningún medicamento de la Lista de medicamentos tiene copago.

- Los medicamentos genéricos tienen un copago de \$0.
- Los medicamentos de marca tienen un copago de \$0.

Los medicamentos de venta libre tienen un copago de \$0.

Si tiene preguntas, llame al Servicio para los inscritos al 1-877-700-6996 (TRS 711).

C. Descripción general de la *Lista de medicamentos cubiertos*

La *Lista de medicamentos cubiertos* le brinda información sobre los medicamentos cubiertos por NaviCare. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el índice de medicamentos cubiertos que comienza en la página 85. El índice enumera por orden alfabético todos los medicamentos cubiertos por NaviCare.

(Esta sección continúa en la página siguiente).



Si tiene preguntas, llame a NaviCare al 1-877-700-6996 (TRS 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1 de octubre al 31 de marzo, los siete días de la semana). La llamada es gratuita. **Para obtener más información**, visite fallonhealth.org/navicare.

C1. Lista de medicamentos por afección médica

Los medicamentos de esta sección están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Agentes cardiovasculares. Allí encontrará los medicamentos que sirven para tratar las afecciones cardíacas.

Estos son los significados de los códigos utilizados en la columna “Acciones necesarias, restricciones o límites de uso”:

Abreviatura	Explicación
B/D	Este medicamento con receta tiene un requisito administrativo de autorización previa de la Parte B en comparación con la Parte D. Es posible que este medicamento esté cubierto por la Parte B o la Parte D de Medicare, según las circunstancias. Para tomar la determinación, se deberá enviar información que incluya la descripción del uso y de la situación en que se administra el medicamento. (Esto aplica solamente a NaviCare HMO SNP. Los medicamentos para los miembros de NaviCare SCO están cubiertos por MassHealth).
HI	Infusión en el hogar. Este medicamento con receta está cubierto por nuestro beneficio médico. Para obtener más información, llame a Servicio al Cliente al 1-877-700-6996 (TRS 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1 de octubre al 31 de marzo, los siete días de la semana) o visite fallonhealth.org/navicare .
LA	Acceso limitado. Estos medicamentos con receta pueden estar disponibles en solo determinadas farmacias. Para obtener más información, consulte su <i>Directorio de proveedores y farmacias</i> o llame al Servicio para los inscritos al 1-877-700-6996 (TRS 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1 de octubre al 31 de marzo, los siete días de la semana).
MO	Medicamento de pedido por correo. El medicamento con receta se encuentra disponible a través del servicio de pedido por correo.
NEDS	Suministro por día no extendido. El medicamento se limita a un suministro para 30 días cada vez que surte la receta.
PA	Autorización previa. NaviCare exige que su proveedor obtenga una autorización previa para determinados medicamentos. Esto significa que deberá obtener la aprobación de Fallon Health antes de obtener sus medicamentos con receta. Si no consigue la aprobación, es posible que NaviCare no cubra el medicamento.
PA NS	Autorización previa solamente para nuevos comienzos. NaviCare solicita una autorización previa para determinados medicamentos solamente para recetas nuevas. Esto significa que, si acaba de comenzar a tomar este medicamento, debe obtener la aprobación de NaviCare antes de obtener sus medicamentos con receta. Si no consigue la aprobación, es posible que NaviCare no cubra el medicamento. No es necesaria una autorización previa si ha obtenido este medicamento anteriormente con NaviCare.
QL	Límite de cantidad. Para determinados medicamentos, NaviCare limita el monto del medicamento que cubrirá. Por ejemplo, solo 2 dosis de HUMIRA por cada 28 días. Esto puede sumarse a un suministro estándar para un mes o tres meses.
ST	Tratamiento escalonado. En algunos casos, NaviCare requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si tanto el Medicamento A como el Medicamento B se utilizan para tratar su afección médica, es posible que NaviCare no cubra el Medicamento B, a menos que usted pruebe primero el Medicamento A. Si el Medicamento A no funciona para usted, entonces NaviCare cubrirá el Medicamento B.

(Esta sección continúa en la página siguiente).



Si tiene preguntas, llame a NaviCare al 1-877-700-6996 (TRS 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1 de octubre al 31 de marzo, los siete días de la semana).

La llamada es gratuita. **Para obtener más información**, visite fallonhealth.org/navicare.

En la primera columna de la tabla, se indica el nombre del medicamento. Los medicamentos genéricos figuran en cursiva minúscula (p. ej., *amoxicilina*) y los medicamentos de marca figuran en mayúsculas (p. ej., HUMIRA). La información incluida en la columna “Acciones necesarias, restricciones o límites de uso” indica si NaviCare tiene alguna norma especial para la cobertura del medicamento.



Si tiene preguntas, llame a NaviCare al 1-877-700-6996 (TRS 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1 de octubre al 31 de marzo, los siete días de la semana). La llamada es gratuita. **Para obtener más información**, visite fallonhealth.org/navicare.

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Drug	Status	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule</i>	Generic	MO
<i>diclofenac potassium oral tablet 25 mg</i>	Generic	NEDS
<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 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>fenoprofen calcium oral capsule 400 mg</i>	Generic	MO
<i>fenoprofen calcium oral tablet</i>	Generic	MO
IBU ORAL TABLET 600 MG, 800 MG	Generic	MO
<i>ibuprofen oral suspension</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>ketoprofen er oral capsule extended release 24 hour</i>	Generic	MO
<i>ketoprofen oral capsule</i>	Generic	MO
<i>ketorolac tromethamine oral tablet</i>	Generic	
<i>meclofenamate sodium oral capsule</i>	Generic	MO
<i>meloxicam oral tablet</i>	Generic	MO
<i>nabumetone oral tablet</i>	Generic	MO
<i>naproxen oral suspension</i>	Generic	MO
<i>naproxen oral tablet</i>	Generic	MO
<i>naproxen oral tablet delayed release</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
<i>tolmetin sodium oral capsule</i>	Generic	MO
<i>tolmetin sodium oral tablet 600 mg</i>	Generic	MO
Opioid Analgesics, Long-Acting		
BELBUCA BUCCAL FILM	Brand	QL (60 EA per 30 days); NEDS
<i>buprenorphine transdermal patch weekly</i>	Generic	NEDS

Drug	Status	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Generic	NEDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Generic	NEDS
<i>levorphanol tartrate oral tablet</i>	Generic	NEDS
<i>methadone hcl injection solution</i>	Generic	NEDS
<i>methadone hcl oral solution</i>	Generic	NEDS
<i>methadone hcl oral tablet</i>	Generic	NEDS
<i>morphine sulfate er oral capsule extended release 24 hour</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</i>	Generic	QL (2 EA per 1 day); NEDS
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	Brand	QL (2 EA per 1 day); NEDS
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #3 oral tablet</i>	Generic	NEDS
<i>acetaminophen-codeine oral solution</i>	Generic	NEDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	Generic	NEDS
<i>butorphanol tartrate nasal solution</i>	Generic	NEDS
<i>codeine sulfate oral tablet</i>	Generic	NEDS
<i>duramorph injection solution</i>	Generic	NEDS
ENDOCET ORAL TABLET 10-325 MG, 7.5-325 MG	Generic	NEDS
<i>endocet oral tablet 5-325 mg</i>	Generic	NEDS
<i>fentanyl citrate buccal lozenge on a handle</i>	Generic	PA; QL (4 EA per 1 day); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	Generic	NEDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Generic	NEDS
<i>hydromorphone hcl oral liquid</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	B/D; NEDS
<i>meperidine hcl oral solution</i>	Generic	NEDS
<i>meperidine hcl oral tablet 50 mg</i>	Generic	NEDS
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	Generic	NEDS
<i>morphine sulfate (pf) injection solution 1 mg/ml</i>	Generic	NEDS
<i>morphine sulfate oral solution</i>	Generic	NEDS

Drug	Status	Requirements/Limits
<i>morphine sulfate oral tablet</i>	Generic	NEDS
<i>oxycodone hcl oral capsule</i>	Generic	NEDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Generic	NEDS
<i>oxycodone hcl oral solution</i>	Generic	NEDS
<i>oxycodone hcl oral tablet</i>	Generic	NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Generic	NEDS
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Generic	NEDS
<i>tramadol hcl oral tablet 50 mg</i>	Generic	NEDS
<i>tramadol-acetaminophen oral tablet</i>	Generic	NEDS
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	Generic	QL (200 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Generic	PA
<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 hcl urethral/mucosal external gel</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	
LUCEMYRA ORAL TABLET	Brand	NEDS
<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	

Drug	Status	Requirements/Limits
<i>naloxone hcl injection solution cartridge</i>	Generic	
<i>naloxone hcl injection solution prefilled syringe</i>	Generic	
<i>naloxone hcl nasal liquid</i>	Generic	
NARCAN NASAL LIQUID	Brand	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	Brand	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Generic	
NICOTROL INHALATION INHALER	Brand	
<i>varenicline tartrate oral tablet</i>	Generic	QL (56 EA per 28 days)
<i>varenicline tartrate oral tablet therapy pack</i>	Generic	QL (53 EA per 28 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Generic	HI
GENTAK OPHTHALMIC OINTMENT	Brand	
<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 10 mg/ml</i>	Generic	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	Generic	HI
<i>gentamicin sulfate ophthalmic solution</i>	Generic	
<i>neomycin sulfate oral tablet</i>	Generic	
<i>paromomycin sulfate oral capsule</i>	Generic	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	Generic	
<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>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Generic	
CLEOCIN VAGINAL SUPPOSITORY	Brand	
<i>clindamycin hcl oral capsule</i>	Generic	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Generic	

Drug	Status	Requirements/Limits
<i>clindamycin phosphate external gel</i>	Generic	QL (75 GM per 30 days)
<i>clindamycin phosphate external lotion</i>	Generic	
<i>clindamycin phosphate external solution</i>	Generic	QL (60 ML per 30 days)
<i>clindamycin phosphate in d5w intravenous solution</i>	Generic	HI
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	Generic	HI
<i>clindamycin phosphate vaginal cream</i>	Generic	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Generic	HI
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
<i>daptomycin intravenous solution reconstituted</i>	Generic	HI
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	Brand	
<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</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 macrocrystal oral capsule 100 mg</i>	Generic	
<i>nitrofurantoin macrocrystal oral capsule 25 mg, 50 mg</i>	Generic	QL (56 EA per 14 days)
<i>nitrofurantoin monohyd macro oral capsule</i>	Generic	
<i>nitrofurantoin oral suspension</i>	Generic	NEDS
<i>polymyxin b sulfate injection solution reconstituted</i>	Generic	HI
PRIMSOL ORAL SOLUTION	Brand	
ROSADAN EXTERNAL CREAM	Generic	

Drug	Status	Requirements/Limits
ROSADAN EXTERNAL GEL	Generic	
<i>silver sulfadiazine external cream</i>	Generic	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
SOLOSEC ORAL PACKET	Brand	
<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 intravenous solution reconstituted 250 mg</i>	Generic	
<i>vancomycin hcl oral capsule 125 mg</i>	Generic	PA; QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	Generic	PA; QL (240 EA per 30 days)
<i>vancomycin hcl oral solution reconstituted</i>	Generic	
VANDAZOLE VAGINAL GEL	Generic	
XIFAXAN ORAL TABLET 550 MG	Brand	MO; QL (3 EA per 1 day); NEDS
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>cefdinir oral capsule</i>	Generic	
<i>cefdinir oral suspension reconstituted</i>	Generic	
<i>cefepime hcl injection solution reconstituted</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

Drug	Status	Requirements/Limits
<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
<i>cephalexin oral capsule</i>	Generic	
<i>cephalexin oral suspension reconstituted</i>	Generic	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	Brand	
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</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	

Drug	Status	Requirements/Limits
<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, 125 mg</i>	Generic	HI
<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 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</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 20000000 unit</i>	Generic	HI
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	Generic	
<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, 3-0.375 GM/50ML	Brand	HI

Drug	Status	Requirements/Limits
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
DIFICID ORAL TABLET	Brand	QL (20 EA per 10 days); NEDS
E.E.S. 400 ORAL TABLET	Brand	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Brand	HI
<i>erythromycin base oral capsule delayed release particles</i>	Generic	
<i>erythromycin base oral tablet</i>	Generic	
<i>erythromycin base oral tablet delayed release 500 mg</i>	Generic	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	Generic	
<i>erythromycin ethylsuccinate oral tablet</i>	Generic	
<i>erythromycin ophthalmic ointment</i>	Generic	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg</i>	Generic	
<i>erythromycin stearate oral tablet 250 mg</i>	Generic	
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
CILOXAN OPHTHALMIC OINTMENT	Brand	
<i>ciprofloxacin hcl ophthalmic solution</i>	Generic	
<i>ciprofloxacin hcl oral tablet</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	HI
<i>levofloxacin ophthalmic solution 0.5 %</i>	Generic	

Drug	Status	Requirements/Limits
<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	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Generic	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Generic	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted</i>	Generic	HI
<i>doxycycline hyclate oral capsule</i>	Generic	ST
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Generic	ST
<i>doxycycline monohydrate oral capsule</i>	Generic	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Generic	
<i>doxycycline monohydrate oral tablet</i>	Generic	
<i>minocycline hcl oral capsule</i>	Generic	
<i>minocycline hcl oral tablet</i>	Generic	ST
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 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
FINTEPLA ORAL SOLUTION	Brand	PA NS; MO; NEDS
<i>levetiracetam er oral tablet extended release 24 hour</i>	Generic	MO

Drug	Status	Requirements/Limits
<i>levetiracetam oral solution</i>	Generic	MO
<i>levetiracetam oral tablet</i>	Generic	MO
<i>roweepra oral tablet 500 mg</i>	Generic	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Brand	MO
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Brand	MO; QL (56 EA per 28 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 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	Brand	MO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 200 MG	Brand	MO; QL (60 EA per 30 days); NEDS
XCOPRI ORAL TABLET 50 MG	Brand	MO; QL (90 EA per 30 days)
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		
CELONTIN ORAL CAPSULE	Brand	MO
<i>ethosuximide oral capsule</i>	Generic	MO
<i>ethosuximide oral solution</i>	Generic	MO
<i>zonisamide oral capsule</i>	Generic	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension</i>	Generic	PA NS; MO; NEDS
<i>clobazam oral tablet 10 mg</i>	Generic	PA NS; MO
<i>clobazam oral tablet 20 mg</i>	Generic	PA NS; MO; NEDS
<i>clonazepam oral tablet</i>	Generic	
<i>clonazepam oral tablet dispersible</i>	Generic	
DIAZEPAM INTENSOL ORAL CONCENTRATE	Generic	QL (1200 ML per 30 days)
<i>diazepam rectal gel</i>	Generic	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Generic	MO
EPIDIOLEX ORAL SOLUTION	Brand	PA NS; MO; NEDS
<i>gabapentin oral capsule</i>	Generic	MO
<i>gabapentin oral solution 250 mg/5ml</i>	Generic	MO

Drug	Status	Requirements/Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Generic	MO
NAYZILAM NASAL SOLUTION	Brand	QL (10 EA per 30 days); NEDS
<i>phenobarbital oral elixir</i>	Generic	MO
<i>phenobarbital oral tablet</i>	Generic	MO
<i>primidone oral tablet</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</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	Brand	QL (10 EA per 30 days); NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	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
ZTALMY ORAL SUSPENSION	Brand	PA NS; NEDS
Glutamate Reducing Agents		
<i>felbamate oral suspension</i>	Generic	MO; NEDS
<i>felbamate oral tablet</i>	Generic	MO
FYCOMPA ORAL SUSPENSION	Brand	PA NS; MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG	Brand	PA NS; MO; NEDS
FYCOMPA ORAL TABLET 2 MG, 8 MG	Brand	PA NS; MO
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	Generic	
<i>lamotrigine starter kit-blue oral kit</i>	Generic	
<i>lamotrigine starter kit-green oral kit</i>	Generic	
<i>lamotrigine starter kit-orange oral kit</i>	Generic	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	Generic	MO
<i>topiramate oral capsule sprinkle</i>	Generic	MO
<i>topiramate oral tablet</i>	Generic	MO
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

Drug	Status	Requirements/Limits
<i>carbamazepine oral suspension</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
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Brand	MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	Generic	
<i>lacosamide oral solution</i>	Generic	PA NS; MO
<i>lacosamide oral tablet</i>	Generic	PA NS; MO
<i>oxcarbazepine oral suspension</i>	Generic	MO
<i>oxcarbazepine oral tablet</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
<i>rufinamide oral tablet 200 mg</i>	Generic	PA NS; MO
<i>rufinamide oral tablet 400 mg</i>	Generic	PA NS; MO; NEDS
VIMPAT ORAL SOLUTION	Brand	PA NS; MO
VIMPAT ORAL TABLET 150 MG, 200 MG	Brand	PA NS; MO; NEDS
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet</i>	Generic	MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Brand	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	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
<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)

Drug	Status	Requirements/Limits
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	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Brand	QL (1 EA per 1 day)
Antidepressants		
Antidepressants, Other		
<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</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	PA NS; MO
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	Brand	PA NS; MO; 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
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	Generic	MO; QL (1 EA per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	Generic	MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Brand	MO; QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Brand	MO; 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)

Drug	Status	Requirements/Limits
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Generic	MO; QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	Generic	MO
<i>escitalopram oxalate oral tablet</i>	Generic	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Brand	PA NS; MO
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Brand	PA NS
<i>fluoxetine hcl (pmdd) oral tablet</i>	Generic	MO
<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</i>	Generic	MO
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	Generic	MO
<i>fluvoxamine maleate oral tablet</i>	Generic	MO
<i>maprotiline hcl 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
<i>sertraline hcl oral capsule</i>	Generic	ST
<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 besylate er oral tablet extended release 24 hour</i>	Generic	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Generic	MO
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	Generic	MO
VIIBRYD ORAL TABLET	Brand	PA NS; MO
VIIBRYD STARTER PACK ORAL KIT	Brand	PA NS
<i>vilazodone hcl oral tablet</i>	Generic	PA NS; MO
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	Generic	PA NS; MO
<i>amoxapine oral tablet</i>	Generic	MO
<i>chlordiazepoxide-amitriptyline oral tablet</i>	Generic	MO
<i>clomipramine hcl oral capsule</i>	Generic	MO
<i>desipramine hcl oral tablet</i>	Generic	MO

