

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

2022 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by NaviCare. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by NaviCare.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

Updated on 11/28/2022. For more recent information or other questions, contact us at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/navicare.

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

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A. Disclaimers

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

- ❖ NaviCare is a voluntary program in association with MassHealth/EOHHS and CMS.
- ❖ You can always check NaviCare's up-to-date *List of Covered Drugs* online at fallonhealth.org/navicare or by calling 1-877-700-6996 (TRS 711).
- ❖ 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 (Oct. 1–March 31, seven days a week). The call is free.
- ❖ A member's preferred language, both written and spoken, is requested by the Plan on each member's enrollment form. The member's language preference will be captured and stored in the Plan's central operating system.
- ❖ Enrolled members may change their preferred language or communications format by informing a member of their Care Team or by calling NaviCare Enrollee Services at 1-877-700-6996 (TRS 711).

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 3 are the drugs covered by NaviCare. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

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

(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 (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

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 will cover another drug.)

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

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

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

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

- You can always check NaviCare's up-to-date Drug List online at fallonhealth.org/navicare.
- 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:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug, and add the new generic drug, but your cost for the new drug will remain \$0. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.

(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 (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know.

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

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

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

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

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

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

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

(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 (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

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

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page xi. 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 is a similar drug on the Drug List you can take instead of whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

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

The table in the List of Drugs by Medical Condition on page 3 has a column labeled “Necessary actions, restrictions, or limits on use.”

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

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

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

There are two ways to find a drug:

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

(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 (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it starting on page 91.

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

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

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

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

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

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of NaviCare. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

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

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

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

If you are taking a drug that NaviCare does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.



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

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

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

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

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

Yes. You can ask NaviCare to make an exception to cover a drug that is not on the Drug List.

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

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

B11. How can I ask for an exception?

To ask for an exception, call Enrollee Services. An Enrollee Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 8 of the *Evidence of Coverage* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. This may be sent to us by mail or fax. Send by mail to OptumRx, Prior Authorization Department, PO Box 25183, Santa Ana, CA 92799 or fax to 1-844-403-1028.

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



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

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 usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

NaviCare covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

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

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

B15. Does NaviCare cover non-drug OTC products?

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

You can read the NaviCare SCO and NaviCare HMO SNP Over-the-Counter Drug List to find out what non-drug OTC products are covered.

B16. Does NaviCare cover long-term supplies of prescriptions?

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

B17. 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.

B18. What is my copay?

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

All drugs on our Drug List have no copay.

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

(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 (Oct. 1–March 31, seven days a week). The call is free. **For more information**, visit fallonhealth.org/navicare.

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 on page 87. 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 (Oct. 1–March 31, seven days a week). 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 are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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

| Abbreviation | Explanation |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B/D | This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. (This applies to NaviCare HMO SNP only. Drugs for members of NaviCare SCO are covered under MassHealth.) |
| HI | Home Infusion. This prescription drug is covered under our medical benefit. For more information, call Customer Service at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/navicare . |
| LA | Limited Access. This prescription may be available only at certain pharmacies. For more information consult your <i>Provider and Pharmacy Directory</i> or call Enrollee Services at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week). |
| MO | Mail-Order Drug. This prescription drug is available through our mail-order service. |
| NEDS | Non-Extended Day Supply. This drug is limited to a 30-day supply per prescription fill. |
| PA | Prior Authorization. NaviCare requires your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Health before you fill your prescriptions. If you don’t get approval, NaviCare may not cover the drug. |
| PA NS | Prior Authorization for New Starts only. NaviCare requires a prior authorization for certain drugs for new prescriptions only. This means that if you are newly starting on this drug, you need to get approval from NaviCare before you fill your prescriptions. If you don’t get approval, NaviCare may not cover the drug. Prior authorization is not required if you have been previously filling this drug with NaviCare. |
| QL | Quantity limit. For certain drugs, NaviCare limits the amount of the drug that NaviCare will cover. For example, only 2 each of HUMIRA per 28 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 chart 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, HUMIRA). The information in the “Necessary actions, restrictions, or limits on use” column tells you if NaviCare has any rules for covering your drug.



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

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| Drug | Status | Requirements/Limits |
|------------------------------------------------------------------|---------------|------------------------------|
| Analgesics | | |
| Nonsteroidal Anti-Inflammatory Drugs | | |
| <i>celecoxib oral capsule</i> | Generic | MO |
| <i>diclofenac potassium oral tablet 25 mg</i> | Generic | NEDS |
| <i>diclofenac potassium oral tablet 50 mg</i> | Generic | MO |
| <i>diclofenac sodium er oral tablet extended release 24 hour</i> | Generic | MO |
| <i>diclofenac sodium oral tablet delayed release</i> | Generic | MO |
| <i>diclofenac-misoprostol oral tablet delayed release</i> | Generic | MO |
| <i>diflunisal oral tablet</i> | Generic | MO |
| <i>etodolac er oral tablet extended release 24 hour</i> | Generic | MO |
| <i>fenoprofen calcium oral capsule 400 mg</i> | Generic | MO |
| <i>fenoprofen calcium oral tablet</i> | Generic | MO |
| IBU ORAL TABLET 600 MG, 800 MG | Generic | MO |
| <i>ibuprofen oral suspension</i> | Generic | |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | Generic | MO |
| <i>indomethacin er oral capsule extended release</i> | Generic | MO |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | Generic | MO |
| <i>ketoprofen er oral capsule extended release 24 hour</i> | Generic | MO |
| <i>ketoprofen oral capsule</i> | Generic | MO |
| <i>ketorolac tromethamine oral tablet</i> | Generic | |
| <i>meclofenamate sodium oral capsule</i> | Generic | MO |
| <i>meloxicam oral tablet</i> | Generic | MO |
| <i>nabumetone oral tablet</i> | Generic | MO |
| <i>naproxen oral suspension</i> | Generic | MO |
| <i>naproxen oral tablet</i> | Generic | MO |
| <i>naproxen oral tablet delayed release</i> | Generic | MO |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | Generic | MO |
| <i>oxaprozin oral tablet</i> | Generic | MO |
| <i>piroxicam oral capsule</i> | Generic | MO |
| <i>salsalate oral tablet</i> | Generic | MO |
| <i>sulindac oral tablet</i> | Generic | MO |
| <i>tolmetin sodium oral capsule</i> | Generic | MO |
| <i>tolmetin sodium oral tablet 600 mg</i> | Generic | MO |
| Opioid Analgesics, Long-Acting | | |
| BELBUCA BUCCAL FILM | Brand | QL (60 EA per 30 days); NEDS |
| <i>buprenorphine transdermal patch weekly</i> | Generic | NEDS |

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

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------------------------|---------------|----------------------------|
| <i>morphine sulfate oral tablet</i> | Generic | NEDS |
| <i>oxycodone hcl oral capsule</i> | Generic | NEDS |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i> | Generic | NEDS |
| <i>oxycodone hcl oral solution</i> | Generic | NEDS |
| <i>oxycodone hcl oral tablet</i> | Generic | NEDS |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | Generic | NEDS |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i> | Generic | NEDS |
| <i>tramadol hcl oral tablet 50 mg</i> | Generic | NEDS |
| <i>tramadol-acetaminophen oral tablet</i> | Generic | NEDS |
| Anesthetics | | |
| Local Anesthetics | | |
| <i>lidocaine external ointment 5 %</i> | Generic | QL (200 GM per 30 days) |
| <i>lidocaine external patch 5 %</i> | Generic | PA |
| <i>lidocaine hcl (pf) injection solution 1 %</i> | Generic | |
| <i>lidocaine hcl external solution</i> | Generic | |
| <i>lidocaine hcl injection solution 1 %, 2 %</i> | Generic | |
| <i>lidocaine hcl urethral/mucosal external gel</i> | Generic | |
| <i>lidocaine viscous hcl mouth/throat solution</i> | Generic | |
| <i>lidocaine-prilocaine external cream</i> | Generic | QL (200 GM per 30 days) |
| Anti-Addiction/Substance Abuse Treatment Agents | | |
| Alcohol Deterrents/Anti-Craving | | |
| <i>acamprosate calcium oral tablet delayed release</i> | Generic | MO |
| <i>disulfiram oral tablet</i> | Generic | MO |
| Opioid Dependence Treatments | | |
| <i>buprenorphine hcl injection solution</i> | Generic | |
| <i>buprenorphine hcl sublingual tablet sublingual</i> | Generic | |
| <i>buprenorphine hcl-naloxone hcl sublingual film</i> | Generic | |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i> | Generic | |
| LUCEMYRA ORAL TABLET | Brand | NEDS |
| <i>naltrexone hcl oral tablet</i> | Generic | |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED | Brand | NEDS |
| Opioid Reversal Agents | | |
| KLOXXADO NASAL LIQUID | Brand | |
| <i>naloxone hcl injection solution 0.4 mg/ml</i> | Generic | |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| <i>naloxone hcl injection solution cartridge</i> | Generic | |
| <i>naloxone hcl injection solution prefilled syringe</i> | Generic | |
| <i>naloxone hcl nasal liquid</i> | Generic | |
| NARCAN NASAL LIQUID | Brand | |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE | Brand | |
| Smoking Cessation Agents | | |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i> | Generic | |
| NICOTROL INHALATION INHALER | Brand | |
| <i>varenicline tartrate oral tablet</i> | Generic | QL (56 EA per 28 days) |
| <i>varenicline tartrate oral tablet therapy pack</i> | Generic | QL (53 EA per 28 days) |
| Antibacterials | | |
| Aminoglycosides | | |
| <i>amikacin sulfate injection solution 500 mg/2ml</i> | Generic | HI |
| GENTAK OPHTHALMIC OINTMENT | Brand | |
| <i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6- 0.9 mg/ml-%</i> | Generic | HI |
| <i>gentamicin sulfate external cream</i> | Generic | |
| <i>gentamicin sulfate external ointment</i> | Generic | |
| <i>gentamicin sulfate injection solution 10 mg/ml</i> | Generic | |
| <i>gentamicin sulfate injection solution 40 mg/ml</i> | Generic | HI |
| <i>gentamicin sulfate ophthalmic solution</i> | Generic | |
| <i>neomycin sulfate oral tablet</i> | Generic | |
| <i>paromomycin sulfate oral capsule</i> | Generic | |
| <i>streptomycin sulfate intramuscular solution reconstituted</i> | Generic | |
| <i>tobramycin ophthalmic solution</i> | Generic | |
| <i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i> | Generic | HI |
| ZEMDRI INTRAVENOUS SOLUTION | Brand | HI |
| Antibacterials, Other | | |
| <i>bacitracin ophthalmic ointment</i> | Generic | |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i> | Generic | |
| CLEOCIN VAGINAL SUPPOSITORY | Brand | |
| <i>clindamycin hcl oral capsule</i> | Generic | |
| <i>clindamycin palmitate hcl oral solution reconstituted</i> | Generic | |

| Drug | Status | Requirements/Limits |
|------------------------------------------------------------------------------------|---------------|----------------------------|
| <i>clindamycin phosphate external gel</i> | Generic | QL (75 GM per 30 days) |
| <i>clindamycin phosphate external lotion</i> | Generic | |
| <i>clindamycin phosphate external solution</i> | Generic | QL (60 ML per 30 days) |
| <i>clindamycin phosphate in d5w intravenous solution</i> | Generic | HI |
| <i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i> | Generic | HI |
| <i>clindamycin phosphate vaginal cream</i> | Generic | |
| <i>colistimethate sodium (cba) injection solution reconstituted</i> | Generic | HI |
| DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED | Brand | HI |
| <i>daptomycin intravenous solution reconstituted</i> | Generic | HI |
| FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML | Brand | |
| <i>fosfomycin tromethamine oral packet</i> | Generic | |
| GLOBAL ALCOHOL PREP EASE PAD | Brand | |
| <i>linezolid intravenous solution 600 mg/300ml</i> | Generic | HI |
| <i>linezolid oral suspension reconstituted</i> | Generic | NEDS |
| <i>linezolid oral tablet</i> | Generic | |
| <i>methenamine hippurate oral tablet</i> | Generic | |
| <i>metronidazole external cream</i> | Generic | |
| <i>metronidazole external gel</i> | Generic | |
| <i>metronidazole external lotion</i> | Generic | |
| <i>metronidazole intravenous solution 500 mg/100ml</i> | Generic | HI |
| <i>metronidazole oral tablet</i> | Generic | |
| <i>metronidazole vaginal gel</i> | Generic | |
| <i>mupirocin external ointment</i> | Generic | QL (220 GM per 30 days) |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i> | Generic | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg</i> | Generic | |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg, 50 mg</i> | Generic | QL (56 EA per 14 days) |
| <i>nitrofurantoin monohyd macro oral capsule</i> | Generic | |
| <i>nitrofurantoin oral suspension</i> | Generic | NEDS |
| <i>polymyxin b sulfate injection solution reconstituted</i> | Generic | HI |
| PRIMSOL ORAL SOLUTION | Brand | |
| ROSADAN EXTERNAL CREAM | Generic | |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------------------------------------|---------------|-------------------------------|
| ROSADAN EXTERNAL GEL | Generic | |
| <i>silver sulfadiazine external cream</i> | Generic | |
| SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED | Brand | HI |
| SOLOSEC ORAL PACKET | Brand | |
| <i>ssd external cream</i> | Generic | |
| <i>tigecycline intravenous solution reconstituted</i> | Generic | HI |
| <i>tinidazole oral tablet</i> | Generic | |
| <i>trimethoprim oral tablet</i> | Generic | |
| VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED | Brand | HI |
| <i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i> | Generic | HI |
| <i>vancomycin hcl intravenous solution reconstituted 250 mg</i> | Generic | |
| <i>vancomycin hcl oral capsule 125 mg</i> | Generic | PA; QL (120 EA per 30 days) |
| <i>vancomycin hcl oral capsule 250 mg</i> | Generic | PA; QL (240 EA per 30 days) |
| <i>vancomycin hcl oral solution reconstituted</i> | Generic | |
| VANDAZOLE VAGINAL GEL | Generic | |
| XIFAXAN ORAL TABLET 550 MG | Brand | MO; QL (3 EA per 1 day); NEDS |
| Beta-Lactam, Cephalosporins | | |
| AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED | Brand | HI |
| <i>cefaclor er oral tablet extended release 12 hour</i> | Generic | |
| <i>cefaclor oral capsule</i> | Generic | |
| <i>cefadroxil oral capsule</i> | Generic | |
| <i>cefadroxil oral suspension reconstituted</i> | Generic | |
| <i>cefadroxil oral tablet</i> | Generic | |
| <i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i> | Generic | HI |
| <i>cefdinir oral capsule</i> | Generic | |
| <i>cefdinir oral suspension reconstituted</i> | Generic | |
| <i>cefepime hcl injection solution reconstituted</i> | Generic | HI |
| <i>cefixime oral capsule</i> | Generic | |
| <i>cefixime oral suspension reconstituted</i> | Generic | |
| <i>cefotaxime sodium injection solution reconstituted 1 gm</i> | Generic | |
| <i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i> | Generic | HI |

