

Fallon Health NaviCare® HMO SNP

2026 List of Covered Drugs **(Drug List or Formulary)**

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

Formulary ID: 00026300 Version: 13

This Drug List was updated on May 28, 2026. For more recent information or other questions, contact us at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/navicare.

Introduction

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

H8928_260039_C Approved 08292025
25-676-031 Rev. 05/05/25

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

Table of Contents

A. Disclaimers.....	iv
B. Frequently Asked Questions (FAQ).....	vi
B1. What drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....	vi
B2. Does the Drug List ever change?.....	vii
B3. What happens when there’s a change to the Drug List?	vii
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	ix
B5. How will I know if the drug I want has limitations or if there are required actions to take to get the drug?.....	x
B6. What happens if NaviCare changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?	x
B7. How can I find a drug on the Drug List?	x
B8. What if the drug I want to take isn’t on the Drug List?	x
B9. What if I’m a new NaviCare member and can’t find my drug on the Drug List or have a problem getting my drug?.....	xi
B10. Can I ask for an exception to cover my drug?	xii
B11. How can I ask for an exception?	xii
B12. How long does it take to get an exception?.....	xii
B13. What are generic drugs?.....	xii
B14. What are original biological products and how are they related to biosimilars?	xii
B15. What are OTC drugs?	xiii
B16. Does NaviCare cover non-drug OTC products?	xiii
B17. Does NaviCare cover long-term supplies of prescriptions?	xiii
B18. Can I get prescriptions delivered to my home from my local pharmacy?	xiii

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



B19. What's my copayment?	xiii
C. Overview of the <i>List of Covered Drugs</i>	xiv
C1. List of Drugs by Medical Condition	xv
D. Index of Covered Drugs.....	xvi

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



Last updated: 5/28/2026

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

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

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

Spanish: Contamos con servicios de intérprete gratuitos para responder cualquier pregunta que tenga sobre nuestro plan de salud o medicamentos. Para obtener un intérprete, solo llámenos al 1-877-700-6996. Alguien que habla español podrá ayudarle. La llamada es gratuita. También ofrecemos ayudas y servicios auxiliares gratuitos, como impresión en letra grande, braille o audio. Solo llámenos al número mencionado arriba para hacer esta solicitud.

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

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

Vietnamese: Chúng tôi cung cấp dịch vụ thông dịch miễn phí để giải đáp mọi thắc mắc liên quan đến chương trình bảo hiểm sức khỏe hoặc chương trình thuốc của chúng tôi. Để yêu cầu chúng tôi bố trí thông dịch viên, vui lòng gọi điện đến số 1-877-700-6996. Một nhân viên nói tiếng Việt sẽ hỗ trợ quý vị. Cuộc gọi này hoàn toàn miễn phí. Chúng tôi cũng cung cấp các công cụ và dịch vụ hỗ trợ miễn phí, chẳng hạn như bản in khổ chữ lớn, chữ nổi Braille hoặc băng thu âm. Quý vị chỉ cần gọi cho chúng tôi theo số điện thoại bên trên để yêu cầu các dịch vụ này.

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

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

Arabic:

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

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

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

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer perguntas que possa ter sobre o nosso plano de saúde ou medicamentos. Para obter um intérprete, ligue para 1-877-700-6996. Alguém que fala português poderá prestar assistência. A chamada é gratuita. Também fornecemos recursos e serviços auxiliares gratuitos, como impressão em letras grandes, braille ou áudio. Basta ligar para o número acima e fazer tal solicitação.

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

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

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



Khmer: យើងមានសេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់គិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយ ដែលអ្នកអាចមានអំពី គម្រោងសុខភាព ឬគម្រោងឱសថរបស់អ្នក។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរសព្ទមកយើង តាមលេខ 1-877-700-6996។ នរណាម្នាក់ដែលនិយាយ ភាសាអង់គ្លេស អាចជួយអ្នកបាន។ ការទាក់ទងតាមទូរសព្ទនេះគឺពុំគិតថ្លៃឡើយ។ យើងក៏ផ្តល់ជំនួយបន្ថែម និងសេវាកម្មជំនួយដោយគិតគ្រប់គ្រងផងដែរ ដូចជាអក្សរពុម្ពធំ អក្សរស្នាប ឬសំឡេង។ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមលេខខាងលើដើម្បីធ្វើការស្នើសុំនេះ។

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

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

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

H8928_250863_C Approved 04092025
25-676-012 Rev. 00 3/25

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



A. Disclaimers

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

- ❖ NaviCare HMO SNP is a Dual Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard and Original Medicare and does not have any other comprehensive health insurance, except Medicare.
- ❖ MassOptions is a free resource that connects elders, individuals with disabilities and their caregivers with information on plan choices that can best meet their needs. You can call MassOptions at 1-800-243-4636 (TRS 711), 9 a.m.–5 p.m., Monday–Friday.
- ❖ You can always check NaviCare's up-to-date List of Covered Drugs online at fallonhealth.org/navicare or by calling Enrollee Services at 1-877-700-6996 (TRS 711). This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Enrollee Services at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31). The call is free.
- ❖ This document is available for free in Spanish, Khmer, and Vietnamese. Other languages are available for free upon request.
- ❖ Your preferred language, both written and spoken, or request for information in an alternate format, is requested by us on each member enrollment form. Your language preference will be captured and stored in our central operating system for all communications, so you will not need to make a separate request each time.
- ❖ Enrolled members may change their preferred language or communications format by informing a member of their Care Team or by calling Enrollee Services at 1-877-700-6996 (TRS 711).

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the Drug List that starts in **Section C1** are the drugs covered by NaviCare. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an

(This section is continued on the next page.)

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

agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

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

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

B2. Does the Drug List ever change?

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

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

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

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

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

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

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

(This section is continued on the next page.)

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



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

B3. What happens when there is a change to the Drug List?

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the Drug List if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we’ll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we’re adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
 - You or your provider can ask for an exception from these changes. We’ll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the Drug List. If you’re taking the drug, we’ll send you a notice after we make the change.

If you still have medication that is not safe or has been taken off the market, please return it to the pharmacy that filled your prescription. If you received this medication

(This section is continued on the next page.)

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



through a mail-order pharmacy, please contact the pharmacy for instructions on how to return it. Also, please call your doctor. They'll be able to suggest the appropriate alternative treatment for you, if needed.

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

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

When these changes happen, we'll:

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

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

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

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

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from NaviCare before you fill your prescription. Prior authorization is different from a referral. NaviCare may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes NaviCare limits the amount of a drug you can get.

(This section is continued on the next page.)

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



- **Step therapy:** Sometimes NaviCare requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

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

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

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

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

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

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

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

There are two ways to find a drug:

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

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

(This section is continued on the next page.)

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



List. Brand name drugs and generic drugs are listed in the index.

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

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

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

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

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

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

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

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

- you’re taking a drug that isn’t on our Drug List, **or**
- our plan rules don’t let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by NaviCare **or**
- you’re taking a drug that’s part of a step therapy restriction.

If you’re taking a covered drug that NaviCare doesn’t consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. If the pharmacy isn’t able to bill NaviCare for this one-

(This section is continued on the next page.)

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



time supply, MassHealth will pay for it.

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

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

If you're a current member of NaviCare affected by a formulary change from one year to the next, we'll provide you with a 30-day transition supply (unless the prescription is written for fewer days) during the first 90 days of the plan year. You should talk to your doctor about switching to a medication that we cover or requesting a formulary exception. You can get early refills if you're entering or leaving a long-term care facility. You can refer to the Member Handbook or call our Enrollee Services team for more information about how to request a formulary exception.

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

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

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

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

B11. How can I ask for an exception?

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

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

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

(This section is continued on the next page.)

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



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

B13. What are generic drugs?

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

NaviCare covers both brand name drugs and generic drugs.

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

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

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

B15. What are OTC drugs?

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

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

B16. Does NaviCare cover non-drug OTC products?

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

(This section is continued on the next page.)

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



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

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

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

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

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

B19. What is my copayment?

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

All drugs on our Drug List have no copay.

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

OTCs have a \$0 copay.

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

C. Overview of the List of Covered Drugs

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

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



C1. List of Drugs by Medical Condition

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

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

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

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

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



Last updated: 5/28/2026

D. Index of Covered Drugs

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

Table of Contents

Analgesics	3
Anesthetics	4
Anti-Addiction/Substance Abuse Treatment Agents	5
Antibacterials	5
Anticonvulsants	11
Antidementia Agents	14
Antidepressants	15
Antiemetics	17
Antifungals	18
Antigout Agents	19
Anti-Inflammatory Agents	19
Antimigraine Agents	20
Antimyasthenic Agents	20
Antimycobacterials	20
Antineoplastics	21
Antiparasitics	29
Antiparkinson Agents	29
Antipsychotics	30
Antispasticity Agents	33
Antivirals	33
Anxiolytics	38
Bipolar Agents	39
Blood Glucose Regulators	39
Blood Glucose Supplies	43
Blood Products And Modifiers	46
Blood Products/Modifiers/Volume Expanders	46
Cardiovascular Agents	47
Central Nervous System Agents	53
Dental And Oral Agents	56
Dermatological Agents	56
Electrolytes/Minerals/Metals/Vitamins	58
Gastrointestinal Agents	60
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment	62
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment	63
Genitourinary Agents	63
Glucose Monitoring Test Supplies	65
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	65
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	67
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	68
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	68
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	73
Hormonal Agents, Suppressant (Adrenal)	74
Hormonal Agents, Suppressant (Pituitary)	74
Hormonal Agents, Suppressant (Thyroid)	75
Immunological Agents	75
Inflammatory Bowel Disease Agents	85
Metabolic Bone Disease Agents	86
Miscellaneous Therapeutic Agents	87
Ophthalmic Agents	88
Otic Agents	90

Respiratory Tract/Pulmonary Agents.....	91
Skeletal Muscle Relaxants.....	96
Sleep Disorder Agents.....	96

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

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

Drug	Status	Requirements/Limits
<i>methadone hcl oral tablet</i>	Generic	NEDS
<i>morphine sulfate er oral tablet extended release</i>	Generic	NEDS
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution</i>	Generic	NEDS
<i>acetaminophen-codeine oral tablet</i>	Generic	NEDS
<i>duramorph injection solution 1 mg/ml</i>	Generic	NEDS
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Generic	NEDS
<i>endocet oral tablet 2.5-325 mg</i>	Generic	
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	Generic	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	Generic	NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Generic	NEDS
<i>hydromorphone hcl oral tablet</i>	Generic	NEDS
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml</i>	Generic	NEDS
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	Generic	NEDS
<i>morphine sulfate oral solution</i>	Generic	NEDS
<i>morphine sulfate oral tablet</i>	Generic	NEDS
<i>oxycodone hcl oral solution</i>	Generic	NEDS
<i>oxycodone hcl oral tablet</i>	Generic	NEDS
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	Generic	NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Generic	NEDS
<i>tramadol hcl oral tablet 50 mg</i>	Generic	NEDS
<i>tramadol-acetaminophen oral tablet</i>	Generic	NEDS
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	Generic	QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Generic	PA; QL (3 EA per 1 day)
<i>lidocaine hcl (pf) injection solution 1 %</i>	Generic	
<i>lidocaine hcl external solution</i>	Generic	QL (250 ML per 30 days)
<i>lidocaine hcl injection solution 1 %, 2 %</i>	Generic	
<i>lidocaine viscous hcl mouth/throat solution</i>	Generic	
<i>lidocaine-prilocaine external cream</i>	Generic	QL (30 GM per 30 days)

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

Drug	Status	Requirements/Limits
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	Generic	MO
<i>disulfiram oral tablet</i>	Generic	MO
Opioid Dependence Treatments		
<i>buprenorphine hcl injection solution</i>	Generic	
<i>buprenorphine hcl sublingual tablet sublingual</i>	Generic	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	Generic	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Generic	
<i>naltrexone hcl oral tablet</i>	Generic	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	NEDS
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID	Brand	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Generic	
<i>naloxone hcl injection solution cartridge</i>	Generic	
<i>naloxone hcl injection solution prefilled syringe</i>	Generic	
<i>naloxone hcl nasal liquid</i>	Generic	
OPVEE NASAL SOLUTION	Brand	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Generic	QL (60 EA per 30 days)
NICOTROL INHALATION INHALER	Brand	QL (2688 EA per 365 days)
NICOTROL NS NASAL SOLUTION	Brand	QL (360 ML per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	Generic	QL (504 EA per 365 days)
<i>varenicline tartrate oral tablet</i>	Generic	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Generic	HI
ARIKAYCE INHALATION SUSPENSION	Brand	PA; NEDS
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	Generic	HI
<i>gentamicin sulfate external cream</i>	Generic	
<i>gentamicin sulfate external ointment</i>	Generic	

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

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

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

Drug	Status	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Generic	
<i>nitrofurantoin monohyd macro oral capsule</i>	Generic	
<i>polymyxin b sulfate injection solution reconstituted</i>	Generic	HI
<i>silver sulfadiazine external cream</i>	Generic	
<i>ssd external cream</i>	Generic	
<i>tigecycline intravenous solution reconstituted</i>	Generic	HI
<i>tinidazole oral tablet</i>	Generic	
<i>trimethoprim oral tablet</i>	Generic	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	Generic	HI
<i>vancomycin hcl oral capsule 125 mg</i>	Generic	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	Generic	QL (240 EA per 30 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	Generic	
XIFAXAN ORAL TABLET 550 MG	Brand	MO; QL (3 EA per 1 day); NEDS
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour</i>	Generic	
<i>cefaclor oral capsule</i>	Generic	
<i>cefadroxil oral capsule</i>	Generic	
<i>cefadroxil oral suspension reconstituted</i>	Generic	
<i>cefadroxil oral tablet</i>	Generic	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	Generic	HI
<i>cefdinir oral capsule</i>	Generic	
<i>cefdinir oral suspension reconstituted</i>	Generic	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	Generic	HI
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	Generic	HI
<i>cefixime oral capsule</i>	Generic	
<i>cefixime oral suspension reconstituted</i>	Generic	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	Generic	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	Generic	HI
<i>cefoxitin sodium intravenous solution reconstituted</i>	Generic	HI
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Generic	

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

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

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

Drug	Status	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	Generic	
<i>ampicillin oral capsule 500 mg</i>	Generic	
<i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm</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 L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
<i>dicloxacillin sodium oral capsule</i>	Generic	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Generic	HI
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	Generic	HI
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Generic	HI
<i>oxacillin sodium intravenous solution reconstituted</i>	Generic	HI
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	Generic	HI
<i>penicillin g potassium injection solution reconstituted</i>	Generic	HI
<i>penicillin g sodium injection solution reconstituted</i>	Generic	HI
<i>penicillin v potassium oral solution reconstituted</i>	Generic	
<i>penicillin v potassium oral tablet</i>	Generic	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	Generic	HI
Macrolides		
<i>azithromycin intravenous solution reconstituted</i>	Generic	HI
<i>azithromycin oral suspension reconstituted</i>	Generic	
<i>azithromycin oral tablet 250 mg (6 pack)</i>	Generic	MO
<i>azithromycin oral tablet 250 mg, 500 mg, 500 mg (3 pack), 600 mg</i>	Generic	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Generic	

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

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

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

Drug	Status	Requirements/Limits
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted</i>	Generic	HI
<i>doxycycline hyclate intravenous solution reconstituted</i>	Generic	HI
<i>doxycycline hyclate oral capsule</i>	Generic	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Generic	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Generic	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Generic	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Generic	
<i>minocycline hcl oral capsule</i>	Generic	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	Generic	
<i>monodoxyne nl oral capsule 100 mg</i>	Generic	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
<i>tetracycline hcl oral capsule</i>	Generic	
Anticonvulsants		
Anticonvulsants, Other		
<i>brivaracetam oral solution</i>	Generic	PA NS
<i>brivaracetam oral tablet</i>	Generic	PA NS
BRIVIACT ORAL SOLUTION	Brand	PA NS; MO; NEDS
BRIVIACT ORAL TABLET	Brand	PA NS; MO; NEDS
DIACOMIT ORAL CAPSULE	Brand	PA NS; MO; NEDS
DIACOMIT ORAL PACKET	Brand	PA NS; MO; NEDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Generic	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Generic	MO
<i>divalproex sodium oral tablet delayed release</i>	Generic	MO
FINTEPLA ORAL SOLUTION	Brand	PA NS; MO; NEDS
<i>lamotrigine oral tablet</i>	Generic	MO
<i>lamotrigine starter kit-blue oral kit</i>	Generic	
<i>lamotrigine starter kit-green oral kit</i>	Generic	NEDS
<i>lamotrigine starter kit-orange oral kit</i>	Generic	
<i>levetiracetam er oral tablet extended release 24 hour</i>	Generic	MO
<i>levetiracetam oral solution</i>	Generic	MO

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

Drug	Status	Requirements/Limits
<i>levetiracetam oral tablet</i>	Generic	MO
<i>levetiracetam oral tablet disintegrating soluble</i>	Generic	
<i>roweepra oral tablet 500 mg</i>	Generic	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Brand	MO
SUBVENITE ORAL SUSPENSION	Generic	
<i>subvenite oral tablet</i>	Generic	MO
<i>subvenite starter kit-blue oral kit</i>	Generic	
<i>subvenite starter kit-green oral kit</i>	Generic	NEDS
<i>subvenite starter kit-orange oral kit</i>	Generic	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Brand	MO; QL (56 EA per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	MO; QL (56 EA per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	Brand	MO; QL (60 EA per 30 days); NEDS
XCOPRI ORAL TABLET 25 MG	Brand	QL (30 EA per 30 days); NEDS
XCOPRI ORAL TABLET 50 MG	Brand	MO; QL (90 EA per 30 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Brand	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	Brand	QL (28 EA per 28 days); NEDS
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule</i>	Generic	MO
<i>ethosuximide oral solution</i>	Generic	MO
<i>methsuximide oral capsule</i>	Generic	
ZONISADE ORAL SUSPENSION	Brand	ST
<i>zonisamide oral capsule</i>	Generic	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	Generic	PA NS; MO
<i>clobazam oral tablet</i>	Generic	PA NS; MO
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	Generic	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	Generic	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	Generic	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	Generic	QL (300 EA per 30 days)

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

Drug	Status	Requirements/Limits
<i>diazepam rectal gel</i>	Generic	
EPIDIOLEX ORAL SOLUTION	Brand	PA NS; MO; NEDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Generic	MO; QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	Generic	MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	Generic	MO; QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	Generic	MO; QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	Generic	MO; QL (150 EA per 30 days)
NAYZILAM NASAL SOLUTION	Brand	QL (10 EA per 30 days)
<i>phenobarbital oral elixir</i>	Generic	MO
<i>phenobarbital oral tablet</i>	Generic	MO
<i>primidone oral tablet 125 mg</i>	Generic	
<i>primidone oral tablet 250 mg, 50 mg</i>	Generic	MO
SYMPAZAN ORAL FILM	Brand	PA NS; MO; NEDS
<i>tiagabine hcl oral tablet</i>	Generic	MO
<i>valproic acid oral capsule</i>	Generic	MO
<i>valproic acid oral solution 250 mg/5ml</i>	Generic	MO
VALTOCO 10 MG DOSE NASAL LIQUID	Brand	QL (10 EA per 30 days); NEDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Brand	QL (10 EA per 30 days); NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Brand	QL (10 EA per 30 days); NEDS
VALTOCO 5 MG DOSE NASAL LIQUID	Brand	QL (10 EA per 30 days); NEDS
<i>vigabatrin oral packet</i>	Generic	PA NS; MO; NEDS
<i>vigabatrin oral tablet</i>	Generic	PA NS; MO; NEDS
<i>vigadrone oral packet</i>	Generic	PA NS; MO; NEDS
VIGADRONE ORAL TABLET	Brand	PA NS; NEDS
VIGAFYDE ORAL SOLUTION	Brand	PA NS; NEDS
<i>vigpoder oral packet</i>	Generic	PA NS; NEDS
ZTALMY ORAL SUSPENSION	Brand	PA NS; NEDS
Glutamate Reducing Agents		
EPRONTIA ORAL SOLUTION	Brand	
<i>felbamate oral suspension</i>	Generic	MO
<i>felbamate oral tablet</i>	Generic	MO
FYCOMPA ORAL SUSPENSION	Brand	PA NS; MO; NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	Brand	PA NS; MO; NEDS
FYCOMPA ORAL TABLET 2 MG	Brand	PA NS; MO
<i>perampanel oral suspension</i>	Generic	PA NS; NEDS

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

Drug	Status	Requirements/Limits
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	Generic	PA NS; NEDS
<i>perampanel oral tablet 2 mg</i>	Generic	PA NS; MO
<i>topiramate oral capsule sprinkle</i>	Generic	MO
<i>topiramate oral solution</i>	Generic	
<i>topiramate oral tablet</i>	Generic	MO
Sodium Channel Agents		
<i>carbamazepine er oral capsule extended release 12 hour</i>	Generic	MO
<i>carbamazepine er oral tablet extended release 12 hour</i>	Generic	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	Generic	MO
<i>carbamazepine oral tablet</i>	Generic	MO
<i>carbamazepine oral tablet chewable</i>	Generic	MO
DILANTIN ORAL CAPSULE 30 MG	Brand	MO
<i>epitol oral tablet</i>	Generic	MO
<i>eslicarbazepine acetate oral tablet</i>	Generic	PA NS; MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	Generic	
<i>lacosamide oral solution 10 mg/ml</i>	Generic	MO
<i>lacosamide oral tablet</i>	Generic	MO
<i>oxcarbazepine oral suspension</i>	Generic	MO
<i>oxcarbazepine oral tablet</i>	Generic	MO
<i>phenytek oral capsule</i>	Generic	MO
<i>phenytoin oral suspension</i>	Generic	MO
<i>phenytoin oral tablet chewable</i>	Generic	MO
<i>phenytoin sodium extended oral capsule</i>	Generic	MO
<i>rufinamide oral suspension 40 mg/ml</i>	Generic	PA NS; MO; NEDS
<i>rufinamide oral tablet 200 mg</i>	Generic	PA NS; MO
<i>rufinamide oral tablet 400 mg</i>	Generic	PA NS; MO; NEDS
Antidementia Agents		
Antidementia Agents, Other		
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour</i>	Generic	MO; QL (30 EA per 30 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Brand	MO; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet</i>	Generic	MO; QL (30 EA per 30 days)

