



Tufts Health Plan Senior Care Options (HMO-SNP)

2022 List of Covered Drugs (Formulary)

Tufts Health Plan Senior Care Options

PLEASE READ: This document contains information about the drugs we cover in this plan

22468 Version 17

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact Tufts Health Plan Senior Care Options Customer Relations at **1-855-670-5934** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit www.thpmp.org/sco.

Tufts Health Plan Senior Care Options (HMO-SNP) | 2022 *List of Covered Drugs (Formulary)*

Introduction

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

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

 **If you have questions**, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30. The call is free. **For more information**, visit www.thpmp.org/sco-member.

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A. Disclaimers

This is a list of drugs that members can get in *Tufts Health Plan Senior Care Options*.

- ❖ You can always check Tufts Health Plan Senior Care Options' up-to-date *List of Covered Drugs* online at www.thpmp.org/sco-member or by calling 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30. The call is free.
- ❖ Tufts Health Plan Senior Care Options complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-670-5934 (TTY: 711), 7 días a la semana, de 8:00 a.m. a 8:00 p.m., desde el 1 de octubre al 31 de marzo; y de lunes a viernes, del 1 de abril al 30 de septiembre.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. For more information, visit www.thpmp.org/sco-member.



B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 17 are the drugs covered by Tufts Health Plan Senior Care Options. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

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

You can also find an up-to-date list of drugs that we cover on our website at www.thpmp.org/sco-member or call Customer Relations at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.).

B2. Does the Drug List ever change?

Yes, and Tufts Health Plan Senior Care Options must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Tufts Health Plan Senior Care Options before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

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

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

- You can always check Tufts Health Plan Senior Care Options' up-to-date Drug List online at www.thpmp.org/sco-member.
- You can also call Customer Relations at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.), to check the current Drug List.

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug, and add the new generic drug, but your cost for the new drug will remain \$0. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. You can then talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead.

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

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

When these changes happen, we will:

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

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

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

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Tufts Health Plan Senior Care Options before you fill your prescription. Prior authorization is different from a referral. Tufts Health Plan Senior Care Options may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Tufts Health Plan Senior Care Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes Tufts Health Plan Senior Care Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
- **Non-extended day supply drug:** For certain drugs, Tufts Health Plan Senior Care Options limits quantities up to a 30-day supply per fill.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 17. You can also get more information by visiting our website at www.thpmp.org/sco-member. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table in the List of Drugs by Medical Conditions on page 17 has a column labeled "Necessary actions, restrictions, or limits on use."



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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 89.

To search **by medical condition**, find the section labeled “List of Drugs by Medical Condition” on page 15. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category “Cardiovascular Agents”. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the Drug List, call Customer Relations at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.) and ask about it. If you learn that Tufts Health Plan Senior Care Options will not cover the drug, you can do one of these things:

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

B9. What if I am a new Tufts Health Plan Senior Care Options member and can't find my drug on the Drug List or have a problem getting my drug?

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

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

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

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

If you are taking a drug that Tufts Health Plan Senior Care Options does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

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

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

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary “first fill” will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Health Plan Senior Care Options Customer Relations department.



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

Yes. You can ask Tufts Health Plan Senior Care Options to make an exception to cover a drug that is not on the Drug List.

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

- For example, Tufts Health Plan Senior Care Options may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more at no additional cost.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Customer Relations. A Customer Relations representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Evidence of Coverage* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. For a faster decision, include this medical information from your doctor or other prescriber when you ask for the exception.

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

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Tufts Health Plan Senior Care Options covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for “over-the-counter”. Tufts Health Plan Senior Care Options covers some OTC drugs when they are written as prescriptions by your provider.

You can read the MassHealth Standard (Medicaid) Over-the-Counter Drug List to find out what OTC drugs are covered.

In addition to the MassHealth Standard (Medicaid) OTC Drug List, Tufts Health Plan Senior Care Options provides coverage for the following drugs under your Medicare benefit:

- Benzonatate
- Chondroitin/MSM
- Coenzyme – Q10
- Fexofenadine
- Fleet Prep kits (w/o enema)
- Glucosamine/Chondroitin/MSM
- Glucosamine/MSM
- Magnesium Citrate
- Methylsulfonylmethane (MSM)
- Mucinex 600 mg
- Omega 3/Fish Oil
- Robitussin Cough + Chest Congestion DM (liquid)

B15. Does Tufts Health Plan Senior Care Options cover non-drug OTC products?

Tufts Health Plan Senior Care Options covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include band-aids and gauze.

You can read the Tufts Health Plan Senior Care Options Drug List to find out what non-drug OTC products are covered.

B16. Does Tufts Health Plan Senior Care Options cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. You have a \$0 copay.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. You have a \$0 copay.

B17. Can I get prescriptions delivered to my home from my local pharmacy?

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

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. For more information, visit www.thpmp.org/sco-member.

B18. What is my copay?

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

OTCs have a \$0 copay.

If you have questions, call Customer Relations at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.).

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Tufts Health Plan Senior Care Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 89. The index alphabetically lists all drugs covered by Tufts Health Plan Senior Care Options.

C1. List of drugs by medical condition

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

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

B vs D: Medicare Part B or D.

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

QL: Quantity Limit Applies.

Because of potential safety and utilization concerns, Tufts Health Plan Senior Care Options has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use.

HI: Home Infusion Drug.

This prescription drug is covered under our medical benefit.

LA: Limited Access Drug.

This prescription may be available only at certain pharmacies.

PA: Prior Authorization Required.

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/ or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug.

This section is continued on the next page



STPA: Step Therapy Prior Authorization Applies.

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Health Plan Senior Care Options for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

Transplant:

This drug is covered under Part B when used for a Medicare covered organ transplant.

Part B Drug:

No co-payment is required and the cost of the medication does not apply to your Part D benefit.

NEDS: Non-extended Day Supply Drug.

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

SP: Available Through a Designated Special Pharmacy Provider.

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.

SP-CVS specialty: 1-800-237-2767

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *omeprazole*), brand name drugs are capitalized (for example, ENTRESTO). The information in the “Necessary actions, restrictions, or limits on use” column tells you if Tufts Health Plan Senior Care Options has any rules for covering your drug.

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Name of drug	Necessary actions, restrictions, or limits on use
ANTI-INFECTIVES AND INFECTIOUS DISEASE	
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL	
<i>clotrimazole mouth/throat troche</i>	
CRESEMBA ORAL CAPSULE	NEDS
<i>fluconazole oral suspension reconstituted</i>	
<i>fluconazole oral tablet</i>	
<i>flucytosine oral capsule</i>	NEDS
<i>griseofulvin microsize oral suspension</i>	
<i>griseofulvin microsize oral tablet</i>	
<i>griseofulvin ultramicrosize oral tablet</i>	
<i>itraconazole oral capsule</i>	
<i>itraconazole oral solution</i>	
<i>ketoconazole oral tablet</i>	
<i>micafungin sodium intravenous solution reconstituted</i>	
NOXAFIL ORAL SUSPENSION	NEDS
<i>nystatin oral tablet</i>	
<i>posaconazole oral tablet delayed release</i>	NEDS
<i>terbinafine hcl oral tablet</i>	QL (42 EA per 42 days)
<i>voriconazole oral suspension reconstituted</i>	NEDS
<i>voriconazole oral tablet</i>	
ANTI-INFECTIVES, MISCELLANEOUS	
AEMCOLO ORAL TABLET DELAYED RELEASE	QL (12 EA per 3 days)
<i>albendazole oral tablet</i>	NEDS
ARIKAYCE INHALATION SUSPENSION	PA; NEDS
FIRVANQ ORAL SOLUTION RECONSTITUTED	
<i>fosfomycin tromethamine oral packet</i>	
<i>ivermectin oral tablet</i>	
<i>linezolid oral suspension reconstituted</i>	NEDS
<i>linezolid oral tablet</i>	
<i>methenamine hippurate oral tablet</i>	
<i>metronidazole oral capsule</i>	
<i>metronidazole oral tablet</i>	
<i>neomycin sulfate oral tablet</i>	
<i>nitazoxanide oral tablet</i>	
<i>nitrofurantoin macrocrystal oral capsule</i>	
<i>nitrofurantoin monohyd macro oral capsule</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>praziquantel oral tablet</i>	
SIVEXTRO ORAL TABLET	NEDS
STROMECTOL ORAL TABLET	
<i>trimethoprim oral tablet</i>	
<i>vancomycin hcl oral capsule</i>	
<i>vancomycin hcl oral solution reconstituted</i>	
XENLETA ORAL TABLET	NEDS
XIFAXAN ORAL TABLET 200 MG	NEDS
XIFAXAN ORAL TABLET 550 MG	PA; NEDS
ANTIMALARIALS AND ANTIprotozoALS	
<i>atovaquone oral suspension</i>	NEDS
<i>atovaquone-proguanil hcl oral tablet</i>	
BENZNIDAZOLE ORAL TABLET	
<i>chloroquine phosphate oral tablet</i>	
COARTEM ORAL TABLET	QL (24 EA per 3 days)
<i>dapsone oral tablet</i>	
<i>hydroxychloroquine sulfate oral tablet</i>	
IMPAVIDO ORAL CAPSULE	NEDS
KRINTAFEL ORAL TABLET	
LAMPIT ORAL TABLET	
<i>mefloquine hcl oral tablet</i>	
<i>paromomycin sulfate oral capsule</i>	
PENTAM INJECTION SOLUTION RECONSTITUTED	
<i>pentamidine isethionate inhalation solution reconstituted</i>	B vs D
<i>pentamidine isethionate injection solution reconstituted</i>	
<i>primaquine phosphate oral tablet</i>	
<i>pyrimethamine oral tablet</i>	
<i>quinine sulfate oral capsule</i>	
<i>tinidazole oral tablet</i>	
ANTIVIRALS	
<i>abacavir sulfate oral solution</i>	
<i>abacavir sulfate oral tablet</i>	
<i>abacavir sulfate-lamivudine oral tablet</i>	
<i>acyclovir oral capsule</i>	
<i>acyclovir oral suspension</i>	
<i>acyclovir oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>adefovir dipivoxil oral tablet</i>	NEDS
<i>amantadine hcl oral capsule</i>	
<i>amantadine hcl oral solution</i>	
<i>amantadine hcl oral tablet</i>	
APTIVUS ORAL CAPSULE	NEDS
<i>atazanavir sulfate oral capsule</i>	
BIKTARVY ORAL TABLET	NEDS
CIMDUO ORAL TABLET	NEDS
COMPLERA ORAL TABLET	NEDS
DELSTRIGO ORAL TABLET	
DESCOVY ORAL TABLET	NEDS
DOVATO ORAL TABLET	NEDS
EDURANT ORAL TABLET	NEDS
<i>efavirenz oral capsule</i>	
<i>efavirenz oral tablet</i>	
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	NEDS
<i>emtricitabine oral capsule</i>	
<i>emtricitabine-tenofovir df oral tablet</i>	NEDS
EMTRIVA ORAL SOLUTION	
<i>entecavir oral tablet</i>	
EPCLUSIA ORAL PACKET	PA; SP-CVS specialty; NEDS
EPCLUSIA ORAL TABLET	PA; SP-CVS specialty; NEDS
EPIVIR ORAL SOLUTION	
<i>etravirine oral tablet 100 mg</i>	
<i>etravirine oral tablet 200 mg</i>	NEDS
EVOTAZ ORAL TABLET	NEDS
<i>famciclovir oral tablet</i>	
<i>fosamprenavir calcium oral tablet</i>	NEDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	SP-CVS specialty; NEDS
GENVOYA ORAL TABLET	NEDS
HARVONI ORAL PACKET	PA; SP-CVS specialty; NEDS
HARVONI ORAL TABLET	PA; SP-CVS specialty; NEDS
INTELENCE ORAL TABLET 100 MG, 25 MG	
INTELENCE ORAL TABLET 200 MG	NEDS
INTRON A INJECTION SOLUTION RECONSTITUTED	SP-CVS specialty