| Drug | Status | Requirements/Limits |
|---------------------------------------------------------------------------------------|---------------|----------------------------|
| <i>cefoxitin sodium intravenous solution reconstituted</i> | Generic | HI |
| <i>cefpodoxime proxetil oral suspension reconstituted</i> | Generic | |
| <i>cefpodoxime proxetil oral tablet</i> | Generic | |
| <i>cefprozil oral suspension reconstituted</i> | Generic | |
| <i>cefprozil oral tablet</i> | Generic | |
| <i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i> | Generic | HI |
| <i>ceftazidime intravenous solution reconstituted</i> | Generic | HI |
| <i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i> | Generic | HI |
| <i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i> | Generic | HI |
| <i>cefuroxime axetil oral tablet</i> | Generic | |
| <i>cefuroxime sodium injection solution reconstituted 750 mg</i> | Generic | HI |
| <i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i> | Generic | HI |
| <i>cephalexin oral capsule</i> | Generic | |
| <i>cephalexin oral suspension reconstituted</i> | Generic | |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML | Brand | |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM | Generic | HI |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM | Generic | HI |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED | Brand | HI |
| ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED | Brand | HI |
| Beta-Lactam, Other | | |
| <i>aztreonam injection solution reconstituted</i> | Generic | HI |
| <i>ertapenem sodium injection solution reconstituted</i> | Generic | HI |
| <i>imipenem-cilastatin intravenous solution reconstituted</i> | Generic | HI |
| <i>meropenem intravenous solution reconstituted</i> | Generic | HI |
| Beta-Lactam, Penicillins | | |
| <i>amoxicillin oral capsule</i> | Generic | |
| <i>amoxicillin oral suspension reconstituted</i> | Generic | |
| <i>amoxicillin oral tablet</i> | Generic | |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | Generic | |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i> | Generic | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted</i> | Generic | |
| <i>amoxicillin-pot clavulanate oral tablet</i> | Generic | |
| <i>amoxicillin-pot clavulanate oral tablet chewable</i> | Generic | |
| <i>ampicillin oral capsule 500 mg</i> | Generic | |
| <i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i> | Generic | HI |
| <i>ampicillin sodium intravenous solution reconstituted 10 gm</i> | Generic | HI |
| <i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i> | Generic | HI |
| <i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i> | Generic | HI |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION | Brand | |
| <i>dicloxacillin sodium oral capsule</i> | Generic | |
| <i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i> | Generic | HI |
| <i>nafcillin sodium intravenous solution reconstituted 10 gm</i> | Generic | HI |
| <i>oxacillin sodium in dextrose intravenous solution</i> | Generic | HI |
| <i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i> | Generic | HI |
| <i>oxacillin sodium intravenous solution reconstituted</i> | Generic | HI |
| <i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i> | Generic | HI |
| <i>penicillin g potassium injection solution reconstituted 20000000 unit</i> | Generic | HI |
| <i>penicillin g potassium injection solution reconstituted 5000000 unit</i> | Generic | |
| <i>penicillin g sodium injection solution reconstituted</i> | Generic | HI |
| <i>penicillin v potassium oral solution reconstituted</i> | Generic | |
| <i>penicillin v potassium oral tablet</i> | Generic | |
| <i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i> | Generic | HI |
| ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML | Brand | HI |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------------|---------------|-------------------------------|
| Macrolides | | |
| AZASITE OPHTHALMIC SOLUTION | Brand | |
| <i>azithromycin intravenous solution reconstituted</i> | Generic | HI |
| <i>azithromycin oral suspension reconstituted</i> | Generic | |
| <i>azithromycin oral tablet</i> | Generic | |
| <i>clarithromycin er oral tablet extended release 24 hour</i> | Generic | |
| <i>clarithromycin oral suspension reconstituted</i> | Generic | |
| <i>clarithromycin oral tablet</i> | Generic | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | Brand | QL (136 ML per 10 days); NEDS |
| DIFICID ORAL TABLET | Brand | QL (20 EA per 10 days); NEDS |
| E.E.S. 400 ORAL TABLET | Brand | |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | Brand | HI |
| <i>erythromycin base oral capsule delayed release particles</i> | Generic | |
| <i>erythromycin base oral tablet</i> | Generic | |
| <i>erythromycin base oral tablet delayed release 500 mg</i> | Generic | |
| <i>erythromycin ethylsuccinate oral suspension reconstituted</i> | Generic | |
| <i>erythromycin ethylsuccinate oral tablet</i> | Generic | |
| <i>erythromycin ophthalmic ointment</i> | Generic | |
| <i>erythromycin oral tablet delayed release 250 mg, 333 mg</i> | Generic | |
| <i>erythromycin stearate oral tablet 250 mg</i> | Generic | |
| Quinolones | | |
| BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED | Brand | HI |
| CILOXAN OPHTHALMIC OINTMENT | Brand | |
| <i>ciprofloxacin hcl ophthalmic solution</i> | Generic | |
| <i>ciprofloxacin hcl oral tablet</i> | Generic | |
| <i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i> | Generic | HI |
| <i>gatifloxacin ophthalmic solution</i> | Generic | |
| <i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i> | Generic | HI |
| <i>levofloxacin intravenous solution</i> | Generic | HI |
| <i>levofloxacin ophthalmic solution 0.5 %</i> | Generic | |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------------------|---------------|----------------------------|
| <i>levofloxacin oral solution</i> | Generic | |
| <i>levofloxacin oral tablet</i> | Generic | |
| <i>moxifloxacin hcl in nacl intravenous solution</i> | Generic | HI |
| <i>moxifloxacin hcl ophthalmic solution</i> | Generic | |
| <i>moxifloxacin hcl oral tablet</i> | Generic | |
| <i>ofloxacin ophthalmic solution</i> | Generic | |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | Generic | |
| <i>ofloxacin otic solution</i> | Generic | |
| Sulfonamides | | |
| <i>sulfacetamide sodium ophthalmic ointment</i> | Generic | |
| <i>sulfacetamide sodium ophthalmic solution</i> | Generic | |
| <i>sulfadiazine oral tablet</i> | Generic | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | Generic | |
| <i>sulfamethoxazole-trimethoprim oral tablet</i> | Generic | |
| Tetracyclines | | |
| <i>doxy 100 intravenous solution reconstituted</i> | Generic | HI |
| <i>doxycycline hyclate oral capsule</i> | Generic | ST |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | Generic | ST |
| <i>doxycycline monohydrate oral capsule</i> | Generic | |
| <i>doxycycline monohydrate oral suspension reconstituted</i> | Generic | |
| <i>doxycycline monohydrate oral tablet</i> | Generic | |
| <i>minocycline hcl oral capsule</i> | Generic | |
| <i>minocycline hcl oral tablet</i> | Generic | ST |
| MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG | Generic | |
| NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED | Brand | HI |
| <i>tetracycline hcl oral capsule</i> | Generic | |
| Anticonvulsants | | |
| Anticonvulsants, Other | | |
| BRIVIACT ORAL SOLUTION | Brand | PA NS; MO; NEDS |
| BRIVIACT ORAL TABLET | Brand | PA NS; MO; NEDS |
| DIACOMIT ORAL CAPSULE | Brand | PA NS; MO; NEDS |
| DIACOMIT ORAL PACKET | Brand | PA NS; MO; NEDS |
| FINTEPLA ORAL SOLUTION | Brand | PA NS; MO; NEDS |
| <i>levetiracetam er oral tablet extended release 24 hour</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| <i>levetiracetam oral solution</i> | Generic | MO |
| <i>levetiracetam oral tablet</i> | Generic | MO |
| <i>roweepra oral tablet 500 mg</i> | Generic | MO |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE | Brand | MO |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | Brand | MO; QL (56 EA per 28 days) |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG | Brand | MO; QL (56 EA per 28 days); NEDS |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Brand | MO; QL (56 EA per 28 days); NEDS |
| XCOPRI ORAL TABLET 100 MG, 150 MG | Brand | MO; QL (60 EA per 30 days) |
| XCOPRI ORAL TABLET 200 MG | Brand | MO; QL (60 EA per 30 days); NEDS |
| XCOPRI ORAL TABLET 50 MG | Brand | MO; QL (90 EA per 30 days) |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG | Brand | QL (28 EA per 28 days) |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | Brand | QL (28 EA per 28 days); NEDS |
| Calcium Channel Modifying Agents | | |
| CELONTIN ORAL CAPSULE | Brand | MO |
| <i>ethosuximide oral capsule</i> | Generic | MO |
| <i>ethosuximide oral solution</i> | Generic | MO |
| <i>zonisamide oral capsule</i> | Generic | MO |
| Gamma-Aminobutyric Acid (Gaba) Augmenting Agents | | |
| <i>clobazam oral suspension</i> | Generic | PA NS; MO; NEDS |
| <i>clobazam oral tablet 10 mg</i> | Generic | PA NS; MO |
| <i>clobazam oral tablet 20 mg</i> | Generic | PA NS; MO; NEDS |
| <i>clonazepam oral tablet</i> | Generic | |
| <i>clonazepam oral tablet dispersible</i> | Generic | |
| DIAZEPAM INTENSOL ORAL CONCENTRATE | Generic | QL (1200 ML per 30 days) |
| <i>diazepam rectal gel</i> | Generic | |
| <i>divalproex sodium oral capsule delayed release sprinkle</i> | Generic | MO |
| EPIDIOLEX ORAL SOLUTION | Brand | PA NS; MO; NEDS |
| <i>gabapentin oral capsule</i> | Generic | MO |
| <i>gabapentin oral solution 250 mg/5ml</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|---------------------------------------------------------------|---------------|------------------------------|
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | Generic | MO |
| NAYZILAM NASAL SOLUTION | Brand | QL (10 EA per 30 days); NEDS |
| <i>phenobarbital oral elixir</i> | Generic | MO |
| <i>phenobarbital oral tablet</i> | Generic | MO |
| <i>primidone oral tablet</i> | Generic | MO |
| SYMPAZAN ORAL FILM | Brand | PA NS; MO; NEDS |
| <i>tiagabine hcl oral tablet</i> | Generic | MO |
| <i>valproic acid oral capsule</i> | Generic | MO |
| <i>valproic acid oral solution</i> | Generic | MO |
| VALTOCO 10 MG DOSE NASAL LIQUID | Brand | QL (10 EA per 30 days); NEDS |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK | Brand | QL (10 EA per 30 days); NEDS |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK | Brand | QL (10 EA per 30 days); NEDS |
| VALTOCO 5 MG DOSE NASAL LIQUID | Brand | QL (10 EA per 30 days); NEDS |
| <i>vigabatrin oral packet</i> | Generic | PA NS; MO; NEDS |
| <i>vigabatrin oral tablet</i> | Generic | PA NS; MO; NEDS |
| <i>vigadrone oral packet</i> | Generic | PA NS; MO; NEDS |
| ZTALMY ORAL SUSPENSION | Brand | PA NS; NEDS |
| Glutamate Reducing Agents | | |
| <i>felbamate oral suspension</i> | Generic | MO; NEDS |
| <i>felbamate oral tablet</i> | Generic | MO |
| FYCOMPA ORAL SUSPENSION | Brand | PA NS; MO |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG | Brand | PA NS; MO; NEDS |
| FYCOMPA ORAL TABLET 2 MG, 8 MG | Brand | PA NS; MO |
| <i>lamotrigine oral kit 25 & 50 & 100 mg</i> | Generic | |
| <i>lamotrigine starter kit-blue oral kit</i> | Generic | |
| <i>lamotrigine starter kit-green oral kit</i> | Generic | |
| <i>lamotrigine starter kit-orange oral kit</i> | Generic | |
| <i>topiramate er oral capsule er 24 hour sprinkle</i> | Generic | MO |
| <i>topiramate oral capsule sprinkle</i> | Generic | MO |
| <i>topiramate oral tablet</i> | Generic | MO |
| Sodium Channel Agents | | |
| APTIOM ORAL TABLET | Brand | PA NS; MO; NEDS |
| <i>carbamazepine er oral capsule extended release 12 hour</i> | Generic | MO |
| <i>carbamazepine er oral tablet extended release 12 hour</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------------------------|---------------|----------------------------|
| <i>carbamazepine oral suspension</i> | Generic | MO |
| <i>carbamazepine oral tablet</i> | Generic | MO |
| <i>carbamazepine oral tablet chewable</i> | Generic | MO |
| DILANTIN ORAL CAPSULE 30 MG | Brand | MO |
| <i>epitol oral tablet</i> | Generic | MO |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR | Brand | MO |
| <i>fosphenytoin sodium injection solution 100 mg pe/2ml</i> | Generic | |
| <i>lacosamide oral solution</i> | Generic | PA NS; MO |
| <i>lacosamide oral tablet</i> | Generic | PA NS; MO |
| <i>oxcarbazepine oral suspension</i> | Generic | MO |
| <i>oxcarbazepine oral tablet</i> | Generic | MO |
| <i>phenytoin oral suspension 125 mg/5ml</i> | Generic | MO |
| <i>phenytoin oral tablet chewable</i> | Generic | MO |
| <i>phenytoin sodium extended oral capsule</i> | Generic | MO |
| <i>rufinamide oral suspension</i> | Generic | PA NS; MO |
| <i>rufinamide oral tablet 200 mg</i> | Generic | PA NS; MO |
| <i>rufinamide oral tablet 400 mg</i> | Generic | PA NS; MO; NEDS |
| VIMPAT ORAL SOLUTION | Brand | PA NS; MO |
| VIMPAT ORAL TABLET 150 MG, 200 MG | Brand | PA NS; MO; NEDS |
| Antidementia Agents | | |
| Antidementia Agents, Other | | |
| <i>ergoloid mesylates oral tablet</i> | Generic | MO |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK | Brand | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | Brand | MO |
| Cholinesterase Inhibitors | | |
| <i>donepezil hcl oral tablet</i> | Generic | MO; QL (30 EA per 30 days) |
| <i>donepezil hcl oral tablet dispersible</i> | Generic | MO; QL (30 EA per 30 days) |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour</i> | Generic | MO |
| <i>galantamine hydrobromide oral solution</i> | Generic | MO |
| <i>galantamine hydrobromide oral tablet</i> | Generic | MO |
| <i>rivastigmine tartrate oral capsule</i> | Generic | MO; QL (60 EA per 30 days) |
| <i>rivastigmine transdermal patch 24 hour</i> | Generic | MO; QL (1 EA per 1 day) |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| N-Methyl-D-Aspartate (Nmda) Receptor Antagonist | | |
| <i>memantine hcl er oral capsule extended release 24 hour</i> | Generic | MO; QL (30 EA per 30 days) |
| <i>memantine hcl oral solution 2 mg/ml</i> | Generic | MO |
| <i>memantine hcl oral tablet 10 mg, 5 mg</i> | Generic | MO; QL (60 EA per 30 days) |
| <i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i> | Generic | |
| NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR | Brand | QL (1 EA per 1 day) |
| Antidepressants | | |
| Antidepressants, Other | | |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour</i> | Generic | MO |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour</i> | Generic | MO |
| <i>bupropion hcl oral tablet</i> | Generic | MO |
| <i>mirtazapine oral tablet</i> | Generic | MO; QL (30 EA per 30 days) |
| <i>mirtazapine oral tablet dispersible</i> | Generic | MO; QL (30 EA per 30 days) |
| TRINTELLIX ORAL TABLET | Brand | PA NS; MO |
| Monoamine Oxidase Inhibitors | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR | Brand | PA NS; MO; NEDS |
| MARPLAN ORAL TABLET | Brand | MO |
| <i>phenelzine sulfate oral tablet</i> | Generic | MO |
| <i>tranylcypromine sulfate oral tablet</i> | Generic | MO |
| Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor) | | |
| <i>citalopram hydrobromide oral solution</i> | Generic | MO |
| <i>citalopram hydrobromide oral tablet</i> | Generic | MO |
| <i>desvenlafaxine er oral tablet extended release 24 hour</i> | Generic | MO; QL (1 EA per 1 day) |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour</i> | Generic | MO |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG | Brand | MO; QL (60 EA per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG | Brand | MO; QL (90 EA per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i> | Generic | MO; QL (60 EA per 30 days) |

| Drug | Status | Requirements/Limits |
|---------------------------------------------------------------------|---------------|----------------------------|
| <i>duloxetine hcl oral capsule delayed release particles 40 mg</i> | Generic | MO; QL (90 EA per 30 days) |
| <i>escitalopram oxalate oral solution</i> | Generic | MO |
| <i>escitalopram oxalate oral tablet</i> | Generic | MO |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | Brand | PA NS; MO |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK | Brand | PA NS |
| <i>fluoxetine hcl (pmdd) oral tablet</i> | Generic | MO |
| <i>fluoxetine hcl oral capsule</i> | Generic | MO |
| <i>fluoxetine hcl oral capsule delayed release</i> | Generic | MO; QL (4 EA per 28 days) |
| <i>fluoxetine hcl oral solution</i> | Generic | MO |
| <i>fluoxetine hcl oral tablet</i> | Generic | MO |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour</i> | Generic | MO |
| <i>fluvoxamine maleate oral tablet</i> | Generic | MO |
| <i>maprotiline hcl oral tablet</i> | Generic | MO |
| <i>nefazodone hcl oral tablet</i> | Generic | MO |
| <i>paroxetine hcl er oral tablet extended release 24 hour</i> | Generic | MO |
| <i>paroxetine hcl oral suspension</i> | Generic | MO |
| <i>sertraline hcl oral capsule</i> | Generic | ST |
| <i>sertraline hcl oral concentrate</i> | Generic | MO |
| <i>sertraline hcl oral tablet</i> | Generic | MO |
| <i>trazodone hcl oral tablet</i> | Generic | MO |
| <i>venlafaxine besylate er oral tablet extended release 24 hour</i> | Generic | |
| <i>venlafaxine hcl er oral capsule extended release 24 hour</i> | Generic | MO |
| <i>venlafaxine hcl er oral tablet extended release 24 hour</i> | Generic | MO |
| VIIBRYD ORAL TABLET | Brand | PA NS; MO |
| VIIBRYD STARTER PACK ORAL KIT | Brand | PA NS |
| <i>vilazodone hcl oral tablet</i> | Generic | PA NS; MO |
| Tricyclics | | |
| <i>amitriptyline hcl oral tablet</i> | Generic | PA NS; MO |
| <i>amoxapine oral tablet</i> | Generic | MO |
| <i>chlordiazepoxide-amitriptyline oral tablet</i> | Generic | MO |
| <i>clomipramine hcl oral capsule</i> | Generic | MO |
| <i>desipramine hcl oral tablet</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|-----------------------------------------------------------|---------------|----------------------------|
| <i>doxepin hcl oral capsule</i> | Generic | PA NS; MO |
| <i>doxepin hcl oral concentrate</i> | Generic | PA NS; MO |
| <i>imipramine hcl oral tablet</i> | Generic | MO |
| <i>nortriptyline hcl oral capsule</i> | Generic | MO |
| <i>nortriptyline hcl oral solution</i> | Generic | MO |
| <i>perphenazine-amitriptyline oral tablet</i> | Generic | MO |
| <i>protriptyline hcl oral tablet</i> | Generic | MO |
| <i>trimipramine maleate oral capsule</i> | Generic | MO |
| Antiemetics | | |
| Antiemetics, Other | | |
| <i>doxylamine-pyridoxine oral tablet delayed release</i> | Generic | |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i> | Generic | |
| <i>promethazine hcl injection solution</i> | Generic | |
| <i>promethazine hcl oral syrup</i> | Generic | |
| <i>promethazine hcl oral tablet</i> | Generic | |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | Generic | |
| PROMETHEGAN RECTAL SUPPOSITORY 25 MG | Generic | |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG | Brand | |
| <i>scopolamine transdermal patch 72 hour</i> | Generic | |
| Emetogenic Therapy Adjuncts | | |
| <i>aprepitant oral capsule</i> | Generic | PA |
| <i>dronabinol oral capsule</i> | Generic | B/D |
| EMEND ORAL SUSPENSION RECONSTITUTED | Brand | PA |
| <i>granisetron hcl oral tablet</i> | Generic | B/D |
| <i>ondansetron hcl injection solution 4 mg/2ml</i> | Generic | |
| <i>ondansetron hcl oral solution</i> | Generic | B/D |
| <i>ondansetron hcl oral tablet</i> | Generic | B/D |
| <i>ondansetron oral tablet dispersible</i> | Generic | B/D |
| SYNDROS ORAL SOLUTION | Brand | B/D; NEDS |
| Antifungals | | |
| Antifungals | | |
| ABELCET INTRAVENOUS SUSPENSION | Brand | B/D; HI |
| AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED | Brand | B/D; HI |

| Drug | Status | Requirements/Limits |
|---------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED | Generic | B/D; HI |
| BREXAFEMME ORAL TABLET | Brand | PA; QL (4 EA per 1 day); NEDS |
| <i>caspofungin acetate intravenous solution reconstituted</i> | Generic | HI |
| CICLODAN EXTERNAL SOLUTION | Generic | |
| <i>ciclopirox external gel</i> | Generic | QL (100 GM per 30 days) |
| <i>ciclopirox external shampoo</i> | Generic | |
| <i>ciclopirox external solution</i> | Generic | |
| <i>ciclopirox olamine external cream</i> | Generic | QL (90 GM per 30 days) |
| <i>ciclopirox olamine external suspension</i> | Generic | QL (60 ML per 30 days) |
| <i>clotrimazole external cream</i> | Generic | |
| <i>clotrimazole external solution</i> | Generic | QL (30 ML per 30 days) |
| <i>clotrimazole mouth/throat troche</i> | Generic | |
| <i>econazole nitrate external cream</i> | Generic | QL (85 GM per 30 days) |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED | Brand | HI |
| EXELDERM EXTERNAL CREAM | Brand | |
| <i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i> | Generic | HI |
| <i>fluconazole oral suspension reconstituted</i> | Generic | |
| <i>fluconazole oral tablet</i> | Generic | |
| <i>flucytosine oral capsule</i> | Generic | NEDS |
| <i>griseofulvin microsize oral suspension</i> | Generic | |
| <i>griseofulvin microsize oral tablet</i> | Generic | |
| <i>griseofulvin ultramicrosize oral tablet</i> | Generic | |
| <i>itraconazole oral capsule</i> | Generic | |
| <i>itraconazole oral solution</i> | Generic | |
| <i>ketoconazole external cream</i> | Generic | QL (60 GM per 30 days) |
| <i>ketoconazole external shampoo 2 %</i> | Generic | |
| <i>ketoconazole oral tablet</i> | Generic | |
| <i>micalfungin sodium intravenous solution reconstituted</i> | Generic | HI |
| <i>miconazole 3 vaginal suppository</i> | Generic | |
| <i>naftifine hcl external gel</i> | Generic | |
| NATACYN OPHTHALMIC SUSPENSION | Brand | |
| NOXAFIL ORAL SUSPENSION | Brand | PA; MO; NEDS |
| NYAMYC EXTERNAL POWDER | Generic | QL (60 GM per 30 days) |
| <i>nystatin external cream</i> | Generic | |

| Drug | Status | Requirements/Limits |
|-----------------------------------------------------------------|---------------|----------------------------------|
| <i>nystatin external ointment</i> | Generic | |
| <i>nystatin external powder</i> | Generic | QL (60 GM per 30 days) |
| <i>nystatin mouth/throat suspension</i> | Generic | |
| <i>nystatin oral tablet</i> | Generic | |
| <i>nystatin-triamcinolone external cream</i> | Generic | |
| <i>nystatin-triamcinolone external ointment</i> | Generic | |
| NYSTOP EXTERNAL POWDER | Generic | QL (60 GM per 30 days) |
| OXISTAT EXTERNAL LOTION | Brand | |
| <i>posaconazole oral tablet delayed release</i> | Generic | PA; MO; NEDS |
| <i>terbinafine hcl oral tablet</i> | Generic | QL (84 EA per 180 days) |
| <i>terconazole vaginal cream</i> | Generic | |
| <i>terconazole vaginal suppository</i> | Generic | |
| <i>voriconazole intravenous solution reconstituted</i> | Generic | PA; HI |
| <i>voriconazole oral suspension reconstituted</i> | Generic | PA; NEDS |
| <i>voriconazole oral tablet</i> | Generic | PA |
| Antigout Agents | | |
| Antigout Agents | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | Generic | MO |
| <i>colchicine oral capsule</i> | Generic | |
| <i>colchicine oral tablet</i> | Generic | |
| <i>colchicine-probenecid oral tablet</i> | Generic | MO |
| <i>febuxostat oral tablet</i> | Generic | MO |
| <i>probenecid oral tablet</i> | Generic | MO |
| Anti-Inflammatory Agents | | |
| Glucocorticoids | | |
| <i>methylprednisolone acetate injection suspension 40 mg/ml</i> | Generic | |
| Nonsteroidal Anti-Inflammatory Drugs | | |
| <i>etodolac oral capsule</i> | Generic | MO |
| <i>etodolac oral tablet</i> | Generic | MO |
| <i>flurbiprofen oral tablet</i> | Generic | MO |
| Antimigraine Agents | | |
| Antimigraine Agents | | |
| UBRELVY ORAL TABLET | Brand | PA; QL (16 EA per 30 days); NEDS |
| Ergot Alkaloids | | |
| <i>dihydroergotamine mesylate injection solution</i> | Generic | QL (8 ML per 30 days); NEDS |
| <i>dihydroergotamine mesylate nasal solution</i> | Generic | NEDS |