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

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

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

Drug	Status	Requirements/Limits
ZURZUVAE ORAL CAPSULE 30 MG	Brand	PA NS; QL (14 EA per 14 days); NEDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	Brand	PA NS; MO; QL (30 EA per 30 days); NEDS
MARPLAN ORAL TABLET	Brand	MO
<i>phenelzine sulfate oral tablet</i>	Generic	MO
<i>tranylcypromine sulfate oral tablet</i>	Generic	MO
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution</i>	Generic	MO
<i>citalopram hydrobromide oral tablet</i>	Generic	MO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	Generic	MO; QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Generic	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 40 MG, 60 MG	Brand	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Brand	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Generic	MO; QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Generic	MO
<i>escitalopram oxalate oral tablet</i>	Generic	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Brand	PA NS; MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Brand	PA NS; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule</i>	Generic	MO
<i>fluoxetine hcl oral capsule delayed release</i>	Generic	MO; QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	Generic	MO
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	Generic	MO
<i>fluoxetine hcl oral tablet 60 mg</i>	Generic	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	Generic	MO; QL (60 EA per 30 days)

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

Drug	Status	Requirements/Limits
<i>fluvoxamine maleate oral tablet</i>	Generic	MO
<i>nefazodone hcl oral tablet</i>	Generic	MO
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Generic	MO
<i>paroxetine hcl oral suspension</i>	Generic	MO
RALDESY ORAL SOLUTION	Brand	NEDS
<i>sertraline hcl oral concentrate</i>	Generic	MO
<i>sertraline hcl oral tablet</i>	Generic	MO
<i>trazodone hcl oral tablet</i>	Generic	MO
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Generic	MO
<i>vilazodone hcl oral tablet</i>	Generic	PA NS; MO; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	Generic	MO
<i>amoxapine oral tablet</i>	Generic	MO
<i>clomipramine hcl oral capsule</i>	Generic	MO
<i>desipramine hcl oral tablet</i>	Generic	MO
<i>doxepin hcl oral capsule</i>	Generic	MO
<i>doxepin hcl oral concentrate</i>	Generic	MO
<i>imipramine hcl oral tablet</i>	Generic	MO
<i>nortriptyline hcl oral capsule</i>	Generic	MO
<i>nortriptyline hcl oral solution</i>	Generic	MO
<i>protriptyline hcl oral tablet</i>	Generic	MO
<i>trimipramine maleate oral capsule</i>	Generic	MO
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Generic	
<i>promethazine hcl injection solution</i>	Generic	
<i>promethazine hcl oral tablet</i>	Generic	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Generic	
<i>promethegan rectal suppository 25 mg</i>	Generic	
<i>scopolamine transdermal patch 72 hour</i>	Generic	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg</i>	Generic	B/D; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	Generic	B/D; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Generic	B/D; QL (8 EA per 30 days)

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

Drug	Status	Requirements/Limits
<i>aprepitant oral capsule therapy pack</i>	Generic	B/D; QL (6 EA per 30 days)
<i>dronabinol oral capsule</i>	Generic	B/D; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet</i>	Generic	B/D; QL (30 EA per 30 days)
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Generic	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Generic	B/D; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Generic	B/D; QL (14 EA per 28 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Generic	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Generic	B/D
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	Brand	B/D
<i>amphotericin b intravenous solution reconstituted</i>	Generic	B/D; HI
<i>amphotericin b liposome intravenous suspension reconstituted</i>	Generic	B/D; HI
BREXAFEMME ORAL TABLET	Brand	PA; QL (4 EA per 1 day); NEDS
<i>casprofungin acetate intravenous solution reconstituted</i>	Generic	HI
<i>ciclodan external solution</i>	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	QL (90 GM per 30 days)
<i>clotrimazole external solution</i>	Generic	QL (30 ML per 30 days)
<i>clotrimazole mouth/throat troche</i>	Generic	
CRESEMBA ORAL CAPSULE	Brand	PA; NEDS
<i>econazole nitrate external cream</i>	Generic	QL (85 GM per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	Generic	HI
<i>fluconazole oral suspension reconstituted</i>	Generic	
<i>fluconazole oral tablet</i>	Generic	
<i>flucytosine oral capsule</i>	Generic	NEDS
<i>griseofulvin microsize oral suspension</i>	Generic	
<i>griseofulvin microsize oral tablet</i>	Generic	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Generic	

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

Drug	Status	Requirements/Limits
<i>itraconazole oral capsule</i>	Generic	
<i>ketoconazole external cream</i>	Generic	QL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	Generic	
<i>ketoconazole oral tablet</i>	Generic	
<i>miconazole sodium intravenous solution reconstituted</i>	Generic	HI
<i>miconazole 3 vaginal suppository</i>	Generic	
NATACYN OPHTHALMIC SUSPENSION	Brand	
<i>nyamyc external powder</i>	Generic	QL (60 GM per 30 days)
<i>nystatin external cream</i>	Generic	
<i>nystatin external ointment</i>	Generic	
<i>nystatin external powder</i>	Generic	QL (60 GM per 30 days)
<i>nystatin mouth/throat suspension</i>	Generic	
<i>nystatin oral tablet</i>	Generic	
<i>nystatin-triamcinolone external cream</i>	Generic	
<i>nystatin-triamcinolone external ointment</i>	Generic	
<i>nystop external powder</i>	Generic	QL (60 GM per 30 days)
<i>posaconazole oral suspension</i>	Generic	PA; NEDS
<i>posaconazole oral tablet delayed release</i>	Generic	PA; MO; NEDS
<i>terbinafine hcl oral tablet</i>	Generic	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	Generic	
<i>terconazole vaginal suppository</i>	Generic	
<i>voriconazole intravenous solution reconstituted</i>	Generic	PA; HI
<i>voriconazole oral suspension reconstituted</i>	Generic	PA; NEDS
<i>voriconazole oral tablet</i>	Generic	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Generic	MO
<i>colchicine oral tablet</i>	Generic	
<i>colchicine-probenecid oral tablet</i>	Generic	MO
<i>febuxostat oral tablet</i>	Generic	MO
<i>probenecid oral tablet</i>	Generic	MO
Anti-Inflammatory Agents		
Glucocorticoids		
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	Generic	

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

Drug	Status	Requirements/Limits
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection solution</i>	Generic	QL (8 ML per 30 days); NEDS
<i>dihydroergotamine mesylate nasal solution</i>	Generic	QL (8 ML per 30 days); NEDS
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Brand	
<i>ergotamine-caffeine oral tablet</i>	Generic	QL (24 EA per 28 days)
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (1 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	Brand	PA; QL (18 EA per 30 days); NEDS
<i>timolol maleate oral tablet</i>	Generic	MO
UBRELVY ORAL TABLET	Brand	PA; QL (16 EA per 30 days); NEDS
Serotonin 5-Ht-Receptor Agonists		
<i>rizatriptan benzoate oral tablet</i>	Generic	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Generic	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	Generic	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Generic	QL (5 ML per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release</i>	Generic	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Generic	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	Generic	MO
<i>rifabutin oral capsule</i>	Generic	
Antituberculars		
<i>ethambutol hcl oral tablet</i>	Generic	
<i>isoniazid oral syrup</i>	Generic	MO
<i>isoniazid oral tablet</i>	Generic	MO
PRIFTIN ORAL TABLET	Brand	
<i>pyrazinamide oral tablet</i>	Generic	
<i>rifampin intravenous solution reconstituted</i>	Generic	HI
<i>rifampin oral capsule</i>	Generic	

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

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

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

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

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

Drug	Status	Requirements/Limits
OJJAARA ORAL TABLET 150 MG	Brand	PA NS; QL (30 EA per 30 days); NEDS
ONCASPAR INJECTION SOLUTION	Brand	NEDS
ORGOVYX ORAL TABLET	Brand	PA NS; NEDS
RETEVMO ORAL TABLET 120 MG, 160 MG	Brand	PA NS; NEDS
RETEVMO ORAL TABLET 40 MG	Brand	PA NS; QL (90 EA per 30 days); NEDS
RETEVMO ORAL TABLET 80 MG	Brand	PA NS; QL (60 EA per 30 days); NEDS
TAGRISSE ORAL TABLET	Brand	PA NS; QL (30 EA per 30 days); NEDS
TUKYSA ORAL TABLET	Brand	PA NS; NEDS
VENCLEXTA ORAL TABLET 10 MG	Brand	PA NS
VENCLEXTA ORAL TABLET 100 MG, 50 MG	Brand	PA NS; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
VORANIGO ORAL TABLET	Brand	PA NS; QL (60 EA per 30 days); NEDS
WELIREG ORAL TABLET	Brand	PA NS; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Brand	PA NS; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	Brand	PA NS; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Brand	PA NS; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Brand	PA NS; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	Brand	PA NS; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
ZOLINZA ORAL CAPSULE	Brand	PA NS; NEDS
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	Generic	MO
<i>exemestane oral tablet</i>	Generic	MO
<i>letrozole oral tablet</i>	Generic	MO

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

Drug	Status	Requirements/Limits
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE	Brand	PA NS; NEDS
IDHIFA ORAL TABLET	Brand	PA NS; QL (30 EA per 30 days); NEDS
OGSIVEO ORAL TABLET	Brand	PA NS; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
REZLIDHIA ORAL CAPSULE	Brand	PA NS; NEDS
TIBSOVO ORAL TABLET	Brand	PA NS; NEDS
VERZENIO ORAL TABLET	Brand	PA NS; NEDS
VITRAKVI ORAL CAPSULE	Brand	PA NS; NEDS
VITRAKVI ORAL SOLUTION	Brand	PA NS; NEDS
XOSPATA ORAL TABLET	Brand	PA NS; NEDS
ZYDELIG ORAL TABLET	Brand	PA NS; NEDS
Molecular Target Inhibitors		
AKEEGA ORAL TABLET	Brand	PA NS; NEDS
ALECENSA ORAL CAPSULE	Brand	PA NS; NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Brand	PA NS; QL (30 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	Brand	PA NS; QL (120 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Brand	PA NS; QL (60 EA per 365 days); NEDS
AUGTYRO ORAL CAPSULE	Brand	PA NS; NEDS
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	Brand	PA NS; NEDS
AYVAKIT ORAL TABLET	Brand	PA NS; QL (1 EA per 1 day); NEDS
BALVERSA ORAL TABLET	Brand	PA NS; NEDS
BOSULIF ORAL CAPSULE	Brand	PA NS; NEDS
BOSULIF ORAL TABLET	Brand	PA NS; NEDS
BRAFTOVI ORAL CAPSULE 75 MG	Brand	PA NS; NEDS
BRUKINSA ORAL CAPSULE	Brand	PA NS; NEDS
BRUKINSA ORAL TABLET	Brand	PA NS; NEDS
CABOMETYX ORAL TABLET 20 MG	Brand	PA NS; QL (30 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
CABOMETYX ORAL TABLET 40 MG, 60 MG	Brand	PA NS; NEDS
CALQUENCE ORAL TABLET	Brand	PA NS; NEDS
CAPRELSA ORAL TABLET 100 MG	Brand	PA NS; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	Brand	PA NS; NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Brand	PA NS; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Brand	PA NS; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Brand	PA NS; NEDS
DANZITEN ORAL TABLET	Brand	PA NS; NEDS
<i>dasatinib oral tablet</i>	Generic	PA NS; NEDS
DAURISMO ORAL TABLET	Brand	PA NS; NEDS
ENSACOVE ORAL CAPSULE	Brand	PA NS; NEDS
ERIVEDGE ORAL CAPSULE	Brand	PA NS; NEDS
<i>erlotinib hcl oral tablet</i>	Generic	PA NS; NEDS
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Generic	PA NS; QL (30 EA per 30 days); NEDS
<i>everolimus oral tablet soluble</i>	Generic	PA NS; NEDS
FOTIVDA ORAL CAPSULE	Brand	PA NS; NEDS
FRUZAQLA ORAL CAPSULE	Brand	PA NS; NEDS
<i>gefitinib oral tablet</i>	Generic	PA NS; NEDS
GOMEKLI ORAL CAPSULE	Brand	PA NS; NEDS
GOMEKLI ORAL TABLET SOLUBLE	Brand	PA NS; NEDS
HERNEXEOS ORAL TABLET	Brand	PA NS; NEDS
HYRNUO ORAL TABLET	Brand	PA NS; NEDS
IBTROZI ORAL CAPSULE	Brand	PA NS; NEDS
ICLUSIG ORAL TABLET	Brand	PA NS; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	Generic	
IMBRUVICA ORAL CAPSULE 140 MG	Brand	PA NS; QL (120 EA per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	Brand	PA NS; QL (28 EA per 28 days); NEDS
IMBRUVICA ORAL SUSPENSION	Brand	PA NS; NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG	Brand	PA NS; QL (28 EA per 28 days); NEDS
IMBRUVICA ORAL TABLET 420 MG	Brand	PA NS; NEDS

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

Drug	Status	Requirements/Limits
IMKELDI ORAL SOLUTION	Brand	PA NS; NEDS
INLYTA ORAL TABLET	Brand	PA NS; NEDS
INREBIC ORAL CAPSULE	Brand	PA NS; NEDS
ITOVEBI ORAL TABLET 3 MG	Brand	PA NS; QL (60 EA per 30 days); NEDS
ITOVEBI ORAL TABLET 9 MG	Brand	PA NS; NEDS
JAKAFI ORAL TABLET	Brand	PA NS; QL (60 EA per 30 days); NEDS
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	PA NS; QL (30 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	Brand	PA NS; NEDS
JAYPIRCA ORAL TABLET 50 MG	Brand	PA NS; QL (30 EA per 30 days); NEDS
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
KOSELUGO ORAL CAPSULE SPRINKLE	Brand	PA NS; NEDS
<i>lapatinib ditosylate oral tablet</i>	Generic	PA NS; LA; NEDS
LAZCLUZE ORAL TABLET 240 MG	Brand	PA NS; NEDS
LAZCLUZE ORAL TABLET 80 MG	Brand	PA NS; QL (60 EA per 30 days); NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Brand	PA NS; NEDS

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

Drug	Status	Requirements/Limits
LENVIMA (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
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Brand	PA NS; NEDS
MEKINIST ORAL SOLUTION RECONSTITUTED	Brand	PA NS; NEDS
MEKINIST ORAL TABLET	Brand	PA NS; NEDS
MEKTOVI ORAL TABLET	Brand	PA NS; NEDS
MODEYSO ORAL CAPSULE	Brand	PA NS; NEDS
NERLYNX ORAL TABLET	Brand	PA NS; QL (180 EA per 30 days); NEDS
<i>nilotinib d-tartrate oral capsule</i>	Generic	PA NS; NEDS
<i>nilotinib hcl oral capsule</i>	Generic	PA NS; NEDS
OJEMDA ORAL SUSPENSION RECONSTITUTED	Brand	PA NS; NEDS
OJEMDA ORAL TABLET	Brand	PA NS; NEDS
<i>pazopanib hcl oral tablet 200 mg</i>	Generic	PA NS; NEDS
PEMAZYRE ORAL TABLET	Brand	PA NS; QL (30 EA per 30 days); NEDS
QINLOCK ORAL TABLET	Brand	PA NS; NEDS
REVUFORJ ORAL TABLET	Brand	PA NS; NEDS
ROMVIMZA ORAL CAPSULE	Brand	PA NS; NEDS
ROZLYTREK ORAL CAPSULE	Brand	PA NS; NEDS
ROZLYTREK ORAL PACKET	Brand	PA NS; NEDS
RUBRACA ORAL TABLET 200 MG	Brand	PA NS; QL (120 EA per 30 days); NEDS
RUBRACA ORAL TABLET 250 MG, 300 MG	Brand	PA NS; NEDS
RYDAPT ORAL CAPSULE	Brand	PA NS; NEDS
SCEMBLIX ORAL TABLET 100 MG	Brand	PA NS; QL (120 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG	Brand	PA NS; QL (60 EA per 30 days); NEDS

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

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

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

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

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

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

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

Drug	Status	Requirements/Limits
<i>loxapine succinate oral capsule</i>	Generic	MO
<i>molindone hcl oral tablet</i>	Generic	MO
<i>perphenazine oral tablet</i>	Generic	MO
<i>pimozide oral tablet</i>	Generic	MO
<i>prochlorperazine maleate oral tablet</i>	Generic	MO
<i>prochlorperazine rectal suppository</i>	Generic	
<i>thioridazine hcl oral tablet</i>	Generic	MO
<i>thiothixene oral capsule</i>	Generic	MO
<i>trifluoperazine hcl oral tablet</i>	Generic	MO
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Brand	MO; NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Brand	MO; NEDS
<i>aripiprazole oral solution</i>	Generic	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	Generic	MO; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual</i>	Generic	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE	Brand	ST; MO; QL (30 EA per 30 days); NEDS
COBENFY ORAL CAPSULE	Brand	PA NS; QL (60 EA per 30 days); NEDS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	Brand	PA NS; QL (112 EA per 365 days); NEDS
FANAPT ORAL TABLET	Brand	ST; QL (60 EA per 30 days); NEDS
FANAPT TITRATION PACK A ORAL TABLET	Brand	ST; QL (16 EA per 365 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Brand	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Brand	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML	Brand	NEDS

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

Drug	Status	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	Brand	MO; NEDS
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	Generic	MO; QL (60 EA per 30 days)
LYBALVI ORAL TABLET	Brand	ST; QL (30 EA per 30 days); NEDS
NUPLAZID ORAL CAPSULE	Brand	PA NS; MO; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	Brand	PA NS; MO; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Generic	
<i>olanzapine oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	Generic	MO; QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	Brand	PA NS; QL (90 EA per 30 days); NEDS
OPIPZA ORAL FILM 2 MG	Brand	PA NS; QL (30 EA per 30 days); NEDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Generic	MO; QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Brand	MO; NEDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Generic	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 150 mg</i>	Generic	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Generic	MO; QL (60 EA per 30 days)
REXULTI ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	Generic	
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	Generic	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

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

Drug	Status	Requirements/Limits
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	Brand	ST; QL (1 EA per 1 day); NEDS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Brand	ST; MO; QL (1 EA per 1 day); NEDS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Generic	QL (60 EA per 30 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 25 mg</i>	Generic	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	Generic	QL (120 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	Generic	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	Generic	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	Generic	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	Generic	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	Generic	QL (120 EA per 30 days); NEDS
VERSACLOZ ORAL SUSPENSION	Brand	QL (540 ML per 30 days); NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Generic	
<i>dantrolene sodium oral capsule</i>	Generic	
<i>tizanidine hcl oral tablet</i>	Generic	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET	Brand	NEDS
PREVYMIS ORAL PACKET	Brand	PA; NEDS
PREVYMIS ORAL TABLET	Brand	PA; MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	Generic	MO; NEDS
<i>valganciclovir hcl oral tablet</i>	Generic	MO
ZIRGAN OPHTHALMIC GEL	Brand	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	Generic	PA; MO
BARACLUDE ORAL SOLUTION	Brand	MO; QL (600 ML per 30 days); NEDS
<i>entecavir oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Generic	MO
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL PACKET 150-37.5 MG	Brand	PA; QL (84 EA per 365 days); NEDS

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

Drug	Status	Requirements/Limits
EPCLUSA ORAL PACKET 200-50 MG	Brand	PA; QL (168 EA per 365 days); NEDS
EPCLUSA ORAL TABLET 200-50 MG	Brand	PA; QL (168 EA per 365 days); NEDS
EPCLUSA ORAL TABLET 400-100 MG	Brand	PA; QL (84 EA per 365 days); NEDS
HARVONI ORAL PACKET 33.75-150 MG	Brand	PA; QL (168 EA per 365 days); NEDS
HARVONI ORAL PACKET 45-200 MG	Brand	PA; QL (336 EA per 365 days); NEDS
HARVONI ORAL TABLET 45-200 MG	Brand	PA; QL (336 EA per 365 days); NEDS
HARVONI ORAL TABLET 90-400 MG	Brand	PA; QL (168 EA per 365 days); NEDS
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
MAVYRET ORAL PACKET	Brand	PA; QL (560 EA per 365 days); NEDS
MAVYRET ORAL TABLET	Brand	PA; QL (336 EA per 365 days); NEDS
VOSEVI ORAL TABLET	Brand	PA; QL (84 EA per 365 days); NEDS
Anti-Hepatitis C (Hcv) Agents, Other		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Brand	NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	NEDS
<i>ribavirin inhalation solution reconstituted</i>	Generic	NEDS
<i>ribavirin oral capsule</i>	Generic	
<i>ribavirin oral tablet 200 mg</i>	Generic	
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	Generic	
<i>acyclovir oral suspension 200 mg/5ml</i>	Generic	
<i>acyclovir oral tablet</i>	Generic	
<i>acyclovir sodium intravenous solution</i>	Generic	B/D; HI
<i>famciclovir oral tablet</i>	Generic	
<i>trifluridine ophthalmic solution</i>	Generic	
<i>valacyclovir hcl oral tablet</i>	Generic	QL (120 EA per 30 days)

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

Drug	Status	Requirements/Limits
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG	Brand	QL (30 EA per 30 days); NEDS
BIKTARVY ORAL TABLET 50-200-25 MG	Brand	MO; QL (30 EA per 30 days); NEDS
GENVOYA ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
ISENTRESS HD ORAL TABLET	Brand	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	Brand	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET	Brand	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Brand	MO; QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Brand	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
SYMTUZA ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
TIVICAY ORAL TABLET 50 MG	Brand	MO; QL (60 EA per 30 days); NEDS
TIVICAY PD ORAL TABLET SOLUBLE	Brand	MO; QL (180 EA per 30 days); NEDS
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
EDURANT ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
EDURANT PED ORAL TABLET SOLUBLE	Brand	QL (180 EA per 30 days); NEDS
<i>efavirenz oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df oral tablet</i>	Generic	QL (30 EA per 30 days); NEDS
<i>etravirine oral tablet</i>	Generic	MO; QL (60 EA per 30 days); NEDS
INTELENCE ORAL TABLET 25 MG	Brand	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	Generic	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	Generic	MO; QL (60 EA per 30 days)

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

Drug	Status	Requirements/Limits
ODEFSEY ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
PIFELTRO ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
<i>rilpivirine hcl oral tablet</i>	Generic	QL (30 EA per 30 days); NEDS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	Generic	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet</i>	Generic	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
DELSTRIGO ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 120-15 MG	Brand	QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 200-25 MG	Brand	MO; QL (30 EA per 30 days); NEDS
DOVATO ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Generic	MO; QL (30 EA per 30 days); NEDS
<i>emtricitabine oral capsule</i>	Generic	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	Generic	MO; QL (30 EA per 30 days); NEDS
EMTRIVA ORAL SOLUTION	Brand	MO; QL (850 ML per 30 days)
IDVYNZO ORAL TABLET	Brand	QL (30 EA per 30 days); NEDS
JULUCA ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
<i>lamivudine oral solution 10 mg/ml</i>	Generic	MO; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	Generic	MO; QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE	Brand	QL (180 EA per 30 days)