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
ISENTRESS HD ORAL TABLET	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	
ISENTRESS ORAL TABLET	QL (120 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	QL (720 EA per 30 days)
JULUCA ORAL TABLET	NEDS
KALETRA ORAL TABLET 100-25 MG	
KALETRA ORAL TABLET 200-50 MG	NEDS
<i>lamivudine oral solution</i>	
<i>lamivudine oral tablet</i>	
<i>lamivudine-zidovudine oral tablet</i>	
LEXIVA ORAL SUSPENSION	
LIVTENCITY ORAL TABLET	PA; QL (112 EA per 28 days); NEDS
<i>lopinavir-ritonavir oral solution</i>	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	
<i>maraviroc oral tablet 150 mg</i>	QL (60 EA per 30 days); NEDS
<i>maraviroc oral tablet 300 mg</i>	QL (120 EA per 30 days); NEDS
MAVYRET ORAL PACKET	PA; SP-CVS specialty; NEDS
MAVYRET ORAL TABLET	PA; SP-CVS specialty; NEDS
<i>nevirapine er oral tablet extended release 24 hour</i>	
<i>nevirapine oral suspension</i>	
<i>nevirapine oral tablet</i>	
NORVIR ORAL PACKET	
NORVIR ORAL SOLUTION	
ODEFSEY ORAL TABLET	NEDS
<i>oseltamivir phosphate oral capsule</i>	
<i>oseltamivir phosphate oral suspension reconstituted</i>	
PEGASYS SUBCUTANEOUS SOLUTION	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PIFELTRO ORAL TABLET	NEDS
PREVYMIS ORAL TABLET	PA; NEDS
PREZCOBIX ORAL TABLET	NEDS
PREZISTA ORAL SUSPENSION	NEDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
PREZISTA ORAL TABLET 75 MG	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (60 EA per 180 days)
REYATAZ ORAL PACKET	NEDS
<i>ribavirin oral capsule</i>	SP-CVS specialty
<i>ribavirin oral tablet</i>	SP-CVS specialty
<i>rimantadine hcl oral tablet</i>	
<i>ritonavir oral tablet</i>	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	NEDS
SELZENTRY ORAL SOLUTION	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 25 MG	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	QL (120 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 75 MG	QL (60 EA per 30 days)
STRIBILD ORAL TABLET	NEDS
SYMTUZA ORAL TABLET	NEDS
<i>tenofovir disoproxil fumarate oral tablet</i>	
TIVICAY ORAL TABLET 10 MG	
TIVICAY ORAL TABLET 25 MG, 50 MG	NEDS
TIVICAY PD ORAL TABLET SOLUBLE	
TRIUMEQ ORAL TABLET	NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE	NEDS
TRIZIVIR ORAL TABLET	NEDS
TYBOST ORAL TABLET	
<i>valacyclovir hcl oral tablet 1 gm</i>	
<i>valacyclovir hcl oral tablet 500 mg</i>	
<i>valganciclovir hcl oral solution reconstituted</i>	NEDS
<i>valganciclovir hcl oral tablet</i>	
VEMLIDY ORAL TABLET	NEDS
VIRACEPT ORAL TABLET 250 MG	
VIRACEPT ORAL TABLET 625 MG	NEDS
VIREAD ORAL POWDER	NEDS
VIREAD ORAL TABLET	NEDS
VOSEVI ORAL TABLET	PA; SP-CVS specialty; NEDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	QL (1 EA per 7 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	QL (1 EA per 7 days)
ZIAGEN ORAL TABLET	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>zidovudine oral capsule</i>	
<i>zidovudine oral syrup</i>	
<i>zidovudine oral tablet</i>	
BETA-LACTAM ANTIBIOTICS	
<i>amoxicillin oral capsule</i>	
<i>amoxicillin oral suspension reconstituted</i>	
<i>amoxicillin oral tablet</i>	
<i>amoxicillin oral tablet chewable</i>	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	
<i>amoxicillin-pot clavulanate oral tablet</i>	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	
<i>ampicillin oral capsule</i>	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
<i>cefaclor er oral tablet extended release 12 hour</i>	
<i>cefaclor oral capsule</i>	
<i>cefaclor oral suspension reconstituted</i>	
<i>cefadroxil oral capsule</i>	
<i>cefadroxil oral suspension reconstituted</i>	
<i>cefadroxil oral tablet</i>	
<i>cefdinir oral capsule</i>	
<i>cefdinir oral suspension reconstituted</i>	
<i>cefixime oral capsule</i>	
<i>cefixime oral suspension reconstituted</i>	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	
<i>cefpodoxime proxetil oral tablet 100 mg</i>	
<i>cefpodoxime proxetil oral tablet 200 mg</i>	
<i>cefprozil oral suspension reconstituted</i>	
<i>cefprozil oral tablet</i>	
<i>cefuroxime axetil oral tablet</i>	
<i>cephalexin oral capsule</i>	
<i>cephalexin oral suspension reconstituted</i>	
<i>cephalexin oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>dicloxacillin sodium oral capsule</i>	
<i>penicillin v potassium oral solution reconstituted</i>	
<i>penicillin v potassium oral tablet</i>	
SUPRAX ORAL SUSPENSION RECONSTITUTED	
SUPRAX ORAL TABLET CHEWABLE	
MACROLIDES AND CLINDAMYCIN	
<i>azithromycin oral packet</i>	
<i>azithromycin oral suspension reconstituted</i>	
<i>azithromycin oral tablet</i>	
<i>clarithromycin er oral tablet extended release 24 hour</i>	
<i>clarithromycin oral suspension reconstituted</i>	
<i>clarithromycin oral tablet</i>	
<i>clindamycin hcl oral capsule</i>	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	
DIFICID ORAL SUSPENSION RECONSTITUTED	PA; NEDS
DIFICID ORAL TABLET	PA; NEDS
<i>e.e.s. 400 oral tablet</i>	
<i>erythrocin stearate oral tablet</i>	
<i>erythromycin base oral capsule delayed release particles</i>	
<i>erythromycin base oral tablet</i>	
<i>erythromycin base oral tablet delayed release</i>	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	
<i>erythromycin ethylsuccinate oral tablet</i>	
<i>erythromycin oral tablet delayed release</i>	
MYCOBACTERIAL INFECTIONS	
<i>ethambutol hcl oral tablet</i>	
<i>isoniazid oral syrup</i>	
<i>isoniazid oral tablet</i>	
PASER ORAL PACKET	
<i>pretomanid oral tablet</i>	
PRIFTIN ORAL TABLET	
<i>pyrazinamide oral tablet</i>	
<i>rifabutin oral capsule</i>	
<i>rifampin oral capsule</i>	
SIRTURO ORAL TABLET	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
TRECATOR ORAL TABLET	
QUINOLONES	
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	HI; NEDS
BAXDELA ORAL TABLET	NEDS
<i>ciprofloxacin hcl oral tablet</i>	
<i>levofloxacin oral solution</i>	
<i>levofloxacin oral tablet</i>	
<i>moxifloxacin hcl oral tablet</i>	
<i>ofloxacin oral tablet</i>	
SULFONAMIDES	
<i>sulfadiazine oral tablet</i>	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	
TETRACYCLINES	
<i>demeccycline hcl oral tablet</i>	
<i>doxycycline hyclate oral capsule 100 mg</i>	
<i>doxycycline hyclate oral capsule 50 mg</i>	
<i>doxycycline hyclate oral tablet</i>	
<i>doxycycline hyclate oral tablet delayed release</i>	
<i>doxycycline monohydrate oral capsule</i>	
<i>doxycycline monohydrate oral suspension reconstituted</i>	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	
<i>doxycycline monohydrate oral tablet 150 mg</i>	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	
<i>minocycline hcl oral capsule</i>	
<i>minocycline hcl oral tablet</i>	
NUZYRA ORAL TABLET	NEDS
<i>tetracycline hcl oral capsule</i>	
VIBRAMYCIN ORAL SYRUP	
BLOOD MODIFYING AGENTS	
ANTIPLATELET THERAPY	
<i>anagrelide hcl oral capsule</i>	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	
BRILINTA ORAL TABLET	
<i>cilostazol oral tablet</i>	
<i>clopidogrel bisulfate oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>dipyridamole oral tablet</i>	
<i>prasugrel hcl oral tablet</i>	
BLOOD CELL STIMULATORS	
DOPTELET ORAL TABLET	PA; SP-CVS specialty; NEDS
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP-CVS specialty; NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	SP-CVS specialty; NEDS
MULPLETA ORAL TABLET	PA; SP-CVS specialty; NEDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP-CVS specialty; NEDS
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	SP-CVS specialty
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	SP-CVS specialty; NEDS
PROMACTA ORAL PACKET	PA; SP-CVS specialty; NEDS
PROMACTA ORAL TABLET	PA; SP-CVS specialty; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	SP-CVS specialty
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	SP-CVS specialty; NEDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP-CVS specialty; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	SP-CVS specialty; NEDS
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP-CVS specialty; NEDS
BLOOD THINNERS	
<i>dabigatran etexilate mesylate oral capsule</i>	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	
ELIQUIS ORAL TABLET	
<i>enoxaparin sodium injection solution prefilled syringe</i>	
<i>enoxaparin sodium subcutaneous solution</i>	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 7500 UNIT/0.3ML	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	
<i>jantoven oral tablet</i>	
PRADAXA ORAL CAPSULE	
<i>warfarin sodium oral tablet</i>	
XARELTO ORAL SUSPENSION RECONSTITUTED	
XARELTO ORAL TABLET	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	
BLOOD, MISCELLANEOUS	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; NEDS
CABLIVI INJECTION KIT	NEDS
OXBRYTA ORAL TABLET	SP-CVS specialty; NEDS
OXBRYTA ORAL TABLET SOLUBLE	SP-CVS specialty; NEDS
<i>pentoxifylline er oral tablet extended release</i>	
PYRUKYND ORAL TABLET	PA; NEDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	PA; NEDS
TAVALISSE ORAL TABLET	QL (60 EA per 30 days); NEDS
<i>tranexamic acid oral tablet</i>	
CANCER DRUGS	
INJECTABLE AGENTS	
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	NEDS
ORAL AGENTS	
<i>abiraterone acetate oral tablet</i>	PA; SP-CVS specialty; NEDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AFINITOR ORAL TABLET	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ALECensa ORAL CAPSULE	PA; SP-CVS specialty; NEDS
ALKERAN ORAL TABLET	Part B
ALUNBRIG ORAL TABLET	PA; SP-CVS specialty; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	PA; SP-CVS specialty; NEDS
<i>anastrozole oral tablet</i>	
AYVAKIT ORAL TABLET	PA; QL (30 EA per 30 days); NEDS
BALVERSA ORAL TABLET	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>bexarotene oral capsule</i>	SP-CVS specialty; NEDS
<i>bicalutamide oral tablet</i>	
BOSULIF ORAL TABLET 100 MG	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
BRAFTOVI ORAL CAPSULE	PA; NEDS
BRUKINSA ORAL CAPSULE	PA; NEDS
CABOMETYX ORAL TABLET	PA; SP-CVS specialty; NEDS
CALQUENCE ORAL CAPSULE	PA; NEDS
CALQUENCE ORAL TABLET	PA; NEDS
<i>capecitabine oral tablet</i>	Part B; SP-CVS specialty; NEDS
CAPRELSA ORAL TABLET 100 MG	PA; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	PA; QL (30 EA per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	PA; SP-CVS specialty; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	PA; SP-CVS specialty; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	PA; SP-CVS specialty; NEDS
COPIKTRA ORAL CAPSULE	PA; NEDS
COTELLIC ORAL TABLET	PA; SP-CVS specialty; NEDS
<i>cyclophosphamide oral capsule</i>	B vs D; SP-CVS specialty
<i>cyclophosphamide oral tablet</i>	B vs D; SP-CVS specialty
DAURISMO ORAL TABLET	PA; SP-CVS specialty; NEDS
DROXIA ORAL CAPSULE	
EMCYT ORAL CAPSULE	SP-CVS specialty
ERIVEDGE ORAL CAPSULE	PA; SP-CVS specialty; NEDS
ERLEADA ORAL TABLET	PA; SP-CVS specialty; NEDS
<i>erlotinib hcl oral tablet 100 mg</i>	SP-CVS specialty; QL (90 EA per 30 days); NEDS
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>etoposide oral capsule</i>	Part B; SP-CVS specialty
<i>everolimus oral tablet</i>	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>everolimus oral tablet soluble</i>	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>exemestane oral tablet</i>	
EXKIVITY ORAL CAPSULE	PA; NEDS
FOTIVDA ORAL CAPSULE	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
GAVRETO ORAL CAPSULE	PA; NEDS
GILOTRIF ORAL TABLET	PA; NEDS
HYCAMTIN ORAL CAPSULE	Part B; SP-CVS specialty
<i>hydroxyurea oral capsule</i>	
IBRANCE ORAL CAPSULE	PA; SP-CVS specialty; NEDS
IBRANCE ORAL TABLET	PA; SP-CVS specialty; NEDS
ICLUSIG ORAL TABLET	PA; NEDS
IDHIFA ORAL TABLET	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	SP-CVS specialty; NEDS
IMBRUWICA ORAL CAPSULE	PA; NEDS
IMBRUWICA ORAL SUSPENSION	PA; NEDS
IMBRUWICA ORAL TABLET	PA; NEDS
INLYTA ORAL TABLET	PA; SP-CVS specialty; NEDS
INQOVI ORAL TABLET	PA; SP-CVS specialty; NEDS
INREBIC ORAL CAPSULE	PA; SP-CVS specialty; NEDS
IRESSA ORAL TABLET	PA; NEDS
JAKAFI ORAL TABLET	PA; SP-CVS specialty; NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	PA; SP-CVS specialty; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	PA; SP-CVS specialty; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	PA; SP-CVS specialty; NEDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	PA; SP-CVS specialty; NEDS
KOSELUGO ORAL CAPSULE	PA; NEDS
<i>lapatinib ditosylate oral tablet</i>	PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	PA; LA; SP-CVS specialty; NEDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	PA; SP-CVS specialty; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA; SP-CVS specialty; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA; SP-CVS specialty; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA; SP-CVS specialty; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA; SP-CVS specialty; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA; SP-CVS specialty; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA; SP-CVS specialty; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA; SP-CVS specialty; NEDS
<i>letrozole oral tablet</i>	
LEUKERAN ORAL TABLET	
LONSURF ORAL TABLET	PA; SP-CVS specialty; NEDS
LORBRENA ORAL TABLET	PA; SP-CVS specialty; NEDS
LUMAKRAS ORAL TABLET	PA; SP-CVS specialty; NEDS
LYNPARZA ORAL TABLET	PA; SP-CVS specialty; NEDS
LYSODREN ORAL TABLET	
MATULANE ORAL CAPSULE	NEDS
<i>megestrol acetate oral tablet</i>	
MEKINIST ORAL TABLET	PA; SP-CVS specialty; NEDS
MEKTOVI ORAL TABLET	PA; NEDS
<i>melphalan oral tablet</i>	Part B
<i>mercaptopurine oral tablet</i>	
MYLERAN ORAL TABLET	Part B
NERLYNX ORAL TABLET	PA; SP-CVS specialty; NEDS
NEXAVAR ORAL TABLET	PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS
<i>nilutamide oral tablet</i>	NEDS
NINLARO ORAL CAPSULE	PA; SP-CVS specialty; NEDS
NUBEQA ORAL TABLET	PA; SP-CVS specialty; NEDS
ODOMZO ORAL CAPSULE	PA; SP-CVS specialty; NEDS
ONUREG ORAL TABLET	PA; SP-CVS specialty; NEDS
ORGOVYXX ORAL TABLET	PA; NEDS
PEMAZYRE ORAL TABLET	PA; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	PA; SP-CVS specialty; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	PA; SP-CVS specialty; NEDS
POMALYST ORAL CAPSULE	PA; SP-CVS specialty; NEDS
PURIXAN ORAL SUSPENSION	NEDS
QINLOCK ORAL TABLET	PA; NEDS
RETEVMO ORAL CAPSULE	PA; SP-CVS specialty; NEDS
REVLIMID ORAL CAPSULE	PA; LA; SP-CVS specialty; NEDS
ROZLYTREK ORAL CAPSULE	PA; SP-CVS specialty; NEDS
RUBRACA ORAL TABLET	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
RYDAPT ORAL CAPSULE	PA; SP-CVS specialty; NEDS
SCEMBLIX ORAL TABLET	PA; SP-CVS specialty; NEDS
SOLTAMOX ORAL SOLUTION	
<i>sorafenib tosylate oral tablet</i>	PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS
SPRYCEL ORAL TABLET	PA; SP-CVS specialty; NEDS
STIVARGA ORAL TABLET	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
<i>sunitinib malate oral capsule</i>	PA; SP-CVS specialty; NEDS
SUTENT ORAL CAPSULE	PA; SP-CVS specialty; NEDS
TABLOID ORAL TABLET	SP-CVS specialty
TABRECTA ORAL TABLET	PA; SP-CVS specialty; NEDS
TAFINLAR ORAL CAPSULE	PA; SP-CVS specialty; NEDS
TAGRISSO ORAL TABLET	PA; NEDS
TALZENNA ORAL CAPSULE	PA; SP-CVS specialty; NEDS
<i>tamoxifen citrate oral tablet</i>	
TARGETIN ORAL CAPSULE	SP-CVS specialty; NEDS
TASIGNA ORAL CAPSULE	PA; SP-CVS specialty; NEDS
TAZVERIK ORAL TABLET	PA; NEDS
<i>temozolomide oral capsule</i>	Part B; SP-CVS specialty
TEPMETKO ORAL TABLET	PA; NEDS
THALOMID ORAL CAPSULE	SP-CVS specialty; NEDS
TIBSOVO ORAL TABLET	PA; NEDS
<i>toremifene citrate oral tablet</i>	
<i>tretinooin oral capsule</i>	SP-CVS specialty; NEDS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA; NEDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA; NEDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA; NEDS
TUKYSA ORAL TABLET	PA; NEDS
TURALIO ORAL CAPSULE	PA; NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	PA
VENCLEXTA ORAL TABLET 100 MG	PA; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	PA; NEDS
VERZENIO ORAL TABLET	PA; SP-CVS specialty; NEDS
VIJOICE ORAL TABLET THERAPY PACK	PA; SP-CVS specialty; NEDS
VITRAKVI ORAL CAPSULE	PA; SP-CVS specialty; NEDS
VITRAKVI ORAL SOLUTION	PA; SP-CVS specialty; NEDS
VIZIMPRO ORAL TABLET	PA; SP-CVS specialty; NEDS
VONJO ORAL CAPSULE	PA; NEDS
VOTRIENT ORAL TABLET	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
WELIREG ORAL TABLET	PA; NEDS
XALKORI ORAL CAPSULE	PA; SP-CVS specialty; NEDS
XOSPATA ORAL TABLET	PA; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	PA; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	PA; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	PA; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	PA; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	PA; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	PA; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	PA; NEDS
XTANDI ORAL CAPSULE	PA; SP-CVS specialty; NEDS
XTANDI ORAL TABLET	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
YONSA ORAL TABLET	PA; SP-CVS specialty; NEDS
ZEJULA ORAL CAPSULE	PA; NEDS
ZELBORA ORAL TABLET	PA; SP-CVS specialty; NEDS
ZOLINZA ORAL CAPSULE	PA; SP-CVS specialty; NEDS
ZYDELIG ORAL TABLET	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL TABLET	PA; SP-CVS specialty; NEDS
PROTECTIVE AGENTS	
<i>leucovorin calcium oral tablet</i>	
MESNEX ORAL TABLET	NEDS
XURIDEN ORAL PACKET	PA; QL (120 EA per 30 days); NEDS
CARDIOVASCULAR AGENTS	
ACE INHIBITORS	
<i>benazepril hcl oral tablet</i>	
<i>captopril oral tablet</i>	
<i>enalapril maleate oral tablet</i>	
<i>fosinopril sodium oral tablet</i>	
<i>lisinopril oral tablet</i>	
<i>moexipril hcl oral tablet</i>	
<i>perindopril erbumine oral tablet</i>	
<i>quinapril hcl oral tablet</i>	
<i>ramipril oral capsule</i>	
<i>trandolapril oral tablet</i>	
ALPHA1 BLOCKERS	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	
<i>doxazosin mesylate oral tablet</i>	
<i>prazosin hcl oral capsule 1 mg</i>	
<i>prazosin hcl oral capsule 2 mg, 5 mg</i>	
<i>terazosin hcl oral capsule</i>	
ANGINA	
<i>isosorbide dinitrate oral tablet</i>	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	
<i>isosorbide mononitrate oral tablet</i>	
NITRO-BID TRANSDERMAL OINTMENT	
<i>nitroglycerin sublingual tablet sublingual</i>	
<i>nitroglycerin transdermal patch 24 hour</i>	
<i>nitroglycerin translingual solution</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL <i>ranolazine er oral tablet extended release 12 hour</i>	
ANGIOTENSIN II RECEPTOR BLOCKERS	
<i>candesartan cilexetil oral tablet</i>	
<i>irbesartan oral tablet</i>	
<i>losartan potassium oral tablet</i>	
<i>olmesartan medoxomil oral tablet</i>	
<i>telmisartan oral tablet</i>	
<i>valsartan oral tablet</i>	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	
<i>amiodarone hcl oral tablet 200 mg</i>	
<i>digitek oral tablet</i>	
<i>digoxin oral solution</i>	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	
<i>digoxin oral tablet 62.5 mcg</i>	
<i>disopyramide phosphate oral capsule</i>	
<i>dofetilide oral capsule</i>	
<i>flecainide acetate oral tablet</i>	
LANOXIN ORAL TABLET	
<i>mexiletine hcl oral capsule</i>	
MULTAQ ORAL TABLET	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	
<i>propafenone hcl oral tablet</i>	
<i>quinidine gluconate er oral tablet extended release</i>	
<i>quinidine sulfate oral tablet</i>	
<i>sorine oral tablet</i>	
<i>sotalol hcl (af) oral tablet</i>	
<i>sotalol hcl oral tablet</i>	
SOTYLIZE ORAL SOLUTION	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS	
<i>amlodipine besy-benazepril hcl oral capsule</i>	
<i>amlodipine besylate-valsartan oral tablet</i>	
<i>amlodipine-atorvastatin oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>amlodipine-olmesartan oral tablet</i>	
<i>atenolol-chlorthalidone oral tablet</i>	
<i>benazepril-hydrochlorothiazide oral tablet</i>	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	
<i>candesartan cilexetil-hctz oral tablet</i>	
<i>enalapril-hydrochlorothiazide oral tablet</i>	
<i>fosinopril sodium-hctz oral tablet</i>	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	
<i>losartan potassium-hctz oral tablet</i>	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	
<i>olmesartan medoxomil-hctz oral tablet</i>	
<i>olmesartan-amlodipine-hctz oral tablet</i>	
<i>quinapril-hydrochlorothiazide oral tablet</i>	
<i>telmisartan-amlodipine oral tablet</i>	
<i>telmisartan-hctz oral tablet</i>	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	
<i>valsartan-hydrochlorothiazide oral tablet</i>	
BETA AND ALPHA BLOCKERS	
<i>carvedilol oral tablet</i>	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	
<i>labetalol hcl oral tablet</i>	
BETA BLOCKERS	
<i>acebutolol hcl oral capsule</i>	
<i>atenolol oral tablet</i>	
<i>betaxolol hcl oral tablet</i>	
<i>bisoprolol fumarate oral tablet</i>	
BYSTOLIC ORAL TABLET	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	
<i>nadolol oral tablet</i>	
<i>nebivolol hcl oral tablet</i>	
<i>pindolol oral tablet</i>	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	
<i>propranolol hcl oral solution</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>propranolol hcl oral tablet</i>	
<i>timolol maleate oral tablet</i>	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate oral tablet</i>	
<i>cartia xt oral capsule extended release 24 hour</i>	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	
<i>diltiazem hcl oral tablet</i>	
<i>dilt-xr oral capsule extended release 24 hour</i>	
<i>felodipine er oral tablet extended release 24 hour</i>	
<i>isradipine oral capsule</i>	
<i>matzim la oral tablet extended release 24 hour</i>	
<i>nicardipine hcl oral capsule</i>	
<i>nifedipine er oral tablet extended release 24 hour</i>	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	
<i>nifedipine oral capsule</i>	
<i>nimodipine oral capsule</i>	
<i>nisoldipine er oral tablet extended release 24 hour</i>	
NYMALIZE ORAL SOLUTION	NEDS
<i>taztia xt oral capsule extended release 24 hour</i>	
<i>tiadylt er oral capsule extended release 24 hour</i>	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	
<i>verapamil hcl er oral tablet extended release</i>	
<i>verapamil hcl oral tablet</i>	
CARDIOVASCULAR AGENTS, MISCELLANEOUS	
<i>CAMZYOS ORAL CAPSULE</i>	PA; NEDS
<i>CORLANOR ORAL SOLUTION</i>	
<i>CORLANOR ORAL TABLET</i>	
<i>ENTRESTO ORAL TABLET</i>	
<i>VERQUVO ORAL TABLET</i>	
CENTRALLY ACTING AGENTS	
<i>clonidine hcl oral tablet</i>	
<i>clonidine transdermal patch weekly</i>	
<i>droxidopa oral capsule</i>	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>midodrine hcl oral tablet</i>	
DIRECT RENIN INHIBITORS	
<i>aliskiren fumarate oral tablet</i>	
DIURETICS	
<i>amiloride hcl oral tablet</i>	
<i>amiloride-hydrochlorothiazide oral tablet</i>	
<i>bumetanide oral tablet</i>	
CAROSPIR ORAL SUSPENSION	
<i>chlorthalidone oral tablet</i>	
<i>eplerenone oral tablet</i>	
<i>ethacrynic acid oral tablet</i>	
<i>furosemide oral solution</i>	
<i>furosemide oral tablet</i>	
<i>hydrochlorothiazide oral capsule</i>	
<i>hydrochlorothiazide oral tablet</i>	
<i>indapamide oral tablet</i>	
KERENDIA ORAL TABLET	PA
<i>metolazone oral tablet</i>	
<i>spironolactone oral tablet</i>	
<i>spironolactone-hctz oral tablet</i>	
<i>torsemide oral tablet</i>	
<i>triamterene-hctz oral capsule</i>	
<i>triamterene-hctz oral tablet</i>	
LIPID LOWERING AGENTS	
<i>atorvastatin calcium oral tablet</i>	
<i>cholestyramine light oral powder</i>	
<i>cholestyramine oral packet</i>	
<i>colesevelam hcl oral packet</i>	
<i>colesevelam hcl oral tablet</i>	
<i>colestipol hcl oral packet</i>	
<i>colestipol hcl oral tablet</i>	
<i>ezetimibe oral tablet</i>	
<i>ezetimibe-simvastatin oral tablet</i>	
<i>fenofibrate micronized oral capsule</i>	
<i>fenofibrate oral capsule</i>	
<i>fenofibrate oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>fenofibric acid oral capsule delayed release</i>	
FLOLIPID ORAL SUSPENSION	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	
<i>fluvastatin sodium oral capsule</i>	
<i>gemfibrozil oral tablet</i>	
<i>icosapent ethyl oral capsule</i>	
JUXTAPID ORAL CAPSULE	PA; NEDS
<i>lovastatin oral tablet</i>	
NEXLETOL ORAL TABLET	PA
NEXLIZET ORAL TABLET	PA
<i>niacin (antihyperlipidemic) oral tablet</i>	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	
<i>niacor oral tablet</i>	
<i>omega-3-acid ethyl esters oral capsule</i>	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-Injector	PA
<i>pravastatin sodium oral tablet</i>	
<i>prevalite oral packet</i>	
<i>rosuvastatin calcium oral tablet</i>	
<i>simvastatin oral tablet</i>	
VASCEPA 0.5 MG ORAL CAPSULE	
POTASSIUM REPLACEMENT	
<i>klor-con 10 oral tablet extended release</i>	
<i>klor-con m10 oral tablet extended release</i>	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	
<i>klor-con m20 oral tablet extended release</i>	
<i>klor-con oral packet</i>	
<i>klor-con oral tablet extended release</i>	
K-TAB ORAL TABLET EXTENDED RELEASE	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	
<i>potassium chloride er oral capsule extended release</i>	
<i>potassium chloride er oral tablet extended release</i>	
<i>potassium chloride oral packet</i>	
<i>potassium chloride oral solution</i>	
VASODILATORS	
BIDIL ORAL TABLET	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
hydralazine hcl oral tablet	
isosorb dinitrate-hydralazine oral tablet	
minoxidil oral tablet	
DIABETES MELLITUS	
DIABETIC SUPPLIES	
assure insulin safety syringe	
bd disp needle	
bd insulin syringe	
bd insulin syringe u-500	
comfort assist insulin syringe	
cvs gauze sterile pad	
DEXCOM RECEIVER DEVICE	Part B; PA
DEXCOM SENSOR	Part B; PA
DEXCOM TRANSMITTER	Part B; PA
exel comfort point pen needle	
FREESTYLE LIBRE READER DEVICE	Part B; PA
FREESTYLE LIBRE SENSOR SYSTEM	Part B; PA
gauze pads pad	
global alcohol prep ease pad	
insulin syringe	
lancets	Part B
OMNIPOD 5 G6 INTRO (GEN 5) KIT	
OMNIPOD 5 G6 POD (GEN 5)	
OMNIPOD CLASSIC PDM (GEN 3) KIT	
OMNIPOD CLASSIC PODS (GEN 3)	
OMNIPOD DASH PDM (GEN 4) KIT	
OMNIPOD DASH PODS (GEN 4)	
ONETOUCH TEST STRIPS	Part B
preferred plus insulin syringe	
reli-on insulin syringe	
techlite insulin syringe	
techlite pen needles	
trueplus insulin syringe	
trueplus pen needles	
GLUCOSE ELEVATING	
diazoxide oral suspension	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	
GLUCAGON EMERGENCY INJECTION KIT	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
GVOKE KIT SUBCUTANEOUS SOLUTION	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	
INSULINS	
HUMALOG INJECTION SOLUTION	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	
HUMALOG SUBCUTANEOUS SOLUTION	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	
HUMULIN N SUBCUTANEOUS SUSPENSION	
HUMULIN R INJECTION SOLUTION	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	
LANTUS SUBCUTANEOUS SOLUTION	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	
LEVEMIR SUBCUTANEOUS SOLUTION	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	
TRESIBA SUBCUTANEOUS SOLUTION	
NON-INSULIN INJECTABLES	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	
ORAL AGENTS	
<i>acarbose oral tablet</i>	
CYCLOSET ORAL TABLET	
FARXIGA ORAL TABLET	
<i>glimepiride oral tablet</i>	
<i>glipizide er oral tablet extended release 24 hour</i>	
<i>glipizide oral tablet</i>	
<i>glipizide-metformin hcl oral tablet</i>	
<i>glyburide micronized oral tablet</i>	
<i>glyburide oral tablet</i>	
<i>glyburide-metformin oral tablet</i>	
GLYXAMBI ORAL TABLET	
JANUMET ORAL TABLET	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
JANUVIA ORAL TABLET	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
JARDIANCE ORAL TABLET	
JENTADUETO ORAL TABLET	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
<i>metformin hcl er oral tablet extended release 24 hour (generic glucophage xl)</i>	
<i>metformin hcl oral solution</i>	
<i>metformin hcl oral tablet</i>	
<i>miglitol oral tablet</i>	
<i>nateglinide oral tablet</i>	
<i>pioglitazone hcl oral tablet</i>	
<i>pioglitazone hcl-glimepiride oral tablet</i>	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	
<i>repaglinide oral tablet</i>	
RYBELSUS ORAL TABLET	
SYNJARDY ORAL TABLET	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
TRADJENTA ORAL TABLET	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
DIGITAL THERAPEUTICS	
SUBSTANCE USE DISORDER	
RESET FOR IOS OR ANDROID APP	
RESET-O FOR IOS OR ANDROID APP	
EAR, NOSE AND THROAT	
EAR	
<i>acetic acid otic solution</i>	
<i>ciprofloxacin hcl otic solution</i>	
<i>ciprofloxacin-dexamethasone otic suspension</i>	
<i>flac otic oil</i>	
<i>fluocinolone acetonide otic oil</i>	
<i>hydrocortisone-acetic acid otic solution</i>	
<i>neomycin-polymyxin-hc</i>	
<i>neomycin-polymyxin-hc</i>	
<i>ofloxacin otic solution</i>	
MOUTH AND THROAT	
<i>cevimeline hcl oral capsule</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>chlorhexidine gluconate mouth/throat solution</i>	
<i>periogard mouth/throat solution</i>	
<i>pilocarpine hcl oral tablet</i>	
<i>triamcinolone acetonide mouth/throat paste</i>	
NOSE	
<i>azelastine hcl nasal solution</i>	QL (120 ML per 90 days)
<i>ciproheptadine hcl oral syrup</i>	
<i>ciproheptadine hcl oral tablet</i>	
<i>desloratadine oral tablet</i>	
<i>desloratadine oral tablet dispersible</i>	
<i>flunisolide nasal solution</i>	QL (150 ML per 90 days)
<i>fluticasone propionate nasal suspension</i>	QL (48 GM per 90 days)
<i>hydroxyzine hcl oral syrup</i>	PA
<i>hydroxyzine hcl oral tablet</i>	PA
<i>hydroxyzine pamoate oral capsule</i>	PA
<i>ipratropium bromide nasal solution 0.03 %</i>	QL (180 ML per 90 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	QL (90 ML per 90 days)
<i>levocetirizine dihydrochloride oral solution</i>	
<i>levocetirizine dihydrochloride oral tablet</i>	
<i>mometasone furoate nasal suspension</i>	QL (102 GM per 90 days)
<i>olopatadine hcl nasal solution</i>	QL (91.5 GM per 90 days)
EYE	
ALLERGY	
<i>ALOCRIL OPHTHALMIC SOLUTION</i>	
<i>ALOMIDE OPHTHALMIC SOLUTION</i>	
<i>azelastine hcl ophthalmic solution</i>	
<i>bepotastine besilate ophthalmic solution</i>	
<i>cromolyn sodium ophthalmic solution</i>	
<i>epinastine hcl ophthalmic solution</i>	
<i>olopatadine hcl ophthalmic solution</i>	
ANTI-INFECTIVES	
<i>AZASITE OPHTHALMIC SOLUTION</i>	
<i>bacitracin ophthalmic ointment</i>	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	
<i>BESIVANCE OPHTHALMIC SUSPENSION</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	
<i>ciprofloxacin hcl ophthalmic solution</i>	
<i>erythromycin ophthalmic ointment</i>	
<i>gatifloxacin ophthalmic solution</i>	
<i>gentak ophthalmic ointment</i>	
<i>gentamicin sulfate ophthalmic solution</i>	
<i>levofloxacin ophthalmic solution</i>	
<i>moxifloxacin hcl ophthalmic solution</i>	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	
<i>ofloxacin ophthalmic solution</i>	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	
<i>sulacetamide sodium ophthalmic ointment</i>	
<i>sulacetamide sodium ophthalmic solution</i>	
<i>sulacetamide-prednisolone ophthalmic solution</i>	
TOBRADEX OPHTHALMIC OINTMENT	
TOBRADEX ST OPHTHALMIC SUSPENSION	
<i>tobramycin ophthalmic solution</i>	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	
ANTI-INFLAMMATORIES	
ALREX OPHTHALMIC SUSPENSION	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	
BROMSITE OPHTHALMIC SOLUTION	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	
<i>diclofenac sodium ophthalmic solution</i>	
<i>difluprednate ophthalmic emulsion</i>	
DUREZOL OPHTHALMIC EMULSION	
FLAREX OPHTHALMIC SUSPENSION	
<i>fluorometholone ophthalmic suspension</i>	
<i>flurbiprofen sodium ophthalmic solution</i>	
FML FORTE OPHTHALMIC SUSPENSION	
ILEVRO OPHTHALMIC SUSPENSION	
INVELTYS OPHTHALMIC SUSPENSION	
<i>ketorolac tromethamine ophthalmic solution</i>	
<i>loteprednol etabonate ophthalmic gel</i>	
<i>loteprednol etabonate ophthalmic suspension</i>	
MAXIDEX OPHTHALMIC SUSPENSION	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	
PRED MILD OPHTHALMIC SUSPENSION	
PRED-G S.O.P. OPHTHALMIC OINTMENT	
<i>prednisolone acetate ophthalmic suspension</i>	
<i>prednisolone sodium phosphate ophthalmic solution</i>	
PROLENSA OPHTHALMIC SOLUTION	
ZYLET OPHTHALMIC SUSPENSION	
ANTIVIRALS	
<i>trifluridine ophthalmic solution</i>	
ZIRGAN OPHTHALMIC GEL	
GLAUCOMA	
<i>acetazolamide er oral capsule extended release 12 hour</i>	
<i>acetazolamide oral tablet</i>	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	
<i>apraclonidine hcl ophthalmic solution</i>	
<i>betaxolol hcl ophthalmic solution</i>	
BETIMOL OPHTHALMIC SOLUTION	
BETOPTIC-S OPHTHALMIC SUSPENSION	
<i>bimatoprost ophthalmic solution</i>	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	
<i>brinzolamide ophthalmic suspension</i>	
<i>carteolol hcl ophthalmic solution</i>	
COMBIGAN OPHTHALMIC SOLUTION	
<i>dorzolamide hcl ophthalmic solution</i>	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	
IOPIDINE OPHTHALMIC SOLUTION	
<i>latanoprost ophthalmic solution</i>	
<i>levobunolol hcl ophthalmic solution</i>	
LUMIGAN OPHTHALMIC SOLUTION	
<i>methazolamide oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
pilocarpine hcl ophthalmic solution	
RHOPRESSA OPHTHALMIC SOLUTION	
ROCKLATAN OPHTHALMIC SOLUTION	
SIMBRINZA OPHTHALMIC SUSPENSION	
timolol maleate (once-daily) ophthalmic solution	
timolol maleate ophthalmic gel forming solution	
timolol maleate ophthalmic solution	
timolol maleate pf ophthalmic solution	
travoprost (bak free) ophthalmic solution	
VYZULTA OPHTHALMIC SOLUTION	
OPHTHALMIC DRUGS, MISCELLANEOUS	
atropine sulfate ophthalmic solution	
CYSTADROPS OPHTHALMIC SOLUTION	
CYSTARAN OPHTHALMIC SOLUTION	
NATACYN OPHTHALMIC SUSPENSION	
OXERVATE OPHTHALMIC SOLUTION	PA; NEDS
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	
RESTASIS OPHTHALMIC EMULSION	
GASTROINTESTINAL DRUGS	
EMESIS	
ANZEMET ORAL TABLET	B vs D
aprepitant oral capsule 125 mg	B vs D; NEDS
aprepitant oral capsule 40 mg, 80 & 125 mg, 80 mg	B vs D
dronabinol oral capsule	B vs D
EMEND ORAL SUSPENSION RECONSTITUTED	B vs D
granisetron hcl oral tablet	B vs D
meclizine hcl oral tablet	
metoclopramide hcl oral solution	
metoclopramide hcl oral tablet	
metoclopramide hcl oral tablet dispersible	
ondansetron hcl oral solution	B vs D
ondansetron hcl oral tablet	B vs D
ondansetron oral tablet dispersible	B vs D
prochlorperazine maleate oral tablet	
prochlorperazine rectal suppository	
promethazine hcl oral syrup	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>promethazine hcl oral tablet</i>	PA
SANCUSO TRANSDERMAL PATCH	NEDS
<i>scopolamine transdermal patch 72 hour</i>	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	B vs D
VARUBI ORAL TABLET	B vs D
ENZYMES	
CARBAGLU ORAL TABLET	PA; NEDS
CARBAGLU ORAL TABLET SOLUBLE	PA; NEDS
<i>carglumic acid oral tablet</i>	PA; NEDS
<i>carglumic acid oral tablet soluble</i>	PA; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	
CYSTAGON ORAL CAPSULE	
REVCovi INTRAMUSCULAR SOLUTION	NEDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	
GASTROINTESTINAL DRUGS, MISCELLANEOUS	
<i>alosetron hcl oral tablet</i>	NEDS
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	PA; NEDS
BYLVAY ORAL CAPSULE	PA; NEDS
CHOLBAM ORAL CAPSULE	PA; NEDS
<i>constulose oral solution</i>	
<i>cromolyn sodium oral concentrate</i>	
<i>dicyclomine hcl oral capsule</i>	
<i>dicyclomine hcl oral solution</i>	
<i>dicyclomine hcl oral tablet</i>	
<i>enulose oral solution</i>	
GATTEX SUBCUTANEOUS KIT	PA; SP-CVS specialty; NEDS
<i>gavilyte-g oral solution reconstituted</i>	
<i>generlac oral solution</i>	
<i>glycopyrrolate oral solution</i>	
<i>glycopyrrolate oral tablet</i>	
KRISTALOSE ORAL PACKET	
<i>lactulose oral packet</i>	
<i>lactulose oral solution</i>	
<i>levocarnitine oral solution</i>	
<i>levocarnitine oral tablet</i>	
LIVMARLI ORAL SOLUTION	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>loperamide hcl oral capsule</i>	
<i>megestrol acetate oral suspension</i>	
MOVANTIK ORAL TABLET	
MYTESI ORAL TABLET DELAYED RELEASE	PA
<i>na sulfate-k sulfate-mg sulf oral solution</i>	
OCALIVA ORAL TABLET	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	
<i>peg-3350/electrolytes oral solution reconstituted</i>	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	
RELISTOR ORAL TABLET	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	NEDS
SUPREP BOWEL PREP KIT ORAL SOLUTION	
UCERIS RECTAL FOAM	
<i>ursodiol oral capsule</i>	
<i>ursodiol oral tablet</i>	
XERMELO ORAL TABLET	PA; NEDS
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)	
<i>amoxicill-clarithro-lansopraz oral</i>	
<i>cimetidine hcl oral solution</i>	
<i>cimetidine oral tablet</i>	
DEXILANT ORAL CAPSULE DELAYED RELEASE	
<i>dexlansoprazole oral capsule delayed release</i>	
<i>esomeprazole magnesium oral capsule delayed release</i>	
<i>esomeprazole magnesium oral packet</i>	
<i>famotidine oral suspension reconstituted</i>	
<i>famotidine oral tablet</i>	
<i>lansoprazole oral capsule delayed release</i>	
<i>lansoprazole oral tablet delayed release dispersible</i>	
<i>methscopolamine bromide oral tablet</i>	
<i>misoprostol oral tablet</i>	
<i>nizatidine oral capsule</i>	
<i>omeprazole oral capsule delayed release</i>	
<i>omeprazole-sodium bicarbonate oral capsule</i>	
<i>omeprazole-sodium bicarbonate oral packet</i>	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
pantoprazole sodium oral packet	
pantoprazole sodium oral tablet delayed release	
PYLERA ORAL CAPSULE	
rabeprazole sodium oral tablet delayed release	
sucralfate oral suspension	
sucralfate oral tablet	
INFLAMMATORY BOWEL DISEASE	
balsalazide disodium oral capsule	
budesonide er oral tablet extended release 24 hour	NEDS
budesonide 3 mg oral capsule delayed release	
hydrocortisone rectal enema	
LINZESS ORAL CAPSULE	
lubiprostone oral capsule	
mesalamine er oral capsule extended release	
mesalamine er oral capsule extended release 24 hour	
mesalamine oral capsule delayed release	
mesalamine oral tablet delayed release	
mesalamine rectal enema	
mesalamine rectal suppository	
ROWASA RECTAL KIT	
sulfasalazine oral tablet	
sulfasalazine oral tablet delayed release	
HOME INFUSION THERAPY	
ACUTE CARE DRUGS	
ABELCET INTRAVENOUS SUSPENSION	PA
acyclovir sodium intravenous solution	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	PA; NEDS
amikacin sulfate injection solution	HI
amphotericin b intravenous solution reconstituted	PA
ampicillin sodium injection solution reconstituted	HI
ampicillin sodium intravenous solution reconstituted	HI
ampicillin-sulbactam sodium injection solution reconstituted	HI
ampicillin-sulbactam sodium intravenous solution reconstituted	HI
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	HI
azithromycin intravenous solution reconstituted	HI
aztreonam injection solution reconstituted	HI

