

## Drugs: Contract Drugs List Part 7 – Preferred TAR-Approved Drug List

Page updated: August 2020

This section lists the drugs that are reimbursable only with an approved *Treatment Authorization Request* (TAR). Drugs on this list are preferred over other TAR-approved drugs for the diagnosis specified. For additional help, refer to the *Drugs: Contract Drugs List Introduction* section of the manual.

### **\*Etanercept**

\*Injectable biologic response modifier. Restricted to claims submitted with dates of service from January 1, 2006 through December 31, 2008 only.†

«Table of Etanercept Drugs»

«Method of Drug Delivery	Dosage	Unit»
Injection kit	25 mg	each
Injection, prefilled syringe	50 mg/0.98 ml	ml
Injection, SureClick syringe	50 mg/0.98 ml	ml

### **\*Vardenafil Hydrochloride**

«Table of Vardenafil Hydrochloride Drugs»

«Method of Drug Delivery	Dosage	Unit»
Tablets	2.5 mg	each
Tablets	5 mg	each
Tablets	10 mg	each
Tablets	20 mg	each

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Restricted to the treatment of erectile dysfunction for claims with dates of service from January 1, 2005 through December 31, 2005 and NDC labeler code 00085 [Schering Corporation] only.
†	Effective January 1, 2009