| Drug | Status | Requirements/Limits |
|------------------------------------------------------------------|---------------|-------------------------------|
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL | Brand | |
| <i>ergotamine-caffeine oral tablet</i> | Generic | |
| Prophylactic | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Brand | PA; MO; QL (1 ML per 30 days) |
| <i>divalproex sodium er oral tablet extended release 24 hour</i> | Generic | MO |
| EPRONTIA ORAL SOLUTION | Brand | |
| <i>timolol maleate oral tablet</i> | Generic | MO |
| Serotonin 5-Ht-Receptor Agonists | | |
| <i>rizatriptan benzoate oral tablet</i> | Generic | QL (36 EA per 30 days) |
| <i>rizatriptan benzoate oral tablet dispersible</i> | Generic | QL (36 EA per 30 days) |
| <i>sumatriptan succinate oral tablet</i> | Generic | QL (9 EA per 30 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i> | Generic | QL (8 ML per 30 days) |
| Antimyasthenic Agents | | |
| Parasympathomimetics | | |
| <i>guanidine hcl oral tablet</i> | Generic | |
| <i>pyridostigmine bromide er oral tablet extended release</i> | Generic | |
| <i>pyridostigmine bromide oral solution</i> | Generic | NEDS |
| <i>pyridostigmine bromide oral tablet 30 mg</i> | Generic | NEDS |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | Generic | |
| Antimycobacterials | | |
| Antimycobacterials, Other | | |
| <i>dapsone oral tablet</i> | Generic | MO |
| <i>rifabutin oral capsule</i> | Generic | |
| Antituberculars | | |
| CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED | Brand | |
| <i>ethambutol hcl oral tablet</i> | Generic | |
| <i>isoniazid oral syrup</i> | Generic | MO |
| <i>isoniazid oral tablet</i> | Generic | MO |
| PASER ORAL PACKET | Brand | |
| <i>pretomanid oral tablet</i> | Generic | |
| PRIFTIN ORAL TABLET | Brand | |
| <i>pyrazinamide oral tablet</i> | Generic | |
| <i>rifampin intravenous solution reconstituted</i> | Generic | HI |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------|---------------|----------------------------|
| <i>rifampin oral capsule</i> | Generic | |
| SIRTURO ORAL TABLET | Brand | PA; NEDS |
| TRECATOR ORAL TABLET | Brand | |
| Antineoplastics | | |
| Alkylating Agents | | |
| <i>cyclophosphamide oral capsule</i> | Generic | B/D |
| <i>cyclophosphamide oral tablet</i> | Generic | B/D |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | Brand | |
| LEUKERAN ORAL TABLET | Brand | NEDS |
| MATULANE ORAL CAPSULE | Brand | NEDS |
| <i>thiotepa injection solution reconstituted 15 mg</i> | Generic | |
| VALCHLOR EXTERNAL GEL | Brand | PA NS; NEDS |
| Antiandrogens | | |
| <i>abiraterone acetate oral tablet 250 mg</i> | Generic | PA NS |
| <i>abiraterone acetate oral tablet 500 mg</i> | Generic | PA NS; NEDS |
| <i>bicalutamide oral tablet</i> | Generic | |
| ERLEADA ORAL TABLET | Brand | PA NS; NEDS |
| <i>flutamide oral capsule</i> | Generic | |
| <i>nilutamide oral tablet</i> | Generic | NEDS |
| NUBEQA ORAL TABLET | Brand | PA NS; NEDS |
| XTANDI ORAL CAPSULE | Brand | PA NS; NEDS |
| XTANDI ORAL TABLET | Brand | PA NS; NEDS |
| YONSA ORAL TABLET | Brand | PA NS; NEDS |
| Antiangiogenic Agents | | |
| <i>lenalidomide oral capsule</i> | Generic | PA NS; LA; NEDS |
| POMALYST ORAL CAPSULE | Brand | PA NS; NEDS |
| REVLIMID ORAL CAPSULE 2.5 MG, 20 MG | Brand | PA NS; LA; NEDS |
| THALOMID ORAL CAPSULE | Brand | PA NS; MO; NEDS |
| Antiestrogens/Modifiers | | |
| EMCYT ORAL CAPSULE | Brand | NEDS |
| <i>fulvestrant intramuscular solution</i> | Generic | NEDS |
| <i>fulvestrant intramuscular solution prefilled syringe</i> | Generic | NEDS |
| SOLTAMOX ORAL SOLUTION | Brand | MO; NEDS |
| <i>tamoxifen citrate oral tablet</i> | Generic | MO |
| <i>toremifene citrate oral tablet</i> | Generic | MO; NEDS |

| Drug | Status | Requirements/Limits |
|---------------------------------------------------------------------------|---------------|------------------------------------|
| Antimetabolites | | |
| <i>hydroxyurea oral capsule</i> | Generic | |
| INQOVI ORAL TABLET | Brand | PA NS; QL (5 EA per 28 days); NEDS |
| LONSURF ORAL TABLET | Brand | PA NS; NEDS |
| <i>mercaptopurine oral tablet</i> | Generic | |
| ONUREG ORAL TABLET | Brand | PA NS |
| PURIXAN ORAL SUSPENSION | Brand | NEDS |
| SIKLOS ORAL TABLET | Brand | NEDS |
| TABLOID ORAL TABLET | Brand | |
| Antineoplastics, Other | | |
| <i>azacitidine injection suspension reconstituted</i> | Generic | PA NS; NEDS |
| <i>bleomycin sulfate injection solution reconstituted 30 unit</i> | Generic | B/D |
| <i>bortezomib injection solution reconstituted 3.5 mg</i> | Generic | NEDS |
| COTELLIC ORAL TABLET | Brand | PA NS; NEDS |
| GAVRETO ORAL CAPSULE | Brand | PA NS; NEDS |
| GILOTRIF ORAL TABLET | Brand | PA NS; NEDS |
| IBRANCE ORAL CAPSULE | Brand | PA NS; NEDS |
| IBRANCE ORAL TABLET | Brand | PA NS; NEDS |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| <i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i> | Generic | |
| LUMAKRAS ORAL TABLET | Brand | PA NS; QL (8 EA per 1 day); NEDS |
| NINLARO ORAL CAPSULE | Brand | PA NS; NEDS |
| ODOMZO ORAL CAPSULE | Brand | PA NS; NEDS |
| ONCASPAR INJECTION SOLUTION | Brand | NEDS |
| ORGOVYX ORAL TABLET | Brand | PA NS; NEDS |
| RETEVMO ORAL CAPSULE | Brand | PA NS; NEDS |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED | Brand | PA NS; NEDS |
| TAGRISSE ORAL TABLET | Brand | PA NS; NEDS |
| TUKYSA ORAL TABLET | Brand | PA NS; NEDS |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------|---------------|----------------------------|
| VELCADE INJECTION SOLUTION RECONSTITUTED | Brand | NEDS |
| VENCLEXTA ORAL TABLET 10 MG, 50 MG | Brand | PA NS |
| VENCLEXTA ORAL TABLET 100 MG | Brand | PA NS; NEDS |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| WELIREG ORAL TABLET | Brand | PA NS; NEDS |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| ZOLINZA ORAL CAPSULE | Brand | PA NS; NEDS |
| Aromatase Inhibitors, 3Rd Generation | | |
| <i>anastrozole oral tablet</i> | Generic | MO |
| <i>exemestane oral tablet</i> | Generic | MO |
| <i>letrozole oral tablet</i> | Generic | MO |
| Enzyme Inhibitors | | |
| COPIKTRA ORAL CAPSULE | Brand | PA NS; NEDS |
| IDHIFA ORAL TABLET | Brand | PA NS; NEDS |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| TIBSOVO ORAL TABLET | Brand | PA NS; NEDS |
| VERZENIO ORAL TABLET | Brand | PA NS; NEDS |
| VITRAKVI ORAL CAPSULE | Brand | PA NS; NEDS |
| VITRAKVI ORAL SOLUTION | Brand | PA NS; NEDS |
| XOSPATA ORAL TABLET | Brand | PA NS; NEDS |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------------------|---------------|----------------------------------|
| ZYDELIG ORAL TABLET | Brand | PA NS; NEDS |
| Molecular Target Inhibitors | | |
| ALECENSA ORAL CAPSULE | Brand | PA NS; NEDS |
| ALUNBRIG ORAL TABLET | Brand | PA NS; NEDS |
| ALUNBRIG ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| AYVAKIT ORAL TABLET | Brand | PA NS; QL (1 EA per 1 day); NEDS |
| BALVERSA ORAL TABLET | Brand | PA NS; NEDS |
| BOSULIF ORAL TABLET | Brand | PA NS; NEDS |
| BRAFTOVI ORAL CAPSULE 75 MG | Brand | PA NS; NEDS |
| BRUKINSA ORAL CAPSULE | Brand | PA NS; NEDS |
| CABOMETYX ORAL TABLET | Brand | PA NS; NEDS |
| CALQUENCE ORAL CAPSULE | Brand | PA NS; NEDS |
| CALQUENCE ORAL TABLET | Brand | PA NS; NEDS |
| CAPRELSA ORAL TABLET | Brand | PA NS; NEDS |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | Brand | PA NS; NEDS |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | Brand | PA NS; NEDS |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT | Brand | PA NS; NEDS |
| DAURISMO ORAL TABLET | Brand | PA NS; NEDS |
| ERIVEDGE ORAL CAPSULE | Brand | PA NS; NEDS |
| <i>erlotinib hcl oral tablet</i> | Generic | PA NS; NEDS |
| <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> | Generic | PA NS; NEDS |
| <i>everolimus oral tablet soluble</i> | Generic | PA NS; NEDS |
| EXKIVITY ORAL CAPSULE | Brand | PA NS; NEDS |
| FARYDAK ORAL CAPSULE | Brand | PA NS; NEDS |
| FOTIVDA ORAL CAPSULE | Brand | PA NS; NEDS |
| ICLUSIG ORAL TABLET | Brand | PA NS; NEDS |
| <i>imatinib mesylate oral tablet</i> | Generic | NEDS |
| IMBRUVICA ORAL CAPSULE | Brand | PA NS; NEDS |
| IMBRUVICA ORAL SUSPENSION | Brand | PA NS; NEDS |
| IMBRUVICA ORAL TABLET | Brand | PA NS; NEDS |
| INLYTA ORAL TABLET | Brand | PA NS; NEDS |
| INREBIC ORAL CAPSULE | Brand | PA NS; NEDS |
| IRESSA ORAL TABLET | Brand | PA NS; NEDS |
| JAKAFI ORAL TABLET | Brand | PA NS; NEDS |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------|---------------|-------------------------------------|
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK | Brand | PA NS; NEDS |
| KOSELUGO ORAL CAPSULE 10 MG | Brand | PA NS; QL (8 EA per 1 day); NEDS |
| KOSELUGO ORAL CAPSULE 25 MG | Brand | PA NS; QL (4 EA per 1 day); NEDS |
| <i>lapatinib ditosylate oral tablet</i> | Generic | PA NS; LA; NEDS |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Brand | PA NS; NEDS |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Brand | PA NS; NEDS |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Brand | PA NS; NEDS |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Brand | PA NS; NEDS |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Brand | PA NS; NEDS |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Brand | PA NS; NEDS |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Brand | PA NS; NEDS |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Brand | PA NS; NEDS |
| LORBRENA ORAL TABLET | Brand | PA NS; NEDS |
| LYNPARZA ORAL TABLET | Brand | PA NS; NEDS |
| MEKINIST ORAL TABLET | Brand | PA NS; NEDS |
| MEKTOVI ORAL TABLET | Brand | PA NS; NEDS |
| NERLYNX ORAL TABLET | Brand | PA NS; NEDS |
| NEXAVAR ORAL TABLET | Brand | PA NS; LA; NEDS |
| PEMAZYRE ORAL TABLET | Brand | PA NS; NEDS |
| QINLOCK ORAL TABLET | Brand | PA NS; NEDS |
| ROZLYTREK ORAL CAPSULE | Brand | PA NS; NEDS |
| RUBRACA ORAL TABLET | Brand | PA NS; NEDS |
| RYDAPT ORAL CAPSULE | Brand | PA NS; NEDS |
| SCEMBLIX ORAL TABLET 20 MG | Brand | PA NS; QL (60 EA per 30 days); NEDS |
| SCEMBLIX ORAL TABLET 40 MG | Brand | PA NS; NEDS |
| <i>sorafenib tosylate oral tablet</i> | Generic | PA NS; NEDS |

| Drug | Status | Requirements/Limits |
|---------------------------------------------------------------|---------------|----------------------------------------|
| SPRYCEL ORAL TABLET | Brand | PA NS; NEDS |
| STIVARGA ORAL TABLET | Brand | PA NS; NEDS |
| <i>sunitinib malate oral capsule</i> | Generic | PA NS; NEDS |
| TABRECTA ORAL TABLET | Brand | PA NS; NEDS |
| TAFINLAR ORAL CAPSULE | Brand | PA NS; NEDS |
| TALZENNA ORAL CAPSULE | Brand | PA NS; NEDS |
| TASIGNA ORAL CAPSULE | Brand | PA NS; NEDS |
| TAZVERIK ORAL TABLET | Brand | PA NS; QL (8 EA per 1 day); NEDS |
| TEPMETKO ORAL TABLET | Brand | PA NS; NEDS |
| TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Brand | PA NS; QL (21 EA per 28 days); NEDS |
| TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Brand | PA NS; QL (42 EA per 28 days); NEDS |
| TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Brand | PA NS; QL (42 EA per 28 days); NEDS |
| TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Brand | PA NS; QL (63 EA per 28 days); NEDS |
| TURALIO ORAL CAPSULE | Brand | PA NS; NEDS |
| UKONIQ ORAL TABLET | Brand | PA NS; NEDS |
| VIZIMPRO ORAL TABLET | Brand | PA NS; NEDS |
| VONJO ORAL CAPSULE | Brand | PA NS; QL (4 EA per 1 day); NEDS |
| VOTRIENT ORAL TABLET | Brand | PA NS; NEDS |
| XALKORI ORAL CAPSULE | Brand | PA NS; NEDS |
| ZEJULA ORAL CAPSULE | Brand | PA NS; NEDS |
| ZELBORAF ORAL TABLET | Brand | PA NS; NEDS |
| ZYKADIA ORAL TABLET | Brand | PA NS; NEDS |
| Retinoids | | |
| <i>bexarotene external gel</i> | Generic | PA NS; NEDS |
| <i>bexarotene oral capsule</i> | Generic | NEDS |
| PANRETIN EXTERNAL GEL | Brand | NEDS |
| TARGRETIN EXTERNAL GEL | Brand | PA NS; NEDS |
| <i>tretinoin oral capsule</i> | Generic | NEDS |
| Treatment Adjuncts | | |
| <i>leucovorin calcium injection solution 100 mg/10ml</i> | Generic | |
| <i>leucovorin calcium oral tablet</i> | Generic | |
| MESNEX ORAL TABLET | Brand | NEDS |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------|---------------|----------------------------|
| Antiparasitics | | |
| Anthelmintics | | |
| <i>albendazole oral tablet</i> | Generic | NEDS |
| <i>ivermectin oral tablet</i> | Generic | |
| <i>praziquantel oral tablet</i> | Generic | |
| Antiprotozoals | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED | Brand | NEDS |
| <i>atovaquone oral suspension</i> | Generic | |
| <i>atovaquone-proguanil hcl oral tablet</i> | Generic | |
| <i>chloroquine phosphate oral tablet</i> | Generic | MO |
| COARTEM ORAL TABLET | Brand | |
| <i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i> | Generic | |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i> | Generic | MO |
| IMPAVIDO ORAL CAPSULE | Brand | NEDS |
| KRINTAFEL ORAL TABLET | Brand | |
| <i>mefloquine hcl oral tablet</i> | Generic | MO |
| <i>nitazoxanide oral tablet</i> | Generic | |
| <i>pentamidine isethionate inhalation solution reconstituted</i> | Generic | B/D |
| <i>pentamidine isethionate injection solution reconstituted</i> | Generic | |
| <i>primaquine phosphate oral tablet 26.3 (15 base) mg</i> | Generic | |
| <i>pyrimethamine oral tablet</i> | Generic | NEDS |
| <i>quinine sulfate oral capsule</i> | Generic | PA |
| Pediculicides/Scabicides | | |
| <i>lindane external shampoo</i> | Generic | |
| <i>malathion external lotion</i> | Generic | |
| <i>permethrin external cream</i> | Generic | |
| Antiparkinson Agents | | |
| Anticholinergics | | |
| <i>benztropine mesylate oral tablet</i> | Generic | PA NS; MO |
| <i>trihexyphenidyl hcl oral solution</i> | Generic | MO |
| <i>trihexyphenidyl hcl oral tablet</i> | Generic | MO |
| Antiparkinson Agents, Other | | |
| <i>entacapone oral tablet</i> | Generic | MO |
| <i>tolcapone oral tablet</i> | Generic | MO; NEDS |

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

| Drug | Status | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------|
| <i>fluphenazine hcl oral elixir</i> | Generic | MO |
| <i>fluphenazine hcl oral tablet</i> | Generic | MO |
| <i>haloperidol decanoate intramuscular solution</i> | Generic | |
| <i>haloperidol lactate injection solution</i> | Generic | |
| <i>haloperidol lactate oral concentrate</i> | Generic | MO |
| <i>haloperidol oral tablet</i> | Generic | MO |
| <i>loxapine succinate oral capsule</i> | Generic | MO |
| <i>molindone hcl oral tablet</i> | Generic | MO |
| <i>perphenazine oral tablet</i> | Generic | MO |
| <i>pimozide oral tablet</i> | Generic | MO |
| <i>prochlorperazine maleate oral tablet</i> | Generic | MO |
| <i>prochlorperazine rectal suppository</i> | Generic | |
| <i>thioridazine hcl oral tablet</i> | Generic | MO |
| <i>thiothixene oral capsule</i> | Generic | MO |
| <i>trifluoperazine hcl oral tablet</i> | Generic | MO |
| 2Nd Generation/Atypical | | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE | Brand | MO; NEDS |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | Brand | MO; NEDS |
| <i>aripiprazole oral solution</i> | Generic | MO |
| <i>aripiprazole oral tablet</i> | Generic | MO |
| <i>aripiprazole oral tablet dispersible</i> | Generic | MO; NEDS |
| <i>asenapine maleate sublingual tablet sublingual</i> | Generic | PA NS; MO |
| CAPLYTA ORAL CAPSULE | Brand | ST; MO; QL (30 EA per 30 days); NEDS |
| FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG | Brand | PA NS |
| FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG | Brand | PA NS; NEDS |
| FANAPT TITRATION PACK ORAL TABLET | Brand | PA NS |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Brand | NEDS |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML | Brand | NEDS |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | Brand | |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------|
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML | Brand | NEDS |
| LATUDA ORAL TABLET | Brand | MO; NEDS |
| LYBALVI ORAL TABLET | Brand | ST; QL (30 EA per 30 days); NEDS |
| NUPLAZID ORAL CAPSULE | Brand | PA NS; MO; QL (60 EA per 30 days); NEDS |
| NUPLAZID ORAL TABLET 10 MG | Brand | PA NS; MO; QL (60 EA per 30 days); NEDS |
| <i>olanzapine intramuscular solution reconstituted</i> | Generic | |
| <i>olanzapine oral tablet</i> | Generic | MO |
| <i>olanzapine oral tablet dispersible</i> | Generic | MO |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i> | Generic | MO |
| <i>paliperidone er oral tablet extended release 24 hour 9 mg</i> | Generic | MO; NEDS |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE | Brand | MO; NEDS |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | Generic | MO |
| REXULTI ORAL TABLET | Brand | MO; NEDS |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG | Brand | |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG | Brand | NEDS |
| <i>risperidone oral solution</i> | Generic | MO; QL (8 ML per 1 day) |
| <i>risperidone oral tablet</i> | Generic | MO; QL (2 EA per 1 day) |
| <i>risperidone oral tablet dispersible</i> | Generic | MO; QL (2 EA per 1 day) |
| SECUADO TRANSDERMAL PATCH 24 HOUR | Brand | ST; MO; QL (30 EA per 30 days); NEDS |
| VRAYLAR ORAL CAPSULE | Brand | PA NS; MO; QL (1 EA per 1 day); NEDS |
| VRAYLAR ORAL CAPSULE THERAPY PACK | Brand | PA NS |
| <i>ziprasidone mesylate intramuscular solution reconstituted</i> | Generic | |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG | Brand | |

