PRESCRIPTION DRUGS FORMULARY 2 PLATINO

2026

Plan de Salud
medicare
PLATINO
Administración de Seguros de Salud
Gobierno de Puerto Rico

MCS Classicare (HMO)

MCS Classicare

2026 Formulary

List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 26265, Version Number 10

This formulary was updated on 10/15/2025 For more recent information or other questions, please contact MCS Classicare Customer Service Call Center at 1-866-627-8183 (Toll free) (TTY users should call 1-866-627-8182), from Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30, or visit www.mcsclassicare.com

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call our Call Center for more information.

Important Message About What You Pay for Insulin - You won't pay more than $0 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to "we," "us", or "our," it means MCS Classicare Platino Ideal (HMO D-SNP), MCS Classicare Platino Maximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Superior (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP), MCS Classicare Platino 185 (HMO D-SNP).

This document includes Drug List (formulary) for our plan which is current as of October 15, 2025 updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

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What is the MCS Classicare formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by MCS Classicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. MCS Classicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a MCS Classicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.mcsclassicare.com

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary but immediately move it to a different cost-sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the MCS Classicare Platino Ideal (HMO D-SNP), MCS Classicare Platino Maximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Superior (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP), MCS Classicare Platino 185 (HMO D-SNP) 's formulary?"

  Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness

reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add a new biosimilar to replace an original biological product currently on the formulary or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the MCS Classicare Platino Ideal (HMO D-SNP), MCS Classicare Platino Maximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Superior (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP), MCS Classicare Platino 185 (HMO D-SNP) 's formulary ?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 15, 2025. To get updated information about the drugs covered by MCS Classicare please contact us. Our contact information appears on the front and back cover pages. For non-maintenance mid-year formulary changes, all affected members will be notified by mail (at least 60 days before the change takes effect). In addition, an updated version of our printed formulary will be updated in the last week of the prior month, effective the first day of the month, and posted on our website at https://mcsclassicare.com

How do I use Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular agents. If you know what your drug is used for,

look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 120. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

MCS Classicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

• For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** MCS Classicare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from MCS Classicare before you fill your prescriptions. If you don't get approval, MCS Classicare may not cover the drug.

- **Quantity Limits:** For certain drugs, MCS Classicare limits the amount of the drug that MCS Classicare will cover. For example, MCS Classicare provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, MCS Classicare 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, MCS Classicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MCS Classicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask MCS Classicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the MCS Classicare Platino Ideal (HMO D-SNP), MCS Classicare Platino Maximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Superior (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP), MCS Classicare Platino 185 (HMO D-SNP) 's formulary?" on page V for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service Call Center and ask if your drug is covered.

If you learn that MCS Classicare does not cover your drug, you have two options:

- You can ask Customer Service Call Center for a list of similar drugs that are covered by MCS Classicare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by MCS Classicare.

- You can ask MCS Classicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the MCS Classicare Platino Ideal (HMO D-SNP), MCS Classicare Platino Maximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Superior (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP), MCS Classicare Platino 185 (HMO D-SNP) 's formulary?

You can ask MCS Classicare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, MCS Classicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, MCS Classicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first *90* days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary-30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than *90* days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first *90* days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Please note that our transition policy applies only to those drugs that are "Part D drugs'' and bought at a network pharmacy. The transition policy cannot be used to buy a non-Part D drug at an out of network pharmacy, unless you qualify for out of network access. For those members that are released from a hospital, or other care facility to their home, or if your ability to get your drugs is limited, our plan will cover a temporary 30-day supply for the drugs that are not in our formulary or have a utilization restriction, while you ask your physician to prescribe a similar drug that is covered by our plan

For more information

For more detailed information about your MCS Classicare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about MCS Classicare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 day a week. TTY users should call 1-877-486-2048. Or visit http://www.medicare.gov.

MCS Classicare Platino Ideal (HMO D-SNP), MCS Classicare Platino Maximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Superior (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP), MCS Classicare Platino 185 (HMO D-SNP).

The formulary below provides coverage information about the drugs covered by MCS Classicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 120.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin)*.

The information in the Requirements/Limits column tells you if MCS Classicare has any special requirements for coverage of your drug.

Abbreviations used in the formulary

(See Chapter 5, Section 4.2 “What kinds of restrictions”, of the Evidence of Coverage to learn which restrictions apply to your specific coverage.)

PA – Prior Authorization

PA BvsD - This prescription drug requires prior authorization and may be covered under our medical benefit.For more information, call Customer Service Call Center at 1-866-627-8183 (Toll free) (TTY users should call 1-866-627-8182), from Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30 or visit www.mcsclassicare.com.

QL – Quantity Limit - For certain drugs, MCS Classicare limits the amount of the drug that MCS Classicare will cover. This may be in addition to a standard one-month or three-month supply.

ST – Step Therapy

HRM - This medication is considered high risk for people aged 65 years and older.

FFQL – First Fill Quantity Limit. In order to provide you and your doctor with an opportunity to properly assess the effectiveness of a drug, only the first prescription fill will be covered for 30 days for some of the drugs available for a long-term supply.

NeDS – Non-Extended Day Supply. Drugs identified will not be available as an extended days’ supply. These drugs will only be available up to a 30-day supply for every fill.

MO – Mail Order. We provide coverage for some prescriptions through mail order pharmacy. For more information, call Birdi Pharmacy Customer Service Call Center at 1-844-293-4761 from Monday through Friday from 8:00 a.m. to 8:00 p.m. (EST) and Saturdays from 9:00 a.m. to 5:00 p.m. (EST). TTY for people with hearing disabilities: 711.

MCS Classicare Platino Ideal (HMO D-SNP)				
Description	Standard Retail Cost- Sharing (30 days)	Standard Retail Cost-Sharing (60 day)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
Drugs Covered	$0	$0	$0	$0

MCS Classicare Platino Maximo (HMO D-SNP)				
Description	Standard Retail Cost- Sharing (30 days)	Standard Retail Cost-Sharing (60 day)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
Drugs Covered	$0	$0	$0	$0

MCS Classicare Platino Progreso (HMO D-SNP)				
Description	Standard Retail Cost- Sharing (30 days)	Standard Retail Cost-Sharing (60 day)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
Drugs Covered	$0	$0	$0	$0

MCS Classicare Platino Superior (HMO D-SNP)				
Description	Standard Retail Cost- Sharing (30 days)	Standard Retail Cost-Sharing (60 day)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
Drugs Covered	$0	$0	$0	$0

MCS Classicare Platino Total (HMO D-SNP)				
Description	Standard Retail Cost- Sharing (30 days)	Standard Retail Cost-Sharing (60 day)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
Drugs Covered	$0	$0	$0	$0

MCS Classicare Platino 185 (HMO D-SNP)				
Description	Standard Retail Cost- Sharing (30 days)	Standard Retail Cost-Sharing (60 day)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
Drugs Covered	$0	$0	$0	$0

List of Covered Drugs

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ANALGESICS		
ANALGESICS, MISCELLANEOUS		
acetaminophen-codeine oral solution 120-12 mg/5ml		QL (4500 per 30 days); NEDS
acetaminophen-codeine oral tablet 300-15 mg		QL (390 per 30 days); NEDS
acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg		QL (180 per 30 days); NEDS
butalbital-acetaminophen oral tablet 50-325 mg		PA; HRM; QL (180 per 30 days); NEDS
butalbital-apap-caffeine oral tablet 50-325-40 mg	BAC (Butalbital-Acetamin-Caff)	PA; HRM; QL (180 per 30 days); NEDS
CODEINE SULFATE ORAL TABLET 15 MG		QL (720 per 30 days); NEDS
CODEINE SULFATE ORAL TABLET 30 MG		QL (360 per 30 days); NEDS
CODEINE SULFATE ORAL TABLET 60 MG		QL (180 per 30 days); NEDS
endocet oral tablet 10-325 mg	Endocet	QL (180 per 30 days); NEDS
endocet oral tablet 2.5-325 mg, 5-325 mg	Endocet	QL (360 per 30 days); NEDS
endocet oral tablet 7.5-325 mg	Endocet	QL (240 per 30 days); NEDS
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		QL (10 per 30 days); NEDS
hydrocodone-acetaminophen oral solution 10-325 mg/15ml		QL (2700 per 30 days); NEDS
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml		QL (3600 per 30 days); NEDS
hydrocodone-acetaminophen oral tablet 10-325 mg		QL (180 per 30 days); NEDS
hydrocodone-acetaminophen oral tablet 5-325 mg		QL (360 per 30 days); NEDS
hydrocodone-acetaminophen oral tablet 7.5-325 mg		QL (240 per 30 days); NEDS
hydrocodone-ibuprofen oral tablet 7.5-200 mg		QL (150 per 30 days); NEDS
hydromorphone hcl oral tablet 2 mg	Dilaudid	QL (960 per 30 days); NEDS
hydromorphone hcl oral tablet 4 mg	Dilaudid	QL (480 per 30 days); NEDS
hydromorphone hcl oral tablet 8 mg	Dilaudid	QL (90 per 30 days); NEDS
JOURNAVX ORAL TABLET 50 MG		ST; QL (28 per 14 days); NEDS
METHADONE HCL ORAL SOLUTION 5 MG/5ML		QL (3600 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VIII of the introduction. Formulary ID: 26265 Last Updated: 10/15/2025 Effective Date: 01/01/2026