Drug	Status	Requirements/Limits
<i>doxepin hcl oral capsule</i>	Generic	PA NS; MO
<i>doxepin hcl oral concentrate</i>	Generic	PA NS; 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>perphenazine-amitriptyline oral tablet</i>	Generic	MO
<i>protriptyline hcl oral tablet</i>	Generic	MO
<i>trimipramine maleate oral capsule</i>	Generic	MO
Antiemetics		
Antiemetics, Other		
<i>doxylamine-pyridoxine oral tablet delayed release</i>	Generic	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Generic	
<i>promethazine hcl injection solution</i>	Generic	
<i>promethazine hcl oral syrup</i>	Generic	
<i>promethazine hcl oral tablet</i>	Generic	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Generic	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG	Generic	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Brand	
<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
EMEND ORAL SUSPENSION RECONSTITUTED	Brand	PA
<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</i>	Generic	B/D
SYNDROS ORAL SOLUTION	Brand	B/D; NEDS
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	Brand	B/D; HI
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	Brand	B/D; HI

Drug	Status	Requirements/Limits
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED	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)
<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
EXELDERM EXTERNAL CREAM	Brand	
<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</i>	Generic	
<i>itraconazole oral capsule</i>	Generic	
<i>itraconazole oral solution</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	
<i>naftifine hcl external gel</i>	Generic	
NATACYN OPHTHALMIC SUSPENSION	Brand	
NOXAFIL ORAL SUSPENSION	Brand	PA; MO; NEDS
NYAMYC EXTERNAL POWDER	Generic	QL (60 GM per 30 days)
<i>nystatin external cream</i>	Generic	

Drug	Status	Requirements/Limits
<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)
OXISTAT EXTERNAL LOTION	Brand	
<i>posaconazole oral tablet delayed release</i>	Generic	PA; MO; NEDS
<i>terbinafine hcl oral tablet</i>	Generic	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	Generic	
<i>terconazole vaginal suppository</i>	Generic	
<i>voriconazole intravenous solution reconstituted</i>	Generic	PA; HI
<i>voriconazole oral suspension reconstituted</i>	Generic	PA; NEDS
<i>voriconazole oral tablet</i>	Generic	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Generic	MO
<i>colchicine oral 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	
Nonsteroidal Anti-Inflammatory Drugs		
<i>etodolac oral capsule</i>	Generic	MO
<i>etodolac oral tablet</i>	Generic	MO
<i>flurbiprofen oral tablet</i>	Generic	MO
Antimigraine Agents		
Antimigraine Agents		
UBRELVY ORAL TABLET	Brand	PA; QL (16 EA per 30 days); NEDS
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection solution</i>	Generic	QL (8 ML per 30 days); NEDS
<i>dihydroergotamine mesylate nasal solution</i>	Generic	NEDS

Drug	Status	Requirements/Limits
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)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Generic	MO
EPRONTIA ORAL SOLUTION	Brand	
<i>timolol maleate oral tablet</i>	Generic	MO
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)
<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>guanidine hcl oral tablet</i>	Generic	
<i>pyridostigmine bromide er oral tablet extended release</i>	Generic	
<i>pyridostigmine bromide oral solution</i>	Generic	NEDS
<i>pyridostigmine bromide oral tablet 30 mg</i>	Generic	NEDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	Generic	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	Generic	MO
<i>rifabutin oral capsule</i>	Generic	
Antituberculars		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED	Brand	
<i>ethambutol hcl oral tablet</i>	Generic	
<i>isoniazid oral syrup</i>	Generic	MO
<i>isoniazid oral tablet</i>	Generic	MO
PASER ORAL PACKET	Brand	
<i>pretomanid oral tablet</i>	Generic	
PRIFTIN ORAL TABLET	Brand	
<i>pyrazinamide oral tablet</i>	Generic	
<i>rifampin intravenous solution reconstituted</i>	Generic	HI

Drug	Status	Requirements/Limits
<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, 100 MG, 40 MG	Brand	
LEUKERAN ORAL TABLET	Brand	NEDS
MATULANE ORAL CAPSULE	Brand	NEDS
<i>thiotepa injection solution reconstituted 15 mg</i>	Generic	
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>bicalutamide oral tablet</i>	Generic	
ERLEADA ORAL TABLET	Brand	PA NS; NEDS
<i>flutamide oral capsule</i>	Generic	
<i>nilutamide oral tablet</i>	Generic	NEDS
NUBEQA ORAL TABLET	Brand	PA NS; NEDS
XTANDI ORAL CAPSULE	Brand	PA NS; NEDS
XTANDI ORAL TABLET	Brand	PA NS; NEDS
YONSA ORAL TABLET	Brand	PA NS; NEDS
Antiangiogenic Agents		
<i>lenalidomide oral capsule</i>	Generic	PA NS; LA; NEDS
POMALYST ORAL CAPSULE	Brand	PA NS; NEDS
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	Brand	PA NS; LA; NEDS
THALOMID ORAL CAPSULE	Brand	PA NS; MO; NEDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	Brand	NEDS
<i>fulvestrant intramuscular solution</i>	Generic	NEDS
<i>fulvestrant intramuscular solution prefilled syringe</i>	Generic	NEDS
SOLTAMOX ORAL SOLUTION	Brand	MO; NEDS
<i>tamoxifen citrate oral tablet</i>	Generic	MO
<i>toremifene citrate oral tablet</i>	Generic	MO; NEDS

Drug	Status	Requirements/Limits
Antimetabolites		
<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 tablet</i>	Generic	
ONUREG ORAL TABLET	Brand	PA NS
PURIXAN ORAL SUSPENSION	Brand	NEDS
SIKLOS ORAL TABLET	Brand	NEDS
TABLOID ORAL TABLET	Brand	
Antineoplastics, Other		
<i>azacitidine injection suspension reconstituted</i>	Generic	PA NS; NEDS
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	Generic	B/D
<i>bortezomib injection solution reconstituted 3.5 mg</i>	Generic	NEDS
COTELLIC ORAL TABLET	Brand	PA NS; NEDS
GAVRETO ORAL CAPSULE	Brand	PA NS; NEDS
GILOTRIF ORAL TABLET	Brand	PA NS; NEDS
IBRANCE ORAL CAPSULE	Brand	PA NS; NEDS
IBRANCE ORAL TABLET	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
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	Generic	
LUMAKRAS ORAL TABLET	Brand	PA NS; QL (8 EA per 1 day); NEDS
NINLARO ORAL CAPSULE	Brand	PA NS; NEDS
ODOMZO ORAL CAPSULE	Brand	PA NS; NEDS
ONCASPAR INJECTION SOLUTION	Brand	NEDS
ORGOVYX ORAL TABLET	Brand	PA NS; NEDS
RETEVMO ORAL CAPSULE	Brand	PA NS; NEDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA NS; NEDS
TAGRISSE ORAL TABLET	Brand	PA NS; NEDS
TUKYSA ORAL TABLET	Brand	PA NS; NEDS

Drug	Status	Requirements/Limits
VELCADE INJECTION SOLUTION RECONSTITUTED	Brand	NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Brand	PA NS
VENCLEXTA ORAL TABLET 100 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	Brand	PA NS; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	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	Brand	PA NS; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
ZOLINZA ORAL CAPSULE	Brand	PA NS; NEDS
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	Generic	MO
<i>exemestane oral tablet</i>	Generic	MO
<i>letrozole oral tablet</i>	Generic	MO
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE	Brand	PA NS; NEDS
IDHIFA ORAL TABLET	Brand	PA NS; 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
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

Drug	Status	Requirements/Limits
ZYDELIG ORAL TABLET	Brand	PA NS; NEDS
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE	Brand	PA NS; NEDS
ALUNBRIG ORAL TABLET	Brand	PA NS; NEDS
ALUNBRIG ORAL TABLET 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 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
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	PA NS; NEDS
FARYDAK ORAL CAPSULE	Brand	PA NS; NEDS
FOTIVDA ORAL CAPSULE	Brand	PA NS; NEDS
ICLUSIG ORAL TABLET	Brand	PA NS; NEDS
<i>imatinib mesylate oral tablet</i>	Generic	NEDS
IMBRUVICA ORAL CAPSULE	Brand	PA NS; NEDS
IMBRUVICA ORAL SUSPENSION	Brand	PA NS; NEDS
IMBRUVICA ORAL TABLET	Brand	PA NS; NEDS
INLYTA ORAL TABLET	Brand	PA NS; NEDS
INREBIC ORAL CAPSULE	Brand	PA NS; NEDS
IRESSA ORAL TABLET	Brand	PA NS; NEDS
JAKAFI ORAL TABLET	Brand	PA NS; NEDS

Drug	Status	Requirements/Limits
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
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
MEKINIST ORAL TABLET	Brand	PA NS; NEDS
MEKTOVI ORAL TABLET	Brand	PA NS; NEDS
NERLYNX ORAL TABLET	Brand	PA NS; NEDS
NEXAVAR ORAL TABLET	Brand	PA NS; LA; NEDS
PEMAZYRE ORAL TABLET	Brand	PA NS; NEDS
QINLOCK ORAL TABLET	Brand	PA NS; NEDS
ROZLYTREK ORAL CAPSULE	Brand	PA NS; NEDS
RUBRACA ORAL TABLET	Brand	PA NS; NEDS
RYDAPT ORAL CAPSULE	Brand	PA NS; 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

Drug	Status	Requirements/Limits
SPRYCEL ORAL TABLET	Brand	PA NS; NEDS
STIVARGA ORAL TABLET	Brand	PA NS; NEDS
<i>sunitinib malate oral capsule</i>	Generic	PA NS; NEDS
TABRECTA ORAL TABLET	Brand	PA NS; NEDS
TAFINLAR ORAL CAPSULE	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
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; QL (21 EA per 28 days); NEDS
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; QL (42 EA per 28 days); NEDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; QL (42 EA per 28 days); NEDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; QL (63 EA per 28 days); NEDS
TURALIO ORAL CAPSULE	Brand	PA NS; NEDS
UKONIQ 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
VOTRIENT ORAL TABLET	Brand	PA NS; NEDS
XALKORI ORAL CAPSULE	Brand	PA NS; NEDS
ZEJULA ORAL CAPSULE	Brand	PA NS; NEDS
ZELBORAF ORAL TABLET	Brand	PA NS; NEDS
ZYKADIA ORAL TABLET	Brand	PA NS; NEDS
Retinoids		
<i>bexarotene external gel</i>	Generic	PA NS; NEDS
<i>bexarotene oral capsule</i>	Generic	NEDS
PANRETIN EXTERNAL GEL	Brand	NEDS
TARGRETIN EXTERNAL GEL	Brand	PA NS; NEDS
<i>tretinoin oral capsule</i>	Generic	NEDS
Treatment Adjuncts		
<i>leucovorin calcium injection solution 100 mg/10ml</i>	Generic	
<i>leucovorin calcium oral tablet</i>	Generic	
MESNEX ORAL TABLET	Brand	NEDS

Drug	Status	Requirements/Limits
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	Generic	NEDS
<i>ivermectin oral tablet</i>	Generic	
<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, 300 mg, 400 mg</i>	Generic	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Generic	MO
IMPAVIDO ORAL CAPSULE	Brand	NEDS
KRINTAFEL ORAL TABLET	Brand	
<i>mefloquine hcl oral tablet</i>	Generic	MO
<i>nitazoxanide oral tablet</i>	Generic	
<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>lindane external shampoo</i>	Generic	
<i>malathion external lotion</i>	Generic	
<i>permethrin external cream</i>	Generic	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet</i>	Generic	PA NS; MO
<i>trihexyphenidyl hcl oral solution</i>	Generic	MO
<i>trihexyphenidyl hcl oral tablet</i>	Generic	MO
Antiparkinson Agents, Other		
<i>entacapone oral tablet</i>	Generic	MO
<i>tolcapone oral tablet</i>	Generic	MO; NEDS

Drug	Status	Requirements/Limits
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
KYNMOBI SUBLINGUAL FILM	Brand	PA; NEDS
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; NEDS
<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
ZELAPAR ORAL TABLET DISPERSIBLE	Brand	MO; NEDS
Antipsychotics		
1St Generation/Typical		
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	Generic	
<i>chlorpromazine hcl oral concentrate</i>	Generic	MO
<i>chlorpromazine hcl oral tablet</i>	Generic	MO
<i>fluphenazine decanoate injection solution</i>	Generic	
<i>fluphenazine hcl injection solution</i>	Generic	
<i>fluphenazine hcl oral concentrate</i>	Generic	MO

Drug	Status	Requirements/Limits
<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</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</i>	Generic	MO; NEDS
<i>asenapine maleate sublingual tablet sublingual</i>	Generic	PA NS; MO
CAPLYTA ORAL CAPSULE	Brand	ST; MO; QL (30 EA per 30 days); NEDS
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	Brand	PA NS
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	Brand	PA NS; NEDS
FANAPT TITRATION PACK ORAL TABLET	Brand	PA NS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Brand	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Brand	

Drug	Status	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Brand	NEDS
LATUDA ORAL TABLET	Brand	MO; NEDS
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
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	Generic	MO
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	Generic	MO; NEDS
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
REXULTI ORAL TABLET	Brand	MO; 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 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	PA NS; MO; QL (1 EA per 1 day); NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Brand	PA NS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Generic	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Brand	

Drug	Status	Requirements/Limits
Treatment-Resistant		
<i>clozapine oral tablet</i>	Generic	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i>	Generic	
<i>clozapine oral tablet dispersible 150 mg, 200 mg</i>	Generic	NEDS
VERSACLOZ ORAL SUSPENSION	Brand	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet</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	
PREVYMIS ORAL TABLET	Brand	PA; MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	Generic	MO; NEDS
<i>valganciclovir hcl oral tablet</i>	Generic	MO
ZIRGAN OPHTHALMIC GEL	Brand	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	Generic	PA; MO
BARACLUDE ORAL SOLUTION	Brand	PA; MO; NEDS
<i>entecavir oral tablet</i>	Generic	PA; MO
EPIVIR HBV ORAL SOLUTION	Brand	MO
INTRON A INJECTION SOLUTION	Brand	MO; NEDS
INTRON A INJECTION SOLUTION RECONSTITUTED	Brand	MO; NEDS
<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 90-400 MG	Brand	PA; NEDS
<i>ledipasvir-sofosbuvir oral tablet</i>	Generic	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

Drug	Status	Requirements/Limits
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
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	Brand	NEDS
<i>ribavirin inhalation solution reconstituted</i>	Generic	NEDS
<i>ribavirin oral capsule</i>	Generic	
<i>ribavirin oral tablet 200 mg</i>	Generic	
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	Generic	
<i>acyclovir oral suspension</i>	Generic	
<i>acyclovir oral tablet</i>	Generic	
<i>acyclovir sodium intravenous solution</i>	Generic	B/D; HI
<i>famciclovir oral tablet</i>	Generic	
SITAVIG BUCCAL TABLET	Brand	
<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
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

Drug	Status	Requirements/Limits
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET	Brand	MO; NEDS
EDURANT ORAL TABLET	Brand	MO; NEDS
<i>efavirenz oral capsule</i>	Generic	MO
<i>efavirenz oral tablet</i>	Generic	MO
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	Generic	MO
<i>etravirine oral tablet 100 mg</i>	Generic	MO
<i>etravirine oral tablet 200 mg</i>	Generic	MO; NEDS
INTELENCE ORAL TABLET 25 MG	Brand	MO
<i>nevirapine er oral tablet extended release 24 hour</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
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Generic	MO; NEDS
CIMDUO ORAL TABLET	Brand	MO; NEDS
DELSTRIGO ORAL TABLET	Brand	MO; 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</i>	Generic	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Generic	MO
<i>lamivudine-zidovudine oral tablet</i>	Generic	MO
<i>stavudine oral capsule</i>	Generic	MO
TEMIXYS ORAL TABLET	Brand	MO; NEDS

Drug	Status	Requirements/Limits
<i>tenofovir disoproxil fumarate oral tablet</i>	Generic	MO
TRIUMEQ ORAL TABLET	Brand	MO; NEDS
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
TRIUMEQ PD ORAL TABLET SOLUBLE	Brand	NEDS
TYBOST ORAL TABLET	Brand	MO
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	Brand	MO; NEDS
APTIVUS ORAL SOLUTION	Brand	MO; NEDS
<i>atazanavir sulfate oral capsule</i>	Generic	MO
CRIXIVAN ORAL CAPSULE 400 MG	Brand	MO
EVOTAZ ORAL TABLET	Brand	MO; NEDS
<i>fosamprenavir calcium oral tablet</i>	Generic	MO; NEDS
INVIRASE ORAL TABLET	Brand	MO; NEDS
LEXIVA ORAL SUSPENSION	Brand	MO
<i>lopinavir-ritonavir oral solution</i>	Generic	MO; NEDS
<i>lopinavir-ritonavir oral tablet</i>	Generic	MO
NORVIR ORAL PACKET	Brand	MO
NORVIR ORAL SOLUTION	Brand	MO
PREZCOBIX ORAL TABLET	Brand	MO; NEDS
PREZISTA ORAL SUSPENSION	Brand	NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	Brand	
PREZISTA ORAL TABLET 600 MG, 800 MG	Brand	NEDS
REYATAZ ORAL PACKET	Brand	MO; NEDS
<i>ritonavir oral tablet</i>	Generic	MO