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

Drug	Status	Requirements/Limits
VIREAD ORAL POWDER	Brand	MO; QL (240 GM per 30 days); NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Brand	MO; QL (30 EA per 30 days); NEDS
<i>zidovudine oral capsule</i>	Generic	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	Generic	MO; QL (1920 ML per 30 days)
<i>zidovudine oral tablet</i>	Generic	MO; QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	MO; NEDS
<i>maraviroc oral tablet 150 mg</i>	Generic	MO; QL (60 EA per 30 days); NEDS
<i>maraviroc oral tablet 300 mg</i>	Generic	MO; QL (120 EA per 30 days); NEDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	Brand	MO; QL (2 EA per 1 day); NEDS
SELZENTRY ORAL SOLUTION	Brand	MO; NEDS
SUNLENCA ORAL TABLET	Brand	QL (24 EA per 168 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	Brand	QL (8 EA per 365 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	Brand	QL (10 EA per 365 days); NEDS
TYBOST ORAL TABLET	Brand	MO; QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	Brand	MO; QL (120 EA per 30 days); NEDS
<i>atazanavir sulfate oral capsule 150 mg</i>	Generic	MO
<i>atazanavir sulfate oral capsule 200 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	Generic	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	Generic	QL (30 EA per 30 days); NEDS
EVOTAZ ORAL TABLET	Brand	MO; QL (30 EA per 30 days); NEDS
<i>fosamprenavir calcium oral tablet</i>	Generic	MO; QL (120 EA per 30 days); NEDS
KALETRA ORAL SOLUTION	Brand	
<i>lopinavir-ritonavir oral solution</i>	Generic	
<i>lopinavir-ritonavir oral tablet</i>	Generic	MO
NORVIR ORAL PACKET	Brand	MO; QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG	Brand	QL (30 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
PREZCOBIX ORAL TABLET 800-150 MG	Brand	MO; QL (30 EA per 30 days); NEDS
PREZISTA ORAL SUSPENSION	Brand	QL (400 ML per 30 days); NEDS
PREZISTA ORAL TABLET 150 MG	Brand	QL (180 EA per 30 days); NEDS
PREZISTA ORAL TABLET 75 MG	Brand	QL (300 EA per 30 days)
REYATAZ ORAL PACKET	Brand	MO; QL (180 EA per 30 days); NEDS
<i>ritonavir oral tablet</i>	Generic	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	Brand	MO; QL (300 EA per 30 days); NEDS
VIRACEPT ORAL TABLET 625 MG	Brand	MO; QL (120 EA per 30 days); NEDS
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	Generic	MO
<i>amantadine hcl oral solution 50 mg/5ml</i>	Generic	
<i>amantadine hcl oral tablet</i>	Generic	MO
<i>oseltamivir phosphate oral capsule 30 mg</i>	Generic	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	Generic	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	Generic	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Generic	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Brand	QL (240 EA per 365 days)
<i>rimantadine hcl oral tablet</i>	Generic	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Brand	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Brand	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl oral tablet</i>	Generic	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Generic	
<i>hydroxyzine hcl oral tablet</i>	Generic	
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Generic	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	Generic	QL (150 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	Generic	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	Generic	QL (720 EA per 30 days)

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

Drug	Status	Requirements/Limits
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Generic	QL (360 EA per 30 days)
<i>diazepam intensol oral concentrate</i>	Generic	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	Generic	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	Generic	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Generic	QL (90 EA per 30 days)
<i>lorazepam injection solution</i>	Generic	
<i>lorazepam intensol oral concentrate</i>	Generic	QL (150 ML per 30 days)
<i>lorazepam oral concentrate</i>	Generic	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Generic	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Generic	QL (150 EA per 30 days)
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>paroxetine hcl oral tablet</i>	Generic	MO
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	Generic	
<i>venlafaxine hcl oral tablet</i>	Generic	MO
Bipolar Agents		
Bipolar Agents, Other		
<i>ziprasidone hcl oral capsule</i>	Generic	MO; QL (60 EA per 30 days)
Mood Stabilizers		
<i>lamotrigine oral tablet chewable</i>	Generic	MO
<i>lithium carbonate er oral tablet extended release</i>	Generic	MO
<i>lithium carbonate oral capsule</i>	Generic	MO
<i>lithium carbonate oral tablet</i>	Generic	MO
<i>lithium oral solution</i>	Generic	MO
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	Generic	MO; QL (3 EA per 1 day)
<i>dapagliflozin oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
FARXIGA ORAL TABLET	Brand	MO; QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Generic	MO
<i>glipizide er oral tablet extended release 24 hour</i>	Generic	MO
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	Generic	MO
<i>glyburide oral tablet</i>	Generic	MO
GLYXAMBI ORAL TABLET	Brand	MO
JANUVIA ORAL TABLET	Brand	MO; QL (1 EA per 1 day)

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

Drug	Status	Requirements/Limits
JARDIANCE ORAL TABLET	Brand	MO; QL (30 EA per 30 days)
<i>liraglutide subcutaneous solution pen-injector</i>	Generic	PA; MO; QL (9 ML per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour</i>	Generic	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Generic	MO
<i>miglitol oral tablet</i>	Generic	MO
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet</i>	Generic	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Brand	PA; MO; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Brand	PA; MO; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA; MO; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	Generic	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Generic	MO; QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	Generic	MO; QL (8 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA; MO; NEDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA; MO; NEDS
SYNJARDY ORAL TABLET	Brand	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	MO
TRADJENTA ORAL TABLET	Brand	MO; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	MO
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (2 ML per 28 days)
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	MO; QL (4 EA per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Brand	QL (0.4 ML per 1 day)

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

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 1 MG/0.2ML	Brand	QL (0.8 ML per 1 day)
JANUMET ORAL TABLET	Brand	MO; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	MO; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET	Brand	MO; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	MO; QL (2 EA per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet</i>	Generic	MO
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Generic	MO
Glycemic Agents		
<i>diazoxide oral suspension</i>	Generic	MO; NEDS
<i>glucagon emergency injection solution reconstituted 1 mg</i>	Generic	
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Brand	
BD INS SYR ULTRAFINE 1/2UNIT	Brand	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	Brand	
BD INSULIN SYRINGE HALF-UNIT	Brand	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	Brand	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML	Brand	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Brand	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	Brand	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	Brand	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Brand	
CVS GAUZE STERILE PAD 2"X2"	Brand	
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	Brand	

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

Drug	Status	Requirements/Limits
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	
FIASP INJECTION SOLUTION	Brand	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Brand	
HUMALOG INJECTION SOLUTION	Brand	MO
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Brand	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Brand	MO
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Brand	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Brand	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Brand	MO
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Brand	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Brand	MO
HUMULIN N SUBCUTANEOUS SUSPENSION	Brand	MO
HUMULIN R INJECTION SOLUTION	Brand	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Brand	MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	MO
<i>insulin aspart flexpen subcutaneous solution pen-injector</i>	Generic	
<i>insulin aspart injection solution</i>	Generic	
<i>insulin aspart penfill subcutaneous solution cartridge</i>	Generic	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	Generic	MO

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

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

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

Drug	Status	Requirements/Limits
<i>accutrend glucose in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>advance intuition test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>advance micro-draw test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>advocate redi-code in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>advocate redi-code+ test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>advocate test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>agamatrix amp test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>agamatrix jazz test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>agamatrix presto test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>assure 3 test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>assure 4 test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>assure ii check in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>assure ii in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>assure platinum in vitro strip</i>	Generic	PA
<i>assure prism multi test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>assure pro test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>blood glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>careone blood glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>caresens n glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>caretouch test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever chek auto-code test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever chek auto-code voice in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever chek test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever choice auto-code test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever choice micro test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever choice no coding in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>clever choice talk system in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>contour next test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>contour test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>dexcom g6 receiver device</i>	Generic	PA
<i>dexcom g6 sensor</i>	Generic	PA
<i>dexcom g6 transmitter</i>	Generic	PA
<i>dexcom g7 receiver device</i>	Generic	PA
<i>dexcom g7 sensor</i>	Generic	PA
<i>easy plus ii glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>easy step test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>easy talk blood glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)

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

Drug	Status	Requirements/Limits
<i>easy touch test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>easy trak blood glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>easygluco in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>easymax 15 test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>enlite glucose sensor</i>	Generic	PA
<i>eversense sensor/holder</i>	Generic	PA
<i>eversense smart transmitter</i>	Generic	PA
FONDCIRCLE BLOOD GLUCOSE MONIT KIT	Brand	PA; QL (1 EA per 365 days)
FONDCIRCLE BLOOD GLUCOSE TEST IN VITRO STRIP	Brand	PA; QL (5 EA per 1 day)
<i>freestyle insulinx test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>freestyle libre 14 day reader device</i>	Generic	PA
<i>freestyle libre 14 day sensor</i>	Generic	PA
<i>freestyle libre 2 plus sensor</i>	Generic	PA
<i>freestyle libre 2 reader device</i>	Generic	PA
<i>freestyle libre 2 sensor</i>	Generic	PA
<i>freestyle libre 3 plus sensor</i>	Generic	PA
<i>freestyle libre 3 reader device</i>	Generic	PA
<i>freestyle libre 3 sensor</i>	Generic	PA
<i>freestyle libre reader device</i>	Generic	PA
<i>freestyle lite test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>freestyle precision neo test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>freestyle test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>guardian link 3 transmitter</i>	Generic	PA
<i>guardian real-time replace ped device</i>	Generic	PA
<i>guardian sensor (3)</i>	Generic	PA
<i>onetouch ultra blue test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>onetouch ultra in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>onetouch ultra test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>onetouch verio in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>optiumez test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>precision xtra blood glucose in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>prodigy no coding blood gluc in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>quicktek test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>relion blood glucose test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>relion confirm/micro test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
<i>relion prime test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)

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

Drug	Status	Requirements/Limits
<i>relion ultima test in vitro strip</i>	Generic	PA; QL (5 EA per 1 day)
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP	Brand	PA; QL (150 EA per 30 days)
Blood Products And Modifiers		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule</i>	Generic	QL (60 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Brand	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	Brand	MO; QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	Brand	MO; QL (90 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Generic	
<i>enoxaparin sodium injection solution prefilled syringe</i>	Generic	
<i>rivaroxaban oral suspension reconstituted</i>	Generic	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Brand	MO; QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Brand	MO; QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Brand	QL (102 EA per 365 days)
Blood Products And Modifiers, Other		
VOYDEYA ORAL TABLET	Brand	PA; QL (180 EA per 30 days); NEDS
VOYDEYA ORAL TABLET THERAPY PACK	Brand	PA; QL (180 EA per 30 days); NEDS
Hemostasis Agents		
<i>tranexamic acid oral tablet</i>	Generic	
Platelet Modifying Agents		
DOPTELET ORAL TABLET	Brand	PA; NEDS
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE	Brand	PA; NEDS
<i>prasugrel hcl oral tablet</i>	Generic	MO
WAYRILZ ORAL TABLET	Brand	PA; QL (60 EA per 30 days); NEDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Generic	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Generic	

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

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

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

Drug	Status	Requirements/Limits
Alpha-Adrenergic Blocking Agents		
<i>prazosin hcl oral capsule</i>	Generic	MO
Angiotensin Ii Receptor Antagonists		
<i>amlodipine-olmesartan oral tablet</i>	Generic	MO
<i>candesartan cilexetil oral tablet</i>	Generic	MO
<i>candesartan cilexetil-hctz oral tablet</i>	Generic	MO
ENTRESTO ORAL CAPSULE SPRINKLE	Brand	QL (240 EA per 30 days)
<i>irbesartan oral tablet</i>	Generic	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Generic	MO
<i>losartan potassium oral tablet</i>	Generic	MO
<i>losartan potassium-hctz oral tablet</i>	Generic	MO; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet</i>	Generic	MO
<i>olmesartan medoxomil-hctz oral tablet</i>	Generic	MO
<i>sacubitril-valsartan oral tablet 24-26 mg, 97-103 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg</i>	Generic	QL (60 EA per 30 days)
<i>telmisartan oral tablet</i>	Generic	MO
<i>telmisartan-hctz oral tablet</i>	Generic	MO
<i>valsartan oral tablet</i>	Generic	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	Generic	MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	Generic	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	Generic	MO
<i>captopril oral tablet</i>	Generic	MO
<i>enalapril maleate oral tablet</i>	Generic	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	Generic	MO
<i>fosinopril sodium oral tablet</i>	Generic	MO
<i>fosinopril sodium-hctz oral tablet</i>	Generic	MO
<i>lisinopril oral tablet</i>	Generic	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Generic	MO
<i>moexipril hcl oral tablet</i>	Generic	MO
<i>perindopril erbumine oral tablet</i>	Generic	MO
<i>quinapril hcl oral tablet</i>	Generic	MO; QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-25 mg</i>	Generic	MO; QL (1 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	Generic	MO; QL (2 EA per 1 day)

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

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

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

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

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

Drug	Status	Requirements/Limits
<i>droxidopa oral capsule 200 mg, 300 mg</i>	Generic	PA; NEDS
<i>ivabradine hcl oral tablet</i>	Generic	PA; QL (60 EA per 30 days)
<i>metyrosine oral capsule</i>	Generic	NEDS
NEXLETOL ORAL TABLET	Brand	PA; MO; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET	Brand	PA; MO; QL (1 EA per 1 day)
<i>pentoxifylline er oral tablet extended release</i>	Generic	MO
<i>ranolazine er oral tablet extended release 12 hour</i>	Generic	MO
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (0.5 ML per 84 days); NEDS
<i>telmisartan-amlodipine oral tablet</i>	Generic	MO
VANRAFIA ORAL TABLET	Brand	PA; QL (30 EA per 30 days); NEDS
VERQUVO ORAL TABLET	Brand	PA; MO; QL (1 EA per 1 day)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	Brand	PA; QL (2 ML per 28 days); NEDS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	Brand	PA; QL (3 ML per 28 days); NEDS
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral tablet</i>	Generic	MO
<i>methazolamide oral tablet</i>	Generic	MO
Diuretics, Loop		
<i>bumetanide oral tablet</i>	Generic	MO
<i>ethacrynic acid oral tablet</i>	Generic	MO
<i>furosemide injection solution</i>	Generic	HI
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Generic	MO
<i>furosemide oral tablet</i>	Generic	MO
<i>torseamide oral tablet</i>	Generic	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet</i>	Generic	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	Generic	MO
<i>eplerenone oral tablet</i>	Generic	MO
KERENDIA ORAL TABLET	Brand	PA; MO; QL (1 EA per 1 day)
<i>spironolactone oral tablet</i>	Generic	MO
<i>spironolactone-hctz oral tablet</i>	Generic	MO
<i>triamterene oral capsule</i>	Generic	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Generic	MO

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

Drug	Status	Requirements/Limits
<i>triamterene-hctz oral tablet</i>	Generic	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Generic	MO
<i>hydrochlorothiazide oral capsule</i>	Generic	MO
<i>hydrochlorothiazide oral tablet</i>	Generic	MO
<i>indapamide oral tablet</i>	Generic	MO
INZIRQO ORAL SUSPENSION RECONSTITUTED	Brand	PA
<i>metolazone oral tablet</i>	Generic	MO
Dyslipidemics, 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>pitavastatin calcium oral tablet</i>	Generic	MO
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Generic	MO; QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	Generic	MO; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet</i>	Generic	MO
<i>simvastatin oral tablet</i>	Generic	MO; QL (1.5 EA per 1 day)
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	Generic	MO
<i>cholestyramine light oral powder</i>	Generic	MO
<i>cholestyramine oral packet</i>	Generic	MO
<i>cholestyramine oral powder</i>	Generic	MO
<i>colesevelam hcl oral packet</i>	Generic	MO
<i>colesevelam hcl oral tablet</i>	Generic	MO
<i>colestipol hcl oral packet</i>	Generic	MO
<i>colestipol hcl oral tablet</i>	Generic	MO
<i>ezetimibe oral tablet</i>	Generic	MO

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

Drug	Status	Requirements/Limits
<i>ezetimibe-simvastatin oral tablet</i>	Generic	MO
<i>icosapent ethyl oral capsule</i>	Generic	
<i>niacin (antihyperlipidemic) oral tablet</i>	Generic	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	Generic	MO
NIACOR ORAL TABLET	Brand	
<i>omega-3-acid ethyl esters oral capsule</i>	Generic	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (2 ML per 28 days)
<i>prevalite oral packet</i>	Generic	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Brand	PA; MO; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (3 ML per 28 days)
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet</i>	Generic	MO
<i>minoxidil oral tablet</i>	Generic	MO
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Generic	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Generic	MO
<i>isosorbide mononitrate oral tablet</i>	Generic	MO
NITRO-BID TRANSDERMAL OINTMENT	Brand	MO
<i>nitroglycerin rectal ointment</i>	Generic	
<i>nitroglycerin sublingual tablet sublingual</i>	Generic	MO
<i>nitroglycerin transdermal ointment</i>	Generic	
<i>nitroglycerin transdermal patch 24 hour</i>	Generic	MO
<i>nitroglycerin translingual solution</i>	Generic	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Generic	MO; QL (60 EA per 30 days)

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

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 10 mg, 15 mg</i>	Generic	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Generic	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 5 mg</i>	Generic	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Generic	MO; QL (60 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	Generic	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	Generic	MO; QL (60 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Generic	MO
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Generic	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release</i>	Generic	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg</i>	Generic	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	Generic	MO
<i>methylphenidate hcl oral tablet</i>	Generic	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	Generic	MO; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	Generic	MO; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET	Brand	PA; MO; QL (120 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	PA; QL (30 EA per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Brand	PA; QL (56 EA per 365 days); NEDS
DUVYZAT ORAL SUSPENSION	Brand	PA; QL (360 ML per 30 days); NEDS

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

Drug	Status	Requirements/Limits
FORZINITY SUBCUTANEOUS SOLUTION	Brand	PA; QL (14 ML per 28 days); NEDS
INGREZZA ORAL CAPSULE 40 MG	Brand	PA; MO; QL (60 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE 60 MG, 80 MG	Brand	PA; MO; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	Brand	PA; QL (60 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	Brand	PA; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Brand	PA; QL (56 EA per 365 days); NEDS
NUEDEXTA ORAL CAPSULE	Brand	PA; MO; NEDS
<i>riluzole oral tablet</i>	Generic	MO; QL (2 EA per 1 day)
SKYCLARYS ORAL CAPSULE	Brand	PA; QL (90 EA per 30 days); NEDS
<i>tasimelteon oral capsule</i>	Generic	PA; MO; QL (30 EA per 30 days); NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	Generic	PA; MO
<i>tetrabenazine oral tablet 25 mg</i>	Generic	PA; MO; NEDS
VEOZAH ORAL TABLET	Brand	PA; QL (30 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	Generic	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	Generic	MO; QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	Generic	MO; QL (900 ML per 30 days)
SAVELLA ORAL TABLET	Brand	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	Brand	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Brand	PA; MO; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Brand	PA; MO; QL (4 EA per 28 days); NEDS
BETASERON SUBCUTANEOUS KIT	Brand	PA; MO; QL (15 EA per 30 days); NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Generic	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i>	Generic	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	Generic	PA; QL (120 EA per 365 days)

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

Drug	Status	Requirements/Limits
<i>fingolimod hcl oral capsule</i>	Generic	PA; QL (30 EA per 30 days); NEDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Generic	PA; MO; QL (30 ML per 30 days); NEDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Generic	PA; MO; QL (12 ML per 28 days); NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (0.4 ML per 28 days); NEDS
<i>teriflunomide oral tablet</i>	Generic	PA; QL (30 EA per 30 days); NEDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Brand	PA; QL (14 EA per 365 days); NEDS
ZEPOSIA ORAL CAPSULE	Brand	PA; MO; QL (30 EA per 30 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	Brand	PA; QL (56 EA per 365 days); NEDS

Dental And Oral Agents

Dental And Oral Agents

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

Dermatological Agents

Dermatological Agents

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

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

Drug	Status	Requirements/Limits
<i>calcipotriene external solution</i>	Generic	QL (60 ML per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	Generic	
<i>clobetasol prop emollient base external cream</i>	Generic	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream</i>	Generic	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	Generic	QL (60 GM per 30 days)
<i>clobetasol propionate external gel</i>	Generic	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment</i>	Generic	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	Generic	
<i>clobetasol propionate external solution</i>	Generic	QL (59 ML per 30 days)
<i>clodan external shampoo</i>	Generic	
<i>clotrimazole-betamethasone external cream</i>	Generic	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	Generic	QL (60 ML per 30 days)
<i>diclofenac sodium external gel 1 %</i>	Generic	QL (960 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	Generic	QL (200 GM per 30 days)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; NEDS
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; NEDS
<i>erythromycin external gel</i>	Generic	
<i>erythromycin external solution</i>	Generic	
EUCRISA EXTERNAL OINTMENT	Brand	PA
<i>fluorouracil external cream 0.5 %</i>	Generic	MO; QL (30 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	Generic	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	Generic	
<i>hydrocortisone (perianal) external cream</i>	Generic	
<i>imiquimod external cream 5 %</i>	Generic	QL (48 EA per 30 days)
<i>mupirocin calcium external cream</i>	Generic	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	Brand	PA; QL (2 EA per 28 days); NEDS
<i>pimecrolimus external cream</i>	Generic	
<i>podofilox external solution</i>	Generic	
<i>procto-med hc external cream</i>	Generic	
<i>proctosol hc external cream</i>	Generic	
<i>proctozone-hc external cream</i>	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	