DRUG NAME	Reference	REQUIREMENTS/LIMITS
methadone hcl oral tablet 10 mg, 5 mg		QL (180 per 30 days); NEDS
morphine sulfate (concentrate) oral solution 100 mg/5ml		QL (180 per 30 days); NEDS
morphine sulfate er oral tablet extended release 100 mg		QL (120 per 30 days); NEDS
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	MS Contin	QL (180 per 30 days); NEDS
MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML		QL (2700 per 30 days); NEDS
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML		QL (1350 per 30 days); NEDS
MORPHINE SULFATE ORAL TABLET 15 MG		QL (360 per 30 days); NEDS
MORPHINE SULFATE ORAL TABLET 30 MG		QL (180 per 30 days); NEDS
oxycodone hcl oral capsule 5 mg		QL (720 per 30 days); NEDS
oxycodone hcl oral tablet 10 mg		QL (360 per 30 days); NEDS
oxycodone hcl oral tablet 15 mg	Roxicodone	QL (240 per 30 days); NEDS
oxycodone hcl oral tablet 20 mg		QL (180 per 30 days); NEDS
oxycodone hcl oral tablet 30 mg	Roxicodone	QL (60 per 30 days); NEDS
oxycodone hcl oral tablet 5 mg		QL (720 per 30 days); NEDS
oxycodone-acetaminophen oral tablet 10-325 mg	Endocet	QL (180 per 30 days); NEDS
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	Endocet	QL (360 per 30 days); NEDS
oxycodone-acetaminophen oral tablet 7.5-325 mg	Endocet	QL (240 per 30 days); NEDS
tramadol-acetaminophen oral tablet 37.5-325 mg		QL (240 per 30 days); NEDS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	CeleBREX	ST; MO; QL (60 per 30 days)
diclofenac epolamine external patch 1.3 %	Flector	PA; NEDS
diclofenac potassium oral tablet 50 mg		MO
diclofenac sodium er oral tablet extended release 24 hour 100 mg		MO
diclofenac sodium external gel 3 %		QL (1000 per 30 days); NEDS
diclofenac sodium external solution 1.5 %		QL (300 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg		MO
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Arthrotec	MO
diflunisal oral tablet 500 mg		MO
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg		MO
etodolac oral capsule 200 mg, 300 mg		MO
etodolac oral tablet 400 mg	Lodine	MO
etodolac oral tablet 500 mg		MO
flurbiprofen oral tablet 100 mg	Lurbiro	MO
ibu oral tablet 600 mg, 800 mg	IBU	MO
ibuprofen oral suspension 100 mg/5ml	Childrens Advil	NEDS
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	IBU	MO
indomethacin er oral capsule extended release 75 mg		MO
indomethacin oral capsule 25 mg, 50 mg		MO
ketorolac tromethamine oral tablet 10 mg		QL (20 per 5 days); NEDS
meloxicam oral tablet 15 mg, 7.5 mg		MO; QL (30 per 30 days)
nabumetone oral tablet 500 mg, 750 mg		MO
naproxen dr oral tablet delayed release 500 mg	EC-Naprosyn	MO
naproxen oral tablet 250 mg, 375 mg		MO
naproxen oral tablet 500 mg	Naprosyn	MO
naproxen oral tablet delayed release 375 mg	EC-Naprosyn	MO
naproxen oral tablet delayed release 500 mg	EC-Naprosyn	MO
naproxen sodium oral tablet 275 mg		MO
naproxen sodium oral tablet 550 mg	Anaprox DS	MO
oxaprozin oral tablet 600 mg		MO
piroxicam oral capsule 10 mg, 20 mg		MO
sulindac oral tablet 150 mg, 200 mg		MO
ANESTHETICS		
LOCAL ANESTHETICS		
APRIZIO PAK II EXTERNAL KIT 2.5-2.5 %		PA; QL (30 per 30 days); NEDS
EMPRICAINE-II EXTERNAL KIT 2.5-2.5 %		PA; QL (30 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
lidocaine external ointment 5 %		PA; QL (50 per 30 days); NEDS
lidocaine external patch 5 %	Lidocan	QL (90 per 30 days); NEDS
lidocaine hcl external solution 4 %		PA; NEDS
lidocaine viscous hcl mouth/throat solution 2 %		NEDS
lidocaine-prilocaine external cream 2.5-2.5 %		PA; QL (30 per 30 days); NEDS
NUVAKAAN-II EXTERNAL KIT 2.5-2.5 %		PA; QL (30 per 30 days); NEDS
PRIZOPAK II EXTERNAL KIT 2.5-2.5 %		PA; QL (30 per 30 days); NEDS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate calcium oral tablet delayed release 333 mg		MO; FFQL
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg		NEDS
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Suboxone	NEDS
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg		QL (120 per 30 days); NEDS
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg		QL (60 per 30 days); NEDS
disulfiram oral tablet 250 mg, 500 mg		MO
KLOXXADO NASAL LIQUID 8 MG/0.1ML		QL (4 per 30 days); NEDS
naloxone hcl injection solution 0.4 mg/ml		NEDS
naloxone hcl injection solution cartridge 0.4 mg/ml		NEDS
naloxone hcl injection solution prefilled syringe 0.4 mg/ml		NEDS
naloxone hcl injection solution prefilled syringe 2 mg/2ml		NEDS
naloxone hcl nasal liquid 4 mg/0.1ml	Narcan	NEDS
naltrexone hcl oral tablet 50 mg		NEDS
NICOTROL NS NASAL SOLUTION 10 MG/ML		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42		QL (53 per 28 days); NEDS
varenicline tartrate oral tablet 0.5 mg		QL (56 per 28 days); NEDS
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	Chantix	QL (56 per 28 days); NEDS
ANTIANXIETY AGENTS		
BENZODIAZEPINES		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	Xanax	PA; HRM; QL (120 per 30 days); NEDS
alprazolam oral tablet 2 mg	Xanax	PA; HRM; QL (150 per 30 days); NEDS
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		PA; HRM; NEDS
clonazepam oral tablet 0.5 mg, 1 mg	KlonoPIN	PA; HRM; QL (90 per 30 days); NEDS
clonazepam oral tablet 2 mg	KlonoPIN	PA; HRM; QL (300 per 30 days); NEDS
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		PA; HRM; QL (90 per 30 days); NEDS
clonazepam oral tablet dispersible 2 mg		PA; HRM; QL (300 per 30 days); NEDS
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		PA; HRM; QL (180 per 30 days); NEDS
diazepam intensol oral concentrate 5 mg/ml		PA; HRM; QL (240 per 30 days); NEDS
diazepam oral solution 5 mg/5ml		PA; HRM; QL (1200 per 30 days); NEDS
diazepam oral tablet 10 mg, 2 mg, 5 mg	Valium	PA; HRM; QL (120 per 30 days); NEDS
estazolam oral tablet 1 mg, 2 mg		PA; HRM; QL (30 per 30 days); NEDS
lorazepam intensol oral concentrate 2 mg/ml	LORazepam Intensol	PA; HRM; QL (180 per 30 days); NEDS
lorazepam oral concentrate 2 mg/ml	LORazepam Intensol	PA; HRM; QL (180 per 30 days); NEDS
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Ativan	PA; HRM; QL (120 per 30 days); NEDS
meprobamate oral tablet 200 mg, 400 mg		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml		NEDS
midazolam hcl injection solution 10 mg/2ml, 2 mg/2ml		NEDS
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Restoril	PA; HRM; QL (30 per 30 days); NEDS
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin sulfate injection solution 500 mg/2ml		NEDS
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		PA; NEDS
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-%		NEDS
gentamicin sulfate injection solution 40 mg/ml		NEDS
neomycin sulfate oral tablet 500 mg		NEDS
streptomycin sulfate intramuscular solution reconstituted 1 gm		NEDS
TOBI PODHALER INHALATION CAPSULE 28 MG		PA; QL (224 per 28 days); NEDS
tobramycin inhalation nebulization solution 300 mg/5ml	Kitabis Pak (w/ nebulizer)	PA-BvsD; QL (280 per 56 days)
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml		PA-BvsD; NEDS
ANTIBACTERIALS, MISCELLANEOUS		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Cleocin	NEDS
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Cleocin	NEDS
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 900 mg/50ml		NEDS
CLINDAMYCIN PHOSPHATE IN D5W INTRAVENOUS SOLUTION 600 MG/50ML		NEDS
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 600-0.9 MG/50ML-%		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	Cleocin Phosphate	PA-BvsD; NEDS
colistimethate sodium (cba) injection solution reconstituted 150 mg	Coly-Mycin M	PA-BvsD; NEDS
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG		NEDS
daptomycin intravenous solution reconstituted 500 mg		NEDS
fosfomycin tromethamine oral packet 3 gm		NEDS
linezolid intravenous solution 600 mg/300ml	Zyvox	PA-BvsD; NEDS
linezolid oral suspension reconstituted 100 mg/5ml	Zyvox	PA; QL (1800 per 30 days); NEDS
linezolid oral tablet 600 mg	Zyvox	PA; QL (60 per 30 days); NEDS
methenamine hippurate oral tablet 1 gm	Hiprex	NEDS
metronidazole intravenous solution 500 mg/100ml		PA-BvsD; NEDS
metronidazole oral tablet 250 mg, 500 mg		NEDS
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Macrodantin	QL (60 per 30 days); NEDS
nitrofurantoin monohyd macro oral capsule 100 mg	Macrobid	QL (60 per 30 days); NEDS
nitrofurantoin oral suspension 25 mg/5ml		NEDS
trimethoprim oral tablet 100 mg		NEDS
vancomycin hcl intravenous solution reconstituted 1 gm		NEDS
vancomycin hcl oral capsule 125 mg	Vancocin	QL (300 per 30 days); NEDS
vancomycin hcl oral capsule 250 mg	Vancocin	QL (170 per 30 days); NEDS
XIFAXAN ORAL TABLET 200 MG		NEDS
XIFAXAN ORAL TABLET 550 MG		NEDS
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg		NEDS
cefadroxil oral capsule 500 mg		NEDS
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml		NEDS
cefadroxil oral tablet 1 gm		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg		NEDS
cefdinir oral capsule 300 mg		NEDS
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		NEDS
cefepime hcl injection solution reconstituted 1 gm		NEDS
cefepime hcl intravenous solution reconstituted 2 gm		NEDS
cefixime oral capsule 400 mg		NEDS
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml		NEDS
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm		PA-BvsD; NEDS
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml		NEDS
cefpodoxime proxetil oral tablet 100 mg, 200 mg		NEDS
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		NEDS
cefprozil oral tablet 250 mg, 500 mg		NEDS
ceftazidime injection solution reconstituted 1 gm	Tazicef	NEDS
ceftazidime injection solution reconstituted 6 gm		NEDS
ceftazidime intravenous solution reconstituted 2 gm	Tazicef	NEDS
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg		NEDS
ceftriaxone sodium intravenous solution reconstituted 10 gm		NEDS
cefuroxime axetil oral tablet 250 mg, 500 mg		NEDS
cefuroxime sodium injection solution reconstituted 750 mg		PA-BvsD; NEDS
cefuroxime sodium intravenous solution reconstituted 1.5 gm		PA-BvsD; NEDS
cephalexin oral capsule 250 mg, 500 mg		NEDS
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		NEDS
cephalexin oral tablet 250 mg, 500 mg		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG		PA-BvsD; NEDS
MACROLIDES		
azithromycin intravenous solution reconstituted 500 mg	Zithromax	PA-BvsD; NEDS
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Zithromax	NEDS
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)	Zithromax	NEDS
azithromycin oral tablet 600 mg		NEDS
clarithromycin er oral tablet extended release 24 hour 500 mg		NEDS
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		NEDS
clarithromycin oral tablet 250 mg, 500 mg		NEDS
DIFICID ORAL TABLET 200 MG		ST; QL (20 per 10 days); NEDS
erythromycin base oral capsule delayed release particles 250 mg		NEDS
erythromycin base oral tablet 250 mg, 500 mg		NEDS
erythromycin base oral tablet delayed release 250 mg	Ery-Tab	NEDS
erythromycin ethylsuccinate oral tablet 400 mg	E.E.S. 400	NEDS
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	Ery-Tab	NEDS
MISCELLANEOUS B-LACTAM ANTIBIOTICS		
aztreonam injection solution reconstituted 1 gm, 2 gm	Azactam	NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		PA; NEDS
ertapenem sodium injection solution reconstituted 1 gm		NEDS
imipenem-cilastatin intravenous solution reconstituted 250 mg		NEDS
imipenem-cilastatin intravenous solution reconstituted 500 mg	Primaxin IV	NEDS
meropenem intravenous solution reconstituted 1 gm, 500 mg		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg		NEDS
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml		NEDS
amoxicillin oral tablet 500 mg, 875 mg		NEDS
amoxicillin oral tablet chewable 125 mg, 250 mg		NEDS
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg		NEDS
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml		NEDS
amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml	Augmentin ES-600	NEDS
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg		NEDS
ampicillin oral capsule 500 mg		NEDS
ampicillin sodium injection solution reconstituted 1 gm		PA-BvsD; NEDS
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	Unasyn	NEDS
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	Unasyn	NEDS
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML		NEDS
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		NEDS
dicloxacillin sodium oral capsule 250 mg, 500 mg		NEDS
nafcillin sodium injection solution reconstituted 1 gm, 2 gm		NEDS
nafcillin sodium intravenous solution reconstituted 10 gm		NEDS
penicillin g potassium injection solution reconstituted 20000000 unit	Pfizerpen	PA-BvsD; NEDS
penicillin g sodium injection solution reconstituted 5000000 unit		PA-BvsD; NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml		NEDS
penicillin v potassium oral tablet 250 mg, 500 mg		NEDS
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		NEDS
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg	Cipro	NEDS
ciprofloxacin hcl oral tablet 750 mg		NEDS
ciprofloxacin in d5w intravenous solution 200 mg/100ml		PA-BvsD; NEDS
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml		NEDS
levofloxacin oral solution 25 mg/ml		NEDS
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		NEDS
MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML		NEDS
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML		NEDS
moxifloxacin hcl oral tablet 400 mg		NEDS
ofloxacin oral tablet 400 mg		NEDS
SULFONAMIDES		
sulfadiazine oral tablet 500 mg		NEDS
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Sulfatrim Pediatric	NEDS
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	Bactrim	NEDS
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	Bactrim DS	NEDS
TETRACYCLINES		
demeclocycline hcl oral tablet 150 mg, 300 mg		NEDS
doxy 100 intravenous solution reconstituted 100 mg	Doxy 100	PA-BvsD; NEDS
doxycycline hyclate intravenous solution reconstituted 100 mg	Doxy 100	PA-BvsD; NEDS
doxycycline hyclate oral capsule 100 mg, 50 mg		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
doxycycline hyclate oral tablet 100 mg, 20 mg		NEDS
doxycycline monohydrate oral capsule 100 mg	Mondoxyne NL	NEDS
doxycycline monohydrate oral capsule 50 mg		NEDS
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml		NEDS
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg		NEDS
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg		NEDS
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg		NEDS
tetracycline hcl oral capsule 250 mg, 500 mg		NEDS
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		PA-BvsD; NEDS
ANTICANCER AGENTS		
ANTICANCER AGENTS		
abiraterone acetate oral tablet 250 mg	Abirtega	PA; QL (120 per 30 days); NEDS
abiraterone acetate oral tablet 500 mg	Zytiga	PA; QL (60 per 30 days); NEDS
abirtega oral tablet 250 mg	Abirtega	PA; QL (120 per 30 days); NEDS
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		PA; QL (60 per 30 days); NEDS
ALECENSA ORAL CAPSULE 150 MG		PA; QL (240 per 30 days); NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG		PA; QL (30 per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG		PA; QL (120 per 30 days); NEDS
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		PA; NEDS
anastrozole oral tablet 1 mg	Arimidex	MO
AUGTYRO ORAL CAPSULE 160 MG		PA; QL (60 per 30 days); NEDS
AUGTYRO ORAL CAPSULE 40 MG		PA; QL (240 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG		PA; NEDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		PA; QL (30 per 30 days); NEDS
BALVERSA ORAL TABLET 3 MG		PA; QL (90 per 30 days); NEDS
BALVERSA ORAL TABLET 4 MG		PA; QL (60 per 30 days); NEDS
BALVERSA ORAL TABLET 5 MG		PA; QL (30 per 30 days); NEDS
bexarotene external gel 1 %	Targretin	PA; NEDS
bexarotene oral capsule 75 mg	Targretin	PA; NEDS
bicalutamide oral tablet 50 mg	Casodex	NEDS
BOSULIF ORAL CAPSULE 100 MG		PA; QL (180 per 30 days); NEDS
BOSULIF ORAL CAPSULE 50 MG		PA; QL (30 per 30 days); NEDS
BOSULIF ORAL TABLET 100 MG		PA; QL (120 per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG		PA; QL (30 per 30 days); NEDS
BRAFTOVI ORAL CAPSULE 75 MG		PA; QL (180 per 30 days); NEDS
BRUKINSA ORAL CAPSULE 80 MG		PA; QL (120 per 30 days); NEDS
BRUKINSA ORAL TABLET 160 MG		PA; NEDS
CABOMETYX ORAL TABLET 20 MG, 60 MG		PA; QL (30 per 30 days); NEDS
CABOMETYX ORAL TABLET 40 MG		PA; QL (60 per 30 days); NEDS
CALQUENCE ORAL TABLET 100 MG		PA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 100 MG		PA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG		PA; QL (30 per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG		PA; QL (60 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG		PA; QL (120 per 30 days); NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		PA; QL (90 per 30 days); NEDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		PA; QL (56 per 28 days); NEDS
COTELLIC ORAL TABLET 20 MG		PA; QL (63 per 28 days); NEDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG		PA-BvsD; NEDS
cyclophosphamide oral capsule 50 mg		PA-BvsD; NEDS
cyclophosphamide oral tablet 25 mg		PA-BvsD; NEDS
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG		PA-BvsD; NEDS
DANZITEN ORAL TABLET 71 MG, 95 MG		PA; QL (112 per 28 days); NEDS
dasatinib oral tablet 100 mg, 50 mg, 70 mg	Phyrago	PA; QL (60 per 30 days); NEDS
dasatinib oral tablet 140 mg	Phyrago	PA; QL (30 per 30 days); NEDS
dasatinib oral tablet 20 mg	Phyrago	PA; QL (90 per 30 days); NEDS
dasatinib oral tablet 80 mg	Sprycel	PA; QL (60 per 30 days); NEDS
DAURISMO ORAL TABLET 100 MG		PA; QL (30 per 30 days); NEDS
DAURISMO ORAL TABLET 25 MG		PA; QL (60 per 30 days); NEDS
ELIGARD SUBCUTANEOUS KIT 22.5 MG		PA; QL (1 per 90 days)
ELIGARD SUBCUTANEOUS KIT 30 MG		PA; QL (1 per 120 days)
ELIGARD SUBCUTANEOUS KIT 45 MG		PA; QL (1 per 180 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG		PA; QL (1 per 30 days); NEDS
ERIVEDGE ORAL CAPSULE 150 MG		PA; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 240 MG		PA; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 60 MG		PA; QL (90 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
erlotinib hcl oral tablet 100 mg	Tarceva	PA; QL (60 per 30 days); NEDS
erlotinib hcl oral tablet 150 mg		PA; QL (90 per 30 days); NEDS
erlotinib hcl oral tablet 25 mg		PA; QL (60 per 30 days); NEDS
EULEXIN ORAL CAPSULE 125 MG		PA; NEDS
everolimus oral tablet 10 mg, 5 mg, 7.5 mg	Afinitor	PA; QL (30 per 30 days); NEDS
everolimus oral tablet 2.5 mg	Afinitor	PA; QL (60 per 30 days); NEDS
everolimus oral tablet soluble 2 mg, 3 mg	Afinitor Disperz	PA; QL (30 per 30 days); NEDS
everolimus oral tablet soluble 5 mg	Afinitor Disperz	PA; QL (60 per 30 days); NEDS
exemestane oral tablet 25 mg	Aromasin	MO
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL		PA; QL (2 per 28 days); NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG		PA; QL (1 per 28 days); NEDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		PA; QL (21 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 1 MG		PA; QL (84 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 5 MG		PA; QL (21 per 28 days); NEDS
GAVRETO ORAL CAPSULE 100 MG		PA; QL (120 per 30 days); NEDS
gefitinib oral tablet 250 mg	Iressa	PA; QL (60 per 30 days); NEDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA; QL (30 per 30 days); NEDS
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG		NEDS
GLEOSTINE ORAL CAPSULE 100 MG		NEDS
GOMEKLI ORAL CAPSULE 1 MG		PA; QL (224 per 28 days); NEDS
GOMEKLI ORAL CAPSULE 2 MG		PA; QL (112 per 28 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
GOMEKLI ORAL TABLET SOLUBLE 1 MG		PA; QL (224 per 28 days); NEDS
HERNEXEOS ORAL TABLET 60 MG		PA; QL (90 per 30 days); NEDS
hydroxyurea oral capsule 500 mg	Hydrea	NEDS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		PA; QL (21 per 28 days); NEDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		PA; QL (21 per 28 days); NEDS
IBTROZI ORAL CAPSULE 200 MG		PA; QL (90 per 30 days); NEDS
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG		PA; QL (30 per 30 days); NEDS
ICLUSIG ORAL TABLET 15 MG		PA; QL (60 per 30 days); NEDS
IDHIFA ORAL TABLET 100 MG		PA; QL (30 per 30 days); NEDS
IDHIFA ORAL TABLET 50 MG		PA; QL (60 per 30 days); NEDS
imatinib mesylate oral tablet 100 mg	Gleevec	PA; QL (90 per 30 days); NEDS
imatinib mesylate oral tablet 400 mg	Gleevec	PA; QL (60 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 140 MG		PA; QL (120 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG		PA; QL (28 per 28 days); NEDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML		PA; QL (216 per 27 days); NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		PA; QL (28 per 28 days); NEDS
IMKELDI ORAL SOLUTION 80 MG/ML		PA; QL (280 per 28 days); NEDS
INLYTA ORAL TABLET 1 MG		PA; QL (180 per 30 days); NEDS
INLYTA ORAL TABLET 5 MG		PA; QL (120 per 30 days); NEDS
INQOVI ORAL TABLET 35-100 MG		PA; QL (5 per 28 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
INREBIC ORAL CAPSULE 100 MG		PA; QL (120 per 30 days); NEDS
ITOVEBI ORAL TABLET 3 MG		PA; QL (60 per 30 days); NEDS
ITOVEBI ORAL TABLET 9 MG		PA; QL (30 per 30 days); NEDS
IWILFIN ORAL TABLET 192 MG		PA; QL (240 per 30 days); NEDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		PA; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG		PA; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 50 MG		PA; QL (30 per 30 days); NEDS
JYLAMVO ORAL SOLUTION 2 MG/ML		PA-BvsD; NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		PA; QL (21 per 28 days); NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		PA; QL (42 per 28 days); NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		PA; QL (63 per 28 days); NEDS
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		PA; QL (49 per 28 days); NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		PA; QL (70 per 28 days); NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		PA; QL (91 per 28 days); NEDS
KOSELUGO ORAL CAPSULE 10 MG		PA; QL (300 per 30 days); NEDS
KOSELUGO ORAL CAPSULE 25 MG		PA; QL (120 per 30 days); NEDS
KRAZATI ORAL TABLET 200 MG		PA; QL (180 per 30 days); NEDS
lapatinib ditosylate oral tablet 250 mg	Tykerb	PA; QL (180 per 30 days); NEDS
LAZCLUZE ORAL TABLET 240 MG, 80 MG		PA; QL (60 per 30 days); NEDS
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Revlimid	PA; QL (28 per 28 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		PA; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		PA; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		PA; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		PA; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		PA; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		PA; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		PA; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		PA; NEDS
letrozole oral tablet 2.5 mg	Femara	MO
LEUKERAN ORAL TABLET 2 MG		PA; NEDS
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG		PA; QL (1 per 90 days)
leuprolide acetate injection kit 1 mg/0.2ml		PA; NEDS
LONSURF ORAL TABLET 15-6.14 MG		PA; QL (100 per 28 days); NEDS
LONSURF ORAL TABLET 20-8.19 MG		PA; QL (80 per 30 days); NEDS
LORBRENA ORAL TABLET 100 MG		PA; QL (30 per 30 days); NEDS
LORBRENA ORAL TABLET 25 MG		PA; QL (90 per 30 days); NEDS
LUMAKRAS ORAL TABLET 120 MG		PA; QL (240 per 30 days); NEDS
LUMAKRAS ORAL TABLET 240 MG		PA; QL (120 per 30 days); NEDS
LUMAKRAS ORAL TABLET 320 MG		PA; QL (90 per 30 days); NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG		PA; QL (1 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG		PA; QL (1 per 90 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG		PA; QL (1 per 120 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG		PA; QL (1 per 180 days)
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG		PA; QL (1 per 90 days); NEDS
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA; QL (120 per 30 days); NEDS
LYSODREN ORAL TABLET 500 MG		NEDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		PA; QL (90 per 30 days); NEDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		PA; QL (120 per 30 days); NEDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		PA; QL (150 per 30 days); NEDS
MATULANE ORAL CAPSULE 50 MG		PA; NEDS
megestrol acetate oral tablet 20 mg, 40 mg		PA; HRM; NEDS
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML		PA; QL (1260 per 30 days); NEDS
MEKINIST ORAL TABLET 0.5 MG		PA; QL (90 per 30 days); NEDS
MEKINIST ORAL TABLET 2 MG		PA; QL (30 per 30 days); NEDS
MEKTOVI ORAL TABLET 15 MG		PA; QL (180 per 30 days); NEDS
mercaptopurine oral suspension 2000 mg/100ml	Purixan	PA; NEDS
mercaptopurine oral tablet 50 mg		NEDS
methotrexate sodium (pf) injection solution 50 mg/2ml		PA-BvsD; NEDS
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML		PA-BvsD; NEDS
methotrexate sodium oral tablet 2.5 mg		NEDS
MODEYSO ORAL CAPSULE 125 MG		PA; QL (20 per 28 days); NEDS
NERLYNX ORAL TABLET 40 MG		PA; QL (180 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
nilutamide oral tablet 150 mg	Nilandron	QL (60 per 30 days); NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		PA; QL (3 per 28 days); NEDS
NUBEQA ORAL TABLET 300 MG		PA; QL (120 per 30 days); NEDS
ODOMZO ORAL CAPSULE 200 MG		PA; NEDS
OGSIVEO ORAL TABLET 100 MG, 150 MG		PA; QL (56 per 28 days); NEDS
OGSIVEO ORAL TABLET 50 MG		PA; QL (180 per 30 days); NEDS
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML		PA; QL (96 per 28 days); NEDS
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)		PA; QL (24 per 28 days); NEDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		PA; QL (30 per 30 days); NEDS
ONUREG ORAL TABLET 200 MG, 300 MG		PA; QL (14 per 28 days); NEDS
ORSERDU ORAL TABLET 345 MG		PA; QL (30 per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG		PA; QL (90 per 30 days); NEDS
pazopanib hcl oral tablet 200 mg	Votrient	PA; QL (120 per 30 days); NEDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		PA; QL (30 per 30 days); NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG		PA; QL (28 per 28 days); NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG		PA; QL (56 per 28 days); NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG		PA; QL (56 per 28 days); NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		PA; QL (21 per 28 days); NEDS
QINLOCK ORAL TABLET 50 MG		PA; QL (90 per 30 days); NEDS
RETEVMO ORAL TABLET 120 MG, 160 MG		PA; QL (60 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
RETEVMO ORAL TABLET 40 MG		PA; QL (180 per 30 days); NEDS
RETEVMO ORAL TABLET 80 MG		PA; QL (120 per 30 days); NEDS
REVUFORJ ORAL TABLET 110 MG		PA; QL (120 per 30 days); NEDS
REVUFORJ ORAL TABLET 160 MG		PA; QL (60 per 30 days); NEDS
REVUFORJ ORAL TABLET 25 MG		PA; QL (240 per 30 days); NEDS
REZLIDHIA ORAL CAPSULE 150 MG		PA; QL (60 per 30 days); NEDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG		PA; QL (8 per 28 days); NEDS
ROZLYTREK ORAL CAPSULE 100 MG		PA; QL (180 per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 200 MG		PA; QL (90 per 30 days); NEDS
ROZLYTREK ORAL PACKET 50 MG		PA; QL (360 per 30 days); NEDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		PA; QL (120 per 30 days); NEDS
RYDAPT ORAL CAPSULE 25 MG		PA; QL (224 per 28 days); NEDS
SCEMBLIX ORAL TABLET 100 MG		PA; QL (120 per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG		PA; QL (60 per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG		PA; QL (300 per 30 days); NEDS
SOLTAMOX ORAL SOLUTION 10 MG/5ML		PA; NEDS
sorafenib tosylate oral tablet 200 mg	NexAVAR	PA; QL (120 per 30 days); NEDS
STIVARGA ORAL TABLET 40 MG		PA; QL (84 per 28 days); NEDS
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Sutent	PA; QL (28 per 28 days); NEDS
TABLOID ORAL TABLET 40 MG		PA; NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
TABRECTA ORAL TABLET 150 MG, 200 MG		PA; QL (120 per 30 days); NEDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA; QL (120 per 30 days); NEDS
TAFINLAR ORAL TABLET SOLUBLE 10 MG		PA; QL (900 per 30 days); NEDS
TAGRISSO ORAL TABLET 40 MG, 80 MG		PA; QL (30 per 30 days); NEDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		PA; QL (30 per 30 days); NEDS
tamoxifen citrate oral tablet 10 mg, 20 mg		MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG		PA; QL (120 per 30 days); NEDS
TAZVERIK ORAL TABLET 200 MG		PA; QL (240 per 30 days); NEDS
TEPMETKO ORAL TABLET 225 MG		PA; QL (60 per 30 days); NEDS
TIBSOVO ORAL TABLET 250 MG		PA; QL (60 per 30 days); NEDS
toremifene citrate oral tablet 60 mg	Fareston	PA; NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG		PA; QL (1 per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG		PA; QL (1 per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG		PA; QL (1 per 28 days); NEDS
tretinoin oral capsule 10 mg		NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG		PA; QL (64 per 28 days); NEDS
TRUQAP ORAL TABLET THERAPY PACK 160 MG		PA; QL (64 per 28 days); NEDS
TUKYSA ORAL TABLET 150 MG, 50 MG		PA; QL (120 per 30 days); NEDS
TURALIO ORAL CAPSULE 125 MG		PA; QL (120 per 30 days); NEDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG		PA; QL (56 per 28 days); NEDS
VENCLEXTA ORAL TABLET 10 MG		PA; QL (60 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
VENCLEXTA ORAL TABLET 100 MG		PA; QL (180 per 30 days); NEDS
VENCLEXTA ORAL TABLET 50 MG		PA; QL (30 per 30 days); NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		PA; NEDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		PA; QL (56 per 28 days); NEDS
VITRAKVI ORAL CAPSULE 100 MG		PA; QL (60 per 30 days); NEDS
VITRAKVI ORAL CAPSULE 25 MG		PA; QL (90 per 30 days); NEDS
VITRAKVI ORAL SOLUTION 20 MG/ML		PA; QL (600 per 30 days); NEDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		PA; QL (30 per 30 days); NEDS
VONJO ORAL CAPSULE 100 MG		PA; QL (120 per 30 days); NEDS
VORANIGO ORAL TABLET 10 MG, 40 MG		PA; NEDS
WELIREG ORAL TABLET 40 MG		PA; QL (90 per 30 days); NEDS
XALKORI ORAL CAPSULE 200 MG, 250 MG		PA; QL (120 per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 150 MG		PA; QL (180 per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 20 MG		PA; QL (240 per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 50 MG		PA; QL (120 per 30 days); NEDS
XATMEP ORAL SOLUTION 2.5 MG/ML		PA-BvsD; NEDS
XOSPATA ORAL TABLET 40 MG		PA; QL (90 per 30 days); NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG		PA; QL (8 per 28 days); NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG		PA; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; QL (4 per 28 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; QL (8 per 28 days); NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG		PA; QL (4 per 28 days); NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		PA; QL (24 per 28 days); NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; QL (8 per 28 days); NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		PA; QL (32 per 28 days); NEDS
XTANDI ORAL CAPSULE 40 MG		PA; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 40 MG		PA; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 80 MG		PA; QL (60 per 30 days); NEDS
YONSA ORAL TABLET 125 MG		PA; QL (120 per 30 days); NEDS
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		PA; QL (30 per 30 days); NEDS
ZELBORAF ORAL TABLET 240 MG		PA; QL (240 per 30 days); NEDS
ZOLINZA ORAL CAPSULE 100 MG		PA; NEDS
ZYDELIG ORAL TABLET 100 MG		PA; QL (90 per 30 days); NEDS
ZYDELIG ORAL TABLET 150 MG		PA; QL (60 per 30 days); NEDS
ZYKADIA ORAL TABLET 150 MG		PA; QL (84 per 28 days); NEDS
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Librax	PA; HRM; NEDS
glycopyrrolate oral solution 1 mg/5ml	Cuvposa	MO
ANTICONVULSANTS		
ANTICONVULSANTS		