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>bumetanide injection solution</i>	
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	NEDS
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	
<i>cefazolin sodium injection solution reconstituted</i>	HI
<i>cefepime hcl injection solution reconstituted</i>	HI
<i>cefotetan disodium injection solution reconstituted</i>	HI
<i>cefoxitin sodium intravenous solution reconstituted</i>	HI
<i>ceftazidime injection solution reconstituted</i>	HI
<i>ceftazidime intravenous solution reconstituted</i>	HI
<i>ceftriaxone sodium injection solution reconstituted</i>	HI
<i>ceftriaxone sodium intravenous solution reconstituted</i>	HI
<i>cefuroxime sodium injection solution reconstituted</i>	HI
<i>cefuroxime sodium intravenous solution reconstituted</i>	HI
<i>ciprofloxacin in d5w intravenous solution</i>	HI
<i>clindamycin phosphate in d5w intravenous solution</i>	HI
<i>clindamycin phosphate injection solution</i>	HI
<i>colistimethate sodium (cba) injection solution reconstituted</i>	HI
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	HI
<i>daptomycin intravenous solution reconstituted</i>	HI
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	HI
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	
<i>ertapenem sodium injection solution reconstituted</i>	HI
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED	HI
<i>fluconazole in sodium chloride intravenous solution</i>	
<i>furosemide injection solution</i>	
<i>gentamicin in saline intravenous solution</i>	HI
<i>gentamicin sulfate injection solution</i>	HI
<i>heparin sodium (porcine) injection solution</i>	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	HI
INVANZ INJECTION SOLUTION RECONSTITUTED	HI
<i>levofloxacin in d5w intravenous solution</i>	HI
<i>levofloxacin intravenous solution</i>	HI
<i>linezolid intravenous solution</i>	HI
<i>meropenem intravenous solution reconstituted</i>	HI
<i>methotrexate sodium (pf) injection solution</i>	B vs D; SP-CVS specialty
<i>methotrexate sodium injection solution</i>	B vs D; SP-CVS specialty