Drug	Status	Requirements/Limits
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	Brand	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	Brand	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl oral tablet</i>	Generic	
<i>doxepin hcl oral tablet</i>	Generic	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral syrup</i>	Generic	PA NS
<i>hydroxyzine hcl oral tablet</i>	Generic	PA NS
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i>	Generic	
<i>alprazolam oral tablet</i>	Generic	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	Generic	
<i>chlordiazepoxide hcl oral capsule</i>	Generic	
<i>clorazepate dipotassium oral tablet</i>	Generic	
DIAZEPAM INTENSOL ORAL CONCENTRATE	Generic	QL (1200 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	Generic	
<i>diazepam oral tablet 10 mg</i>	Generic	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Generic	QL (90 EA per 30 days)
<i>estazolam oral tablet</i>	Generic	QL (1 EA per 1 day)
<i>lorazepam injection solution 2 mg/ml</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)

Drug	Status	Requirements/Limits
<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)
<i>oxazepam oral capsule</i>	Generic	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>paroxetine hcl oral tablet</i>	Generic	MO
<i>venlafaxine hcl oral tablet</i>	Generic	MO
Bipolar Agents		
Bipolar Agents, Other		
<i>olanzapine-fluoxetine hcl oral capsule</i>	Generic	MO
<i>ziprasidone hcl oral capsule</i>	Generic	MO
Mood Stabilizers		
<i>divalproex sodium oral tablet delayed release</i>	Generic	MO
<i>lamotrigine oral tablet</i>	Generic	MO
<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	MO
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
<i>colesevelam hcl oral tablet</i>	Generic	MO
CYCLOSET ORAL TABLET	Brand	MO
FARXIGA ORAL TABLET	Brand	MO
<i>glimepiride oral tablet</i>	Generic	MO
<i>glipizide er oral tablet extended release 24 hour</i>	Generic	MO
<i>glipizide oral tablet</i>	Generic	MO
<i>glyburide micronized oral tablet</i>	Generic	PA NS; MO
<i>glyburide oral tablet</i>	Generic	PA NS; MO

Drug	Status	Requirements/Limits
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 solution</i>	Generic	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Generic	MO
<i>miglitol oral tablet</i>	Generic	MO
<i>nateglinide oral tablet</i>	Generic	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
<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
<i>tolbutamide oral tablet</i>	Generic	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 PEN-INJECTOR	Brand	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	MO
Blood Glucose Regulators		
<i>glipizide-metformin hcl oral tablet</i>	Generic	MO
<i>glyburide-metformin oral tablet</i>	Generic	PA NS; MO; QL (4 EA per 1 day)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Brand	QL (0.4 ML per 1 day)

Drug	Status	Requirements/Limits
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
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Brand	
<i>glucagon emergency injection kit</i>	Generic	
Insulins		
CVS GAUZE STERILE PAD 2"X2"	Brand	
HUMALOG INJECTION SOLUTION	Brand	
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

Drug	Status	Requirements/Limits
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Brand	MO
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Brand	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Brand	MO
HUMULIN N SUBCUTANEOUS SUSPENSION	Brand	MO
HUMULIN R INJECTION SOLUTION	Brand	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Brand	MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	Generic	MO
<i>insulin lispro injection solution</i>	Generic	
<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
RELI-ON INSULIN SYRINGE 29G 0.3 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	PA; QL (5 EA per 1 day)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ACCU-CHEK GUIDE IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
ACCU-TREND 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)

Drug	Status	Requirements/Limits
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>	Generic	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)
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)

Drug	Status	Requirements/Limits
CONTOUR TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	Brand	PA
DEXCOM G4 PLAT PED RECEIVER DEVICE	Brand	PA
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	Brand	PA
DEXCOM G4 PLATINUM RECEIVER DEVICE	Brand	PA
DEXCOM G4 PLATINUM TRANSMITTER	Brand	PA
DEXCOM G4 SENSOR	Brand	PA
DEXCOM G5 MOB/G4 PLAT SENSOR	Brand	PA
DEXCOM G5 MOBILE RECEIVER DEVICE	Brand	PA
DEXCOM G5 MOBILE TRANSMITTER	Brand	PA
DEXCOM G6 RECEIVER DEVICE	Brand	PA
DEXCOM G6 SENSOR	Brand	PA
DEXCOM G6 TRANSMITTER	Brand	PA
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
EASY STEP TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
EASY TOUCH TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	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	Brand	PA
EVERSENSE SENSOR/HOLDER	Brand	PA
EVERSENSE SMART TRANSMITTER	Brand	PA
EXACTECH R-S-G TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
EXACTECH TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
FREESTYLE INSULINX TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER DEVICE	Brand	PA
FREESTYLE LIBRE 14 DAY SENSOR	Brand	PA
FREESTYLE LIBRE READER DEVICE	Brand	PA
FREESTYLE LIBRE SENSOR SYSTEM	Brand	PA
FREESTYLE LITE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)

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 CONNECT TRANSMITTER	Brand	PA
GUARDIAN LINK 3 TRANSMITTER	Brand	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE	Brand	PA
GUARDIAN SENSOR (3)	Brand	PA
ONETOUCH ULTRA 2 KIT	Brand	QL (1 EA per 365 days)
ONETOUCH ULTRA MINI KIT	Brand	QL (1 EA per 365 days)
ONETOUCH ULTRALINK KIT	Brand	QL (1 EA per 365 days)
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)
OPTIUM TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
OPTIUMEZ TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	Brand	PA; QL (5 EA per 1 day)
PRECISION PCX IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
PRECISION PCX PLUS TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
PRECISION POINT OF CARE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
PRECISION QID TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
PRECISION SOF-TACT 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)

Drug	Status	Requirements/Limits
Blood Products And Modifiers		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule</i>	Generic	MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Brand	
ELIQUIS ORAL TABLET	Brand	MO
PRADAXA ORAL CAPSULE 110 MG	Brand	MO
XARELTO ORAL TABLET	Brand	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Brand	
Blood Products And Modifiers, Other		
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
Platelet Modifying Agents		
DOPTELET ORAL TABLET	Brand	PA; NEDS
<i>prasugrel hcl oral tablet</i>	Generic	MO
TAVALISSE ORAL TABLET	Brand	PA; MO; NEDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>enoxaparin sodium injection solution</i>	Generic	
<i>enoxaparin sodium injection solution prefilled syringe</i>	Generic	
<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
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	Brand	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	Brand	

Drug	Status	Requirements/Limits
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml, 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
LEUKINE INJECTION SOLUTION RECONSTITUTED	Brand	NEDS
MOZOBIL SUBCUTANEOUS SOLUTION	Brand	PA; NEDS
MULPLETA ORAL TABLET	Brand	PA; NEDS
OXBRYTA ORAL TABLET	Brand	PA; MO; QL (5 EA per 1 day); NEDS
OXBRYTA ORAL TABLET SOLUBLE	Brand	PA; QL (8 EA per 1 day); NEDS
PROMACTA ORAL PACKET	Brand	PA; MO; NEDS
PROMACTA ORAL TABLET	Brand	PA; MO; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Brand	PA
RETACRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	Brand	PA; NEDS
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
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>methyl dopa oral tablet</i>	Generic	MO

Drug	Status	Requirements/Limits
<i>midodrine hcl oral tablet</i>	Generic	
Alpha-Adrenergic Blocking Agents		
<i>phenoxybenzamine hcl oral capsule</i>	Generic	NEDS
<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 TABLET	Brand	MO
<i>irbesartan oral tablet</i>	Generic	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Generic	MO
<i>losartan potassium oral tablet</i>	Generic	MO
<i>losartan potassium-hctz oral tablet</i>	Generic	MO; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet</i>	Generic	MO
<i>olmesartan medoxomil-hctz oral tablet</i>	Generic	MO
<i>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>captopril-hydrochlorothiazide 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

Drug	Status	Requirements/Limits
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Generic	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet</i>	Generic	MO
<i>disopyramide phosphate oral capsule</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
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	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</i>	Generic	MO
<i>sotalol hcl (af) oral tablet</i>	Generic	MO
<i>sotalol hcl oral tablet</i>	Generic	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	Generic	MO
<i>atenolol oral tablet</i>	Generic	MO
<i>atenolol-chlorthalidone oral tablet</i>	Generic	MO
<i>betaxolol hcl oral tablet</i>	Generic	MO
<i>bisoprolol fumarate oral tablet</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</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

Drug	Status	Requirements/Limits
<i>propranolol hcl oral tablet</i>	Generic	MO
<i>propranolol-hctz 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>amlodipine-valsartan-hctz oral tablet</i>	Generic	MO; QL (1 EA per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	Brand	MO
<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 coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	Generic	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Generic	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Generic	MO
<i>diltiazem hcl 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>nifedipine oral capsule</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>tiadytl 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

Drug	Status	Requirements/Limits
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet</i>	Generic	MO
CAMZYOS ORAL CAPSULE	Brand	PA; QL (30 EA per 30 days); NEDS
CORLANOR ORAL SOLUTION	Brand	PA; MO
CORLANOR ORAL TABLET	Brand	PA; MO
DIGITEK ORAL TABLET	Generic	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
<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)
ORLADEYO ORAL CAPSULE	Brand	PA; MO; QL (1 EA per 1 day); NEDS
<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
VERQUVO ORAL TABLET	Brand	PA; MO; QL (1 EA per 1 day)
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; NEDS
<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

Drug	Status	Requirements/Limits
<i>spironolactone-hctz oral tablet</i>	Generic	MO
<i>triamterene oral capsule</i>	Generic	MO
<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
<i>fluvastatin sodium oral capsule</i>	Generic	MO
<i>lovastatin 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>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	MO

Drug	Status	Requirements/Limits
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Brand	PA; MO; NEDS
<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
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Generic	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	Generic	MO; NEDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Generic	MO
<i>isosorbide mononitrate oral tablet</i>	Generic	MO
<i>minitran transdermal patch 24 hour</i>	Generic	MO
NITRO-BID TRANSDERMAL OINTMENT	Brand	MO
<i>nitroglycerin sublingual tablet sublingual</i>	Generic	MO
<i>nitroglycerin transdermal patch 24 hour</i>	Generic	MO
<i>nitroglycerin translingual solution</i>	Generic	MO
RECTIV RECTAL OINTMENT	Brand	
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)

Drug	Status	Requirements/Limits
<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 solution</i>	Generic	MO
<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)
<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	PA; MO
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 50 mg, 60 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Generic	MO; QL (60 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 18 mg, 27 mg, 54 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Generic	MO; QL (60 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</i>	Generic	MO
RELEXXII ORAL TABLET EXTENDED RELEASE	Brand	MO; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
Central Nervous System, Other		
AUSTEDO ORAL TABLET	Brand	PA; MO; NEDS
EVRYSDI ORAL SOLUTION RECONSTITUTED	Brand	PA; MO; NEDS
EXSERVAN ORAL FILM	Brand	MO; QL (2 EA per 1 day); NEDS
FIRDAPSE ORAL TABLET	Brand	PA; NEDS
HETLIOZ LQ ORAL SUSPENSION	Brand	PA; MO; NEDS
HETLIOZ ORAL CAPSULE	Brand	PA; MO; NEDS
INGREZZA ORAL CAPSULE	Brand	PA; MO; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Brand	PA; NEDS
NUEDEXTA ORAL CAPSULE	Brand	PA; MO; NEDS
<i>riluzole oral tablet</i>	Generic	MO
<i>tetrabenazine oral tablet</i>	Generic	PA; MO; NEDS
TIGLUTIK ORAL SUSPENSION	Brand	MO; QL (20 ML per 1 day); NEDS
Fibromyalgia Agents		
<i>pregabalin oral capsule</i>	Generic	PA NS; MO
<i>pregabalin oral solution</i>	Generic	PA NS; MO
SAVELLA ORAL TABLET	Brand	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	Brand	
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET	Brand	PA; MO; NEDS
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; NEDS
<i>dimethyl fumarate oral capsule delayed release</i>	Generic	PA; MO; NEDS
<i>dimethyl fumarate starter pack oral</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

Drug	Status	Requirements/Limits
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (1.6 ML per 30 days); NEDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Brand	PA; QL (14 EA per 365 days); NEDS
ZEPOSIA ORAL CAPSULE	Brand	PA; MO; QL (30 EA per 30 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	Brand	PA; QL (74 EA per 365 days); NEDS
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule</i>	Generic	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	Generic	
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 10 mg, 25 mg</i>	Generic	
<i>acitretin oral capsule 17.5 mg</i>	Generic	NEDS
<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; NEDS
<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 emulsion external foam</i>	Generic	
<i>clobetasol propionate external foam</i>	Generic	
<i>clobetasol propionate external lotion</i>	Generic	
<i>clobetasol propionate external shampoo</i>	Generic	

Drug	Status	Requirements/Limits
<i>clocortolone pivalate external cream</i>	Generic	
CLODAN EXTERNAL SHAMPOO	Generic	
<i>clotrimazole-betamethasone external cream</i>	Generic	
<i>clotrimazole-betamethasone external lotion</i>	Generic	
CONDYLOX EXTERNAL GEL	Brand	
<i>diclofenac sodium external gel 1 %</i>	Generic	QL (960 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	Generic	QL (200 GM per 30 days)
<i>doxepin hcl external cream</i>	Generic	QL (90 GM per 30 days)
<i>doxycycline oral capsule delayed release</i>	Generic	ST
DUOBRII EXTERNAL LOTION	Brand	PA; NEDS
<i>erythromycin external gel</i>	Generic	
<i>erythromycin external solution</i>	Generic	
<i>fluorouracil external cream 0.5 %</i>	Generic	NEDS
<i>fluorouracil external cream 5 %</i>	Generic	
<i>fluorouracil external solution</i>	Generic	
<i>hydrocortisone (perianal) external cream</i>	Generic	
<i>imiquimod external cream 5 %</i>	Generic	
<i>methoxsalen rapid oral capsule</i>	Generic	NEDS
<i>mupirocin calcium external cream</i>	Generic	
OPZELURA EXTERNAL CREAM	Brand	PA; QL (60 GM per 30 days); NEDS
OTEZLA ORAL TABLET	Brand	PA; MO; NEDS
<i>pimecrolimus external cream</i>	Generic	
<i>podofilox external solution</i>	Generic	
PROCTO-MED HC EXTERNAL CREAM	Generic	
PROCTO-PAK 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>sulfacetamide sodium-sulfur external emulsion</i>	Generic	
<i>tacrolimus external ointment</i>	Generic	
<i>tazarotene external cream</i>	Generic	
<i>tazarotene external gel</i>	Generic	
TAZORAC EXTERNAL CREAM 0.05 %	Brand	
TOVET EXTERNAL FOAM	Generic	

Drug	Status	Requirements/Limits
<i>tretinoin external cream</i>	Generic	
<i>tretinoin external gel</i>	Generic	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INTRAVENOUS SOLUTION 15 %	Brand	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	Brand	B/D
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>na sulfate-k sulfate-mg sulf oral solution</i>	Generic	
ORACIT ORAL SOLUTION	Brand	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	Brand	HI
PLASMA-LYTE A INTRAVENOUS SOLUTION	Brand	HI
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</i>	Generic	MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	Generic	HI

Drug	Status	Requirements/Limits
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	Generic	HI
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</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
<i>potassium citrate er oral tablet extended release</i>	Generic	
PREMASOL INTRAVENOUS SOLUTION 10 %	Brand	B/D; HI
PROSOL INTRAVENOUS SOLUTION	Brand	B/D; HI
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Generic	HI
<i>sodium chloride irrigation solution 0.9 %</i>	Generic	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Generic	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION	Brand	
TRAVASOL INTRAVENOUS SOLUTION	Brand	B/D; HI
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Brand	B/D; HI
Electrolyte/Mineral/Metal Modifiers		
<i>carglumic acid oral tablet soluble</i>	Generic	PA; NEDS
CLOVIQUE ORAL CAPSULE	Generic	NEDS
<i>deferasirox oral tablet soluble</i>	Generic	MO; NEDS
<i>deferiprone oral tablet</i>	Generic	PA; MO; NEDS
DOJOLVI ORAL LIQUID	Brand	PA; MO; NEDS
JYNARQUE ORAL TABLET	Brand	PA; NEDS
JYNARQUE ORAL TABLET THERAPY PACK	Brand	PA; NEDS
<i>penicillamine oral tablet</i>	Generic	NEDS
<i>sodium polystyrene sulfonate oral powder</i>	Generic	
<i>tolvaptan oral tablet</i>	Generic	PA; NEDS
<i>trientine hcl oral capsule</i>	Generic	NEDS
VELTASSA ORAL PACKET	Brand	MO; NEDS
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

Drug	Status	Requirements/Limits
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
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-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 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
PROCALAMINE INTRAVENOUS SOLUTION	Brand	B/D
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	
PRENATAL PLUS IRON ORAL TABLET	Brand	
VP-PNV-DHA ORAL CAPSULE	Brand	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	Generic	
<i>dicyclomine hcl oral solution</i>	Generic	
<i>dicyclomine hcl oral tablet</i>	Generic	
<i>glycopyrrolate oral solution</i>	Generic	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Generic	
<i>methscopolamine bromide oral tablet</i>	Generic	

Drug	Status	Requirements/Limits
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	Brand	PA NS; MO; NEDS
BYLVAY ORAL CAPSULE	Brand	PA NS; MO; NEDS
CLENPIQ ORAL SOLUTION	Brand	
<i>diphenoxylate-atropine oral liquid</i>	Generic	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Generic	
GATTEX SUBCUTANEOUS KIT	Brand	PA; MO; NEDS
LIVMARLI ORAL SOLUTION	Brand	PA; QL (90 ML 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	
MOVANTI ORAL TABLET	Brand	PA
OICALIVA ORAL TABLET	Brand	PA; MO; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	Brand	
RELISTOR ORAL TABLET	Brand	PA; NEDS
RELISTOR SUBCUTANEOUS SOLUTION	Brand	PA; NEDS
<i>ursodiol oral capsule 300 mg</i>	Generic	MO
<i>ursodiol oral tablet</i>	Generic	MO
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	MO
<i>cimetidine oral tablet 200 mg</i>	Generic	
<i>cimetidine oral tablet 300 mg</i>	Generic	MO
<i>cimetidine oral tablet 400 mg, 800 mg</i>	Generic	MO
<i>famotidine oral suspension reconstituted</i>	Generic	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	Generic	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet</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