DRUG NAME	Reference	REQUIREMENTS/LIMITS
BRIVIACT ORAL SOLUTION 10 MG/ML		PA; QL (600 per 30 days); NEDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		PA; QL (60 per 30 days); NEDS
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Carbatrol	MO
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	TEGretol-XR	MO
carbamazepine oral suspension 100 mg/5ml	TEGretol	MO
carbamazepine oral tablet 200 mg	TEGretol	MO
carbamazepine oral tablet chewable 100 mg, 200 mg		MO
clobazam oral suspension 2.5 mg/ml	Onfi	PA; MO; FFQL; QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	Onfi	PA; MO; FFQL; QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		PA; NEDS
DIACOMIT ORAL PACKET 250 MG, 500 MG		PA; NEDS
diazepam rectal gel 10 mg, 2.5 mg, 20 mg		NEDS
DILANTIN ORAL CAPSULE 30 MG		MO; FFQL
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Depakote ER	MO
divalproex sodium oral capsule delayed release sprinkle 125 mg	Depakote Sprinkles	MO
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Depakote	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML		PA; NEDS
EPRONTIA ORAL SOLUTION 25 MG/ML		MO; FFQL
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	Aptiom	PA; QL (60 per 30 days); NEDS
ethosuximide oral capsule 250 mg	Zarontin	MO
ethosuximide oral solution 250 mg/5ml	Zarontin	MO
felbamate oral suspension 600 mg/5ml		MO; FFQL
felbamate oral tablet 400 mg, 600 mg	Felbatol	MO; FFQL
FINTEPLA ORAL SOLUTION 2.2 MG/ML		PA; NEDS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VIII of the introduction.

DRUG NAME	Reference	REQUIREMENTS/LIMITS
gabapentin oral capsule 100 mg, 300 mg	Neurontin	MO; QL (300 per 30 days)
gabapentin oral capsule 400 mg	Neurontin	MO; QL (270 per 30 days)
gabapentin oral solution 250 mg/5ml	Neurontin	MO; QL (2160 per 30 days)
gabapentin oral tablet 600 mg	Neurontin	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	Neurontin	MO; QL (120 per 30 days)
lacosamide oral solution 10 mg/ml	Vimpat	MO; FFQL; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Vimpat	MO; FFQL; QL (60 per 30 days)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	LaMICtal XR	MO
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	LaMICtal ODT	NEDS
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	LaMICtal	MO
lamotrigine oral tablet chewable 25 mg, 5 mg	LaMICtal	MO
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	LaMICtal ODT	MO; FFQL
lamotrigine starter kit-blue oral kit 35 x 25 mg	LaMICtal Starter	NEDS
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	LaMICtal Starter	NEDS
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	LaMICtal Starter	NEDS
levetiracetam er oral tablet extended release 24 hour 500 mg	Keppra XR	MO; QL (180 per 30 days)
levetiracetam er oral tablet extended release 24 hour 750 mg	Keppra XR	MO; QL (120 per 30 days)
levetiracetam oral solution 100 mg/ml	Keppra	MO
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Keppra	MO
methsuximide oral capsule 300 mg	Celontin	MO; FFQL
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		PA; NEDS
oxcarbazepine oral suspension 300 mg/5ml	Trileptal	MO; FFQL
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Trileptal	MO
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	Fycompa	NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
perampanel oral tablet 2 mg	Fycompa	MO; FFQL
phenobarbital oral elixir 20 mg/5ml		MO
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		MO
phenytek oral capsule 200 mg, 300 mg	Phenytek	MO
phenytoin oral suspension 125 mg/5ml	Dilantin-125	MO
phenytoin oral tablet chewable 50 mg	Dilantin Infatabs	MO
phenytoin sodium extended oral capsule 100 mg	Dilantin	MO
phenytoin sodium extended oral capsule 200 mg, 300 mg	Phenytek	MO
pregabalin oral capsule 100 mg, 200 mg, 50 mg	Lyrica	MO; QL (90 per 30 days)
pregabalin oral capsule 150 mg, 225 mg, 25 mg, 300 mg, 75 mg	Lyrica	MO; QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	Lyrica	MO; FFQL; QL (900 per 30 days)
primidone oral tablet 125 mg		MO
primidone oral tablet 250 mg, 50 mg	Mysoline	MO
rufinamide oral suspension 40 mg/ml	Banzel	PA; QL (2400 per 30 days); NEDS
rufinamide oral tablet 200 mg	Banzel	PA; MO; FFQL; QL (240 per 30 days)
rufinamide oral tablet 400 mg	Banzel	PA; QL (240 per 30 days); NEDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG		MO; FFQL; QL (120 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG		PA; QL (60 per 30 days); NEDS
SYMPAZAN ORAL FILM 5 MG		PA; MO; FFQL; QL (60 per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg		MO; FFQL
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg		MO; FFQL
topiramate oral capsule sprinkle 15 mg, 25 mg	Topamax Sprinkle	MO
topiramate oral capsule sprinkle 50 mg		MO
topiramate oral solution 25 mg/ml	Eprontia	MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Topamax	MO
valproic acid oral capsule 250 mg		MO
valproic acid oral solution 250 mg/5ml		MO
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		PA; QL (10 per 30 days); NEDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		PA; QL (10 per 30 days); NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		PA; QL (10 per 30 days); NEDS
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		PA; QL (10 per 30 days); NEDS
vigabatrin oral packet 500 mg	Sabril	PA; QL (180 per 30 days); NEDS
vigabatrin oral tablet 500 mg	Vigadrone	PA; QL (180 per 30 days); NEDS
vigadrone oral tablet 500 mg	Vigadrone	PA; QL (180 per 30 days); NEDS
vigpoder oral packet 500 mg	Sabril	PA; QL (180 per 30 days); NEDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		PA; QL (56 per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG		PA; QL (56 per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		PA; QL (30 per 30 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG		PA; QL (60 per 30 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG		PA; QL (28 per 28 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG		PA; QL (28 per 28 days); NEDS
ZONISADE ORAL SUSPENSION 100 MG/5ML		MO; FFQL
zonisamide oral capsule 100 mg, 25 mg	Zonegran	MO
zonisamide oral capsule 50 mg		MO
ZTALMY ORAL SUSPENSION 50 MG/ML		PA; QL (1100 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS		
donepezil hcl oral tablet 10 mg, 5 mg	Aricept	MO; QL (30 per 30 days)
donepezil hcl oral tablet 23 mg	Aricept	MO; QL (30 per 30 days)
donepezil hcl oral tablet dispersible 10 mg, 5 mg		MO; QL (30 per 30 days)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg		MO; QL (30 per 30 days)
galantamine hydrobromide oral solution 4 mg/ml		MO; FFQL; QL (180 per 30 days)
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg		MO; QL (60 per 30 days)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg		MO; QL (30 per 30 days)
memantine hcl oral solution 2 mg/ml		MO; FFQL; QL (300 per 30 days)
memantine hcl oral tablet 10 mg, 5 mg		MO; QL (60 per 30 days)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Namenda Titration Pak	QL (49 per 28 days); NEDS
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		MO; QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Exelon	MO; FFQL; QL (30 per 30 days)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		MO
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		MO
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG		PA; QL (60 per 30 days); NEDS
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	Wellbutrin SR	MO; QL (60 per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	Wellbutrin XL	MO; QL (60 per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	Wellbutrin XL	MO; QL (30 per 30 days)
bupropion hcl oral tablet 100 mg		MO; QL (90 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
bupropion hcl oral tablet 75 mg		MO; QL (180 per 30 days)
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg		PA; MO; HRM
citalopram hydrobromide oral capsule 30 mg		MO; QL (30 per 30 days)
citalopram hydrobromide oral solution 10 mg/5ml		MO; QL (600 per 30 days)
citalopram hydrobromide oral tablet 10 mg	CeleXA	MO; QL (45 per 30 days)
citalopram hydrobromide oral tablet 20 mg	CeleXA	MO; QL (60 per 30 days)
citalopram hydrobromide oral tablet 40 mg	CeleXA	MO; QL (30 per 30 days)
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Anafranil	MO
desipramine hcl oral tablet 10 mg, 25 mg	Norpramin	MO
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg		MO
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG		MO; FFQL; QL (30 per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg	Pristiq	MO; QL (30 per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg	Pristiq	MO; QL (60 per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		MO
doxepin hcl oral concentrate 10 mg/ml		MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG		MO; FFQL; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG		MO; FFQL; QL (30 per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg		MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		PA; QL (30 per 30 days); NEDS
escitalopram oxalate oral solution 5 mg/5ml		MO; FFQL; QL (600 per 30 days)
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Lexapro	MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII of the introduction. Formulary ID: 26265 Last Updated: 10/15/2025 Effective Date: 01/01/2026

DRUG NAME	Reference	REQUIREMENTS/LIMITS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG		ST; MO; FFQL; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		ST; QL (28 per 28 days); NEDS
fluoxetine hcl oral capsule 10 mg, 40 mg		MO; QL (60 per 30 days)
fluoxetine hcl oral capsule 20 mg	PROzac	MO; QL (120 per 30 days)
fluoxetine hcl oral capsule delayed release 90 mg		MO; QL (4 per 28 days)
fluoxetine hcl oral solution 20 mg/5ml		MO; QL (600 per 30 days)
fluoxetine hcl oral tablet 10 mg		MO; QL (60 per 30 days)
fluoxetine hcl oral tablet 20 mg		MO; QL (120 per 30 days)
fluoxetine hcl oral tablet 60 mg		MO; QL (30 per 30 days)
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg		MO; QL (60 per 30 days)
fluvoxamine maleate oral tablet 100 mg		MO; QL (90 per 30 days)
fluvoxamine maleate oral tablet 25 mg, 50 mg		MO; QL (60 per 30 days)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		MO
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		MO
MARPLAN ORAL TABLET 10 MG		MO; FFQL
mirtazapine oral tablet 15 mg, 30 mg	Remeron	MO; QL (30 per 30 days)
mirtazapine oral tablet 45 mg, 7.5 mg		MO; QL (30 per 30 days)
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Remeron SolTab	MO; QL (30 per 30 days)
nefazodone hcl oral tablet 100 mg, 250 mg, 50 mg		MO
NEFAZODONE HCL ORAL TABLET 150 MG, 200 MG		MO
nefazodone hcl tablet 150 mg oral		MO
nefazodone hcl tablet 200 mg oral		MO
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Pamelor	MO
nortriptyline hcl oral solution 10 mg/5ml		MO
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg		MO; QL (30 per 30 days)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	Symbyax	MO; QL (30 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	Paxil CR	MO; QL (30 per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	Paxil CR	MO; QL (60 per 30 days)
paroxetine hcl oral suspension 10 mg/5ml		MO; QL (900 per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg	Paxil	MO; QL (60 per 30 days)
paroxetine hcl oral tablet 40 mg	Paxil	MO; QL (30 per 30 days)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		MO
phenelzine sulfate oral tablet 15 mg	Nardil	MO
protriptyline hcl oral tablet 10 mg, 5 mg		MO
RALDESY ORAL SOLUTION 10 MG/ML		PA; MO; FFQL; QL (1200 per 30 days)
sertraline hcl oral capsule 150 mg, 200 mg		MO; QL (30 per 30 days)
sertraline hcl oral concentrate 20 mg/ml	Zoloft	MO; QL (300 per 30 days)
sertraline hcl oral tablet 100 mg	Zoloft	MO; QL (60 per 30 days)
sertraline hcl oral tablet 25 mg, 50 mg	Zoloft	MO; QL (45 per 30 days)
tranylcypromine sulfate oral tablet 10 mg	Parnate	MO
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg		MO
trazodone hcl oral tablet 300 mg		MO
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg		MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		ST; MO; FFQL; QL (30 per 30 days)
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG		MO; QL (60 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg	Effexor XR	MO; QL (30 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	Effexor XR	MO; QL (90 per 30 days)
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg		MO; QL (30 per 30 days)
venlafaxine hcl er oral tablet extended release 24 hour 75 mg		MO; QL (90 per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		MO; QL (90 per 30 days)
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Viibryd	MO; QL (30 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		PA; QL (28 per 14 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG		PA; QL (14 per 14 days); NEDS
ANTIDIABETIC AGENTS		
ANTIDIABETIC AGENTS, MISCELLANEOUS		
acarbose oral tablet 100 mg, 25 mg, 50 mg		MO; QL (90 per 30 days)
dapagliflozin propanediol oral tablet 10 mg	Farxiga	MO; FFQL; QL (30 per 30 days)
dapagliflozin propanediol oral tablet 5 mg	Farxiga	MO; FFQL; QL (60 per 30 days)
FARXIGA ORAL TABLET 10 MG		MO; FFQL; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG		MO; FFQL; QL (60 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		MO; FFQL; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		MO; FFQL; QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG		MO; FFQL; QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG		MO; FFQL; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		MO; FFQL; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		MO; FFQL; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		MO; FFQL; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG		MO; FFQL; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG		MO; FFQL; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG		PA; QL (120 per 30 days); NEDS
metformin hcl er oral tablet extended release 24 hour 500 mg		MO; QL (120 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
metformin hcl er oral tablet extended release 24 hour 750 mg		MO; QL (60 per 30 days)
metformin hcl oral solution 500 mg/5ml	Riomet	MO; QL (765 per 30 days)
metformin hcl oral tablet 1000 mg		MO; QL (60 per 30 days)
metformin hcl oral tablet 500 mg		MO; QL (120 per 30 days)
metformin hcl oral tablet 750 mg		MO; FFQL; QL (60 per 30 days)
metformin hcl oral tablet 850 mg		MO; QL (90 per 30 days)
mifepristone oral tablet 300 mg	Korlym	PA; QL (120 per 30 days); NEDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML		PA; MO; FFQL; QL (2 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML		PA; QL (2 per 28 days); NEDS
nateglinide oral tablet 120 mg, 60 mg		MO; QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML		PA; MO; FFQL; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML		PA; MO; FFQL; QL (6 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML		PA; MO; FFQL; QL (3 per 28 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Actos	MO; QL (30 per 30 days)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	Duetact	MO; QL (30 per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg		MO; QL (90 per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-850 mg	Actoplus Met	MO; QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		MO; QL (120 per 30 days)
repaglinide oral tablet 2 mg		MO; QL (240 per 30 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG		PA; MO; FFQL; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG		PA; MO; FFQL; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		MO; FFQL; QL (60 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG		MO; FFQL; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG		MO; FFQL; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG		MO; FFQL; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG		MO; FFQL; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG		MO; FFQL; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		PA; MO; FFQL; QL (4 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG		MO; FFQL; QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG		MO; FFQL; QL (60 per 30 days)
INSULINS		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
FIASP INJECTION SOLUTION 100 UNIT/ML		MO; FFQL; QL (40 per 30 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
HUMALOG INJECTION SOLUTION 100 UNIT/ML		MO; FFQL; QL (40 per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML		MO; FFQL; QL (40 per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML		MO; FFQL; QL (40 per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		MO; FFQL; QL (40 per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		MO; FFQL; QL (40 per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		MO; FFQL; QL (40 per 30 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML		MO; FFQL; QL (40 per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		MO; FFQL; QL (40 per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		MO; FFQL; QL (40 per 30 days)
insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml	Toujeo Max SoloStar	MO; FFQL; QL (40 per 30 days)
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		MO; FFQL; QL (40 per 30 days)
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	Toujeo SoloStar	MO; FFQL; QL (40 per 30 days)
INSULIN GLARGINE SUBCUTANEOUS SOLUTION 100 UNIT/ML		MO; FFQL; QL (40 per 30 days)
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	HumaLOG KwikPen	MO; FFQL; QL (45 per 30 days)
insulin lispro injection solution 100 unit/ml	HumaLOG	MO; FFQL; QL (40 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	HumaLOG Junior KwikPen	MO; FFQL; QL (45 per 30 days)
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	HumaLOG Mix 75/25 KwikPen	MO; FFQL; QL (45 per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML		MO; FFQL; QL (40 per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML		MO; FFQL; QL (40 per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		MO; FFQL; QL (40 per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		MO; FFQL; QL (45 per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		ST; MO; FFQL; QL (45 per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		MO; FFQL; QL (40 per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		MO; FFQL; QL (40 per 30 days)
SULFONYLUREAS		
glimepiride oral tablet 1 mg, 2 mg, 4 mg		MO; QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg, 5 mg	Glucotrol XL	MO; QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg		MO; QL (60 per 30 days)
glipizide oral tablet 10 mg, 2.5 mg, 5 mg		MO; QL (120 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		MO; QL (120 per 30 days)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		MO
ANTIFUNGALS		
ANTIFUNGALS		
amphotericin b intravenous solution reconstituted 50 mg		PA-BvsD; NEDS
amphotericin b liposome intravenous suspension reconstituted 50 mg	AmBisome	PA-BvsD; NEDS
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg		NEDS
ciclopirox external gel 0.77 %		NEDS
ciclopirox external shampoo 1 %		NEDS
ciclopirox external solution 8 %	Ciclodan	NEDS
ciclopirox olamine external cream 0.77 %		NEDS
ciclopirox olamine external suspension 0.77 %		NEDS
clotrimazole external cream 1 %	Lotrimin AF	NEDS
clotrimazole external solution 1 %		NEDS
clotrimazole mouth/throat troche 10 mg		NEDS
clotrimazole-betamethasone external cream 1-0.05 %		NEDS
clotrimazole-betamethasone external lotion 1-0.05 %		NEDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		PA; NEDS
econazole nitrate external cream 1 %		QL (255 per 30 days); NEDS
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%		PA-BvsD; NEDS
fluconazole oral suspension reconstituted 10 mg/ml		NEDS
fluconazole oral suspension reconstituted 40 mg/ml	Diflucan	NEDS
fluconazole oral tablet 100 mg, 200 mg, 50 mg		NEDS
fluconazole oral tablet 150 mg	Diflucan	NEDS
flucytosine oral capsule 250 mg, 500 mg	Ancobon	NEDS
griseofulvin microsize oral suspension 125 mg/5ml		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
griseofulvin microsize oral tablet 500 mg		NEDS
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		NEDS
itraconazole oral capsule 100 mg	Sporanox	PA; QL (120 per 30 days); NEDS
ketoconazole external cream 2 %		QL (600 per 30 days); NEDS
ketoconazole external shampoo 2 %		NEDS
ketoconazole oral tablet 200 mg		NEDS
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	Mycamine	PA-BvsD; NEDS
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG		NEDS
nystatin external cream 100000 unit/gm		NEDS
nystatin external ointment 100000 unit/gm		NEDS
nystatin external powder 100000 unit/gm	Klayesta	NEDS
nystatin mouth/throat suspension 100000 unit/ml		NEDS
nystatin oral tablet 500000 unit		NEDS
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%		NEDS
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%		NEDS
posaconazole oral tablet delayed release 100 mg		PA; QL (93 per 30 days); NEDS
ra clotrimazole external cream 1 %	Lotrimin AF	NEDS
terbinafine hcl oral tablet 250 mg		QL (120 per 30 days); NEDS
voriconazole intravenous solution reconstituted 200 mg	Vfend IV	PA; NEDS
voriconazole oral suspension reconstituted 40 mg/ml	Vfend	PA; QL (300 per 30 days); NEDS
voriconazole oral tablet 200 mg		PA; QL (60 per 30 days); NEDS
voriconazole oral tablet 50 mg		PA; QL (120 per 30 days); NEDS
ANTIGOUT AGENTS		
ANTIGOUT AGENTS, OTHER		
allopurinol oral tablet 100 mg, 300 mg		MO
colchicine oral capsule 0.6 mg	Mitigare	NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
colchicine oral tablet 0.6 mg		NEDS
colchicine-probenecid oral tablet 0.5-500 mg		MO
febuxostat oral tablet 40 mg, 80 mg	Uloric	PA; MO
probenecid oral tablet 500 mg		MO
ANTIHISTAMINES		
ANTIHISTAMINES		
cetirizine hcl oral solution 1 mg/ml	KLS Aller-Tec Childrens	NEDS
cetirizine hcl oral solution 5 mg/5ml	KLS Aller-Tec Childrens	NEDS
cyproheptadine hcl oral syrup 2 mg/5ml		NEDS
cyproheptadine hcl oral tablet 4 mg		NEDS
desloratadine oral tablet 5 mg	Clarinex	QL (30 per 30 days); NEDS
diphenhydramine hcl injection solution 50 mg/ml		NEDS
diphenhydramine hcl solution 50 mg/ml injection		NEDS
diphenhydramine hcl solution 50 mg/ml injection		MO
hydroxyzine hcl oral syrup 10 mg/5ml		PA; HRM; NEDS
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		PA; HRM; NEDS
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Xyzal Allergy 24HR Childrens	QL (300 per 30 days); NEDS
levocetirizine dihydrochloride oral tablet 5 mg	Xyzal Allergy 24HR	QL (30 per 30 days); NEDS
promethazine hcl oral solution 6.25 mg/5ml		PA; HRM; NEDS
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
clindamycin phosphate vaginal cream 2 %	Cleocin	NEDS
metronidazole vaginal gel 0.75 %	Vandazole	NEDS
terconazole vaginal cream 0.4 %, 0.8 %		NEDS
terconazole vaginal suppository 80 mg		NEDS
VANDAZOLE VAGINAL GEL 0.75 %		NEDS
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS		
dihydroergotamine mesylate nasal solution 4 mg/ml		QL (24 per 28 days); NEDS
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Relpax	QL (12 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		PA; MO; FFQL; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		PA; MO; FFQL; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		PA; MO; FFQL; QL (2 per 30 days)
ergotamine-caffeine oral tablet 1-100 mg		QL (40 per 28 days); NEDS
naratriptan hcl oral tablet 1 mg, 2.5 mg		QL (12 per 30 days); NEDS
rizatriptan benzoate oral tablet 10 mg	Maxalt	QL (12 per 30 days); NEDS
rizatriptan benzoate oral tablet 5 mg		QL (12 per 30 days); NEDS
rizatriptan benzoate oral tablet dispersible 10 mg	Maxalt-MLT	QL (12 per 30 days); NEDS
rizatriptan benzoate oral tablet dispersible 5 mg		QL (12 per 30 days); NEDS
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Imitrex	QL (12 per 30 days); NEDS
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		QL (8 per 30 days); NEDS
UBRELVY ORAL TABLET 100 MG, 50 MG		PA; QL (16 per 30 days); NEDS
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS		
dapsone oral tablet 100 mg, 25 mg		MO
ethambutol hcl oral tablet 100 mg, 400 mg		NEDS
isoniazid oral syrup 50 mg/5ml		MO
isoniazid oral tablet 100 mg, 300 mg		MO
PRIFTIN ORAL TABLET 150 MG		NEDS
pyrazinamide oral tablet 500 mg		NEDS
rifabutin oral capsule 150 mg		NEDS
rifampin intravenous solution reconstituted 600 mg	Rifadin	NEDS
rifampin oral capsule 150 mg, 300 mg		NEDS
SIRTURO ORAL TABLET 100 MG, 20 MG		PA; NEDS
ANTINAUSEA AGENTS		
ANTINAUSEA AGENTS		