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>metronidazole in nacl intravenous solution</i>	HI
<i>metronidazole intravenous solution</i>	HI
<i>moxifloxacin hcl in nacl intravenous solution</i>	HI
<i>nafcillin sodium injection solution reconstituted</i>	HI
<i>nafcillin sodium intravenous solution reconstituted</i>	HI
<i>oxacillin sodium in dextrose intravenous solution</i>	HI
<i>oxacillin sodium injection solution reconstituted</i>	HI
<i>oxacillin sodium intravenous solution reconstituted</i>	HI
<i>penicillin g pot in dextrose intravenous solution</i>	HI
<i>penicillin g potassium injection solution reconstituted</i>	HI
<i>penicillin g procaine intramuscular suspension</i>	
<i>penicillin g sodium injection solution reconstituted</i>	HI
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	HI
<i>polymyxin b sulfate injection solution reconstituted</i>	HI
<i>rifampin intravenous solution reconstituted</i>	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	HI
<i>streptomycin sulfate intramuscular solution reconstituted</i>	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	HI
<i>tigecycline intravenous solution reconstituted</i>	HI
<i>tobramycin sulfate injection solution</i>	HI
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	HI
<i>vancomycin hcl intravenous solution reconstituted</i>	HI
<i>voriconazole intravenous solution reconstituted</i>	PA
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	HI; NEDS
ZOSYN INTRAVENOUS SOLUTION	HI
ELECTROLYTES	
<i>dextrose intravenous solution</i>	
<i>dextrose-nacl intravenous solution</i>	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	
<i>kcl in dextrose-nacl intravenous solution</i>	
<i>kcl-lactated ringers-d5w intravenous solution</i>	
<i>magnesium sulfate injection solution</i>	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	
PLASMA-LYTE A INTRAVENOUS SOLUTION	
<i>potassium chloride in dextrose intravenous solution</i>	
<i>potassium chloride in nacl intravenous solution</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>potassium chloride intravenous solution</i>	
<i>sodium chloride intravenous solution</i>	
IV NUTRITION	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	B vs D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	B vs D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	B vs D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	B vs D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	B vs D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	B vs D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	B vs D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	B vs D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	B vs D
CLINISOL SF INTRAVENOUS SOLUTION	B vs D
INTRALIPID INTRAVENOUS EMULSION	B vs D
NUTRILIPID INTRAVENOUS EMULSION	B vs D
PLENAMINE INTRAVENOUS SOLUTION	B vs D
PREMASOL INTRAVENOUS SOLUTION	B vs D
PROCALAMINE INTRAVENOUS SOLUTION	B vs D
PROSOL INTRAVENOUS SOLUTION	B vs D
<i>tpn electrolytes intravenous concentrate</i>	B vs D
TRAVASOL INTRAVENOUS SOLUTION	B vs D
TROPHAMINE INTRAVENOUS SOLUTION	B vs D
HORMONES	
ADRENAL CORTICOSTEROIDS	
ACTHAR INJECTION GEL	PA; SP-CVS specialty; NEDS
CORTROPHIN INJECTION GEL	PA; SP-CVS specialty; NEDS
<i>dexamethasone oral elixir</i>	
<i>dexamethasone oral tablet</i>	
<i>dexamethasone oral tablet therapy pack</i>	
<i>fludrocortisone acetate oral tablet</i>	
<i>hydrocortisone oral tablet</i>	
MEDROL ORAL TABLET	Transplant
<i>methylprednisolone oral tablet</i>	Transplant
<i>methylprednisolone oral tablet therapy pack</i>	Transplant
MILLIPRED ORAL TABLET	Transplant
ORAPRED ODT ORAL TABLET DISPERSIBLE	Transplant

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>prednisolone oral solution</i>	Transplant
<i>prednisolone sodium phosphate oral solution</i>	Transplant
<i>prednisolone sodium phosphate oral tablet dispersible</i>	Transplant
PREDNISONE INTENSOL ORAL CONCENTRATE	Transplant
<i>prednisone oral solution</i>	Transplant
<i>prednisone oral tablet</i>	Transplant
<i>prednisone oral tablet therapy pack</i>	Transplant
ANDROGENS	
AVEED INTRAMUSCULAR SOLUTION	
<i>danazol oral capsule</i>	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	
METHITEST ORAL TABLET	
<i>methyltestosterone oral capsule</i>	NEDS
<i>oxandrolone oral tablet</i>	
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	
<i>testosterone enanthate intramuscular solution</i>	
<i>testosterone transdermal gel</i>	
<i>testosterone transdermal solution</i>	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
GONADOTROPIN RELEASING AGONISTS	
ELIGARD SUBCUTANEOUS KIT	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	
<i>leuprolide acetate injection kit</i>	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	NEDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	NEDS
SYNAREL NASAL SOLUTION	NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	NEDS
THYROID REPLACEMENT AND ANTITHYROID AGENTS	
ARMOUR THYROID ORAL TABLET	
<i>euthyrox oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>levo-t oral tablet</i>	
<i>levothyroxine sodium oral capsule</i>	
<i>levothyroxine sodium oral tablet</i>	
<i>levoxyl oral tablet</i>	
<i>liothyronine sodium oral tablet</i>	
<i>methimazole oral tablet</i>	
<i>propylthiouracil oral tablet</i>	
SYNTHROID ORAL TABLET	
THYQUIDITY ORAL SOLUTION	
TIROSINT ORAL CAPSULE	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	
<i>tirosint-sol oral solution 37.5 mcg/ml, 44 mcg/ml, 62.5 mcg/ml</i>	
<i>unithroid oral tablet</i>	
IMMUNOLOGIC AGENTS	
IMMUNE STIMULANTS	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	
ACTIMMUNE SUBCUTANEOUS SOLUTION	NEDS
ADACEL INTRAMUSCULAR SUSPENSION	
BCG VACCINE INJECTION INJECTABLE	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
BIVIGAM INTRAVENOUS SOLUTION	B vs D; HI; SP-CVS specialty; NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
DAPTACEL INTRAMUSCULAR SUSPENSION	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	
ENGERIX-B INJECTION SUSPENSION	B vs D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	B vs D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	B vs D; HI; SP-CVS specialty; NEDS
GAMMAGARD INJECTION SOLUTION	B vs D; HI; SP-CVS specialty; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	B vs D; HI; SP-CVS specialty; NEDS
GAMMAKED INJECTION SOLUTION	B vs D; HI; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
GAMMAPLEX INTRAVENOUS SOLUTION	B vs D; HI; SP-CVS specialty; NEDS
GAMUNEX-C INJECTION SOLUTION	B vs D; HI; SP-CVS specialty; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
HAVRIX INTRAMUSCULAR SUSPENSION	
HIBERIX INJECTION SOLUTION RECONSTITUTED	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	
INFANRIX INTRAMUSCULAR SUSPENSION	
IPOP INJECTION INJECTABLE	
IXIARO INTRAMUSCULAR SUSPENSION	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
MENACTRA INTRAMUSCULAR SOLUTION	
MENQUADFI INTRAMUSCULAR SOLUTION	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	
M-M-R II INJECTION SOLUTION RECONSTITUTED	
OCTAGAM INTRAVENOUS SOLUTION	B vs D; HI; SP-CVS specialty
PANZYGA INTRAVENOUS SOLUTION	B vs D; HI; SP-CVS specialty; NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	
PNEUMOVAX 23 INJECTION INJECTABLE	Part B
PREHEVBRIQ INTRAMUSCULAR SUSPENSION	B vs D
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Part B
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	
PRIVIGEN INTRAVENOUS SOLUTION	B vs D; HI; SP-CVS specialty; NEDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	
QUADRACEL INTRAMUSCULAR SUSPENSION	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
RABAVER INTRAMUSCULAR SUSPENSION RECONSTITUTED	
RECOMBIVAX HB INJECTION SUSPENSION	B vs D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
ROTARIX ORAL SUSPENSION RECONSTITUTED	
ROTATEQ ORAL SOLUTION	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	
<i>tdvax intramuscular suspension</i>	
TENIVAC INTRAMUSCULAR INJECTABLE	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
TYPHIM VI INTRAMUSCULAR SOLUTION	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	
VAQTA INTRAMUSCULAR SUSPENSION	
VARIVAX SUBCUTANEOUS INJECTABLE	
YF-VAX SUBCUTANEOUS INJECTABLE	
IMMUNOSUPPRESSIVES	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	B vs D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; SP-CVS specialty; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP-CVS specialty; NEDS
CELLCEPT ORAL SUSPENSION RECONSTITUTED	B vs D; NEDS
<i>cyclosporine modified oral capsule</i>	B vs D
<i>cyclosporine modified oral solution</i>	B vs D
<i>cyclosporine oral capsule</i>	B vs D
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP-CVS specialty; NEDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	B vs D; SP-CVS specialty
<i>everolimus oral tablet</i>	B vs D; QL (60 EA per 30 days); NEDS
<i>gengraf oral capsule</i>	B vs D
<i>gengraf oral solution</i>	B vs D
LUPKYNIS ORAL CAPSULE	PA; NEDS
<i>mycophenolate mofetil oral capsule</i>	B vs D
<i>mycophenolate mofetil oral suspension reconstituted</i>	B vs D; NEDS
<i>mycophenolate mofetil oral tablet</i>	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>mycophenolate sodium oral tablet delayed release</i>	B vs D
PROGRAF ORAL PACKET 0.2 MG	B vs D
PROGRAF ORAL PACKET 1 MG	B vs D; NEDS
REZUROCK ORAL TABLET	PA; NEDS
<i>sirolimus oral solution</i>	B vs D
<i>sirolimus oral tablet</i>	B vs D
<i>tacrolimus oral capsule</i>	B vs D
TAVNEOS ORAL CAPSULE	PA; SP-CVS specialty; NEDS
ZORTRESS ORAL TABLET	B vs D; QL (60 EA per 30 days); NEDS

MISCELLANEOUS DRUGS

ACROMEGALY

MYCAPSSA ORAL CAPSULE DELAYED RELEASE	PA; NEDS
<i>octreotide acetate injection solution</i>	SP-CVS specialty
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS

AMYLOIDOSIS-ASSOCIATED CARDIOMYOPATHY

VYNDAMAX ORAL CAPSULE	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
VYNDAQEL ORAL CAPSULE	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS

AMYLOIDOSIS-ASSOCIATED POLYNEUROPATHY

TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (6 ML per 30 days); NEDS
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AMYOTROPHIC LATERAL SCLEROSIS

EXSERVAN ORAL FILM	NEDS
RADICAVA ORS STARTER KIT ORAL SUSPENSION	PA; SP-CVS specialty; NEDS
<i>riluzole oral tablet</i>	
TIGLUTIK ORAL SUSPENSION	NEDS

ANAPHYLAXIS EMERGENCY

<i>epinephrine injection solution</i>	QL (2 EA per 1 day)
<i>epinephrine injection solution auto-injector</i>	QL (2 EA per 1 day)