Drug	Status	Requirements/Limits
<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	
<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	
TRILYTE ORAL SOLUTION RECONSTITUTED	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		
DEXILANT ORAL CAPSULE DELAYED RELEASE	Brand	MO
<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)
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Brand	HI; LA
<i>betaine oral powder</i>	Generic	MO; NEDS
CERDELGA ORAL CAPSULE	Brand	PA; MO; NEDS

Drug	Status	Requirements/Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Brand	MO
CYSTAGON ORAL CAPSULE	Brand	MO
ENDARI ORAL PACKET	Brand	PA; NEDS
GALAFOLD ORAL CAPSULE	Brand	PA; MO; NEDS
GLASSIA INTRAVENOUS SOLUTION	Brand	HI
<i>miglustat oral capsule</i>	Generic	PA; MO; NEDS
<i>nitisinone oral capsule</i>	Generic	PA; MO; NEDS
ORFADIN ORAL CAPSULE 20 MG	Brand	PA; MO; NEDS
ORFADIN ORAL SUSPENSION	Brand	PA; MO; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
RAVICTI ORAL LIQUID	Brand	MO; NEDS
RUZURGI ORAL TABLET	Brand	PA; MO; NEDS
<i>sapropterin dihydrochloride oral packet 100 mg</i>	Generic	PA; MO
<i>sapropterin dihydrochloride oral packet 500 mg</i>	Generic	PA; MO; NEDS
<i>sodium phenylbutyrate oral tablet</i>	Generic	MO; NEDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	Brand	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	Brand	MO

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	Generic	MO
<i>flavoxate hcl oral tablet</i>	Generic	MO
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 syrup</i>	Generic	MO
<i>oxybutynin chloride oral tablet</i>	Generic	MO
<i>solifenacin succinate oral tablet</i>	Generic	MO

Drug	Status	Requirements/Limits
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Generic	MO
<i>tolterodine tartrate oral tablet</i>	Generic	MO
<i>tropium chloride er oral capsule extended release 24 hour</i>	Generic	MO
<i>tropium chloride oral tablet</i>	Generic	MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Generic	MO; QL (1 EA per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	MO
<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; MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Generic	MO
<i>terazosin hcl oral capsule</i>	Generic	MO
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	Generic	
ELMIRON ORAL CAPSULE	Brand	
Phosphate Binders		
AURYXIA ORAL TABLET	Brand	PA; MO; NEDS
<i>calcium acetate (phos binder) oral capsule</i>	Generic	MO
<i>calcium acetate (phos binder) oral tablet</i>	Generic	MO
<i>calcium acetate oral tablet 667 mg</i>	Generic	MO
<i>sevelamer carbonate oral packet</i>	Generic	MO; NEDS
<i>sevelamer carbonate oral tablet</i>	Generic	MO
<i>sevelamer hcl oral tablet</i>	Generic	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR INJECTION GEL	Brand	PA; NEDS
<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)

Drug	Status	Requirements/Limits
<i>alclometasone dipropionate external ointment</i>	Generic	QL (240 GM per 30 days)
<i>amcinonide external cream</i>	Generic	
<i>amcinonide external lotion</i>	Generic	QL (180 ML per 30 days)
<i>amcinonide external ointment</i>	Generic	
BESER EXTERNAL LOTION	Generic	QL (240 ML 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)
CAPEX EXTERNAL SHAMPOO	Brand	
<i>clobetasol propionate external cream</i>	Generic	QL (60 GM per 30 days)
<i>clobetasol propionate external gel</i>	Generic	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment</i>	Generic	QL (60 GM per 30 days)
<i>clobetasol propionate external solution</i>	Generic	QL (59 ML per 30 days)
CORTROPHIN INJECTION GEL	Brand	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 gel</i>	Generic	QL (180 GM per 30 days)
<i>desoximetasone external ointment</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 oral tablet therapy pack</i>	Generic	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Generic	
<i>diflorasone diacetate external cream</i>	Generic	QL (180 GM per 30 days)
<i>diflorasone diacetate external ointment</i>	Generic	QL (180 GM per 30 days)
EMFLAZA ORAL SUSPENSION	Brand	PA; NEDS

Drug	Status	Requirements/Limits
EMFLAZA ORAL TABLET	Brand	PA; NEDS
<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 0.05 %</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 lotion</i>	Generic	QL (240 ML per 30 days)
<i>fluticasone propionate external ointment</i>	Generic	QL (150 GM per 30 days)
<i>halcinonide external cream</i>	Generic	
<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)
HALOG EXTERNAL OINTMENT	Brand	
<i>hydrocortisone butyrate external cream</i>	Generic	QL (180 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)
MEDROL ORAL TABLET 2 MG	Brand	
<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>prednicarbate external cream</i>	Generic	QL (180 GM per 30 days)
<i>prednicarbate external ointment</i>	Generic	QL (180 GM per 30 days)
<i>prednisolone oral solution</i>	Generic	

Drug	Status	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Generic	
<i>prednisolone sodium phosphate oral tablet dispersible</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	
RECORLEV ORAL TABLET	Brand	PA; QL (240 EA per 30 days); NEDS
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	Brand	
TEXACORT EXTERNAL SOLUTION	Brand	
<i>triamcinolone acetonide external aerosol solution</i>	Generic	
<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	
<i>desmopressin acetate oral tablet</i>	Generic	MO
<i>desmopressin acetate spray nasal solution</i>	Generic	MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	Brand	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Brand	PA; NEDS

Drug	Status	Requirements/Limits
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	Brand	PA; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	Brand	PA
INCRELEX SUBCUTANEOUS SOLUTION	Brand	PA; LA; MO; NEDS
STIMATE NASAL SOLUTION	Brand	MO; 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
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; MO; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM ORAL TABLET	Brand	PA; MO; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
<i>oxandrolone oral tablet</i>	Generic	PA
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 10 mg/act (2%), 50 mg/5gm (1%)</i>	Generic	PA; MO
Estrogens		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	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

Drug	Status	Requirements/Limits
<i>amethyst oral tablet</i>	Generic	MO
ANGELIQ ORAL TABLET 0.5-1 MG	Brand	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>balziva oral tablet</i>	Generic	MO
<i>blisovi 24 fe oral tablet</i>	Generic	MO
<i>blisovi fe 1.5/30 oral tablet</i>	Generic	MO
<i>briellyn oral tablet</i>	Generic	MO
<i>camrese lo oral tablet</i>	Generic	MO
<i>caziant 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>cyclafem 1/35 oral tablet</i>	Generic	MO
<i>cyclafem 7/7/7 oral tablet</i>	Generic	MO
<i>cyred eq oral tablet</i>	Generic	MO
<i>desogestrel-ethinyl estradiol oral tablet</i>	Generic	MO
<i>dolishale oral tablet</i>	Generic	MO
<i>dotti transdermal patch twice weekly</i>	Generic	MO; QL (8 EA per 28 days)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	Generic	MO
<i>drospirenone-ethinyl estradiol oral tablet</i>	Generic	MO
<i>eluryng vaginal ring</i>	Generic	MO
<i>emoquette oral tablet</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 tablet</i>	Generic	MO
<i>estradiol-norethindrone acet oral tablet</i>	Generic	MO
ESTRING VAGINAL RING	Brand	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	Generic	MO

Drug	Status	Requirements/Limits
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Generic	MO
<i>falmina oral tablet</i>	Generic	MO
FEMRING VAGINAL RING	Brand	MO
<i>femynor oral tablet</i>	Generic	MO
<i>finzala oral tablet chewable</i>	Generic	MO
FYAVOLV ORAL TABLET	Generic	MO
<i>gemmily oral capsule</i>	Generic	MO
<i>hailey 24 fe oral tablet</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>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>kaitlib fe oral tablet chewable</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>larissia oral tablet</i>	Generic	MO
<i>layolis fe oral tablet chewable</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
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Generic	MO

Drug	Status	Requirements/Limits
<i>levora 0.15/30 (28) oral tablet</i>	Generic	MO
<i>loryna oral tablet</i>	Generic	MO
<i>low-ogestrel 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 0.3 MG, 0.625 MG, 1.25 MG	Brand	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY	Brand	MO
<i>merzee oral capsule</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>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 capsule</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
<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

Drug	Status	Requirements/Limits
<i>nymyo oral tablet</i>	Generic	MO
<i>ocella oral tablet</i>	Generic	MO
<i>orsythia oral tablet</i>	Generic	MO
<i>pimtrea oral tablet</i>	Generic	MO
<i>pirmella 1/35 oral tablet</i>	Generic	MO
<i>portia-28 oral tablet</i>	Generic	MO
PREFEST ORAL TABLET	Brand	MO
PREMARIN ORAL TABLET	Brand	MO
PREMARIN VAGINAL CREAM	Brand	MO
PREMPHASE ORAL TABLET	Brand	MO
PREMPRO ORAL TABLET	Brand	MO
<i>previfem oral tablet</i>	Generic	MO
<i>reclipsen oral tablet</i>	Generic	MO
<i>rivelsa 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>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-previfem 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>tydemy oral tablet</i>	Generic	MO
<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

Drug	Status	Requirements/Limits
<i>wymzya 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)		
BIJUVA ORAL CAPSULE	Brand	MO
<i>estradiol vaginal cream</i>	Generic	MO
<i>taysofy oral capsule</i>	Generic	MO
Progestins		
<i>camila oral tablet</i>	Generic	MO
CRINONE VAGINAL GEL	Brand	PA
<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>hydroxyprogesterone caproate intramuscular solution</i>	Generic	NEDS
<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	PA NS
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Generic	PA NS; MO
<i>megestrol acetate oral tablet</i>	Generic	PA NS
<i>nora-be oral tablet</i>	Generic	MO
<i>norethindrone acetate oral tablet</i>	Generic	MO
<i>norethindrone oral tablet</i>	Generic	MO
<i>sharobel oral tablet</i>	Generic	MO
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET	Brand	PA; MO
<i>raloxifene hcl oral tablet</i>	Generic	MO; QL (1 EA per 1 day)

Drug	Status	Requirements/Limits
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>liothyronine sodium oral tablet</i>	Generic	MO
SYNTHROID ORAL TABLET	Brand	MO
<i>thyroid oral tablet 65 mg</i>	Generic	MO
UNITHROID ORAL TABLET	Generic	MO
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA ORAL TABLET	Brand	PA; MO; NEDS
LYSODREN ORAL TABLET	Brand	NEDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	Generic	QL (32 EA per 30 days)
ELIGARD SUBCUTANEOUS KIT	Brand	
<i>lanreotide acetate subcutaneous solution</i>	Generic	PA NS; NEDS
<i>leuprolide acetate injection kit</i>	Generic	NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Brand	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, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Generic	MO

Drug	Status	Requirements/Limits
<i>octreotide acetate injection solution 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 120 MG/0.5ML	Brand	PA NS; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	Brand	PA; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	LA; MO; NEDS
SYNAREL NASAL SOLUTION	Brand	NEDS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	Generic	MO
<i>propylthiouracil oral tablet</i>	Generic	MO
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	Brand	PA; HI
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Brand	PA; HI
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; NEDS
<i>icatibant acetate subcutaneous solution</i>	Generic	PA; NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
<i>sajazir subcutaneous solution</i>	Generic	PA; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	Brand	PA; MO; QL (4 ML per 28 days); NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (4 ML per 28 days); 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
<i>methotrexate sodium injection solution reconstituted</i>	Generic	

Drug	Status	Requirements/Limits
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	Brand	B/D; HI
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	Brand	B/D; HI
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	Brand	B/D; HI
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Brand	B/D; HI
GAMMAKED INJECTION SOLUTION 1 GM/10ML	Brand	B/D; HI
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	Brand	B/D; HI
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	Brand	B/D; HI
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	Brand	B/D; HI
PANZYGA INTRAVENOUS SOLUTION	Brand	B/D; HI
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	Brand	B/D; HI
Immunological Agents, Other		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Brand	PA NS; LA; MO; NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; MO
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA NS; NEDS
CIBINQO ORAL TABLET	Brand	PA; QL (30 EA per 30 days); NEDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; NEDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA; MO; NEDS

Drug	Status	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Brand	PA; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Brand	PA; MO; NEDS
<i>leflunomide oral tablet</i>	Generic	MO
OLUMIANT ORAL TABLET 1 MG, 2 MG	Brand	PA; MO; NEDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; 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
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; NEDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Brand	PA; MO; QL (2 EA per 28 days); NEDS
SKYRIZI INTRAVENOUS SOLUTION	Brand	PA; QL (10 ML per 28 days); NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	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
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	Brand	PA; MO; QL (3 ML per 28 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA; MO; NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; NEDS
XELJANZ ORAL SOLUTION	Brand	PA; MO; NEDS

Drug	Status	Requirements/Limits
XELJANZ ORAL TABLET	Brand	PA; MO; NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	PA; MO; NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; NEDS
Immunomodulators		
ILARIS SUBCUTANEOUS SOLUTION	Brand	PA; NEDS
SYNAGIS INTRAMUSCULAR SOLUTION	Brand	PA; NEDS
Immunosuppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; NEDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; NEDS
AZASAN ORAL TABLET	Generic	B/D; MO
<i>azathioprine oral tablet</i>	Generic	B/D; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; NEDS
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	Brand	PA; NEDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	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 (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; MO; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (8 ML per 28 days); NEDS
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; QL (3 ML per 30 days); NEDS
<i>everolimus oral tablet 0.25 mg</i>	Generic	B/D; MO
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	Generic	B/D; MO; NEDS

Drug	Status	Requirements/Limits
<i>gengraf oral capsule 100 mg, 25 mg</i>	Generic	B/D; MO
<i>gengraf oral solution</i>	Generic	B/D; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Brand	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	Brand	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	Brand	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Brand	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Brand	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Brand	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	Brand	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Brand	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA PEN-PSOR/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Brand	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Brand	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Brand	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Brand	PA; MO; QL (4 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
LUPKYNIS ORAL CAPSULE	Brand	PA; MO; QL (6 EA per 1 day); NEDS
<i>methotrexate oral tablet</i>	Generic	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Generic	

Drug	Status	Requirements/Limits
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</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 THERAPY PACK	Brand	PA; NEDS
PROGRAF ORAL PACKET	Brand	B/D; MO; NEDS
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	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
TREXALL ORAL TABLET	Brand	
XATMEP ORAL SOLUTION	Brand	
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Brand	
ADACEL INTRAMUSCULAR SUSPENSION	Brand	
<i>bcg vaccine injection solution reconstituted</i>	Generic	
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	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Generic	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Brand	B/D

Drug	Status	Requirements/Limits
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Brand	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Brand	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
HAVRIX INTRAMUSCULAR SUSPENSION	Brand	
HIBERIX INJECTION SOLUTION RECONSTITUTED	Brand	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
INFANRIX INTRAMUSCULAR SUSPENSION	Brand	
IPOL INJECTION INJECTABLE	Brand	
IXIARO INTRAMUSCULAR SUSPENSION	Brand	
KINRIX INTRAMUSCULAR 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	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Brand	
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	

Drug	Status	Requirements/Limits
RABA VERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
RECOMBIVAX HB INJECTION SUSPENSION	Brand	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Brand	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	Brand	
ROTATEQ ORAL SOLUTION	Brand	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Brand	QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION	Brand	
TENIVAC INTRAMUSCULAR INJECTABLE	Brand	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
TYPHIM VI INTRAMUSCULAR SOLUTION	Brand	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Brand	
VAQTA INTRAMUSCULAR SUSPENSION	Brand	
VARIVAX SUBCUTANEOUS INJECTABLE	Brand	
VARIZIG INTRAMUSCULAR SOLUTION	Brand	
YF-VAX SUBCUTANEOUS INJECTABLE	Brand	

Inflammatory Bowel Disease Agents

Aminosalicylates

<i>balsalazide disodium oral capsule</i>	Generic	
DIPENTUM ORAL CAPSULE	Brand	MO; NEDS
<i>mesalamine oral tablet delayed release 800 mg</i>	Generic	
<i>mesalamine rectal enema</i>	Generic	
<i>mesalamine rectal suppository</i>	Generic	NEDS
<i>mesalamine-cleanser rectal kit</i>	Generic	
<i>sulfasalazine oral tablet</i>	Generic	MO
<i>sulfasalazine oral tablet delayed release</i>	Generic	MO

Drug	Status	Requirements/Limits
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour</i>	Generic	NEDS
<i>budesonide oral capsule delayed release particles</i>	Generic	
<i>hydrocortisone oral tablet</i>	Generic	
<i>hydrocortisone rectal enema</i>	Generic	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 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)
<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 30 mg, 60 mg</i>	Generic	MO
<i>cinacalcet hcl oral tablet 90 mg</i>	Generic	MO; NEDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	Brand	PA; NEDS
FOSAMAX PLUS D ORAL TABLET	Brand	MO
<i>ibandronate sodium oral tablet</i>	Generic	MO; QL (1 EA per 28 days)
MIACALCIN INJECTION SOLUTION	Brand	NEDS
<i>paricalcitol oral capsule</i>	Generic	PA; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA
<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 (recombinant) subcutaneous solution pen-injector</i>	Generic	PA; MO; NEDS
XGEVA SUBCUTANEOUS SOLUTION	Brand	PA; 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	

Drug	Status	Requirements/Limits
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	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 MINI U/F	Brand	
BD PEN NEEDLE NANO 2ND GEN	Brand	
BD PEN NEEDLE NANO U/F	Brand	
BD PEN NEEDLE ORIGINAL U/F	Brand	
BD PEN NEEDLE SHORT U/F	Brand	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	Brand	
BD SYRINGE LUER-LOK 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	
COMFORT EZ PEN NEEDLES 32G X 8 MM	Brand	
CRYSVITA SUBCUTANEOUS SOLUTION	Brand	PA; MO; NEDS
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	Brand	
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	
KEVEYIS ORAL TABLET	Brand	PA; NEDS
<i>levocarnitine oral solution</i>	Generic	MO
<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	