DRUG NAME	Reference	REQUIREMENTS/LIMITS
aprepitant oral capsule 125 mg		PA-BvsD; QL (8 per 28 days); NEDS
aprepitant oral capsule 40 mg		PA-BvsD; QL (8 per 28 days); NEDS
aprepitant oral capsule 80 & 125 mg	Emend TriPack	PA-BvsD; QL (12 per 28 days); NEDS
aprepitant oral capsule 80 mg	Emend BiPack	PA-BvsD; QL (8 per 28 days); NEDS
dronabinol oral capsule 10 mg, 5 mg		PA-BvsD; QL (60 per 30 days); NEDS
dronabinol oral capsule 2.5 mg	Marinol	PA-BvsD; QL (60 per 30 days); NEDS
granisetron hcl oral tablet 1 mg		PA-BvsD; QL (60 per 30 days); NEDS
meclizine hcl oral tablet 12.5 mg		NEDS
meclizine hcl oral tablet 25 mg	Dramamine	NEDS
ondansetron hcl oral solution 4 mg/5ml		PA-BvsD; QL (450 per 30 days); NEDS
ondansetron hcl oral tablet 4 mg		PA-BvsD; QL (120 per 30 days); NEDS
ondansetron hcl oral tablet 8 mg		PA-BvsD; QL (90 per 30 days); NEDS
ondansetron oral tablet dispersible 4 mg		PA-BvsD; QL (120 per 30 days); NEDS
ondansetron oral tablet dispersible 8 mg		PA-BvsD; QL (90 per 30 days); NEDS
prochlorperazine maleate oral tablet 10 mg, 5 mg		MO
prochlorperazine rectal suppository 25 mg	Compro	NEDS
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg		PA; HRM; NEDS
promethazine hcl rectal suppository 25 mg	Promethegan	PA; HRM; NEDS
promethegan rectal suppository 25 mg	Promethegan	PA; HRM; NEDS
scopolamine transdermal patch 72 hour 1 mg/3days		NEDS
trimethobenzamide hcl oral capsule 300 mg		NEDS
ANTIPARASITE AGENTS		
ANTIPARASITE AGENTS		

DRUG NAME	Reference	REQUIREMENTS/LIMITS
albendazole oral tablet 200 mg		NEDS
atovaquone oral suspension 750 mg/5ml	Mepron	NEDS
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Malarone	NEDS
chloroquine phosphate oral tablet 250 mg, 500 mg		MO
COARTEM ORAL TABLET 20-120 MG		NEDS
hydroxychloroquine sulfate oral tablet 100 mg, 400 mg		MO
hydroxychloroquine sulfate oral tablet 200 mg	Plaquenil	MO
hydroxychloroquine sulfate oral tablet 300 mg	Sovuna	MO
IMPAVIDO ORAL CAPSULE 50 MG		PA; QL (84 per 28 days); NEDS
ivermectin oral tablet 3 mg	Stromectol	PA; NEDS
ivermectin oral tablet 6 mg		PA; NEDS
mefloquine hcl oral tablet 250 mg		MO
nitazoxanide oral tablet 500 mg		QL (6 per 30 days); NEDS
pentamidine isethionate inhalation solution reconstituted 300 mg	Nebupent	PA-BvsD; NEDS
pentamidine isethionate injection solution reconstituted 300 mg	Pentam	PA-BvsD; NEDS
praziquantel oral tablet 600 mg	Biltricide	NEDS
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG		NEDS
pyrimethamine oral tablet 25 mg	Daraprim	PA; NEDS
quinine sulfate oral capsule 324 mg		PA; NEDS
tinidazole oral tablet 250 mg, 500 mg		NEDS
ANTIPARKINSONIAN AGENTS		
ANTIPARKINSONIAN AGENTS		
amantadine hcl oral capsule 100 mg		MO
amantadine hcl oral solution 50 mg/5ml		MO
amantadine hcl oral tablet 100 mg		MO
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg		MO
bromocriptine mesylate oral capsule 5 mg	Parlodel	MO
bromocriptine mesylate oral tablet 2.5 mg	Parlodel	MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
cabergoline oral tablet 0.5 mg		NEDS
carbidopa oral tablet 25 mg	Lodosyn	MO
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg		MO
carbidopa-levodopa oral tablet 10-100 mg	Sinemet	MO
carbidopa-levodopa oral tablet 25-100 mg	Dhivy	MO
carbidopa-levodopa oral tablet 25-250 mg		MO
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg		MO
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		MO
entacapone oral tablet 200 mg		MO; FFQL
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		MO; FFQL
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		MO
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Azilect	MO; QL (30 per 30 days)
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg		MO
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		MO
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG		ST; MO; FFQL; QL (360 per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG		ST; MO; FFQL; QL (270 per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG		ST; MO; FFQL; QL (300 per 30 days)
selegiline hcl oral capsule 5 mg		MO
selegiline hcl oral tablet 5 mg		MO
trihexyphenidyl hcl oral solution 0.4 mg/ml		MO
trihexyphenidyl hcl oral tablet 2 mg, 5 mg		MO
ANTIPSYCHOTIC AGENTS		
ANTIPSYCHOTIC AGENTS		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML		PA-BvsD; QL (2.4 per 56 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML		PA-BvsD; QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		PA-BvsD; QL (1 per 26 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		PA-BvsD; QL (1 per 26 days); NEDS
aripiprazole oral solution 1 mg/ml		MO; FFQL; QL (750 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg	Abilify	MO; QL (30 per 30 days)
aripiprazole oral tablet 2 mg, 5 mg	Abilify	MO; QL (60 per 30 days)
aripiprazole oral tablet dispersible 10 mg		QL (60 per 30 days); NEDS
aripiprazole oral tablet dispersible 15 mg		MO; QL (60 per 30 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Saphris	MO; FFQL; QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG		PA; QL (30 per 30 days); NEDS
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml		MO; FFQL
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		MO
clozapine oral tablet 100 mg	Clozaril	QL (270 per 30 days); NEDS
clozapine oral tablet 200 mg		QL (120 per 30 days); NEDS
clozapine oral tablet 25 mg	Clozaril	QL (120 per 30 days); NEDS
clozapine oral tablet 50 mg		QL (180 per 30 days); NEDS
clozapine oral tablet dispersible 100 mg, 150 mg, 25 mg		QL (270 per 30 days); NEDS
clozapine oral tablet dispersible 12.5 mg		QL (90 per 30 days); NEDS
clozapine oral tablet dispersible 200 mg		QL (120 per 30 days); NEDS
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		PA; QL (60 per 30 days); NEDS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG		PA; NEDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML		PA; QL (0.75 per 21 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		PA; QL (1 per 21 days); NEDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		PA; QL (1.5 per 21 days); NEDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML		PA; QL (2.25 per 21 days); NEDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		PA; QL (0.25 per 21 days); NEDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML		PA; QL (0.5 per 21 days); NEDS
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG		PA; QL (60 per 30 days); NEDS
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG		PA; QL (60 per 30 days); NEDS
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG		PA; QL (60 per 30 days); NEDS
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG		PA; QL (14 per 7 days); NEDS
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG		PA; QL (8 per 3 days); NEDS
fluphenazine decanoate injection solution 25 mg/ml		NEDS
fluphenazine hcl injection solution 2.5 mg/ml		NEDS
fluphenazine hcl oral concentrate 5 mg/ml		MO; FFQL
fluphenazine hcl oral elixir 2.5 mg/5ml		MO; FFQL
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg		MO
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)		NEDS
haloperidol lactate injection solution 5 mg/ml		NEDS
haloperidol lactate oral concentrate 2 mg/ml		MO
haloperidol oral tablet 0.5 mg, 1 mg		MO
haloperidol oral tablet 10 mg, 2 mg, 20 mg, 5 mg		MO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML		PA; QL (7 per 365 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML		PA; QL (10 per 365 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 78 MG/0.5ML		PA; QL (1 per 30 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		PA; QL (1.5 per 30 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		PA; QL (1 per 30 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML		PA; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML		PA; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		PA; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		PA; QL (2.63 per 90 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		MO
lurasidone hcl oral tablet 120 mg	Latuda	MO; QL (30 per 30 days)
lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg	Latuda	MO; FFQL; QL (30 per 30 days)
lurasidone hcl oral tablet 80 mg	Latuda	MO; FFQL; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		PA; QL (30 per 30 days); NEDS
molindone hcl oral tablet 10 mg, 25 mg		MO
molindone hcl oral tablet 5 mg		NEDS
NUPLAZID ORAL CAPSULE 34 MG		PA; QL (30 per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG		PA; QL (30 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
olanzapine intramuscular solution reconstituted 10 mg	ZyPREXA	QL (30 per 30 days); NEDS
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg		MO; QL (30 per 30 days)
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg	ZyPREXA	MO; QL (30 per 30 days)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg		MO; FFQL; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG		PA; QL (90 per 30 days); NEDS
OPIPZA ORAL FILM 2 MG, 5 MG		PA; QL (60 per 30 days); NEDS
paliperidone er oral tablet extended release 24 hour 1.5 mg		MO; FFQL; QL (30 per 30 days)
paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg	Invega	MO; FFQL; QL (30 per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	Invega	MO; FFQL; QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		MO
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		PA-BvsD; QL (1 per 30 days); NEDS
pimozide oral tablet 1 mg, 2 mg		MO
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	SEROquel XR	MO; QL (60 per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	SEROquel	MO; QL (60 per 30 days)
quetiapine fumarate oral tablet 150 mg		MO; QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		PA; QL (30 per 30 days); NEDS
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg	RisperDAL Consta	PA-BvsD; QL (2 per 28 days); NEDS
risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg	RisperDAL Consta	PA-BvsD; QL (2 per 28 days); NEDS
risperidone oral solution 1 mg/ml	RisperDAL	MO; QL (240 per 30 days)
risperidone oral tablet 0.25 mg		MO; QL (60 per 30 days)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	RisperDAL	MO; QL (60 per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		MO; QL (60 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		PA; QL (30 per 30 days); NEDS
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		MO
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		MO
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg		MO
VERSACLOZ ORAL SUSPENSION 50 MG/ML		PA; QL (540 per 30 days); NEDS
VRAYLAR ORAL CAPSULE 1.5 MG		PA; QL (120 per 30 days); NEDS
VRAYLAR ORAL CAPSULE 3 MG		PA; QL (60 per 30 days); NEDS
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG		PA; QL (30 per 30 days); NEDS
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Geodon	MO; QL (60 per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	Geodon	PA-BvsD; QL (60 per 30 days); NEDS
ANTIVIRALS (SYSTEMIC)		
ANTIRETROVIRALS		
abacavir sulfate oral solution 20 mg/ml	Ziagen	MO; FFQL; QL (900 per 30 days)
abacavir sulfate oral tablet 300 mg		MO; FFQL; QL (60 per 30 days)
abacavir sulfate-lamivudine oral tablet 600-300 mg		MO; FFQL; QL (30 per 30 days)
APTIVUS ORAL CAPSULE 250 MG		QL (120 per 30 days); NEDS
atazanavir sulfate oral capsule 150 mg		MO; FFQL; QL (60 per 30 days)
atazanavir sulfate oral capsule 200 mg	Reyataz	MO; FFQL; QL (60 per 30 days)
atazanavir sulfate oral capsule 300 mg	Reyataz	MO; FFQL; QL (30 per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		QL (30 per 30 days); NEDS
CIMDUO ORAL TABLET 300-300 MG		QL (30 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
darunavir oral tablet 600 mg	Prezista	MO; FFQL; QL (60 per 30 days)
darunavir oral tablet 800 mg	Prezista	QL (30 per 30 days); NEDS
DELSTRIGO ORAL TABLET 100-300-300 MG		QL (30 per 30 days); NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		QL (30 per 30 days); NEDS
DOVATO ORAL TABLET 50-300 MG		QL (30 per 30 days); NEDS
EDURANT ORAL TABLET 25 MG		QL (30 per 30 days); NEDS
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG		QL (300 per 30 days); NEDS
efavirenz oral tablet 600 mg		MO; FFQL; QL (30 per 30 days)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg		MO; QL (30 per 30 days)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg		QL (30 per 30 days); NEDS
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	Symfi	QL (30 per 30 days); NEDS
emtricitabine oral capsule 200 mg	Emtriva	MO; FFQL; QL (30 per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg	Truvada	MO; FFQL; QL (30 per 30 days)
emtricitabine-tenofovir df oral tablet 133-200 mg	Truvada	QL (30 per 30 days); NEDS
emtricitabine-tenofovir df oral tablet 200-300 mg	Truvada	MO; QL (30 per 30 days)
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	Complera	QL (30 per 30 days); NEDS
EMTRIVA ORAL SOLUTION 10 MG/ML		MO; FFQL; QL (680 per 28 days)
etravirine oral tablet 100 mg, 200 mg	Intelence	QL (120 per 30 days); NEDS
EVOTAZ ORAL TABLET 300-150 MG		QL (30 per 30 days); NEDS
fosamprenavir calcium oral tablet 700 mg		QL (120 per 30 days); NEDS
GENVOYA ORAL TABLET 150-150-200-10 MG		QL (60 per 30 days); NEDS
INTELENCE ORAL TABLET 25 MG		MO; FFQL; QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG		QL (60 per 30 days); NEDS
ISENTRESS ORAL PACKET 100 MG		QL (60 per 30 days); NEDS
ISENTRESS ORAL TABLET 400 MG		QL (60 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ISENTRESS ORAL TABLET CHEWABLE 100 MG		QL (180 per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG		MO; FFQL; QL (180 per 30 days)
JULUCA ORAL TABLET 50-25 MG		QL (30 per 30 days); NEDS
KALETRA ORAL SOLUTION 400-100 MG/5ML		MO; FFQL; QL (400 per 30 days)
lamivudine oral solution 10 mg/ml	Epivir	MO; QL (900 per 30 days)
lamivudine oral tablet 100 mg		MO; FFQL; QL (30 per 30 days)
lamivudine oral tablet 150 mg	Epivir	MO; QL (60 per 30 days)
lamivudine oral tablet 300 mg	Epivir	MO; QL (30 per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg		MO; FFQL; QL (60 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	Kaletra	MO; FFQL; QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	Kaletra	MO; FFQL; QL (120 per 30 days)
maraviroc oral tablet 150 mg	Selzentry	QL (240 per 30 days); NEDS
maraviroc oral tablet 300 mg	Selzentry	QL (120 per 30 days); NEDS
nevirapine er oral tablet extended release 24 hour 400 mg		MO; FFQL; QL (30 per 30 days)
nevirapine oral suspension 50 mg/5ml		MO; FFQL; QL (1200 per 30 days)
nevirapine oral tablet 200 mg		MO; QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG		MO; FFQL; QL (360 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG		QL (30 per 30 days); NEDS
PIFELTRO ORAL TABLET 100 MG		QL (30 per 30 days); NEDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG		QL (30 per 30 days); NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML		QL (360 per 30 days); NEDS
PREZISTA ORAL TABLET 150 MG		QL (240 per 30 days); NEDS
PREZISTA ORAL TABLET 75 MG		MO; FFQL; QL (420 per 30 days)
REYATAZ ORAL PACKET 50 MG		QL (180 per 30 days); NEDS
ritonavir oral tablet 100 mg	Norvir	MO; QL (360 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		QL (60 per 30 days); NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML		QL (1800 per 30 days); NEDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg		MO; QL (60 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG		QL (30 per 30 days); NEDS
SUNLENCA ORAL TABLET 300 MG		QL (4 per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG		QL (4 per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG		QL (5 per 180 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG		QL (30 per 30 days); NEDS
tenofovir disoproxil fumarate oral tablet 300 mg	Viread	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 50 MG		QL (60 per 30 days); NEDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		QL (360 per 30 days); NEDS
TRIUMEQ ORAL TABLET 600-50-300 MG		QL (30 per 30 days); NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG		MO; FFQL; QL (180 per 30 days)
VEMLIDY ORAL TABLET 25 MG		PA; QL (28 per 28 days); NEDS
VIRACEPT ORAL TABLET 250 MG		QL (300 per 30 days); NEDS
VIRACEPT ORAL TABLET 625 MG		QL (120 per 30 days); NEDS
VIREAD ORAL POWDER 40 MG/GM		QL (240 per 30 days); NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		QL (30 per 30 days); NEDS
zidovudine oral capsule 100 mg	Retrovir	MO; QL (180 per 30 days)
zidovudine oral syrup 50 mg/5ml	Retrovir	MO; QL (1680 per 28 days)
zidovudine oral tablet 300 mg		MO; QL (60 per 30 days)
ANTIVIRALS, MISCELLANEOUS		
LIVTENCITY ORAL TABLET 200 MG		PA; QL (336 per 28 days); NEDS
oseltamivir phosphate oral capsule 30 mg	Tamiflu	QL (84 per 30 days); NEDS
oseltamivir phosphate oral capsule 45 mg, 75 mg	Tamiflu	QL (60 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VIII of the introduction. Formulary ID: 26265 Last Updated: 10/15/2025 Effective Date: 01/01/2026