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (20.1 ML per 28 days); NEDS

CUSHING'S SYNDROME

ISTURISA ORAL TABLET 1 MG	PA; QL (240 EA per 30 days); NEDS
ISTURISA ORAL TABLET 10 MG	PA; QL (180 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	PA; QL (60 EA per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
KORLYM ORAL TABLET	PA; QL (120 EA per 30 days); NEDS
RECORLEV ORAL TABLET	PA; QL (240 EA per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	PA; QL (60 ML per 30 days); NEDS
CYSTIC FIBROSIS	
BRONCHITOL INHALATION CAPSULE	QL (560 EA per 28 days); NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	SP-CVS specialty; NEDS
KALYDECO ORAL PACKET	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL TABLET	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL PACKET	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	PA; QL (112 EA per 28 days); NEDS
PULMOZYME INHALATION SOLUTION	B vs D; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	PA; NEDS
TOBI PODHALER INHALATION CAPSULE	NEDS
<i>tobramycin inhalation nebulization solution</i>	B vs D; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	PA; QL (84 EA per 28 days); NEDS
CYSTINURIA	
<i>betaine oral powder</i>	NEDS
CYSTADANE ORAL POWDER	NEDS
THIOLA EC ORAL TABLET DELAYED RELEASE	NEDS
<i>tiopronin oral tablet</i>	NEDS
DETOXIFICATION AGENTS	
CHEMET ORAL CAPSULE	
<i>deferasirox granules oral packet</i>	NEDS
<i>deferasirox oral tablet</i>	NEDS
<i>deferasirox oral tablet soluble</i>	NEDS
<i>deferiprone oral tablet</i>	NEDS
FERRIPROX ORAL SOLUTION	NEDS
FERRIPROX ORAL TABLET	NEDS
DUCHENNE MUSCULAR DYSTROPHY	
EMFLAZA ORAL SUSPENSION	PA; NEDS
EMFLAZA ORAL TABLET	PA; NEDS
FABRY DISEASE	
GALAFOLD ORAL CAPSULE	PA; NEDS
GAUCHER'S DISEASE	
CERDELGA ORAL CAPSULE	PA; SP-CVS specialty; NEDS
<i>miglustat oral capsule</i>	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
GROWTH HORMONE DEFICIENCY	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	PA; SP-CVS specialty
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty
GENOTROPIN SUBCUTANEOUS CARTRIDGE	PA; SP-CVS specialty
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty
HUMATROPE INJECTION CARTRIDGE	PA; SP-CVS specialty; NEDS
HUMATROPE INJECTION SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	PA; SP-CVS specialty; NEDS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML	PA; SP-CVS specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty
SAIZEN INJECTION SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS
HEREDITARY ANGIOEDEMA	
BERINERT INTRAVENOUS KIT	PA; SP-CVS specialty; NEDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS
<i>icatibant acetate subcutaneous solution</i>	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
ORLADEYO ORAL CAPSULE	PA; QL (30 EA per 30 days); NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
SAJAZIR SUBCUTANEOUS SOLUTION	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	PA; SP-CVS specialty; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP-CVS specialty; NEDS
HEREDITARY TYROSINEMIA TYPE 1	
<i>nitisinone oral capsule</i>	PA; NEDS
NITYR ORAL TABLET	PA; NEDS
ORFADIN ORAL CAPSULE	PA; NEDS
ORFADIN ORAL SUSPENSION	PA; NEDS
HUNTINGTON'S CHOREA	
AUSTEDO ORAL TABLET	PA; SP-CVS specialty; NEDS
<i>tetrabenazine oral tablet</i>	PA; SP-CVS specialty; NEDS
HYPERPARATHYROIDISM	
<i>calcitriol oral capsule</i>	
<i>calcitriol oral solution</i>	
<i>cinacalcet hcl oral tablet 30 mg</i>	
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	NEDS
<i>doxercalciferol oral capsule</i>	
<i>paricalcitol oral capsule</i>	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	
HYPOPARTHYROIDISM	
NATPARA SUBCUTANEOUS CARTRIDGE	PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS
LAMBERT-EATON MYASTHENIC SYNDROME	
FIRDAPSE ORAL TABLET	PA; NEDS
LONG-CHAIN FATTY ACID OXIDATION DISORDERS	
DOJOLVI ORAL LIQUID	NEDS
MULTIPLE SCLEROSIS	
AUBAGIO ORAL TABLET	SP-CVS specialty; NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	SP-CVS specialty; NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	SP-CVS specialty; NEDS
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	SP-CVS specialty; NEDS
BETASERON SUBCUTANEOUS KIT	SP-CVS specialty; NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>dalfampridine er oral tablet extended release 12 hour</i>	SP-CVS specialty; NEDS
<i>dimethyl fumarate oral capsule delayed release</i>	SP-CVS specialty; NEDS
<i>dimethyl fumarate starter pack oral</i>	SP-CVS specialty; NEDS
EXTAVIA SUBCUTANEOUS KIT	SP-CVS specialty; NEDS
<i> fingolimod hcl oral capsule</i>	SP-CVS specialty; NEDS
GILENYA ORAL CAPSULE	SP-CVS specialty; NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; SP-CVS specialty; NEDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	SP-CVS specialty; NEDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	SP-CVS specialty; NEDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	SP-CVS specialty; NEDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	SP-CVS specialty; NEDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	SP-CVS specialty; NEDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	SP-CVS specialty; NEDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	SP-CVS specialty; NEDS
MAYZENT ORAL TABLET	SP-CVS specialty; NEDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	SP-CVS specialty; NEDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	SP-CVS specialty; NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP-CVS specialty; NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP-CVS specialty; NEDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP-CVS specialty; NEDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP-CVS specialty; NEDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP-CVS specialty; NEDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP-CVS specialty; NEDS
VUMERTY ORAL CAPSULE DELAYED RELEASE	SP-CVS specialty; NEDS
MYASTHENIA GRAVIS	
<i>pyridostigmine bromide er oral tablet extended release</i>	
<i>pyridostigmine bromide oral solution</i>	
<i>pyridostigmine bromide oral tablet</i>	
OPIOID ANTAGONISTS	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	QL (360 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	QL (180 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	QL (360 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	QL (90 EA per 30 days)
LUCEMYRA ORAL TABLET	QL (224 EA per 14 days); NEDS
naloxone hcl injection solution	
naloxone hcl injection solution cartridge	
naloxone hcl injection solution prefilled syringe	
naloxone hcl nasal liquid	QL (4 EA per 30 days)
NARCAN NASAL LIQUID	QL (4 EA per 30 days)
PHENYLKETONURIA	
javygtor oral packet	PA; SP-CVS specialty
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP-CVS specialty; NEDS
sapropterin dihydrochloride oral packet	PA; SP-CVS specialty; NEDS
sapropterin dihydrochloride oral tablet	PA; SP-CVS specialty; NEDS
PHEOCHROMOCYTOMA	
DIBENZYLINE ORAL CAPSULE	
metyrosine oral capsule	NEDS
phenoxybenzamine hcl oral capsule	
PHOSPHATE BINDERS	
AURYXIA ORAL TABLET	PA; NEDS
calcium acetate (phos binder) oral capsule	
sevelamer carbonate oral packet	
sevelamer carbonate oral tablet	
sevelamer hcl oral tablet	
POTASSIUM BINDER	
LOKELMA ORAL PACKET	
sodium polystyrene sulfonate oral powder	
sps oral suspension	
VELTASSA ORAL PACKET	
PRIMARY PERIODIC PARALYSIS	
KEVEYIS ORAL TABLET	PA; NEDS
SMOKING CESSATION	
bupropion hcl er (smoking det) oral tablet extended release 12 hour	
NICOTROL INHALATION INHALER	
NICOTROL NS NASAL SOLUTION	
varenicline tartrate oral tablet	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
varenicline tartrate oral tablet therapy pack	QL (53 EA per 28 days)
SPINAL MUSCULAR ATROPHY	
EVRYSDI ORAL SOLUTION RECONSTITUTED	PA; NEDS
SUCRASE DEFICIENCY	
SUCRAID ORAL SOLUTION	NEDS
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA	
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	
<i>dutasteride oral capsule</i>	
<i>dutasteride-tamsulosin hcl oral capsule</i>	
<i>finasteride oral tablet</i>	
<i>silodosin oral capsule</i>	
<i>tadalafil oral tablet</i>	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	
TARDIVE DYSKINESIA	
INGREZZA ORAL CAPSULE	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	PA; NEDS
TOPICAL, MISCELLANEOUS	
PANRETIN EXTERNAL GEL	NEDS
UREA CYCLE DISORDERS	
RAVICTI ORAL LIQUID	PA; SP-CVS specialty; NEDS
<i>sodium phenylbutyrate oral powder</i>	NEDS
<i>sodium phenylbutyrate oral tablet</i>	NEDS
UROLOGIC DISORDERS	
<i>bethanechol chloride oral tablet</i>	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	
<i>desmopressin acetate oral tablet</i>	
<i>desmopressin acetate spray nasal solution</i>	
ELMIRON ORAL CAPSULE	
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	
<i>flavoxate hcl oral tablet</i>	
JYNARQUE ORAL TABLET THERAPY PACK	NEDS
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	
<i>oxybutynin chloride oral syrup</i>	
<i>oxybutynin chloride oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>potassium citrate er oral tablet extended release</i>	
<i>solifenacin succinate oral tablet</i>	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	
<i>tolterodine tartrate oral tablet</i>	
<i>tolvaptan oral tablet</i>	NEDS
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	
<i>trospium chloride er oral capsule extended release 24 hour</i>	
<i>trospium chloride oral tablet</i>	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	
WILSON'S DISEASE	
<i>penicillamine oral capsule</i>	NEDS
<i>penicillamine oral tablet</i>	
<i>trientine hcl oral capsule</i>	NEDS
NEUROLOGICAL DRUGS	
ALZHEIMER'S DISEASE	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	
<i>donepezil hcl oral tablet 23 mg</i>	
<i>donepezil hcl oral tablet dispersible</i>	
<i>ergoloid mesylates oral tablet</i>	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	
<i>galantamine hydrobromide oral solution</i>	
<i>galantamine hydrobromide oral tablet</i>	
<i>memantine hcl er oral capsule extended release 24 hour</i>	
<i>memantine hcl oral solution</i>	
<i>memantine hcl oral tablet</i>	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	
<i>rivastigmine tartrate oral capsule</i>	
<i>rivastigmine transdermal patch 24 hour</i>	
MIGRAINE THERAPY	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; QL (1 ML per 30 days)
<i>almotriptan malate oral tablet</i>	
<i>dihydroergotamine mesylate nasal solution</i>	NEDS
<i>eletriptan hydrobromide oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (2 ML per 30 days)
<i>frovatriptan succinate oral tablet</i>	
MIGERGOT RECTAL SUPPOSITORY	NEDS
<i>naratriptan hcl oral tablet</i>	
NAYZILAM NASAL SOLUTION	PA; QL (10 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	
<i>rizatriptan benzoate oral tablet dispersible</i>	
<i>sumatriptan nasal solution 20 mg/act</i>	
<i>sumatriptan nasal solution 5 mg/act</i>	
<i>sumatriptan succinate oral tablet</i>	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	
<i>sumatriptan succinate subcutaneous solution</i>	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	
<i>sumatriptan-naproxen sodium oral tablet</i>	
UBRELVY ORAL TABLET	PA
<i>zolmitriptan nasal solution</i>	
<i>zolmitriptan oral tablet</i>	
<i>zolmitriptan oral tablet dispersible</i>	
PARKINSON'S DISEASE	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	NEDS
<i>apomorphine hcl subcutaneous solution cartridge</i>	NEDS
<i>benztropine mesylate oral tablet</i>	PA
<i>bromocriptine mesylate oral capsule</i>	
<i>bromocriptine mesylate oral tablet</i>	
<i>cabergoline oral tablet</i>	
<i>carbidopa oral tablet</i>	
<i>carbidopa-levodopa er oral tablet extended release</i>	
<i>carbidopa-levodopa oral tablet</i>	
<i>carbidopa-levodopa oral tablet dispersible</i>	
<i>carbidopa-levodopa-entacapone oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
DUOPA ENTERAL SUSPENSION <i>entacapone oral tablet</i>	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	PA
INBRIJA INHALATION CAPSULE	NEDS
KYNMOBI SUBLINGUAL FILM	NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	QL (30 EA per 30 days)
NOURIANZ ORAL TABLET	QL (30 EA per 30 days); NEDS
ONGENTYS ORAL CAPSULE <i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i> <i>pramipexole dihydrochloride oral tablet</i> <i>rasagiline mesylate oral tablet</i> <i>ropinirole hcl er oral tablet extended release 24 hour</i> <i>ropinirole hcl oral tablet</i>	
RYTARY ORAL CAPSULE EXTENDED RELEASE <i>selegiline hcl oral capsule</i> <i>selegiline hcl oral tablet</i>	
<i>tolcapone oral tablet</i>	NEDS
<i>trihexyphenidyl hcl oral solution</i>	PA
<i>trihexyphenidyl hcl oral tablet</i>	PA
PSEUDOBULBAR AFFECT	
NUEDEXTA ORAL CAPSULE	PA
SEIZURES	
APTIOM ORAL TABLET	
BANZEL ORAL TABLET	
BRIVIACT ORAL SOLUTION	NEDS
BRIVIACT ORAL TABLET	NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	
<i>carbamazepine er oral tablet extended release 12 hour</i>	
<i>carbamazepine oral suspension</i>	
<i>carbamazepine oral tablet</i>	
<i>carbamazepine oral tablet chewable</i>	
CELONTIN ORAL CAPSULE	
<i>clobazam oral suspension</i>	
<i>clobazam oral tablet</i>	QL (60 EA per 30 days)
<i>clonazepam oral tablet</i>	
<i>clonazepam oral tablet dispersible</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
DIACOMIT ORAL CAPSULE	PA; NEDS
DIACOMIT ORAL PACKET	PA; NEDS
DIASTAT ACUDIAL RECTAL GEL	
DIASTAT PEDIATRIC RECTAL GEL	
<i>diazepam intensol oral concentrate</i>	
<i>diazepam oral concentrate</i>	
<i>diazepam oral solution</i>	
<i>diazepam oral tablet</i>	
<i>diazepam rectal gel</i>	
DILANTIN INFATABS ORAL TABLET CHEWABLE	
DILANTIN ORAL CAPSULE	
DILANTIN ORAL SUSPENSION	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	
<i>divalproex sodium oral tablet delayed release</i>	
EPIDIOLEX ORAL SOLUTION	PA; SP-CVS specialty
<i>epitol oral tablet</i>	
EPRONTIA ORAL SOLUTION	
<i>ethosuximide oral capsule</i>	
<i>ethosuximide oral solution</i>	
<i>felbamate oral suspension</i>	
<i>felbamate oral tablet</i>	
FINTEPLA ORAL SOLUTION	PA; NEDS
FYCOMPA ORAL SUSPENSION	
FYCOMPA ORAL TABLET	
<i>gabapentin oral capsule</i>	
<i>gabapentin oral solution</i>	
<i>gabapentin oral tablet</i>	
HORIZANT ORAL TABLET EXTENDED RELEASE	
<i>lacosamide oral solution</i>	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	QL (60 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour</i>	
<i>lamotrigine oral kit</i>	
<i>lamotrigine oral tablet</i>	
<i>lamotrigine oral tablet chewable</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>lamotrigine oral tablet dispersible</i>	
<i>lamotrigine starter kit-blue oral kit</i>	
<i>lamotrigine starter kit-green oral kit</i>	
<i>lamotrigine starter kit-orange oral kit</i>	
<i>levetiracetam er oral tablet extended release 24 hour</i>	
<i>levetiracetam oral solution</i>	
<i>levetiracetam oral tablet</i>	
<i>oxcarbazepine oral suspension</i>	
<i>oxcarbazepine oral tablet</i>	
<i>phenobarbital oral elixir</i>	PA
<i>phenobarbital oral tablet</i>	PA
<i>phenytoin oral suspension</i>	
<i>phenytoin oral tablet chewable</i>	
<i>phenytoin sodium extended oral capsule</i>	
<i>pregabalin er oral tablet extended release 24 hour</i>	
<i>pregabalin oral capsule</i>	
<i>pregabalin oral solution</i>	
<i>primidone oral tablet</i>	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	
<i>roweepra oral tablet</i>	
<i>rufinamide oral suspension</i>	
<i>rufinamide oral tablet</i>	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	
SYMPAZAN ORAL FILM	
<i>tiagabine hcl oral tablet</i>	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	
<i>topiramate oral capsule sprinkle</i>	
<i>topiramate oral tablet</i>	
<i>valproic acid oral capsule</i>	
<i>valproic acid oral solution</i>	
VALTOCO 10 MG DOSE NASAL LIQUID	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	NEDS
<i>vigabatrin oral tablet</i>	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>vigadrone oral packet</i>	NEDS
VIMPAT ORAL SOLUTION	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	QL (60 EA per 30 days); NEDS
VIMPAT ORAL TABLET 50 MG	QL (60 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	NEDS
XCOPRI ORAL TABLET	NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	NEDS
<i>zonisamide oral capsule</i>	
SPASTICITY	
<i>baclofen oral tablet</i>	
<i>cyclobenzaprine hcl oral tablet</i>	PA
<i>dantrolene sodium oral capsule</i>	
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	
<i>tizanidine hcl oral capsule 6 mg</i>	
<i>tizanidine hcl oral tablet</i>	
PAIN AND INFLAMMATORY DISEASES	
ARTHRITIS	
AZASAN ORAL TABLET	B vs D
<i>azathioprine oral tablet 100 mg, 75 mg</i>	B vs D
<i>azathioprine oral tablet 50 mg</i>	B vs D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	PA; SP-CVS specialty; QL (4 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	PA; SP-CVS specialty; NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
<i>infliximab intravenous solution reconstituted</i>	PA; SP-CVS specialty; NEDS
<i>leflunomide oral tablet</i>	
<i>methotrexate oral tablet</i>	B vs D
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS
RIDAURA ORAL CAPSULE	NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	PA; SP-CVS specialty; QL (1 EA per 28 days); NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	PA; SP-CVS specialty; QL (2.4 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION	PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS
TREXALL ORAL TABLET	B vs D
XATMEP ORAL SOLUTION	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
XELJANZ ORAL SOLUTION	PA; SP-CVS specialty; QL (300 ML per 30 days); NEDS
XELJANZ ORAL TABLET	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
GOUT	
<i>allopurinol oral tablet</i>	
<i>colchicine oral capsule</i>	
<i>colchicine oral tablet</i>	
<i>colchicine-probenecid oral tablet</i>	
<i>febuxostat oral tablet</i>	STPA
GLOPERBA ORAL SOLUTION	
<i>probenecid oral tablet</i>	
PAIN, NSAID ANALGESICS	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	
<i>celecoxib oral capsule 400 mg</i>	
<i>diclofenac potassium 50mg oral tablet</i>	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	
<i>diclofenac sodium oral tablet delayed release</i>	
<i>diclofenac-misoprostol oral tablet delayed release</i>	
<i>diflunisal oral tablet</i>	
<i>etodolac er oral tablet extended release 24 hour</i>	
<i>etodolac oral capsule</i>	
<i>etodolac oral tablet</i>	
<i>fenoprofen calcium oral capsule</i>	
<i>fenoprofen calcium oral tablet</i>	
<i>flurbiprofen oral tablet</i>	
<i>ibuprofen oral suspension</i>	
<i>ibuprofen oral tablet</i>	
INDOCIN ORAL SUSPENSION	
<i>indomethacin er oral capsule extended release</i>	
<i>indomethacin oral capsule</i>	
<i>ketoprofen er oral capsule extended release 24 hour</i>	
<i>ketoprofen oral capsule</i>	
<i>meclofenamate sodium oral capsule</i>	
<i>mefenamic acid oral capsule</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>meloxicam oral capsule</i>	
<i>meloxicam oral tablet</i>	
<i>nabumetone oral tablet</i>	
<i>naproxen oral suspension</i>	
<i>naproxen oral tablet</i>	
<i>naproxen oral tablet delayed release</i>	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg</i>	
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	NEDS
<i>naproxen sodium oral tablet</i>	
<i>oxaprozin oral tablet</i>	
<i>piroxicam oral capsule</i>	
<i>sulindac oral tablet</i>	
PAIN, OPIOID AND OTHER ANALGESICS	
<i>acetaminophen-codeine #3 oral tablet</i>	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	QL (3600 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	QL (240 EA per 30 days)
<i>ACTIQ BUCCAL LOZENGE ON A HANDLE</i>	PA; QL (120 EA per 30 days); NEDS
<i>BELBUCA BUCCAL FILM</i>	QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	QL (4 EA per 28 days)
<i>butorphanol tartrate nasal solution</i>	QL (7.5 ML per 30 days)
<i>codeine sulfate oral tablet</i>	QL (180 EA per 30 days)
<i>endocet oral tablet</i>	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet</i>	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl 12 mcg/hr, 25 mcg/hr, 50mg/hr, 75 mg/hr, 100 mg/hr transdermal patch</i>	QL (10 EA per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant</i>	QL (60 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution</i>	QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i>	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i>	QL (240 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	QL (1350 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	QL (240 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	QL (120 EA per 30 days)
<i>levorphanol tartrate oral tablet</i>	QL (240 EA per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>methadone hcl oral solution 10 mg/5ml</i>	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	QL (1200 ML per 30 days)
<i>methadone hcl oral tablet</i>	QL (120 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution</i>	QL (180 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i>	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg</i>	QL (60 EA per 30 days)
<i>morphine sulfate oral solution</i>	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet</i>	QL (180 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrant</i>	QL (60 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	QL (240 EA per 30 days)
<i>oxycodone hcl oral concentrate</i>	QL (120 ML per 30 days)
<i>oxycodone hcl oral solution</i>	QL (2400 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg</i>	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet</i>	QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	QL (60 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	QL (60 EA per 30 days)
<i>oxymorphone hcl oral tablet</i>	QL (180 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour</i>	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	QL (240 EA per 30 days)
PSYCHIATRIC	
ALCOHOL DETERRENTS	
<i>acamprosate calcium oral tablet delayed release</i>	
<i>disulfiram oral tablet</i>	
<i>naltrexone hcl oral tablet</i>	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	SP-CVS specialty; NEDS
ANXIETY	
<i>alprazolam er oral tablet extended release 24 hour</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>alprazolam intensol oral concentrate</i>	
<i>alprazolam oral tablet</i>	
<i>alprazolam oral tablet dispersible</i>	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	
<i>buspirone hcl oral tablet 30 mg, 7.5 mg</i>	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	
<i>clorazepate dipotassium oral tablet</i>	
<i>lorazepam intensol oral concentrate</i>	
<i>lorazepam oral tablet</i>	
<i>oxazepam oral capsule</i>	
ATTENTION DEFICIT DISORDER	
<i>amphetamine sulfate oral tablet</i>	
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	
<i>amphetamine-dextroamphetamine oral tablet</i>	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	
DESOXYN ORAL TABLET	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	
<i>dexamphetamine hcl er oral capsule extended release 24 hour</i>	
<i>dexamphetamine hcl oral tablet</i>	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	
<i>dextroamphetamine sulfate oral solution</i>	
<i>dextroamphetamine sulfate oral tablet</i>	
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	QL (90 EA per 90 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	
<i>methamphetamine hcl oral tablet</i>	PA
METHYLIN ORAL SOLUTION	
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	
<i>methylphenidate hcl er (osm) oral tablet extended release</i>	
<i>methylphenidate hcl er oral tablet extended release</i>	
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	
<i>methylphenidate hcl oral solution</i>	
<i>methylphenidate hcl oral tablet</i>	
<i>methylphenidate hcl oral tablet chewable</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER <i>relexxii oral tablet extended release</i>	
VYVANSE ORAL CAPSULE	PA
VYVANSE ORAL TABLET CHEWABLE	PA
BIPOLAR DISORDER	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	
<i>lithium carbonate er oral tablet extended release</i>	
<i>lithium carbonate oral capsule</i>	
<i>lithium carbonate oral tablet</i>	
<i>olanzapine-fluoxetine hcl oral capsule</i>	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	
<i>risperidone oral solution</i>	
<i>risperidone oral tablet</i>	
<i>risperidone oral tablet dispersible</i>	
DEPRESSION	
<i>amitriptyline hcl oral tablet</i>	PA
<i>amoxapine oral tablet</i>	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG	STPA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	STPA; NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	
<i>bupropion hcl oral tablet</i>	
<i>citalopram hydrobromide oral capsule</i>	
<i>citalopram hydrobromide oral solution</i>	
<i>citalopram hydrobromide oral tablet</i>	
<i>clomipramine hcl oral capsule</i>	PA
<i>desipramine hcl oral tablet</i>	
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	
<i>doxepin hcl oral capsule</i>	
<i>doxepin hcl oral concentrate</i>	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	STPA; NEDS
<i>escitalopram oxalate oral solution</i>	
<i>escitalopram oxalate oral tablet</i>	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	STPA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	STPA
<i>fluoxetine hcl (pmdd) oral tablet</i>	
<i>fluoxetine hcl oral capsule</i>	
<i>fluoxetine hcl oral capsule delayed release</i>	
<i>fluoxetine hcl oral solution</i>	
<i>fluoxetine hcl oral tablet</i>	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	
<i>fluvoxamine maleate oral tablet</i>	
<i>imipramine hcl oral tablet</i>	PA
<i>imipramine pamoate oral capsule</i>	PA
MARPLAN ORAL TABLET	
<i>mirtazapine oral tablet</i>	
<i>mirtazapine oral tablet dispersible</i>	
<i>nefazodone hcl oral tablet</i>	
<i>nortriptyline hcl oral capsule</i>	
<i>nortriptyline hcl oral solution</i>	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	
<i>paroxetine hcl oral suspension</i>	
<i>paroxetine hcl oral tablet</i>	
<i>paroxetine mesylate oral capsule</i>	
PAXIL ORAL SUSPENSION	
PEXEVA ORAL TABLET	STPA
<i>phenelzine sulfate oral tablet</i>	
<i>protriptyline hcl oral tablet</i>	
<i>sertraline hcl oral concentrate</i>	
<i>sertraline hcl oral tablet</i>	
<i>tranylcypromine sulfate oral tablet</i>	
<i>trazodone hcl oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>trimipramine maleate oral capsule</i>	PA
TRINTELLIX ORAL TABLET	
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	
<i>venlafaxine hcl oral tablet</i>	
VIIBRYD ORAL TABLET	
VIIBRYD STARTER PACK ORAL KIT	
<i>vilazodone hcl oral tablet</i>	
INSOMNIA	
BELSOMRA ORAL TABLET	
DAYVIGO ORAL TABLET	
<i>doxepin hcl oral tablet</i>	QL (30 EA per 30 days)
<i>estazolam oral tablet</i>	
<i>eszopiclone oral tablet</i>	
<i>flurazepam hcl oral capsule</i>	
HETLIOZ LQ ORAL SUSPENSION	PA; NEDS
HETLIOZ ORAL CAPSULE	PA; NEDS
<i>ramelteon oral tablet</i>	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	
<i>triazolam oral tablet</i>	
<i>zaleplon oral capsule</i>	
<i>zolpidem tartrate er oral tablet extended release</i>	
<i>zolpidem tartrate oral tablet</i>	
<i>zolpidem tartrate sublingual tablet sublingual</i>	
NARCOLEPSY	
<i>armodafinil oral tablet</i>	PA
<i>modafinil oral tablet</i>	PA
SUNOSI ORAL TABLET	PA
WAKIX ORAL TABLET	PA; QL (60 EA per 30 days); NEDS
XYREM ORAL SOLUTION	LA; NEDS
XYWAV ORAL SOLUTION	NEDS
PSYCHOSES	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
ABILITY MYCITE ORAL TABLET	PA; QL (30 EA per 30 days); NEDS
<i>aripiprazole oral solution</i>	
<i>aripiprazole oral tablet</i>	
<i>aripiprazole oral tablet dispersible</i>	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	NEDS
<i>asenapine maleate sublingual tablet sublingual</i>	STPA
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	PA; NEDS
CAPLYTA ORAL CAPSULE 42 MG	PA; QL (30 EA per 30 days); NEDS
<i>chlorpromazine hcl oral concentrate</i>	
<i>chlorpromazine hcl oral tablet</i>	
<i>clozapine oral tablet</i>	
<i>clozapine oral tablet dispersible</i>	
FANAPT ORAL TABLET	STPA
FANAPT TITRATION PACK ORAL TABLET	STPA
<i>fluphenazine decanoate injection solution</i>	
<i>fluphenazine hcl injection solution</i>	
<i>fluphenazine hcl oral concentrate</i>	
<i>fluphenazine hcl oral elixir</i>	
<i>fluphenazine hcl oral tablet</i>	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	
<i>haloperidol decanoate intramuscular solution</i>	
<i>haloperidol lactate injection solution</i>	
<i>haloperidol lactate oral concentrate</i>	
<i>haloperidol oral tablet</i>	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	QL (60 EA per 30 days)
<i>loxapine succinate oral capsule</i>	
LYBALVI ORAL TABLET	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>molindone hcl oral tablet</i>	
NUPLAZID ORAL CAPSULE	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	
<i>olanzapine oral tablet</i>	
<i>olanzapine oral tablet dispersible</i>	
<i>paliperidone er oral tablet extended release 24 hour</i>	
<i>perphenazine oral tablet</i>	
<i>perphenazine-amitriptyline oral tablet</i>	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	NEDS
<i>pimozide oral tablet</i>	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	QL (60 EA per 30 days)
REXULTI ORAL TABLET	NEDS
SECUADO TRANSDERMAL PATCH 24 HOUR	NEDS
<i>thioridazine hcl oral tablet</i>	PA
<i>thiothixene oral capsule</i>	
<i>trifluoperazine hcl oral tablet</i>	
VERSACLOZ ORAL SUSPENSION	NEDS
VRAYLAR ORAL CAPSULE	NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	
<i>ziprasidone hcl oral capsule</i>	
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	