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

Drug	Status	Requirements/Limits
<i>tacrolimus external ointment</i>	Generic	QL (120 GM per 30 days)
<i>tazarotene external cream</i>	Generic	QL (60 GM per 30 days)
<i>tazarotene external gel</i>	Generic	QL (100 GM per 30 days)
<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; HI
<i>carglumic acid oral tablet soluble</i>	Generic	PA; NEDS
<i>clinisol sf intravenous solution</i>	Generic	B/D; HI
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	Brand	HI
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 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>klor-con 10 oral tablet extended release</i>	Generic	MO
<i>klor-con m10 oral tablet extended release</i>	Generic	MO
<i>klor-con m15 oral tablet extended release</i>	Generic	MO
<i>klor-con m20 oral tablet extended release</i>	Generic	MO
<i>klor-con oral packet 20 meq</i>	Generic	MO
<i>klor-con oral tablet extended release</i>	Generic	MO
K-PHOS NO 2 ORAL TABLET	Brand	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Generic	HI
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	Generic	HI
<i>na sulfate-k sulfate-mg sulf oral solution</i>	Generic	
ORACIT ORAL SOLUTION	Brand	
<i>plenamine intravenous solution</i>	Generic	B/D; HI
<i>potassium chloride crys er oral tablet extended release</i>	Generic	MO
<i>potassium chloride er oral capsule extended release</i>	Generic	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Generic	MO
<i>potassium chloride er oral tablet extended release 15 meq</i>	Generic	

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

Drug	Status	Requirements/Limits
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	Generic	HI
<i>potassium chloride oral packet 20 meq</i>	Generic	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Generic	MO
<i>potassium citrate er oral tablet extended release</i>	Generic	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	Generic	HI
PREMASOL INTRAVENOUS SOLUTION 10 %	Brand	B/D; HI
PROSOL INTRAVENOUS SOLUTION	Brand	B/D; HI
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Generic	HI
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Generic	MO
TRAVASOL INTRAVENOUS SOLUTION	Brand	B/D; HI
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Brand	B/D; HI
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox oral tablet 90 mg</i>	Generic	
<i>deferasirox oral tablet soluble 125 mg</i>	Generic	MO
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	Generic	MO; NEDS
JYNARQUE ORAL TABLET	Brand	PA; QL (120 EA per 30 days); NEDS
<i>kionex combination suspension</i>	Generic	
<i>penicillamine oral tablet</i>	Generic	NEDS
<i>sodium polystyrene sulfonate combination suspension</i>	Generic	
<i>sodium polystyrene sulfonate oral powder</i>	Generic	
<i>sps (sodium polystyrene sulf) combination suspension</i>	Generic	
<i>tolvaptan (hyponatremia) oral tablet</i>	Generic	PA; QL (120 EA per 30 days); NEDS
<i>tolvaptan oral tablet</i>	Generic	PA; QL (120 EA per 30 days); NEDS
<i>trientine hcl oral capsule 250 mg</i>	Generic	NEDS
VELTASSA ORAL PACKET 1 GM	Brand	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Brand	MO

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

Drug	Status	Requirements/Limits
Electrolytes/Minerals/Metals/Vitamins		
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-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	Generic	HI
INTRALIPID INTRAVENOUS EMULSION	Brand	B/D; HI
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Brand	HI
NUTRILIPID INTRAVENOUS EMULSION	Brand	B/D; HI
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	Brand	HI
Vitamins		
<i>pnv-dha oral capsule</i>	Generic	
<i>prenatal oral tablet 27-1 mg</i>	Generic	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	Generic	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Generic	
<i>dicyclomine hcl oral tablet 20 mg</i>	Generic	
<i>glycopyrrolate oral solution</i>	Generic	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Generic	
Gastrointestinal Agents, Other		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	Brand	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Generic	
GATTEX SUBCUTANEOUS KIT	Brand	PA; MO; NEDS
IQIRVO ORAL TABLET	Brand	PA; QL (30 EA per 30 days); NEDS
LIVDELZI ORAL CAPSULE	Brand	PA; QL (30 EA per 30 days); NEDS
<i>loperamide hcl oral capsule</i>	Generic	
<i>metoclopramide hcl +rfd injection solution</i>	Generic	

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

Drug	Status	Requirements/Limits
<i>metoclopramide hcl injection solution</i>	Generic	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Generic	
<i>metoclopramide hcl oral tablet</i>	Generic	
MOTOFEN ORAL TABLET	Brand	
MOVANTIK ORAL TABLET	Brand	QL (30 EA per 30 days)
RELISTOR ORAL TABLET	Brand	QL (90 EA per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	Brand	QL (18 ML per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	Brand	QL (18 ML per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	Brand	QL (12 ML per 30 days); NEDS
REZDIFFRA ORAL TABLET	Brand	PA; QL (30 EA per 30 days); NEDS
<i>ursodiol oral capsule 300 mg</i>	Generic	MO
<i>ursodiol oral tablet</i>	Generic	MO
VOQUEZNA DUAL PAK ORAL THERAPY PACK	Brand	PA
VOQUEZNA ORAL TABLET 10 MG	Brand	PA; QL (30 EA per 30 days)
VOQUEZNA ORAL TABLET 20 MG	Brand	PA; QL (60 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	Brand	PA
VOWST ORAL CAPSULE	Brand	PA; NEDS
XERMELO ORAL TABLET	Brand	PA; MO; QL (90 EA per 30 days); NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Generic	
<i>cimetidine oral tablet 200 mg</i>	Generic	
<i>cimetidine oral tablet 300 mg, 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 0.5 mg</i>	Generic	PA; MO; QL (2 EA per 1 day)
<i>alosetron hcl oral tablet 1 mg</i>	Generic	PA; MO; QL (2 EA per 1 day); NEDS
LINZESS ORAL CAPSULE	Brand	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule</i>	Generic	MO; QL (60 EA per 30 days)
Laxatives		
<i>constulose oral solution</i>	Generic	MO

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

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</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	
Protectants		
<i>misoprostol oral tablet</i>	Generic	MO
<i>sucralfate oral suspension</i>	Generic	MO
<i>sucralfate oral tablet</i>	Generic	MO
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule delayed release</i>	Generic	MO; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	Generic	MO; QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release</i>	Generic	MO; QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg</i>	Generic	MO; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>	Generic	MO; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	Generic	MO; QL (2 EA per 1 day)
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
AQNEURSA ORAL PACKET	Brand	PA; QL (120 EA per 30 days); NEDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Brand	PA; HI; LA
<i>betaine oral powder</i>	Generic	MO; NEDS
CERDELGA ORAL CAPSULE	Brand	PA; MO; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Brand	MO

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

Drug	Status	Requirements/Limits
CYSTAGON ORAL CAPSULE	Brand	MO
<i>l-glutamine oral packet</i>	Generic	PA; NEDS
<i>miglustat oral capsule</i>	Generic	PA; MO; NEDS
MIPLYFFA ORAL CAPSULE	Brand	PA; QL (90 EA per 30 days); NEDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Generic	PA; MO; NEDS
<i>nitisinone oral capsule 20 mg</i>	Generic	PA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	Brand	PA; HI
<i>sapropterin dihydrochloride oral packet</i>	Generic	PA; MO; NEDS
<i>sapropterin dihydrochloride oral tablet</i>	Generic	PA; NEDS
<i>sodium phenylbutyrate oral tablet</i>	Generic	MO; NEDS
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (20 ML per 28 days); NEDS
<i>yargesa oral capsule</i>	Generic	PA; NEDS
<i>zelvysia oral packet</i>	Generic	PA; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Brand	PA; HI
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Brand	MO
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
PYRUKYND ORAL TABLET 20 MG, 5 MG	Brand	PA; QL (60 EA per 30 days); NEDS
PYRUKYND ORAL TABLET 50 MG	Brand	PA; QL (120 EA per 30 days); NEDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	Brand	PA; QL (30 EA per 30 days); NEDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Generic	NEDS
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (0.8 ML per 28 days); NEDS
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA ORAL TABLET	Brand	

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

Drug	Status	Requirements/Limits
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Brand	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Generic	MO
<i>oxybutynin chloride oral solution</i>	Generic	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Generic	MO
<i>solifenacin succinate oral tablet</i>	Generic	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Generic	MO
<i>tolterodine tartrate oral tablet</i>	Generic	MO
<i>trospium chloride er oral capsule extended release 24 hour</i>	Generic	MO
<i>trospium chloride oral tablet</i>	Generic	MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Generic	MO; QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet</i>	Generic	MO
<i>dutasteride oral capsule</i>	Generic	MO
<i>dutasteride-tamsulosin hcl oral capsule</i>	Generic	MO
<i>finasteride oral tablet 5 mg</i>	Generic	MO; QL (1 EA per 1 day)
<i>silodosin oral capsule</i>	Generic	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Generic	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Generic	MO
<i>terazosin hcl oral capsule</i>	Generic	MO
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	Generic	
ELMIRON ORAL CAPSULE	Brand	NEDS
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule</i>	Generic	MO
<i>calcium acetate (phos binder) oral tablet</i>	Generic	MO
<i>calcium acetate oral tablet 667 mg</i>	Generic	MO
<i>sevelamer carbonate oral packet</i>	Generic	MO
<i>sevelamer carbonate oral tablet</i>	Generic	MO
<i>sevelamer hcl oral tablet 800 mg</i>	Generic	MO

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

Drug	Status	Requirements/Limits
Glucose Monitoring Test Supplies		
Glucose Monitoring Test Supplies		
ACCU-CHEK AVIVA PLUS KIT	Brand	QL (1 EA per 365 days)
ACCU-CHEK GUIDE KIT	Brand	QL (1 EA per 365 days)
ACCU-CHEK GUIDE ME KIT	Brand	QL (1 EA per 365 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
AGAMREE ORAL SUSPENSION	Brand	PA; QL (300 ML per 30 days); NEDS
<i>alclometasone dipropionate external cream</i>	Generic	QL (240 GM per 30 days)
<i>alclometasone dipropionate external ointment</i>	Generic	QL (240 GM per 30 days)
<i>betamethasone dipropionate aug external cream</i>	Generic	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Generic	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Generic	QL (180 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Generic	QL (150 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	Generic	QL (150 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	Generic	QL (150 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	Generic	QL (150 GM per 30 days)
<i>betamethasone valerate external cream</i>	Generic	QL (150 GM per 30 days)
<i>betamethasone valerate external lotion</i>	Generic	QL (180 ML per 30 days)
<i>betamethasone valerate external ointment</i>	Generic	QL (150 GM per 30 days)
<i>desonide external cream</i>	Generic	QL (240 GM per 30 days)
<i>desonide external ointment</i>	Generic	QL (120 GM per 30 days)
<i>desoximetasone external cream</i>	Generic	QL (100 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	Generic	QL (180 GM per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Brand	
<i>dexamethasone oral elixir</i>	Generic	
<i>dexamethasone oral solution</i>	Generic	
<i>dexamethasone oral tablet</i>	Generic	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Generic	
<i>fludrocortisone acetate oral tablet</i>	Generic	MO

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

Drug	Status	Requirements/Limits
<i>fluocinolone acetonide 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 (60 GM per 30 days)
<i>fluocinonide external cream</i>	Generic	QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	Generic	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	Generic	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	Generic	QL (60 ML per 30 days)
<i>fluticasone propionate external cream</i>	Generic	QL (150 GM per 30 days)
<i>fluticasone propionate external ointment</i>	Generic	QL (150 GM per 30 days)
<i>halobetasol propionate external cream</i>	Generic	QL (150 GM per 30 days)
<i>halobetasol propionate external ointment</i>	Generic	QL (150 GM per 30 days)
<i>hydrocortisone external cream 1 %</i>	Generic	
<i>hydrocortisone external cream 2.5 %</i>	Generic	QL (240 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Generic	QL (240 ML per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Generic	QL (100 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	Generic	QL (240 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	Generic	QL (60 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	Generic	QL (180 GM per 30 days)
<i>medpura hydrocortisone external cream</i>	Generic	
<i>methylprednisolone oral tablet</i>	Generic	
<i>methylprednisolone oral tablet therapy pack</i>	Generic	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Generic	
<i>mometasone furoate external cream</i>	Generic	QL (150 GM per 30 days)
<i>mometasone furoate external ointment</i>	Generic	QL (150 GM per 30 days)
<i>mometasone furoate external solution</i>	Generic	
<i>prednisolone oral solution</i>	Generic	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	Generic	
PREDNISON INTENSOL ORAL CONCENTRATE	Brand	
<i>prednisone oral solution</i>	Generic	
<i>prednisone oral tablet</i>	Generic	
<i>prednisone oral tablet therapy pack</i>	Generic	

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

Drug	Status	Requirements/Limits
<i>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 (454 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	Generic	QL (180 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Generic	QL (160 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Generic	QL (150 GM per 30 days)
<i>triderm external cream 0.5 %</i>	Generic	QL (454 GM per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</i>	Generic	MO
<i>desmopressin acetate injection solution</i>	Generic	NEDS
<i>desmopressin acetate oral tablet</i>	Generic	MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	Brand	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Brand	PA; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE	Brand	PA; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	Brand	PA; LA; MO; NEDS
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	Generic	
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	Generic	NEDS
VYNDAMAX ORAL CAPSULE	Brand	PA; MO; QL (1 EA per 1 day); NEDS
VYNDAQEL ORAL CAPSULE	Brand	PA; MO; QL (4 EA per 1 day); NEDS

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

Drug	Status	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>mifepristone oral tablet 300 mg</i>	Generic	PA; QL (120 EA per 30 days); NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol oral capsule</i>	Generic	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Generic	MO
<i>testosterone cypionate intramuscular solution 200 mg/ml (1 ml)</i>	Generic	
<i>testosterone enanthate intramuscular solution</i>	Generic	MO
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Generic	PA; MO
Estrogens		
<i>abigale lo oral tablet</i>	Generic	MO
<i>abigale oral tablet</i>	Generic	MO
<i>altavera oral tablet</i>	Generic	MO
<i>alyacen 1/35 oral tablet</i>	Generic	MO
<i>amethia oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>amethyst oral tablet</i>	Generic	MO
<i>apri oral tablet</i>	Generic	MO
<i>aranelle oral tablet</i>	Generic	MO
<i>ashlyna oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>aubra eq oral tablet</i>	Generic	MO
<i>aviane oral tablet</i>	Generic	MO
<i>azurette oral tablet</i>	Generic	MO
<i>balziva oral tablet</i>	Generic	MO
<i>blisovi 24 fe oral tablet</i>	Generic	MO
<i>blisovi fe 1.5/30 oral tablet</i>	Generic	MO
<i>brillyn oral tablet</i>	Generic	MO

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

Drug	Status	Requirements/Limits
<i>camrese lo oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>camrese oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Brand	MO
<i>cryselle oral tablet</i>	Generic	MO
<i>cyred eq oral tablet</i>	Generic	MO
<i>daysee oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Generic	MO
<i>dotti transdermal patch twice weekly</i>	Generic	MO; QL (8 EA per 28 days)
<i>drosiprenone-ethinyl estradiol oral tablet</i>	Generic	MO
<i>eluryng vaginal ring</i>	Generic	MO
<i>enilloring vaginal ring</i>	Generic	MO
<i>enpresse-28 oral tablet</i>	Generic	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	Generic	MO
<i>estarylla oral tablet</i>	Generic	MO
<i>estradiol oral tablet</i>	Generic	MO
<i>estradiol transdermal patch twice weekly</i>	Generic	MO; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Generic	MO
<i>estradiol vaginal cream 0.01 %</i>	Generic	MO
<i>estradiol vaginal tablet</i>	Generic	MO
<i>estradiol-norethindrone acet oral tablet</i>	Generic	MO
ESTRING VAGINAL RING 7.5 MCG/24HR	Brand	MO; QL (1 EA per 90 days)
<i>estrogens conjugated oral tablet</i>	Generic	
<i>ethynodiol diac-eth estradiol oral tablet</i>	Generic	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Generic	MO
<i>falmina oral tablet</i>	Generic	MO
<i>feirza 1.5/30 oral tablet</i>	Generic	MO
<i>feirza 1/20 oral tablet</i>	Generic	MO
<i>finzala oral tablet chewable</i>	Generic	MO
<i>fyavolv oral tablet</i>	Generic	MO
<i>galbriela oral tablet chewable</i>	Generic	MO
<i>hailey 24 fe oral tablet</i>	Generic	MO
HAILEY FE 1/20 ORAL TABLET	Generic	MO
<i>haloette vaginal ring</i>	Generic	MO
<i>iclevia oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>introvale oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>isibloom oral tablet</i>	Generic	MO

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

Drug	Status	Requirements/Limits
<i>jaimiess oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>jasmiel oral tablet</i>	Generic	MO
<i>jinteli oral tablet</i>	Generic	MO
<i>jolessa oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>juleber oral tablet</i>	Generic	MO
<i>junel 1.5/30 oral tablet</i>	Generic	MO
<i>junel 1/20 oral tablet</i>	Generic	MO
<i>junel fe 1.5/30 oral tablet</i>	Generic	MO
<i>junel fe 1/20 oral tablet</i>	Generic	MO
<i>junel fe 24 oral tablet</i>	Generic	MO
<i>kariva oral tablet</i>	Generic	MO
<i>kelnor 1/35 oral tablet</i>	Generic	MO
<i>kelnor 1/50 oral tablet</i>	Generic	MO
<i>kurvelo oral tablet</i>	Generic	MO
<i>larin 1.5/30 oral tablet</i>	Generic	MO
<i>larin 1/20 oral tablet</i>	Generic	MO
<i>larin fe 1.5/30 oral tablet</i>	Generic	MO
<i>larin fe 1/20 oral tablet</i>	Generic	MO
<i>leena oral tablet</i>	Generic	MO
<i>lessina oral tablet</i>	Generic	MO
<i>levonest oral tablet</i>	Generic	MO
<i>levonorgest-eth est & eth est oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>levonorgest-eth estrad 91-day oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<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
<i>levora 0.15/30 (28) oral tablet</i>	Generic	MO
<i>lojaimiess oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>loryna oral tablet</i>	Generic	MO
<i>low-ogestrel oral tablet</i>	Generic	MO
<i>luizza 1.5/30 oral tablet</i>	Generic	MO
<i>luizza 1/20 oral tablet</i>	Generic	MO
<i>lutera 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 0.625 MG, 2.5 MG	Brand	MO
<i>mibelas 24 fe oral tablet chewable</i>	Generic	MO
<i>microgestin 1.5/30 oral tablet</i>	Generic	MO

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

Drug	Status	Requirements/Limits
<i>microgestin 1/20 oral tablet</i>	Generic	MO
<i>microgestin fe 1.5/30 oral tablet</i>	Generic	MO
<i>microgestin fe 1/20 oral tablet</i>	Generic	MO
<i>mili oral tablet</i>	Generic	MO
<i>mimvey oral tablet</i>	Generic	MO
<i>minzoya oral tablet</i>	Generic	MO
<i>necon 0.5/35 (28) oral tablet</i>	Generic	MO
<i>nikki oral tablet</i>	Generic	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Generic	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Generic	MO
<i>norethindrone-eth estradiol oral tablet</i>	Generic	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Generic	MO
<i>norgestim-eth estrad triphasic oral tablet</i>	Generic	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	Generic	MO
<i>nortrel 1/35 (21) oral tablet</i>	Generic	MO
<i>nortrel 1/35 (28) oral tablet</i>	Generic	MO
<i>nortrel 7/7/7 oral tablet</i>	Generic	MO
<i>nylia 1/35 oral tablet</i>	Generic	MO
<i>nylia 7/7/7 oral tablet</i>	Generic	MO
<i>ocella oral tablet</i>	Generic	MO
<i>pimtrea oral tablet</i>	Generic	MO
<i>portia-28 oral tablet</i>	Generic	MO
PREMARIN ORAL TABLET	Brand	MO
PREMARIN VAGINAL CREAM	Brand	MO
PREMPHASE ORAL TABLET	Brand	MO
PREMPRO ORAL TABLET	Brand	MO
<i>reclipsen oral tablet</i>	Generic	MO
<i>rivelsa oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>rosyrah oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
<i>setlakin oral tablet</i>	Generic	MO; QL (91 EA per 91 days)
SIMPESSE ORAL TABLET	Generic	MO; QL (91 EA per 91 days)
<i>sprintec 28 oral tablet</i>	Generic	MO
<i>sronyx oral tablet</i>	Generic	MO
<i>syeda oral tablet</i>	Generic	MO
<i>tarina 24 fe oral tablet</i>	Generic	MO

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

Drug	Status	Requirements/Limits
<i>tarina fe 1/20 eq oral tablet</i>	Generic	MO
<i>taysofy oral capsule</i>	Generic	MO
<i>tilia fe oral tablet</i>	Generic	MO
<i>tri-estarylla oral tablet</i>	Generic	MO
<i>tri-legest fe oral tablet</i>	Generic	MO
<i>tri-lo-estarylla oral tablet</i>	Generic	MO
<i>tri-lo-sprintec oral tablet</i>	Generic	MO
<i>tri-mili oral tablet</i>	Generic	MO
<i>tri-sprintec oral tablet</i>	Generic	MO
<i>trivora (28) oral tablet</i>	Generic	MO
<i>tri-vylibra lo oral tablet</i>	Generic	MO
<i>tri-vylibra oral tablet</i>	Generic	MO
<i>turqoz oral tablet</i>	Generic	MO
<i>tyblume oral tablet chewable</i>	Generic	MO
<i>tydemy oral tablet</i>	Generic	MO
<i>valtya 1/35 oral tablet</i>	Generic	MO
<i>valtya 1/50 oral tablet</i>	Generic	MO
<i>velivet oral tablet</i>	Generic	MO
<i>vienva oral tablet</i>	Generic	MO
<i>viorele oral tablet</i>	Generic	MO
<i>vyfemla oral tablet</i>	Generic	MO
<i>vylibra oral tablet</i>	Generic	MO
<i>wymzya fe oral tablet chewable</i>	Generic	MO
<i>xarah fe oral tablet</i>	Generic	MO
<i>xelria fe oral tablet chewable</i>	Generic	MO
<i>yuvafem vaginal tablet</i>	Generic	MO
<i>zovia 1/35 (28) oral tablet</i>	Generic	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>liletta (52 mg) intrauterine intrauterine device 20.1 mcg/day</i>	Generic	
NEXPLANON SUBCUTANEOUS IMPLANT	Brand	
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	Generic	
<i>xulane transdermal patch weekly</i>	Generic	
Progestins		
<i>camila oral tablet</i>	Generic	MO