| Drug | Status | Requirements/Limits |
|-----------------------------------------------------------------|---------------|----------------------------|
| Treatment-Resistant | | |
| <i>clozapine oral tablet</i> | Generic | |
| <i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i> | Generic | |
| <i>clozapine oral tablet dispersible 150 mg, 200 mg</i> | Generic | NEDS |
| VERSACLOZ ORAL SUSPENSION | Brand | NEDS |
| Antispasticity Agents | | |
| Antispasticity Agents | | |
| <i>baclofen oral tablet</i> | Generic | |
| <i>dantrolene sodium oral capsule</i> | Generic | |
| <i>tizanidine hcl oral tablet</i> | Generic | |
| Antivirals | | |
| Anti-Cytomegalovirus (Cmv) Agents | | |
| LIVTENCITY ORAL TABLET | Brand | |
| PREVYMIS ORAL TABLET | Brand | PA; MO; NEDS |
| <i>valganciclovir hcl oral solution reconstituted</i> | Generic | MO; NEDS |
| <i>valganciclovir hcl oral tablet</i> | Generic | MO |
| ZIRGAN OPHTHALMIC GEL | Brand | |
| Anti-Hepatitis B (Hbv) Agents | | |
| <i>adefovir dipivoxil oral tablet</i> | Generic | PA; MO |
| BARACLUDE ORAL SOLUTION | Brand | PA; MO; NEDS |
| <i>entecavir oral tablet</i> | Generic | PA; MO |
| EPIVIR HBV ORAL SOLUTION | Brand | MO |
| INTRON A INJECTION SOLUTION | Brand | MO; NEDS |
| INTRON A INJECTION SOLUTION RECONSTITUTED | Brand | MO; NEDS |
| <i>lamivudine oral tablet 100 mg</i> | Generic | MO |
| Anti-Hepatitis C (Hcv) Agents | | |
| EPCLUSA ORAL PACKET | Brand | PA; NEDS |
| EPCLUSA ORAL TABLET | Brand | PA; NEDS |
| HARVONI ORAL PACKET | Brand | PA; NEDS |
| HARVONI ORAL TABLET 90-400 MG | Brand | PA; NEDS |
| <i>ledipasvir-sofosbuvir oral tablet</i> | Generic | PA; NEDS |
| <i>sofosbuvir-velpatasvir oral tablet</i> | Generic | PA; NEDS |
| Anti-Hepatitis C (Hcv) Agents, Direct Acting | | |
| MAVYRET ORAL PACKET | Brand | PA; NEDS |
| MAVYRET ORAL TABLET | Brand | PA; NEDS |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------|---------------|----------------------------|
| VOSEVI ORAL TABLET | Brand | PA; NEDS |
| Anti-Hepatitis C (Hcv) Agents, Other | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | Brand | NEDS |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | NEDS |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML | Brand | NEDS |
| <i>ribavirin inhalation solution reconstituted</i> | Generic | NEDS |
| <i>ribavirin oral capsule</i> | Generic | |
| <i>ribavirin oral tablet 200 mg</i> | Generic | |
| Antitherpetic Agents | | |
| <i>acyclovir oral capsule</i> | Generic | |
| <i>acyclovir oral suspension</i> | Generic | |
| <i>acyclovir oral tablet</i> | Generic | |
| <i>acyclovir sodium intravenous solution</i> | Generic | B/D; HI |
| <i>famciclovir oral tablet</i> | Generic | |
| SITAVIG BUCCAL TABLET | Brand | |
| <i>trifluridine ophthalmic solution</i> | Generic | |
| <i>valacyclovir hcl oral tablet</i> | Generic | |
| Anti-Hiv Agents, Integrase Inhibitors (Insti) | | |
| BIKTARVY ORAL TABLET 30-120-15 MG | Brand | NEDS |
| BIKTARVY ORAL TABLET 50-200-25 MG | Brand | MO; NEDS |
| GENVOYA ORAL TABLET | Brand | MO; NEDS |
| ISENTRESS HD ORAL TABLET | Brand | MO; NEDS |
| ISENTRESS ORAL PACKET | Brand | MO; NEDS |
| ISENTRESS ORAL TABLET | Brand | MO; NEDS |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG | Brand | MO; NEDS |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | Brand | MO |
| STRIBILD ORAL TABLET | Brand | MO; NEDS |
| SYMTUZA ORAL TABLET | Brand | MO; NEDS |
| TIVICAY ORAL TABLET 10 MG | Brand | MO |
| TIVICAY ORAL TABLET 25 MG, 50 MG | Brand | MO; NEDS |
| TIVICAY PD ORAL TABLET SOLUBLE | Brand | MO |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------------------------------------|---------------|----------------------------|
| Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti) | | |
| COMPLERA ORAL TABLET | Brand | MO; NEDS |
| EDURANT ORAL TABLET | Brand | MO; NEDS |
| <i>efavirenz oral capsule</i> | Generic | MO |
| <i>efavirenz oral tablet</i> | Generic | MO |
| <i>efavirenz-emtricitab-tenofovir oral tablet</i> | Generic | MO |
| <i>etravirine oral tablet 100 mg</i> | Generic | MO |
| <i>etravirine oral tablet 200 mg</i> | Generic | MO; NEDS |
| INTELENCE ORAL TABLET 25 MG | Brand | MO |
| <i>nevirapine er oral tablet extended release 24 hour</i> | Generic | MO |
| <i>nevirapine oral suspension</i> | Generic | MO |
| <i>nevirapine oral tablet</i> | Generic | MO |
| ODEFSEY ORAL TABLET | Brand | MO; NEDS |
| PIFELTRO ORAL TABLET | Brand | MO; NEDS |
| Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti) | | |
| <i>abacavir sulfate oral solution</i> | Generic | MO |
| <i>abacavir sulfate oral tablet</i> | Generic | MO |
| <i>abacavir sulfate-lamivudine oral tablet</i> | Generic | MO |
| <i>abacavir-lamivudine-zidovudine oral tablet</i> | Generic | MO; NEDS |
| CIMDUO ORAL TABLET | Brand | MO; NEDS |
| DELSTRIGO ORAL TABLET | Brand | MO; NEDS |
| DESCOVY ORAL TABLET 200-25 MG | Brand | MO; NEDS |
| DOVATO ORAL TABLET | Brand | MO; NEDS |
| <i>efavirenz-lamivudine-tenofovir oral tablet</i> | Generic | MO; NEDS |
| <i>emtricitabine oral capsule</i> | Generic | MO |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | Generic | MO; NEDS |
| <i>emtricitabine-tenofovir df oral tablet 200-300 mg</i> | Generic | MO |
| EMTRIVA ORAL SOLUTION | Brand | MO |
| JULUCA ORAL TABLET | Brand | MO; NEDS |
| <i>lamivudine oral solution</i> | Generic | MO |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> | Generic | MO |
| <i>lamivudine-zidovudine oral tablet</i> | Generic | MO |
| <i>stavudine oral capsule</i> | Generic | MO |
| TEMIXYS ORAL TABLET | Brand | MO; NEDS |

| Drug | Status | Requirements/Limits |
|-----------------------------------------------------|---------------|-------------------------------|
| <i>tenofovir disoproxil fumarate oral tablet</i> | Generic | MO |
| TRIUMEQ ORAL TABLET | Brand | MO; NEDS |
| TRIZIVIR ORAL TABLET | Brand | MO; NEDS |
| VIREAD ORAL POWDER | Brand | MO; NEDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | Brand | MO; NEDS |
| <i>zidovudine oral capsule</i> | Generic | MO |
| <i>zidovudine oral syrup</i> | Generic | MO |
| <i>zidovudine oral tablet</i> | Generic | MO |
| Anti-Hiv Agents, Other | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | Brand | MO; NEDS |
| <i>maraviroc oral tablet</i> | Generic | MO; NEDS |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR | Brand | MO; QL (2 EA per 1 day); NEDS |
| SELZENTRY ORAL SOLUTION | Brand | MO; NEDS |
| SELZENTRY ORAL TABLET 25 MG | Brand | MO |
| SELZENTRY ORAL TABLET 75 MG | Brand | MO; NEDS |
| TRIUMEQ PD ORAL TABLET SOLUBLE | Brand | NEDS |
| TYBOST ORAL TABLET | Brand | MO |
| Anti-Hiv Agents, Protease Inhibitors | | |
| APTIVUS ORAL CAPSULE | Brand | MO; NEDS |
| APTIVUS ORAL SOLUTION | Brand | MO; NEDS |
| <i>atazanavir sulfate oral capsule</i> | Generic | MO |
| CRIXIVAN ORAL CAPSULE 400 MG | Brand | MO |
| EVOTAZ ORAL TABLET | Brand | MO; NEDS |
| <i>fosamprenavir calcium oral tablet</i> | Generic | MO; NEDS |
| INVIRASE ORAL TABLET | Brand | MO; NEDS |
| LEXIVA ORAL SUSPENSION | Brand | MO |
| <i>lopinavir-ritonavir oral solution</i> | Generic | MO; NEDS |
| <i>lopinavir-ritonavir oral tablet</i> | Generic | MO |
| NORVIR ORAL PACKET | Brand | MO |
| NORVIR ORAL SOLUTION | Brand | MO |
| PREZCOBIX ORAL TABLET | Brand | MO; NEDS |
| PREZISTA ORAL SUSPENSION | Brand | NEDS |
| PREZISTA ORAL TABLET 150 MG, 75 MG | Brand | |
| PREZISTA ORAL TABLET 600 MG, 800 MG | Brand | NEDS |
| REYATAZ ORAL PACKET | Brand | MO; NEDS |
| <i>ritonavir oral tablet</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|------------------------------------------------------------------------------|---------------|----------------------------|
| VIRACEPT ORAL TABLET | Brand | MO; NEDS |
| Anti-Influenza Agents | | |
| <i>amantadine hcl oral capsule</i> | Generic | MO |
| <i>amantadine hcl oral solution</i> | Generic | |
| <i>amantadine hcl oral tablet</i> | Generic | MO |
| <i>oseltamivir phosphate oral capsule 30 mg</i> | Generic | QL (4 EA per 1 day) |
| <i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i> | Generic | QL (2 EA per 1 day) |
| <i>oseltamivir phosphate oral suspension reconstituted</i> | Generic | |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | Brand | |
| <i>rimantadine hcl oral tablet</i> | Generic | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK | Brand | |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK | Brand | |
| Anxiolytics | | |
| Anxiolytics, Other | | |
| <i>bupirone hcl oral tablet</i> | Generic | |
| <i>doxepin hcl oral tablet</i> | Generic | QL (30 EA per 30 days) |
| <i>hydroxyzine hcl oral syrup</i> | Generic | PA NS |
| <i>hydroxyzine hcl oral tablet</i> | Generic | PA NS |
| Benzodiazepines | | |
| <i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i> | Generic | |
| <i>alprazolam oral tablet</i> | Generic | |
| <i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i> | Generic | |
| <i>chlordiazepoxide hcl oral capsule</i> | Generic | |
| <i>clorazepate dipotassium oral tablet</i> | Generic | |
| DIAZEPAM INTENSOL ORAL CONCENTRATE | Generic | QL (1200 ML per 30 days) |
| <i>diazepam oral solution 5 mg/5ml</i> | Generic | |
| <i>diazepam oral tablet 10 mg</i> | Generic | QL (120 EA per 30 days) |
| <i>diazepam oral tablet 2 mg, 5 mg</i> | Generic | QL (90 EA per 30 days) |
| <i>estazolam oral tablet</i> | Generic | QL (1 EA per 1 day) |
| <i>lorazepam injection solution 2 mg/ml</i> | Generic | |
| <i>lorazepam intensol oral concentrate</i> | Generic | QL (150 ML per 30 days) |
| <i>lorazepam oral concentrate</i> | Generic | QL (150 ML per 30 days) |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> | Generic | QL (90 EA per 30 days) |
| <i>lorazepam oral tablet 2 mg</i> | Generic | QL (150 EA per 30 days) |
| <i>oxazepam oral capsule</i> | Generic | |
| Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor) | | |
| <i>paroxetine hcl oral tablet</i> | Generic | MO |
| <i>venlafaxine hcl oral tablet</i> | Generic | MO |
| Bipolar Agents | | |
| Bipolar Agents, Other | | |
| <i>olanzapine-fluoxetine hcl oral capsule</i> | Generic | MO |
| <i>ziprasidone hcl oral capsule</i> | Generic | MO |
| Mood Stabilizers | | |
| <i>divalproex sodium oral tablet delayed release</i> | Generic | MO |
| <i>lamotrigine oral tablet</i> | Generic | MO |
| <i>lamotrigine oral tablet chewable</i> | Generic | MO |
| <i>lithium carbonate er oral tablet extended release</i> | Generic | MO |
| <i>lithium carbonate oral capsule</i> | Generic | MO |
| <i>lithium carbonate oral tablet</i> | Generic | MO |
| <i>lithium oral solution</i> | Generic | MO |
| Blood Glucose Regulators | | |
| Antidiabetic Agents | | |
| <i>acarbose oral tablet</i> | Generic | MO; QL (3 EA per 1 day) |
| <i>alogliptin benzoate oral tablet</i> | Generic | MO |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR | Brand | MO |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | MO |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | MO |
| <i>colesevelam hcl oral tablet</i> | Generic | MO |
| CYCLOSET ORAL TABLET | Brand | MO |
| FARXIGA ORAL TABLET | Brand | MO |
| <i>glimepiride oral tablet</i> | Generic | MO |
| <i>glipizide er oral tablet extended release 24 hour</i> | Generic | MO |
| <i>glipizide oral tablet</i> | Generic | MO |
| <i>glyburide micronized oral tablet</i> | Generic | PA NS; MO |
| <i>glyburide oral tablet</i> | Generic | PA NS; MO |

| Drug | Status | Requirements/Limits |
|-----------------------------------------------------------------------------|---------------|--------------------------------|
| GLYXAMBI ORAL TABLET | Brand | MO |
| JANUVIA ORAL TABLET | Brand | MO; QL (1 EA per 1 day) |
| JARDIANCE ORAL TABLET | Brand | MO |
| <i>metformin hcl er oral tablet extended release 24 hour</i> | Generic | MO |
| <i>metformin hcl oral solution</i> | Generic | MO |
| <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i> | Generic | MO |
| <i>miglitol oral tablet</i> | Generic | MO |
| <i>nateglinide oral tablet</i> | Generic | MO |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | MO |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | MO |
| <i>pioglitazone hcl oral tablet</i> | Generic | MO |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i> | Generic | MO; QL (4 EA per 1 day) |
| <i>repaglinide oral tablet 2 mg</i> | Generic | MO; QL (8 EA per 1 day) |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | PA; MO; NEDS |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | PA; MO; NEDS |
| SYNJARDY ORAL TABLET | Brand | MO |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | Brand | MO |
| <i>tolbutamide oral tablet</i> | Generic | MO |
| TRADJENTA ORAL TABLET | Brand | MO; QL (1 EA per 1 day) |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | Brand | MO |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | MO |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | MO |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | Brand | MO |
| Blood Glucose Regulators | | |
| <i>glipizide-metformin hcl oral tablet</i> | Generic | MO |
| <i>glyburide-metformin oral tablet</i> | Generic | PA NS; MO; QL (4 EA per 1 day) |
| GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML | Brand | QL (0.4 ML per 1 day) |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------------|---------------|----------------------------|
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML | Brand | QL (0.8 ML per 1 day) |
| GVOKE KIT SUBCUTANEOUS SOLUTION | Brand | QL (0.8 ML per 1 day) |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML | Brand | QL (0.4 ML per 1 day) |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML | Brand | QL (0.8 ML per 1 day) |
| JANUMET ORAL TABLET | Brand | MO; QL (2 EA per 1 day) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR | Brand | MO; QL (2 EA per 1 day) |
| JENTADUETO ORAL TABLET | Brand | MO; QL (2 EA per 1 day) |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | Brand | MO; QL (2 EA per 1 day) |
| <i>pioglitazone hcl-glimepiride oral tablet</i> | Generic | MO |
| <i>pioglitazone hcl-metformin hcl oral tablet</i> | Generic | MO |
| Glycemic Agents | | |
| <i>diazoxide oral suspension</i> | Generic | MO |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED | Brand | |
| <i>glucagon emergency injection kit</i> | Generic | |
| Insulins | | |
| CVS GAUZE STERILE PAD 2"X2" | Brand | |
| HUMALOG INJECTION SOLUTION | Brand | |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | MO |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | MO |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Brand | MO |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION | Brand | MO |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Brand | MO |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION | Brand | MO |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | Brand | MO |

| Drug | Status | Requirements/Limits |
|------------------------------------------------------------------------------|---------------|----------------------------|
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Brand | MO |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION | Brand | MO |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Brand | MO |
| HUMULIN N SUBCUTANEOUS SUSPENSION | Brand | MO |
| HUMULIN R INJECTION SOLUTION | Brand | MO |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION | Brand | MO |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | MO |
| <i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i> | Generic | MO |
| <i>insulin lispro injection solution</i> | Generic | |
| <i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i> | Generic | MO |
| <i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i> | Generic | MO |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | MO |
| LANTUS SUBCUTANEOUS SOLUTION | Brand | MO |
| RELI-ON INSULIN SYRINGE 29G 0.3 ML | Brand | |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | MO |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | MO |
| Blood Glucose Supplies | | |
| Glucose Monitoring Test Supplies | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ACCU-CHEK COMPACT PLUS IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ACCU-CHEK GUIDE IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ACCUTREND GLUCOSE IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ADVANCE INTUITION TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------|---------------|----------------------------|
| ADVANCE MICRO-DRAW TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ADVOCATE REDI-CODE IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ADVOCATE REDI-CODE+ TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ADVOCATE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| AGAMATRIX AMP TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| AGAMATRIX JAZZ TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| AGAMATRIX KEYNOTE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| AGAMATRIX PRESTO TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ASSURE 3 TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ASSURE 4 TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ASSURE II CHECK IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ASSURE II IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ASSURE PLATINUM IN VITRO STRIP | Brand | PA |
| ASSURE PRISM MULTI TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ASSURE PRO TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| BIOSCANNER GLUCOSE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| <i>blood glucose test in vitro strip</i> | Generic | PA; QL (5 EA per 1 day) |
| CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| CARESENS N GLUCOSE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| CARETOUCH TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| CLEVER CHEK TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| CLEVER CHOICE MICRO TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| CLEVER CHOICE NO CODING IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| CLEVER CHOICE TALK SYSTEM IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| CONTOUR NEXT TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------|---------------|----------------------------|
| CONTOUR TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| DEXCOM G4 PLAT PED RCV/SHARE DEVICE | Brand | PA |
| DEXCOM G4 PLAT PED RECEIVER DEVICE | Brand | PA |
| DEXCOM G4 PLATINUM RCV/SHARE DEVICE | Brand | PA |
| DEXCOM G4 PLATINUM RECEIVER DEVICE | Brand | PA |
| DEXCOM G4 PLATINUM TRANSMITTER | Brand | PA |
| DEXCOM G4 SENSOR | Brand | PA |
| DEXCOM G5 MOB/G4 PLAT SENSOR | Brand | PA |
| DEXCOM G5 MOBILE RECEIVER DEVICE | Brand | PA |
| DEXCOM G5 MOBILE TRANSMITTER | Brand | PA |
| DEXCOM G6 RECEIVER DEVICE | Brand | PA |
| DEXCOM G6 SENSOR | Brand | PA |
| DEXCOM G6 TRANSMITTER | Brand | PA |
| EASY PLUS II GLUCOSE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| EASY STEP TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| EASY TOUCH TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| EASYGLUCO IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| EASYMAX 15 TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| ENLITE GLUCOSE SENSOR | Brand | PA |
| EVERSENSE SENSOR/HOLDER | Brand | PA |
| EVERSENSE SMART TRANSMITTER | Brand | PA |
| EXACTECH R-S-G TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| EXACTECH TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| FREESTYLE INSULINX TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| FREESTYLE LIBRE 14 DAY READER DEVICE | Brand | PA |
| FREESTYLE LIBRE 14 DAY SENSOR | Brand | PA |
| FREESTYLE LIBRE READER DEVICE | Brand | PA |
| FREESTYLE LIBRE SENSOR SYSTEM | Brand | PA |
| FREESTYLE LITE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------|---------------|----------------------------|
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| FREESTYLE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| GUARDIAN CONNECT TRANSMITTER | Brand | PA |
| GUARDIAN LINK 3 TRANSMITTER | Brand | PA |
| GUARDIAN REAL-TIME REPLACE PED DEVICE | Brand | PA |
| GUARDIAN SENSOR (3) | Brand | PA |
| ONETOUCH ULTRA 2 KIT | Brand | QL (1 EA per 365 days) |
| ONETOUCH ULTRA MINI KIT | Brand | QL (1 EA per 365 days) |
| ONETOUCH ULTRALINK KIT | Brand | QL (1 EA per 365 days) |
| ONETOUCH VERIO FLEX SYSTEM KIT | Brand | QL (1 EA per 365 days) |
| ONETOUCH VERIO IN VITRO STRIP | Brand | QL (5 EA per 1 day) |
| ONETOUCH VERIO IQ SYSTEM KIT | Brand | QL (1 EA per 365 days) |
| ONETOUCH VERIO KIT | Brand | QL (1 EA per 365 days) |
| OPTIUM TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| OPTIUMEZ TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST | Brand | PA; QL (5 EA per 1 day) |
| PRECISION PCX IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| PRECISION PCX PLUS TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| PRECISION POINT OF CARE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| PRECISION QID TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| PRECISION SOF-TACT TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| PTS PANELS GLUCOSE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| QUICKTEK TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| RELION BLOOD GLUCOSE TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| RELION CONFIRM/MICRO TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| RELION PRIME TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |
| RELION ULTIMA TEST IN VITRO STRIP | Brand | PA; QL (5 EA per 1 day) |