RESPIRATORY DRUGS

ASTHMA

<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	QL (51 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	QL (40.2 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	QL (108 GM per 90 days)
<i>albuterol sulfate inhalation nebulization solution</i>	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>albuterol sulfate oral syrup</i>	
<i>albuterol sulfate oral tablet</i>	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (180 EA per 90 days)
<i>arformoterol tartrate inhalation nebulization solution</i>	B vs D
ATROVENT HFA INHALATION AEROSOL SOLUTION	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (180 EA per 90 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	QL (32.1 GM per 90 days)
BROVANA INHALATION NEBULIZATION SOLUTION	B vs D
<i>budesonide inhalation suspension</i>	B vs D
<i>budesonide-formoterol fumarate inhalation aerosol</i>	QL (30.6 GM per 90 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	QL (24 GM per 90 days)
<i>cromolyn sodium inhalation nebulization solution</i>	B vs D
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; SP-CVS specialty; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP-CVS specialty; NEDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; SP-CVS specialty; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP-CVS specialty; NEDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose</i>	QL (180 EA per 90 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	QL (3 EA per 90 days)
<i>formoterol fumarate inhalation nebulization solution</i>	B vs D
<i>ipratropium bromide inhalation solution</i>	B vs D
<i>ipratropium-albuterol inhalation solution</i>	B vs D
<i>levalbuterol hcl inhalation nebulization solution</i>	B vs D
<i>levalbuterol tartrate inhalation aerosol</i>	QL (90 GM per 90 days)
<i>montelukast sodium oral packet</i>	
<i>montelukast sodium oral tablet</i>	
<i>montelukast sodium oral tablet chewable</i>	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	B vs D
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (6 EA per 90 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	QL (63.6 GM per 90 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (180 EA per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
SPIRIVA HANDIHALER INHALATION CAPSULE	QL (90 EA per 90 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	QL (12 GM per 90 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	QL (180 GM per 90 days)
<i>terbutaline sulfate oral tablet</i>	
<i>theophylline er oral tablet extended release 12 hour</i>	
<i>theophylline er oral tablet extended release 24 hour</i>	
<i>theophylline oral solution</i>	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (180 EA per 90 days)
<i>wixela inhale inhalation aerosol powder breath activated</i>	QL (180 EA per 90 days)
YUPELRI INHALATION SOLUTION	B vs D; NEDS
<i>zafirlukast oral tablet</i>	
<i>zileuton er oral tablet extended release 12 hour</i>	NEDS
IDIOPATHIC PULMONARY FIBROSIS	
ESBRIET ORAL CAPSULE	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 267 MG	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 801 MG	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
OFEV ORAL CAPSULE	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>pirfenidone oral tablet 267 mg</i>	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
<i>pirfenidone oral tablet 801 mg</i>	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
PULMONARY HYPERTENSION	
ADEMPAS ORAL TABLET	PA; SP-CVS specialty; NEDS
<i>alyq oral tablet</i>	PA; NEDS
<i>ambrisentan oral tablet</i>	PA; SP-CVS specialty; NEDS
<i>bosentan oral tablet</i>	PA; SP-CVS specialty; NEDS
OPSUMIT ORAL TABLET	PA; SP-CVS specialty; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	PA; SP-CVS specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral tablet</i>	PA; SP-CVS specialty
<i>tadalafil (pah) oral tablet</i>	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
TRACLEER ORAL TABLET SOLUBLE	PA; LA; SP-CVS specialty; NEDS
UPTRAVI ORAL TABLET	PA; SP-CVS specialty; NEDS
UPTRAVI ORAL TABLET THERAPY PACK	PA; SP-CVS specialty; NEDS
VENTAVIS INHALATION SOLUTION	PA; SP-CVS specialty; NEDS
RESPIRATORY DRUGS, MISCELLANEOUS	
<i>acetylcysteine inhalation solution</i>	B vs D
BEVESPI AEROSPHERE INHALATION AEROSOL	QL (10.7 GM per 30 days)
DALIRESP ORAL TABLET	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; SP-CVS specialty; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP-CVS specialty; NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; SP-CVS specialty; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; SP-CVS specialty; NEDS
SKIN	
ACNE ROSACEA	
<i>azelaic acid external gel</i>	
<i>metronidazole external cream</i>	
<i>metronidazole external gel</i>	
<i>metronidazole external lotion</i>	
ACNE VULGARIS	
<i>accutane oral capsule</i>	
<i>adapalene external cream</i>	PA
<i>adapalene external gel</i>	PA
<i>adapalene-benzoyl peroxide external gel</i>	PA
<i>amnesteem oral capsule</i>	
ATRALIN EXTERNAL GEL	PA
<i>avita external cream</i>	PA
<i>avita external gel</i>	PA
AZELEX EXTERNAL CREAM	
<i>benzoyl peroxide-erythromycin external gel</i>	
<i>claravis oral capsule</i>	
<i>clindamycin phos-benzoyl perox external gel</i>	
<i>clindamycin phosphate external foam</i>	
<i>clindamycin phosphate external gel</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>clindamycin phosphate external lotion</i>	
<i>clindamycin phosphate external solution</i>	
<i>clindamycin phosphate external swab</i>	
<i>ery external pad</i>	
<i>erythromycin external gel</i>	
<i>erythromycin external solution</i>	
EVOCLIN EXTERNAL FOAM	
FABIOR EXTERNAL FOAM	PA
<i>isotretinoin oral capsule</i>	
RETIN-A EXTERNAL CREAM	PA
RETIN-A EXTERNAL GEL	PA
RETIN-A MICRO EXTERNAL GEL	PA
RETIN-A MICRO PUMP EXTERNAL GEL	PA
<i>tazarotene external foam</i>	PA
<i>tretinoi external cream</i>	PA
<i>tretinoi external gel</i>	PA
<i>tretinoi microsphere external gel</i>	PA
WINLEVI EXTERNAL CREAM	PA
BACTERIAL INFECTIONS, TOPICAL	
<i>gentamicin sulfate external cream</i>	
<i>gentamicin sulfate external ointment</i>	
<i>mupirocin calcium external cream</i>	QL (180 GM per 30 days)
<i>mupirocin external ointment</i>	QL (44 GM per 30 days)
<i>silver sulfadiazine external cream</i>	
<i>ssd external cream</i>	
CORTICOSTEROIDS, TOPICAL	
ALA SCALP EXTERNAL LOTION	
<i>ala-cort external cream</i>	
<i>alclometasone dipropionate external cream</i>	
<i>alclometasone dipropionate external ointment</i>	
<i>amcinonide external cream</i>	
<i>amcinonide external lotion</i>	
<i>amcinonide external ointment</i>	
APEXICON E EXTERNAL CREAM	
<i>betamethasone dipropionate aug external cream</i>	
<i>betamethasone dipropionate aug external gel</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>betamethasone dipropionate aug external lotion</i>	
<i>betamethasone dipropionate aug external ointment</i>	
<i>betamethasone dipropionate external cream</i>	
<i>betamethasone dipropionate external lotion</i>	
<i>betamethasone dipropionate external ointment</i>	
<i>betamethasone valerate external cream</i>	
<i>betamethasone valerate external foam</i>	
<i>betamethasone valerate external lotion</i>	
<i>betamethasone valerate external ointment</i>	
CAPEX EXTERNAL SHAMPOO	
<i>clobetasol propionate e external cream</i>	QL (240 GM per 30 days)
<i>clobetasol propionate emulsion external foam</i>	QL (200 GM per 30 days)
<i>clobetasol propionate external cream</i>	QL (240 GM per 30 days)
<i>clobetasol propionate external foam</i>	QL (200 GM per 30 days)
<i>clobetasol propionate external gel</i>	QL (240 GM per 30 days)
<i>clobetasol propionate external liquid</i>	QL (250 ML per 30 days)
<i>clobetasol propionate external lotion</i>	QL (236 ML per 30 days)
<i>clobetasol propionate external ointment</i>	QL (240 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	QL (236 ML per 30 days)
<i>clobetasol propionate external solution</i>	QL (200 ML per 30 days)
<i>clocortolone pivalate external cream</i>	
<i>clodan external shampoo</i>	
CORDRAN EXTERNAL TAPE	
<i>desonide external cream</i>	
<i>desonide external gel</i>	
<i>desonide external lotion</i>	
<i>desonide external ointment</i>	
<i>desoximetasone external cream</i>	
<i>desoximetasone external gel</i>	
<i>desoximetasone external liquid</i>	
<i>desoximetasone external ointment</i>	
DESRX EXTERNAL GEL	
<i>diflorasone diacetate external cream</i>	
<i>diflorasone diacetate external ointment</i>	
<i>fluocinolone acetonide external cream</i>	
<i>fluocinolone acetonide external ointment</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>fluocinolone acetonide external solution</i>	
<i>fluocinolone acetonide scalp external oil</i>	
<i>fluocinonide emulsified base external cream</i>	
<i>fluocinonide external cream 0.05 %</i>	
<i>fluocinonide external cream 0.1 %</i>	QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	
<i>fluocinonide external ointment</i>	
<i>fluocinonide external solution</i>	
<i>flurandrenolide external cream</i>	
<i>flurandrenolide external lotion</i>	
<i>fluticasone propionate external cream</i>	
<i>fluticasone propionate external lotion</i>	
<i>fluticasone propionate external ointment</i>	
<i>halcinonide external cream</i>	
<i>halobetasol propionate external cream</i>	
<i>halobetasol propionate external ointment</i>	
HALOG EXTERNAL OINTMENT	
<i>hydrocortisone butyrate external cream</i>	
<i>hydrocortisone butyrate external lotion</i>	
<i>hydrocortisone butyrate external ointment</i>	
<i>hydrocortisone butyrate external solution</i>	
<i>hydrocortisone external cream</i>	
<i>hydrocortisone external lotion</i>	
<i>hydrocortisone external ointment</i>	
<i>hydrocortisone valerate external cream</i>	
<i>hydrocortisone valerate external ointment</i>	
KENALOG EXTERNAL AEROSOL SOLUTION	
<i>mometasone furoate external cream</i>	
<i>mometasone furoate external ointment</i>	
<i>mometasone furoate external solution</i>	
PANDEL EXTERNAL CREAM	
<i>prednicarbate external ointment</i>	
TOVET EXTERNAL FOAM	QL (200 GM per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	
<i>triamcinolone acetonide external cream</i>	
<i>triamcinolone acetonide external lotion</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	
<i>triamcinolone acetonide external ointment 0.05 %</i>	
TRIANEX EXTERNAL OINTMENT	
<i>triderm external cream</i>	
TRITOCIN EXTERNAL OINTMENT	
FUNGAL INFECTIONS, TOPICAL	
<i>ciclopirox external gel</i>	
<i>ciclopirox external shampoo</i>	
<i>ciclopirox external solution</i>	
<i>ciclopirox olamine external cream</i>	
<i>ciclopirox olamine external suspension</i>	
<i>clotrimazole external cream</i>	
<i>clotrimazole external solution</i>	
<i>clotrimazole-betamethasone external cream</i>	
<i>clotrimazole-betamethasone external lotion</i>	
<i>econazole nitrate external cream</i>	
<i>ketoconazole external cream</i>	QL (120 GM per 30 days)
<i>ketoconazole external foam</i>	
<i>ketoconazole external shampoo</i>	
KETODAN EXTERNAL FOAM	
<i>luliconazole external cream</i>	
MENTAX EXTERNAL CREAM	
<i>naftifine hcl external cream 1 %</i>	
<i>naftifine hcl external cream 2 %</i>	
<i>nyamyc external powder</i>	
<i>nystatin external cream</i>	
<i>nystatin external ointment</i>	
<i>nystatin external powder</i>	
<i>nystatin mouth/throat suspension</i>	
<i>nystatin-triamcinolone external cream</i>	
<i>nystatin-triamcinolone external ointment</i>	
<i>nystop external powder</i>	
<i>oxiconazole nitrate external cream</i>	QL (90 GM per 30 days)
PSORIASIS AND SEBORRHEA	
<i>acitretin oral capsule</i>	
<i>calcipotriene external cream</i>	QL (120 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>calcipotriene external ointment</i>	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	QL (120 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	
<i>calcipotriene-betameth diprop external suspension</i>	NEDS
<i>calcitriol external ointment</i>	
<i>methoxsalen rapid oral capsule</i>	NEDS
<i>tazarotene external cream</i>	PA
<i>tazarotene external gel</i>	PA
TAZORAC EXTERNAL CREAM	PA
TAZORAC EXTERNAL GEL	PA
SCABIES AND PEDICULOSIS	
CROTAN EXTERNAL LOTION	
<i>ivermectin external cream</i>	
<i>lindane external shampoo</i>	
<i>malathion external lotion</i>	
<i>permethrin external cream</i>	
TOPICAL, MISCELLANEOUS	
<i>ammonium lactate external cream</i>	
<i>ammonium lactate external lotion</i>	
ANUSOL-HC EXTERNAL CREAM	
<i>bexarotene external gel</i>	PA; SP-CVS specialty; NEDS
<i>diclofenac epolamine external patch</i>	PA; QL (60 EA per 30 days)
<i>diclofenac sodium external gel 1 %</i>	QL (960 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	QL (200 GM per 30 days)
<i>diclofenac sodium external solution</i>	QL (300 ML per 30 days)
<i>doxepin hcl external cream</i>	QL (90 GM per 30 days); NEDS
EUCRISA EXTERNAL OINTMENT	PA
<i>fluorouracil external cream</i>	
<i>fluorouracil external solution</i>	
<i>hydrocortisone ace-pramoxine external cream</i>	
HYFTOR EXTERNAL GEL	PA; NEDS
KLISYRI EXTERNAL OINTMENT	PA; NEDS
<i>lidocaine external ointment</i>	QL (100 GM per 30 days)
<i>lidocaine external patch</i>	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	QL (100 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>lidocaine-prilocaine external cream</i>	QL (60 GM per 30 days)
<i>mafenide acetate external packet</i>	
<i>pimecrolimus external cream</i>	
<i>procto-med hc external cream</i>	
<i>procto-pak external cream</i>	
<i>proctosol hc external cream</i>	
<i>proctozone-hc external cream</i>	
PRUDOXIN EXTERNAL CREAM	QL (90 GM per 30 days)
RECTIV RECTAL OINTMENT	QL (30 GM per 30 days)
REGRANEX EXTERNAL GEL	
SANTYL EXTERNAL OINTMENT	
<i>selenium sulfide external lotion</i>	
<i>sodium chloride irrigation solution</i>	
<i>sulfacetamide sodium (acne) external lotion</i>	
SULFAMYLYON EXTERNAL CREAM	
<i>tacrolimus external ointment</i>	
TARGRETIN EXTERNAL GEL	PA; SP-CVS specialty; NEDS
VALCHLOR EXTERNAL GEL	NEDS
VIRAL INFECTIONS, TOPICAL	
<i>acyclovir external cream</i>	
CONDYLOX EXTERNAL GEL	
DENAVIR EXTERNAL CREAM	NEDS
<i>imiquimod external cream</i>	
<i>podofilox external solution</i>	
WOMEN'S HEALTH	
CONTRACEPTIVES	
<i>amethia oral tablet</i>	
ANNOVERA VAGINAL RING	QL (1 EA per 365 days)
<i>apri oral tablet</i>	
<i>aranelle oral tablet</i>	
<i>ashlyna oral tablet</i>	
<i>aviane oral tablet</i>	
<i>balziva oral tablet</i>	
<i>briellyn oral tablet</i>	
<i>camila oral tablet</i>	
<i>deblitane oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>desogestrel-ethynodiol oral tablet</i>	
<i>drospirenone-ethynodiol oral tablet</i>	
<i>eluryng vaginal ring</i>	
<i>emoquette oral tablet</i>	
<i>errin oral tablet</i>	
<i>estradiol-norethindrone acet oral tablet</i>	
<i>etonogestrel-ethynodiol vaginal ring</i>	
<i>falmina oral tablet</i>	
<i>iclevia oral tablet</i>	
<i>introvale oral tablet</i>	
<i>junel 1.5/30 oral tablet</i>	
<i>junel 1/20 oral tablet</i>	
<i>junel fe 1.5/30 oral tablet</i>	
<i>junel fe 1/20 oral tablet</i>	
<i>junel fe 24 oral tablet</i>	
<i>kariva oral tablet</i>	
<i>kelnor 1/35 oral tablet</i>	
<i>larin 1.5/30 oral tablet</i>	
<i>larin 1/20 oral tablet</i>	
<i>larin fe 1.5/30 oral tablet</i>	
<i>larin fe 1/20 oral tablet</i>	
<i>lessina oral tablet</i>	
<i>levonest oral tablet</i>	
<i>levonorgestrel estrad 91-day oral tablet</i>	
<i>levonorgestrel-ethynodiol oral tablet</i>	
<i>levora 0.15/30 (28) oral tablet</i>	
LO LOESTRIN FE ORAL TABLET	
<i>marlissa oral tablet</i>	
<i>microgestin 1.5/30 oral tablet</i>	
<i>microgestin 1/20 oral tablet</i>	
<i>microgestin fe 1.5/30 oral tablet</i>	
<i>microgestin fe 1/20 oral tablet</i>	
<i>necon 0.5/35 (28) oral tablet</i>	
NEXTSTELLIS ORAL TABLET	
<i>nikki oral tablet</i>	
<i>norethindronate-ethynodiol oral tablet chewable</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>nortrel 0.5/35 (28) oral tablet</i>	
<i>nortrel 1/35 (21) oral tablet</i>	
<i>nortrel 1/35 (28) oral tablet</i>	
<i>nortrel 7/7/7 oral tablet</i>	
<i>portia-28 oral tablet</i>	
<i>sharobel oral tablet</i>	
<i>tarina fe 1/20 eq oral tablet</i>	
<i>tri-sprintec oral tablet</i>	
<i>trivora (28) oral tablet</i>	
<i>velivet oral tablet</i>	
<i>vyfemla oral tablet</i>	
<i>zovia 1/35 (28) oral tablet</i>	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS	
<i>alendronate sodium oral solution</i>	
<i>alendronate sodium oral tablet</i>	
ANGELIQ ORAL TABLET	
<i>calcitonin (salmon) nasal solution</i>	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	
CRINONE VAGINAL GEL	PA
DELESTROGEN INTRAMUSCULAR OIL	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	
DIVIGEL TRANSDERMAL GEL	
<i>dotti transdermal patch twice weekly</i>	
DUAVEE ORAL TABLET	
ELESTRIN TRANSDERMAL GEL	
<i>estradiol oral tablet</i>	
<i>estradiol transdermal patch twice weekly</i>	
<i>estradiol transdermal patch weekly</i>	
<i>estradiol vaginal cream</i>	
<i>estradiol vaginal tablet</i>	
<i>estradiol valerate intramuscular oil</i>	
ESTRING VAGINAL RING	
EVAMIST TRANSDERMAL SOLUTION	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
FEMRING VAGINAL RING	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; SP-CVS specialty; NEDS
<i>fyavolv oral tablet</i>	
<i>ibandronate sodium oral tablet</i>	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	
IMVEXXY STARTER PACK VAGINAL INSERT	
<i>jinteli oral tablet</i>	
<i>medroxyprogesterone acetate intramuscular suspension</i>	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	
<i>medroxyprogesterone acetate oral tablet</i>	
MENEST ORAL TABLET	
MENOSTAR TRANSDERMAL PATCH WEEKLY	
<i>norethindrone acetate oral tablet</i>	
<i>norethindrone-eth estradiol oral tablet</i>	
PREMARIN ORAL TABLET	
PREMARIN VAGINAL CREAM	
PREMPHASE ORAL TABLET	
PREMPRO ORAL TABLET	
<i>progesterone oral capsule</i>	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
<i>raloxifene hcl oral tablet</i>	
<i>risedronate sodium oral tablet</i>	
<i>risedronate sodium oral tablet delayed release</i>	
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	PA; SP-CVS specialty; NEDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; SP-CVS specialty; NEDS
XGEVA SUBCUTANEOUS SOLUTION	PA; NEDS
<i>yuvafem vaginal tablet</i>	
PREGNATAL VITAMINS	
<i>prenatal oral tablet</i>	
VAGINAL INFECTIONS	
CLEOCIN VAGINAL SUPPOSITORY	
<i>clindamycin phosphate vaginal cream</i>	
GYNAZOLE-1 VAGINAL CREAM	
<i>metronidazole vaginal gel</i>	
<i>miconazole 3 vaginal suppository</i>	
SOLOSEC ORAL PACKET	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