Drug	Status	Requirements/Limits
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, U-100 1 ML	Brand	
NATPARA SUBCUTANEOUS CARTRIDGE	Brand	PA; MO; NEDS
PEN NEEDLES 30G X 8 MM	Brand	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	Brand	
PURE COMFORT PEN NEEDLE 32G X 8 MM	Brand	
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	Brand	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Brand	
SURE-FINE PEN NEEDLES 29G X 12.7MM	Brand	
TAVNEOS ORAL CAPSULE	Brand	PA; QL (180 EA per 30 days); NEDS
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML	Brand	
TECHLITE PEN NEEDLES 32G X 8 MM	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 Prostanamide Analogs		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	Generic	MO
COMBIGAN OPHTHALMIC SOLUTION	Brand	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>ak-poly-bac ophthalmic ointment</i>	Generic	
<i>atropine sulfate ophthalmic ointment</i>	Generic	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	Generic	MO

Drug	Status	Requirements/Limits
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Generic	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Generic	MO
CYSTADROPS OPHTHALMIC SOLUTION	Brand	PA; MO; NEDS
CYSTARAN OPHTHALMIC SOLUTION	Brand	PA; MO; NEDS
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Generic	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Generic	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Generic	
<i>proparacaine hcl ophthalmic solution</i>	Generic	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Brand	MO
RESTASIS OPHTHALMIC EMULSION	Brand	MO
ROCKLATAN OPHTHALMIC SOLUTION	Brand	MO
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	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Generic	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Generic	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Brand	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</i>	Generic	MO
IOPIDINE OPHTHALMIC SOLUTION 1 %	Brand	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Generic	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Generic	MO

Drug	Status	Requirements/Limits
SIMBRINZA OPHTHALMIC SUSPENSION	Brand	MO
<i>timolol maleate (once-daily) ophthalmic solution</i>	Generic	MO
<i>timolol maleate ophthalmic gel forming solution</i>	Generic	MO
<i>timolol maleate ophthalmic solution</i>	Generic	MO
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	Generic	MO
Ophthalmic Anti-Inflammatories		
ALOMIDE OPHTHALMIC SOLUTION	Brand	
ALREX OPHTHALMIC SUSPENSION	Brand	
BLEPHAMIDE OPHTHALMIC SUSPENSION	Brand	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Brand	
<i>bromfenac sodium (once-daily) ophthalmic solution</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	
FML OPHTHALMIC OINTMENT	Brand	
INVELTYS OPHTHALMIC SUSPENSION	Brand	
<i>ketorolac tromethamine ophthalmic solution</i>	Generic	
<i>loteprednol etabonate ophthalmic suspension</i>	Generic	
MAXIDEX OPHTHALMIC SUSPENSION	Brand	
<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	
PRED-G OPHTHALMIC SUSPENSION	Brand	
PRED-G S.O.P. OPHTHALMIC OINTMENT	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	

Drug	Status	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Generic	
Otic Agents		
Otic Agents		
<i>acetazol hc otic solution</i>	Generic	
<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	
<i>neomycin-polymyxin-hc otic suspension</i>	Generic	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	Generic	
<i>ciproheptadine hcl oral tablet</i>	Generic	
<i>diphenhydramine hcl injection solution</i>	Generic	
<i>hydroxyzine pamoate oral capsule</i>	Generic	PA NS
<i>levocetirizine dihydrochloride oral tablet</i>	Generic	QL (1 EA per 1 day)
<i>olopatadine hcl nasal solution</i>	Generic	ST
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Brand	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	Brand	MO
<i>budesonide inhalation suspension</i>	Generic	B/D; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	Brand	MO
FLOVENT HFA INHALATION AEROSOL	Brand	MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Generic	
<i>fluticasone propionate nasal suspension</i>	Generic	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; MO; NEDS

Drug	Status	Requirements/Limits
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)
<i>zileuton er oral tablet extended release 12 hour</i>	Generic	MO; QL (4 EA per 1 day); NEDS
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Brand	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Brand	MO
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</i>	Generic	B/D; MO
SPIRIVA HANDIHALER INHALATION CAPSULE	Brand	MO
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	Brand	MO
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	Generic	MO
<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</i>	Generic	MO
<i>albuterol sulfate oral tablet</i>	Generic	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	Generic	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Generic	
<i>levalbuterol hcl inhalation nebulization solution</i>	Generic	B/D; MO
<i>levalbuterol tartrate inhalation aerosol</i>	Generic	MO
PROAIR HFA INHALATION AEROSOL SOLUTION	Brand	MO

Drug	Status	Requirements/Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Brand	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Brand	MO
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	Brand	QL (2 EA per 1 day)
<i>terbutaline sulfate oral tablet</i>	Generic	MO
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE	Brand	PA; MO; NEDS
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	Brand	PA; MO; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Brand	PA; NEDS
KALYDECO ORAL PACKET	Brand	PA; MO; NEDS
KALYDECO ORAL TABLET	Brand	PA; MO; NEDS
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	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
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		
DALIRESP ORAL TABLET 250 MCG	Brand	MO; QL (30 EA per 30 days)
DALIRESP ORAL TABLET 500 MCG	Brand	MO; QL (1 EA per 1 day)
ELIXOPHYLLIN ORAL ELIXIR	Brand	MO
<i>roflumilast oral tablet 250 mcg</i>	Generic	MO; QL (30 EA per 30 days)
<i>roflumilast oral tablet 500 mcg</i>	Generic	MO; QL (1 EA per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Brand	MO

Drug	Status	Requirements/Limits
<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; NEDS
<i>ambrisentan oral tablet</i>	Generic	PA; MO; NEDS
<i>bosentan oral tablet</i>	Generic	PA; MO; NEDS
OPSUMIT ORAL TABLET	Brand	PA; MO; NEDS
ORENTRAM ORAL TABLET EXTENDED RELEASE	Brand	PA; MO; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	Generic	PA; MO; NEDS
<i>sildenafil citrate oral tablet 20 mg</i>	Generic	PA; MO
<i>tadalafil (pah) oral tablet</i>	Generic	PA; MO; NEDS
TRACLEER ORAL TABLET SOLUBLE	Brand	PA; MO; NEDS
UPTRAVI ORAL TABLET	Brand	PA; MO; NEDS
UPTRAVI 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 tablet 267 mg, 801 mg</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
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

Drug	Status	Requirements/Limits
BREZTRI AEROSPHERE INHALATION AEROSOL	Brand	MO
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; NEDS
<i>mometasone furoate nasal suspension</i>	Generic	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Brand	PA; MO; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Brand	PA; NEDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Brand	MO
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet</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	PA
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Generic	
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet</i>	Generic	PA NS; QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule</i>	Generic	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	Generic	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	Generic	PA NS; QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Generic	PA NS; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	Generic	PA NS; QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	Generic	PA NS
Sleep Disorders, Other		
<i>doxepin hcl oral tablet</i>	Generic	QL (30 EA per 30 days)
<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>triazolam oral tablet</i>	Generic	QL (60 EA per 30 days)
XYREM ORAL SOLUTION	Brand	PA; LA; NEDS
XYWAV ORAL SOLUTION	Brand	PA; NEDS

Drug	Status	Requirements/Limits
Sleep Promoting Agents		
BELSOMRA ORAL TABLET	Brand	QL (30 EA per 30 days)

D. Índice de medicamentos cubiertos

En esta sección, puede encontrar un medicamento buscándolo por su nombre en orden alfabético. Le indicará el número de página donde puede encontrar información adicional sobre la cobertura de su medicamento.



Si tiene preguntas, llame a NaviCare al 1-877-700-6996 (TRS 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1 de octubre al 31 de marzo, los siete días de la semana). La llamada es gratuita. **Para obtener más información**, visite fallonhealth.org/navicare.

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AZASITE	11	<i>bethanechol chloride</i>	62	BYDUREON BCISE	37
<i>azathioprine</i>	76	BETOPTIC-S	84	BYETTA 10 MCG PEN	37
<i>azathioprine sodium</i>	73	BEVESPI AEROSPHERE	89	BYETTA 5 MCG PEN	37
<i>azelaic acid</i>	54	<i>bexarotene</i>	27	BYLVAY	59
<i>azelastine hcl</i>	84, 86	BEXSERO	78	BYLVAY (PELLETS)	59
<i>azithromycin</i>	11	<i>bicalutamide</i>	22	<i>cabergoline</i>	72
<i>aztreonam</i>	9	BICILLIN C-R	10	CABLIVI	45
<i>bacitracin</i>	6	BIJUVA	71	CABOMETYX	25
<i>bacitracin-polymyxin b</i>	84	BIKTARVY	33	<i>calcipotriene</i>	54
<i>bacitra-neomycin-polymyxin-hc</i> ... 6		BIOSCANNER GLUCOSE		<i>calcitonin (salmon)</i>	81
<i>baclofen</i>	32	TEST	41	<i>calcitriol</i>	81
<i>balsalazide disodium</i>	80	<i>bisoprolol fumarate</i>	47	<i>calcium acetate</i>	62
BALVERSA	25	<i>bisoprolol-hydrochlorothiazide</i> .. 47		<i>calcium acetate (phos binder)</i>62	
<i>balziva</i>	67	BIVIGAM	74	CALQUENCE	25
BARACLUDGE	32	<i>bleomycin sulfate</i>	23	<i>camila</i>	71
BAXDELA	11	BLEPHAMIDE	85	<i>camrese lo</i>	67
<i>bcg vaccine</i>	78	BLEPHAMIDE S.O.P.	85	CAMZYOS	49
BD DISP NEEDLES	82	<i>blisovi 24 fe</i>	67	<i>candesartan cilexetil</i>	46
BD PEN	82	<i>blisovi fe 1.5/30</i>	67	<i>candesartan cilexetil-hctz</i>	46
BD PEN MINI	82	<i>blood glucose test</i>	41	CAPASTAT SULFATE	21
BD PEN NEEDLE MICRO		BOOSTRIX	78	CAPEX	63
U/F	82	<i>bortezomib</i>	23	CAPLYTA	30
BD PEN NEEDLE MINI U/F .. 82		<i>bosentan</i>	89	CAPRELSA	25
BD PEN NEEDLE NANO		BOSULIF	25	<i>captopril</i>	46
2ND GEN	82	BRAFTOVI	25	<i>captopril-hydrochlorothiazide</i> ...46	
BD PEN NEEDLE NANO		BREO ELLIPTA	86	<i>carbamazepine</i>	15
U/F	82	BREXAFEMME	19	<i>carbamazepine er</i>	14
BD PEN NEEDLE		BREZTRI AEROSPHERE	90	<i>carbidopa</i>	29
ORIGINAL U/F	82	<i>briellyn</i>	67	<i>carbidopa-levodopa</i>	29
BD PEN NEEDLE SHORT		BRILINTA	45	<i>carbidopa-levodopa er</i>	29
U/F	82	<i>brimonidine tartrate</i>	84	<i>carbidopa-levodopa-entacapone</i> 29	
BD SAFETYGLIDE		<i>brimonidine tartrate-timolol</i>	83	CARDIZEM LA	48
INSULIN SYRINGE	82	<i>brinzolamide</i>	84	CARDURA XL	62
BD SYRINGE LUER-LOK 82		BRIVIACT	12	CAREONE BLOOD	
BD VEO INSULIN SYRINGE		<i>bromfenac sodium (once-daily)</i> .. 85		GLUCOSE TEST	41
U/F	82	<i>bromocriptine mesylate</i>	29	CARESENS N GLUCOSE	
BELBUCA	3	BRONCHITOL	88	TEST	41
BELSOMRA	91	BRONCHITOL		CARETOUCH TEST	41
<i>benazepril hcl</i>	46	TOLERANCE TEST	88	<i>carglumic acid</i>	57
<i>benazepril-hydrochlorothiazide</i> ..46		BRUKINSA	25	<i>carisoprodol</i>	90

<i>carteolol hcl</i>	84	<i>citalopram hydrobromide</i>	16	<i>clonidine</i>	45
<i>cartia xt</i>	48	CLARAVIS	54	<i>clonidine hcl</i>	45
<i>carvedilol</i>	47	<i>clarithromycin</i>	11	<i>clopidogrel bisulfate</i>	45
<i>carvedilol phosphate er</i>	47	<i>clarithromycin er</i>	11	<i>clorazepate dipotassium</i>	36
<i>casprofungin acetate</i>	19	CLENPIQ	59	<i>clotrimazole</i>	19
CAYSTON	88	CLEOCIN	6	<i>clotrimazole-betamethasone</i>	55
<i>caziant</i>	67	CLEVER CHEK AUTO-		CLOVIQUE	57
<i>cefaclor</i>	8	CODE TEST	41	<i>clozapine</i>	32
<i>cefaclor er</i>	8	CLEVER CHEK AUTO-		COARTEM	28
<i>cefadroxil</i>	8	CODE VOICE	41	<i>codeine sulfate</i>	4
<i>cefazolin sodium</i>	8	CLEVER CHEK TEST	41	<i>colchicine</i>	20
<i>cefdinir</i>	8	CLEVER CHOICE AUTO-		<i>colchicine-probenecid</i>	20
<i>cefepime hcl</i>	8	CODE TEST	41	<i>colesevelam hcl</i>	37, 50
<i>cefixime</i>	8	CLEVER CHOICE MICRO		<i>colestipol hcl</i>	50
<i>cefotaxime sodium</i>	8	TEST	41	<i>colistimethate sodium (cba)</i>	7
<i>cefotetan disodium</i>	8	CLEVER CHOICE NO		COMBIGAN	83
<i>cefoxitin sodium</i>	9	CODING	41	COMBIPATCH	67
<i>cefpodoxime proxetil</i>	9	CLEVER CHOICE TALK		COMBIVENT RESPIMAT	87
<i>cefprozil</i>	9	SYSTEM	41	COMETRIQ (100 MG	
<i>ceftazidime</i>	9	CLIMARA PRO	67	DAILY DOSE)	25
<i>ceftriaxone sodium</i>	9	<i>clindamycin hcl</i>	6	COMETRIQ (140 MG	
<i>cefuroxime axetil</i>	9	<i>clindamycin palmitate hcl</i>	6	DAILY DOSE)	25
<i>cefuroxime sodium</i>	9	<i>clindamycin phosphate</i>	7	COMETRIQ (60 MG DAILY	
<i>celecoxib</i>	3	<i>clindamycin phosphate in d5w</i>	7	DOSE)	25
CELONTIN	13	CLINIMIX E/DEXTROSE		COMFORT ASSIST	
<i>cephalexin</i>	9	(2.75/5)	57	INSULIN SYRINGE	82
CERDELGA	60	CLINIMIX E/DEXTROSE		COMFORT EZ PEN	
<i>cevimeline hcl</i>	54	(4.25/10)	57	NEEDLES	82
<i>chlordiazepoxide hcl</i>	36	CLINIMIX E/DEXTROSE		COMPLERA	34
<i>chlordiazepoxide-amitriptyline</i> ...	17	(4.25/5)	58	CONDYLOX	55
<i>chlorhexidine gluconate</i>	54	CLINIMIX E/DEXTROSE		<i>constulose</i>	59
<i>chloroquine phosphate</i>	28	(5/15)	58	CONTOUR NEXT TEST	41
<i>chlorthalidone</i>	50	CLINIMIX E/DEXTROSE		CONTOUR TEST	42
<i>cholestyramine</i>	50	(5/20)	58	COPIKTRA	24
<i>cholestyramine light</i>	50	CLINIMIX/DEXTROSE		CORLANOR	49
CIBINQO	74	(4.25/10)	58	CORTROPHIN	63
CICLODAN	19	CLINIMIX/DEXTROSE		COSENTYX	74
<i>ciclopirox</i>	19	(4.25/5)	58	COSENTYX (300 MG DOSE)	74
<i>ciclopirox olamine</i>	19	CLINIMIX/DEXTROSE		COSENTYX SENSOREADY	
<i>cilostazol</i>	45	(5/15)	58	(300 MG)	74
CILOXAN	11	CLINIMIX/DEXTROSE		COSENTYX SENSOREADY	
CIMDUO	34	(5/20)	58	PEN	74
<i>cimetidine</i>	59	CLINISOL SF	56	COTELLIC	23
<i>cimetidine hcl</i>	59	<i>clobazam</i>	13	CREON	61
CIMZIA	76	<i>clobetasol prop emollient base</i> ...	54	CRINONE	71
CIMZIA PREFILLED	76	<i>clobetasol propionate</i>	54, 63	CRIXIVAN	35
<i>cinacalcet hcl</i>	81	<i>clobetasol propionate e</i>	54	<i>cromolyn sodium</i>	84, 88
CINRYZE	73	<i>clobetasol propionate emulsion</i> ..	54	<i>cryselle-28</i>	67
<i>ciprofloxacin hcl</i>	11	<i>clocortolone pivalate</i>	55	CRYSVITA	82
<i>ciprofloxacin in d5w</i>	11	CLODAN	55	CVS GAUZE STERILE	39
<i>ciprofloxacin-dexamethasone</i>	86	<i>clomipramine hcl</i>	17	<i>cyclafem 1/35</i>	67
		<i>clonazepam</i>	13	<i>cyclafem 7/7/7</i>	67