DRUG NAME	Reference	REQUIREMENTS/LIMITS
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tamiflu	NEDS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		QL (20 per 5 days); NEDS
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG		QL (11 per 28 days); NEDS
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		QL (30 per 5 days); NEDS
PREVYMIS ORAL PACKET 120 MG, 20 MG		PA; QL (120 per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		PA; QL (100 per 100 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT		NEDS
rimantadine hcl oral tablet 100 mg		NEDS
HCV ANTIVIRALS		
ledipasvir-sofosbuvir oral tablet 90-400 mg	Harvoni	PA; NEDS
MAVYRET ORAL TABLET 100-40 MG		PA; QL (84 per 28 days); NEDS
sofosbuvir-velpatasvir oral tablet 400-100 mg	Epclusa	PA; NEDS
INTERFERONS		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA; NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		PA; NEDS
NUCLEOSIDES AND NUCLEOTIDES		
acyclovir oral capsule 200 mg		NEDS
acyclovir oral suspension 200 mg/5ml		NEDS
acyclovir oral tablet 400 mg, 800 mg		NEDS
acyclovir sodium intravenous solution 50 mg/ml		PA-BvsD; NEDS
adefovir dipivoxil oral tablet 10 mg		PA; MO; FFQL; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		PA; QL (600 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
entecavir oral tablet 0.5 mg, 1 mg	Baraclude	MO; FFQL; QL (30 per 30 days)
famciclovir oral tablet 125 mg, 250 mg, 500 mg		QL (90 per 30 days); NEDS
ribavirin oral capsule 200 mg		NEDS
ribavirin oral tablet 200 mg		NEDS
valacyclovir hcl oral tablet 1 gm	Valtrex	QL (90 per 30 days); NEDS
valacyclovir hcl oral tablet 500 mg	Valtrex	QL (60 per 30 days); NEDS
valganciclovir hcl oral solution reconstituted 50 mg/ml	Valcyte	NEDS
valganciclovir hcl oral tablet 450 mg	Valcyte	MO; FFQL
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
ANTICOAGULANTS		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	Pradaxa	MO; QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		QL (74 per 30 days); NEDS
ELIQUIS ORAL TABLET 2.5 MG		MO; FFQL; QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		MO; FFQL; QL (90 per 30 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	Lovenox	QL (30 per 30 days); NEDS
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	Lovenox	QL (24 per 30 days); NEDS
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	Lovenox	QL (9 per 30 days); NEDS
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	Lovenox	QL (12 per 30 days); NEDS
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	Lovenox	QL (18 per 30 days); NEDS
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Arixtra	QL (14 per 30 days); NEDS
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	Arixtra	QL (24 per 30 days); NEDS
heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		PA-BvsD; NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Jantoven	MO
rivaroxaban oral suspension reconstituted 1 mg/ml	Xarelto	MO; QL (900 per 30 days)
rivaroxaban oral tablet 2.5 mg	Xarelto	MO; QL (120 per 30 days)
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Jantoven	MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML		MO; FFQL; QL (900 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		MO; FFQL; QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		MO; FFQL; QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG		MO; FFQL; QL (120 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		QL (51 per 30 days); NEDS
BLOOD FORMATION MODIFIERS		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		PA; NEDS
PROMACTA ORAL PACKET 12.5 MG		PA; QL (360 per 30 days); NEDS
PROMACTA ORAL PACKET 25 MG		PA; QL (180 per 30 days); NEDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		PA; QL (30 per 30 days); NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		PA; QL (12 per 28 days); NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA; NEDS
HEMATOLOGIC AGENTS, MISCELLANEOUS		
anagrelide hcl oral capsule 0.5 mg	Agrylin	MO; FFQL
anagrelide hcl oral capsule 1 mg		MO; FFQL
tranexamic acid oral tablet 650 mg		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
PLATELET-AGGREGATION INHIBITORS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg		MO; FFQL; QL (60 per 30 days)
cilostazol oral tablet 100 mg, 50 mg		MO
clopidogrel bisulfate oral tablet 75 mg	Plavix	MO
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		MO
pentoxifylline er oral tablet extended release 400 mg		MO
ticagrelor oral tablet 60 mg, 90 mg	Brilinta	MO; QL (60 per 30 days)
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGENTS		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		MO
clonidine transdermal patch weekly 0.1 mg/24hr	Catapres-TTS-1	MO; QL (4 per 28 days)
clonidine transdermal patch weekly 0.2 mg/24hr	Catapres-TTS-2	MO; QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24hr	Catapres-TTS-3	MO; QL (8 per 28 days)
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Cardura	MO; QL (60 per 30 days)
droxidopa oral capsule 100 mg	Northera	PA; NEDS
droxidopa oral capsule 200 mg, 300 mg	Northera	PA; NEDS
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg		NEDS
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg		MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Atacand	MO
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Atacand HCT	MO
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		MO; FFQL; QL (240 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		MO; FFQL; QL (60 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	Avapro	MO
irbesartan oral tablet 75 mg		MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Avalide	MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Cozaar	MO
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Hyzaar	MO
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	Benicar	MO
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Benicar HCT	MO
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tribenzor	MO
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	Entresto	MO; QL (60 per 30 days)
telmisartan oral tablet 20 mg		MO
telmisartan oral tablet 40 mg, 80 mg	Micardis	MO
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		MO
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Micardis HCT	MO
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Diovan	MO
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Diovan HCT	MO
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg	Lotensin	MO
benazepril hcl oral tablet 5 mg		MO
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Lotensin HCT	MO
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		MO
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		MO
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Vasotec	MO
enalapril-hydrochlorothiazide oral tablet 10-25 mg	Vaseretic	MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		MO
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg		MO
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg		MO
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Zestril	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Zestoretic	MO
moexipril hcl oral tablet 15 mg, 7.5 mg		MO
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		MO
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Accupril	MO
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Accuretic	MO
quinapril-hydrochlorothiazide oral tablet 20-25 mg		MO
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg		MO
trandolapril oral tablet 1 mg, 2 mg, 4 mg		MO
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		MO
ANTIARRHYTHMIC AGENTS		
amiodarone hcl oral tablet 100 mg, 200 mg	Pacerone	MO
amiodarone hcl oral tablet 400 mg		MO
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tikosyn	MO; FFQL
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg		MO
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg		MO
MULTAQ ORAL TABLET 400 MG		MO; FFQL; QL (60 per 30 days)
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg		MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
quinidine sulfate oral tablet 200 mg, 300 mg		MO; FFQL
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl oral capsule 200 mg, 400 mg		MO
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tenormin	MO
atenolol-chlorthalidone oral tablet 100-25 mg	Tenoretic 100	MO
atenolol-chlorthalidone oral tablet 50-25 mg	Tenoretic 50	MO
betaxolol hcl oral tablet 10 mg, 20 mg		MO
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		MO
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		MO
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Coreg	MO
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	Coreg CR	MO; QL (30 per 30 days)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		MO
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Toprol XL	MO
metoprolol tartrate oral tablet 100 mg, 50 mg	Lopressor	MO
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		MO
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg		MO
nadolol oral tablet 20 mg, 40 mg, 80 mg		MO
nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg	Bystolic	MO; QL (30 per 30 days)
nebivolol hcl oral tablet 20 mg	Bystolic	MO; QL (60 per 30 days)
pindolol oral tablet 10 mg, 5 mg		MO
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	Inderal LA	MO
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml		MO
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		MO
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Betapace AF	MO
sotalol hcl oral tablet 120 mg, 160 mg, 80 mg	Betapace	MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
sotalol hcl oral tablet 240 mg		MO
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		MO
CALCIUM-CHANNEL BLOCKING AGENTS		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	Cartia XT	MO
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	Tiadylt ER	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	Cartia XT	MO
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg		MO
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	Cardizem	MO
diltiazem hcl oral tablet 90 mg		MO
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		MO
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		MO
tiadylt er oral capsule extended release 24 hour 360 mg, 420 mg	Tiadylt ER	MO
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg		MO
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		MO
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg		MO
CARDIOVASCULAR AGENTS, MISCELLANEOUS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		PA; QL (30 per 30 days); NEDS
DIGOXIN ORAL SOLUTION 0.05 MG/ML		PA; MO; FFQL; HRM; QL (255 per 30 days)
digoxin oral tablet 125 mcg	Digox	MO; QL (30 per 30 days)
digoxin oral tablet 250 mcg	Digox	PA; MO; HRM; QL (30 per 30 days)
digoxin oral tablet 62.5 mcg	Lanoxin	MO; QL (30 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
epinephrine injection solution auto-injector 0.15 mg/0.3ml	EpiPen Jr 2-Pak	QL (2 per 30 days); NEDS
epinephrine injection solution auto-injector 0.3 mg/0.3ml	Auvi-Q	QL (2 per 30 days); NEDS
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		MO
icatibant acetate subcutaneous solution 30 mg/3ml		PA; QL (18 per 30 days); NEDS
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	Firazyr	PA; QL (18 per 30 days); NEDS
ivabradine hcl oral tablet 5 mg, 7.5 mg	Corlanor	PA; MO; QL (60 per 30 days)
metyrosine oral capsule 250 mg	Demser	NEDS
ranolazine er oral tablet extended release 12 hour 1000 mg		MO; QL (60 per 30 days)
ranolazine er oral tablet extended release 12 hour 500 mg		MO; QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		PA; MO; FFQL; QL (30 per 30 days)
DIHYDROPYRIDINES		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	Lotrel	MO
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg		MO
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Norvasc	MO
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Exforge	MO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Azor	MO
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg		MO
nicardipine hcl oral capsule 20 mg, 30 mg		MO
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg		MO
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Procardia XL	MO
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	Sular	MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
nisoldipine er oral tablet extended release 24 hour 20 mg, 30 mg, 40 mg		MO; QL (30 per 30 days)
nisoldipine er oral tablet extended release 24 hour 25.5 mg		MO
DIURETICS		
amiloride hcl oral tablet 5 mg		MO
amiloride-hydrochlorothiazide oral tablet 5-50 mg		MO
bumetanide injection solution 0.25 mg/ml		NEDS
bumetanide oral tablet 0.5 mg	Bumex	MO
bumetanide oral tablet 1 mg, 2 mg		MO
chlorthalidone oral tablet 25 mg, 50 mg		MO
furosemide injection solution 10 mg/ml		NEDS
furosemide oral solution 10 mg/ml, 8 mg/ml		MO
furosemide oral tablet 20 mg, 40 mg, 80 mg	Lasix	MO
hydrochlorothiazide oral capsule 12.5 mg		MO
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		MO
indapamide oral tablet 1.25 mg, 2.5 mg		MO
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		MO
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Aldactone	MO
spironolactone-hctz oral tablet 25-25 mg		MO
tolvaptan oral tablet 15 mg	Jynarque	PA; QL (60 per 30 days); NEDS
tolvaptan oral tablet 30 mg	Jynarque	PA; QL (120 per 30 days); NEDS
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	Jynarque	PA; QL (56 per 28 days); NEDS
torsemide oral tablet 10 mg, 100 mg, 5 mg		MO
torsemide oral tablet 20 mg	Soaanz	MO
triamterene-hctz oral capsule 37.5-25 mg		MO
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg		MO
DYSLIPIDEMICS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Caduet	MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		MO
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Lipitor	MO
cholestyramine light oral packet 4 gm	Prevalite	MO
cholestyramine oral packet 4 gm	Questran	MO
colesevelam hcl oral packet 3.75 gm	Welchol	MO
colesevelam hcl oral tablet 625 mg	Welchol	MO; FFQL
colestipol hcl oral packet 5 gm		MO
colestipol hcl oral tablet 1 gm	Colestid	MO
ezetimibe oral tablet 10 mg	Zetia	MO; QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Vytorin	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		MO; QL (30 per 30 days)
fenofibrate oral capsule 134 mg		MO; QL (30 per 30 days)
fenofibrate oral tablet 145 mg, 48 mg	Tricor	MO; QL (30 per 30 days)
fenofibrate oral tablet 160 mg, 54 mg		MO; QL (30 per 30 days)
fenofibric acid oral capsule delayed release 135 mg, 45 mg		MO; QL (30 per 30 days)
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Lescol XL	MO
fluvastatin sodium oral capsule 20 mg, 40 mg		MO
gemfibrozil oral tablet 600 mg	Lopid	MO; QL (60 per 30 days)
icosapent ethyl oral capsule 0.5 gm	Vascepa	MO; FFQL; QL (240 per 30 days)
icosapent ethyl oral capsule 1 gm	Vascepa	MO; FFQL; QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		MO
NEXLETOL ORAL TABLET 180 MG		PA; MO; FFQL; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		PA; MO; FFQL; QL (30 per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg		MO; QL (60 per 30 days)
omega-3-acid ethyl esters oral capsule 1 gm	Lovaza	MO; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII of the introduction.

DRUG NAME	Reference	REQUIREMENTS/LIMITS
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg		MO
prevalite oral packet 4 gm	Prevalite	MO; FFQL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		PA; MO; FFQL; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		PA; MO; FFQL; QL (3 per 28 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Crestor	MO
simvastatin oral tablet 10 mg, 20 mg, 40 mg	Zocor	MO
simvastatin oral tablet 5 mg, 80 mg		MO
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
aliskiren fumarate oral tablet 150 mg, 300 mg	Tekturna	MO; FFQL
eplerenone oral tablet 25 mg, 50 mg	Inspra	MO
KERENDIA ORAL TABLET 10 MG, 20 MG		PA; MO; FFQL; QL (30 per 30 days)
KERENDIA ORAL TABLET 40 MG		PA; MO; FFQL; QL (30 per 30 days)
VASODILATORS		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		MO
isosorbide dinitrate oral tablet 5 mg	Isordil Titradose	MO
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg		MO
isosorbide mononitrate oral tablet 10 mg, 20 mg		MO
minoxidil oral tablet 10 mg, 2.5 mg		MO
NITRO-BID TRANSDERMAL OINTMENT 2 %		MO; FFQL
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		MO; FFQL
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Nitrostat	MO
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Nitro-Dur	MO
nitroglycerin translingual solution 0.4 mg/spray	Nitrolingual	MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
CENTRAL NERVOUS SYSTEM AGENTS		
CENTRAL NERVOUS SYSTEM AGENTS		
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Adderall	MO; QL (60 per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg		MO; FFQL; QL (60 per 30 days)
atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg		MO; FFQL; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		PA; QL (120 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG		PA; QL (90 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG		PA; QL (60 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG		PA; QL (30 per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG		PA; QL (28 per 28 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG		PA; QL (42 per 28 days); NEDS
clonidine hcl er oral tablet extended release 12 hour 0.1 mg		MO; QL (120 per 30 days)
dalfampridine er oral tablet extended release 12 hour 10 mg	Ampyra	PA; MO; FFQL; QL (60 per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML		PA; QL (3600 per 30 days); NEDS
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Focalin	MO; QL (60 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Zenzedi	MO
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Tecfidera	PA; QL (60 per 30 days); NEDS
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	Tecfidera	PA; QL (60 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		PA; NEDS
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	Copaxone	PA; QL (30 per 30 days); NEDS
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	Intuniv	PA; MO; HRM
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML		PA; QL (1.2 per 28 days); NEDS
lithium carbonate er oral tablet extended release 300 mg	Lithobid	MO
lithium carbonate er oral tablet extended release 450 mg		MO
lithium carbonate oral capsule 150 mg, 300 mg		MO
LITHIUM CARBONATE ORAL CAPSULE 600 MG		MO
lithium carbonate oral tablet 300 mg		MO
lithium oral solution 8 meq/5ml		MO
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	Concerta	MO; QL (90 per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	Concerta	MO; QL (60 per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 54 mg	Concerta	MO; FFQL; QL (30 per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg		MO; FFQL; QL (90 per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg		MO; FFQL; QL (60 per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg		MO; FFQL; QL (30 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Ritalin	MO; QL (90 per 30 days)
methylphenidate hcl oral tablet chewable 10 mg		MO; QL (180 per 30 days)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg		MO; QL (90 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG		PA; QL (60 per 30 days); NEDS
riluzole oral tablet 50 mg		PA; MO; FFQL; QL (60 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		MO; FFQL; QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		QL (55 per 28 days); NEDS
tetrabenazine oral tablet 12.5 mg	Xenazine	PA; MO; FFQL; QL (90 per 30 days)
tetrabenazine oral tablet 25 mg	Xenazine	PA; QL (120 per 30 days); NEDS
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG		PA; QL (120 per 30 days); NEDS
CONTRACEPTIVES		
CONTRACEPTIVES		
aviane oral tablet 0.1-20 mg-mcg	Aviane	MO
briellyn oral tablet 0.4-35 mg-mcg	Vyfemla	MO
camila oral tablet 0.35 mg	Camila	MO
cyred eq oral tablet 0.15-30 mg-mcg		MO
eluryng vaginal ring 0.12-0.015 mg/24hr	EluRyng	MO; FFQL; QL (1 per 28 days)
enilloring vaginal ring 0.12-0.015 mg/24hr	EluRyng	MO; FFQL; QL (1 per 28 days)
errin oral tablet 0.35 mg	Camila	MO
estarylla oral tablet 0.25-35 mg-mcg	Estarylla	MO
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	EluRyng	MO; FFQL; QL (1 per 28 days)
haloette vaginal ring 0.12-0.015 mg/24hr	EluRyng	MO; FFQL; QL (1 per 28 days)
heather oral tablet 0.35 mg	Camila	MO
incassia oral tablet 0.35 mg	Camila	MO
isibloom oral tablet 0.15-30 mg-mcg		MO
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG		NEDS
levonest oral tablet 50-30/75-40/ 125-30 mcg		MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	Aviane	MO
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	Altavera	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		NEDS
lutera oral tablet 0.1-20 mg-mcg	Aviane	MO
lyleq oral tablet 0.35 mg	Camila	MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
lyza oral tablet 0.35 mg	Camila	MO
meleya oral tablet 0.35 mg	Camila	MO
mili oral tablet 0.25-35 mg-mcg	Estarylla	MO
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY		NEDS
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		NEDS
nikki oral tablet 3-0.02 mg		MO
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	Xulane	MO; QL (3 per 28 days)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	Aurovela FE 1/20	MO
norethindrone oral tablet 0.35 mg	Camila	MO
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	Tilia Fe	MO
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Estarylla	MO
nortrel 1/35 (21) oral tablet 1-35 mg-mcg		MO
nortrel 1/35 (28) oral tablet 1-35 mg-mcg		MO
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg		MO
nylia 1/35 oral tablet 1-35 mg-mcg		MO
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg		MO
orquidea oral tablet 0.35 mg	Camila	MO
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG		NEDS
sprintec 28 oral tablet 0.25-35 mg-mcg	Estarylla	MO
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg		MO
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg		MO
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg		MO
vyfemla oral tablet 0.4-35 mg-mcg	Vyfemla	MO
xulane transdermal patch weekly 150-35 mcg/24hr	Xulane	MO; QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24hr	Xulane	MO; QL (3 per 28 days)
zovia 1/35 (28) oral tablet 1-35 mg-mcg		MO