Name of drug	Necessary actions, restrictions, or limits on use
<i>terconazole vaginal cream</i>	
<i>terconazole vaginal suppository</i>	
<i>vandazole vaginal gel</i>	
WOMEN'S HEALTH, MISCELLANEOUS	
INTRAROSA VAGINAL INSERT	
MYFEMBREE ORAL TABLET	PA; QL (28 EA per 28 days); NEDS
ORIAHNN ORAL CAPSULE THERAPY PACK	PA; QL (56 EA per 28 days); NEDS
ORILISSA ORAL TABLET 150 MG	PA; QL (30 EA per 30 days); NEDS
ORILISSA ORAL TABLET 200 MG	PA; QL (60 EA per 30 days); NEDS
OSPHENA ORAL TABLET	

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

You can find information on what the symbols and abbreviations on this table mean by going to page 13.

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<i>abacavir sulfate-lamivudine</i>	18	<i>ALREX</i>	43	<i>arformoterol tartrate</i>	79
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<i>ABILIFY MAINTENA</i>	76	<i>alyq</i>	80	<i>aripiprazole</i>	77
<i>ABILIFY MYCITE</i>	77	<i>amantadine hcl</i>	19	<i>ARISTADA</i>	77
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<i>ACTHAR</i>	51	<i>amlodipine-atorvastatin</i>	33	<i>atorvastatin calcium</i>	36
<i>ACTHIB</i>	53	<i>amlodipine-olmesartan</i>	34	<i>atovaquone</i>	18
<i>ACTIMMUNE</i>	53	<i>ammonium lactate</i>	86	<i>atovaquone-proguanil hcl</i>	18
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<i>acyclovir sodium</i>	48	<i>amoxicill-clarithro-lansopraz</i>	47	<i>ATROVENT HFA</i>	79
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<i>clonidine hcl</i>	35	CYSTAGON	46	<i>dextroamphetamine sulfate er</i>	73
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flecainide acetate	33	IGA	53	haloperidol lactate	77
FLOLIPID	37	GAMMAKED	53	HARVONI	19
fluconazole	17	GAMMAPLEX	54	HAVRIX	54
fluconazole in sodium chloride	49	GAMUNEX-C	54	heparin sodium (porcine)	49
flucytosine	17	GARDASIL 9	54	HETLIOZ	76
fludrocortisone acetate	51	gatifloxacin	43	HETLIOZ LQ	76
flunisolide	42	GATTEX	46	HIBERIX	54
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fluocinonide	84	GAVRETO	28	HUMALOG JUNIOR	
fluocinonide emulsified base	84	gemfibrozil	37	KWIKPEN	39
fluorometholone	43	generlac	46	HUMALOG KWIKPEN	39
fluorouracil	86	gengraf	55	HUMALOG MIX 50/50	39
fluoxetine hcl	75	GENOTROPIN	58	HUMALOG MIX 50/50	
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fluphenazine decanoate	77	gentak	43	HUMALOG MIX 75/25	39
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fluvastatin sodium er	37	glimepiride	40	STARTER	69
fluvoxamine maleate	75	glipizide	40	HUMIRA PEN-PEDIATRIC	
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FML FORTE	43	glipizide-metformin hcl	40	HUMIRA PEN-PS/UV/ADOL	
fondaparinux sodium	25	global alcohol prep ease	38	HS START	69
formoterol fumarate	79	GLOPERBA	70	HUMIRA PEN-PSOR/UVEIT	
FORTEO	90	GLUCAGEN HYPOKIT	39	STARTER	69
fosamprenavir calcium	19	GLUCAGON EMERGENCY	39	HUMULIN 70/30	39
fosfomycin tromethamine	17	glyburide	40	HUMULIN 70/30 KWIKPEN	39
flosinopril sodium	32	glyburide micronized	40	HUMULIN N	39
flosinopril sodium-hctz	34	glyburide-metformin	40	HUMULIN N KWIKPEN	39
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<i>hydrocodone-acetaminophen</i>	71	INTRON A.....	19	<i>kelnor 1/35</i>	88
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<i>hydrocortisone-acetic acid</i>	41	INVELTYS.....	43	<i>ketoprofen</i>	70
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<i>hydromorphone hcl er</i>	71	IPOL.....	54	<i>ketorolac tromethamine</i>	43
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<i>hydroxyurea</i>	28	<i>ipratropium-albuterol</i>	79	KINERET.....	56
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<i>hydroxyzine pamoate</i>	42	<i>irbesartan-hydrochlorothiazide</i> ..	34	KISQALI (200 MG DOSE).....	28
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<i>ibandronate sodium</i>	90	ISENTRESS.....	20	KISQALI (600 MG DOSE).....	28
IBRANCE.....	28	ISENTRESS HD.....	20	KISQALI FEMARA (400 MG	
<i>ibuprofen</i>	70	ISOLYTE-P IN D5W.....	50	DOSE).....	28
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<i>imatinib mesylate</i>	28	ISTURISA.....	56	<i>klor-con 10</i>	37
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<i>imipramine hcl</i>	75	IXIARO.....	54	KORLYM.....	57
<i>imipramine pamoate</i>	75	JAKAFI.....	28	KOSELUGO.....	28
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<i>indapamide</i>	36	JENTADUETO XR.....	41	<i>lamivudine</i>	20
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<i>indomethacin</i>	70	JULUCA.....	20	<i>lamotrigine</i>	66, 67
<i>indomethacin er</i>	70	<i>junel 1.5/30</i>	88	<i>lamotrigine er</i>	66
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		JUXTAPIID.....	37	<i>lancets</i>	38

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<i>lansoprazole</i>	47	levoxyl	53	MAVENCLAD (5 TABS).....	60
LANTUS	39	LEXIVA	20	MAVENCLAD (6 TABS).....	60
LANTUS SOLOSTAR	39	<i>lidocaine</i>	86	MAVENCLAD (7 TABS).....	60
<i>lapatinib ditosylate</i>	28	<i>lidocaine hcl</i>	86	MAVENCLAD (8 TABS).....	60
<i>larin 1.5/30</i>	88	<i>lidocaine viscous hcl</i>	86	MAVENCLAD (9 TABS).....	60
<i>larin 1/20</i>	88	<i>lidocaine-prilocaine</i>	87	MAVYRET	20
<i>larin fe 1.5/30</i>	88	<i>lindane</i>	86	MAXIDEX	43
<i>larin fe 1/20</i>	88	linezolid	17, 49	MAYZENT	60
<i>latanoprost</i>	44	LINZESS	48	MAYZENT STARTER PACK..	60
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<i>leflunomide</i>	69	<i>lisinopril</i>	32	<i>meclofenamate sodium</i>	70
<i>lenalidomide</i>	28	<i>lisinopril-hydrochlorothiazide</i> ..	34	MEDROL	51
LENVIMA (10 MG DAILY DOSE)	28	<i>lithium carbonate</i>	74	<i>medroxyprogesterone acetate</i>	90
LENVIMA (12 MG DAILY DOSE)	28	<i>lithium carbonate er</i>	74	<i>mefenamic acid</i>	70
LENVIMA (14 MG DAILY DOSE)	28	LIVMARLI	46	<i>mefloquine hcl</i>	18
LENVIMA (18 MG DAILY DOSE)	29	LIVTENCITY	20	<i>megestrol acetate</i>	29, 47
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LENVIMA (4 MG DAILY DOSE)	29	LONSURF	29	<i>meloxicam</i>	71
LENVIMA (8 MG DAILY DOSE)	29	<i>loperamide hcl</i>	47	<i>melphalan</i>	29
<i>lessina</i>	88	<i>lopinavir-ritonavir</i>	20	<i>memantine hcl</i>	63
<i>letrozole</i>	29	<i>lorazepam</i>	73	<i>memantine hcl er</i>	63
<i>leucovorin calcium</i>	32	<i>lorazepam intensol</i>	73	MENACTRA	54
LEUKERAN	29	LORBRENA	29	MENEST	90
LEUKINE	25	<i>losartan potassium</i>	33	MENOSTAR	90
<i>leuprolide acetate</i>	52	<i>losartan potassium-hctz</i>	34	MENQUADFI	54
<i>levalbuterol hcl</i>	79	<i>loteprednol etabonate</i>	43	MENTAX	85
<i>levalbuterol tartrate</i>	79	<i>lovastatin</i>	37	MENVEO	54
LEVEMIR	39	<i>loxapine succinate</i>	77	<i>mercaptopurine</i>	29
LEVEMIR FLEXTOUCH	39	<i>lubiprostone</i>	48	<i>meropenem</i>	49
<i>levetiracetam</i>	67	LUCEMYRA	61	<i>mesalamine</i>	48
<i>levetiracetam er</i>	67	<i>luliconazole</i>	85	<i>mesalamine er</i>	48
<i>levobunolol hcl</i>	44	LUMAKRAS	29	MESNEX	32
<i>levocarnitine</i>	46	LUMIGAN	44	<i>metformin hcl</i>	41
<i>levocetirizine dihydrochloride</i>	42	LUPKYNIS	55	<i>metformin hcl er</i>	41
<i>levofloxacin</i>	24, 43, 49	LUPRON DEPOT (1-MONTH) ..	52	<i>methadone hcl</i>	72
<i>levofloxacin in d5w</i>	49	LUPRON DEPOT (3-MONTH) ..	52	<i>methamphetamine hcl</i>	73
<i>levonest</i>	88	LUPRON DEPOT (4-MONTH) ..	52	<i>methazolamide</i>	44
<i>levonorgest-eth estrad 91-day</i> ..	88	LUPRON DEPOT (6-MONTH) ..	52	<i>methenamine hippurate</i>	17
<i>levonorgestrel-ethynodiol estradiol</i> ..	88	LYBALVI	77	<i>methimazole</i>	53
<i>levora 0.15/30 (28)</i>	88	LYNPARZA	29	METHITEST	52
<i>levorphanol tartrate</i>	71	LYSODREN	29	<i>methotrexate</i>	69
<i>levo-t</i>	53	<i>mafenide acetate</i>	87	<i>methotrexate sodium</i>	49
		<i>magnesium sulfate</i>	50	<i>methotrexate sodium (pf)</i>	49
		<i>malathion</i>	86	<i>methoxsalen rapid</i>	86
		<i>maraviroc</i>	20	<i>methscopolamine bromide</i>	47
		<i>marlissa</i>	88	METHYLIN	73
		MARPLAN	75	<i>methylphenidate hcl</i>	73
		MATULANE	29	<i>methylphenidate hcl er</i>	73
		<i>matzim la</i>	35	<i>methylphenidate hcl er (cd)</i>	73
		MAVENCLAD (10 TABS) ..	60	<i>methylphenidate hcl er (la)</i>	73

<i>methylphenidate hcl er (osm)</i>	73	<i>na sulfate-k sulfate-mg sulf</i>	47	<i>nitrofurantoin macrocrystal</i>	17
<i>methylprednisolone</i>	51	<i>nabumetone</i>	71	<i>nitrofurantoin monohyd macro</i>	17
<i>methyltestosterone</i>	52	<i>nadolol</i>	34	<i>nitroglycerin</i>	32
<i>metoclopramide hcl</i>	45	<i>nafcillin sodium</i>	50	NITROSTAT	33
<i>metolazone</i>	36	<i>naftifine hcl</i>	85	NITYR	59
<i>metoprolol succinate er</i>	34	<i>naloxone hcl</i>	61	<i>nizatidine</i>	47
<i>metoprolol tartrate</i>	34	<i>naltrexone hcl</i>	72	NORDITROPIN FLEXPRO	58
<i>metoprolol-hydrochlorothiazide</i>	34	NAMZARIC	63	<i>norethindrone acetate</i>	90
<i>metronidazole</i>	17, 50, 81, 90	<i>naproxen</i>	71	<i>norethindrone-eth estradiol</i>	90
<i>metronidazole in nacl</i>	50	<i>naproxen sodium</i>	71	<i>norethin-eth estradiol-fe</i>	88
<i>metyrosine</i>	61	<i>naproxen sodium er</i>	71	NORPACE CR	33
<i>mexiletine hcl</i>	33	<i>naratriptan hcl</i>	64	<i>nortrel 0.5/35 (28)</i>	89
<i>micafungin sodium</i>	17	NARCAN	61	<i>nortrel 1/35 (21)</i>	89
<i>miconazole 3</i>	90	NATACYN	45	<i>nortrel 1/35 (28)</i>	89
<i>microgestin 1.5/30</i>	88	<i>nateglinide</i>	41	<i>nortrel 7/7/7</i>	89
<i>microgestin 1/20</i>	88	NATPARA	59	<i>nortriptyline hcl</i>	75
<i>microgestin fe 1.5/30</i>	88	NAYZILAM	64	NORVIR	20
<i>microgestin fe 1/20</i>	88	<i>nebivolol hcl</i>	34	NOURIANZ	65
<i>midodrine hcl</i>	36	<i>necon 0.5/35 (28)</i>	88	NOXAFILE	17
MIGERGOT	64	<i>nefazodone hcl</i>	75	NUBEQA	29
<i> miglitol</i>	41	<i>neomycin sulfate</i>	17	NUCALA	81
<i> miglustat</i>	57	<i>neomycin-bacitracin zn-</i>		NUEDEXTA	65
MILLIPRED	51	<i>polymyx</i>	43	NUPLAZID	78
<i> minocycline hcl</i>	24	<i>neomycin-polymyxin-dexameth</i>	44	NUTRILIPID	51
<i> minocycline hcl er</i>	24	<i>neomycin-polymyxin-gramicidin</i>	44	NUTROPIN AQ NUSPIN 10	58
<i> minoxidil</i>	38	<i>neomycin-polymyxin-hc</i>	41, 44	NUTROPIN AQ NUSPIN 20	58
<i> mirtazapine</i>	75	NERLYNX	29	NUTROPIN AQ NUSPIN 5	58
<i> misoprostol</i>	47	NEULASTA	25	NUZYRA	24
M-M-R II	54	NEUPRO	65	<i>nyamyc</i>	85
<i> modafinil</i>	76	<i>nevirapine</i>	20	NYMALIZE	35
<i> moexipril hcl</i>	32	<i>nevirapine er</i>	20	<i>nystatin</i>	17, 85
<i> molindone hcl</i>	78	NEXAVAR	29	<i>nystatin-triamcinolone</i>	85
<i> mometasone furoate</i>	42, 84	NEXLETOL	37	<i>nystop</i>	85
<i> montelukast sodium</i>	79	NEXLIZET	37	OCALIVA	47
<i> morphine sulfate</i>	72	NEXTSTELLIS	88	OCTAGAM	54
<i> morphine sulfate (concentrate)</i>	72	<i>niacin (antihyperlipidemic)</i>	37	<i>octreotide acetate</i>	56
<i> morphine sulfate er</i>	72	<i>niacin er</i>	37	ODEFSEY	20
<i> morphine sulfate er beads</i>	72	<i>niacor</i>	37	ODOMZO	29
MOVANTIK	47	<i>nicardipine hcl</i>	35	OFEV	80
<i> moxifloxacin hcl</i>	24, 43	NICOTROL	61	<i>ofloxacin</i>	24, 41, 43
<i> moxifloxacin hcl in nacl</i>	50	NICOTROL NS	61	<i>olanzapine</i>	78
MULPLETA	25	<i>nifedipine</i>	35	<i>olanzapine-fluoxetine hcl</i>	74
MULTAQ	33	<i>nifedipine er</i>	35	<i>olmesartan medoxomil</i>	33
<i> mupirocin</i>	82	<i>nifedipine er osmotic release</i>	35	<i>olmesartan medoxomil-hctz</i>	34
<i> mupirocin calcium</i>	82	<i>nikki</i>	88	<i>olmesartan-amlodipine-hctz</i>	34
MYCAPSSA	56	<i>nilutamide</i>	29	<i>olopatadine hcl</i>	42
<i> mycophenolate mofetil</i>	55	<i>nimodipine</i>	35	<i>omega-3-acid ethyl esters</i>	37
<i> mycophenolate sodium</i>	56	NINLARO	29	<i>omeprazole</i>	47
MYFEMBREE	91	<i>nisoldipine er</i>	35	<i>omeprazole-sodium bicarbonate</i>	47
MYLERAN	29	<i>nitazoxanide</i>	17	OMNIPOD 5 G6 INTRO (GEN	
MYRBETRIQ	62	<i>nitisinone</i>	59	5)	38
MYTESI	47	NITRO-BID	32	OMNIPOD 5 G6 POD (GEN 5)	38