| Drug | Status | Requirements/Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------|
| Blood Products And Modifiers | | |
| Anticoagulants | | |
| <i>dabigatran etexilate mesylate oral capsule</i> | Generic | MO |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | Brand | |
| ELIQUIS ORAL TABLET | Brand | MO |
| PRADAXA ORAL CAPSULE 110 MG | Brand | MO |
| XARELTO ORAL TABLET | Brand | MO |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK | Brand | |
| Blood Products And Modifiers, Other | | |
| PYRUKYND ORAL TABLET 20 MG, 5 MG | Brand | PA; QL (60 EA per 30 days); NEDS |
| PYRUKYND ORAL TABLET 50 MG | Brand | PA; QL (120 EA per 30 days); NEDS |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK | Brand | PA; QL (30 EA per 30 days); NEDS |
| Platelet Modifying Agents | | |
| DOPTELET ORAL TABLET | Brand | PA; NEDS |
| <i>prasugrel hcl oral tablet</i> | Generic | MO |
| TAVALISSE ORAL TABLET | Brand | PA; MO; NEDS |
| Blood Products/Modifiers/Volume Expanders | | |
| Anticoagulants | | |
| <i>enoxaparin sodium injection solution</i> | Generic | |
| <i>enoxaparin sodium injection solution prefilled syringe</i> | Generic | |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i> | Generic | NEDS |
| <i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i> | Generic | |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML | Brand | NEDS |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML | Brand | NEDS |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML | Brand | |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------|
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> | Generic | |
| JANTOVEN ORAL TABLET | Generic | MO |
| <i>warfarin sodium oral tablet</i> | Generic | MO |
| Blood Formation Modifiers | | |
| <i>anagrelide hcl oral capsule</i> | Generic | MO |
| CABLIVI INJECTION KIT | Brand | PA; NEDS |
| LEUKINE INJECTION SOLUTION RECONSTITUTED | Brand | NEDS |
| MOZOBIL SUBCUTANEOUS SOLUTION | Brand | PA; NEDS |
| MULPLETA ORAL TABLET | Brand | PA; NEDS |
| OXBRYTA ORAL TABLET | Brand | PA; MO; QL (5 EA per 1 day); NEDS |
| OXBRYTA ORAL TABLET SOLUBLE | Brand | PA; QL (8 EA per 1 day); NEDS |
| PROMACTA ORAL PACKET | Brand | PA; MO; NEDS |
| PROMACTA ORAL TABLET | Brand | PA; MO; NEDS |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | Brand | PA |
| RETACRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML | Brand | PA; NEDS |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | Brand | |
| Hemostasis Agents | | |
| <i>tranexamic acid oral tablet</i> | Generic | |
| Platelet Modifying Agents | | |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour</i> | Generic | MO |
| BRILINTA ORAL TABLET | Brand | MO |
| <i>cilostazol oral tablet</i> | Generic | MO |
| <i>clopidogrel bisulfate oral tablet 300 mg</i> | Generic | QL (1 EA per 30 days) |
| <i>clopidogrel bisulfate oral tablet 75 mg</i> | Generic | MO |
| <i>dipyridamole oral tablet</i> | Generic | MO |
| Cardiovascular Agents | | |
| Alpha-Adrenergic Agonists | | |
| <i>clonidine hcl oral tablet</i> | Generic | MO |
| <i>clonidine transdermal patch weekly</i> | Generic | MO |
| <i>guanfacine hcl oral tablet</i> | Generic | MO |
| <i>methyl dopa oral tablet</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------|---------------|----------------------------|
| <i>midodrine hcl oral tablet</i> | Generic | |
| Alpha-Adrenergic Blocking Agents | | |
| <i>phenoxybenzamine hcl oral capsule</i> | Generic | NEDS |
| <i>prazosin hcl oral capsule</i> | Generic | MO |
| Angiotensin Ii Receptor Antagonists | | |
| <i>amlodipine-olmesartan oral tablet</i> | Generic | MO |
| <i>candesartan cilexetil oral tablet</i> | Generic | MO |
| <i>candesartan cilexetil-hctz oral tablet</i> | Generic | MO |
| ENTRESTO ORAL TABLET | Brand | MO |
| <i>irbesartan oral tablet</i> | Generic | MO |
| <i>irbesartan-hydrochlorothiazide oral tablet</i> | Generic | MO |
| <i>losartan potassium oral tablet</i> | Generic | MO |
| <i>losartan potassium-hctz oral tablet</i> | Generic | MO; QL (1 EA per 1 day) |
| <i>olmesartan medoxomil oral tablet</i> | Generic | MO |
| <i>olmesartan medoxomil-hctz oral tablet</i> | Generic | MO |
| <i>telmisartan oral tablet</i> | Generic | MO |
| <i>telmisartan-hctz oral tablet</i> | Generic | MO |
| <i>valsartan oral tablet</i> | Generic | MO |
| <i>valsartan-hydrochlorothiazide oral tablet</i> | Generic | MO |
| Angiotensin-Converting Enzyme (Ace) Inhibitors | | |
| <i>benazepril hcl oral tablet</i> | Generic | MO |
| <i>benazepril-hydrochlorothiazide oral tablet</i> | Generic | MO |
| <i>captopril oral tablet</i> | Generic | MO |
| <i>captopril-hydrochlorothiazide oral tablet</i> | Generic | MO |
| <i>enalapril maleate oral tablet</i> | Generic | MO |
| <i>enalapril-hydrochlorothiazide oral tablet</i> | Generic | MO |
| <i>fosinopril sodium oral tablet</i> | Generic | MO |
| <i>fosinopril sodium-hctz oral tablet</i> | Generic | MO |
| <i>lisinopril oral tablet</i> | Generic | MO |
| <i>lisinopril-hydrochlorothiazide oral tablet</i> | Generic | MO |
| <i>moexipril hcl oral tablet</i> | Generic | MO |
| <i>perindopril erbumine oral tablet</i> | Generic | MO |
| <i>quinapril hcl oral tablet</i> | Generic | MO; QL (2 EA per 1 day) |
| <i>quinapril-hydrochlorothiazide oral tablet</i> | Generic | MO; QL (1 EA per 1 day) |
| <i>ramipril oral capsule</i> | Generic | MO |
| <i>trandolapril oral tablet</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------|---------------|----------------------------|
| <i>trandolapril-verapamil hcl er oral tablet extended release</i> | Generic | MO |
| Antiarrhythmics | | |
| <i>amiodarone hcl oral tablet</i> | Generic | MO |
| <i>disopyramide phosphate oral capsule</i> | Generic | MO |
| <i>dofetilide oral capsule</i> | Generic | MO |
| <i>flecainide acetate oral tablet</i> | Generic | MO |
| <i>mexiletine hcl oral capsule</i> | Generic | MO |
| MULTAQ ORAL TABLET | Brand | MO |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR | Brand | MO |
| <i>propafenone hcl er oral capsule extended release 12 hour</i> | Generic | MO |
| <i>propafenone hcl oral tablet</i> | Generic | MO |
| <i>quinidine gluconate er oral tablet extended release</i> | Generic | MO |
| <i>quinidine sulfate oral tablet</i> | Generic | MO |
| <i>sorine oral tablet</i> | Generic | MO |
| <i>sotalol hcl (af) oral tablet</i> | Generic | MO |
| <i>sotalol hcl oral tablet</i> | Generic | MO |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol hcl oral capsule</i> | Generic | MO |
| <i>atenolol oral tablet</i> | Generic | MO |
| <i>atenolol-chlorthalidone oral tablet</i> | Generic | MO |
| <i>betaxolol hcl oral tablet</i> | Generic | MO |
| <i>bisoprolol fumarate oral tablet</i> | Generic | MO |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i> | Generic | MO |
| <i>carvedilol oral tablet</i> | Generic | MO |
| <i>carvedilol phosphate er oral capsule extended release 24 hour</i> | Generic | MO |
| <i>labetalol hcl oral tablet</i> | Generic | MO |
| <i>metoprolol succinate er oral tablet extended release 24 hour</i> | Generic | MO |
| <i>metoprolol tartrate oral tablet</i> | Generic | MO |
| <i>metoprolol-hydrochlorothiazide oral tablet</i> | Generic | MO |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | Generic | MO |
| <i>pindolol oral tablet</i> | Generic | MO |
| <i>propranolol hcl er oral capsule extended release 24 hour</i> | Generic | MO |
| <i>propranolol hcl oral solution</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| <i>propranolol hcl oral tablet</i> | Generic | MO |
| <i>propranolol-hctz oral tablet</i> | Generic | MO |
| Calcium Channel Blocking Agents | | |
| <i>amlodipine besy-benazepril hcl oral capsule</i> | Generic | MO |
| <i>amlodipine besylate oral tablet</i> | Generic | MO |
| <i>amlodipine besylate-valsartan oral tablet</i> | Generic | MO; QL (1 EA per 1 day) |
| <i>amlodipine-valsartan-hctz oral tablet</i> | Generic | MO; QL (1 EA per 1 day) |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG | Brand | MO |
| <i>cartia xt oral capsule extended release 24 hour</i> | Generic | MO |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i> | Generic | MO |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i> | Generic | MO |
| <i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i> | Generic | MO |
| <i>diltiazem hcl er oral capsule extended release 12 hour</i> | Generic | MO |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | Generic | MO |
| <i>diltiazem hcl oral tablet</i> | Generic | MO |
| <i>dilt-xr oral capsule extended release 24 hour</i> | Generic | MO |
| <i>felodipine er oral tablet extended release 24 hour</i> | Generic | MO |
| <i>isradipine oral capsule</i> | Generic | MO |
| <i>matzim la oral tablet extended release 24 hour</i> | Generic | MO |
| <i>nicardipine hcl oral capsule</i> | Generic | MO |
| <i>nifedipine er oral tablet extended release 24 hour</i> | Generic | MO |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour</i> | Generic | MO |
| <i>nifedipine oral capsule</i> | Generic | MO |
| <i>taztia xt oral capsule extended release 24 hour</i> | Generic | MO |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | Generic | MO |
| <i>tiadytl er oral capsule extended release 24 hour 420 mg</i> | Generic | MO |
| <i>verapamil hcl er oral capsule extended release 24 hour</i> | Generic | MO |
| <i>verapamil hcl er oral tablet extended release</i> | Generic | MO |
| <i>verapamil hcl oral tablet</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|-----------------------------------------------------------|---------------|-----------------------------------|
| Cardiovascular Agents, Other | | |
| <i>aliskiren fumarate oral tablet</i> | Generic | MO |
| CAMZYOS ORAL CAPSULE | Brand | PA; QL (30 EA per 30 days); NEDS |
| CORLANOR ORAL SOLUTION | Brand | PA; MO |
| CORLANOR ORAL TABLET | Brand | PA; MO |
| DIGITEK ORAL TABLET | Generic | MO |
| DIGOX ORAL TABLET 125 MCG | Generic | MO |
| <i>digox oral tablet 250 mcg</i> | Generic | MO |
| <i>digoxin oral solution</i> | Generic | MO |
| <i>digoxin oral tablet</i> | Generic | MO |
| <i>droxidopa oral capsule</i> | Generic | PA; NEDS |
| <i>metyrosine oral capsule</i> | Generic | NEDS |
| NEXLETOL ORAL TABLET | Brand | PA; MO; QL (1 EA per 1 day) |
| NEXLIZET ORAL TABLET | Brand | PA; MO; QL (1 EA per 1 day) |
| ORLADEYO ORAL CAPSULE | Brand | PA; MO; QL (1 EA per 1 day); NEDS |
| <i>pentoxifylline er oral tablet extended release</i> | Generic | MO |
| <i>ranolazine er oral tablet extended release 12 hour</i> | Generic | MO |
| <i>telmisartan-amlodipine oral tablet</i> | Generic | MO |
| VERQUVO ORAL TABLET | Brand | PA; MO; QL (1 EA per 1 day) |
| Diuretics, Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide oral tablet</i> | Generic | MO |
| <i>methazolamide oral tablet</i> | Generic | MO |
| Diuretics, Loop | | |
| <i>bumetanide oral tablet</i> | Generic | MO |
| <i>ethacrynic acid oral tablet</i> | Generic | MO; NEDS |
| <i>furosemide injection solution</i> | Generic | HI |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i> | Generic | MO |
| <i>furosemide oral tablet</i> | Generic | MO |
| <i>torseamide oral tablet</i> | Generic | MO |
| Diuretics, Potassium-Sparing | | |
| <i>amiloride hcl oral tablet</i> | Generic | MO |
| <i>amiloride-hydrochlorothiazide oral tablet</i> | Generic | MO |
| <i>eplerenone oral tablet</i> | Generic | MO |
| KERENDIA ORAL TABLET | Brand | PA; MO; QL (1 EA per 1 day) |
| <i>spironolactone oral tablet</i> | Generic | MO |

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

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------------------------------|---------------|----------------------------|
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG | Brand | PA; MO; NEDS |
| <i>niacin (antihyperlipidemic) oral tablet</i> | Generic | |
| <i>niacin er (antihyperlipidemic) oral tablet extended release</i> | Generic | MO |
| NIACOR ORAL TABLET | Brand | |
| <i>omega-3-acid ethyl esters oral capsule</i> | Generic | MO |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Brand | PA; MO |
| <i>prevalite oral packet</i> | Generic | MO |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE | Brand | PA; MO |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; MO |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Brand | PA; MO |
| Vasodilators, Direct-Acting Arterial | | |
| <i>hydralazine hcl oral tablet</i> | Generic | MO |
| <i>minoxidil oral tablet</i> | Generic | MO |
| Vasodilators, Direct-Acting Arterial/Venous | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | Generic | MO |
| <i>isosorbide dinitrate oral tablet 40 mg</i> | Generic | MO; NEDS |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour</i> | Generic | MO |
| <i>isosorbide mononitrate oral tablet</i> | Generic | MO |
| <i>minitran transdermal patch 24 hour</i> | Generic | MO |
| NITRO-BID TRANSDERMAL OINTMENT | Brand | MO |
| <i>nitroglycerin sublingual tablet sublingual</i> | Generic | MO |
| <i>nitroglycerin transdermal patch 24 hour</i> | Generic | MO |
| <i>nitroglycerin translingual solution</i> | Generic | MO |
| RECTIV RECTAL OINTMENT | Brand | |
| Central Nervous System Agents | | |
| Attention Deficit Hyperactivity Disorder Agents, Amphetamines | | |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i> | Generic | MO; QL (30 EA per 30 days) |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i> | Generic | MO; QL (60 EA per 30 days) |

| Drug | Status | Requirements/Limits |
|---------------------------------------------------------------------------------------------------|---------------|-----------------------------|
| <i>amphetamine-dextroamphetamine oral tablet</i> | Generic | MO; QL (60 EA per 30 days) |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i> | Generic | MO; QL (120 EA per 30 days) |
| <i>dextroamphetamine sulfate oral solution</i> | Generic | MO |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> | Generic | MO; QL (180 EA per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg</i> | Generic | MO; QL (90 EA per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 30 mg</i> | Generic | MO; QL (60 EA per 30 days) |
| Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines | | |
| <i>atomoxetine hcl oral capsule</i> | Generic | MO |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i> | Generic | MO; QL (60 EA per 30 days) |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i> | Generic | MO; QL (30 EA per 30 days) |
| <i>dexmethylphenidate hcl oral tablet</i> | Generic | MO; QL (60 EA per 30 days) |
| <i>guanfacine hcl er oral tablet extended release 24 hour</i> | Generic | PA; MO |
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg</i> | Generic | MO; QL (60 EA per 30 days) |
| <i>methylphenidate hcl er (cd) oral capsule extended release 50 mg, 60 mg</i> | Generic | MO; QL (30 EA per 30 days) |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i> | Generic | MO; QL (60 EA per 30 days) |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i> | Generic | MO; QL (30 EA per 30 days) |
| <i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i> | Generic | MO; QL (30 EA per 30 days) |
| <i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i> | Generic | MO; QL (60 EA per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release</i> | Generic | MO; QL (90 EA per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i> | Generic | MO; QL (30 EA per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i> | Generic | MO; QL (60 EA per 30 days) |
| <i>methylphenidate hcl oral solution</i> | Generic | MO |
| <i>methylphenidate hcl oral tablet</i> | Generic | MO; QL (90 EA per 30 days) |
| <i>methylphenidate hcl oral tablet chewable</i> | Generic | MO |
| RELEXXII ORAL TABLET EXTENDED RELEASE | Brand | MO; QL (30 EA per 30 days) |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------------|---------------|--------------------------------|
| Central Nervous System, Other | | |
| AUSTEDO ORAL TABLET | Brand | PA; MO; NEDS |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | Brand | PA; MO; NEDS |
| EXSERVAN ORAL FILM | Brand | MO; QL (2 EA per 1 day); NEDS |
| FIRDAPSE ORAL TABLET | Brand | PA; NEDS |
| HETLIOZ LQ ORAL SUSPENSION | Brand | PA; MO; NEDS |
| HETLIOZ ORAL CAPSULE | Brand | PA; MO; NEDS |
| INGREZZA ORAL CAPSULE | Brand | PA; MO; NEDS |
| INGREZZA ORAL CAPSULE THERAPY PACK | Brand | PA; NEDS |
| NUEDEXTA ORAL CAPSULE | Brand | PA; MO; NEDS |
| <i>riluzole oral tablet</i> | Generic | MO |
| <i>tetrabenazine oral tablet</i> | Generic | PA; MO; NEDS |
| TIGLUTIK ORAL SUSPENSION | Brand | MO; QL (20 ML per 1 day); NEDS |
| Fibromyalgia Agents | | |
| <i>pregabalin oral capsule</i> | Generic | PA NS; MO |
| <i>pregabalin oral solution</i> | Generic | PA NS; MO |
| SAVELLA ORAL TABLET | Brand | MO; QL (60 EA per 30 days) |
| SAVELLA TITRATION PACK ORAL | Brand | |
| Multiple Sclerosis Agents | | |
| AUBAGIO ORAL TABLET | Brand | PA; MO; NEDS |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | Brand | MO; NEDS |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | Brand | MO; NEDS |
| BETASERON SUBCUTANEOUS KIT | Brand | MO; NEDS |
| <i>dalfampridine er oral tablet extended release 12 hour</i> | Generic | PA; MO; NEDS |
| <i>dimethyl fumarate oral capsule delayed release</i> | Generic | PA; MO; NEDS |
| <i>dimethyl fumarate starter pack oral</i> | Generic | PA; NEDS |
| <i>fingolimod hcl oral capsule</i> | Generic | PA; NEDS |
| <i>glatiramer acetate subcutaneous solution prefilled syringe</i> | Generic | MO; NEDS |
| <i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i> | Generic | MO; NEDS |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | Generic | MO; NEDS |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------|---------------|---------------------------------------|
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Brand | PA; MO; QL (1.6 ML per 30 days); NEDS |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK | Brand | PA; QL (14 EA per 365 days); NEDS |
| ZEPOSIA ORAL CAPSULE | Brand | PA; MO; QL (30 EA per 30 days); NEDS |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK | Brand | PA; QL (74 EA per 365 days); NEDS |
| Dental And Oral Agents | | |
| Dental And Oral Agents | | |
| <i>cevimeline hcl oral capsule</i> | Generic | MO |
| <i>chlorhexidine gluconate mouth/throat solution</i> | Generic | |
| PERIOGARD MOUTH/THROAT SOLUTION | Generic | |
| <i>pilocarpine hcl oral tablet</i> | Generic | MO |
| <i>triamcinolone acetonide mouth/throat paste</i> | Generic | |
| Dermatological Agents | | |
| Dermatological Agents | | |
| <i>acitretin oral capsule 10 mg, 25 mg</i> | Generic | |
| <i>acitretin oral capsule 17.5 mg</i> | Generic | NEDS |
| <i>acyclovir external ointment</i> | Generic | QL (15 GM per 14 days) |
| <i>adapalene external gel 0.1 %</i> | Generic | |
| <i>adapalene external solution</i> | Generic | NEDS |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; NEDS |
| <i>ammonium lactate external cream</i> | Generic | |
| <i>ammonium lactate external lotion</i> | Generic | |
| <i>azelaic acid external gel</i> | Generic | |
| <i>calcipotriene external cream</i> | Generic | QL (120 GM per 30 days) |
| <i>calcipotriene external ointment</i> | Generic | QL (120 GM per 30 days) |
| <i>calcipotriene external solution</i> | Generic | QL (120 ML per 30 days) |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 40 MG | Generic | |
| <i>clobetasol prop emollient base external cream</i> | Generic | QL (60 GM per 30 days) |
| <i>clobetasol propionate e external cream</i> | Generic | QL (60 GM per 30 days) |
| <i>clobetasol propionate emulsion external foam</i> | Generic | |
| <i>clobetasol propionate external foam</i> | Generic | |
| <i>clobetasol propionate external lotion</i> | Generic | |
| <i>clobetasol propionate external shampoo</i> | Generic | |