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DRUG NAME	Reference	REQUIREMENTS/LIMITS
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
cevimeline hcl oral capsule 30 mg	Evoxac	MO
chlorhexidine gluconate mouth/throat solution 0.12 %	Periogard	NEDS
periogard mouth/throat solution 0.12 %	Periogard	NEDS
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Salagen	MO
triamcinolone acetonide mouth/throat paste 0.1 %	Kourzeq	NEDS
DERMATOLOGICAL AGENTS		
DERMATOLOGICAL AGENTS, OTHER		
accutane oral capsule 10 mg, 20 mg, 40 mg	Accutane	NEDS
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		PA; NEDS
acyclovir external ointment 5 %	Zovirax	NEDS
ammonium lactate external cream 12 %		NEDS
ammonium lactate external lotion 12 %	AL12	NEDS
calcipotriene external cream 0.005 %		QL (120 per 30 days); NEDS
calcipotriene external ointment 0.005 %	Calcitrene	QL (120 per 30 days); NEDS
calcipotriene external solution 0.005 %		QL (60 per 30 days); NEDS
claravis oral capsule 10 mg, 20 mg, 40 mg	Accutane	NEDS
claravis oral capsule 30 mg	Claravis	NEDS
fluorouracil external cream 5 %		NEDS
fluorouracil external solution 2 %, 5 %		NEDS
HYFTOR EXTERNAL GEL 0.2 %		PA; NEDS
imiquimod external cream 5 %		QL (12 per 30 days); NEDS
isotretinoin oral capsule 10 mg, 20 mg, 40 mg	Accutane	NEDS
isotretinoin oral capsule 30 mg	Claravis	NEDS
PANRETIN EXTERNAL GEL 0.1 %		PA; NEDS
podofilox external solution 0.5 %		NEDS
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		QL (180 per 30 days); NEDS
VALCHLOR EXTERNAL GEL 0.016 %		PA; QL (60 per 30 days); NEDS
zenatane oral capsule 10 mg, 20 mg, 40 mg	Accutane	NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
zenatane oral capsule 30 mg	Claravis	NEDS
DERMATOLOGICAL ANTIBACTERIALS		
clindamycin phos (once-daily) external gel 1 %	Clindagel	QL (120 per 30 days); NEDS
clindamycin phosphate external lotion 1 %	Cleocin-T	NEDS
clindamycin phosphate external solution 1 %		QL (240 per 30 days); NEDS
clindamycin phosphate external swab 1 %	Clindacin ETZ	NEDS
ERY EXTERNAL PAD 2 %		NEDS
erythromycin external gel 2 %	Erygel	NEDS
erythromycin external solution 2 %		NEDS
gentamicin sulfate external cream 0.1 %		NEDS
gentamicin sulfate external ointment 0.1 %		NEDS
metronidazole external cream 0.75 %	MetroCream	NEDS
metronidazole external gel 0.75 %		NEDS
metronidazole external gel 1 %	Metrogel	NEDS
metronidazole external lotion 0.75 %		NEDS
mupirocin calcium external cream 2 %		QL (120 per 30 days); NEDS
mupirocin external ointment 2 %		QL (352 per 30 days); NEDS
selenium sulfide external lotion 2.5 %		NEDS
silver sulfadiazine external cream 1 %	SSD	NEDS
ssd external cream 1 %	SSD	NEDS
sulfacetamide sodium (acne) external lotion 10 %	Klaron	NEDS
DERMATOLOGICAL ANTI-INFLAMMATORY AGENTS		
alclometasone dipropionate external cream 0.05 %		NEDS
alclometasone dipropionate external ointment 0.05 %		NEDS
betamethasone dipropionate aug external cream 0.05 %		NEDS
betamethasone dipropionate aug external gel 0.05 %		NEDS
betamethasone dipropionate aug external lotion 0.05 %		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
betamethasone dipropionate aug external ointment 0.05 %	Diprolene	NEDS
betamethasone dipropionate external cream 0.05 %		NEDS
betamethasone dipropionate external lotion 0.05 %		NEDS
betamethasone dipropionate external ointment 0.05 %		NEDS
betamethasone valerate external cream 0.1 %		NEDS
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		NEDS
betamethasone valerate external ointment 0.1 %		NEDS
clobetasol propionate e external cream 0.05 %		NEDS
clobetasol propionate external cream 0.05 %		NEDS
clobetasol propionate external gel 0.05 %		NEDS
clobetasol propionate external lotion 0.05 %	Clobex	NEDS
clobetasol propionate external ointment 0.05 %		NEDS
clobetasol propionate external shampoo 0.05 %	Clobex	NEDS
clobetasol propionate external solution 0.05 %		NEDS
desonide external cream 0.05 %		NEDS
desonide external lotion 0.05 %		NEDS
desonide external ointment 0.05 %		NEDS
desoximetasone external cream 0.05 %, 0.25 %		NEDS
desoximetasone external gel 0.05 %		NEDS
desoximetasone external ointment 0.05 %, 0.25 %	Topicort	NEDS
EUCRISA EXTERNAL OINTMENT 2 %		PA; NEDS
fluocinolone acetonide body external oil 0.01 %	Derma-Smoothe/FS Body	NEDS
fluocinolone acetonide external cream 0.01 %		NEDS
fluocinolone acetonide external cream 0.025 %	Synalar	NEDS
fluocinolone acetonide external ointment 0.025 %	Synalar	NEDS
fluocinolone acetonide external solution 0.01 %		QL (180 per 30 days); NEDS
fluocinolone acetonide scalp external oil 0.01 %	Derma-Smoothe/FS Scalp	NEDS
fluocinonide emulsified base external cream 0.05 %		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
fluocinonide external cream 0.05 %		NEDS
fluocinonide external gel 0.05 %		NEDS
fluocinonide external ointment 0.05 %		NEDS
fluocinonide external solution 0.05 %		NEDS
fluticasone propionate external cream 0.05 %		NEDS
fluticasone propionate external ointment 0.005 %		NEDS
halobetasol propionate external cream 0.05 %		NEDS
halobetasol propionate external ointment 0.05 %		NEDS
hydrocortisone (perianal) external cream 2.5 %	Procto-Med HC	NEDS
hydrocortisone ace-pramoxine external cream 1-1 %	Analpram HC	NEDS
hydrocortisone butyrate external cream 0.1 %		NEDS
hydrocortisone butyrate external ointment 0.1 %		NEDS
hydrocortisone butyrate external solution 0.1 %		QL (180 per 30 days); NEDS
hydrocortisone external cream 1 %	Aveeno Anti-Itch Max St	NEDS
hydrocortisone external cream 2.5 %		NEDS
hydrocortisone external lotion 2.5 %		NEDS
hydrocortisone external ointment 1 %	Aquaphor Itch Relief Children	NEDS
hydrocortisone external ointment 2.5 %		NEDS
hydrocortisone valerate external cream 0.2 %		NEDS
hydrocortisone valerate external ointment 0.2 %		NEDS
mometasone furoate external cream 0.1 %		NEDS
mometasone furoate external ointment 0.1 %		NEDS
mometasone furoate external solution 0.1 %		NEDS
pimecrolimus external cream 1 %	Elidel	ST; NEDS
procto-med hc external cream 2.5 %	Procto-Med HC	NEDS
proctosol hc external cream 2.5 %	Procto-Med HC	NEDS
proctozone-hc external cream 2.5 %	Procto-Med HC	NEDS
tacrolimus external ointment 0.03 %, 0.1 %		ST; NEDS
triamcinolone acetonide external cream 0.025 %, 0.1 %		NEDS
triamcinolone acetonide external cream 0.5 %	Triderm	NEDS
triamcinolone acetonide external lotion 0.025 %		NEDS
triamcinolone acetonide external lotion 0.1 %		QL (240 per 30 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %		NEDS
DERMATOLOGICAL RETINOIDS		
adapalene external cream 0.1 %	Differin	PA; NEDS
adapalene external gel 0.3 %	Differin	PA; NEDS
tazarotene external cream 0.05 %	Tazorac	PA; NEDS
tazarotene external cream 0.1 %	Tazorac	PA; NEDS
tazarotene external gel 0.05 %, 0.1 %	Tazorac	PA; QL (100 per 30 days); NEDS
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Retin-A	PA; NEDS
tretinoin external gel 0.01 %, 0.025 %	Retin-A	PA; NEDS
tretinoin external gel 0.05 %	Atralin	PA; NEDS
SCABICIDES AND PEDICULICIDES		
malathion external lotion 0.5 %	Ovide	NEDS
permethrin external cream 5 %	Elimite	NEDS
DEVICES		
DEVICES		
ABOUTTIME PEN NEEDLE 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM		QL (120 per 30 days)
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM		QL (120 per 30 days)
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
ALCOHOL PREP PAD		
ALCOHOL PREP PADS PAD 70 %		
ALCOHOL SWABS PAD		
AQ INSULIN SYRINGE 31G X 5/16" 1 ML		QL (120 per 30 days)
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM		QL (120 per 30 days)
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM		QL (120 per 30 days)

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DRUG NAME	Reference	REQUIREMENTS/LIMITS
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML		QL (120 per 30 days)
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML		QL (120 per 30 days)
ASSURE ID PRO PEN NEEDLES 30G X 5 MM		QL (120 per 30 days)
AUM ALCOHOL PREP PADS PAD 70 %		
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM		QL (120 per 30 days)
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		QL (120 per 30 days)
AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		QL (120 per 30 days)
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM		QL (120 per 30 days)
AUM SAFETY PEN NEEDLE 31G X 4 MM		QL (120 per 30 days)
BD AUTOSHIELD DUO 30G X 5 MM		QL (120 per 30 days)
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML		QL (120 per 30 days)
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML		QL (120 per 30 days)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML		QL (120 per 30 days)
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML		QL (120 per 30 days)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 1 ML		QL (120 per 30 days)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML		QL (120 per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM		QL (120 per 30 days)
BD PEN NEEDLE MINI U/F 31G X 5 MM		QL (120 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM		QL (120 per 30 days)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM		QL (120 per 30 days)
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM		QL (120 per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM		QL (120 per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM		QL (120 per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML		QL (120 per 30 days)
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML		QL (120 per 30 days)
BD SWABS SINGLE USE BUTTERFLY PAD		
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML		QL (120 per 30 days)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML		QL (120 per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML		QL (120 per 30 days)
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM		QL (120 per 30 days)
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
CARETOUCH ALCOHOL PREP PAD 70 %		
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM		QL (120 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM		QL (120 per 30 days)
CLICKFINE PEN NEEDLES 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML		QL (120 per 30 days)
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML		QL (120 per 30 days)
COMFORT EZ 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, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM		QL (120 per 30 days)
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM		QL (120 per 30 days)
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM		QL (120 per 30 days)
CURITY ALL PURPOSE SPONGES PAD 2"X2"		
CURITY GAUZE PAD 2"X2"		
CURITY GAUZE SPONGE PAD 2"X2"		
CURITY SPONGES PAD 2"X2"		
CVS GAUZE PAD 2"X2"		
CVS GAUZE STERILE PAD 2"X2"		
DERMACEA GAUZE SPONGE PAD 2"X2"		
DERMACEA IV DRAIN SPONGES PAD 2"X2"		
DERMACEA NON-WOVEN SPONGES PAD 2"X2"		

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DRUG NAME	Reference	REQUIREMENTS/LIMITS
DERMACEA TYPE VII GAUZE PAD 2"X2"		
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
DROPLET MICRON 34G X 3.5 MM		QL (120 per 30 days)
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM		QL (120 per 30 days)
DROPSAFE ALCOHOL PREP PAD 70 %		
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		QL (120 per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		QL (120 per 30 days)
DRUG MART UNIFINE PENTIPS 31G X 5 MM		QL (120 per 30 days)
EASY COMFORT ALCOHOL PADS PAD		
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		QL (120 per 30 days)
EASY COMFORT PEN NEEDLES 29G X 4MM , 29G X 5MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		QL (120 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
EASY GLIDE PEN NEEDLES 33G X 4 MM		QL (120 per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML		QL (120 per 30 days)
EASY TOUCH INSULIN BARRELS U-100 1 ML		QL (120 per 30 days)
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML		QL (120 per 30 days)
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML		QL (120 per 30 days)
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML		QL (120 per 30 days)
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML		QL (120 per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM		QL (120 per 30 days)
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM		QL (120 per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
EMBECTA AUTOSHIELD DUO 30G X 5 MM		QL (120 per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML		QL (120 per 30 days)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML		QL (120 per 30 days)
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML		QL (120 per 30 days)
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		QL (120 per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM		QL (120 per 30 days)
EMBECTA PEN NEEDLE NANO 32G X 4 MM		QL (120 per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM		QL (120 per 30 days)
EMBRACE PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
EQL ALCOHOL SWABS PAD 70 %		
EQL GAUZE PAD 2"X2"		
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML		QL (120 per 30 days)
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM		QL (120 per 30 days)
GAUZE PADS PAD 2"X2"		
GAUZE TYPE VII MEDI-PAK PAD 2"X2"		
GLOBAL ALCOHOL PREP EASE PAD 70 %		
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML		QL (120 per 30 days)
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML		QL (120 per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
GNP CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		QL (120 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
GNP INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML		QL (120 per 30 days)
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		QL (120 per 30 days)
GNP INSULIN SYRINGES 30G X 5/16" 1 ML		QL (120 per 30 days)
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML		QL (120 per 30 days)
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML		QL (120 per 30 days)
GNP PEN NEEDLES 32G X 4 MM		QL (120 per 30 days)
GNP STERILE GAUZE PAD 2"X2"		
GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 5/16" 1 ML		QL (120 per 30 days)
GOODSENSE ALCOHOL SWABS PAD 70 %		
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM		QL (120 per 30 days)
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		QL (120 per 30 days)
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM		QL (120 per 30 days)
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM		QL (120 per 30 days)
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
H-E-B INCONTROL ALCOHOL PAD		
H-E-B INCONTROL PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
HM STERILE ALCOHOL PREP PAD		
HM STERILE PADS PAD 2"X2"		
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML		QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII of the introduction. Formulary ID: 26265 Last Updated: 10/15/2025 Effective Date: 01/01/2026

DRUG NAME	Reference	REQUIREMENTS/LIMITS
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM		QL (120 per 30 days)
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML		QL (120 per 30 days)
INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML		QL (120 per 30 days)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.5 ML		QL (120 per 30 days)
INSUPEN PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		QL (120 per 30 days)
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM		QL (120 per 30 days)
INSUPEN ULTRAFIN 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM		QL (120 per 30 days)
INSUPEN32G EXTR3ME 32G X 6 MM		QL (120 per 30 days)
J & J GAUZE PAD 2"X2"		
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"		
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"		
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML		QL (120 per 30 days)
KMART VALU INSULIN SYRINGE 29G U-100 1 ML		QL (120 per 30 days)
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML, U-100 1 ML		QL (120 per 30 days)
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML		QL (120 per 30 days)
KROGER PEN NEEDLES 29G X 12MM , 31G X 6 MM		QL (120 per 30 days)
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML		QL (120 per 30 days)
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM		QL (120 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM		QL (120 per 30 days)
LITETOUCH 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, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML		QL (120 per 30 days)
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML		QL (120 per 30 days)
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML		QL (120 per 30 days)
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML		QL (120 per 30 days)
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML		QL (120 per 30 days)
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML		QL (120 per 30 days)
MAXICOMFORT II PEN NEEDLE 31G X 6 MM		QL (120 per 30 days)
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML		QL (120 per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM		QL (120 per 30 days)
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML		QL (120 per 30 days)
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML		QL (120 per 30 days)
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 8 MM		QL (120 per 30 days)
MEDPURA ALCOHOL PADS EXTERNAL 70 %		
MEIJER ALCOHOL SWABS PAD 70 %		
MEIJER PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		QL (120 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM		QL (120 per 30 days)
MIRASORB SPONGES 2"X2"		
MM PEN NEEDLES 31G X 6 MM , 32G X 4 MM		QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML		QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)		QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)		QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)		QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)		QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML		QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML		QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)		QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML		QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)		QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)		QL (120 per 30 days)
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML		QL (120 per 30 days)
MONOJECT INSULIN SYRINGE U-100 1 ML		QL (120 per 30 days)
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML		QL (120 per 30 days)
MS INSULIN SYRINGE 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
NOVOFINE AUTOCOVER 30G X 8 MM		QL (120 per 30 days)
NOVOFINE PEN NEEDLE 32G X 6 MM		QL (120 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM		QL (120 per 30 days)
NOVOTWIST PEN NEEDLE 32G X 5 MM		QL (120 per 30 days)
PC UNIFINE PENTIPS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		QL (120 per 30 days)
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 32G X 5 MM		QL (120 per 30 days)
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 6 MM , 32G X 6 MM		QL (120 per 30 days)
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM		QL (120 per 30 days)
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM		QL (120 per 30 days)
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML		QL (120 per 30 days)
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML		QL (120 per 30 days)
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 1 ML		QL (120 per 30 days)
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM		QL (120 per 30 days)
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		QL (120 per 30 days)
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM		QL (120 per 30 days)
PRO COMFORT ALCOHOL PAD 70 %		
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM		QL (120 per 30 days)
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML		QL (120 per 30 days)
PURE COMFORT ALCOHOL PREP PAD		
PURE COMFORT PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM		QL (120 per 30 days)

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DRUG NAME	Reference	REQUIREMENTS/LIMITS
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		QL (120 per 30 days)
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM		QL (120 per 30 days)
QC ALCOHOL SWABS PAD 70 %		
QC BORDER ISLAND GAUZE PAD 2"X2"		
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM		QL (120 per 30 days)
RA ALCOHOL SWABS PAD 70 %		
RA INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		QL (120 per 30 days)
RA PEN NEEDLES 31G X 5 MM , 31G X 8 MM		QL (120 per 30 days)
RA STERILE PAD 2"X2"		
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM		QL (120 per 30 days)
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		QL (120 per 30 days)
REALITY SWABS PAD		
RELION ALCOHOL SWABS PAD		
RELI-ON INSULIN SYRINGE 29G 0.3 ML		QL (120 per 30 days)
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML		QL (120 per 30 days)
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML		QL (120 per 30 days)
RELION MINI PEN NEEDLES 31G X 6 MM		QL (120 per 30 days)
RELION PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		QL (120 per 30 days)
RESTORE CONTACT LAYER PAD 2"X2"		
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML		QL (120 per 30 days)
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM		QL (120 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
SB ALCOHOL PREP PAD 70 %		
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		QL (120 per 30 days)
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM		QL (120 per 30 days)
SM ALCOHOL PREP EXTERNAL PAD 6-70 %		
SM ALCOHOL PREP PAD		
SM GAUZE PAD 2"X2"		
STERILE GAUZE PAD 2"X2"		
STERILE PAD 2"X2"		
SURE COMFORT ALCOHOL PREP PAD 70 %		
SURE COMFORT 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, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		QL (120 per 30 days)
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
SURE-PREP ALCOHOL PREP PAD 70 %		
SURGICAL GAUZE SPONGE PAD 2"X2"		
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML		QL (120 per 30 days)
TECHLITE PEN NEEDLES 32G X 4 MM		QL (120 per 30 days)
TERUMO INSULIN SYRINGE 29G X 1/2" 0.3 ML		QL (120 per 30 days)
THERAGAUZE PAD 2"X2"		