OMNIPOD CLASSIC PDM		pantoprazole sodium	48	PIQRAY (300 MG DAILY	
(GEN 3).....	38	PANZYGA.....	54	DOSE).....	30
OMNIPOD CLASSIC PODS		paricalcitol	59	pirfenidone	80
(GEN 3).....	38	paromomycin sulfate	18	piroxicam	71
OMNIPOD DASH PDM (GEN		paroxetine hcl.....	75	PLASMA-LYTE 148	50
4).....	38	paroxetine hcl er	75	PLASMA-LYTE A	50
OMNIPOD DASH PODS		paroxetine mesylate	75	PLEGRIDY	60
(GEN 4).....	38	PASER	23	PLENAMINE	51
OMNITROPE	58	PAXIL ORAL SUSPENSION ...	75	PNEUMOVAX 23	54
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ondansetron hcl	45	PEDVAX HIB	54	polymyxin b sulfate	50
ONETOUCH VERIO	38	peg 3350-kcl-na bicarb-nacl	47	polymyxin b-trimethoprim	43
ONGENTYS	65	peg-3350/electrolytes	47	POMALYST	30
ONUREG	29	PEGASYS	20	portia-28	89
OPSUMIT	80	peg-kcl-nacl-nasulf-na asc-c	47	posaconazole	17
ORALAIR	81	PEMAZYRE	29	potassium chloride	37, 51
ORAPRED ODT	51	penicillamine	63	potassium chloride crys er	37
ORENITRAM	80	penicillin g pot in dextrose	50	potassium chloride er	37
ORFADIN	59	penicillin g potassium	50	potassium chloride in dextrose	50
ORGOVYX	29	penicillin g procaine	50	potassium chloride in nacl	50
ORIAHNN	91	penicillin g sodium	50	potassium citrate er	63
ORILISSA	91	penicillin v potassium	23	PRADAXA	26
ORKAMBI	57	PENTACEL	54	PRALUENT	37
ORLADEYO	58	PENTAM	18	pramipexole dihydrochloride	65
oseltamivir phosphate	20	pentamidine isethionate	18	pramipexole dihydrochloride er	65
OSMOPREP	47	pentoxifylline er	26	prasugrel hcl	25
OSPHENA	91	PERFOROMIST	79	pravastatin sodium	37
oxacillin sodium	50	perindopril erbumine	32	praziquantel	18
oxacillin sodium in dextrose	50	periogard	42	prazosin hcl	32
oxandrolone	52	permethrin	86	PRED MILD	44
oxaprozin	71	perphenazine	78	PRED-G S.O.P.	44
oxazepam	73	perphenazine-amitriptyline	78	prednicarbate	84
OXBRYTA	26	PERSERIS	78	prednisolone	52
oxcarbazepine	67	PEXEVA	75	prednisolone acetate	44
OXERVATE	45	phenelzine sulfate	75	prednisolone sodium phosphate	44, 52
oxiconazole nitrate	85	phenobarbital	67	prednisone	52
oxybutynin chloride	62	phenoxybenzamine hcl	61	PREDNISONE INTENSOL	52
oxybutynin chloride er	62	phenytoin	67	preferred plus insulin syringe	38
oxycodone hcl	72	phenytoin sodium extended	67	pregabalin	67
oxycodone hcl er	72	PIFELTRO	20	pregabalin er	67
oxycodone-acetaminophen	72	pilocarpine hcl	42, 45	PREHEVBARIO	54
OXYCONTIN	72	pimecrolimus	87	PREMARIN	90
oxymorphone hcl	72	pimozide	78	PREMASOL	51
oxymorphone hcl er	72	pindolol	34	PREMPHASE	90
OZEMPIC (0.25 OR 0.5		pioglitazone hcl	41	PREMPRO	90
MG/DOSE).....	40	pioglitazone hcl-glimepiride	41	prenatal	90
OZEMPIC (1 MG/DOSE).....	40	pioglitazone hcl-metformin hcl ...	41	pretomanid	23
OZEMPIC (2 MG/DOSE).....	40	piperacillin sod-tazobactam so ..	50	prevalite	37
paliperidone er	78	PIQRAY (200 MG DAILY		PREVNAR 13	54
PALYNZIQ	61	DOSE).....	29	PREVYMIS	20
PANDEL	84	PIQRAY (250 MG DAILY		PREZCOBIX	20
PANRETIN	62	DOSE).....	29		

PREZISTA	20, 21	quinine sulfate	18	RINVOQ	69
PRIFTIN	23	QVAR REDIHALER	79	risedronate sodium	90
<i>primaquine phosphate</i>	18	RABAVERT	54	RISPERDAL CONSTA	74
<i>primidone</i>	67	rabeprazole sodium	48	risperidone	74
PRIORIX	54	RADICAVA ORS STARTER KIT	56	ritonavir	21
PRIVIGEN	54	raloxifene hcl	90	rivastigmine	63
PROAIR RESPICLICK	79	ramelteon	76	rivastigmine tartrate	63
<i>probenecid</i>	70	ramipril	32	rizatriptan benzoate	64
PROCALAMINE	51	ranolazine er	33	ROCKLATAN	45
<i>procchlorperazine</i>	45	rasagiline mesylate	65	ropinirole hcl	65
<i>procchlorperazine maleate</i>	45	RASUVO	69	ropinirole hcl er	65
PROCRT	25	RAVICTI	62	rosuvastatin calcium	37
<i>proto-med hc</i>	87	RAYALDEE	59	ROTARIX	55
<i>proto-pak</i>	87	REBIF	60	ROTATEQ	55
<i>proctosol hc</i>	87	REBIF REBIDOSE	60	ROWASA	48
<i>protozone-hc</i>	87	REBIF REBIDOSE		<i>roweepra</i>	67
<i>progesterone</i>	90	TITRATION PACK	60	ROZLYTREK	30
PROGRAF INJECTION	56	REBIF TITRATION PACK	60	RUBRACA	30
PROLASTIN-C	81	RECOMBIVAX HB	54	RUCONEST	58
PROLENSA	44	RECORLEV	57	<i>rufinamide</i>	67
PROLIA	90	RECTIV	87	RUKOBIA	21
PROMACTA	25	REGRANEX	87	RYBELSUS	41
<i>promethazine hcl</i>	45, 46	RELENZA DISKHALER	21	RYDAPT	30
<i>propafenone hcl</i>	33	relexxii	74	RYTARY	65
<i>propafenone hcl er</i>	33	<i>reli-on insulin syringe</i>	38	SAIZEN	58
<i>propranolol hcl</i>	34, 35	RELISTOR	47	SAIZENPREP	58
<i>propranolol hcl er</i>	34	REMICADE	69	SAJAZIR	59
<i>propylthiouracil</i>	53	<i>repaglinide</i>	41	SANCUSO	46
PROQUAD	54	RESET FOR IOS OR ANDROID APP	41	SANTYL	87
PROSOL	51	RESET-O FOR IOS OR ANDROID APP	41	<i>sapropterin dihydrochloride</i>	61
<i>protriptyline hcl</i>	75	RESTASIS	45	SCEMBLIX	30
PRUDOXIN	87	RESTASIS MULTIDOSE	45	<i>scopolamine</i>	46
PULMOZYME	57	RETACRIT	25	SECUADO	78
PURIXAN	30	RETEVMO	30	<i>selegiline hcl</i>	65
PYLERA	48	RETIN-A	82	<i>selenium sulfide</i>	87
<i>pyrazinamide</i>	23	RETIN-A MICRO	82	SELZENTRY	21
<i>pyridostigmine bromide</i>	60	RETIN-A MICRO PUMP	82	SEREVENT DISKUS	79
<i>pyridostigmine bromide er</i>	60	REVCovi	46	SEROSTIM	58
<i>pyrimethamine</i>	18	REVLIMID	30	<i>sertraline hcl</i>	75
PYRUKYND	26	REXULTI	78	<i>sevelamer carbonate oral packets</i>	61
PYRUKYND TAPER PACK	26	REYATAZ	21	<i>sevelamer hcl</i>	61
QUELBREE	74	REZUROCK	56	sharobel	89
QINLOCK	30	RHOPRESSA	45	SHINGRIX	55
QUADRACEL	54	ribavirin	21	SIGNIFOR	57
QUDEXY XR	67	RIDAURA	69	<i>sildenafil citrate</i>	80
<i>quetiapine fumarate</i>	78	rifabutin	23	<i>silodosin</i>	62
<i>quetiapine fumarate er</i>	78	rifampin	23, 50	<i>silver sulfadiazine</i>	82
QUILLIVANT XR	74	riluzole	56	SIMBRINZA	45
<i>quinapril hcl</i>	32	rimantadine hcl	21	<i>simvastatin</i>	37
<i>quinapril-hydrochlorothiazide</i>	34			<i>sirolimus</i>	56
<i>quinidine gluconate er</i>	33			SIRTURO	23
<i>quinidine sulfate</i>	33				

SIVEXTRO	18, 50	SYMLINPEN	60	40	THALOMID	30
SKYRIZI	69	SYMPAZAN		67	theophylline	80
SKYRIZI (150 MG DOSE)	69	SYMTUZA		21	theophylline er	80
SKYRIZI PEN	69	SYNAREL		52	THIOLA EC	57
sodium chloride	51, 87	SYNJARDY		41	thioridazine hcl	78
sodium phenylbutyrate	62	SYNJARDY XR		41	thiothixene	78
sodium polystyrene sulfonate	61	SYNRIBO		26	THYQUIDITY	53
solifenacin succinate	63	SYNTHROID		53	tiadylt er	35
SOLOSEC	90	TABLOID		30	tiagabine hcl	67
SOLTAMOX	30	TABRECTA		30	TIBSOVO	30
SOMAVERT	56	tacrolimus		56, 87	TICOVAC	55
sorafenib tosylate	30	tadalafil		62	tigecycline	50
sorine	33	tadalafil (pah)		80	TIGLUTIK	56
sotalol hcl	33	TAFINLAR		30	timolol maleate	35, 45
sotalol hcl (af)	33	TAGRISSO		30	timolol maleate (once-daily)	45
SOTYLIZE	33	TAKHZYRO		59	timolol maleate pf	45
SPIRIVA HANDIHALER	80	TALTZ		69	tinidazole	18
SPIRIVA RESPIMAT	80	TALZENNA		30	tiopronin	57
spironolactone	36	tamoxifen citrate		30	TIROSINT	53
spironolactone-hctz	36	tamsulosin hcl		62	TIROSINT-SOL	53
SPRITAM	67	TARGETIN		30, 87	tirosint-sol	53
SPRYCEL	30	tarina fe 1/20 eq		89	TIVICAY	21
sps	61	TASIGNA		30	TIVICAY PD	21
ssd	82	TAVALISSE		26	tizanidine hcl	68
STAMARIL	55	TAVNEOS		56	TOBI PODHALER	57
STELARA	69	tazarotene		82, 86	TOBRADEX	43
STIVARGA	30	TAZORAC		86	TOBRADEX ST	43
streptomycin sulfate	50	taztia xt		35	tobramycin	43, 57
STRIBILD	21	TAZVERIK		30	tobramycin sulfate	50
STRIVERDI RESPIMAT	80	tdvax		55	tobramycin-dexamethasone	43
STROMECTOL	18	techlite insulin syringe		38	tolcapone	65
SUCRAID	62	techlite pen needles		38	tolterodine tartrate	63
sucralfate	48	TEFLARO		50	tolterodine tartrate er	63
sulfacetamide sodium	43	TEGSEDI		56	tolvaptan	63
sulfacetamide sodium (acne)	87	telmisartan		33	topiramate	67
sulfacetamide-prednisolone	43	telmisartan-amlodipine		34	topiramate er	67
sulfadiazine	24	telmisartan-hctz		34	toremifene citrate	30
sulfamethoxazole-trimethoprim	24	temazepam		76	torsemide	36
SULFAMYLYON	87	temozolomide		30	TOUJEO MAX SOLOSTAR	40
sulfasalazine	48	TENIVAC		55	TOUJEO SOLOSTAR	40
sulindac	71	tenofovir disoproxil fumarate		21	TOVET	84
sumatriptan	64	TEPMETKO		30	TOVIAZ	63
sumatriptan succinate	64	terazosin hcl		32	tpn electrolytes	51
sumatriptan succinate refill	64	terbinafine hcl		17	TRACLEER	81
sumatriptan-naproxen sodium	64	terbutaline sulfate		80	TRADJENTA	41
sunitinib malate	30	terconazole		91	tramadol hcl	72
SUNOSI	76	teriparatide (recombinant)		90	tramadol hcl er	72
SUPRAX	23	testosterone		52	tramadol hcl er (biphasic)	72
SUPREP BOWEL PREP KIT	47	testosterone cypionate		52	tramadol-acetaminophen	72
SUTENT	30	testosterone enanthate		52	trandolapril	32
SYMDEKO	57	tetrabenazine		59	trandolapril-verapamil hcl er	34
SYMLINPEN 120	40	tetracycline hcl		24	tranexamic acid	26

<i>tranylcypromine sulfate</i>	75	UBRELVY	64	VIRACEPT	21
TRAVASOL	51	UCERIS	47	VIREAD	21
<i>travoprost (bak free)</i>	45	UDENYCA	25	VITRAKVI	31
<i>trazodone hcl</i>	75	<i>unithroid</i>	53	VIVITROL	72
TRECATOR	24	UPTRAVI	81	VIZIMPRO	31
TRELEGY ELLIPTA	80	UROCIT-K 10	63	VONJO	31
TRELSTAR MIXJECT	52	UROCIT-K 15	63	<i>voriconazole</i>	17, 50
TRESIBA	40	UROCIT-K 5	63	VOSEVI	21
TRESIBA FLEXTOUCH	40	<i>ursodiol</i>	47	VOTRIENT	31
<i>tretinoi</i> n	30, 82	VABOMERE	50	VOXZOGO	58
<i>tretinoi</i> n microsphere	82	<i>valacyclovir hcl</i>	21	VRAYLAR	78
TREXALL	69	VALCHLOR	87	VUMERTY	60
<i>triamcinolone acetonide</i>	42, 84, 85	<i>valganciclovir hcl</i>	21	<i>vyfemla</i>	89
<i>triamterene-hctz</i>	36	<i>valproic acid</i>	67	VYNDAMAX	56
TRIANEX	85	<i>valsartan</i>	33	VYNDAQEL	56
<i>triazolam</i>	76	<i>valsartan-hydrochlorothiazide</i>	34	VYVANSE	74
<i>triderm</i>	85	VALTOCO 10 MG DOSE	67	VYZULTA	45
<i>trientine hcl</i>	63	VALTOCO 15 MG DOSE	67	WAKIX	76
<i>trifluoperazine hcl</i>	78	VALTOCO 20 MG DOSE	67	<i>warfarin sodium</i>	26
<i>trifluridine</i>	44	VALTOCO 5 MG DOSE	67	WELIREG	31
<i>trihexyphenidyl hcl</i>	65	<i>vancomycin hcl</i>	18, 50	WINLEVI	82
TRIKAFTA	57	<i>vandazole</i>	91	<i>wixela inhub</i>	80
<i>trimethoprim</i>	18	VAQTA	55	XALKORI	31
<i>trimipramine maleate</i>	76	<i>varenicline tartrate</i>	61, 62	XARELTO	26
TRINTELLIX	76	VARIVAX	55	XARELTO STARTER PACK	26
<i>tri-sprintec</i>	89	VARUBI	46	XATMEP	69
TRITOCIN	85	VARUBI (180 MG DOSE)	46	XCOPRI	68
TRIUMEQ	21	VASCEPA	37	XCOPRI (250 MG DAILY	
TRIUMEQ PD	21	<i>velvet</i>	89	DOSE)	68
<i>trivora</i> (28)	89	VELTASSA	61	XCOPRI (350 MG DAILY	
TRIZIVIR	21	VEMLIDY	21	DOSE)	68
TROPHAMINE	51	VENCLEXTA	31	XELJANZ	70
<i>trospium chloride</i>	63	VENCLEXTA STARTING		XELJANZ XR	70
<i>trospium chloride er</i>	63	PACK	31	XENLETA	18
<i>trueplus insulin syringe</i>	38	<i>venlafaxine besylate er</i>	76	XERMELO	47
<i>trueplus pen needles</i>	38	<i>venlafaxine hcl</i>	76	XGEVA	90
TRULICITY	40	<i>venlafaxine hcl er</i>	76	XIFAXAN	18
TRUMENBA	55	VENTAVIS	81	XIGDUO XR	41
TRUSELTIQ (100MG DAILY		<i>verapamil hcl</i>	35	XOFLUZA (40 MG DOSE)	21
DOSE)	30	<i>verapamil hcl er</i>	35	XOFLUZA (80 MG DOSE)	21
TRUSELTIQ (125MG DAILY		VERQUVO	35	XOLAIR	81
DOSE)	31	VERSACLOZ	78	XOSPATA	31
TRUSELTIQ (50MG DAILY		VERZENIO	31	XPOVIO (100 MG ONCE	
DOSE)	31	VIBRAMYCIN	24	WEEKLY)	31
TRUSELTIQ (75MG DAILY		VICTOZA	40	XPOVIO (40 MG ONCE	
DOSE)	31	<i>vigabatrin</i>	67	WEEKLY)	31
TUKYSA	31	<i>vigadron</i> e	68	XPOVIO (40 MG TWICE	
TURALIO	31	VIIBRYD	76	WEEKLY)	31
TWINRIX	55	VIIBRYD STARTER PACK	76	XPOVIO (60 MG ONCE	
TYBOST	21	VIJOICE	31	WEEKLY)	31
TYMLOS	90	<i>vilazodone hcl</i>	76	XPOVIO (60 MG TWICE	
TYPHIM VI	55	VIMPAT	68	WEEKLY)	31

XPOVIO (80 MG ONCE WEEKLY).....	31
XPOVIO (80 MG TWICE WEEKLY).....	31
XTANDI.....	31
XURIDEN.....	32
XYOSTED.....	52
XYREM.....	76
XYWAV.....	76
YF-VAX.....	55
YONSA.....	32
YUPELRI.....	80
<i>yuvafem</i>	90
<i>zafirlukast</i>	80
<i>zaleplon</i>	76
ZARXIO.....	25
ZEJULA.....	32
ZELBORAF.....	32
ZENPEP.....	46
ZERBAXA.....	50
ZIAGEN.....	21
<i>zidovudine</i>	22
ZIEXTENZO.....	25
<i>zileuton er</i>	80
<i>ziprasidone hcl</i>	78
<i>ziprasidone mesylate</i>	78
ZIRGAN.....	44
ZOLINZA.....	32
<i>zolmitriptan</i>	64
<i>zolpidem tartrate</i>	76
<i>zolpidem tartrate er</i>	76
ZOMACTON.....	58
<i>zonisamide</i>	68
ZORBTIVE.....	58
ZORTRESS.....	56
ZOSYN.....	50
<i>zovia 1/35 (28)</i>	89
ZYDELIG.....	32
ZYKADIA.....	32
ZYLET.....	44
ZYPREXA.....	78
ZYPREXA RELPREVV	78



This formulary was updated on 12/01/2022. For more recent information or other questions, please contact Tufts Health Plan Senior Care Options Customer Relations at **1-855-670-5934** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday-Friday from April 1 to September 30, or visit www.thpmp.org/sco.



705 Mount Auburn Street
Watertown, MA 02472