| Drug | Status | Requirements/Limits |
|------------------------------------------------------|---------------|-------------------------------------|
| <i>clocortolone pivalate external cream</i> | Generic | |
| CLODAN EXTERNAL SHAMPOO | Generic | |
| <i>clotrimazole-betamethasone external cream</i> | Generic | |
| <i>clotrimazole-betamethasone external lotion</i> | Generic | |
| CONDYLOX EXTERNAL GEL | Brand | |
| <i>diclofenac sodium external gel 1 %</i> | Generic | QL (960 GM per 30 days) |
| <i>diclofenac sodium external gel 3 %</i> | Generic | QL (200 GM per 30 days) |
| <i>doxepin hcl external cream</i> | Generic | QL (90 GM per 30 days) |
| <i>doxycycline oral capsule delayed release</i> | Generic | ST |
| DUOBRII EXTERNAL LOTION | Brand | PA; NEDS |
| <i>erythromycin external gel</i> | Generic | |
| <i>erythromycin external solution</i> | Generic | |
| <i>fluorouracil external cream 0.5 %</i> | Generic | NEDS |
| <i>fluorouracil external cream 5 %</i> | Generic | |
| <i>fluorouracil external solution</i> | Generic | |
| <i>hydrocortisone (perianal) external cream</i> | Generic | |
| <i>imiquimod external cream 5 %</i> | Generic | |
| <i>methoxsalen rapid oral capsule</i> | Generic | NEDS |
| <i>mupirocin calcium external cream</i> | Generic | |
| OPZELURA EXTERNAL CREAM | Brand | PA; QL (60 GM per 30 days); NEDS |
| OTEZLA ORAL TABLET | Brand | PA; MO; NEDS |
| <i>pimecrolimus external cream</i> | Generic | |
| <i>podofilox external solution</i> | Generic | |
| PROCTO-MED HC EXTERNAL CREAM | Generic | |
| PROCTO-PAK EXTERNAL CREAM | Generic | |
| PROCTOSOL HC EXTERNAL CREAM | Generic | |
| PROCTOZONE-HC EXTERNAL CREAM | Generic | |
| REGRANEX EXTERNAL GEL | Brand | NEDS |
| SANTYL EXTERNAL OINTMENT | Brand | QL (100 GM per 30 days) |
| <i>selenium sulfide external lotion</i> | Generic | |
| <i>sulfacetamide sodium (acne) external lotion</i> | Generic | |
| <i>sulfacetamide sodium-sulfur external emulsion</i> | Generic | |
| <i>tacrolimus external ointment</i> | Generic | |
| <i>tazarotene external cream</i> | Generic | |
| <i>tazarotene external gel</i> | Generic | |
| TAZORAC EXTERNAL CREAM 0.05 % | Brand | |
| TOVET EXTERNAL FOAM | Generic | |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| <i>tretinoin external cream</i> | Generic | |
| <i>tretinoin external gel</i> | Generic | |
| Electrolytes/Minerals/Metals/Vitamins | | |
| Electrolyte/Mineral Replacement | | |
| AMINOSYN II INTRAVENOUS SOLUTION 15 % | Brand | B/D |
| AMINOSYN-PF INTRAVENOUS SOLUTION 7 % | Brand | B/D |
| CLINISOL SF INTRAVENOUS SOLUTION | Generic | B/D; HI |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION | Brand | HI |
| <i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i> | Generic | HI |
| <i>kcl-lactated ringers-d5w intravenous solution</i> | Generic | HI |
| <i>klor-con 10 oral tablet extended release</i> | Generic | MO |
| <i>klor-con m10 oral tablet extended release</i> | Generic | MO |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE | Generic | MO |
| <i>klor-con m20 oral tablet extended release</i> | Generic | MO |
| <i>klor-con oral packet 20 meq</i> | Generic | MO |
| <i>klor-con oral tablet extended release</i> | Generic | MO |
| K-PHOS NO 2 ORAL TABLET | Brand | |
| <i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i> | Generic | HI |
| <i>na sulfate-k sulfate-mg sulf oral solution</i> | Generic | |
| ORACIT ORAL SOLUTION | Brand | |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION | Brand | HI |
| PLASMA-LYTE A INTRAVENOUS SOLUTION | Brand | HI |
| PLENAMINE INTRAVENOUS SOLUTION | Generic | B/D; HI |
| <i>potassium chloride crys er oral tablet extended release</i> | Generic | MO |
| <i>potassium chloride er oral capsule extended release</i> | Generic | MO |
| <i>potassium chloride er oral tablet extended release</i> | Generic | MO |
| <i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i> | Generic | HI |

| Drug | Status | Requirements/Limits |
|---------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| <i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i> | Generic | HI |
| <i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i> | Generic | HI |
| <i>potassium chloride oral packet</i> | Generic | MO |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i> | Generic | MO |
| <i>potassium citrate er oral tablet extended release</i> | Generic | |
| PREMASOL INTRAVENOUS SOLUTION 10 % | Brand | B/D; HI |
| PROSOL INTRAVENOUS SOLUTION | Brand | B/D; HI |
| <i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i> | Generic | HI |
| <i>sodium chloride irrigation solution 0.9 %</i> | Generic | |
| <i>sodium fluoride oral tablet 2.2 (1 f) mg</i> | Generic | MO |
| SUPREP BOWEL PREP KIT ORAL SOLUTION | Brand | |
| TRAVASOL INTRAVENOUS SOLUTION | Brand | B/D; HI |
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | Brand | B/D; HI |
| Electrolyte/Mineral/Metal Modifiers | | |
| <i>carglumic acid oral tablet soluble</i> | Generic | PA; NEDS |
| CLOVIQUE ORAL CAPSULE | Generic | NEDS |
| <i>deferasirox oral tablet soluble</i> | Generic | MO; NEDS |
| <i>deferiprone oral tablet</i> | Generic | PA; MO; NEDS |
| DOJOLVI ORAL LIQUID | Brand | PA; MO; NEDS |
| JYNARQUE ORAL TABLET | Brand | PA; NEDS |
| JYNARQUE ORAL TABLET THERAPY PACK | Brand | PA; NEDS |
| <i>penicillamine oral tablet</i> | Generic | NEDS |
| <i>sodium polystyrene sulfonate oral powder</i> | Generic | |
| <i>tolvaptan oral tablet</i> | Generic | PA; NEDS |
| <i>trientine hcl oral capsule</i> | Generic | NEDS |
| VELTASSA ORAL PACKET | Brand | MO; NEDS |
| Electrolytes/Minerals/Metals/Vitamins | | |
| CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION | Brand | B/D; HI |
| CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | Brand | B/D; HI |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | Brand | B/D; HI |
| CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION | Brand | B/D; HI |
| CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION | Brand | B/D; HI |
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | Brand | B/D; HI |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | Brand | B/D; HI |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION | Brand | B/D; HI |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION | Brand | B/D; HI |
| <i>dextrose intravenous solution 10 %, 5 %</i> | Generic | HI |
| <i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i> | Generic | HI |
| INTRALIPID INTRAVENOUS EMULSION | Brand | B/D; HI |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION | Brand | HI |
| NUTRILIPID INTRAVENOUS EMULSION | Brand | B/D; HI |
| PROCALAMINE INTRAVENOUS SOLUTION | Brand | B/D |
| TPN ELECTROLYTES INTRAVENOUS CONCENTRATE | Brand | HI |
| Vitamins | | |
| <i>doxercalciferol oral capsule</i> | Generic | MO |
| <i>pnv-dha oral capsule</i> | Generic | |
| <i>prenatal oral tablet 27-1 mg</i> | Generic | |
| PRENATAL PLUS IRON ORAL TABLET | Brand | |
| VP-PNV-DHA ORAL CAPSULE | Brand | |
| Gastrointestinal Agents | | |
| Antispasmodics, Gastrointestinal | | |
| <i>dicyclomine hcl oral capsule</i> | Generic | |
| <i>dicyclomine hcl oral solution</i> | Generic | |
| <i>dicyclomine hcl oral tablet</i> | Generic | |
| <i>glycopyrrolate oral solution</i> | Generic | MO |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | Generic | |
| <i>methscopolamine bromide oral tablet</i> | Generic | |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------|---------------|--------------------------------------|
| Gastrointestinal Agents, Other | | |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE | Brand | PA NS; MO; NEDS |
| BYLVAY ORAL CAPSULE | Brand | PA NS; MO; NEDS |
| CLENPIQ ORAL SOLUTION | Brand | |
| <i>diphenoxylate-atropine oral liquid</i> | Generic | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | Generic | |
| GATTEX SUBCUTANEOUS KIT | Brand | PA; MO; NEDS |
| LIVMARLI ORAL SOLUTION | Brand | PA; QL (90 ML per 30 days); NEDS |
| <i>loperamide hcl oral capsule</i> | Generic | |
| <i>metoclopramide hcl injection solution</i> | Generic | |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i> | Generic | |
| <i>metoclopramide hcl oral tablet</i> | Generic | |
| MOTOFEN ORAL TABLET | Brand | |
| MOVANTI ORAL TABLET | Brand | PA |
| OCALIVA ORAL TABLET | Brand | PA; MO; QL (30 EA per 30 days); NEDS |
| OSMOPREP ORAL TABLET | Brand | |
| RELISTOR ORAL TABLET | Brand | PA; NEDS |
| RELISTOR SUBCUTANEOUS SOLUTION | Brand | PA; NEDS |
| <i>ursodiol oral capsule 300 mg</i> | Generic | MO |
| <i>ursodiol oral tablet</i> | Generic | MO |
| XERMELO ORAL TABLET | Brand | PA; MO; QL (90 EA per 30 days); NEDS |
| Histamine2 (H2) Receptor Antagonists | | |
| <i>cimetidine hcl oral solution 300 mg/5ml</i> | Generic | MO |
| <i>cimetidine oral tablet 200 mg</i> | Generic | |
| <i>cimetidine oral tablet 300 mg</i> | Generic | MO |
| <i>cimetidine oral tablet 400 mg, 800 mg</i> | Generic | MO |
| <i>famotidine oral suspension reconstituted</i> | Generic | MO |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | Generic | MO |
| Irritable Bowel Syndrome Agents | | |
| <i>alosetron hcl oral tablet</i> | Generic | PA; MO; QL (2 EA per 1 day); NEDS |
| LINZESS ORAL CAPSULE | Brand | MO |
| <i>lubiprostone oral capsule</i> | Generic | MO |
| Laxatives | | |
| <i>constulose oral solution</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------------------------|---------------|----------------------------|
| <i>enulose oral solution</i> | Generic | MO |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED | Brand | |
| <i>gavilyte-g oral solution reconstituted</i> | Generic | |
| <i>gavilyte-n with flavor pack oral solution reconstituted</i> | Generic | |
| <i>generlac oral solution</i> | Generic | MO |
| <i>lactulose oral solution 10 gm/15ml</i> | Generic | MO |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i> | Generic | |
| <i>peg-3350/electrolytes oral solution reconstituted</i> | Generic | |
| <i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i> | Generic | |
| <i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i> | Generic | |
| TRILYTE ORAL SOLUTION RECONSTITUTED | Generic | |
| Protectants | | |
| <i>misoprostol oral tablet</i> | Generic | MO |
| <i>sucralfate oral suspension</i> | Generic | MO |
| <i>sucralfate oral tablet</i> | Generic | MO |
| Proton Pump Inhibitors | | |
| DEXILANT ORAL CAPSULE DELAYED RELEASE | Brand | MO |
| <i>dexlansoprazole oral capsule delayed release</i> | Generic | MO |
| <i>esomeprazole magnesium oral capsule delayed release</i> | Generic | MO |
| <i>lansoprazole oral capsule delayed release</i> | Generic | MO |
| <i>omeprazole oral capsule delayed release 10 mg</i> | Generic | MO; QL (1 EA per 1 day) |
| <i>omeprazole oral capsule delayed release 20 mg, 40 mg</i> | Generic | MO; QL (2 EA per 1 day) |
| <i>pantoprazole sodium oral tablet delayed release</i> | Generic | MO; QL (2 EA per 1 day) |
| Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment | | |
| Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment | | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | Brand | HI; LA |
| <i>betaine oral powder</i> | Generic | MO; NEDS |
| CERDELGA ORAL CAPSULE | Brand | PA; MO; NEDS |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES | Brand | MO |
| CYSTAGON ORAL CAPSULE | Brand | MO |
| ENDARI ORAL PACKET | Brand | PA; NEDS |
| GALAFOLD ORAL CAPSULE | Brand | PA; MO; NEDS |
| GLASSIA INTRAVENOUS SOLUTION | Brand | HI |
| <i>miglustat oral capsule</i> | Generic | PA; MO; NEDS |
| <i>nitisinone oral capsule</i> | Generic | PA; MO; NEDS |
| ORFADIN ORAL CAPSULE 20 MG | Brand | PA; MO; NEDS |
| ORFADIN ORAL SUSPENSION | Brand | PA; MO; NEDS |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED | Brand | HI |
| RAVICTI ORAL LIQUID | Brand | MO; NEDS |
| RUZURGI ORAL TABLET | Brand | PA; MO; NEDS |
| <i>sapropterin dihydrochloride oral packet 100 mg</i> | Generic | PA; MO |
| <i>sapropterin dihydrochloride oral packet 500 mg</i> | Generic | PA; MO; NEDS |
| <i>sodium phenylbutyrate oral tablet</i> | Generic | MO; NEDS |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; MO; NEDS |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED | Brand | HI |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | Brand | MO |

Genitourinary Agents

Antispasmodics, Urinary

| | | |
|-------------------------------------------------------------------------|---------|----|
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour</i> | Generic | MO |
| <i>flavoxate hcl oral tablet</i> | Generic | MO |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | Brand | MO |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | Brand | MO |
| <i>oxybutynin chloride er oral tablet extended release 24 hour</i> | Generic | MO |
| <i>oxybutynin chloride oral syrup</i> | Generic | MO |
| <i>oxybutynin chloride oral tablet</i> | Generic | MO |
| <i>solifenacin succinate oral tablet</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------|---------------|--------------------------------|
| <i>tolterodine tartrate er oral capsule extended release 24 hour</i> | Generic | MO |
| <i>tolterodine tartrate oral tablet</i> | Generic | MO |
| <i>tropium chloride er oral capsule extended release 24 hour</i> | Generic | MO |
| <i>tropium chloride oral tablet</i> | Generic | MO |
| Benign Prostatic Hypertrophy Agents | | |
| <i>alfuzosin hcl er oral tablet extended release 24 hour</i> | Generic | MO; QL (1 EA per 1 day) |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR | Brand | MO |
| <i>doxazosin mesylate oral tablet</i> | Generic | MO |
| <i>dutasteride oral capsule</i> | Generic | MO |
| <i>dutasteride-tamsulosin hcl oral capsule</i> | Generic | MO |
| <i>finasteride oral tablet 5 mg</i> | Generic | MO; QL (1 EA per 1 day) |
| <i>silodosin oral capsule</i> | Generic | MO |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i> | Generic | PA; MO; QL (30 EA per 30 days) |
| <i>tamsulosin hcl oral capsule</i> | Generic | MO |
| <i>terazosin hcl oral capsule</i> | Generic | MO |
| Genitourinary Agents, Other | | |
| <i>bethanechol chloride oral tablet</i> | Generic | |
| ELMIRON ORAL CAPSULE | Brand | |
| Phosphate Binders | | |
| AURYXIA ORAL TABLET | Brand | PA; MO; NEDS |
| <i>calcium acetate (phos binder) oral capsule</i> | Generic | MO |
| <i>calcium acetate (phos binder) oral tablet</i> | Generic | MO |
| <i>calcium acetate oral tablet 667 mg</i> | Generic | MO |
| <i>sevelamer carbonate oral packet</i> | Generic | MO; NEDS |
| <i>sevelamer carbonate oral tablet</i> | Generic | MO |
| <i>sevelamer hcl oral tablet</i> | Generic | MO |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | | |
| ACTHAR INJECTION GEL | Brand | PA; NEDS |
| <i>ala-cort external cream</i> | Generic | QL (240 GM per 30 days) |
| <i>alclometasone dipropionate external cream</i> | Generic | QL (240 GM per 30 days) |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------|---------------|----------------------------|
| <i>alclometasone dipropionate external ointment</i> | Generic | QL (240 GM per 30 days) |
| <i>amcinonide external cream</i> | Generic | |
| <i>amcinonide external lotion</i> | Generic | QL (180 ML per 30 days) |
| <i>amcinonide external ointment</i> | Generic | |
| BESER EXTERNAL LOTION | Generic | QL (240 ML per 30 days) |
| <i>betamethasone dipropionate aug external cream</i> | Generic | QL (150 GM per 30 days) |
| <i>betamethasone dipropionate aug external gel</i> | Generic | QL (150 GM per 30 days) |
| <i>betamethasone dipropionate aug external lotion</i> | Generic | QL (180 ML per 30 days) |
| <i>betamethasone dipropionate aug external ointment</i> | Generic | QL (150 GM per 30 days) |
| <i>betamethasone dipropionate external cream</i> | Generic | QL (150 GM per 30 days) |
| <i>betamethasone dipropionate external lotion</i> | Generic | QL (150 ML per 30 days) |
| <i>betamethasone dipropionate external ointment</i> | Generic | QL (150 GM per 30 days) |
| <i>betamethasone valerate external cream</i> | Generic | QL (150 GM per 30 days) |
| <i>betamethasone valerate external lotion</i> | Generic | QL (180 ML per 30 days) |
| <i>betamethasone valerate external ointment</i> | Generic | QL (150 GM per 30 days) |
| CAPEX EXTERNAL SHAMPOO | Brand | |
| <i>clobetasol propionate external cream</i> | Generic | QL (60 GM per 30 days) |
| <i>clobetasol propionate external gel</i> | Generic | QL (60 GM per 30 days) |
| <i>clobetasol propionate external ointment</i> | Generic | QL (60 GM per 30 days) |
| <i>clobetasol propionate external solution</i> | Generic | QL (59 ML per 30 days) |
| CORTROPHIN INJECTION GEL | Brand | PA; NEDS |
| <i>desonide external cream</i> | Generic | QL (240 GM per 30 days) |
| <i>desonide external lotion</i> | Generic | QL (240 ML per 30 days) |
| <i>desonide external ointment</i> | Generic | QL (240 GM per 30 days) |
| <i>desoximetasone external cream</i> | Generic | QL (180 GM per 30 days) |
| <i>desoximetasone external gel</i> | Generic | QL (180 GM per 30 days) |
| <i>desoximetasone external ointment</i> | Generic | QL (180 GM per 30 days) |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE | Brand | |
| <i>dexamethasone oral elixir</i> | Generic | |
| <i>dexamethasone oral solution</i> | Generic | |
| <i>dexamethasone oral tablet</i> | Generic | |
| <i>dexamethasone oral tablet therapy pack</i> | Generic | |
| <i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i> | Generic | |
| <i>diflorasone diacetate external cream</i> | Generic | QL (180 GM per 30 days) |
| <i>diflorasone diacetate external ointment</i> | Generic | QL (180 GM per 30 days) |
| EMFLAZA ORAL SUSPENSION | Brand | PA; NEDS |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| EMFLAZA ORAL TABLET | Brand | PA; NEDS |
| <i>fludrocortisone acetate oral tablet</i> | Generic | MO |
| <i>fluocinolone acetonide body external oil</i> | Generic | |
| <i>fluocinolone acetonide external cream</i> | Generic | QL (240 GM per 30 days) |
| <i>fluocinolone acetonide external ointment</i> | Generic | QL (240 GM per 30 days) |
| <i>fluocinolone acetonide external solution</i> | Generic | QL (90 ML per 30 days) |
| <i>fluocinolone acetonide scalp external oil</i> | Generic | |
| <i>fluocinonide emulsified base external cream</i> | Generic | QL (120 GM per 30 days) |
| <i>fluocinonide external cream 0.05 %</i> | Generic | QL (60 GM per 30 days) |
| <i>fluocinonide external gel</i> | Generic | QL (60 GM per 30 days) |
| <i>fluocinonide external ointment</i> | Generic | QL (60 GM per 30 days) |
| <i>fluocinonide external solution</i> | Generic | QL (60 ML per 30 days) |
| <i>fluticasone propionate external cream</i> | Generic | QL (150 GM per 30 days) |
| <i>fluticasone propionate external lotion</i> | Generic | QL (240 ML per 30 days) |
| <i>fluticasone propionate external ointment</i> | Generic | QL (150 GM per 30 days) |
| <i>halcinonide external cream</i> | Generic | |
| <i>halobetasol propionate external cream</i> | Generic | QL (150 GM per 30 days) |
| <i>halobetasol propionate external ointment</i> | Generic | QL (150 GM per 30 days) |
| HALOG EXTERNAL OINTMENT | Brand | |
| <i>hydrocortisone butyrate external cream</i> | Generic | QL (180 GM per 30 days) |
| <i>hydrocortisone butyrate external ointment</i> | Generic | QL (180 GM per 30 days) |
| <i>hydrocortisone external cream 1 %, 2.5 %</i> | Generic | QL (240 GM per 30 days) |
| <i>hydrocortisone external lotion 2.5 %</i> | Generic | QL (240 ML per 30 days) |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i> | Generic | QL (240 GM per 30 days) |
| <i>hydrocortisone valerate external cream</i> | Generic | QL (180 GM per 30 days) |
| <i>hydrocortisone valerate external ointment</i> | Generic | QL (180 GM per 30 days) |
| MEDROL ORAL TABLET 2 MG | Brand | |
| <i>methylprednisolone oral tablet</i> | Generic | |
| <i>methylprednisolone oral tablet therapy pack</i> | Generic | |
| <i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i> | Generic | |
| <i>mometasone furoate external cream</i> | Generic | QL (150 GM per 30 days) |
| <i>mometasone furoate external ointment</i> | Generic | QL (150 GM per 30 days) |
| <i>mometasone furoate external solution</i> | Generic | |
| <i>prednicarbate external cream</i> | Generic | QL (180 GM per 30 days) |
| <i>prednicarbate external ointment</i> | Generic | QL (180 GM per 30 days) |
| <i>prednisolone oral solution</i> | Generic | |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------|
| <i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i> | Generic | |
| <i>prednisolone sodium phosphate oral tablet dispersible</i> | Generic | |
| PREDNISONE INTENSOL ORAL CONCENTRATE | Brand | |
| <i>prednisone oral solution</i> | Generic | |
| <i>prednisone oral tablet</i> | Generic | |
| <i>prednisone oral tablet therapy pack</i> | Generic | |
| RECORLEV ORAL TABLET | Brand | PA; QL (240 EA per 30 days); NEDS |
| TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) | Brand | |
| TEXACORT EXTERNAL SOLUTION | Brand | |
| <i>triamcinolone acetonide external aerosol solution</i> | Generic | |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i> | Generic | QL (160 GM per 30 days) |
| <i>triamcinolone acetonide external cream 0.5 %</i> | Generic | QL (150 GM per 30 days) |
| <i>triamcinolone acetonide external lotion</i> | Generic | QL (180 ML per 30 days) |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i> | Generic | QL (160 GM per 30 days) |
| <i>triamcinolone acetonide external ointment 0.5 %</i> | Generic | QL (150 GM per 30 days) |
| TRIDERM EXTERNAL CREAM 0.1 % | Generic | QL (160 GM per 30 days) |
| TRIDERM EXTERNAL CREAM 0.5 % | Generic | QL (150 GM per 30 days) |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | | |
| <i>desmopressin ace spray refrig nasal solution</i> | Generic | MO |
| <i>desmopressin acetate injection solution</i> | Generic | |
| <i>desmopressin acetate oral tablet</i> | Generic | MO |
| <i>desmopressin acetate spray nasal solution</i> | Generic | MO |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG | Brand | PA |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | Brand | PA; NEDS |