<i>cyclobenzaprine hcl</i>	90	DEXCOM G4 SENSOR	42	<i>disulfiram</i>	5
<i>cyclopentolate hcl</i>	84	DEXCOM G5 MOB/G4		<i>divalproex sodium</i>	13, 37
<i>cyclophosphamide</i>	22	PLAT SENSOR	42	<i>divalproex sodium er</i>	21
CYCLOSET	37	DEXCOM G5 MOBILE		<i>dofetilide</i>	47
<i>cyclosporine</i>	76	RECEIVER	42	DOJOLVI	57
<i>cyclosporine modified</i>	76	DEXCOM G5 MOBILE		<i>dolishale</i>	67
<i>cyproheptadine hcl</i>	86	TRANSMITTER	42	<i>donepezil hcl</i>	15
<i>cyred eq</i>	67	DEXCOM G6 RECEIVER	42	DOPTLET	44
CYSTADROPS	84	DEXCOM G6 SENSOR	42	<i>dorzolamide hcl</i>	84
CYSTAGON	61	DEXCOM G6		<i>dorzolamide hcl-timolol mal</i>	84
CYSTARAN	84	TRANSMITTER	42	<i>dorzolamide hcl-timolol mal pf</i> ..	84
<i>dabigatran etexilate mesylate</i>	44	DEXILANT	60	<i>dotti</i>	67
<i>dalfampridine er</i>	53	<i>dexlansoprazole</i>	60	DOVATO	34
DALIRESP	88	<i>dexmethylphenidate hcl</i>	52	<i>doxazosin mesylate</i>	62
DALVANCE	7	<i>dexmethylphenidate hcl er</i>	52	<i>doxepin hcl</i>	18, 36, 55, 90
<i>danazol</i>	66	<i>dextroamphetamine sulfate</i>	52	<i>doxercalciferol</i>	58
<i>dantrolene sodium</i>	32	<i>dextroamphetamine sulfate er</i> ...	52	<i>doxy 100</i>	12
<i>dapsone</i>	21	<i>dextrose</i>	58	<i>doxycycline</i>	55
DAPTACEL	78	<i>dextrose-nacl</i>	58	<i>doxycycline hyclate</i>	12
<i>daptomycin</i>	7	DIACOMIT	12	<i>doxycycline monohydrate</i>	12
<i>darifenacin hydrobromide er</i>	61	<i>diazepam</i>	13, 36	<i>doxylamine-pyridoxine</i>	18
DAURISMO	25	DIAZEPAM INTENSOL ... 13, 36		DRIZALMA SPRINKLE	16
<i>deblitane</i>	71	<i>diazoxide</i>	39	<i>dronabinol</i>	18
<i>deferasirox</i>	57	<i>diclofenac potassium</i>	3	DROPLET INSULIN	
<i>deferiprone</i>	57	<i>diclofenac sodium</i>	3, 55, 85	SYRINGE	82
DELSTRIGO	34	<i>diclofenac sodium er</i>	3	DROPLET PEN NEEDLES ... 82	
DEPO-SUBQ PROVERA 104 . 71		<i>diclofenac-misoprostol</i>	3	<i>drospiren-eth estrad-levomefol</i> ...67	
DESCOVY	34	<i>dicloxacillin sodium</i>	10	<i>drospirenone-ethinyl estradiol</i> ...67	
<i>desipramine hcl</i>	17	<i>dicyclomine hcl</i>	58	<i>droxidopa</i>	49
<i>desmopressin ace spray refig</i>	65	DIFICID	11	<i>duloxetine hcl</i>	16, 17
<i>desmopressin acetate</i>	65	<i>diflorasone diacetate</i>	63	DUOBRII	55
<i>desmopressin acetate spray</i>	65	<i>diflunisal</i>	3	DUPIXENT	74, 75
<i>desogestrel-ethinyl estradiol</i>	67	<i>difluprednate</i>	85	<i>duramorph</i>	4
<i>desonide</i>	63	DIGITEK	49	<i>dutasteride</i>	62
<i>desoximetasone</i>	63	DIGOX	49	<i>dutasteride-tamsulosin hcl</i>	62
<i>desvenlafaxine er</i>	16	<i>digox</i>	49	E.E.S. 400	11
<i>desvenlafaxine succinate er</i>	16	<i>digoxin</i>	49	EASY PLUS II GLUCOSE	
<i>dexamethasone</i>	63	<i>dihydroergotamine mesylate</i>	20	TEST	42
DEXAMETHASONE		DILANTIN	15	EASY STEP TEST	42
INTENSOL	63	<i>diltiazem hcl</i>	48	EASY TALK BLOOD	
<i>dexamethasone sodium</i>		<i>diltiazem hcl er</i>	48	GLUCOSE TEST	42
<i>phosphate</i>	63, 85	<i>diltiazem hcl er beads</i>	48	EASY TOUCH	
DEXCOM G4 PLAT PED		<i>diltiazem hcl er coated beads</i>	48	HYPODERMIC NEEDLE	82
RCV/SHARE	42	<i>dilt-xr</i>	48	EASY TOUCH TEST	42
DEXCOM G4 PLAT PED		<i>dimethyl fumarate</i>	53	EASY TRAK BLOOD	
RECEIVER	42	<i>dimethyl fumarate starter pack</i> ...53		GLUCOSE TEST	42
DEXCOM G4 PLATINUM		DIPENTUM	80	EASYGLUCO	42
RCV/SHARE	42	<i>diphenhydramine hcl</i>	86	EASYMAX 15 TEST	42
DEXCOM G4 PLATINUM		<i>diphenoxylate-atropine</i>	59	<i>econazole nitrate</i>	19
RECEIVER	42	<i>diphtheria-tetanus toxoids dt</i>	78	EDURANT	34
DEXCOM G4 PLATINUM		<i>dipyridamole</i>	45	<i>efavirenz</i>	34
TRANSMITTER	42	<i>disopyramide phosphate</i>	47	<i>efavirenz-emtricitab-tenofovir</i>	34

<i>efavirenz-lamivudine-tenofovir</i> ...	34	<i>errin</i>	71	FASENRA PEN	90
ELIGARD	72	<i>ertapenem sodium</i>	9	<i>febuxostat</i>	20
ELIQUIS	44	ERYTHROCIN		<i>felbamate</i>	14
ELIQUIS DVT/PE		LACTOBIONATE	11	<i>felodipine er</i>	48
STARTER PACK	44	<i>erythromycin</i>	11, 55	FEMRING	68
ELIXOPHYLLIN	88	<i>erythromycin base</i>	11	<i>femynor</i>	68
ELMIRON	62	<i>erythromycin ethylsuccinate</i>	11	<i>fenofibrate</i>	50
<i>eluryng</i>	67	<i>erythromycin stearate</i>	11	<i>fenofibrate micronized</i>	50
EMCYT	22	<i>escitalopram oxalate</i>	17	<i>fenopropfen calcium</i>	3
EMEND	18	<i>esomeprazole magnesium</i>	60	<i>fentanyl</i>	4
EMFLAZA	63, 64	<i>estarylla</i>	67	<i>fentanyl citrate</i>	4
<i>emoquette</i>	67	<i>estazolam</i>	36	FETZIMA	17
EMPAVELI	73	<i>estradiol</i>	67, 71	FETZIMA TITRATION	17
EMSAM	16	<i>estradiol-norethindrone acet</i>	67	<i>finasteride</i>	62
<i>emtricitabine</i>	34	ESTRING	67	<i> fingolimod hcl</i>	53
<i>emtricitabine-tenofovir df</i>	34	<i>eszopiclone</i>	90	FINTEPLA	12
EMTRIVA	34	<i>ethacrynic acid</i>	49	<i>finzala</i>	68
<i>enalapril maleate</i>	46	<i>ethambutol hcl</i>	21	FIRDAPSE	53
<i>enalapril-hydrochlorothiazide</i> ...	46	<i>ethosuximide</i>	13	FIRVANQ	7
ENBREL	76	<i>ethynodiol diac-eth estradiol</i>	67	FLAC	86
ENBREL MINI	76	<i>etodolac</i>	20	<i>flavoxate hcl</i>	61
ENBREL SURECLICK	76	<i>etodolac er</i>	3	FLEBOGAMMA DIF	74
ENDARI	61	<i>etonogestrel-ethinyl estradiol</i>	68	<i>flecainide acetate</i>	47
ENDOCET	4	<i>etravirine</i>	34	FLOVENT DISKUS	86
<i>endocet</i>	4	<i>euthyrox</i>	72	FLOVENT HFA	86
ENGERIX-B	78, 79	<i>everolimus</i>	25, 76	<i>fluconazole</i>	19
ENLITE GLUCOSE		EVERSENSE		<i>fluconazole in sodium chloride</i> ..	19
SENSOR	42	SENSOR/HOLDER	42	<i>flucytosine</i>	19
<i>enoxaparin sodium</i>	44	EVERSENSE SMART		<i>fludrocortisone acetate</i>	64
<i>enpresse-28</i>	67	TRANSMITTER	42	<i>flunisolide</i>	86
<i>enskyce</i>	67	EVOTAZ	35	<i>fluocinolone acetonide</i>	64, 86
ENSPRYNG	76	EVRYSDI	53	<i>fluocinolone acetonide body</i>	64
<i>entacapone</i>	28	EXACTECH R-S-G TEST	42	<i>fluocinolone acetonide scalp</i>	64
<i>entecavir</i>	32	EXACTECH TEST	42	<i>fluocinonide</i>	64
ENTRESTO	46	EXEL COMFORT POINT		<i>fluocinonide emulsified base</i>	64
<i>enulose</i>	60	PEN NEEDLE	82	<i>fluorometholone</i>	85
EPCLUSA	32	EXELDERM	19	<i>fluorouracil</i>	55
EPIDIOLEX	13	<i>exemestane</i>	24	<i>fluoxetine hcl</i>	17
<i>epinastine hcl</i>	84	EXKIVITY	25	<i>fluoxetine hcl (pmdd)</i>	17
<i>epinephrine</i>	87	EXSERVAN	53	<i>fluphenazine decanoate</i>	29
<i>epitol</i>	15	EYSUVIS	85	<i>fluphenazine hcl</i>	29, 30
EPIVIR HBV	32	<i>ezetimibe</i>	50	<i>flurazepam hcl</i>	90
<i>eplerenone</i>	49	<i>ezetimibe-simvastatin</i>	50	<i>flurbiprofen</i>	20
EPRONTIA	21	<i>falmina</i>	68	<i>flurbiprofen sodium</i>	85
EQUETRO	15	<i>famciclovir</i>	33	<i>flutamide</i>	22
ERAXIS	19	<i>famotidine</i>	59	<i>fluticasone propionate</i>	64, 86
<i>ergoloid mesylates</i>	15	FANAPT	30	<i>fluvastatin sodium</i>	50
ERGOMAR	21	FANAPT TITRATION		<i>fluvastatin sodium er</i>	50
<i>ergotamine-caffeine</i>	21	PACK	30	<i>fluvoxamine maleate</i>	17
ERIVEDGE	25	FARXIGA	37	<i>fluvoxamine maleate er</i>	17
ERLEADA	22	FARYDAK	25	FML	85
<i>erlotinib hcl</i>	25	FASENRA	90	FML FORTE	85

<i>fondaparinux sodium</i>	44	GENTAK	6	HETLIOZ LQ	53
FORTEO	81	<i>gentamicin in saline</i>	6	HIBERIX	79
FOSAMAX PLUS D	81	<i>gentamicin sulfate</i>	6	HUMALOG	39
<i>fosamprenavir calcium</i>	35	GENVOYA	33	HUMALOG JUNIOR	
<i>fosfomycin tromethamine</i>	7	GILOTRIF	23	KWIKPEN	39
<i>fosinopril sodium</i>	46	GLASSIA	61	HUMALOG KWIKPEN	39
<i>fosinopril sodium-hctz</i>	46	<i>glatiramer acetate</i>	53	HUMALOG MIX 50/50	39
<i>fosphenytoin sodium</i>	15	<i>glatopa</i>	53	HUMALOG MIX 50/50	
FOTIVDA	25	GLATOPA	53	KWIKPEN	39
FRAGMIN	44	GLEOSTINE	22	HUMALOG MIX 75/25	39
FREESTYLE INSULINX		<i>glimepiride</i>	37	HUMALOG MIX 75/25	
TEST	42	<i>glipizide</i>	37	KWIKPEN	39
FREESTYLE LIBRE 14 DAY		<i>glipizide er</i>	37	HUMIRA	77
READER	42	<i>glipizide-metformin hcl</i>	38	HUMIRA PEDIATRIC	
FREESTYLE LIBRE 14 DAY		GLOBAL ALCOHOL PREP		CROHNS START	77
SENSOR	42	EASE	7	HUMIRA PEN	77
FREESTYLE LIBRE		GLUCAGEN HYPOKIT	39	HUMIRA PEN-CD/UC/HS	
READER	42	<i>glucagon emergency</i>	39	STARTER	77
FREESTYLE LIBRE		<i>glyburide</i>	37	HUMIRA PEN-PEDIATRIC	
SENSOR SYSTEM	42	<i>glyburide micronized</i>	37	UC START	77
FREESTYLE LITE TEST	42	<i>glyburide-metformin</i>	38	HUMIRA PEN-PS/UV/ADOL	
FREESTYLE PRECISION		<i>glycopyrrolate</i>	58	HS START	77
NEO TEST	43	GLYXAMBI	38	HUMIRA PEN-PSOR/UEIT	
FREESTYLE TEST	43	<i>granisetron hcl</i>	18	STARTER	77
<i>fulvestrant</i>	22	<i>griseofulvin microsize</i>	19	HUMULIN 70/30	40
<i>furosemide</i>	49	<i>griseofulvin ultramicrosize</i>	19	HUMULIN 70/30 KWIKPEN ..	40
FUZEON	35	<i>guanfacine hcl</i>	45	HUMULIN N	40
FYAVOLV	68	<i>guanfacine hcl er</i>	52	HUMULIN N KWIKPEN	40
FYCOMPA	14	<i>guanidine hcl</i>	21	HUMULIN R	40
<i>gabapentin</i>	13, 14	GUARDIAN CONNECT		HUMULIN R U-500	
GALAFOLD	61	TRANSMITTER	43	(CONCENTRATED)	40
<i>galantamine hydrobromide</i>	15	GUARDIAN LINK 3		HUMULIN R U-500	
<i>galantamine hydrobromide er</i>	15	TRANSMITTER	43	KWIKPEN	40
GAMMAGARD	74	GUARDIAN REAL-TIME		<i>hydralazine hcl</i>	51
GAMMAGARD S/D LESS		REPLACE PED	43	<i>hydrochlorothiazide</i>	50
IGA	74	GUARDIAN SENSOR (3)	43	<i>hydrocodone-acetaminophen</i>	4
GAMMAKED	74	GVOKE HYPOPEN 2-PACK		<i>hydrocodone-ibuprofen</i>	4
GAMMAPLEX	74	38, 39	<i>hydrocortisone</i>	64, 81
GAMUNEX-C	74	GVOKE KIT	39	<i>hydrocortisone (perianal)</i>	55
GARDASIL 9	79	GVOKE PFS	39	<i>hydrocortisone butyrate</i>	64
<i>gatifloxacin</i>	11	HAEGARDA	73	<i>hydrocortisone valerate</i>	64
GATTEX	59	<i>hailey 24 fe</i>	68	<i>hydrocortisone-acetic acid</i>	86
GAVILYTE-C	60	<i>halcinonide</i>	64	<i>hydromorphone hcl</i>	4
<i>gavilyte-g</i>	60	<i>halobetasol propionate</i>	64	<i>hydroxychloroquine sulfate</i>	28
<i>gavilyte-n with flavor pack</i>	60	HALOG	64	<i>hydroxyprogesterone caproate</i> ...	71
GAVRETO	23	<i>haloperidol</i>	30	<i>hydroxyurea</i>	23
<i>gemfibrozil</i>	50	<i>haloperidol decanoate</i>	30	<i>hydroxyzine hcl</i>	36
<i>gemmily</i>	68	<i>haloperidol lactate</i>	30	<i>hydroxyzine pamoate</i>	86
<i>generlac</i>	60	HARVONI	32	HYPODERMIC NEEDLE	82
<i>gengraf</i>	77	HAVRIX	79	<i>ibandronate sodium</i>	81
GENOTROPIN	66	<i>heparin sodium (porcine)</i>	45	IBRANCE	23
GENOTROPIN MINIQUICK	65	HETLIOZ	53	IBU	3