DRUG NAME	Reference	REQUIREMENTS/LIMITS
TODAYS HEALTH PEN NEEDLES 29G X 12MM		QL (120 per 30 days)
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM		QL (120 per 30 days)
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		QL (120 per 30 days)
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %		
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML		QL (120 per 30 days)
TRUE COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		QL (120 per 30 days)
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %		
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		QL (120 per 30 days)
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		QL (120 per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
TRUEPLUS 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, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		QL (120 per 30 days)
ULTICARE 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, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
ULTICARE MICRO PEN NEEDLES 32G X 4 MM		QL (120 per 30 days)
ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM		QL (120 per 30 days)
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM		QL (120 per 30 days)
ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM		QL (120 per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		QL (120 per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML		QL (120 per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML		QL (120 per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML		QL (120 per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML		QL (120 per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML		QL (120 per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML		QL (120 per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML		QL (120 per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML		QL (120 per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML		QL (120 per 30 days)
ULTILET ALCOHOL SWABS PAD		

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML		QL (120 per 30 days)
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		QL (120 per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML		QL (120 per 30 days)
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
ULTRA THIN PEN NEEDLES 32G X 4 MM		QL (120 per 30 days)
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
ULTRACARE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM		QL (120 per 30 days)
ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML		QL (120 per 30 days)
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		QL (120 per 30 days)
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM		QL (120 per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM		QL (120 per 30 days)
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM		QL (120 per 30 days)
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM		QL (120 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
UNIFINE PEN NEEDLES 32G X 4 MM		QL (120 per 30 days)
UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 6 MM , 32G X 4 MM		QL (120 per 30 days)
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		QL (120 per 30 days)
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		QL (120 per 30 days)
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 32G X 6 MM		QL (120 per 30 days)
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		QL (120 per 30 days)
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		QL (120 per 30 days)
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML		QL (120 per 30 days)
WEBCOL ALCOHOL PREP LARGE PAD 70 %		
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM		QL (120 per 30 days)
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %		
ENZYME REPLACEMENT/MODIFIERS		
ENZYME REPLACEMENT/MODIFIERS		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		MO; FFQL

DRUG NAME	Reference	REQUIREMENTS/LIMITS
miglustat oral capsule 100 mg	Yargesa	PA; NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		PA-BvsD; NEDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML		PA; NEDS
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Javygtor	PA; NEDS
sapropterin dihydrochloride oral tablet 100 mg	Javygtor	PA; NEDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT		MO; FFQL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT		NEDS
EYE, EAR, NOSE, THROAT AGENTS		
EYE, EAR, NOSE, THROAT AGENTS, MISCELLANEOUS		
apraclonidine hcl ophthalmic solution 0.5 %		NEDS
atropine sulfate ophthalmic solution 1 %		MO
azelastine hcl nasal solution 0.1 %		QL (30 per 25 days); NEDS
azelastine hcl nasal solution 137 mcg/spray		QL (30 per 25 days); NEDS
azelastine hcl ophthalmic solution 0.05 %		NEDS
azelastine-fluticasone nasal suspension 137-50 mcg/act	Dymista	QL (23 per 30 days); NEDS
cromolyn sodium ophthalmic solution 4 %		NEDS
epinastine hcl ophthalmic solution 0.05 %		NEDS
ipratropium bromide nasal solution 0.03 %		MO; QL (60 per 30 days)
ipratropium bromide nasal solution 0.06 %		MO; QL (30 per 30 days)
EYE, EAR, NOSE, THROAT ANTI-INFECTIVES AGENTS		
acetic acid otic solution 2 %		NEDS
AZASITE OPHTHALMIC SOLUTION 1 %		NEDS
bacitracin ophthalmic ointment 500 unit/gm		NEDS
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Polycin	NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Neo-Polycin HC	NEDS
ciprofloxacin hcl ophthalmic solution 0.3 %		QL (30 per 30 days); NEDS
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %		NEDS
erythromycin ophthalmic ointment 5 mg/gm		NEDS
gatifloxacin ophthalmic solution 0.5 %		NEDS
gentamicin sulfate ophthalmic solution 0.3 %		QL (30 per 30 days); NEDS
hydrocortisone-acetic acid otic solution 1-2 %		NEDS
moxifloxacin hcl ophthalmic solution 0.5 %	Vigamox	NEDS
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	Neo-Polycin	NEDS
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Maxitrol	NEDS
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Maxitrol	NEDS
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		NEDS
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1		NEDS
neomycin-polymyxin-hc otic solution 1 %		NEDS
neomycin-polymyxin-hc otic suspension 3.5-10000-1		NEDS
ofloxacin ophthalmic solution 0.3 %	Ocuflox	NEDS
ofloxacin otic solution 0.3 %		NEDS
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%		NEDS
sulfacetamide sodium ophthalmic ointment 10 %		NEDS
sulfacetamide sodium ophthalmic solution 10 %		NEDS
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %		NEDS
tobramycin ophthalmic solution 0.3 %		QL (20 per 30 days); NEDS
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %		NEDS
trifluridine ophthalmic solution 1 %		NEDS
XDEMVY OPHTHALMIC SOLUTION 0.25 %		PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VIII of the introduction. Formulary ID: 26265 Last Updated: 10/15/2025 Effective Date: 01/01/2026

DRUG NAME	Reference	REQUIREMENTS/LIMITS
EYE, EAR, NOSE, THROAT ANTI-INFLAMMATORY AGENTS		
bromfenac sodium (once-daily) ophthalmic solution 0.09 %		NEDS
cyclosporine ophthalmic emulsion 0.05 %	Restasis	MO; FFQL; QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic solution 0.1 %		NEDS
diclofenac sodium ophthalmic solution 0.1 %		NEDS
difluprednate ophthalmic emulsion 0.05 %	Durezol	NEDS
flunisolide nasal solution 25 mcg/act (0.025%)		QL (50 per 25 days); NEDS
fluocinolone acetonide otic oil 0.01 %	DermOtic	NEDS
fluorometholone ophthalmic suspension 0.1 %	FML Liquifilm	NEDS
flurbiprofen sodium ophthalmic solution 0.03 %		NEDS
fluticasone propionate nasal suspension 50 mcg/act	Flonase Allergy Rel Childrens	QL (16 per 30 days); NEDS
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		NEDS
ketorolac tromethamine ophthalmic solution 0.4 %	Acular LS	NEDS
ketorolac tromethamine ophthalmic solution 0.5 %	Acular	QL (10 per 25 days); NEDS
loteprednol etabonate ophthalmic gel 0.5 %	Lotemax	NEDS
loteprednol etabonate ophthalmic suspension 0.5 %	Lotemax	NEDS
mometasone furoate nasal suspension 50 mcg/act	Nasonex 24HR	NEDS
prednisolone acetate ophthalmic suspension 1 %	Pred Forte	NEDS
prednisolone sodium phosphate ophthalmic solution 1 %		NEDS
XIIDRA OPHTHALMIC SOLUTION 5 %		MO; FFQL; QL (60 per 30 days)
GASTROINTESTINAL AGENTS		
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
cimetidine oral tablet 200 mg	Tagamet HB	NEDS
cimetidine oral tablet 300 mg, 400 mg, 800 mg		MO
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	Dexilant	MO; QL (30 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
esomeprazole magnesium oral capsule delayed release 20 mg	GoodSense Esomeprazole	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule delayed release 40 mg	NexIUM	MO; QL (30 per 30 days)
famotidine oral suspension reconstituted 40 mg/5ml		MO
famotidine oral tablet 20 mg	MM Acid-Pep Maximum Strength	MO
famotidine oral tablet 40 mg	Pepcid	MO
lansoprazole oral capsule delayed release 15 mg	Prevacid 24HR	MO; QL (30 per 30 days)
lansoprazole oral capsule delayed release 30 mg	Prevacid	MO; QL (30 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	Cytotec	MO
nizatidine oral capsule 150 mg, 300 mg		MO
omeprazole oral capsule delayed release 10 mg, 40 mg		MO; QL (30 per 30 days)
omeprazole oral capsule delayed release 20 mg		MO; QL (60 per 30 days)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	Protonix	MO; QL (30 per 30 days)
sucralfate oral suspension 1 gm/10ml	Carafate	MO; FFQL
sucralfate oral tablet 1 gm	Carafate	MO
VOQUEZNA ORAL TABLET 10 MG		PA; QL (28 per 14 days); NEDS
VOQUEZNA ORAL TABLET 20 MG		PA; NEDS
GASTROINTESTINAL AGENTS, OTHER		
carglumic acid oral tablet soluble 200 mg	Carbaglu	PA; NEDS
constulose oral solution 10 gm/15ml		MO
cromolyn sodium oral concentrate 100 mg/5ml	Gastrocrom	MO; FFQL
dicyclomine hcl oral capsule 10 mg		NEDS
dicyclomine hcl oral solution 10 mg/5ml		NEDS
dicyclomine hcl oral tablet 20 mg		NEDS
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml		NEDS
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Lomotil	NEDS
enulose oral solution 10 gm/15ml		MO
generlac oral solution 10 gm/15ml		MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
glycopyrrolate oral tablet 1 mg, 2 mg		NEDS
kionex combination suspension 15 gm/60ml		NEDS
lactulose oral solution 10 gm/15ml		MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		MO; FFQL; QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM, 5 GM		MO; FFQL
loperamide hcl oral capsule 2 mg	Imodium A-D	NEDS
lubiprostone oral capsule 24 mcg, 8 mcg	Amitiza	MO; QL (60 per 30 days)
metoclopramide hcl oral solution 5 mg/5ml		NEDS
metoclopramide hcl oral tablet 10 mg, 5 mg	Reglan	NEDS
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		QL (30 per 30 days); NEDS
RAVICTI ORAL LIQUID 1.1 GM/ML		PA; NEDS
sodium polystyrene sulfonate oral powder		NEDS
sps (sodium polystyrene sulf) combination suspension 15 gm/60ml		NEDS
ursodiol oral capsule 300 mg		MO
ursodiol oral tablet 250 mg		MO
ursodiol oral tablet 500 mg	Urso Forte	MO
XERMELO ORAL TABLET 250 MG		PA; QL (90 per 30 days); NEDS
LAXATIVES		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		NEDS
gavilyte-g oral solution reconstituted 236 gm	GaviLyte-G	NEDS
gavilyte-n with flavor pack oral solution reconstituted 420 gm	GaviLyte-N with Flavor Pack	NEDS
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Suprep Bowel Prep Kit	NEDS
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml 2 pack (480ml)	Suprep Bowel Prep Kit	NEDS
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	GaviLyte-N with Flavor Pack	NEDS
peg-3350/electrolytes oral solution reconstituted 236 gm	GaviLyte-G	NEDS
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		

DRUG NAME	Reference	REQUIREMENTS/LIMITS
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		NEDS
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg		MO; QL (30 per 30 days)
flavoxate hcl oral tablet 100 mg		MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML		MO; FFQL; QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG		MO; FFQL; QL (30 per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg		MO; QL (60 per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg		MO; QL (30 per 30 days)
oxybutynin chloride oral solution 5 mg/5ml		MO
oxybutynin chloride oral tablet 5 mg		MO
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg		MO; QL (30 per 30 days)
tolterodine tartrate oral tablet 1 mg		MO; QL (60 per 30 days)
tolterodine tartrate oral tablet 2 mg	Detrol	MO; QL (60 per 30 days)
trospium chloride er oral capsule extended release 24 hour 60 mg		MO; QL (30 per 30 days)
trospium chloride oral tablet 20 mg		MO; QL (60 per 30 days)
GENITOURINARY AGENTS, MISCELLANEOUS		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Uroxatral	MO; QL (30 per 30 days)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		PA; MO; FFQL
dutasteride oral capsule 0.5 mg	Avodart	MO; QL (30 per 30 days)
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Jalyn	MO; QL (30 per 30 days)
finasteride oral tablet 5 mg	Proscar	MO; QL (30 per 30 days)
silodosin oral capsule 4 mg, 8 mg	Rapaflo	MO
tamsulosin hcl oral capsule 0.4 mg		MO; QL (60 per 30 days)
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg		MO; QL (60 per 30 days)
HEAVY METAL ANTAGONISTS		

DRUG NAME	Reference	REQUIREMENTS/LIMITS
HEAVY METAL ANTAGONISTS		
deferasirox oral tablet soluble 125 mg	Exjade	PA; MO; FFQL
deferasirox oral tablet soluble 250 mg, 500 mg	Exjade	PA; NEDS
deferiprone oral tablet 1000 mg	Ferriprox	PA; NEDS
deferiprone oral tablet 500 mg		PA; NEDS
penicillamine oral tablet 250 mg	Depen Titratabs	PA; NEDS
trientine hcl oral capsule 250 mg	Syprine	PA; NEDS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING		
ANDROGENS		
danazol oral capsule 100 mg, 200 mg, 50 mg		NEDS
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	Depo-Testosterone	PA; MO
testosterone enanthate intramuscular solution 200 mg/ml		PA; MO
testosterone gel 1.62 % transdermal	AndroGel Pump	PA; MO
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)		PA; MO
testosterone transdermal gel 12.5 mg/act (1%)	Vogelxo Pump	PA; MO
testosterone transdermal gel 20.25 mg/act (1.62%)	AndroGel Pump	PA; MO
testosterone transdermal gel 25 mg/2.5gm (1%)		PA; MO; QL (75 per 30 days)
testosterone transdermal gel 50 mg/5gm (1%)	Testim	PA; MO; QL (300 per 30 days)
testosterone transdermal solution 30 mg/act		PA; MO
ESTROGENS AND ANTIESTROGENS		
abigale lo oral tablet 0.5-0.1 mg	Abigale Lo	MO
abigale oral tablet 1-0.5 mg	Abigale	MO
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		MO
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Alora	MO
estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr	Dotti	MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Climara	MO
estradiol vaginal cream 0.1 mg/gm	Estrace	MO
estradiol vaginal tablet 10 mcg	Yuvafem	MO
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	Abigale Lo	MO
estradiol-norethindrone acet oral tablet 1-0.5 mg	Abigale	MO
fyavolv oral tablet 1-5 mg-mcg	Fyavolv	MO
jinteli oral tablet 1-5 mg-mcg	Fyavolv	MO
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	Fyavolv	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		MO; FFQL
PREMARIN VAGINAL CREAM 0.625 MG/GM		MO; FFQL
raloxifene hcl oral tablet 60 mg	Evista	MO; QL (30 per 30 days)
yuvafem vaginal tablet 10 mcg	Yuvafem	MO
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
dexamethasone oral solution 0.5 mg/5ml		NEDS
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		NEDS
fludrocortisone acetate oral tablet 0.1 mg		MO
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Cortef	NEDS
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	Medrol	NEDS
methylprednisolone oral tablet 32 mg		NEDS
methylprednisolone oral tablet therapy pack 4 mg	Medrol	NEDS
prednisolone oral solution 15 mg/5ml		NEDS
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml		NEDS
prednisolone sodium phosphate oral solution 15 mg/5ml		NEDS
prednisolone sodium phosphate oral solution 5 mg/5ml	Pediapred	NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		NEDS
prednisone oral solution 5 mg/5ml		NEDS
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		NEDS
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)		NEDS
PITUITARY		
desmopressin ace spray refrig nasal solution 0.01 %		MO; FFQL
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	DDAVP	MO
desmopressin acetate spray nasal solution 0.01 %		MO; FFQL
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		PA; NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG		PA; QL (1 per 30 days); NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG		PA; QL (1 per 90 days)
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml	SandoSTATIN	PA-BvsD; MO
octreotide acetate injection solution 1000 mcg/ml		PA-BvsD; NEDS
octreotide acetate injection solution 200 mcg/ml		PA-BvsD; MO
octreotide acetate injection solution 500 mcg/ml	SandoSTATIN	PA-BvsD; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML		PA; NEDS
ORGOVYX ORAL TABLET 120 MG		PA; QL (60 per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		PA; QL (60 per 30 days); NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 25 MG, 30 MG		PA; QL (30 per 30 days); NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 20 MG		PA; QL (60 per 30 days); NEDS
SYNAREL NASAL SOLUTION 2 MG/ML		PA; NEDS
PROGESTINS		

DRUG NAME	Reference	REQUIREMENTS/LIMITS
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML		QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	Gallifrey	MO
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	Depo-Provera	QL (1 per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	Depo-Provera	QL (1 per 90 days)
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Provera	MO
megestrol acetate oral suspension 40 mg/ml		PA; HRM; NEDS
megestrol acetate oral suspension 625 mg/5ml		PA; MO; FFQL; HRM
norethindrone acetate oral tablet 5 mg	Gallifrey	MO
progesterone oral capsule 100 mg, 200 mg	Prometrium	MO
THYROID AND ANTITHYROID AGENTS		
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Levoxyl	MO
levothyroxine sodium oral tablet 300 mcg	Synthroid	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Levoxyl	MO
methimazole oral tablet 10 mg, 5 mg		MO
propylthiouracil oral tablet 50 mg		MO
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		PA; NEDS
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		MO; FFQL
IMMUNOLOGICAL AGENTS		
IMMUNOLOGICAL AGENTS		
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	Cyltezo (2 Pen)	PA; Only NDCs starting with 00597; QL (4 per 28 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml	Cyltezo (2 Syringe)	PA; Only NDCs starting with 00597; QL (2 per 28 days); NEDS
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml, 40 mg/0.8ml	Cyltezo (2 Syringe)	PA; Only NDCs starting with 00597; QL (6 per 28 days); NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		PA-BvsD; NEDS
azathioprine oral tablet 50 mg	Imuran	PA-BvsD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		PA; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		PA; NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		PA; NEDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		PA; QL (8 per 28 days); NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		PA; QL (8 per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		PA; QL (4 per 28 days); NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		PA; QL (8 per 28 days); NEDS
cyclosporine modified oral capsule 100 mg, 25 mg	Gengraf	PA-BvsD; MO
cyclosporine modified oral capsule 50 mg		PA-BvsD; MO
cyclosporine modified oral solution 100 mg/ml	Gengraf	PA-BvsD; MO; FFQL
cyclosporine oral capsule 100 mg, 25 mg	SandIMMUNE	PA-BvsD; MO; FFQL
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML		PA; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML		PA; NEDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		PA; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		PA; QL (8 per 28 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		PA; QL (8 per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		PA; QL (8 per 28 days); NEDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG		PA-BvsD; MO; FFQL
everolimus oral tablet 0.25 mg	Zortress	PA-BvsD; MO; FFQL
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	Zortress	PA-BvsD; NEDS
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML		PA-BvsD; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM		PA-BvsD; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML		PA-BvsD; NEDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML		PA-BvsD; NEDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML		PA; QL (6 per 28 days); NEDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML		PA; QL (6 per 28 days); NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		PA; NEDS
leflunomide oral tablet 10 mg, 20 mg	Arava	MO; QL (30 per 30 days)
mycophenolate mofetil oral capsule 250 mg	CellCept	PA-BvsD; MO
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	CellCept	PA-BvsD; NEDS
mycophenolate mofetil oral tablet 500 mg	CellCept	PA-BvsD; MO
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Myfortic	PA-BvsD; MO
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML		PA; QL (4 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML		PA; QL (4 per 28 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML		PA; QL (2 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML		PA; QL (3 per 28 days); NEDS
OTEZLA ORAL TABLET 20 MG, 30 MG		PA; QL (60 per 30 days); NEDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG		PA; QL (55 per 28 days); NEDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG		PA-BvsD; MO; FFQL
REZUROCK ORAL TABLET 200 MG		PA; NEDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML		PA; QL (360 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG		PA; QL (30 per 30 days); NEDS
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML		PA; MO; FFQL; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML		PA; QL (1 per 28 days); NEDS
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		PA; QL (3 per 28 days); NEDS
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		PA; QL (3 per 28 days); NEDS
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML		PA; QL (6 per 28 days); NEDS
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML		PA; QL (2 per 28 days); NEDS
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML		PA; QL (6 per 28 days); NEDS
sirolimus oral solution 1 mg/ml		PA-BvsD; MO; FFQL
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		PA-BvsD; MO; FFQL
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		PA; QL (3 per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML		PA; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML		PA; QL (2.4 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		PA; QL (3 per 84 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML		PA; QL (1 per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML		PA; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML		PA; QL (1 per 28 days); NEDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Prograf	PA-BvsD; MO; FFQL
TAVNEOS ORAL CAPSULE 10 MG		PA; QL (180 per 30 days); NEDS
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		PA; QL (4 per 28 days); NEDS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		PA; QL (4 per 28 days); NEDS
ustekinumab subcutaneous solution 45 mg/0.5ml	Stelara	PA; QL (1 per 28 days); NEDS
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml	Stelara	PA; QL (0.5 per 28 days); NEDS
ustekinumab subcutaneous solution prefilled syringe 90 mg/ml	Stelara	PA; QL (1 per 28 days); NEDS
VACCINES		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML		NEDS
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		NEDS
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5		NEDS
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML		NEDS
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG		NEDS
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5		NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5		NEDS
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5		NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VIII of the introduction. Formulary ID: 26265 Last Updated: 10/15/2025 Effective Date: 01/01/2026