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

Drug	Status	Requirements/Limits
<i>deblitane oral tablet</i>	Generic	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Brand	QL (0.65 ML per 90 days)
<i>errin oral tablet</i>	Generic	MO
<i>gallifrey oral tablet</i>	Generic	MO
HEATHER ORAL TABLET	Brand	
<i>incassia oral tablet</i>	Generic	MO
<i>lyleq oral tablet</i>	Generic	MO
<i>lyza oral tablet</i>	Generic	MO
<i>medroxyprogesterone acetate intramuscular suspension</i>	Generic	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	Generic	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	Generic	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Generic	MO
<i>megestrol acetate oral tablet</i>	Generic	
<i>meleya oral tablet</i>	Generic	MO
<i>nora-be oral tablet</i>	Generic	MO
<i>norethindrone acetate oral tablet</i>	Generic	MO
<i>norethindrone oral tablet</i>	Generic	MO
<i>orquidea oral tablet</i>	Generic	MO
<i>sharobel oral tablet</i>	Generic	MO
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET	Brand	PA; MO; QL (30 EA per 30 days)
<i>raloxifene hcl oral tablet</i>	Generic	MO; QL (1 EA per 1 day)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox oral tablet</i>	Generic	MO
<i>levo-t oral tablet</i>	Generic	MO
<i>levothyroxine sodium oral tablet</i>	Generic	MO
<i>levoxyl oral tablet</i>	Generic	MO
<i>liomny oral tablet</i>	Generic	MO
<i>liothyronine sodium oral tablet</i>	Generic	MO

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

Drug	Status	Requirements/Limits
SYNTHROID ORAL TABLET	Brand	MO
<i>unithroid oral tablet</i>	Generic	MO
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
CRENESSITY ORAL CAPSULE 100 MG	Brand	PA; QL (120 EA per 30 days); NEDS
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	Brand	PA; QL (90 EA per 30 days); NEDS
CRENESSITY ORAL SOLUTION	Brand	PA; QL (240 ML per 30 days); NEDS
ISTURISA ORAL TABLET 1 MG	Brand	PA; MO; QL (240 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	Brand	PA; MO; QL (360 EA per 30 days); NEDS
LYSODREN ORAL TABLET	Brand	NEDS
PALSONIFY ORAL TABLET 20 MG	Brand	PA; QL (60 EA per 30 days); NEDS
PALSONIFY ORAL TABLET 30 MG	Brand	PA; QL (120 EA per 30 days); NEDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	Generic	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	Brand	QL (1 EA per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG	Brand	QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	Brand	QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	Brand	QL (1 EA per 28 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA NS; QL (4 EA per 365 days); NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Brand	PA NS; QL (1 EA per 28 days)
<i>lanreotide acetate subcutaneous solution</i>	Generic	PA NS; NEDS
<i>leuprolide acetate injection kit</i>	Generic	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Brand	QL (1 EA per 28 days); NEDS

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

Drug	Status	Requirements/Limits
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Brand	QL (1 EA per 84 days); NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Brand	QL (1 EA per 112 days); NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Generic	MO
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Generic	MO; NEDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	Brand	MO; QL (1 EA per 28 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Brand	PA; MO; QL (60 ML per 30 days); NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	Brand	PA NS; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	Brand	PA; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	LA; MO; NEDS
SYNAREL NASAL SOLUTION	Brand	NEDS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	Generic	MO
<i>propylthiouracil oral tablet</i>	Generic	MO
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	Brand	PA; HI
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Brand	PA; HI
EKTERLY ORAL TABLET	Brand	PA; QL (120 EA per 30 days); NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; NEDS
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	Generic	PA; NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Brand	HI
<i>sajazir subcutaneous solution prefilled syringe</i>	Generic	PA; NEDS

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

Drug	Status	Requirements/Limits
Antiangiogenic Agents		
EMPAVELI SUBCUTANEOUS SOLUTION	Brand	PA; QL (200 ML per 28 days); NEDS
Immune Suppressants		
<i>azathioprine sodium injection solution reconstituted</i>	Generic	B/D; NEDS
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION	Brand	PA; NEDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML	Brand	PA; NEDS
GAMMAGARD ERC INJECTION SOLUTION	Brand	PA; NEDS
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 5 GM/50ML	Brand	PA; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Brand	PA; NEDS
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 5 GM/50ML	Brand	PA; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	Brand	PA; NEDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 5 GM/50ML	Brand	PA; NEDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML	Brand	PA; NEDS
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Brand	PA; NEDS
Immunological Agents, Other		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Brand	PA NS; LA; MO; NEDS
ANZUPGO EXTERNAL CREAM	Brand	PA; QL (60 GM per 28 days); NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; MO; NEDS
AURANOFIN ORAL CAPSULE	Brand	NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA NS; NEDS

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

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

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

Drug	Status	Requirements/Limits
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	Brand	PA; MO; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	Brand	PA; MO; QL (1.6 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	Brand	PA; MO; QL (2.8 ML per 28 days); NEDS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	Brand	QL (20 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	Brand	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	Brand	QL (30 EA per 5 days)
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML	Brand	PA; NEDS
REVCovi INTRAMUSCULAR SOLUTION	Brand	PA; NEDS
RHAPSIDO ORAL TABLET	Brand	PA; QL (60 EA per 30 days); NEDS
RINVOQ LQ ORAL SOLUTION	Brand	PA; QL (360 ML per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Brand	PA; MO; QL (1 EA per 1 day); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	Brand	PA; QL (1 EA per 1 day); NEDS
SKYRIZI INTRAVENOUS SOLUTION	Brand	PA; QL (60 ML per 365 days); NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Brand	PA; QL (1.2 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Brand	PA; QL (2.4 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; QL (1 ML per 28 days); NEDS
SOTYKTU ORAL TABLET	Brand	PA; QL (30 EA per 30 days); NEDS
STELARA INTRAVENOUS SOLUTION	Brand	PA; QL (104 ML per 365 days); NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Brand	PA; MO; QL (0.5 ML per 28 days); NEDS

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

Drug	Status	Requirements/Limits
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 (3 ML per 84 days); NEDS
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Brand	PA; QL (3 ML per 84 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Brand	PA; QL (3 ML per 84 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (3 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	Brand	PA; QL (0.5 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	Brand	PA; QL (1 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Brand	PA; MO; QL (3 ML per 28 days); NEDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA; QL (2 ML per 56 days); NEDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Brand	PA; QL (4 ML per 28 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Brand	PA; MO; QL (2 ML per 56 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Brand	PA; QL (2 ML per 28 days); NEDS
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; QL (4 ML per 28 days)
<i>ustekinumab intravenous solution</i>	Brand	PA; QL (104 ML per 365 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION	Brand	PA; MO; QL (0.5 ML per 28 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Brand	PA; MO; QL (0.5 ML per 28 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Brand	PA; MO; QL (3 ML per 84 days); NEDS
WEZLANA SUBCUTANEOUS SOLUTION	Brand	PA; QL (3 ML per 84 days); NEDS
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; QL (3 ML per 84 days); NEDS
XELJANZ ORAL SOLUTION	Brand	PA; MO; QL (300 ML per 30 days); NEDS

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

Drug	Status	Requirements/Limits
XELJANZ ORAL TABLET	Brand	PA; MO; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Brand	PA; MO; QL (30 EA per 30 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	Brand	PA; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Brand	PA; QL (1 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Brand	PA; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Brand	PA; QL (1 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; QL (8 EA per 28 days); NEDS
Immunomodulators		
ILARIS SUBCUTANEOUS SOLUTION	Brand	PA; QL (2 ML per 28 days); NEDS
Immunosuppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; NEDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; QL (3.6 ML per 28 days); NEDS
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Generic	PA; QL (6 EA per 28 days); NEDS
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	Generic	PA; QL (3 EA per 28 days); NEDS
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit</i>	Generic	PA; QL (6 EA per 28 days); NEDS
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml</i>	Generic	PA; QL (2 EA per 28 days); NEDS
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	Generic	PA; QL (6 EA per 28 days); NEDS
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT	Brand	PA; QL (3 EA per 28 days); NEDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Brand	B/D
<i>azathioprine oral tablet 50 mg</i>	Generic	B/D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; NEDS

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

Drug	Status	Requirements/Limits
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	PA; MO; NEDS
<i>cyclosporine modified oral capsule</i>	Generic	B/D; MO
<i>cyclosporine modified oral solution</i>	Generic	B/D; MO
<i>cyclosporine oral capsule</i>	Generic	B/D; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Brand	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Brand	PA; MO; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Brand	PA; MO; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Brand	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Brand	PA; MO; QL (8 ML per 28 days); NEDS
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	Brand	B/D
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	Brand	B/D; NEDS
<i>everolimus oral tablet 0.25 mg</i>	Generic	B/D; MO
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	Generic	B/D; MO; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	Generic	B/D; MO
<i>gengraf oral solution</i>	Generic	B/D; MO
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Brand	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Brand	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Brand	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Brand	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	Brand	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Brand	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Brand	PA; MO; QL (6 EA per 365 days); NEDS

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

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

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

Drug	Status	Requirements/Limits
Vaccines		
ABRYVO INTRAMUSCULAR SOLUTION RECONSTITUTED	Brand	QL (1 EA per 252 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Brand	
ADACEL INTRAMUSCULAR SUSPENSION	Brand	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	QL (1 EA per 999 days)
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	Brand	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Brand	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Brand	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Brand	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Brand	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Brand	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
<i>heplisav-b intramuscular solution prefilled syringe</i>	Generic	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED	Brand	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
INFANRIX INTRAMUSCULAR SUSPENSION	Brand	
IPOL INJECTION SUSPENSION	Brand	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	Brand	
IXIARO INTRAMUSCULAR SUSPENSION	Brand	

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

Drug	Status	Requirements/Limits
JYNNEOS SUBCUTANEOUS SUSPENSION	Brand	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
MENQUADFI INTRAMUSCULAR SOLUTION	Brand	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Brand	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Brand	
<i>mresvia intramuscular suspension prefilled syringe</i>	Generic	QL (0.5 ML per 999 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Brand	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Brand	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Brand	
QUADRACEL INTRAMUSCULAR SUSPENSION	Brand	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Brand	
RECOMBIVAX HB INJECTION SUSPENSION	Brand	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Brand	B/D
ROTARIX ORAL SUSPENSION	Brand	
ROTATEQ ORAL SOLUTION	Brand	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	QL (1 ML per 365 days)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Brand	QL (2 EA per 999 days)

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

Drug	Status	Requirements/Limits
STAMARIL INJECTION SUSPENSION RECONSTITUTED	Brand	
TENIVAC INTRAMUSCULAR INJECTABLE	Brand	
TENIVAC INTRAMUSCULAR SUSPENSION	Brand	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
TYPHIM VI INTRAMUSCULAR SOLUTION	Brand	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Brand	
VAQTA INTRAMUSCULAR SUSPENSION	Brand	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Brand	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	Brand	
VARIZIG INTRAMUSCULAR SOLUTION	Brand	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	Brand	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Generic	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Brand	
YF-VAX SUBCUTANEOUS INJECTABLE	Brand	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Brand	

Inflammatory Bowel Disease Agents

Aminosalicylates

<i>balsalazide disodium oral capsule</i>	Generic	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Generic	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	Generic	
<i>mesalamine rectal enema</i>	Generic	
<i>mesalamine rectal suppository</i>	Generic	
<i>mesalamine-cleanser rectal kit</i>	Generic	
<i>sulfasalazine oral tablet</i>	Generic	MO
<i>sulfasalazine oral tablet delayed release</i>	Generic	MO

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

Drug	Status	Requirements/Limits
Glucocorticoids		
ANALPRAM HC EXTERNAL CREAM 2.5-1 %	Brand	
<i>budesonide er oral tablet extended release 24 hour</i>	Generic	QL (1 EA per 1 day); NEDS
<i>budesonide oral capsule delayed release particles</i>	Generic	QL (3 EA per 1 day)
<i>hydrocortisone oral tablet</i>	Generic	
<i>hydrocortisone rectal enema</i>	Generic	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Generic	MO; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Generic	MO; QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Brand	PA; NEDS
<i>calcitonin (salmon) injection solution</i>	Generic	NEDS
<i>calcitonin (salmon) nasal solution</i>	Generic	MO; QL (3.7 ML per 30 days)
<i>calcitriol oral capsule</i>	Generic	MO
<i>calcitriol oral solution</i>	Generic	MO
<i>cinacalcet hcl oral tablet</i>	Generic	MO
<i>ibandronate sodium oral tablet</i>	Generic	MO; QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	QL (2 ML per 365 days)
OSENVELT SUBCUTANEOUS SOLUTION	Brand	PA; NEDS
<i>paricalcitol oral capsule</i>	Generic	PA; MO
<i>risedronate sodium oral tablet 150 mg</i>	Generic	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	Generic	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Generic	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	Generic	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	Generic	MO; QL (1 EA per 1 day)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Brand	QL (2 ML per 365 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	Generic	PA; MO; NEDS
WYOST SUBCUTANEOUS SOLUTION	Brand	PA; NEDS
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML	Brand	PA; QL (1.12 ML per 28 days); NEDS
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML	Brand	PA; QL (1.96 ML per 28 days); NEDS

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

Drug	Status	Requirements/Limits
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML	Brand	PA; QL (2.8 ML per 28 days); NEDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS 31G X 6 MM	Brand	QL (200 EA per 30 days)
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM	Brand	QL (200 EA per 30 days)
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	Brand	QL (200 EA per 30 days)
BD DISP NEEDLES 25G X 7/8" , 30G X 1/2"	Brand	
BD PEN	Brand	
BD PEN MINI	Brand	
BD PEN NEEDLE MICRO U/F	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE MINI U/F	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE MINI ULTRAFINE	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE NANO U/F	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE NANO ULTRAFINE	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE ORIGINAL U/F	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT U/F	Brand	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE	Brand	QL (200 EA per 30 days)
BD SYRINGE LUER-LOK 1 ML	Brand	
CEQUR SIMPLICITY 2U DEVICE	Brand	PA; QL (1 EA per 4 days)
CEQUR SIMPLICITY INSERTER	Brand	PA
COMFORT EZ PEN NEEDLES 32G X 8 MM	Brand	QL (200 EA per 30 days)
<i>dichlorphenamide oral tablet</i>	Generic	PA; QL (120 EA per 30 days); NEDS
DROPLET PEN NEEDLES 32G X 8 MM	Brand	QL (200 EA per 30 days)
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8"	Brand	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Brand	QL (200 EA per 30 days)
<i>levocarnitine oral solution</i>	Generic	MO
<i>levocarnitine oral tablet</i>	Generic	MO
LITETOUCH PEN NEEDLES 29G X 12.7MM	Brand	QL (200 EA per 30 days)
<i>methylergonovine maleate oral tablet</i>	Generic	QL (56 EA per 365 days); NEDS

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

Drug	Status	Requirements/Limits
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 26G X 1/2" , 27G X 1/2" , 30G X 3/4"	Brand	
MONOJECT INSULIN SYRINGE U-100 1 ML	Brand	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Brand	PA; QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	Brand	PA; QL (1 EA per 3 days)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	Brand	PA; QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	Brand	PA; QL (1 EA per 3 days)
OMNIPOD DASH INTRO (GEN 4) KIT	Brand	PA; QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	Brand	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	Brand	PA; QL (1 EA per 3 days)
PEN NEEDLES 30G X 8 MM	Brand	QL (200 EA per 30 days)
PURE COMFORT PEN NEEDLE 32G X 8 MM	Brand	QL (200 EA per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	Generic	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Brand	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Brand	QL (200 EA per 30 days)
ULTICARE PEN NEEDLES 29G X 12.7MM	Brand	QL (200 EA per 30 days)
ULTILET PEN NEEDLE 29G X 12.7MM	Brand	QL (200 EA per 30 days)
ULTRA-THIN II PEN NEEDLES	Brand	QL (200 EA per 30 days)
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	Generic	MO
<i>latanoprost ophthalmic solution</i>	Generic	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Brand	MO; QL (2.5 ML per 25 days)
RHOPRESSA OPHTHALMIC SOLUTION	Brand	MO; QL (2.5 ML per 25 days)
<i>travoprost (bak free) ophthalmic solution</i>	Generic	MO; QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION	Brand	QL (5 ML per 25 days)
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	Generic	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Generic	

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

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

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

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

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

Drug	Status	Requirements/Limits
<i>neomycin-polymyxin-hc otic suspension</i>	Generic	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	Generic	QL (60 ML per 30 days)
<i>cyproheptadine hcl oral tablet</i>	Generic	
<i>diphenhydramine hcl injection solution</i>	Generic	
<i>hydroxyzine pamoate oral capsule</i>	Generic	
<i>levocetirizine dihydrochloride oral tablet</i>	Generic	QL (1 EA per 1 day)
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Brand	MO; QL (30 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Brand	MO; QL (60 EA per 30 days)
<i>budesonide inhalation suspension</i>	Generic	B/D; MO; QL (4 ML per 1 day)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Generic	QL (50 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	Generic	QL (120 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	Generic	MO; QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	Generic	MO; QL (60 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act</i>	Generic	MO; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Generic	MO; QL (21.2 GM per 30 days)
<i>fluticasone propionate nasal suspension</i>	Generic	
Antileukotrienes		
<i>montelukast sodium oral packet</i>	Generic	MO
<i>montelukast sodium oral tablet</i>	Generic	MO
<i>montelukast sodium oral tablet chewable</i>	Generic	MO
<i>zafirlukast oral tablet</i>	Generic	MO; QL (2 EA per 1 day)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Brand	MO; QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Brand	MO; QL (8 GM per 30 days)

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

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

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

Drug	Status	Requirements/Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Brand	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet</i>	Generic	MO
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE	Brand	PA; MO; QL (560 EA per 28 days); NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Brand	PA; NEDS
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG	Brand	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	Brand	PA; MO; QL (56 EA per 28 days); NEDS
KALYDECO ORAL TABLET	Brand	PA; MO; QL (60 EA per 30 days); NEDS
ORKAMBI ORAL PACKET	Brand	PA; MO; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	Brand	PA; MO; QL (112 EA per 28 days); NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Brand	B/D; MO; NEDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	Brand	PA; MO; QL (56 EA per 28 days); NEDS
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	Brand	PA; MO; QL (2 EA per 1 day); NEDS
TOBI PODHALER INHALATION CAPSULE	Brand	MO; QL (224 EA per 56 days); NEDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Generic	B/D; MO; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	Brand	PA; MO; QL (84 EA per 28 days); NEDS
TRIKAFTA ORAL THERAPY PACK	Brand	PA; QL (56 EA per 28 days); NEDS
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution</i>	Generic	B/D; MO
<i>cromolyn sodium oral concentrate</i>	Generic	MO
Phosphodiesterase Inhibitors, Airways Disease		
ELIXOPHYLLIN ORAL ELIXIR	Brand	MO
OHTUVAYRE INHALATION SUSPENSION	Brand	PA; QL (150 ML per 30 days); NEDS

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

Drug	Status	Requirements/Limits
<i>roflumilast oral tablet</i>	Generic	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	Generic	MO
<i>theophylline er oral tablet extended release 24 hour</i>	Generic	MO
THEOPHYLLINE ORAL ELIXIR	Brand	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	Brand	PA; MO; QL (90 EA per 30 days); NEDS
<i>alyq oral tablet</i>	Generic	PA; MO; QL (60 EA per 30 days)
<i>ambrisentan oral tablet</i>	Generic	PA; MO; QL (30 EA per 30 days); NEDS
<i>bosentan oral tablet</i>	Generic	PA; MO; QL (60 EA per 30 days); NEDS
<i>bosentan oral tablet soluble</i>	Generic	PA; MO; QL (112 EA per 28 days); NEDS
OPSUMIT ORAL TABLET	Brand	PA; MO; QL (30 EA per 30 days); NEDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Brand	PA; QL (336 EA per 365 days); NEDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Brand	PA; QL (672 EA per 365 days); NEDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Brand	PA; QL (504 EA per 365 days); NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Brand	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	Brand	PA; MO; NEDS
<i>sildenafil citrate oral tablet 20 mg</i>	Generic	PA; MO; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	Generic	PA; MO; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET	Brand	PA; MO; QL (60 EA per 30 days); NEDS
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	Brand	PA; QL (400 EA per 365 days); NEDS
VENTAVIS INHALATION SOLUTION	Brand	PA; MO; QL (270 ML per 30 days); NEDS
WINREVAIR SUBCUTANEOUS KIT	Brand	PA; QL (1 EA per 21 days); NEDS
Pulmonary Fibrosis Agents		
JASCAYD ORAL TABLET	Brand	PA; QL (60 EA per 30 days); NEDS
OFEV ORAL CAPSULE	Brand	PA; MO; NEDS

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

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

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

Drug	Status	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Brand	PA; MO; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Brand	PA; QL (0.4 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Brand	PA; MO; QL (3 EA per 28 days); NEDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Brand	MO; QL (60 EA per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT	Generic	MO; QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 250-50 mcg/act, 500-50 mcg/act</i>	Generic	MO; QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 350 mg</i>	Generic	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Generic	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Generic	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Generic	
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet</i>	Generic	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	Generic	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Generic	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	Generic	QL (30 EA per 30 days)
Sleep Disorders, Other		
LUMRYZ STARTER PACK ORAL THERAPY PACK	Brand	PA; QL (56 EA per 365 days); NEDS
<i>modafinil oral tablet</i>	Generic	PA; MO; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	Generic	QL (30 EA per 30 days)
<i>sodium oxybate oral solution</i>	Generic	PA; LA; QL (540 ML per 30 days); NEDS
Sleep Promoting Agents		
BELSOMRA ORAL TABLET	Brand	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Generic	QL (30 EA per 30 days)