| Drug | Status | Requirements/Limits |
|---------------------------------------------------------------------------------------------|---------------|-----------------------------------|
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG | Brand | PA; NEDS |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG | Brand | PA |
| INCRELEX SUBCUTANEOUS SOLUTION | Brand | PA; LA; MO; NEDS |
| STIMATE NASAL SOLUTION | Brand | MO; NEDS |
| VYNDAMAX ORAL CAPSULE | Brand | PA; MO; QL (1 EA per 1 day); NEDS |
| VYNDAQEL ORAL CAPSULE | Brand | PA; MO; QL (4 EA per 1 day); NEDS |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED | Brand | PA; MO; NEDS |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) | | |
| KORLYM ORAL TABLET | Brand | PA; MO; NEDS |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) | | |
| Anabolic Steroids | | |
| <i>oxandrolone oral tablet</i> | Generic | PA |
| Androgens | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR | Brand | PA; MO |
| <i>danazol oral capsule</i> | Generic | |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i> | Generic | MO |
| <i>testosterone enanthate intramuscular solution</i> | Generic | MO |
| <i>testosterone transdermal gel 10 mg/act (2%), 50 mg/5gm (1%)</i> | Generic | PA; MO |
| Estrogens | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY | Brand | MO; QL (8 EA per 28 days) |
| <i>altavera oral tablet</i> | Generic | MO |
| <i>alyacen 1/35 oral tablet</i> | Generic | MO |
| <i>amabelz oral tablet</i> | Generic | MO |
| <i>amethia oral tablet</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------------|---------------|----------------------------|
| <i>amethyst oral tablet</i> | Generic | MO |
| ANGELIQ ORAL TABLET 0.5-1 MG | Brand | MO |
| <i>apri oral tablet</i> | Generic | MO |
| <i>aranelle oral tablet</i> | Generic | MO |
| <i>ashlyna oral tablet</i> | Generic | MO |
| <i>aubra eq oral tablet</i> | Generic | MO |
| <i>aviane oral tablet</i> | Generic | MO |
| <i>balziva oral tablet</i> | Generic | MO |
| <i>blisovi 24 fe oral tablet</i> | Generic | MO |
| <i>blisovi fe 1.5/30 oral tablet</i> | Generic | MO |
| <i>briellyn oral tablet</i> | Generic | MO |
| <i>camrese lo oral tablet</i> | Generic | MO |
| <i>caziant oral tablet</i> | Generic | MO |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY | Brand | MO |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY | Brand | MO |
| <i>cryselle-28 oral tablet</i> | Generic | MO |
| <i>cyclafem 1/35 oral tablet</i> | Generic | MO |
| <i>cyclafem 7/7/7 oral tablet</i> | Generic | MO |
| <i>cyred eq oral tablet</i> | Generic | MO |
| <i>desogestrel-ethinyl estradiol oral tablet</i> | Generic | MO |
| <i>dolishale oral tablet</i> | Generic | MO |
| <i>dotti transdermal patch twice weekly</i> | Generic | MO; QL (8 EA per 28 days) |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i> | Generic | MO |
| <i>drospirenone-ethinyl estradiol oral tablet</i> | Generic | MO |
| <i>eluryng vaginal ring</i> | Generic | MO |
| <i>emoquette oral tablet</i> | Generic | MO |
| <i>enpresse-28 oral tablet</i> | Generic | MO |
| <i>enskyce oral tablet 0.15-30 mg-mcg</i> | Generic | MO |
| <i>estarylla oral tablet</i> | Generic | MO |
| <i>estradiol oral tablet</i> | Generic | MO |
| <i>estradiol transdermal patch twice weekly</i> | Generic | MO; QL (8 EA per 28 days) |
| <i>estradiol transdermal patch weekly</i> | Generic | MO |
| <i>estradiol vaginal tablet</i> | Generic | MO |
| <i>estradiol-norethindrone acet oral tablet</i> | Generic | MO |
| ESTRING VAGINAL RING | Brand | MO |
| <i>ethynodiol diac-eth estradiol oral tablet</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------------------------|---------------|----------------------------|
| <i>etonogestrel-ethinyl estradiol vaginal ring</i> | Generic | MO |
| <i>falmina oral tablet</i> | Generic | MO |
| FEMRING VAGINAL RING | Brand | MO |
| <i>femynor oral tablet</i> | Generic | MO |
| <i>finzala oral tablet chewable</i> | Generic | MO |
| FYAVOLV ORAL TABLET | Generic | MO |
| <i>gemmily oral capsule</i> | Generic | MO |
| <i>hailey 24 fe oral tablet</i> | Generic | MO |
| <i>iclevia oral tablet</i> | Generic | MO |
| <i>introvale oral tablet</i> | Generic | MO |
| <i>isibloom oral tablet</i> | Generic | MO |
| <i>jasmiel oral tablet</i> | Generic | MO |
| <i>jinteli oral tablet</i> | Generic | MO |
| <i>juleber oral tablet</i> | Generic | MO |
| <i>junel 1.5/30 oral tablet</i> | Generic | MO |
| <i>junel 1/20 oral tablet</i> | Generic | MO |
| <i>junel fe 1.5/30 oral tablet</i> | Generic | MO |
| <i>junel fe 1/20 oral tablet</i> | Generic | MO |
| <i>junel fe 24 oral tablet</i> | Generic | MO |
| <i>kaitlib fe oral tablet chewable</i> | Generic | MO |
| <i>kariva oral tablet</i> | Generic | MO |
| <i>kelnor 1/35 oral tablet</i> | Generic | MO |
| KELNOR 1/50 ORAL TABLET | Generic | MO |
| <i>kurvelo oral tablet</i> | Generic | MO |
| <i>larin 1.5/30 oral tablet</i> | Generic | MO |
| <i>larin 1/20 oral tablet</i> | Generic | MO |
| <i>larin fe 1.5/30 oral tablet</i> | Generic | MO |
| <i>larin fe 1/20 oral tablet</i> | Generic | MO |
| <i>larissia oral tablet</i> | Generic | MO |
| <i>layolis fe oral tablet chewable</i> | Generic | MO |
| <i>leena oral tablet</i> | Generic | MO |
| <i>lessina oral tablet</i> | Generic | MO |
| <i>levonest oral tablet</i> | Generic | MO |
| <i>levonorgest-eth est & eth est oral tablet</i> | Generic | MO |
| <i>levonorgest-eth estrad 91-day oral tablet</i> | Generic | MO |
| <i>levonorgestrel-ethinyl estrad oral tablet</i> | Generic | MO |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|---------------------------------------------------------------|---------------|----------------------------|
| <i>levora 0.15/30 (28) oral tablet</i> | Generic | MO |
| <i>loryna oral tablet</i> | Generic | MO |
| <i>low-ogestrel oral tablet</i> | Generic | MO |
| <i>lutra oral tablet</i> | Generic | MO |
| <i>lyllana transdermal patch twice weekly</i> | Generic | MO; QL (8 EA per 28 days) |
| <i>marlissa oral tablet</i> | Generic | MO |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG | Brand | MO |
| MENOSTAR TRANSDERMAL PATCH WEEKLY | Brand | MO |
| <i>merzee oral capsule</i> | Generic | MO |
| <i>microgestin 1.5/30 oral tablet</i> | Generic | MO |
| <i>microgestin 1/20 oral tablet</i> | Generic | MO |
| <i>microgestin 24 fe oral tablet</i> | Generic | MO |
| <i>microgestin fe 1.5/30 oral tablet</i> | Generic | MO |
| <i>microgestin fe 1/20 oral tablet</i> | Generic | MO |
| <i>mili oral tablet</i> | Generic | MO |
| <i>mimvey oral tablet</i> | Generic | MO |
| <i>necon 0.5/35 (28) oral tablet</i> | Generic | MO |
| <i>necon 1/35 (28) oral tablet</i> | Generic | MO |
| <i>nikki oral tablet</i> | Generic | MO |
| <i>norethin ace-eth estrad-fe oral capsule</i> | Generic | MO |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i> | Generic | MO |
| <i>norethin ace-eth estrad-fe oral tablet chewable</i> | Generic | MO |
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i> | Generic | MO |
| <i>norethindrone-eth estradiol oral tablet</i> | Generic | MO |
| <i>norethindron-ethinyl estrad-fe oral tablet</i> | Generic | MO |
| <i>norethin-eth estradiol-fe oral tablet chewable</i> | Generic | MO |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i> | Generic | MO |
| <i>norgestim-eth estrad triphasic oral tablet</i> | Generic | MO |
| <i>nortrel 0.5/35 (28) oral tablet</i> | Generic | MO |
| <i>nortrel 1/35 (21) oral tablet</i> | Generic | MO |
| <i>nortrel 1/35 (28) oral tablet</i> | Generic | MO |
| <i>nortrel 7/7/7 oral tablet</i> | Generic | MO |
| <i>nylia 1/35 oral tablet</i> | Generic | MO |
| <i>nylia 7/7/7 oral tablet</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|--------------------------------------|---------------|----------------------------|
| <i>nymyo oral tablet</i> | Generic | MO |
| <i>ocella oral tablet</i> | Generic | MO |
| <i>orsythia oral tablet</i> | Generic | MO |
| <i>pimtrea oral tablet</i> | Generic | MO |
| <i>pirmella 1/35 oral tablet</i> | Generic | MO |
| <i>portia-28 oral tablet</i> | Generic | MO |
| PREFEST ORAL TABLET | Brand | MO |
| PREMARIN ORAL TABLET | Brand | MO |
| PREMARIN VAGINAL CREAM | Brand | MO |
| PREMPHASE ORAL TABLET | Brand | MO |
| PREMPRO ORAL TABLET | Brand | MO |
| <i>previfem oral tablet</i> | Generic | MO |
| <i>reclipsen oral tablet</i> | Generic | MO |
| <i>rivelsa oral tablet</i> | Generic | MO |
| <i>setlakin oral tablet</i> | Generic | MO |
| <i>sprintec 28 oral tablet</i> | Generic | MO |
| <i>sronyx oral tablet</i> | Generic | MO |
| SYEDA ORAL TABLET | Generic | MO |
| <i>tarina 24 fe oral tablet</i> | Generic | MO |
| <i>tarina fe 1/20 eq oral tablet</i> | Generic | MO |
| <i>tilia fe oral tablet</i> | Generic | MO |
| <i>tri-estarylla oral tablet</i> | Generic | MO |
| <i>tri-legest fe oral tablet</i> | Generic | MO |
| <i>tri-lo-estarylla oral tablet</i> | Generic | MO |
| <i>tri-lo-sprintec oral tablet</i> | Generic | MO |
| <i>tri-mili oral tablet</i> | Generic | MO |
| <i>trinessa (28) oral tablet</i> | Generic | MO |
| <i>tri-nymyo oral tablet</i> | Generic | MO |
| <i>tri-previfem oral tablet</i> | Generic | MO |
| <i>tri-sprintec oral tablet</i> | Generic | MO |
| <i>trivora (28) oral tablet</i> | Generic | MO |
| <i>tri-vylibra lo oral tablet</i> | Generic | MO |
| TRI-VYLIBRA ORAL TABLET | Generic | MO |
| <i>tydemy oral tablet</i> | Generic | MO |
| <i>velivet oral tablet</i> | Generic | MO |
| <i>vienva oral tablet</i> | Generic | MO |
| <i>vyfemla oral tablet</i> | Generic | MO |
| VYLIBRA ORAL TABLET | Generic | MO |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------------------|---------------|----------------------------|
| <i>wymzya fe oral tablet chewable</i> | Generic | MO |
| <i>yuvafem vaginal tablet</i> | Generic | MO |
| <i>zovia 1/35 (28) oral tablet</i> | Generic | MO |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) | | |
| BIJUVA ORAL CAPSULE | Brand | MO |
| <i>estradiol vaginal cream</i> | Generic | MO |
| <i>taysofy oral capsule</i> | Generic | MO |
| Progestins | | |
| <i>camila oral tablet</i> | Generic | MO |
| CRINONE VAGINAL GEL | Brand | PA |
| <i>deblitane oral tablet</i> | Generic | MO |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | Brand | QL (0.65 ML per 90 days) |
| <i>errin oral tablet</i> | Generic | MO |
| <i>hydroxyprogesterone caproate intramuscular solution</i> | Generic | NEDS |
| <i>incassia oral tablet</i> | Generic | MO |
| <i>lyleq oral tablet</i> | Generic | MO |
| <i>lyza oral tablet</i> | Generic | MO |
| <i>medroxyprogesterone acetate intramuscular suspension</i> | Generic | QL (1 ML per 90 days) |
| <i>medroxyprogesterone acetate oral tablet</i> | Generic | MO |
| <i>megestrol acetate oral suspension 40 mg/ml</i> | Generic | PA NS |
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | Generic | PA NS; MO |
| <i>megestrol acetate oral tablet</i> | Generic | PA NS |
| <i>nora-be oral tablet</i> | Generic | MO |
| <i>norethindrone acetate oral tablet</i> | Generic | MO |
| <i>norethindrone oral tablet</i> | Generic | MO |
| <i>sharobel oral tablet</i> | Generic | MO |
| Selective Estrogen Receptor Modifying Agents | | |
| OSPHENA ORAL TABLET | Brand | PA; MO |
| <i>raloxifene hcl oral tablet</i> | Generic | MO; QL (1 EA per 1 day) |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | | |
| <i>euthyrox oral tablet</i> | Generic | MO |
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Generic | MO |
| <i>levo-t oral tablet 125 mcg</i> | Generic | MO |
| <i>levothyroxine sodium oral tablet</i> | Generic | MO |
| LEVOXYL ORAL TABLET | Generic | MO |
| <i>liothyronine sodium oral tablet</i> | Generic | MO |
| SYNTHROID ORAL TABLET | Brand | MO |
| <i>thyroid oral tablet 65 mg</i> | Generic | MO |
| UNITHROID ORAL TABLET | Generic | MO |
| Hormonal Agents, Suppressant (Adrenal) | | |
| Hormonal Agents, Suppressant (Adrenal) | | |
| ISTURISA ORAL TABLET | Brand | PA; MO; NEDS |
| LYSODREN ORAL TABLET | Brand | NEDS |
| Hormonal Agents, Suppressant (Pituitary) | | |
| Hormonal Agents, Suppressant (Pituitary) | | |
| <i>cabergoline oral tablet</i> | Generic | QL (32 EA per 30 days) |
| ELIGARD SUBCUTANEOUS KIT | Brand | |
| <i>lanreotide acetate subcutaneous solution</i> | Generic | PA NS; NEDS |
| <i>leuprolide acetate injection kit</i> | Generic | NEDS |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT | Brand | NEDS |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT | Brand | NEDS |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT | Brand | NEDS |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|-----------------------------------------------------------------------------------|---------------|-------------------------------------|
| <i>octreotide acetate injection solution 500 mcg/ml</i> | Generic | MO; NEDS |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG | Brand | MO; NEDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION | Brand | PA; MO; NEDS |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML | Brand | PA NS; NEDS |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML | Brand | PA; NEDS |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED | Brand | LA; MO; NEDS |
| SYNAREL NASAL SOLUTION | Brand | NEDS |
| Hormonal Agents, Suppressant (Thyroid) | | |
| Antithyroid Agents | | |
| <i>methimazole oral tablet</i> | Generic | MO |
| <i>propylthiouracil oral tablet</i> | Generic | MO |
| Immunological Agents | | |
| Angioedema Agents | | |
| BERINERT INTRAVENOUS KIT | Brand | PA; HI |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED | Brand | PA; HI |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED | Brand | PA; NEDS |
| <i>icatibant acetate subcutaneous solution</i> | Generic | PA; NEDS |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED | Brand | HI |
| <i>sajazir subcutaneous solution</i> | Generic | PA; NEDS |
| TAKHZYRO SUBCUTANEOUS SOLUTION | Brand | PA; MO; QL (4 ML per 28 days); NEDS |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; QL (4 ML per 28 days); NEDS |
| Antiangiogenic Agents | | |
| EMPAVELI SUBCUTANEOUS SOLUTION | Brand | PA; QL (200 ML per 28 days); NEDS |
| Immune Suppressants | | |
| <i>azathioprine sodium injection solution reconstituted</i> | Generic | B/D |
| <i>methotrexate sodium injection solution reconstituted</i> | Generic | |

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

| Drug | Status | Requirements/Limits |
|-----------------------------------------------------------------------------------|---------------|---------------------------------------|
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | Brand | PA; NEDS |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML | Brand | PA; MO; NEDS |
| <i>leflunomide oral tablet</i> | Generic | MO |
| OLUMIANT ORAL TABLET 1 MG, 2 MG | Brand | PA; MO; NEDS |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Brand | PA; MO; NEDS |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; MO; NEDS |
| RIDAURA ORAL CAPSULE | Brand | MO; NEDS |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG | Brand | PA; MO; QL (1 EA per 1 day); NEDS |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG | Brand | PA; QL (1 EA per 1 day); NEDS |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; MO; NEDS |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT | Brand | PA; MO; QL (2 EA per 28 days); NEDS |
| SKYRIZI INTRAVENOUS SOLUTION | Brand | PA; QL (10 ML per 28 days); NEDS |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Brand | PA; MO; QL (1 ML per 28 days); NEDS |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE | Brand | PA; QL (2.4 ML per 28 days); NEDS |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; MO; QL (1 ML per 28 days); NEDS |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | Brand | PA; MO; QL (0.5 ML per 28 days); NEDS |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | Brand | PA; MO; QL (0.5 ML per 28 days); NEDS |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | Brand | PA; MO; QL (1 ML per 28 days); NEDS |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Brand | PA; MO; QL (3 ML per 28 days); NEDS |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; MO; QL (3 ML per 28 days); NEDS |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | Brand | PA; MO; NEDS |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; MO; NEDS |
| XELJANZ ORAL SOLUTION | Brand | PA; MO; NEDS |

| Drug | Status | Requirements/Limits |
|-------------------------------------------------------------|---------------|----------------------------------------|
| XELJANZ ORAL TABLET | Brand | PA; MO; NEDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR | Brand | PA; MO; NEDS |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; NEDS |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | Brand | PA; NEDS |
| Immunomodulators | | |
| ILARIS SUBCUTANEOUS SOLUTION | Brand | PA; NEDS |
| SYNAGIS INTRAMUSCULAR SOLUTION | Brand | PA; NEDS |
| Immunosuppressants | | |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Brand | PA; MO; NEDS |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; MO; NEDS |
| AZASAN ORAL TABLET | Generic | B/D; MO |
| <i>azathioprine oral tablet</i> | Generic | B/D; MO |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Brand | PA; MO; NEDS |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; MO; NEDS |
| CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT | Brand | PA; NEDS |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | Brand | PA; NEDS |
| <i>cyclosporine modified oral capsule</i> | Generic | B/D; MO |
| <i>cyclosporine modified oral solution</i> | Generic | B/D; MO |
| <i>cyclosporine oral capsule</i> | Generic | B/D; MO |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE | Brand | PA; MO; QL (8 ML per 28 days); NEDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | Brand | PA; MO; QL (8.16 ML per 28 days); NEDS |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; MO; QL (8 ML per 28 days); NEDS |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED | Brand | PA; MO; QL (8 EA per 28 days); NEDS |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Brand | PA; MO; QL (8 ML per 28 days); NEDS |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; MO; QL (3 ML per 30 days); NEDS |
| <i>everolimus oral tablet 0.25 mg</i> | Generic | B/D; MO |
| <i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i> | Generic | B/D; MO; NEDS |