<i>ibuprofen</i>	3	<i>isoniazid</i>	21	KISQALI FEMARA(200 MG DOSE)	23
<i>icatibant acetate</i>	73	<i>isosorbide dinitrate</i>	51	<i>klor-con</i>	56
<i>iclevia</i>	68	<i>isosorbide mononitrate</i>	51	<i>klor-con 10</i>	56
ICLUSIG	25	<i>isosorbide mononitrate er</i>	51	<i>klor-con m10</i>	56
<i>icosapent ethyl</i>	50	<i>isradipine</i>	48	KLOR-CON M15	56
IDHIFA	24	ISTURISA	72	<i>klor-con m20</i>	56
ILARIS	76	<i>itraconazole</i>	19	KLOXXADO	5
<i>imatinib mesylate</i>	25	<i>ivermectin</i>	28	KORLYM	66
IMBRUVICA	25	IXIARO	79	KOSELUGO	26
<i>imipenem-cilastatin</i>	9	JAKAFI	25	K-PHOS NO 2	56
<i>imipramine hcl</i>	18	JANTOVEN	45	KRINTAFEL	28
<i>imiquimod</i>	55	JANUMET	39	<i>kurvelo</i>	68
IMOVAX RABIES	79	JANUMET XR	39	KYNMOBI	29
IMPAVIDO	28	JANUVIA	38	<i>labetalol hcl</i>	47
INBRIJA	29	JARDIANCE	38	<i>lacosamide</i>	15
<i>incassia</i>	71	<i>jasmiel</i>	68	<i>lactulose</i>	60
INCRELEX	66	JENTADUETO	39	<i>lamivudine</i>	32, 34
INCRUSE ELLIPTA	87	JENTADUETO XR	39	<i>lamivudine-zidovudine</i>	34
<i>indapamide</i>	50	<i>jinteli</i>	68	<i>lamotrigine</i>	14, 37
<i>indomethacin</i>	3	<i>juleber</i>	68	<i>lamotrigine starter kit-blue</i>	14
<i>indomethacin er</i>	3	JULUCA	34	<i>lamotrigine starter kit-green</i>	14
INFANRIX	79	<i>junel 1.5/30</i>	68	<i>lamotrigine starter kit-orange</i>	14
INGREZZA	53	<i>junel 1/20</i>	68	<i>lanreotide acetate</i>	72
INLYTA	25	<i>junel fe 1.5/30</i>	68	<i>lansoprazole</i>	60
INQOVI	23	<i>junel fe 1/20</i>	68	LANTUS	40
INREBIC	25	<i>junel fe 24</i>	68	LANTUS SOLOSTAR	40
<i>insulin lispro</i>	40	JUXTAPID	51	<i>lapatinib ditosylate</i>	26
<i>insulin lispro (1 unit dial)</i>	40	JYNARQUE	57	<i>larin 1.5/30</i>	68
<i>insulin lispro junior kwikpen</i>	40	<i>kaitlib fe</i>	68	<i>larin 1/20</i>	68
<i>insulin lispro prot & lispro</i>	40	KALYDECO	88	<i>larin fe 1.5/30</i>	68
INSUPEN SENSITIVE	82	<i>kariva</i>	68	<i>larin fe 1/20</i>	68
INTELENCE	34	<i>kcl in dextrose-nacl</i>	56	<i>larissia</i>	68
INTRALIPID	58	<i>kcl-lactated ringers-d5w</i>	56	<i>latanoprost</i>	83
INTRON A	32	<i>kelnor 1/35</i>	68	LATUDA	31
<i>introvale</i>	68	KELNOR 1/50	68	<i>layolis fe</i>	68
INVEGA HAFYERA	30	KERENDIA	49	<i>ledipasvir-sofosbuvir</i>	32
INVEGA SUSTENNA	30	KESIMPTA	54	<i>leena</i>	68
INVEGA TRINZA	31	<i>ketoconazole</i>	19	<i>leflunomide</i>	75
INVELTYS	85	<i>ketoprofen</i>	3	<i>lenalidomide</i>	22
INVIRASE	35	<i>ketoprofen er</i>	3	LENVIMA (10 MG DAILY DOSE)	26
IOPIDINE	84	<i>ketorolac tromethamine</i>	3, 85	LENVIMA (12 MG DAILY DOSE)	26
IPOL	79	KEVEYIS	82	LENVIMA (14 MG DAILY DOSE)	26
<i>ipratropium bromide</i>	87	KEVZARA	77	LENVIMA (18 MG DAILY DOSE)	26
<i>ipratropium-albuterol</i>	87	KINERET	77	LENVIMA (20 MG DAILY DOSE)	26
<i>irbesartan</i>	46	KINRIX	79	LENVIMA (24 MG DAILY DOSE)	26
<i>irbesartan-hydrochlorothiazide</i> ..	46	KISQALI (200 MG DOSE)	26		
IRESSA	25	KISQALI (400 MG DOSE)	26		
ISENTRESS	33	KISQALI (600 MG DOSE)	26		
ISENTRESS HD	33	KISQALI FEMARA (400 MG DOSE)	23		
<i>isibloom</i>	68	KISQALI FEMARA (600 MG DOSE)	23		
ISOLYTE-P IN D5W	58				
ISOLYTE-S PH 7.4	56				

LENVIMA (4 MG DAILY DOSE)	26	<i>lopinavir-ritonavir</i>	35	MENOSTAR	69
LENVIMA (8 MG DAILY DOSE)	26	<i>lorazepam</i>	36, 37	MENQUADFI	79
<i>lessina</i>	68	<i>lorazepam intensol</i>	36	MENVEO	79
<i>letrozole</i>	24	LORBRENA	26	<i>meperidine hcl</i>	4
<i>leucovorin calcium</i>	23, 27	<i>loryna</i>	69	<i>mercaptapurine</i>	23
LEUKERAN	22	<i>losartan potassium</i>	46	<i>meropenem</i>	9
LEUKINE	45	<i>losartan potassium-hctz</i>	46	<i>merzee</i>	69
<i>leuprolide acetate</i>	72	<i>loteprednol etabonate</i>	85	<i>mesalamine</i>	80
<i>levabuterol hcl</i>	87	<i>lovastatin</i>	50	<i>mesalamine-cleanser</i>	80
<i>levabuterol tartrate</i>	87	<i>low-ogestrel</i>	69	MESNEX	27
<i>levetiracetam</i>	13	<i>loxapine succinate</i>	30	<i>metformin hcl</i>	38
<i>levetiracetam er</i>	12	<i>lubiprostone</i>	59	<i>metformin hcl er</i>	38
<i>levobunolol hcl</i>	84	LUCEMYRA	5	<i>methadone hcl</i>	4
<i>levocarnitine</i>	82	LUMAKRAS	23	<i>methazolamide</i>	49
<i>levocetirizine dihydrochloride</i>	86	LUMIGAN	83	<i>methenamine hippurate</i>	7
<i>levofloxacin</i>	11, 12	LUPKYNIS	77	<i>methimazole</i>	73
<i>levofloxacin in d5w</i>	11	LUPRON DEPOT (1-MONTH)	72	<i>methocarbamol</i>	90
<i>levonest</i>	68	LUPRON DEPOT (3-MONTH)	72	<i>methotrexate</i>	77
<i>levonorgest-eth est & eth est</i>	68	LUPRON DEPOT (4-MONTH)	72	<i>methotrexate sodium</i>	73, 78
<i>levonorgest-eth estrad 91-day</i>	68	<i>lutera</i>	69	<i>methotrexate sodium (pf)</i>	77
<i>levonorgestrel-ethinyl estrad</i>	68	LYBALVI	31	<i>methoxsalen rapid</i>	55
<i>levonorg-eth estrad triphasic</i>	68	<i>lyleq</i>	71	<i>methscopolamine bromide</i>	58
<i>levora 0.15/30 (28)</i>	69	<i>lyllana</i>	69	<i>methyl dopa</i>	45
<i>levorphanol tartrate</i>	4	LYNPARZA	26	<i>methylergonovine maleate</i>	82
LEVO-T	72	LYSODREN	72	<i>methylphenidate hcl</i>	52
<i>levo-t</i>	72	<i>lyza</i>	71	<i>methylphenidate hcl er</i>	52
<i>levothyroxine sodium</i>	72	<i>magnesium sulfate</i>	56	<i>methylphenidate hcl er (cd)</i>	52
LEVOXYL	72	<i>malathion</i>	28	<i>methylphenidate hcl er (la)</i>	52
LEXIVA	35	<i>maprotiline hcl</i>	17	<i>methylphenidate hcl er (osm)</i>	52
<i>lidocaine</i>	5	<i>maraviroc</i>	35	<i>methylprednisolone</i>	64
<i>lidocaine hcl</i>	5	<i>marlissa</i>	69	<i>methylprednisolone acetate</i>	20
<i>lidocaine hcl (pf)</i>	5	MARPLAN	16	<i>methylprednisolone sodium succ</i>	64
<i>lidocaine hcl urethral/mucosal</i>	5	MATULANE	22	<i>metoclopramide hcl</i>	59
<i>lidocaine viscous hcl</i>	5	<i>matzim la</i>	48	<i>metolazone</i>	50
<i>lidocaine-prilocaine</i>	5	MAVYRET	32	<i>metoprolol succinate er</i>	47
<i>lindane</i>	28	MAXIDEX	85	<i>metoprolol tartrate</i>	47
<i>linezolid</i>	7	<i>meclizine hcl</i>	18	<i>metoprolol-hydrochlorothiazide</i>	47
LINZESS	59	<i>meclofenamate sodium</i>	3	<i>metronidazole</i>	7
<i>liothyronine sodium</i>	72	MEDROL	64	<i>metyrosine</i>	49
<i>lisinopril</i>	46	<i>medroxyprogesterone acetate</i>	71	<i>mexiletine hcl</i>	47
<i>lisinopril-hydrochlorothiazide</i>	46	<i>mefloquine hcl</i>	28	MIACALCIN	81
LITETOUCH PEN		<i>megestrol acetate</i>	71	<i>micafungin sodium</i>	19
NEEDLES	82	MEKINIST	26	<i>miconazole 3</i>	19
<i>lithium</i>	37	MEKTOVI	26	<i>microgestin 1.5/30</i>	69
<i>lithium carbonate</i>	37	<i>meloxicam</i>	3	<i>microgestin 1/20</i>	69
<i>lithium carbonate er</i>	37	<i>memantine hcl</i>	16	<i>microgestin 24 fe</i>	69
LIVMARLI	59	<i>memantine hcl er</i>	16	<i>microgestin fe 1.5/30</i>	69
LIVTENCITY	32	MENACTRA	79	<i>microgestin fe 1/20</i>	69
LONSURF	23	MENEST	69	<i>midodrine hcl</i>	46
<i>loperamide hcl</i>	59			<i>miglitol</i>	38
				<i>miglustat</i>	61
				<i>mili</i>	69

<i>mimvey</i>	69	<i>nefazodone hcl</i>	17	NUCALA	86, 90
<i>minitran</i>	51	<i>neomycin sulfate</i>	6	NUDEXTA	53
<i>minocycline hcl</i>	12	<i>neomycin-bacitracin zn-</i>		NUPLAZID	31
<i>minoxidil</i>	51	<i>polymyx</i>	84	NUTRILIPID	58
<i>mirtazapine</i>	16	<i>neomycin-polymyxin-dexameth</i> ...	85	NUZYRA	12
<i>misoprostol</i>	60	<i>neomycin-polymyxin-gramicidin</i>	84	NYAMYC	19
M-M-R II	79	<i>neomycin-polymyxin-hc</i>	7, 86	<i>nylia 1/35</i>	69
<i>modafinil</i>	90	NERLYNX	26	<i>nylia 7/7/7</i>	69
<i>moexipril hcl</i>	46	NEUPRO	29	<i>nymyo</i>	70
<i>molindone hcl</i>	30	NEVANAC	85	<i>nystatin</i>	19, 20
<i>mometasone furoate</i>	64, 90	<i>nevirapine</i>	34	<i>nystatin-triamcinolone</i>	20
MONDOXYNE NL	12	<i>nevirapine er</i>	34	NYSTOP	20
MONOJECT		NEXAVAR	26	OALIVA	59
HYPODERMIC NEEDLE	82	NEXLETOL	49	<i>ocella</i>	70
MONOJECT INSULIN		NEXLIZET	49	OCTAGAM	74
SYRINGE	83	<i>niacin (antihyperlipidemic)</i>	51	<i>octreotide acetate</i>	72, 73
<i>montelukast sodium</i>	87	<i>niacin er (antihyperlipidemic)</i> ...	51	ODEFSEY	34
<i>morphine sulfate</i>	4, 5	NIACOR	51	ODOMZO	23
<i>morphine sulfate (concentrate)</i>	4	<i>nicardipine hcl</i>	48	OFEV	89
<i>morphine sulfate (pf)</i>	4	NICOTROL	6	<i>ofloxacin</i>	12
<i>morphine sulfate er</i>	4	<i>nifedipine</i>	48	<i>olanzapine</i>	31
MOTOFEN	59	<i>nifedipine er</i>	48	<i>olanzapine-fluoxetine hcl</i>	37
MOVANTIK	59	<i>nifedipine er osmotic release</i>	48	<i>olmesartan medoxomil</i>	46
<i>moxifloxacin hcl</i>	12	<i>nikki</i>	69	<i>olmesartan medoxomil-hctz</i>	46
<i>moxifloxacin hcl in nacl</i>	12	<i>nilutamide</i>	22	<i>olopatadine hcl</i>	84, 86
MOZOBIL	45	NINLARO	23	OLUMIANT	75
MULPLETA	45	<i>nitazoxanide</i>	28	<i>omega-3-acid ethyl esters</i>	51
MULTAQ	47	<i>nitisinone</i>	61	<i>omeprazole</i>	60
<i>mupirocin</i>	7	NITRO-BID	51	ONCASPAR	23
<i>mupirocin calcium</i>	55	<i>nitrofurantoin</i>	7	<i>ondansetron</i>	18
<i>mycophenolate mofetil</i>	78	<i>nitrofurantoin macrocrystal</i>	7	<i>ondansetron hcl</i>	18
<i>mycophenolate sodium</i>	78	<i>nitrofurantoin monohyd macro</i>	7	ONETOUCH ULTRA 2	43
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<i>na sulfate-k sulfate-mg sulf</i>	56	<i>nora-be</i>	71	ONETOUCH ULTRALINK ... 43	
<i>nabumetone</i>	3	<i>norethin ace-eth estrad-fe</i>	69	ONETOUCH VERIO	43
<i>nadolol</i>	47	<i>norethindrone</i>	71	ONETOUCH VERIO FLEX	
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<i>naftifine hcl</i>	19	<i>norethindrone acet-ethinyl est</i> ... 69		ONETOUCH VERIO IQ	
<i>naloxone hcl</i>	5, 6	<i>norethindrone-eth estradiol</i>	69	SYSTEM	43
<i>naltrexone hcl</i>	5	<i>norethindron-ethinyl estrad-fe</i> ... 69		ONUREG	23
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PACK	16	<i>norgestimate-eth estradiol</i>	69	OPTIUM TEST	43
NAMZARIC	15	<i>norgestim-eth estrad triphasic</i>	69	OPTIUMEZ TEST	43
<i>naproxen</i>	3	NORPACE CR	47	OPZELURA	55
<i>naproxen sodium</i>	3	<i>nortrel 0.5/35 (28)</i>	69	ORACIT	56
NARCAN	6	<i>nortrel 1/35 (21)</i>	69	ORENCIA	75
NATACYN	19	<i>nortrel 1/35 (28)</i>	69	ORENCIA CLICKJECT	75
<i>nateglinide</i>	38	<i>nortrel 7/7/7</i>	69	ORENITRAM	89
NATPARA	83	<i>nortriptyline hcl</i>	18	ORFADIN	61
NAYZILAM	14	NORVIR	35	ORGOVYX	23
<i>necon 0.5/35 (28)</i>	69	NOXAFIL	19	ORKAMBI	88
<i>necon 1/35 (28)</i>	69	NUBEQA	22	ORLADEYO	49

<i>orphenadrine citrate er</i>	90	PERIOGARD	54	<i>praziquantel</i>	28
<i>orsythia</i>	70	<i>permethrin</i>	28	<i>prazosin hcl</i>	46
<i>oseltamivir phosphate</i>	36	<i>perphenazine</i>	30	PRECISION PCX	43
OSMOPREP	59	<i>perphenazine-amitriptyline</i>	18	PRECISION PCX PLUS	
OSPHENA	71	PERSERIS	31	TEST	43
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<i>oxacillin sodium</i>	10	<i>phenobarbital</i>	14	CARE TEST	43
<i>oxacillin sodium in dextrose</i>	10	<i>phenoxybenzamine hcl</i>	46	PRECISION QID TEST	43
<i>oxandrolone</i>	66	<i>phenytoin</i>	15	PRECISION SOF-TACT	
<i>oxaprozin</i>	3	<i>phenytoin sodium extended</i>	15	TEST	43
<i>oxazepam</i>	37	PIFELTRO	34	PRECISION XTRA BLOOD	
OXBRYTA	45	<i>pilocarpine hcl</i>	54, 84	GLUCOSE	43
<i>oxcarbazepine</i>	15	<i>pimecrolimus</i>	55	PRED MILD	85
OXISTAT	20	<i>pimozide</i>	30	PRED-G	85
<i>oxybutynin chloride</i>	61	<i>pimtree</i>	70	PRED-G S.O.P.	85
<i>oxybutynin chloride er</i>	61	<i>pindolol</i>	47	<i>prednicarbate</i>	64
<i>oxycodone hcl</i>	5	<i>pioglitazone hcl</i>	38	<i>prednisolone</i>	64
<i>oxycodone hcl er</i>	4	<i>pioglitazone hcl-glimepiride</i>	39	<i>prednisolone acetate</i>	85
<i>oxycodone-acetaminophen</i>	5	<i>pioglitazone hcl-metformin hcl</i> ... 39		<i>prednisolone sodium phosphate</i>	
<i>oxycodone-aspirin</i>	5	<i>piperacillin sod-tazobactam so</i> ... 10		65, 85
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OZEMPIC (0.25 OR 0.5		DOSE)	24	PREDNISON INTENSOL ... 65	
MG/DOSE)	38	PIQRAY (250 MG DAILY		PREFERRED PLUS	
OZEMPIC (1 MG/DOSE)	38	DOSE)	24	INSULIN SYRINGE	83
<i>paliperidone er</i>	31	PIQRAY (300 MG DAILY		PREFEST	70
PANRETIN	27	DOSE)	24	<i>pregabalin</i>	53
<i>pantoprazole sodium</i>	60	<i>pirfenidone</i>	89	PREHEVBRIO	79
PANZYGA	74	<i>pirmella 1/35</i>	70	PREMARIN	70
<i>paricalcitol</i>	81	<i>piroxicam</i>	3	PREMASOL	57
<i>paromomycin sulfate</i>	6	PLASMA-LYTE 148	56	PREMPHASE	70
<i>paroxetine hcl</i>	17, 37	PLASMA-LYTE A	56	PREMPRO	70
<i>paroxetine hcl er</i>	17	PLENAMINE	56	<i>prenatal</i>	58
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PEDIARIX	79	<i>podofilox</i>	55	<i>pretomanid</i>	21
PEDVAX HIB	79	POGO AUTOMATIC TEST		<i>prevalite</i>	51
<i>peg 3350-kcl-na bicarb-nacl</i>	60	CARTRIDGES	43	<i>previfem</i>	70
<i>peg-3350/electrolytes</i>	60	<i>polymyxin b sulfate</i>	7	PREVYMIS	32
<i>peg-3350/electrolytes/ascorbat</i> ... 60		<i>polymyxin b-trimethoprim</i>	84	PREZCOBIX	35
PEGASYS	33	POMALYST	22	PREZISTA	35
PEGINTRON	33	<i>portia-28</i>	70	PRIFTIN	21
<i>peg-kcl-nacl-nasulf-na asc-c</i>	60	<i>posaconazole</i>	20	<i>primaquine phosphate</i>	28
PEMAZYRE	26	<i>potassium chloride</i>	57	<i>primidone</i>	14
PEN NEEDLES	83	<i>potassium chloride crys er</i>	56	PRIMSOL	7
<i>penicillamine</i>	57	<i>potassium chloride er</i>	56	PRIORIX	79
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<i>penicillin g potassium</i>	10	<i>potassium chloride in nacl</i>	57	PROAIR HFA	87
<i>penicillin g sodium</i>	10	<i>potassium citrate er</i>	57	PROAIR RESPICLICK	88
<i>penicillin v potassium</i>	10	PRADAXA	44	<i>probenecid</i>	20
PENTACEL	79	PRALUENT	51	PROCALAMINE	58
<i>pentamidine isethionate</i>	28	<i>pramipexole dihydrochloride</i>	29	<i>prochlorperazine</i>	30
<i>pentoxifylline er</i>	49	<i>prasugrel hcl</i>	44	<i>prochlorperazine maleate</i>	30
<i>perindopril erbumine</i>	46	<i>pravastatin sodium</i>	50	PROCTO-MED HC	55