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

D. Index of Covered Drugs

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

Index

1ST TIER UNIFINE PENTIPS	87	ADVOCATE INSULIN PEN NEEDLES	87	<i>amphotericin b</i>	18
1ST TIER UNIFINE PENTIPS PLUS	87	<i>advocate redi-code</i>	44	<i>amphotericin b liposome</i>	18
<i>abacavir sulfate</i>	36	<i>advocate redi-code+ test</i>	44	<i>ampicillin</i>	9
<i>abacavir sulfate-lamivudine</i>	36	<i>advocate test</i>	44	<i>ampicillin sodium</i>	9
ABELCET	18	<i>agamatrix amp test</i>	44	<i>ampicillin-sulbactam sodium</i>	9
<i>abigale</i>	68	<i>agamatrix jazz test</i>	44	<i>anagrelide hcl</i>	47
<i>abigale lo</i>	68	<i>agamatrix presto test</i>	44	ANALPRAM HC	86
ABILIFY MAINTENA	31	AGAMREE	65	<i>anastrozole</i>	23
<i>abiraterone acetate</i>	21	AIMOVIG	20	ANDEMBRY	50
<i>abirtega</i>	21	AIRSUPRA	95	ANORO ELLIPTA	95
ABRYSVO	83	AKEEGA	24	ANZUPGO	76
<i>acamprosate calcium</i>	5	<i>albendazole</i>	29	<i>apraclonidine hcl</i>	89
<i>acarbose</i>	39	<i>albuterol sulfate</i>	92	<i>aprepitant</i>	17, 18
<i>accu-chek aviva plus</i>	43	<i>albuterol sulfate hfa</i>	92	<i>apri</i>	68
ACCU-CHEK AVIVA PLUS ..	65	<i>alclometasone dipropionate</i>	65	APTIVUS	37
ACCU-CHEK GUIDE	65	ALECENSA	24	AQNEURSA	62
ACCU-CHEK GUIDE ME	65	<i>alendronate sodium</i>	86	ARALAST NP	62
<i>accu-chek guide test</i>	43	<i>alfuzosin hcl er</i>	64	<i>aranelle</i>	68
<i>accu-chek smartview</i>	43	<i>aliskiren fumarate</i>	50	ARCALYST	76
<i>accutrend glucose</i>	44	<i>allopurinol</i>	19	AREXVY	83
<i>acebutolol hcl</i>	49	ALOCRIL	89	ARIKAYCE	5
<i>acetaminophen-codeine</i>	4	<i>alose tron hcl</i>	61	<i>aripiprazole</i>	31
<i>acetazolamide</i>	51	<i>alprazolam</i>	38	ARNUITY ELLIPTA	91
<i>acetazolamide er</i>	89	<i>altavera</i>	68	<i>asenapine maleate</i>	31
<i>acetic acid</i>	90	ALUNBRIG	24	<i>ashlyna</i>	68
<i>acetylcysteine</i>	95	<i>alyacen 1/35</i>	68	<i>aspirin-dipyridamole er</i>	47
<i>acitretin</i>	56	<i>alyq</i>	94	<i>assure 3 test</i>	44
ACTEMRA	80	<i>amantadine hcl</i>	38	<i>assure 4 test</i>	44
ACTEMRA ACTPEN	80	<i>ambrisentan</i>	94	ASSURE ID INSULIN SAFETY SYR	41
ACTHIB	83	<i>amethia</i>	68	<i>assure ii</i>	44
ACTIMMUNE	76	<i>amethyst</i>	68	<i>assure ii check</i>	44
<i>acyclovir</i>	34, 56	<i>amikacin sulfate</i>	5	<i>assure platinum</i>	44
<i>acyclovir sodium</i>	34	<i>amiloride hcl</i>	51	<i>assure prism multi test</i>	44
ADACEL	83	<i>amiloride-hydrochlorothiazide</i> ..	51	<i>assure pro test</i>	44
<i>adalimumab-aaty (1 pen)</i>	80	AMINOSYN II	58	ASTAGRAF XL	80
<i>adalimumab-aaty (2 pen)</i>	80	<i>amiodarone hcl</i>	49	<i>atazanavir sulfate</i>	37
<i>adalimumab-aaty (2 syringe)</i>	80	<i>amitriptyline hcl</i>	17	<i>atenolol</i>	49
ADALIMUMAB-AATY CD/UC/HS START	80	<i>amlodipine besy-benazepril hcl</i> ..	50	<i>atenolol-chlorthalidone</i>	49
<i>adapalene</i>	56	<i>amlodipine besylate</i>	50	<i>atomoxetine hcl</i>	54
ADBRY	56	<i>amlodipine besylate-valsartan</i> ...	50	<i>atorvastatin calcium</i>	52
<i>adefovir dipivoxil</i>	33	<i>amlodipine-olmesartan</i>	48	<i>atovaquone</i>	29
ADEMPAS	94	<i>ammonium lactate</i>	56	<i>atovaquone-proguanil hcl</i>	29
ADVAIR DISKUS	95	<i>amoxapine</i>	17	<i>atropine sulfate</i>	88
ADVAIR HFA	95	<i>amoxicillin</i>	8	ATROVENT HFA	91
<i>advance intuition test</i>	44	<i>amoxicillin-pot clavulanate</i>	8, 9	<i>aubra eq</i>	68
<i>advance micro-draw test</i>	44	<i>amoxicillin-pot clavulanate er</i>	8	AUGTYRO	24
		<i>amphetamine-dextroamphet er</i> ...	53	AURANOFIN	76
		<i>amphetamine-dextroamphetamine</i>	54	AUSTEDO	54
				AUSTEDO XR	54

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

AUSTEDO XR PATIENT TITRATION	54	BD PEN NEEDLE ORIG ULTRAFINE	87	BREO ELLIPTA	91
AUVELITY	15	BD PEN NEEDLE ORIGINAL U/F	87	BREXAFEMME	18
<i>aviane</i>	68	BD PEN NEEDLE SHORT U/F	87	BREYNA	95
AVMAPKI FAKZYNJA CO-PACK	24	BD PEN NEEDLE SHORT ULTRAFINE	87	BREZTRI AEROSPHERE	95
AVONEX PEN	55	BD SAFETYGLIDE INSULIN SYRINGE	41	<i>briellyn</i>	68
AVONEX PREFILLED	55	BD SYRINGE LUER-LOK	87	<i>brimonidine tartrate</i>	89
AYVAKIT	24	BD VEO INSULIN SYR ULTRAFINE	41	<i>brimonidine tartrate-timolol</i>	88
<i>azacitidine</i>	22	BELSOMRA	96	BRINSUPRI	95
<i>azathioprine</i>	80	<i>benazepril hcl</i>	48	<i>brinzolamide</i>	89
<i>azathioprine sodium</i>	76	<i>benazepril-hydrochlorothiazide</i>	48	<i>brivaracetam</i>	11
<i>azelaic acid</i>	56	BENLYSTA	80, 81	BRIVIACT	11
<i>azelastine hcl</i>	89, 91	<i>benztropine mesylate</i>	29	<i>bromfenac sodium</i>	90
<i>azithromycin</i>	9	BERINERT	75	<i>bromfenac sodium (once-daily)</i> ..	90
<i>aztreonam</i>	8	BESREMI	76	<i>bromocriptine mesylate</i>	29, 30
<i>azurette</i>	68	<i>betaine</i>	62	BRONCHITOL	93
<i>bacitracin</i>	6	<i>betamethasone dipropionate</i>	65	BRUKINSA	24
<i>bacitracin-polymyxin b</i>	88	<i>betamethasone dipropionate aug</i>	65	<i>budesonide</i>	86, 91
<i>bacitra-neomycin-polymyxin-hc</i>	89	<i>betamethasone valerate</i>	65	<i>budesonide er</i>	86
<i>baclofen</i>	33	BETASERON	55	<i>bumetanide</i>	51
<i>balsalazide disodium</i>	85	<i>betaxolol hcl</i>	49, 89	<i>buprenorphine</i>	3
BALVERSA	24	<i>bethanechol chloride</i>	64	<i>buprenorphine hcl</i>	5
<i>balziva</i>	68	BETOPTIC-S	89	<i>buprenorphine hcl-naloxone hcl</i> ...5	5
BARACLUDE	33	BEVESPI AEROSPHERE	95	<i>bupropion hcl</i>	15
BCG VACCINE	83	<i>bexarotene</i>	28	<i>bupropion hcl er (smoking det)</i>5	5
BD DISP NEEDLES	87	BEXSERO	83	<i>bupropion hcl er (sr)</i>	15
BD INS SYR ULTRAFINE 1/2UNIT	41	<i>bicalutamide</i>	21	<i>bupropion hcl er (xl)</i>	15
BD INSULIN SYR ULTRAFINE II	41	BICILLIN L-A	9	<i>buspirone hcl</i>	38
BD INSULIN SYRINGE HALF-UNIT	41	BIKTARVY	35	<i>cabergoline</i>	74
BD INSULIN SYRINGE U/F ..	41	BIMZELX	77	CABLIVI	47
BD INSULIN SYRINGE ULTRAFINE	41	<i>bisoprolol fumarate</i>	49	CABOMETYX	24, 25
BD PEN	87	<i>bisoprolol-hydrochlorothiazide</i> ..	49	<i>calcipotriene</i>	56, 57
BD PEN MINI	87	BIVIGAM	76	<i>calcitonin (salmon)</i>	86
BD PEN NEEDLE MICRO U/F	87	<i>bleomycin sulfate</i>	22	<i>calcitriol</i>	86
BD PEN NEEDLE MICRO ULTRAFINE	87	<i>blisovi 24 fe</i>	68	<i>calcium acetate</i>	64
BD PEN NEEDLE MINI U/F ..	87	<i>blisovi fe 1.5/30</i>	68	<i>calcium acetate (phos binder)</i>64	64
BD PEN NEEDLE MINI ULTRAFINE	87	<i>blood glucose test</i>	44	CALQUENCE	25
BD PEN NEEDLE NANO 2ND GEN	87	BONSITY	86	<i>camila</i>	72
BD PEN NEEDLE NANO U/F	87	BOOSTRIX	83	<i>camrese</i>	69
BD PEN NEEDLE NANO ULTRAFINE	87	BORTEZOMIB	22	<i>camrese lo</i>	69
		<i>bosentan</i>	94	<i>candesartan cilexetil</i>	48
		BOSULIF	24	<i>candesartan cilexetil-hctz</i>	48
		BRAFTOVI	24	CAPLYTA	31
				CAPRELSA	25
				<i>captopril</i>	48
				<i>carbamazepine</i>	14
				<i>carbamazepine er</i>	14
				<i>carbidopa</i>	30
				<i>carbidopa-levodopa</i>	30
				<i>carbidopa-levodopa er</i>	30
				<i>carbidopa-levodopa-entacapone</i>	30
				<i>careone blood glucose test</i>	44

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

<i>caresens n glucose test</i>	44	CINRYZE	75	<i>colestipol hcl</i>	52
<i>caretouch test</i>	44	<i>ciprofloxacin hcl</i>	10	<i>colistimethate sodium (cba)</i>	6
<i>carglumic acid</i>	58	<i>ciprofloxacin in d5w</i>	10	COMBIPATCH	69
<i>carisoprodol</i>	96	<i>ciprofloxacin-dexamethasone</i>	90	COMBIVENT RESPIMAT	91
<i>carteolol hcl</i>	89	<i>citalopram hydrobromide</i>	16	COMETRIQ (100 MG DAILY DOSE)	25
<i>cartia xt</i>	50	<i>claravis</i>	57	COMETRIQ (140 MG DAILY DOSE)	25
<i>carvedilol</i>	49	<i>clarithromycin</i>	10	COMETRIQ (60 MG DAILY DOSE)	25
<i>carvedilol phosphate er</i>	49	<i>clarithromycin er</i>	9	COMFORT ASSIST INSULIN SYRINGE	41
<i>caspofungin acetate</i>	18	CLENPIQ	60	COMFORT EZ PEN NEEDLES	87
CAYSTON	93	<i>clever chek auto-code test</i>	44	<i>constulose</i>	61
<i>cefaclor</i>	7	<i>clever chek auto-code voice</i>	44	<i>contour next test</i>	44
<i>cefaclor er</i>	7	<i>clever chek test</i>	44	<i>contour test</i>	44
<i>cefadroxil</i>	7	<i>clever choice auto-code test</i>	44	COPIKTRA	24
<i>cefazolin sodium</i>	7	<i>clever choice micro test</i>	44	CORLANOR	50
<i>cefdinir</i>	7	<i>clever choice no coding</i>	44	COSENTYX	77
<i>cefepime hcl</i>	7	<i>clever choice talk system</i>	44	COSENTYX (300 MG DOSE)	77
<i>cefixime</i>	7	<i>clindamycin hcl</i>	6	COSENTYX SENSOREADY (300 MG)	77
<i>cefotaxime sodium</i>	7	<i>clindamycin palmitate hcl</i>	6	COSENTYX SENSOREADY PEN	77
<i>cefotetan disodium</i>	7	<i>clindamycin phos (once-daily)</i>	6	COSENTYX UNOREADY	77
<i>cefoxitin sodium</i>	7	<i>clindamycin phos (twice-daily)</i>	6	COTELLIC	22
<i>cefpodoxime proxetil</i>	7, 8	<i>clindamycin phosphate</i>	6	CRENESSITY	74
<i>cefprozil</i>	8	<i>clindamycin phosphate in d5w</i>	6	CREON	62
<i>ceftaroline fosamil</i>	8	CLINIMIX/DEXTROSE (4.25/10)	60	CRESEMBA	18
<i>ceftazidime</i>	8	CLINIMIX/DEXTROSE (4.25/5)	60	<i>cromolyn sodium</i>	89, 93
<i>ceftriaxone sodium</i>	8	CLINIMIX/DEXTROSE (5/15)	60	<i>cryselle</i>	69
<i>cefuroxime axetil</i>	8	CLINIMIX/DEXTROSE (5/20)	60	CVS GAUZE STERILE	41
<i>cefuroxime sodium</i>	8	<i>clinisol sf</i>	58	<i>cyclobenzaprine hcl</i>	96
<i>celecoxib</i>	3	<i>clobazam</i>	12	<i>cyclopentolate hcl</i>	89
<i>cephalexin</i>	8	<i>clobetasol prop emollient base</i> ...	57	<i>cyclophosphamide</i>	21
CEQUA	89	<i>clobetasol propionate</i>	57	<i>cyclosporine</i>	81
CEQR SIMPLICITY 2U	87	<i>clobetasol propionate e</i>	57	<i>cyclosporine modified</i>	81
CEQR SIMPLICITY INSERTER	87	<i>clodan</i>	57	<i>cyproheptadine hcl</i>	91
CERDELGA	62	<i>clomipramine hcl</i>	17	<i>cyred eq</i>	69
<i>cevimeline hcl</i>	56	<i>clonazepam</i>	12	CYSTAGON	63
<i>chlorhexidine gluconate</i>	56	<i>clonidine</i>	47	<i>dabigatran etexilate mesylate</i>	46
<i>chloroquine phosphate</i>	29	<i>clonidine hcl</i>	47	<i>dalfampridine er</i>	55
<i>chlorpromazine hcl</i>	30	<i>clopidogrel bisulfate</i>	47	<i>danazol</i>	68
<i>chlorthalidone</i>	52	<i>clorazepate dipotassium</i>	38, 39	<i>dantrolene sodium</i>	33
<i>cholestyramine</i>	52	<i>clotrimazole</i>	18	DANZITEN	25
<i>cholestyramine light</i>	52	<i>clotrimazole-betamethasone</i>	57	<i>dapagliflozin</i>	39
CIBINQO	77	<i>clozapine</i>	33	<i>dapsone</i>	20
<i>ciclodan</i>	18	COARTEM	29	DAPTACEL	83
<i>ciclopirox</i>	18	COBENFY	31	<i>daptomycin</i>	6
<i>ciclopirox olamine</i>	18	COBENFY STARTER PACK	31	<i>darunavir</i>	37
<i>cilostazol</i>	47	<i>colchicine</i>	19		
CILOXAN	10	<i>colchicine-probenecid</i>	19		
CIMDUO	36	<i>colesevelam hcl</i>	52		
<i>cimetidine</i>	61				
<i>cimetidine hcl</i>	61				
<i>cinacalcet hcl</i>	86				

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

<i>dasatinib</i>	25	<i>diltiazem hcl er beads</i>	50	EDURANT PED	35
DAURISMO	25	<i>diltiazem hcl er coated beads</i>	50	<i>efavirenz</i>	35
<i>daysee</i>	69	<i>dilt-xr</i>	50	<i>efavirenz-emtricitab-tenofo df</i>	35
<i>deblitane</i>	73	<i>dimethyl fumarate</i>	55	<i>efavirenz-lamivudine-tenofovir</i> ...36	
<i>deferasirox</i>	59	<i>dimethyl fumarate starter pack</i> ...55		EKTERLY	75
DELSTRIGO	36	<i>diphenhydramine hcl</i>	91	ELIGARD	74
DEPO-SUBQ PROVERA 104	73	<i>diphenoxylate-atropine</i>	60	ELIQUIS	46
DESCOVY	36	<i>dipyridamole</i>	47	ELIQUIS DVT/PE	
<i>desipramine hcl</i>	17	<i>disulfiram</i>	5	STARTER PACK	46
<i>desmopressin ace spray refig</i>	67	<i>divalproex sodium</i>	11	ELIXOPHYLLIN	93
<i>desmopressin acetate</i>	67	<i>divalproex sodium er</i>	11	ELMIRON	64
<i>desogestrel-ethinyl estradiol</i>	69	<i>dofetilide</i>	49	<i>eltrombopag olamine</i>	47
<i>desonide</i>	65	<i>donepezil hcl</i>	14, 15	<i>eluryng</i>	69
<i>desoximetasone</i>	65	DOPTELET	46	EMPAVELI	76
<i>desvenlafaxine succinate er</i>	16	DOPTELET SPRINKLE	46	EMSAM	16
<i>dexamethasone</i>	65	<i>dorzolamide hcl</i>	89	<i>emtricitabine</i>	36
DEXAMETHASONE		<i>dorzolamide hcl-timolol mal</i>	89	<i>emtricitabine-tenofovir df</i>	36
INTENSOL	65	<i>dorzolamide hcl-timolol mal pf</i> ...89		<i>emtricitab-rlpivir-tenofov df</i>	35
<i>dexamethasone sodium</i>		<i>dotti</i>	69	EMTRIVA	36
<i>phosphate</i>	65, 90	DOVATO	36	<i>enalapril maleate</i>	48
<i>dexcom g6 receiver</i>	44	<i>doxazosin mesylate</i>	64	<i>enalapril-hydrochlorothiazide</i>48	
<i>dexcom g6 sensor</i>	44	<i>doxepin hcl</i>	17	ENBREL	81
<i>dexcom g6 transmitter</i>	44	<i>doxy 100</i>	11	ENBREL MINI	81
<i>dexcom g7 receiver</i>	44	<i>doxycycline hyclate</i>	11	ENBREL SURECLICK	81
<i>dexcom g7 sensor</i>	44	<i>doxycycline monohydrate</i>	11	<i>endocet</i>	4
<i>dexlansoprazole</i>	62	DRIZALMA SPRINKLE	16	ENGERIX-B	83
<i>dexmethylphenidate hcl</i>	54	<i>dronabinol</i>	18	<i>enilloring</i>	69
<i>dexmethylphenidate hcl er</i>	54	DROPLET INSULIN		<i>enlite glucose sensor</i>	45
<i>dextroamphetamine sulfate</i>	54	SYRINGE	41	<i>enoxaparin sodium</i>	46
<i>dextroamphetamine sulfate er</i>54		DROPLET PEN NEEDLES	87	<i>enpresse-28</i>	69
<i>dextrose</i>	60	<i>drospirenone-ethinyl estradiol</i>69		ENSACOVE	25
<i>dextrose-sodium chloride</i>	60	DROXIA	22	<i>enskyce</i>	69
DIACOMIT	11	<i>droxidopa</i>	50, 51	<i>entacapone</i>	29
<i>diazepam</i>	13, 39	<i>duloxetine hcl</i>	16	<i>entecavir</i>	33
<i>diazepam intensol</i>	39	DUPIXENT	77	ENTRESTO	48
<i>diazoxide</i>	41	<i>duramorph</i>	4	<i>enulose</i>	62
<i>dichlorphenamide</i>	87	<i>dutasteride</i>	64	ENVARUSUS XR	81
<i>diclofenac potassium</i>	3	<i>dutasteride-tamsulosin hcl</i>	64	EPCLUSA	33, 34
<i>diclofenac sodium</i>	3, 57, 90	DUVYZAT	54	EPIDIOLEX	13
<i>diclofenac sodium er</i>	3	<i>easy plus ii glucose test</i>	44	<i>epinastine hcl</i>	89
<i>diclofenac-misoprostol</i>	3	<i>easy step test</i>	44	<i>epinephrine</i>	92
<i>dicloxacillin sodium</i>	9	<i>easy talk blood glucose test</i>	44	<i>epitol</i>	14
<i>dicyclomine hcl</i>	60	EASY TOUCH		<i>eplerenone</i>	51
DIFICID	10	HYPODERMIC NEEDLE	87	EPRONTIA	13
<i>diflunisal</i>	3	<i>easy touch test</i>	45	ERGOMAR	20
<i>difluprednate</i>	90	<i>easy trak blood glucose test</i>	45	<i>ergotamine-caffeine</i>	20
<i>digoxin</i>	50	<i>easygluco</i>	45	ERIVEDGE	25
<i>dihydroergotamine mesylate</i>	20	<i>easymax 15 test</i>	45	ERLEADA	21
DILANTIN	14	EBGLYSS	57	<i>erlotinib hcl</i>	25
<i>diltiazem hcl</i>	50	<i>econazole nitrate</i>	18	<i>errin</i>	73
<i>diltiazem hcl er</i>	50	EDURANT	35	<i>ertapenem sodium</i>	8