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML		PA-BvsD; NEDS
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML		PA-BvsD; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML		NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		NEDS
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML		NEDS
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML		NEDS
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML		PA-BvsD; NEDS
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG		NEDS
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML		PA-BvsD; NEDS
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10		NEDS
IPOL INJECTION INJECTABLE		NEDS
IXIARO INTRAMUSCULAR SUSPENSION		NEDS
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML		NEDS
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		NEDS
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML		NEDS
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED		NEDS
M-M-R II INJECTION SOLUTION RECONSTITUTED		NEDS
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML		NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML		NEDS
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED		NEDS
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED		NEDS
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED		NEDS
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED		NEDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED		NEDS
QUADRACEL INTRAMUSCULAR SUSPENSION		NEDS
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		NEDS
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED		PA-BvsD; NEDS
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML		PA-BvsD; NEDS
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML		PA-BvsD; NEDS
ROTARIX ORAL SUSPENSION		NEDS
ROTATEQ ORAL SOLUTION		NEDS
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML		NEDS
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML		NEDS
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)		NEDS
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML		NEDS
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		NEDS
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML		NEDS
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML		NEDS
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML		NEDS
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML		NEDS
VAXCHORA ORAL SUSPENSION RECONSTITUTED		NEDS
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML		NEDS
VIVOTIF ORAL CAPSULE DELAYED RELEASE		NEDS
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)		NEDS
INFLAMMATORY BOWEL DISEASE AGENTS		
INFLAMMATORY BOWEL DISEASE AGENTS		
alosetron hcl oral tablet 0.5 mg	Lotronex	PA; MO; FFQL
alosetron hcl oral tablet 1 mg	Lotronex	PA; NEDS
balsalazide disodium oral capsule 750 mg	Colazal	NEDS
budesonide er oral tablet extended release 24 hour 9 mg	Uceris	NEDS
budesonide oral capsule delayed release particles 3 mg		NEDS
hydrocortisone rectal enema 100 mg/60ml	Cortenema	NEDS
mesalamine er oral capsule extended release 24 hour 0.375 gm	Apriso	MO; QL (120 per 30 days)
mesalamine er oral capsule extended release 500 mg	Pentasa	MO; FFQL
mesalamine oral capsule delayed release 400 mg	Delzicol	MO
mesalamine oral tablet delayed release 1.2 gm	Lialda	MO
mesalamine oral tablet delayed release 800 mg		NEDS
mesalamine rectal enema 4 gm		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
mesalamine rectal suppository 1000 mg	Canasa	NEDS
sulfasalazine oral tablet 500 mg	Azulfidine	MO
sulfasalazine oral tablet delayed release 500 mg	Azulfidine EN-tabs	MO
IRRIGATING SOLUTIONS		
IRRIGATING SOLUTIONS		
sodium chloride irrigation solution 0.9 %	Argyle Sterile Saline	NEDS
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
alendronate sodium oral solution 70 mg/75ml		MO; QL (300 per 28 days)
alendronate sodium oral tablet 10 mg		MO; QL (30 per 30 days)
alendronate sodium oral tablet 35 mg		MO; QL (4 per 28 days)
alendronate sodium oral tablet 70 mg	Fosamax	MO; QL (4 per 28 days)
calcitonin (salmon) nasal solution 200 unit/act		PA-BvsD; MO; QL (4 per 28 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Rocaltrol	MO
calcitriol oral solution 1 mcg/ml	Rocaltrol	MO
cinacalcet hcl oral tablet 30 mg	Sensipar	PA-BvsD; MO; FFQL; QL (120 per 30 days)
cinacalcet hcl oral tablet 60 mg	Sensipar	PA-BvsD; MO; FFQL; QL (150 per 30 days)
cinacalcet hcl oral tablet 90 mg	Sensipar	PA-BvsD; MO; QL (120 per 30 days)
ibandronate sodium oral tablet 150 mg		MO; QL (1 per 28 days)
paricalcitol oral capsule 1 mcg, 2 mcg	Zemplar	MO
paricalcitol oral capsule 4 mcg		MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		PA; QL (1 per 180 days)
risedronate sodium oral tablet 150 mg	Actonel	MO; QL (1 per 28 days)
risedronate sodium oral tablet 30 mg		QL (30 per 30 days); NEDS
risedronate sodium oral tablet 35 mg (12 pack)	Actonel	MO; QL (12 per 84 days)
risedronate sodium oral tablet 35 mg, 35 mg (4 pack)	Actonel	MO; QL (4 per 28 days)
risedronate sodium oral tablet 5 mg		MO; QL (30 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
risedronate sodium oral tablet delayed release 35 mg	Atelvia	MO; QL (4 per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		PA; NEDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML		PA; QL (1.7 per 28 days); NEDS
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML		PA-BvsD; NEDS
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE		NEDS
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE		NEDS
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		NEDS
diazoxide oral suspension 50 mg/ml	Proglycem	NEDS
ELMIRON ORAL CAPSULE 100 MG		NEDS
glucagon emergency injection kit 1 mg		NEDS
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		PA; HRM; NEDS
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		NEDS
levocarnitine oral solution 1 gm/10ml	Carnitor	MO
levocarnitine oral tablet 330 mg	Carnitor	MO
l-glutamine oral packet 5 gm	Endari	PA; QL (180 per 30 days); NEDS
mesna oral tablet 400 mg	Mesnex	NEDS
nitroglycerin rectal ointment 0.4 %	Rectiv	NEDS
pyridostigmine bromide er oral tablet extended release 180 mg	Mestinon	NEDS
pyridostigmine bromide oral tablet 30 mg		NEDS
pyridostigmine bromide oral tablet 60 mg	Mestinon	NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML		PA; QL (4 per 28 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		PA; QL (2 per 28 days); NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		PA; QL (4 per 28 days); NEDS
THALOMID ORAL CAPSULE 100 MG		PA; QL (112 per 28 days); NEDS
THALOMID ORAL CAPSULE 150 MG, 200 MG		PA; QL (56 per 28 days); NEDS
THALOMID ORAL CAPSULE 50 MG		PA; QL (224 per 28 days); NEDS
TYBOST ORAL TABLET 150 MG		MO; FFQL; QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		PA; MO; FFQL; QL (30 per 30 days)
VIJOICE ORAL PACKET 50 MG		PA; NEDS
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG		PA; NEDS
VOWST ORAL CAPSULE		PA; QL (12 per 30 days); NEDS
OPHTHALMIC AGENTS		
ANTIGLAUCOMA AGENTS		
acetazolamide er oral capsule extended release 12 hour 500 mg		MO
acetazolamide oral tablet 125 mg, 250 mg		MO
betaxolol hcl ophthalmic solution 0.5 %		MO
bimatoprost ophthalmic solution 0.03 %		MO; QL (5 per 25 days)
brimonidine tartrate ophthalmic solution 0.1 %	Alphagan P	MO; FFQL
brimonidine tartrate ophthalmic solution 0.15 %	Alphagan P	MO
brimonidine tartrate ophthalmic solution 0.2 %		MO
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Combigan	MO
brinzolamide ophthalmic suspension 1 %	Azopt	MO; FFQL
carteolol hcl ophthalmic solution 1 %		MO
dorzolamide hcl ophthalmic solution 2 %		MO
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Cosopt	MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Cosopt PF	MO
latanoprost ophthalmic solution 0.005 %	Xalatan	MO; QL (2.5 per 25 days)
levobunolol hcl ophthalmic solution 0.5 %		MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		MO; FFQL; QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		MO
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %		MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		MO; FFQL
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		MO; FFQL
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		MO; FFQL
timolol hemihydrate ophthalmic solution 0.5 %	Betimol	MO
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %		MO
timolol maleate ophthalmic solution 0.25 %, 0.5 %		MO
travoprost (bak free) ophthalmic solution 0.004 %	Travatan Z	MO; QL (2.5 per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %		MO; FFQL; QL (2.5 per 25 days)
REPLACEMENT PREPARATIONS		
REPLACEMENT PREPARATIONS		
dextrose-nacl intravenous solution 5-0.9 %		NEDS
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %, 10-0.45 %		PA-BvsD; NEDS
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 2.5-0.45 %		NEDS
dextrose-sodium chloride intravenous solution 5-0.2 %, 5-0.45 %, 5-0.9 %		NEDS
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		NEDS
ISOLYTE-S INTRAVENOUS SOLUTION		PA-BvsD; NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION		PA-BvsD; NEDS
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%		NEDS
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.45 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%		NEDS
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION 20 MEQ/L		NEDS
MAGNESIUM SULFATE INJECTION SOLUTION 50 %		NEDS
magnesium sulfate injection solution 50 % (10ml syringe)		NEDS
multiple electro type 1 ph 5.5 intravenous solution	Plasma-Lyte 148	NEDS
multiple electro type 1 ph 7.4 intravenous solution	Plasma-Lyte A	NEDS
potassium chloride crys er oral tablet extended release 10 meq	Klor-Con M10	MO
potassium chloride crys er oral tablet extended release 15 meq	Klor-Con M15	MO
potassium chloride crys er oral tablet extended release 20 meq	Klor-Con M20	MO
potassium chloride er oral capsule extended release 10 meq, 8 meq		MO
potassium chloride er oral tablet extended release 10 meq	Klor-Con 10	MO
potassium chloride er oral tablet extended release 20 meq		MO
potassium chloride er oral tablet extended release 8 meq	Klor-Con	MO
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%		NEDS
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 20 MEQ/100ML		NEDS
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)		NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 40 MEQ/100ML		NEDS
potassium chloride oral packet 20 meq	Klor-Con	MO
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		MO
potassium citrate er oral tablet extended release 10 meq (1080 mg)	Urocit-K 10	NEDS
potassium citrate er oral tablet extended release 15 meq (1620 mg)	Urocit-K 15	NEDS
potassium citrate er oral tablet extended release 5 meq (540 mg)		NEDS
POTASSIUM CL IN DEXTROSE 5% INTRAVENOUS SOLUTION 20 MEQ/L		PA-BvsD; NEDS
sodium chloride intravenous solution 0.45 %		NEDS
sodium chloride intravenous solution 0.9 %		NEDS
sodium chloride intravenous solution 3 %, 5 %		NEDS
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE		PA-BvsD; NEDS
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		MO; FFQL; QL (30 per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		MO; FFQL; QL (1 per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT		MO; FFQL; QL (1 per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		MO; FFQL; QL (1 per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT		MO; FFQL; QL (26 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH		MO; FFQL; QL (60 per 30 days)

DRUG NAME	Reference	REQUIREMENTS/LIMITS
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	Symbicort	MO; FFQL; QL (10.3 per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Pulmicort	PA-BvsD; MO; FFQL
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	Symbicort	MO; QL (10.2 per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act		MO; FFQL; QL (24 per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act		MO; FFQL; QL (21.2 per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Wixela Inhub	MO; QL (60 per 30 days)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Wixela Inhub	MO; QL (60 per 30 days)
ANTILEUKOTRIENES		
montelukast sodium oral packet 4 mg	Singulair	MO; QL (30 per 30 days)
montelukast sodium oral tablet 10 mg	Singulair	MO; QL (30 per 30 days)
montelukast sodium oral tablet chewable 4 mg, 5 mg	Singulair	MO; QL (30 per 30 days)
zafirlukast oral tablet 10 mg, 20 mg	Accolate	MO; QL (60 per 30 days)
BRONCHODILATORS		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Ventolin HFA	MO; QL (17 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	Ventolin HFA	MO; QL (13.4 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	Ventolin HFA	MO; QL (36 per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%		PA-BvsD; MO; QL (360 per 30 days)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml		PA-BvsD; MO; QL (360 per 25 days)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml		PA-BvsD; MO; QL (100 per 30 days)
albuterol sulfate oral syrup 2 mg/5ml		MO
albuterol sulfate oral tablet 2 mg, 4 mg		MO

DRUG NAME	Reference	REQUIREMENTS/LIMITS
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		MO; FFQL; QL (26 per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT		MO; FFQL; QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		MO; FFQL; QL (4 per 20 days)
ipratropium bromide inhalation solution 0.02 %		PA-BvsD; MO; QL (252 per 25 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		PA-BvsD; MO; QL (540 per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml		PA-BvsD; MO; QL (540 per 30 days)
levalbuterol tartrate inhalation aerosol 45 mcg/act	Xopenex HFA	MO; QL (30 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT		MO; FFQL; QL (2 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT		MO; FFQL; QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		MO; FFQL; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		MO; FFQL; QL (4 per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg		MO; FFQL
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg		MO
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg		MO
theophylline oral solution 80 mg/15ml		MO; FFQL
tiotropium bromide monohydrate inhalation capsule 18 mcg	Spiriva HandiHaler	MO; QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT		MO; FFQL; QL (60 per 30 days)
RESPIRATORY TRACT AGENTS, OTHER		

DRUG NAME	Reference	REQUIREMENTS/LIMITS
acetylcysteine inhalation solution 10 %, 20 %		PA-BvsD; NEDS
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG		PA; NEDS
cromolyn sodium inhalation nebulization solution 20 mg/2ml		PA-BvsD; MO
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML		PA; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML		PA; NEDS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG		PA; NEDS
KALYDECO ORAL TABLET 150 MG		PA; NEDS
OFEV ORAL CAPSULE 100 MG, 150 MG		PA; NEDS
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG		PA; NEDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		PA; NEDS
pirfenidone oral capsule 267 mg	Esbriet	PA; NEDS
pirfenidone oral tablet 267 mg, 801 mg	Esbriet	PA; NEDS
pirfenidone oral tablet 534 mg		PA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML		PA-BvsD; NEDS
roflumilast oral tablet 250 mcg, 500 mcg	Daliresp	MO; FFQL; QL (30 per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG		PA; QL (84 per 28 days); NEDS
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		PA; QL (1 per 21 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		PA; NEDS
SKELETAL MUSCLE RELAXANTS		

DRUG NAME	Reference	REQUIREMENTS/LIMITS
SKELETAL MUSCLE RELAXANTS		
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg		NEDS
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		PA; HRM; NEDS
dantrolene sodium oral capsule 100 mg, 50 mg		NEDS
dantrolene sodium oral capsule 25 mg	Dantrium	NEDS
orphenadrine citrate er oral tablet extended release 12 hour 100 mg		PA; HRM; NEDS
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg		NEDS
tizanidine hcl oral tablet 2 mg		NEDS
tizanidine hcl oral tablet 4 mg	Zanaflex	NEDS
SLEEP DISORDER AGENTS		
SLEEP DISORDER AGENTS		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Nuvigil	PA; MO; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		QL (30 per 30 days); NEDS
doxepin hcl oral tablet 3 mg, 6 mg	Silenor	QL (30 per 30 days); NEDS
modafinil oral tablet 100 mg, 200 mg	Provigil	PA; MO; QL (30 per 30 days)
ramelteon oral tablet 8 mg	Rozerem	QL (30 per 30 days); NEDS
sodium oxybate oral solution 500 mg/ml	Xyrem	PA; QL (540 per 30 days); NEDS
zaleplon oral capsule 10 mg, 5 mg		PA; HRM; QL (30 per 30 days); NEDS
zolpidem tartrate oral tablet 10 mg, 5 mg	Ambien	PA; HRM; QL (30 per 30 days); NEDS
VASODILATING AGENTS		
VASODILATING AGENTS		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		PA; QL (90 per 30 days); NEDS
ambrisentan oral tablet 10 mg, 5 mg	Letairis	PA; QL (30 per 30 days); NEDS
bosentan oral tablet 125 mg, 62.5 mg	Tracleer	PA; QL (60 per 30 days); NEDS
bosentan oral tablet soluble 32 mg	Tracleer	PA; QL (112 per 28 days); NEDS

DRUG NAME	Reference	REQUIREMENTS/LIMITS
OPSUMIT ORAL TABLET 10 MG		PA; QL (30 per 30 days); NEDS
sildenafil citrate oral tablet 20 mg	Revatio	PA; MO; QL (90 per 30 days)
tadalafil oral tablet 2.5 mg		PA; MO; QL (30 per 30 days)
tadalafil oral tablet 5 mg	Cialis	PA; MO; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG		PA; QL (60 per 30 days); NEDS
UPTRAVI ORAL TABLET 200 MCG		PA; QL (240 per 30 days); NEDS
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG		PA; NEDS
VITAMINS AND MINERALS		
VITAMINS AND MINERALS		
C-NATE DHA ORAL CAPSULE 28-1-200 MG		NEDS
COMPLETENATE ORAL TABLET CHEWABLE 29-1 MG		NEDS
fluoritab oral solution 0.275 (0.125 f) mg/drop		MO
FOLIVANE-OB ORAL CAPSULE 85-1 MG		NEDS
KOSHER PRENATAL PLUS IRON ORAL TABLET 30-1 MG		NEDS
M-NATAL PLUS ORAL TABLET 27-1 MG		NEDS
nafrinse drops oral solution 0.275 (0.125 f) mg/drop		MO
NIVA-PLUS ORAL TABLET 27-1 MG		NEDS
OBSTETRIX DHA ORAL 29-1 & 350 MG		NEDS
PNV 27-CA/FE/FA ORAL TABLET 60-1 MG		NEDS
PNV TABS 29-1 ORAL TABLET 29-1 MG		NEDS
PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG		NEDS
PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG		NEDS
PRENA 1 TRUE ORAL 30-1.4 & 300 MG		NEDS
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG		NEDS
PRENAISSANCE PLUS ORAL CAPSULE 28-1-250 MG		NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VIII of the introduction. Formulary ID: 26265 Last Updated: 10/15/2025 Effective Date: 01/01/2026

DRUG NAME	Reference	REQUIREMENTS/LIMITS
PRENATABS FA ORAL TABLET 29-1 MG		NEDS
PRENATAL ORAL TABLET 27-1 MG		NEDS
PRENATAL-U ORAL CAPSULE 106.5-1 MG		NEDS
PREPLUS ORAL TABLET 27-1 MG		NEDS
PRETAB ORAL TABLET 29-1 MG		NEDS
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG, 29-1 MG		NEDS
SE-NATAL 19 ORAL TABLET CHEWABLE 29-1 MG		NEDS
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	SoluVita	MO
sodium fluoride oral tablet 1.1 (0.5 f) mg		MO
sodium fluoride oral tablet 2.2 (1 f) mg		MO
sodium fluoride oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg		MO
TARON-C DHA ORAL CAPSULE 35-1 MG		NEDS
TARON-PREX ORAL CAPSULE 30-1.2-265 MG		NEDS
VIRT-C DHA ORAL CAPSULE 53.5-38-1 MG		NEDS
VIRT-NATE DHA ORAL CAPSULE 28-1-200 MG		NEDS
VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG		NEDS
VIRT-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG		NEDS
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG		NEDS
VITAFOL-OB+DHA ORAL 65-1 & 250 MG		NEDS
VP-PNV-DHA ORAL CAPSULE 28-1-215.8 MG		NEDS
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG		NEDS
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG		NEDS

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This formulary was updated on 10/15/2025 For more recent information or other questions, please contact MCS Classicare Customer Service Call Center at 1-866-627-8183 (Toll free) (TTY users should call 1-866-627-8182), from Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 p.m. Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30 or visit www.mcsclassicare.com

Complete Health

MCS Classicare

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Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday 8:00 a.m. to 8:00 p.m. and Saturday from 8:00 a.m. to 4:30 p.m.