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

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------|---------------|----------------------------------|
| <i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i> | Generic | |
| <i>mycophenolate mofetil oral capsule</i> | Generic | B/D; MO |
| <i>mycophenolate mofetil oral suspension reconstituted</i> | Generic | B/D; MO; NEDS |
| <i>mycophenolate mofetil oral tablet</i> | Generic | B/D; MO |
| <i>mycophenolate sodium oral tablet delayed release</i> | Generic | B/D; MO |
| OTEZLA ORAL TABLET THERAPY PACK | Brand | PA; NEDS |
| PROGRAF ORAL PACKET | Brand | B/D; MO; NEDS |
| REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | MO |
| REZUROCK ORAL TABLET | Brand | PA; QL (60 EA per 30 days); NEDS |
| SANDIMMUNE ORAL SOLUTION | Brand | B/D; MO |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Brand | PA; MO; NEDS |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; MO; NEDS |
| <i>sirolimus oral solution</i> | Generic | B/D; MO; NEDS |
| <i>sirolimus oral tablet</i> | Generic | B/D; MO |
| <i>tacrolimus oral capsule</i> | Generic | B/D; MO |
| TREXALL ORAL TABLET | Brand | |
| XATMEP ORAL SOLUTION | Brand | |
| Vaccines | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | Brand | |
| ADACEL INTRAMUSCULAR SUSPENSION | Brand | |
| <i>bcg vaccine injection solution reconstituted</i> | Generic | |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Brand | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | Brand | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Brand | |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | Brand | |
| <i>diphtheria-tetanus toxoids dt intramuscular suspension</i> | Generic | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | Brand | B/D |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------------|---------------|----------------------------|
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE | Brand | B/D |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | Brand | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Brand | |
| HAVRIX INTRAMUSCULAR SUSPENSION | Brand | |
| HIBERIX INJECTION SOLUTION RECONSTITUTED | Brand | |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED | Brand | |
| INFANRIX INTRAMUSCULAR SUSPENSION | Brand | |
| IPOL INJECTION INJECTABLE | Brand | |
| IXIARO INTRAMUSCULAR SUSPENSION | Brand | |
| KINRIX INTRAMUSCULAR SUSPENSION | Brand | |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Brand | |
| MENACTRA INTRAMUSCULAR SOLUTION | Brand | |
| MENQUADFI INTRAMUSCULAR SOLUTION | Brand | |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | Brand | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | Brand | |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Brand | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | Brand | |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | Brand | |
| PREHEVBRIO INTRAMUSCULAR SUSPENSION | Brand | B/D |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | Brand | |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | Brand | |
| QUADRACEL INTRAMUSCULAR SUSPENSION | Brand | |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Brand | |

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

Inflammatory Bowel Disease Agents

Aminosalicylates

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

| Drug | Status | Requirements/Limits |
|------------------------------------------------------------------------------|---------------|----------------------------|
| Glucocorticoids | | |
| <i>budesonide er oral tablet extended release 24 hour</i> | Generic | NEDS |
| <i>budesonide oral capsule delayed release particles</i> | Generic | |
| <i>hydrocortisone oral tablet</i> | Generic | |
| <i>hydrocortisone rectal enema</i> | Generic | |
| Metabolic Bone Disease Agents | | |
| Metabolic Bone Disease Agents | | |
| <i>alendronate sodium oral tablet 10 mg, 5 mg</i> | Generic | MO; QL (1 EA per 1 day) |
| <i>alendronate sodium oral tablet 35 mg, 70 mg</i> | Generic | MO; QL (4 EA per 28 days) |
| <i>calcitonin (salmon) nasal solution</i> | Generic | MO |
| <i>calcitriol oral capsule</i> | Generic | MO |
| <i>calcitriol oral solution</i> | Generic | MO |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg</i> | Generic | MO |
| <i>cinacalcet hcl oral tablet 90 mg</i> | Generic | MO; NEDS |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML | Brand | PA; NEDS |
| FOSAMAX PLUS D ORAL TABLET | Brand | MO |
| <i>ibandronate sodium oral tablet</i> | Generic | MO; QL (1 EA per 28 days) |
| MIACALCIN INJECTION SOLUTION | Brand | NEDS |
| <i>paricalcitol oral capsule</i> | Generic | PA; MO |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA |
| <i>risedronate sodium oral tablet 150 mg</i> | Generic | MO; QL (1 EA per 28 days) |
| <i>risedronate sodium oral tablet 30 mg</i> | Generic | QL (1 EA per 1 day) |
| <i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i> | Generic | MO; QL (4 EA per 28 days) |
| <i>risedronate sodium oral tablet 5 mg</i> | Generic | MO; QL (1 EA per 1 day) |
| <i>teriparatide (recombinant) subcutaneous solution pen-injector</i> | Generic | PA; MO; NEDS |
| XGEVA SUBCUTANEOUS SOLUTION | Brand | PA; NEDS |
| Miscellaneous Therapeutic Agents | | |
| Miscellaneous Therapeutic Agents | | |
| 1ST TIER UNIFINE PENTIPS 31G X 6 MM | Brand | |
| 1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM | Brand | |
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM | Brand | |

| Drug | Status | Requirements/Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML | Brand | |
| BD DISP NEEDLES 25G X 7/8" , 30G X 1/2" | Brand | |
| BD PEN | Brand | |
| BD PEN MINI | Brand | |
| BD PEN NEEDLE MICRO U/F | Brand | |
| BD PEN NEEDLE MINI U/F | Brand | |
| BD PEN NEEDLE NANO 2ND GEN | Brand | |
| BD PEN NEEDLE NANO U/F | Brand | |
| BD PEN NEEDLE ORIGINAL U/F | Brand | |
| BD PEN NEEDLE SHORT U/F | Brand | |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML | Brand | |
| BD SYRINGE LUER-LOK 1 ML | Brand | |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML | Brand | |
| COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML | Brand | |
| COMFORT EZ PEN NEEDLES 32G X 8 MM | Brand | |
| CRYSVITA SUBCUTANEOUS SOLUTION | Brand | PA; MO; NEDS |
| DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML | Brand | |
| DROPLET PEN NEEDLES 32G X 8 MM | Brand | |
| EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8" | Brand | |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM | Brand | |
| HYPODERMIC NEEDLE 25G X 3/4" , 26G X 3/8" , 26G X 5/8" | Brand | |
| INSUPEN SENSITIVE 32G X 8 MM | Brand | |
| KEVEYIS ORAL TABLET | Brand | PA; NEDS |
| <i>levocarnitine oral solution</i> | Generic | MO |
| <i>levocarnitine oral tablet</i> | Generic | MO |
| LITETOUCH PEN NEEDLES 29G X 12.7MM | Brand | |
| <i>methylergonovine maleate oral tablet</i> | Generic | NEDS |
| MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 26G X 1/2" , 27G X 1/2" , 30G X 3/4" | Brand | |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------|
| MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML | Brand | |
| NATPARA SUBCUTANEOUS CARTRIDGE | Brand | PA; MO; NEDS |
| PEN NEEDLES 30G X 8 MM | Brand | |
| PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML | Brand | |
| PURE COMFORT PEN NEEDLE 32G X 8 MM | Brand | |
| RELION INSULIN SYRINGE 31G X 15/64" 1 ML | Brand | |
| SURE COMFORT PEN NEEDLES 29G X 12.7MM | Brand | |
| SURE-FINE PEN NEEDLES 29G X 12.7MM | Brand | |
| TAVNEOS ORAL CAPSULE | Brand | PA; QL (180 EA per 30 days); NEDS |
| TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML | Brand | |
| TECHLITE PEN NEEDLES 32G X 8 MM | Brand | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM | Brand | |
| ULTICARE PEN NEEDLES 29G X 12.7MM | Brand | |
| ULTILET PEN NEEDLE 29G X 12.7MM | Brand | |
| ULTRA-THIN II PEN NEEDLES | Brand | |
| Ophthalmic Agents | | |
| Ophthalmic Prostaglandin And Prostanoid Analogs | | |
| <i>brimonidine tartrate-timolol ophthalmic solution</i> | Generic | MO |
| COMBIGAN OPHTHALMIC SOLUTION | Brand | MO |
| <i>latanoprost ophthalmic solution</i> | Generic | MO |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | Brand | MO |
| RHOPRESSA OPHTHALMIC SOLUTION | Brand | MO |
| <i>travoprost (bak free) ophthalmic solution</i> | Generic | MO |
| Ophthalmic Agents, Other | | |
| <i>ak-poly-bac ophthalmic ointment</i> | Generic | |
| <i>atropine sulfate ophthalmic ointment</i> | Generic | MO |
| <i>atropine sulfate ophthalmic solution 1 %</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|--------------------------------------------------------------------------|---------------|----------------------------|
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | Generic | |
| <i>cyclopentolate hcl ophthalmic solution 1 %</i> | Generic | MO |
| CYSTADROPS OPHTHALMIC SOLUTION | Brand | PA; MO; NEDS |
| CYSTARAN OPHTHALMIC SOLUTION | Brand | PA; MO; NEDS |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i> | Generic | |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | Generic | |
| <i>polymyxin b-trimethoprim ophthalmic solution</i> | Generic | |
| <i>proparacaine hcl ophthalmic solution</i> | Generic | |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | Brand | MO |
| RESTASIS OPHTHALMIC EMULSION | Brand | MO |
| ROCKLATAN OPHTHALMIC SOLUTION | Brand | MO |
| Ophthalmic Anti-Allergy Agents | | |
| ALOCRILOPHTHALMIC SOLUTION | Brand | |
| <i>azelastine hcl ophthalmic solution</i> | Generic | |
| <i>cromolyn sodium ophthalmic solution</i> | Generic | |
| <i>epinastine hcl ophthalmic solution</i> | Generic | |
| <i>olopatadine hcl ophthalmic solution 0.1 %</i> | Generic | |
| Ophthalmic Antiglaucoma Agents | | |
| <i>acetazolamide er oral capsule extended release 12 hour</i> | Generic | MO |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | Brand | MO |
| <i>apraclonidine hcl ophthalmic solution</i> | Generic | |
| <i>betaxolol hcl ophthalmic solution</i> | Generic | MO |
| BETOPTIC-S OPHTHALMIC SUSPENSION | Brand | MO |
| <i>brimonidine tartrate ophthalmic solution</i> | Generic | MO |
| <i>brinzolamide ophthalmic suspension</i> | Generic | MO |
| <i>carteolol hcl ophthalmic solution</i> | Generic | MO |
| <i>dorzolamide hcl ophthalmic solution</i> | Generic | MO |
| <i>dorzolamide hcl-timolol mal ophthalmic solution</i> | Generic | MO |
| <i>dorzolamide hcl-timolol mal pf ophthalmic solution</i> | Generic | MO |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | Brand | |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i> | Generic | MO |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | Generic | MO |

| Drug | Status | Requirements/Limits |
|------------------------------------------------------------------------|---------------|----------------------------|
| SIMBRINZA OPHTHALMIC SUSPENSION | Brand | MO |
| <i>timolol maleate (once-daily) ophthalmic solution</i> | Generic | MO |
| <i>timolol maleate ophthalmic gel forming solution</i> | Generic | MO |
| <i>timolol maleate ophthalmic solution</i> | Generic | MO |
| <i>timolol maleate pf ophthalmic solution 0.5 %</i> | Generic | MO |
| Ophthalmic Anti-Inflammatories | | |
| ALOMIDE OPHTHALMIC SOLUTION | Brand | |
| ALREX OPHTHALMIC SUSPENSION | Brand | |
| BLEPHAMIDE OPHTHALMIC SUSPENSION | Brand | |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT | Brand | |
| <i>bromfenac sodium (once-daily) ophthalmic solution</i> | Generic | |
| <i>dexamethasone sodium phosphate ophthalmic solution</i> | Generic | |
| <i>diclofenac sodium ophthalmic solution</i> | Generic | |
| <i>difluprednate ophthalmic emulsion</i> | Generic | |
| EYSUVIS OPHTHALMIC SUSPENSION | Brand | QL (16.6 ML per 30 days) |
| <i>fluorometholone ophthalmic suspension</i> | Generic | |
| <i>flurbiprofen sodium ophthalmic solution</i> | Generic | |
| FML FORTE OPHTHALMIC SUSPENSION | Brand | |
| FML OPHTHALMIC OINTMENT | Brand | |
| INVELTYS OPHTHALMIC SUSPENSION | Brand | |
| <i>ketorolac tromethamine ophthalmic solution</i> | Generic | |
| <i>loteprednol etabonate ophthalmic suspension</i> | Generic | |
| MAXIDEX OPHTHALMIC SUSPENSION | Brand | |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment</i> | Generic | |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> | Generic | |
| NEVANAC OPHTHALMIC SUSPENSION | Brand | |
| PRED MILD OPHTHALMIC SUSPENSION | Brand | |
| PRED-G OPHTHALMIC SUSPENSION | Brand | |
| PRED-G S.O.P. OPHTHALMIC OINTMENT | Brand | |
| <i>prednisolone acetate ophthalmic suspension</i> | Generic | |
| <i>prednisolone sodium phosphate ophthalmic solution</i> | Generic | |
| <i>sulfacetamide-prednisolone ophthalmic solution</i> | Generic | |
| TOBRADEX OPHTHALMIC OINTMENT | Brand | |

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

| Drug | Status | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | Brand | MO |
| Antileukotrienes | | |
| <i>montelukast sodium oral packet</i> | Generic | MO |
| <i>montelukast sodium oral tablet</i> | Generic | MO |
| <i>montelukast sodium oral tablet chewable</i> | Generic | MO |
| <i>zafirlukast oral tablet</i> | Generic | MO; QL (2 EA per 1 day) |
| <i>zileuton er oral tablet extended release 12 hour</i> | Generic | MO; QL (4 EA per 1 day); NEDS |
| Bronchodilators, Anticholinergic | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION | Brand | MO |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION | Brand | MO |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT | Brand | MO |
| <i>ipratropium bromide inhalation solution</i> | Generic | B/D; MO |
| <i>ipratropium bromide nasal solution</i> | Generic | MO |
| <i>ipratropium-albuterol inhalation solution</i> | Generic | B/D; MO |
| SPIRIVA HANDIHALER INHALATION CAPSULE | Brand | MO |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION | Brand | MO |
| Bronchodilators, Sympathomimetic | | |
| <i>albuterol sulfate er oral tablet extended release 12 hour</i> | Generic | MO |
| <i>albuterol sulfate hfa inhalation aerosol solution</i> | Generic | MO |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i> | Generic | B/D; MO |
| <i>albuterol sulfate oral syrup</i> | Generic | MO |
| <i>albuterol sulfate oral tablet</i> | Generic | MO |
| <i>epinephrine injection solution 0.3 mg/0.3ml</i> | Generic | |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> | Generic | |
| <i>levalbuterol hcl inhalation nebulization solution</i> | Generic | B/D; MO |
| <i>levalbuterol tartrate inhalation aerosol</i> | Generic | MO |
| PROAIR HFA INHALATION AEROSOL SOLUTION | Brand | MO |

| Drug | Status | Requirements/Limits |
|------------------------------------------------------------------------------|---------------|-----------------------------------|
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED | Brand | MO |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | Brand | MO |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE | Brand | QL (2 EA per 1 day) |
| <i>terbutaline sulfate oral tablet</i> | Generic | MO |
| Cystic Fibrosis Agents | | |
| BRONCHITOL INHALATION CAPSULE | Brand | PA; MO; NEDS |
| BRONCHITOL TOLERANCE TEST INHALATION CAPSULE | Brand | PA; MO; NEDS |
| CAYSTON INHALATION SOLUTION RECONSTITUTED | Brand | PA; NEDS |
| KALYDECO ORAL PACKET | Brand | PA; MO; NEDS |
| KALYDECO ORAL TABLET | Brand | PA; MO; NEDS |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG | Brand | PA; MO; NEDS |
| ORKAMBI ORAL TABLET | Brand | PA; MO; NEDS |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | Brand | B/D; MO; NEDS |
| SYMDEKO ORAL TABLET THERAPY PACK | Brand | PA; MO; QL (2 EA per 1 day); NEDS |
| TOBI PODHALER INHALATION CAPSULE | Brand | MO; NEDS |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i> | Generic | B/D; MO; NEDS |
| TRIKAFTA ORAL TABLET THERAPY PACK | Brand | PA; MO; QL (3 EA per 1 day); NEDS |
| Mast Cell Stabilizers | | |
| <i>cromolyn sodium inhalation nebulization solution</i> | Generic | B/D; MO |
| <i>cromolyn sodium oral concentrate</i> | Generic | MO |
| Phosphodiesterase Inhibitors, Airways Disease | | |
| DALIRESP ORAL TABLET 250 MCG | Brand | MO; QL (30 EA per 30 days) |
| DALIRESP ORAL TABLET 500 MCG | Brand | MO; QL (1 EA per 1 day) |
| ELIXOPHYLLIN ORAL ELIXIR | Brand | MO |
| <i>roflumilast oral tablet 250 mcg</i> | Generic | MO; QL (30 EA per 30 days) |
| <i>roflumilast oral tablet 500 mcg</i> | Generic | MO; QL (1 EA per 1 day) |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR | Brand | MO |

| Drug | Status | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i> | Generic | MO |
| <i>theophylline er oral tablet extended release 24 hour</i> | Generic | MO |
| <i>theophylline oral elixir</i> | Brand | |
| Pulmonary Antihypertensives | | |
| ADEMPAS ORAL TABLET | Brand | PA; MO; NEDS |
| ALYQ ORAL TABLET | Generic | PA; MO; NEDS |
| <i>ambrisentan oral tablet</i> | Generic | PA; MO; NEDS |
| <i>bosentan oral tablet</i> | Generic | PA; MO; NEDS |
| OPSUMIT ORAL TABLET | Brand | PA; MO; NEDS |
| ORENTRAM ORAL TABLET EXTENDED RELEASE | Brand | PA; MO; NEDS |
| <i>sildenafil citrate oral suspension reconstituted</i> | Generic | PA; MO; NEDS |
| <i>sildenafil citrate oral tablet 20 mg</i> | Generic | PA; MO |
| <i>tadalafil (pah) oral tablet</i> | Generic | PA; MO; NEDS |
| TRACLEER ORAL TABLET SOLUBLE | Brand | PA; MO; NEDS |
| UPTRAVI ORAL TABLET | Brand | PA; MO; NEDS |
| UPTRAVI ORAL TABLET THERAPY PACK | Brand | PA; NEDS |
| VENTAVIS INHALATION SOLUTION | Brand | PA; MO; NEDS |
| Pulmonary Fibrosis Agents | | |
| OFEV ORAL CAPSULE | Brand | PA; MO; NEDS |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> | Generic | PA; MO; NEDS |
| Respiratory Tract Agents, Other | | |
| <i>acetylcysteine inhalation solution</i> | Generic | B/D |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | Brand | MO |
| BEVESPI AEROSPHERE INHALATION AEROSOL | Brand | MO |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION | Brand | MO |
| SYMBICORT INHALATION AEROSOL | Brand | MO |
| Respiratory Tract/Pulmonary Agents | | |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | Brand | MO |
| ADVAIR HFA INHALATION AEROSOL | Brand | MO |

| Drug | Status | Requirements/Limits |
|------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| BREZTRI AEROSPHERE INHALATION AEROSOL | Brand | MO |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Brand | PA; MO; NEDS |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Brand | PA; MO; NEDS |
| <i>mometasone furoate nasal suspension</i> | Generic | |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Brand | PA; MO; NEDS |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | Brand | PA; MO; NEDS |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | Brand | PA; NEDS |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | Brand | MO |
| Skeletal Muscle Relaxants | | |
| Skeletal Muscle Relaxants | | |
| <i>carisoprodol oral tablet</i> | Generic | PA |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i> | Generic | PA |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | Generic | PA |
| <i>orphenadrine citrate er oral tablet extended release 12 hour</i> | Generic | |
| Sleep Disorder Agents | | |
| Gaba Receptor Modulators | | |
| <i>eszopiclone oral tablet</i> | Generic | PA NS; QL (30 EA per 30 days) |
| <i>flurazepam hcl oral capsule</i> | Generic | QL (30 EA per 30 days) |
| <i>temazepam oral capsule</i> | Generic | QL (30 EA per 30 days) |
| <i>zaleplon oral capsule</i> | Generic | PA NS; QL (1 EA per 1 day) |
| <i>zolpidem tartrate er oral tablet extended release</i> | Generic | PA NS; QL (30 EA per 30 days) |
| <i>zolpidem tartrate oral tablet</i> | Generic | PA NS; QL (1 EA per 1 day) |
| <i>zolpidem tartrate sublingual tablet sublingual</i> | Generic | PA NS |
| Sleep Disorders, Other | | |
| <i>doxepin hcl oral tablet</i> | Generic | QL (30 EA per 30 days) |
| <i>modafinil oral tablet</i> | Generic | PA; MO; QL (1 EA per 1 day) |
| <i>ramelteon oral tablet</i> | Generic | QL (30 EA per 30 days) |
| <i>triazolam oral tablet</i> | Generic | QL (60 EA per 30 days) |
| XYREM ORAL SOLUTION | Brand | PA; LA; NEDS |
| XYWAV ORAL SOLUTION | Brand | PA; NEDS |

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

D. 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.



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

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Updated on 11/28/2022. For more recent information or other questions, contact us at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/navicare.



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