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

<i>erythromycin</i>	10, 57	<i>fenbutyl</i>	3	<i>fosphenytoin sodium</i>	14
<i>erythromycin base</i>	10	FETZIMA	16	FOTIVDA	25
<i>erythromycin ethylsuccinate</i>	10	FETZIMA TITRATION	16	FRAGMIN	47
<i>escitalopram oxalate</i>	16	FIASP	42	<i>freestyle insulinx test</i>	45
<i>eslicarbazepine acetate</i>	14	FIASP FLEXTOUCH	42	<i>freestyle libre 14 day reader</i>	45
<i>esomeprazole magnesium</i>	62	FIASP PENFILL	42	<i>freestyle libre 14 day sensor</i>	45
<i>estarylla</i>	69	<i>fidaxomicin</i>	10	<i>freestyle libre 2 plus sensor</i>	45
<i>estradiol</i>	69	<i>finasteride</i>	64	<i>freestyle libre 2 reader</i>	45
<i>estradiol-norethindrone acet</i>	69	<i>fingolimod hcl</i>	56	<i>freestyle libre 2 sensor</i>	45
ESTRING	69	FINTEPLA	11	<i>freestyle libre 3 plus sensor</i>	45
<i>estrogens conjugated</i>	69	<i>finzala</i>	69	<i>freestyle libre 3 reader</i>	45
<i>eszopiclone</i>	96	FIRMAGON	74	<i>freestyle libre 3 sensor</i>	45
<i>ethacrynic acid</i>	51	FIRMAGON (240 MG DOSE)	74	<i>freestyle libre reader</i>	45
<i>ethambutol hcl</i>	20	<i>flac</i>	90	<i>freestyle lite test</i>	45
<i>ethosuximide</i>	12	FLEBOGAMMA DIF	76, 77	<i>freestyle precision neo test</i>	45
<i>ethynodiol diac-eth estradiol</i>	69	<i>flecainide acetate</i>	49	<i>freestyle test</i>	45
<i>etodolac</i>	3	<i>fluconazole</i>	18	FRUZAQLA	25
<i>etodolac er</i>	3	<i>fluconazole in sodium chloride</i> ..	18	<i>fulvestrant</i>	22
<i>etonogestrel-ethinyl estradiol</i>	69	<i>flucytosine</i>	18	<i>furosemide</i>	51
<i>etravirine</i>	35	<i>fludrocortisone acetate</i>	65	FUZEON	37
EUCRISA	57	<i>flunisolide</i>	91	<i>fyavolv</i>	69
EULEXIN	21	<i>fluocinolone acetonide</i>	66, 90	FYCOMPA	13
<i>euthyrox</i>	73	<i>fluocinolone acetonide body</i>	66	<i>gabapentin</i>	13
<i>everolimus</i>	25, 81	<i>fluocinolone acetonide scalp</i>	66	<i>galantamine hydrobromide</i>	15
<i>eversense sensor/holder</i>	45	<i>fluocinonide</i>	66	<i>galantamine hydrobromide er</i>	15
<i>eversense smart transmitter</i>	45	<i>fluocinonide emulsified base</i>	66	<i>galbriela</i>	69
EVOTAZ	37	<i>fluorometholone</i>	90	<i>gallifrey</i>	73
EXEL COMFORT POINT		<i>fluorouracil</i>	57	GAMMAGARD	76
PEN NEEDLE	87	<i>fluoxetine hcl</i>	16	GAMMAGARD ERC	76
<i>exemestane</i>	23	<i>fluphenazine decanoate</i>	30	GAMMAGARD S/D LESS	
EXXUA	15	<i>fluphenazine hcl</i>	30	IGA	76
EXXUA TITRATION PACK ..	15	<i>flurbiprofen</i>	3	GAMMAKED	76
EYSUVIS	90	<i>flurbiprofen sodium</i>	90	GAMMAPLEX	76, 77
<i>ezetimibe</i>	52	<i>fluticasone propionate</i>	66, 91	GAMUNEX-C	76
<i>ezetimibe-simvastatin</i>	53	<i>fluticasone propionate diskus</i>	91	GARDASIL 9	83
<i>falmina</i>	69	<i>fluticasone propionate hfa</i>	91	<i>gatifloxacin</i>	10
<i>famciclovir</i>	34	<i>fluticasone-salmeterol</i>	95	GATTEX	60
<i>famotidine</i>	61	<i>fluvastatin sodium</i>	52	GAVILYTE-C	62
FANAPT	31	<i>fluvastatin sodium er</i>	52	<i>gavilyte-g</i>	62
FANAPT TITRATION		<i>fluvoxamine maleate</i>	17	<i>gavilyte-n with flavor pack</i>	62
PACK A	31	<i>fluvoxamine maleate er</i>	16	GAVRETO	22
FARXIGA	39	<i>fondaparinux sodium</i>	46	<i>gefitinib</i>	25
FASENRA	95	FONDCIRCLE BLOOD		<i>gemfibrozil</i>	52
FASENRA PEN	95	GLUCOSE MONIT	45	GEMTESA	63
<i>febuxostat</i>	19	FONDCIRCLE BLOOD		<i>generlac</i>	62
<i>feirza 1.5/30</i>	69	GLUCOSE TEST	45	<i>gengraf</i>	81
<i>feirza 1/20</i>	69	FORZINITY	55	GENOTROPIN	67
<i>felbamate</i>	13	<i>fosamprenavir calcium</i>	37	GENOTROPIN MINIQUICK	67
<i>felodipine er</i>	50	<i>fosfomycin tromethamine</i>	6	<i>gentamicin in saline</i>	5
<i>fenofibrate</i>	52	<i>fosinopril sodium</i>	48	<i>gentamicin sulfate</i>	5, 6
<i>fenofibrate micronized</i>	52	<i>fosinopril sodium-hctz</i>	48	GENVOYA	35

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

GILOTRIF	22	HUMALOG MIX 75/25		IMPAVIDO	29
<i>glatiramer acetate</i>	56	KWIKPEN	42	INBRIJA	30
GLEOSTINE	21	HUMIRA (1 PEN)	81	<i>incassia</i>	73
<i>glimepiride</i>	39	HUMIRA (2 PEN)	81	INCRELEX	67
<i>glipizide</i>	39	HUMIRA (2 SYRINGE)	81	INCRUSE ELLIPTA	92
<i>glipizide er</i>	39	HUMIRA-CD/UC/HS		<i>indapamide</i>	52
<i>glipizide-metformin hcl</i>	40	STARTER	81	<i>indomethacin</i>	3
GLOBAL ALCOHOL PREP		HUMIRA-		<i>indomethacin er</i>	3
EASE	6	PSORIASIS/UEVEIT		INFANRIX	83
<i>glucagon emergency</i>	41	STARTER	81	INGREZZA	55
<i>glyburide</i>	39	HUMULIN 70/30	42	INLURIYO	22
<i>glyburide-metformin</i>	40	HUMULIN 70/30 KWIKPEN	42	INLYTA	26
<i>glycopyrrolate</i>	60	HUMULIN N	42	INQOVI	22
GLYXAMBI	39	HUMULIN N KWIKPEN	42	INREBIC	26
GOMEKLI	25	HUMULIN R	42	<i>insulin aspart</i>	42
<i>granisetron hcl</i>	18	HUMULIN R U-500		<i>insulin aspart flexpen</i>	42
<i>griseofulvin microsize</i>	18	(CONCENTRATED)	42	<i>insulin aspart penfill</i>	42
<i>griseofulvin ultramicrosize</i>	18	HUMULIN R U-500		<i>insulin lispro</i>	43
<i>guanfacine hcl</i>	47	KWIKPEN	42	<i>insulin lispro (1 unit dial)</i>	42
<i>guanfacine hcl er</i>	54	<i>hydralazine hcl</i>	53	<i>insulin lispro junior kwikpen</i>	43
<i>guardian link 3 transmitter</i>	45	<i>hydrochlorothiazide</i>	52	<i>insulin lispro prot & lispro</i>	43
<i>guardian real-time replace ped.</i>	45	<i>hydrocodone-acetaminophen</i>	4	INTELENCE	35
<i>guardian sensor (3)</i>	45	<i>hydrocortisone</i>	66, 86	INTRALIPID	60
GVOKE HYPOPEN 2-PACK		<i>hydrocortisone (perianal)</i>	57	<i>introvale</i>	69
.....	40, 41	<i>hydrocortisone valerate</i>	66	INVEGA HAFYERA	31
GVOKE KIT	41	<i>hydrocortisone-acetic acid</i>	90	INVEGA SUSTENNA	31
GVOKE PFS	41	<i>hydromorphone hcl</i>	4	INVEGA TRINZA	31, 32
HAEGARDA	75	<i>hydroxychloroquine sulfate</i>	29	INZIRQO	52
<i>hailey 24 fe</i>	69	<i>hydroxyurea</i>	22	IPOL	83
HAILEY FE 1/20	69	<i>hydroxyzine hcl</i>	38	<i>ipratropium bromide</i>	92
<i>halobetasol propionate</i>	66	<i>hydroxyzine pamoate</i>	91	<i>ipratropium-albuterol</i>	92
<i>haloette</i>	69	HYRNUO	25	IQIRVO	60
<i>haloperidol</i>	30	<i>ibandronate sodium</i>	86	<i>irbesartan</i>	48
<i>haloperidol decanoate</i>	30	IBRANCE	22	<i>irbesartan-hydrochlorothiazide</i>	48
<i>haloperidol lactate</i>	30	IBTROZI	25	ISENTRESS	35
HARVONI	34	<i>ibu</i>	3	ISENTRESS HD	35
HAVRIX	83	<i>ibuprofen</i>	3	<i>isibloom</i>	69
HEATHER	73	<i>icatibant acetate</i>	75	ISOLYTE-P IN D5W	60
<i>heparin sodium (porcine)</i>	47	<i>iclevia</i>	69	ISOLYTE-S PH 7.4	58
<i>heparin sodium (porcine) pf</i>	47	ICLUSIG	25	<i>isoniazid</i>	20
<i>heplisav-b</i>	83	<i>icosapent ethyl</i>	53	<i>isosorbide dinitrate</i>	53
HERNEXEOS	25	IDHIFA	24	<i>isosorbide mononitrate</i>	53
HIBERIX	83	IDVYNZO	36	<i>isosorbide mononitrate er</i>	53
HUMALOG	42	ILARIS	80	<i>isradipine</i>	50
HUMALOG JUNIOR		<i>imatinib mesylate</i>	25	ISTURISA	74
KWIKPEN	42	IMBRUVICA	25	ITOVEBI	26
HUMALOG KWIKPEN	42	<i>imipenem-cilastatin</i>	8	<i>itraconazole</i>	19
HUMALOG MIX 50/50		<i>imipramine hcl</i>	17	<i>ivabradine hcl</i>	51
KWIKPEN	42	<i>imiquimod</i>	57	<i>ivermectin</i>	29
HUMALOG MIX 75/25	42	IMKELDI	26	IWILFIN	22
		IMOVAX RABIES	83	IXCHIQ	83

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

IXIARO	83	<i>kourzeq</i>	56	<i>levabuterol hcl</i>	92
<i>jaimiess</i>	70	K-PHOS NO 2	58	<i>levabuterol tartrate</i>	92
JAKAFI	26	KRAZATI	22	<i>levetiracetam</i>	11, 12
JAKAFI XR	26	<i>kurvelo</i>	70	<i>levetiracetam er</i>	11
<i>jantoven</i>	47	<i>labetalol hcl</i>	49	<i>levobunolol hcl</i>	89
JANUMET	41	<i>lacosamide</i>	14	<i>levocarnitine</i>	87
JANUMET XR	41	<i>lactulose</i>	62	<i>levocetirizine dihydrochloride</i>	91
JANUVIA	39	LAGEVRIO	77	<i>levofloxacin</i>	10
JARDIANCE	40	<i>lamivudine</i>	33, 36	<i>levofloxacin in d5w</i>	10
JASCAYD	94	<i>lamivudine-zidovudine</i>	36	<i>levonest</i>	70
<i>jasmiel</i>	70	<i>lamotrigine</i>	11, 39	<i>levonorgest-eth est & eth est</i>	70
JAYPIRCA	26	<i>lamotrigine starter kit-blue</i>	11	<i>levonorgest-eth estrad 91-day</i>	70
JENTADUETO	41	<i>lamotrigine starter kit-green</i>	11	<i>levonorgestrel-ethinyl estrad</i>	70
JENTADUETO XR	41	<i>lamotrigine starter kit-orange</i>	11	<i>levonorg-eth estrad triphasic</i>	70
<i>jinteli</i>	70	<i>lanreotide acetate</i>	74	<i>levora 0.15/30 (28)</i>	70
<i>jolessa</i>	70	<i>lansoprazole</i>	62	<i>levo-t</i>	73
JUBBONTI	86	LANTUS	43	<i>levothyroxine sodium</i>	73
<i>juleber</i>	70	LANTUS SOLOSTAR	43	<i>levoxyl</i>	73
JULUCA	36	<i>lapatinib ditosylate</i>	26	<i>l-glutamine</i>	63
<i>junel 1.5/30</i>	70	<i>larin 1.5/30</i>	70	<i>lidocaine</i>	4
<i>junel 1/20</i>	70	<i>larin 1/20</i>	70	<i>lidocaine hcl</i>	4
<i>junel fe 1.5/30</i>	70	<i>larin fe 1.5/30</i>	70	<i>lidocaine hcl (pf)</i>	4
<i>junel fe 1/20</i>	70	<i>larin fe 1/20</i>	70	<i>lidocaine viscous hcl</i>	4
<i>junel fe 24</i>	70	<i>latanoprost</i>	88	<i>lidocaine-prilocaine</i>	4
JYLAMVO	82	LAZCLUZE	26	<i>liletta (52 mg)</i>	72
JYNARQUE	59	<i>lederle leucovorin</i>	28	<i>linezolid</i>	6
JYNNEOS	84	<i>leena</i>	70	LINZESS	61
KALETRA	37	<i>leflunomide</i>	77	<i>liomny</i>	73
KALYDECO	93	<i>lenalidomide</i>	21	<i>liothyronine sodium</i>	73
<i>kariva</i>	70	LENVIMA (10 MG DAILY DOSE)	26	<i>liraglutide</i>	40
<i>kcl in dextrose-nacl</i>	58	LENVIMA (12 MG DAILY DOSE)	26	<i>lisinopril</i>	48
<i>kelnor 1/35</i>	70	LENVIMA (14 MG DAILY DOSE)	26	<i>lisinopril-hydrochlorothiazide</i>	48
<i>kelnor 1/50</i>	70	LENVIMA (18 MG DAILY DOSE)	26	LITETOUCH PEN	
KERENDIA	51	LENVIMA (20 MG DAILY DOSE)	26	NEEDLES	87
KESIMPTA	56	LENVIMA (24 MG DAILY DOSE)	26	<i>lithium</i>	39
<i>ketoconazole</i>	19	LENVIMA (4 MG DAILY DOSE)	27	<i>lithium carbonate</i>	39
<i>ketorolac tromethamine</i>	3, 90	LENVIMA (8 MG DAILY DOSE)	27	<i>lithium carbonate er</i>	39
KEVZARA	82	LEQSELVI	77	LIVDELZI	60
KINERET	82	<i>lessina</i>	70	LIVTENCITY	33
KINRIX	84	<i>letrozole</i>	23	<i>lojaimiess</i>	70
<i>kionex</i>	59	<i>leucovorin calcium</i>	28, 29	<i>lomustine</i>	21
KISQALI (200 MG DOSE)	26	LEUKERAN	21	LONSURF	22
KISQALI (400 MG DOSE)	26	<i>leuprolide acetate</i>	74	<i>loperamide hcl</i>	60
KISQALI (600 MG DOSE)	26			<i>lopinavir-ritonavir</i>	37
<i>klor-con</i>	58			<i>lorazepam</i>	39
<i>klor-con 10</i>	58			<i>lorazepam intensol</i>	39
<i>klor-con m10</i>	58			LORBRENA	27
<i>klor-con m15</i>	58			<i>loryna</i>	70
<i>klor-con m20</i>	58			<i>losartan potassium</i>	48
KLOXXADO	5			<i>losartan potassium-hctz</i>	48
KOSELUGO	26			<i>loteprednol etabonate</i>	90

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

<i>lovastatin</i>	52	MENVEO	84	MIPLYFFA	63
<i>low-ogestrel</i>	70	<i>mercaptopurine</i>	22	<i>mirtazapine</i>	15
<i>loxapine succinate</i>	31	<i>meropenem</i>	8	<i>misoprostol</i>	62
<i>lubiprostone</i>	61	<i>mesalamine</i>	85	M-M-R II	84
<i>luizza 1.5/30</i>	70	<i>mesalamine-cleanser</i>	85	<i>modafinil</i>	96
<i>luizza 1/20</i>	70	<i>mesna</i>	29	MODEYSO	27
LUMAKRAS	22	<i>metformin hcl</i>	40	<i>moexipril hcl</i>	48
LUMIGAN	88	<i>metformin hcl er</i>	40	<i>molindone hcl</i>	31
LUMRYZ STARTER PACK ..	96	<i>methadone hcl</i>	3, 4	<i>mometasone furoate</i>	66, 95
LUPRON DEPOT (1-		<i>methazolamide</i>	51	<i>mondoxyne nl</i>	11
MONTH)	74	<i>methenamine hippurate</i>	6	MONOJECT	
LUPRON DEPOT (3-		<i>methimazole</i>	75	HYPODERMIC NEEDLE	88
MONTH)	75	<i>methocarbamol</i>	96	MONOJECT INSULIN	
LUPRON DEPOT (4-		<i>methotrexate sodium</i>	82	SYRINGE	43, 88
MONTH)	75	<i>methotrexate sodium (pf)</i>	82	<i>montelukast sodium</i>	91
<i>lurasidone hcl</i>	32	<i>methsuximide</i>	12	<i>morphine sulfate</i>	4
<i>lutra</i>	70	<i>methyl dopa</i>	47	<i>morphine sulfate (concentrate)</i>	4
LYBALVI	32	<i>methylergonovine maleate</i>	87	<i>morphine sulfate (pf)</i>	4
<i>lyleq</i>	73	<i>methylphenidate hcl</i>	54	<i>morphine sulfate er</i>	4
<i>lyllana</i>	70	<i>methylphenidate hcl er</i>	54	MOTOFEN	61
LYNPARZA	27	<i>methylphenidate hcl er (osm)</i>	54	MOUNJARO	40
LYSODREN	74	<i>methylphenidate hcl er(diffus)</i>	54	MOVANTIK	61
LYTGOBI (12 MG DAILY		<i>methylprednisolone</i>	66	<i>moxifloxacin hcl</i>	10
DOSE)	27	<i>methylprednisolone acetate</i>	19	<i>moxifloxacin hcl in nacl</i>	10
LYTGOBI (16 MG DAILY		<i>methylprednisolone sodium succ</i>	66	<i>mresvia</i>	84
DOSE)	27	<i>metoclopramide hcl</i>	61	MULTAQ	49
LYTGOBI (20 MG DAILY		<i>metoclopramide hcl +rfd</i>	60	<i>multiple electro type 1 ph 7.4</i>	58
DOSE)	27	<i>metolazone</i>	52	<i>mupirocin</i>	6
<i>lyza</i>	73	<i>metoprolol succinate er</i>	49	<i>mupirocin calcium</i>	57
<i>magnesium sulfate</i>	58	<i>metoprolol tartrate</i>	49	<i>mycophenolate mofetil</i>	82
<i>malathion</i>	29	<i>metoprolol-hydrochlorothiazide</i> ..	49	<i>mycophenolate sodium</i>	82
<i>maraviroc</i>	37	<i>metronidazole</i>	6	MYRBETRIQ	64
<i>marlissa</i>	70	<i>metryrosine</i>	51	<i>na sulfate-k sulfate-mg sulf</i>	58
MARPLAN	16	<i>mexiletine hcl</i>	49	<i>nabumetone</i>	3
MATULANE	21	<i>mibelas 24 fe</i>	70	<i>nadolol</i>	49
<i>matzim la</i>	50	<i>micafungin sodium</i>	19	<i>nafcilin sodium</i>	9
MAVYRET	34	<i>miconazole 3</i>	19	<i>naloxone hcl</i>	5
<i>meclizine hcl</i>	17	<i>microgestin 1.5/30</i>	70	<i>naltrexone hcl</i>	5
<i>medpura hydrocortisone</i>	66	<i>microgestin 1/20</i>	71	NAMZARIC	14
<i>medroxyprogesterone acetate</i>	73	<i>microgestin fe 1.5/30</i>	71	<i>naproxen</i>	3
<i>mefloquine hcl</i>	29	<i>microgestin fe 1/20</i>	71	<i>naproxen dr</i>	3
<i>megestrol acetate</i>	73	<i>midodrine hcl</i>	47	<i>naproxen sodium</i>	3
MEKINIST	27	MIEBO	89	NATACYN	19
MEKTOVI	27	<i>mifepristone</i>	68	<i>nateglinide</i>	40
<i>meleya</i>	73	<i>miglitol</i>	40	NAYZILAM	13
<i>meloxicam</i>	3	<i>miglustat</i>	63	<i>necon 0.5/35 (28)</i>	71
<i>memantine hcl</i>	15	<i>mili</i>	71	<i>nefazodone hcl</i>	17
<i>memantine hcl er</i>	15	<i>mimvey</i>	71	NEMLUVIO	57
<i>memantine hcl-donepezil hcl er</i> ..	14	<i>minocycline hcl</i>	11	<i>neomycin sulfate</i>	6
MENEST	70	<i>minoxidil</i>	53	<i>neomycin-bacitracin zn-</i>	
MENQUADFI	84	<i>minzoya</i>	71	<i>polymyx</i>	89

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

<i>neomycin-polymyxin-dexameth</i> ...	90	NUBEQA	21	ONUREG	22
<i>neomycin-polymyxin-gramicidin</i>	89	NUCALA	95, 96	OPIPZA	32
<i>neomycin-polymyxin-hc</i>	7, 90, 91	NUDEXTA	55	OPSUMIT	94
<i>neo-polycin</i>	89	NUPLAZID	32	<i>optiumez test</i>	45
<i>neo-polycin hc</i>	89	NURTEC	20	OPVEE	5
NERLYNX	27	NUTRILIPID	60	ORACIT	58
<i>nevirapine</i>	35	NUZYRA	11	ORENCIA	78
<i>nevirapine er</i>	35	<i>nyamyc</i>	19	ORENCIA CLICKJECT	78
NEXLETOL	51	<i>nylia 1/35</i>	71	ORENITRAM	94
NEXLIZET	51	<i>nylia 7/7/7</i>	71	ORENITRAM MONTH 1	94
NEXPLANON	72	<i>nystatin</i>	19	ORENITRAM MONTH 2	94
<i>niacin (antihyperlipidemic)</i>	53	<i>nystatin-triamcinolone</i>	19	ORENITRAM MONTH 3	94
<i>niacin er (antihyperlipidemic)</i>	53	<i>nystop</i>	19	ORGOVYX	23
NIACOR	53	<i>ocella</i>	71	ORKAMBI	93
<i>nicardipine hcl</i>	50	OCTAGAM	76, 77	<i>orphenadrine citrate er</i>	96
NICOTROL	5	<i>octreotide acetate</i>	67, 75	<i>orquidea</i>	73
NICOTROL NS	5	ODACTRA	77	ORSERDU	22
<i>nifedipine er</i>	50	ODEFSEY	36	<i>oseltamivir phosphate</i>	38
<i>nifedipine er osmotic release</i>	50	ODOMZO	22	OSEVELT	86
<i>nikki</i>	71	OFEV	94	OSPHENA	73
<i>nilotinib d-tartrate</i>	27	<i>ofloxacin</i>	10	OTEZLA	82
<i>nilotinib hcl</i>	27	OGSIVEO	24	<i>oxacillin sodium</i>	9
<i>nilutamide</i>	21	OHTUVAYRE	93	<i>oxaprozin</i>	3
NINLARO	22	OJEMDA	27	<i>oxcarbazepine</i>	14
<i>nitazoxanide</i>	29	OJJAARA	22, 23	<i>oxybutynin chloride</i>	64
<i>nitisinone</i>	63	<i>olanzapine</i>	32	<i>oxybutynin chloride er</i>	64
NITRO-BID	53	<i>olmesartan medoxomil</i>	48	<i>oxycodone hcl</i>	4
<i>nitrofurantoin monohyd macro</i>	7	<i>olmesartan medoxomil-hctz</i>	48	<i>oxycodone-acetaminophen</i>	4
<i>nitroglycerin</i>	53	<i>omega-3-acid ethyl esters</i>	53	OZEMPIC (0.25 OR 0.5	
<i>nora-be</i>	73	<i>omeprazole</i>	62	MG/DOSE)	40
<i>norelgestromin-eth estradiol</i>	72	OMNIPOD 5 DEXG7G6		OZEMPIC (1 MG/DOSE)	40
<i>norethin ace-eth estrad-fe</i>	71	INTRO GEN 5	88	OZEMPIC (2 MG/DOSE)	40
<i>norethindrone</i>	73	OMNIPOD 5 DEXG7G6		<i>paliperidone er</i>	32
<i>norethindrone acetate</i>	73	PODS GEN 5	88	PALSONIFY	74
<i>norethindrone acet-ethinyl est</i>	71	OMNIPOD 5 LIBRE2 G6		PANRETIN	28
<i>norethindrone-eth estradiol</i>	71	INTRO GEN5	88	<i>pantoprazole sodium</i>	62
<i>norgestimate-eth estradiol</i>	71	OMNIPOD 5 LIBRE2 PLUS		<i>paricalcitol</i>	86
<i>norgestim-eth estrad triphasic</i>	71	G6 PODS	88	<i>paroxetine hcl</i>	17, 39
<i>nortrel 0.5/35 (28)</i>	71	OMNIPOD DASH INTRO		<i>paroxetine hcl er</i>	17
<i>nortrel 1/35 (21)</i>	71	(GEN 4)	88	PAXLOVID (150/100)	78
<i>nortrel 1/35 (28)</i>	71	OMNIPOD DASH PDM		PAXLOVID (300/100 &	
<i>nortrel 7/7/7</i>	71	(GEN 4)	88	150/100)	78
<i>nortriptyline hcl</i>	17	OMNIPOD DASH PODS		PAXLOVID (300/100)	78
NORVIR	37	(GEN 4)	88	<i>pazopanib hcl</i>	27
NOVOLIN R FLEXPEN	43	ONCASPAR	23	PEDIARIX	84
NOVOLOG	43	<i>ondansetron</i>	18	PEDVAX HIB	84
NOVOLOG FLEXPEN	43	<i>ondansetron hcl</i>	18	<i>peg 3350-kcl-na bicarb-nacl</i>	62
NOVOLOG FLEXPEN		<i>onetouch ultra</i>	45	<i>peg-3350/electrolytes</i>	62
RELION	43	<i>onetouch ultra blue test</i>	45	<i>peg-3350/electrolytes/ascorbat</i>	62
NOVOLOG PENFILL	43	<i>onetouch ultra test</i>	45	PEGASYS	34
NOVOLOG RELION	43	<i>onetouch verio</i>	45	<i>peg-kcl-nacl-nasulf-na asc-c</i>	62