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PROCTOSOL HC	55	RECTIV	51	ROTATEQ	80
PROCTOZONE-HC	55	REDITREX	78	<i>roweepra</i>	13
PRODIGY NO CODING		REGRANEX	55	ROZLYTREK	26
BLOOD GLUC	43	RELENZA DISKHALER	36	RUBRACA	26
PROGRAF	78	RELEXXII	52	RUCONEST	73
PROLASTIN-C	61	RELION BLOOD GLUCOSE		<i>rufinamide</i>	15
PROLIA	81	TEST	43	RUKOBIA	35
PROMACTA	45	RELION CONFIRM/MICRO		RUZURGI	61
<i>promethazine hcl</i>	18	TEST	43	RYDAPT	26
PROMETHEGAN	18	RELION INSULIN		RYTARY	29
<i>propafenone hcl</i>	47	SYRINGE	83	<i>sajazir</i>	73
<i>propafenone hcl er</i>	47	RELI-ON INSULIN		<i>salsalate</i>	3
<i>propracaine hcl</i>	84	SYRINGE	40	SANDIMMUNE	78
<i>propranolol hcl</i>	47, 48	RELION PRIME TEST	43	SANTYL	55
<i>propranolol hcl er</i>	47	RELION ULTIMA TEST	43	<i>sapropterin dihydrochloride</i>	61
<i>propranolol-hctz</i>	48	RELISTOR	59	SAVELLA	53
<i>propylthiouracil</i>	73	<i>repaglinide</i>	38	SAVELLA TITRATION	
PROQUAD	79	REPATHA	51	PACK	53
PROSOL	57	REPATHA PUSHTRONEX		SCSEMBLIX	26
<i>protriptyline hcl</i>	18	SYSTEM	51	<i>scopolamine</i>	18
PTS PANELS GLUCOSE		REPATHA SURECLICK	51	SECUADO	31
TEST	43	RESTASIS	84	<i>selegiline hcl</i>	29
PULMICORT FLEXHALER ..	87	RESTASIS MULTIDOSE	84	<i>selenium sulfide</i>	55
PULMOZYME	88	RETACRIT	45	SELZENTRY	35
PURE COMFORT PEN		RETEVMO	23	SEREVENT DISKUS	88
NEEDLE	83	REVLIMID	22	<i>sertraline hcl</i>	17
PURIXAN	23	REXULTI	31	<i>setlakin</i>	70
<i>pyrazinamide</i>	21	REYATAZ	35	<i>sevelamer carbonate</i>	62
<i>pyridostigmine bromide</i>	21	REZUROCK	78	<i>sevelamer hcl</i>	62
<i>pyridostigmine bromide er</i>	21	RHOPRESSA	83	<i>sharobel</i>	71
<i>pyrimethamine</i>	28	<i>ribavirin</i>	33	SHINGRIX	80
PYRUKYND	44	RIDAURA	75	SIGNIFOR	73
PYRUKYND TAPER PACK ..	44	<i>rifabutin</i>	21	SIGNIFOR LAR	73
QINLOCK	26	<i>rifampin</i>	21, 22	SIKLOS	23
QUADRACEL	79	<i>riluzole</i>	53	<i>sildenafil citrate</i>	89
<i>quetiapine fumarate</i>	31	<i>rimantadine hcl</i>	36	SILIQ	75
QUICKTEK TEST	43	RINVOQ	75	<i>silodosin</i>	62
<i>quinapril hcl</i>	46	<i>risedronate sodium</i>	81	<i>silver sulfadiazine</i>	8
<i>quinapril-hydrochlorothiazide</i>	46	RISPERDAL CONSTA	31	SIMBRINZA	85
<i>quinidine gluconate er</i>	47	<i>risperidone</i>	31	SIMPONI	78
<i>quinidine sulfate</i>	47	<i>ritonavir</i>	35	<i>simvastatin</i>	50
<i>quinine sulfate</i>	28	<i>rivastigmine</i>	15	<i>sirolimus</i>	78
RABAVERT	80	<i>rivastigmine tartrate</i>	15	SIRTURO	22
<i>raloxifene hcl</i>	71	<i>rivelsa</i>	70	SITAVIG	33
<i>ramelteon</i>	90	<i>rizatriptan benzoate</i>	21	SIVEXTRO	8
<i>ramipril</i>	46	ROCKLATAN	84	SKYRIZI	75
<i>ranolazine er</i>	49	<i>roflumilast</i>	88	SKYRIZI (150 MG DOSE)	75
<i>rasagiline mesylate</i>	29	<i>ropinirole hcl</i>	29	SKYRIZI PEN	75
RAVICTI	61	<i>ropinirole hcl er</i>	29	<i>sodium chloride</i>	57
<i>reclipsen</i>	70	ROSADAN	7, 8	<i>sodium fluoride</i>	57
RECOMBIVAX HB	80	<i>rosuvastatin calcium</i>	50	<i>sodium phenylbutyrate</i>	61

<i>sodium polystyrene sulfonate</i>	57	SYNAREL	73	<i>testosterone enanthate</i>	66
<i>sofosbuvir-velpatasvir</i>	32	SYNDROS	18	<i>tetrabenazine</i>	53
<i>solifenacin succinate</i>	61	SYNJARDY	38	<i>tetracycline hcl</i>	12
SOLOSEC	8	SYNJARDY XR	38	TEXACORT	65
SOLTAMOX	22	SYNRIBO	23	THALOMID	22
SOMATULINE DEPOT	73	SYNTHROID	72	THEO-24	88
SOMAVERT	73	TABLOID	23	<i>theophylline</i>	89
<i>sorafenib tosylate</i>	26	TABRECTA	27	<i>theophylline er</i>	89
<i>sorine</i>	47	<i>tacrolimus</i>	55, 78	<i>thioridazine hcl</i>	30
<i>sotalol hcl</i>	47	<i>tadalafil</i>	62	<i>thiotepa</i>	22
<i>sotalol hcl (af)</i>	47	<i>tadalafil (pah)</i>	89	<i>thiothixene</i>	30
SPIRIVA HANDIHALER	87	TAFINLAR	27	<i>thyroid</i>	72
SPIRIVA RESPIMAT	87	TAGRISSE	23	TIADYLT ER	48
<i>spironolactone</i>	49	TAKHZYRO	73	<i>tiadylt er</i>	48
<i>spironolactone-hctz</i>	50	TALTZ	75	<i>tiagabine hcl</i>	14
<i>sprintec 28</i>	70	TALZENNA	27	TIBSOVO	24
SPRITAM	13	<i>tamoxifen citrate</i>	22	TICOVAC	80
SPRYCEL	27	<i>tamsulosin hcl</i>	62	<i>tigecycline</i>	8
<i>sronyx</i>	70	TAPERDEX 7-DAY	65	TIGLUTIK	53
<i>ssd</i>	8	TARGRETIN	27	<i>tilia fe</i>	70
<i>stavudine</i>	34	<i>tarina 24 fe</i>	70	<i>timolol maleate</i>	21, 85
STELARA	75	<i>tarina fe 1/20 eq</i>	70	<i>timolol maleate (once-daily)</i>	85
STIMATE	66	TASIGNA	27	<i>timolol maleate pf</i>	85
STIOLTO RESPIMAT	89	TAVALISSE	44	<i>tinidazole</i>	8
STIVARGA	27	TAVNEOS	83	TIVICAY	33
<i>streptomycin sulfate</i>	6	<i>taysofy</i>	71	TIVICAY PD	33
STRIBILD	33	<i>tazarotene</i>	55	<i>tizanidine hcl</i>	32
<i>sucrafate</i>	60	TAZICEF	9	TOBI PODHALER	88
<i>sulfacetamide sodium</i>	12	TAZORAC	55	TOBRADEX	85
<i>sulfacetamide sodium (acne)</i>	55	<i>taztia xt</i>	48	<i>tobramycin</i>	6, 88
<i>sulfacetamide sodium-sulfur</i>	55	TAZVERIK	27	<i>tobramycin sulfate</i>	6
<i>sulfacetamide-prednisolone</i>	85	TDVAX	80	<i>tobramycin-dexamethasone</i>	86
<i>sulfadiazine</i>	12	TECHLITE INSULIN		<i>tolbutamide</i>	38
<i>sulfamethoxazole-trimethoprim</i> ..	12	SYRINGE	83	<i>tolcapone</i>	28
<i>sulfasalazine</i>	80	TECHLITE PEN NEEDLES ..	83	<i>tolmetin sodium</i>	3
<i>sulindac</i>	3	TEFLARO	9	<i>tolterodine tartrate</i>	62
<i>sumatriptan succinate</i>	21	TEGSEDI	61	<i>tolterodine tartrate er</i>	62
<i>sunitinib malate</i>	27	<i>telmisartan</i>	46	<i>tolvaptan</i>	57
SUPRAX	9	<i>telmisartan-amlodipine</i>	49	<i>topiramate</i>	14
SUPREP BOWEL PREP KIT ..	57	<i>telmisartan-hctz</i>	46	<i>topiramate er</i>	14
SURE COMFORT PEN		<i>temazepam</i>	90	<i>toremifene citrate</i>	22
NEEDLES	83	TEMIXYS	34	<i>torse mide</i>	49
SURE-FINE PEN NEEDLES ..	83	TENIVAC	80	TOUJEO MAX SOLOSTAR ..	40
SYEDA	70	<i>tenofovir disoproxil fumarate</i>	35	TOUJEO SOLOSTAR	40
SYMBICORT	89	TEPMETKO	27	TOVET	55
SYMDEKO	88	<i>terazosin hcl</i>	62	TPN ELECTROLYTES	58
SYMJEPI	88	<i>terbinafine hcl</i>	20	TRACLEER	89
SYMLINPEN 120	38	<i>terbutaline sulfate</i>	88	TRADJENTA	38
SYMLINPEN 60	38	<i>terconazole</i>	20	<i>tramadol hcl</i>	5
SYMPAZAN	14	<i>teriparatide (recombinant)</i>	81	<i>tramadol-acetaminophen</i>	5
SYMTUZA	33	<i>testosterone</i>	66	<i>trandolapril</i>	46
SYNAGIS	76	<i>testosterone cypionate</i>	66	<i>trandolapril-verapamil hcl er</i>	47

<i>tranexamic acid</i>	45	TRUSELTIQ (50MG DAILY DOSE)	27	<i>vienna</i>	70
<i>tranylcypromine sulfate</i>	16	TRUSELTIQ (75MG DAILY DOSE)	27	<i>vigabatrin</i>	14
TRAVASOL	57	TUKYSA	23	<i>vigadrone</i>	14
<i>travoprost (bak free)</i>	83	TURALIO	27	VIIBRYD	17
<i>trazodone hcl</i>	17	TWINRIX	80	VIIBRYD STARTER PACK ... 17	
TRECTOR	22	TYBOST	35	<i>vilazodone hcl</i>	17
TRELEGY ELLIPTA	90	<i>tydemy</i>	70	VIMPAT	15
TREMFYA	75	TYPHIM VI	80	VIRACEPT	36
<i>tretinoin</i>	27, 56	UBRELVY	20	VIREAD	35
TREXALL	78	UKONIQ	27	VITRAKVI	24
<i>triamcinolone acetonide</i>	54, 65	ULTICARE PEN NEEDLES ... 83		VIVITROL	5
<i>triamterene</i>	50	ULTILET PEN NEEDLE	83	VIZIMPRO	27
<i>triamterene-hctz</i>	50	ULTRA-THIN II PEN NEEDLES	83	VONJO	27
<i>triazolam</i>	90	UNITHROID	72	<i>voriconazole</i>	20
TRIDERM	65	UPTRAVI	89	VOSEVI	33
<i>trientine hcl</i>	57	<i>ursodiol</i>	59	VOTRIENT	27
<i>tri-estarylla</i>	70	VABOMERE	8	VP-PNV-DHA	58
<i>trifluoperazine hcl</i>	30	<i>valacyclovir hcl</i>	33	VRAYLAR	31
<i>trifluridine</i>	33	VALCHLOR	22	<i>vyfemla</i>	70
<i>trihexyphenidyl hcl</i>	28	<i>valganciclovir hcl</i>	32	VYLIBRA	70
TRIJARDY XR	38	<i>valproic acid</i>	14	VYNDAMAX	66
TRIKAFTA	88	<i>valsartan</i>	46	VYNDAQEL	66
<i>tri-legest fe</i>	70	<i>valsartan-hydrochlorothiazide</i> ... 46		<i>warfarin sodium</i>	45
<i>tri-lo-estarylla</i>	70	VALTOCO 10 MG DOSE	14	WELIREG	24
<i>tri-lo-sprintec</i>	70	VALTOCO 15 MG DOSE	14	<i>wymzya fe</i>	71
TRILYTE	60	VALTOCO 20 MG DOSE	14	XALKORI	27
<i>trimethoprim</i>	8	VALTOCO 5 MG DOSE	14	XARELTO	44
<i>tri-mili</i>	70	<i>vancomycin hcl</i>	8	XARELTO STARTER PACK 44	
<i>trimipramine maleate</i>	18	VANDAZOLE	8	XATMEP	78
<i>trinessa (28)</i>	70	VAQTA	80	XCOPRI	13
TRINTELLIX	16	<i>varenicline tartrate</i>	6	XCOPRI (250 MG DAILY DOSE)	13
<i>tri-nymyo</i>	70	VARIVAX	80	XCOPRI (350 MG DAILY DOSE)	13
<i>tri-previfem</i>	70	VARIZIG	80	XELJANZ	75, 76
<i>tri-sprintec</i>	70	VELCADE	24	XELJANZ XR	76
TRIUMEQ	35	<i>velivet</i>	70	XERMELO	59
TRIUMEQ PD	35	VELTASSA	57	XGEVA	81
<i>trivora (28)</i>	70	VENCLEXTA	24	XIFAXAN	8
TRI-VYLIBRA	70	VENCLEXTA STARTING PACK	24	XIGDUO XR	38
<i>tri-vylibra lo</i>	70	<i>venlafaxine besylate er</i>	17	XOFLUZA (40 MG DOSE) 36	
TRIZIVIR	35	<i>venlafaxine hcl</i>	37	XOFLUZA (80 MG DOSE) 36	
TROPHAMINE	57	<i>venlafaxine hcl er</i>	17	XOLAIR	76
<i>trospium chloride</i>	62	VENTAVIS	89	XOSPATA	24
<i>trospium chloride er</i>	62	<i>verapamil hcl</i>	48	XPOVIO (100 MG ONCE WEEKLY)	24
TRUEPLUS 5-BEVEL PEN NEEDLES	83	<i>verapamil hcl er</i>	48	XPOVIO (40 MG ONCE WEEKLY)	24
TRULICITY	38	VERQUVO	49	XPOVIO (40 MG TWICE WEEKLY)	24
TRUMENBA	80	VERSACLOZ	32	XPOVIO (60 MG ONCE WEEKLY)	24
TRUSELTIQ (100MG DAILY DOSE)	27	VERZENIO	24		
TRUSELTIQ (125MG DAILY DOSE)	27	VICTOZA	38		

XPOVIO (60 MG TWICE WEEKLY)	24
XPOVIO (80 MG ONCE WEEKLY)	24
XPOVIO (80 MG TWICE WEEKLY)	24
XTANDI	22
XYREM	90
XYWAV	90
YF-VAX	80
YONSA	22
<i>yuvafem</i>	71
<i>zafirlukast</i>	87
<i>zaleplon</i>	90
ZARXIO	45
ZEJULA	27
ZELAPAR	29
ZELBORAF	27
ZEMAIRA	61
ZEMDRI	6
ZENPEP	61
ZEPOSIA	54
ZEPOSIA 7-DAY STARTER PACK	54
ZEPOSIA STARTER KIT	54
ZERBAXA	9
<i>zidovudine</i>	35
<i>zileuton er</i>	87
ZIMHI	6
<i>ziprasidone hcl</i>	37
<i>ziprasidone mesylate</i>	31
ZIRGAN	32
ZOLINZA	24
<i>zolpidem tartrate</i>	90
<i>zolpidem tartrate er</i>	90
<i>zonisamide</i>	13
ZORBTIVE	66
ZOSYN	10
<i>zovia 1/35 (28)</i>	71
ZTALMY	14
ZYDELIG	25
ZYKADIA	27
ZYPREXA RELPREVV	31



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Actualizado el 11/28/2022. Para obtener información más reciente o si desea hacer otras preguntas, comuníquese con nosotros al 1-877-700-6996 (TRS 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1 de octubre al 31 de marzo, los siete días de la semana), o bien visite fallonhealth.org/navicare.



Si tiene preguntas, llame a NaviCare al 1-877-700-6996 (TRS 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1 de octubre al 31 de marzo, los siete días de la semana). La llamada es gratuita. **Para obtener más información**, visite fallonhealth.org/navicare.