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

PEMAZYRE	27	<i>posaconazole</i>	19	<i>propranolol hcl</i>	49, 50
PEN NEEDLES	88	<i>potassium chloride</i>	59	<i>propranolol hcl er</i>	49
PENBRAYA	84	<i>potassium chloride crys er</i>	58	<i>propylthiouracil</i>	75
<i>penicillamine</i>	59	<i>potassium chloride er</i>	58	PROQUAD	84
<i>penicillin g pot in dextrose</i>	9	<i>potassium citrate er</i>	59	PROSOL	59
<i>penicillin g potassium</i>	9	<i>potassium cl in dextrose 5%</i>	59	<i>protriptyline hcl</i>	17
<i>penicillin g sodium</i>	9	PRALUENT	53	PULMOZYME	93
<i>penicillin v potassium</i>	9	<i>pramipexole dihydrochloride</i>	30	PURE COMFORT PEN	
PENMENVY	84	<i>prasugrel hcl</i>	46	NEEDLE	88
PENTACEL	84	<i>pravastatin sodium</i>	52	<i>pyrazinamide</i>	20
<i>pentamidine isethionate</i>	29	<i>praziquantel</i>	29	<i>pyridostigmine bromide</i>	20
<i>pentoxifylline er</i>	51	<i>prazosin hcl</i>	48	<i>pyridostigmine bromide er</i>	20
<i>perampanel</i>	13, 14	<i>precision xtra blood glucose</i>	45	<i>pyrimethamine</i>	29
<i>perindopril erbumine</i>	48	<i>prednisolone</i>	66	PYRUKYND	63
<i>periogard</i>	56	<i>prednisolone acetate</i>	90	PYRUKYND TAPER PACK ...63	
<i>permethrin</i>	29	<i>prednisolone sodium phosphate</i>		QINLOCK	27
<i>perphenazine</i>	31	66, 90	QUADRACEL	84
PERSERIS	32	<i>prednisone</i>	66	<i>quetiapine fumarate</i>	32
<i>phenelzine sulfate</i>	16	PREDNISON INTENSOL	66	<i>quicktek test</i>	45
<i>phenobarbital</i>	13	PREFERRED PLUS		<i>quinapril hcl</i>	48
<i>phenytek</i>	14	INSULIN SYRINGE	43	<i>quinapril-hydrochlorothiazide</i> ...48	
<i>phenytoin</i>	14	<i>pregabalin</i>	55	<i>quinidine gluconate er</i>	49
<i>phenytoin sodium extended</i>	14	PREMARIN	71	<i>quinidine sulfate</i>	49
PIFELTRO	36	PREMASOL	59	<i>quinine sulfate</i>	29
<i>pilocarpine hcl</i>	56, 90	PREMPHASE	71	RABAVERT	84
<i>pimecrolimus</i>	57	PREMPRO	71	RALDESY	17
<i>pimozide</i>	31	<i>prenatal</i>	60	<i>raloxifene hcl</i>	73
<i>pimtreea</i>	71	<i>prevalite</i>	53	<i>ramelteon</i>	96
<i>pindolol</i>	49	PREVYMIS	33	<i>ramipril</i>	49
<i>pioglitazone hcl</i>	40	PREZCOBIX	37, 38	<i>ranolazine er</i>	51
<i>pioglitazone hcl-glimepiride</i>	41	PREZISTA	38	<i>rasagiline mesylate</i>	30
<i>pioglitazone hcl-metformin hcl</i> ...41		PRIFTIN	20	<i>reclipsen</i>	71
<i>piperacillin sod-tazobactam so</i>9		<i>primaquine phosphate</i>	29	RECOMBIVAX HB	84
PIQRAY (200 MG DAILY		<i>primidone</i>	13	REDEMPLO	51
DOSE)	24	PRIORIX	84	REGRANEX	57
PIQRAY (250 MG DAILY		PRIVIGEN	76, 78	RELENZA DISKHALER	38
DOSE)	24	PROAIR RESPICLICK	92	<i>relion blood glucose test</i>	45
PIQRAY (300 MG DAILY		<i>probenecid</i>	19	<i>relion confirm/micro test</i>	45
DOSE)	24	<i>prochlorperazine</i>	31	RELION INSULIN	
<i>pirfenidone</i>	95	<i>prochlorperazine maleate</i>	31	SYRINGE	43
<i>piroxicam</i>	3	<i>procto-med hc</i>	57	RELI-ON INSULIN	
<i>pitavastatin calcium</i>	52	<i>proctosol hc</i>	57	SYRINGE	43
<i>plenamine</i>	58	<i>proctozone-hc</i>	57	<i>relion prime test</i>	45
<i>pnv-dha</i>	60	<i>prodigy no coding blood gluc</i>45		<i>relion ultima test</i>	46
<i>podofilox</i>	57	PROGRAF	82	RELISTOR	61
<i>polycin</i>	89	PROLASTIN-C	63	<i>repaglinide</i>	40
<i>polymyxin b sulfate</i>	7	<i>promethazine hcl</i>	17	REPATHA	53
<i>polymyxin b-trimethoprim</i>	89	<i>promethegan</i>	17	REPATHA PUSHTRONEX	
<i>pomalidomide</i>	21	<i>propafenone hcl</i>	49	SYSTEM	53
POMALYST	21	<i>propafenone hcl er</i>	49	REPATHA SURECLICK	53
<i>portia-28</i>	71	<i>proparacaine hcl</i>	89	RESTASIS	89

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

RESTASIS MULTIDOSE	89	SAVELLA	55	STELARA	78, 79
RETACRIT	47	SAVELLA TITRATION		STEQEYMA	79
RETEVMO	23	PACK	55	STIOLTO RESPIMAT	95
REVCovi	78	SCEMBLIX	27, 28	STIVARGA	28
REVUFORJ	27	<i>scopolamine</i>	17	STOBOCLO	86
REXULTI	32	SECUADO	32	<i>streptomycin sulfate</i>	6
REYATAZ	38	<i>selegiline hcl</i>	30	STRIBILD	35
REZDIFFRA	61	<i>selenium sulfide</i>	57	SUBVENITE	12
REZLIDHIA	24	SELZENTRY	37	<i>subvenite</i>	12
REZUROCK	82	SEREVENT DISKUS	93	<i>subvenite starter kit-blue</i>	12
RHAPSIDO	78	<i>sertraline hcl</i>	17	<i>subvenite starter kit-green</i>	12
RHOPRESSA	88	<i>setlakin</i>	71	<i>subvenite starter kit-orange</i>	12
<i>ribavirin</i>	34	<i>sevelamer carbonate</i>	64	<i>sucralfate</i>	62
<i>rifabutin</i>	20	<i>sevelamer hcl</i>	64	<i>sulfacetamide sodium</i>	10
<i>rifampin</i>	20	<i>sharobel</i>	73	<i>sulfacetamide sodium (acne)</i>	57
<i>rilpivirine hcl</i>	36	SHINGRIX	84	<i>sulfacetamide-prednisolone</i>	90
<i>riluzole</i>	55	SIGNIFOR	75	<i>sulfadiazine</i>	10
<i>rimantadine hcl</i>	38	SIGNIFOR LAR	75	<i>sulfamethoxazole-trimethoprim</i> ..	10
RINVOQ	78	<i>sildenafil citrate</i>	94	<i>sulfasalazine</i>	85
RINVOQ LQ	78	<i>silodosin</i>	64	<i>sulindac</i>	3
<i>risedronate sodium</i>	86	<i>silver sulfadiazine</i>	7	<i>sumatriptan succinate</i>	20
<i>risperidone</i>	32	SIMBRINZA	90	<i>sunitinib malate</i>	28
<i>risperidone microspheres er</i>	32	SIMPESSE	71	SUNLENCA	37
<i>ritonavir</i>	38	<i>simvastatin</i>	52	SURE COMFORT PEN	
<i>rivaroxaban</i>	46	<i>sirolimus</i>	82	NEEDLES	88
<i>rivastigmine</i>	15	SIRTURO	21	<i>syeda</i>	71
<i>rivastigmine tartrate</i>	15	SKYCLARYS	55	SYMBICORT	95
<i>rivelsa</i>	71	SKYRIZI	78	SYMDEKO	93
<i>rizatriptan benzoate</i>	20	SKYRIZI PEN	78	SYMLINPEN 120	40
ROCKLATAN	89	<i>sodium chloride</i>	59, 88	SYMLINPEN 60	40
<i>roflumilast</i>	94	<i>sodium fluoride</i>	59	SYMPAZAN	13
ROMVIMZA	27	<i>sodium oxybate</i>	96	SYMTUZA	35
<i>ropinirole hcl</i>	30	<i>sodium phenylbutyrate</i>	63	SYNAREL	75
<i>ropinirole hcl er</i>	30	<i>sodium polystyrene sulfonate</i>	59	SYNJARDY	40
<i>rosuvastatin calcium</i>	52	<i>solifenacin succinate</i>	64	SYNJARDY XR	40
<i>rosyrah</i>	71	SOLTAMOX	22	SYNTHROID	74
ROTARIX	84	SOMATULINE DEPOT	75	TABLOID	22
ROTATEQ	84	SOMAVERT	75	TABRECTA	28
<i>roweepra</i>	12	<i>sorafenib tosylate</i>	28	<i>tacrolimus</i>	58, 82
ROZLYTREK	27	<i>sotalol hcl</i>	49	<i>tacrolimus er</i>	82
RUBRACA	27	<i>sotalol hcl (af)</i>	49	<i>tadalafil</i>	64
RUCONEST	75	SOTYKTU	78	<i>tadalafil (pah)</i>	94
<i>rufinamide</i>	14	SPIRIVA RESPIMAT	92	TAFINLAR	28
RUKOBIA	37	<i>spironolactone</i>	51	TAGRISO	23
RYDAPT	27	<i>spironolactone-hctz</i>	51	TALTZ	79
RYTARY	30	<i>sprintec 28</i>	71	TALZENNA	28
<i>sacubitril-valsartan</i>	48	SPRITAM	12	<i>tamoxifen citrate</i>	22
<i>sajazir</i>	75	<i>sps (sodium polystyrene sulf)</i>	59	<i>tamsulosin hcl</i>	64
<i>salsalate</i>	3	<i>sronyx</i>	71	<i>tarina 24 fe</i>	71
SANTYL	57	<i>ssd</i>	7	<i>tarina fe 1/20 eq</i>	72
<i>sapropterin dihydrochloride</i>	63	STAMARIL	85	<i>tasimelteon</i>	55

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

TAVNEOS	82	<i>tolterodine tartrate er</i>	64	<i>tri-vylibra lo</i>	72
<i>taysofy</i>	72	<i>tolvaptan</i>	59	TROPHAMINE	59
<i>tazarotene</i>	58	<i>tolvaptan (hyponatremia)</i>	59	<i>trospium chloride</i>	64
<i>tazicef</i>	8	<i>topiramate</i>	14	<i>trospium chloride er</i>	64
TAZVERIK	28	<i>toremifene citrate</i>	22	TRUE METRIX PRO	
TECHLITE INSULIN		<i>torpenz</i>	28	BLOOD GLUCOSE	46
SYRINGE	43	<i>torse mide</i>	51	TRUEPLUS 5-BEVEL PEN	
<i>telmisartan</i>	48	TOUJEO MAX SOLOSTAR ...43		NEEDLES	88
<i>telmisartan-amlodipine</i>	51	TOUJEO SOLOSTAR	43	TRULICITY	40
<i>telmisartan-hctz</i>	48	TPN ELECTROLYTES	60	TRUMENBA	85
<i>temazepam</i>	96	TRADJENTA	40	TRUQAP	28
TENIVAC	85	<i>tramadol hcl</i>	4	TRYPTYR	89
<i>tenofovir disoproxil fumarate</i>	36	<i>tramadol-acetaminophen</i>	4	TUKYSA	23
TEPMETKO	28	<i>trandolapril</i>	49	TURALIO	28
<i>terazosin hcl</i>	64	<i>trandolapril-verapamil hcl er</i>	49	<i>turqoz</i>	72
<i>terbinafine hcl</i>	19	<i>tranexamic acid</i>	46	TWINRIX	85
<i>terbutaline sulfate</i>	93	<i>tranylcypromine sulfate</i>	16	<i>tyblume</i>	72
<i>terconazole</i>	19	TRAVASOL	59	TYBOST	37
<i>teriflunomide</i>	56	<i>travoprost (bak free)</i>	88	<i>tydemy</i>	72
<i>teriparatide</i>	86	<i>trazodone hcl</i>	17	TYPHIM VI	85
<i>testosterone</i>	68	TRECATOR	21	UBRELVY	20
<i>testosterone cypionate</i>	68	TRELEGY ELLIPTA	96	ULTICARE PEN NEEDLES ...88	
<i>testosterone enanthate</i>	68	TREMFYA	79	ULTILET PEN NEEDLE	88
<i>tetrabenazine</i>	55	TREMFYA ONE-PRESS	79	ULTRA-THIN II PEN	
<i>tetracycline hcl</i>	11	TREMFYA PEN	79	NEEDLES	88
THALOMID	21	TREMFYA-CD/UC		<i>unithroid</i>	74
THEOPHYLLINE	94	INDUCTION	79	UPTRAVI	94
<i>theophylline er</i>	94	<i>tretinoin</i>	28, 58	UPTRAVI TITRATION	94
<i>thioridazine hcl</i>	31	<i>triamcinolone acetonide</i>	56, 67	<i>ursodiol</i>	61
<i>thiotepa</i>	21	<i>triamterene</i>	51	<i>ustekinumab</i>	79
<i>thiothixene</i>	31	<i>triamterene-hctz</i>	51, 52	USTEKINUMAB	79
<i>tiadylt er</i>	50	<i>triderm</i>	67	<i>valacyclovir hcl</i>	34
<i>tiagabine hcl</i>	13	<i>trientine hcl</i>	59	VALCHLOR	21
TIBSOVO	24	<i>tri-estarylla</i>	72	<i>valganciclovir hcl</i>	33
<i>ticagrelor</i>	47	<i>trifluoperazine hcl</i>	31	<i>valproic acid</i>	13
TICOVAC	85	<i>trifluridine</i>	34	<i>valsartan</i>	48
<i>tigecycline</i>	7	<i>trihexyphenidyl hcl</i>	29	<i>valsartan-hydrochlorothiazide</i> ... 48	
<i>tilia fe</i>	72	TRIJARDY XR	40	VALTOCO 10 MG DOSE	13
<i>timolol maleate</i>	20, 90	TRIKAFTA	93	VALTOCO 15 MG DOSE	13
<i>timolol maleate (once-daily)</i>	90	<i>tri-legend fe</i>	72	VALTOCO 20 MG DOSE	13
<i>tinidazole</i>	7	<i>tri-lo-estarylla</i>	72	VALTOCO 5 MG DOSE	13
<i>tiotropium bromide</i>	92	<i>tri-lo-sprintec</i>	72	<i>valtya 1/35</i>	72
TIVICAY	35	<i>trimethoprim</i>	7	<i>valtya 1/50</i>	72
TIVICAY PD	35	<i>tri-mili</i>	72	<i>vancomycin hcl</i>	7
<i>tizanidine hcl</i>	33	<i>trimipramine maleate</i>	17	VANFLYTA	28
TOBI PODHALER	93	TRINTELLIX	15	VANRAFIA	51
TOBRADEX	90	<i>tri-sprintec</i>	72	VAQTA	85
<i>tobramycin</i>	6, 93	TRIUMEQ	36	<i>varenicline tartrate</i>	5
<i>tobramycin sulfate</i>	6	TRIUMEQ PD	36	<i>varenicline tartrate (starter)</i>	5
<i>tobramycin-dexamethasone</i>	90	<i>trivora (28)</i>	72	VARIVAX	85
<i>tolterodine tartrate</i>	64	<i>tri-vylibra</i>	72	VARIZIG	85

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

VAXCHORA	85	WELIREG	23	<i>zaleplon</i>	96
<i>velivet</i>	72	WEZLANA	79	ZARXIO	47
VELTASSA	59	WINREVAIR	94	ZEJULA	28
VENCLEXTA	23	WIXELA INHUB	96	ZELBORAF	28
VENCLEXTA STARTING		<i>wixela inhub</i>	96	<i>zelvysia</i>	63
PACK	23	<i>wymzya fe</i>	72	ZEMAIRA	63
<i>venlafaxine besylate er</i>	39	WYOST	86	ZENPEP	63
<i>venlafaxine hcl</i>	39	XALKORI	28	ZEPOSIA	56
<i>venlafaxine hcl er</i>	17	<i>xarah fe</i>	72	ZEPOSIA 7-DAY STARTER	
VENTAVIS	94	XARELTO	46	PACK	56
VEOZAH	55	XARELTO STARTER PACK	46	ZEPOSIA STARTER KIT	56
<i>verapamil hcl</i>	50	XATMEP	82	<i>zidovudine</i>	37
<i>verapamil hcl er</i>	50	XCOPRI	12	<i>ziprasidone hcl</i>	39
VERQUVO	51	XCOPRI (250 MG DAILY		<i>ziprasidone mesylate</i>	33
VERSACLOZ	33	DOSE)	12	ZIRGAN	33
VERZENIO	24	XCOPRI (350 MG DAILY		ZOLINZA	23
<i>vienva</i>	72	DOSE)	12	<i>zolpidem tartrate</i>	96
<i>vigabatrin</i>	13	XDEMVI	89	<i>zolpidem tartrate er</i>	96
<i>vigadrone</i>	13	XELJANZ	79, 80	ZONISADE	12
VIGADRONE	13	XELJANZ XR	80	<i>zonisamide</i>	12
VIGAFYDE	13	<i>xelria fe</i>	72	<i>zovia 1/35 (28)</i>	72
<i>vigpoder</i>	13	XERMELO	61	ZTALMY	13
<i>vilazodone hcl</i>	17	XIFAXAN	7	ZURZUVAE	15, 16
VIMKUNYA	85	XIGDUO XR	40	ZYDELIG	24
<i>violele</i>	72	XOFLUZA (40 MG DOSE)	38	ZYKADIA	28
VIRACEPT	38	XOFLUZA (80 MG DOSE)	38	ZYMFENTRA (2 PEN)	82
VIREAD	37	XOLAIR	80	ZYMFENTRA (2 SYRINGE)	82
VITRAKVI	24	XOSPATA	24		
VIVITROL	5	XPOVIO (100 MG ONCE			
VIVOTIF	85	WEEKLY)	23		
VIZIMPRO	28	XPOVIO (40 MG ONCE			
VONJO	28	WEEKLY)	23		
VOQUEZNA	61	XPOVIO (40 MG TWICE			
VOQUEZNA DUAL PAK	61	WEEKLY)	23		
VOQUEZNA TRIPLE PAK	61	XPOVIO (60 MG ONCE			
VORANIGO	23	WEEKLY)	23		
<i>voriconazole</i>	19	XPOVIO (60 MG TWICE			
VOSEVI	34	WEEKLY)	23		
VOWST	61	XPOVIO (80 MG ONCE			
VOYDEYA	46	WEEKLY)	23		
VRAYLAR	33	XPOVIO (80 MG TWICE			
<i>vyfemla</i>	72	WEEKLY)	23		
<i>vylibra</i>	72	XTANDI	21		
VYNDAMAX	67	<i>xulane</i>	72		
VYNDAQEL	67	<i>yargesa</i>	63		
VYVGART HYTRULO	63	YF-VAX	85		
VYZULTA	88	YONSA	21		
WAINUA	63	YORVIPATH	86, 87		
<i>warfarin sodium</i>	47	YULITHIRA	28		
WAYRILZ	46	<i>yuvafem</i>	72		
WEGOVY	51	<i>zafirlukast</i>	91		

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



fallonhealth.org/navicare

This formulary was updated on May 28, 2026. For more recent information or other questions, contact us at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/navicare.

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



Last updated: 5/28/2026