

# PACE PROGRAM

Community Care Program of All-Inclusive Care for the Elderly

# Formulary

(2024 LIST OF COVERED DRUGS)

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN.

HPMS Approved Formulary File Submission ID 00024336, Version 13

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

This formulary was updated on 5/1/2024.

For more recent information or other questions, please contact Community Care Customer Service at 1-800-992-6600 or for TTY users, the Wisconsin Relay System at 711. You can call 24 hours a day, 7 days a week, or visit [www.communitycareinc.org](http://www.communitycareinc.org).



Community Care Health Plan, Inc. • 205 Bishops Way • Brookfield, WI 53005

## English

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-866-992-6600 (TTY: 711).

## Spanish

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-866-992-6600 (TTY: 711).

## Hmong

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwj yam lus muaj rau koj dawb xwb. Hu 1-866-992-6600 (TTY:711).

## Chinese

注：如果您说中文，您可获得免费的语言协助服务。请致电1-866-992-6600 (TTY 文字电话: 711)。

## Serbo-Croatian

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-866-992-6600 (telefon za gluhe: 711).

## Arabic

تنويه: إذا كنتم تتحدثون بالعربية، تتوفر لكم من اعدة لغوية مجانية. تواصلوا بالرقم 1-866-992-6600 (مكفون صي: 711).

## Community Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters

- o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, contact your care team toll free at 1-866-992-6600.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Community Care Health Plan, Inc. When it refers to “plan” or “our plan,” it means Community Care.

This document includes a list of the drugs (formulary) for our plan which is current as of 5/1/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

## **What is the Community Care Formulary?**

A formulary is a list of covered drugs selected by Community Care in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Community Care will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Community Care network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Member Handbook and Enrollment Agreement.

Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

## **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but Community Care may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Community Care Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 34-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Community Care Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 5/1/2024. To get updated information about the drugs covered by Community Care please contact us. Our contact information appears on the front and back cover pages. Our formulary is updated monthly, and the most current version is always posted on the website. Please contact your team if you want to request a copy of the Formulary.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on 2. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 77. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Community Care covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Community Care requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Community Care before you fill your prescriptions. If you don't get approval, Community Care may not cover the drug.
- **Quantity Limits:** For certain drugs, Community Care limits the amount of the drug that Community Care will cover. For example, Community Care provides 9 tablets per prescription for sumatriptan succinate. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Community Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Community Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Community Care will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Community Care to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Community Care formulary?" on page VI for information about how to request an exception.

## What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Community Care pays for certain OTC drugs. A list of OTC drugs covered by Community Care is at the end of this booklet. Community Care will provide these OTC drugs at no cost to you. The cost to Community Care of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

## What if my drug is not on the Formulary?

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

If you learn that Community Care does not cover your drug, you have two options:

- You can ask customer service for a list of similar drugs that are covered by Community Care. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Community Care.
- You can ask Community Care to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Community Care Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Community Care limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Community Care will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 34-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 34-day supply of medication. After your first 34-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If your level of care changes and you become a resident of a long-term care facility, Community Care will provide at least a 31-day supply (unless the prescription is written for less) with refills provided.

### **For more information**

For more detailed information about your Community Care prescription drug coverage, please review your Member handbook and Enrollment Agreement and other plan materials.

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

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

### **Community Care Formulary**

The formulary that begins on page 2 provides coverage information about the drugs covered by Community Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 77.

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

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



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## LEGEND

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TIER	NAME	
1	Covered	

  

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA2	New Starts Only	Required for new starts only.
PA3	B vs D	To confirm Part D coverage.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
LA	Limited Access	This prescription drug is limited to certain pharmacies.

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## 2024 CCO (List of Covered Drugs)

DRUG NAME	REQUIREMENTS/LIMITS
<b>ANALGESICS</b>	
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>	
<i>celecoxib</i>	
DICLOFENAC EPOLAMINE	PA
<i>diclofenac potassium (tab 25 mg, tab 50 mg)</i>	
<i>diclofenac sodium</i>	
<i>diclofenac sodium (topical) (gel, gel (1.16% diethylamine equiv))</i>	
<i>etodolac</i>	
<i>ibuprofen (susp 100 mg/5ml, tab 400 mg, tab 600 mg, tab 800 mg)</i>	
<i>indomethacin (cap 25 mg, cap 50 mg, cap er 75 mg)</i>	
<i>meloxicam (tab 7.5 mg, tab 15 mg)</i>	
<i>nabumetone</i>	
<i>naproxen (susp 125 mg/5ml, tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg)</i>	
<i>sulindac</i>	
<b>OPIOID ANALGESICS, LONG-ACTING</b>	
<i>fentanyl</i>	
<i>methadone hcl (5 mg/5ml solution, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, 10 mg/5ml solution, tab 10 mg)</i>	
<i>morphine sulfate (tab er 15 mg, tab er 30 mg, tab er 60 mg, tab er 100 mg, tab er 200 mg)</i>	
OXYCODONE HCL ER (10 MG, 20 MG)	
OXYCONTIN (15 MG, 30 MG, 40 MG, 60 MG, 80 MG)	
TRAMADOL HCL (ER BIPHASIC)	
<i>tramadol hcl (tab er 100 mg, tab er 200 mg, tab er 300 mg, tab er biphasic release 100 mg, tab er biphasic release 200 mg, tab er biphasic release 300 mg)</i>	
TRAMADOL HCL ER (100 MG CAP ER, 200 MG CAP ER, 300 MG CAP ER)	
TRAMADOL HCL ER (BIPHASIC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<b>OPIOID ANALGESICS, SHORT-ACTING</b>	
<i>acetaminophen w/ codeine (soln 120-12 mg/5ml, tab 300-15 mg, tab 300-30 mg, tab 300-60 mg)</i>	
ACETAMINOPHEN-CODEINE	
CODEINE SULFATE (15 MG TAB, 30 MG TAB, TAB 30 MG, 60 MG TAB)	
<i>fentanyl citrate (a 200 mcg, a 400 mcg, a 600 mcg, a 800 mcg, a 1200 mcg, a 1600 mcg)</i>	PA
<i>hydrocodone-acetaminophen (soln 7.5-325 mg/15ml, tab 5-325 mg, tab 7.5-325 mg, tab 10-325 mg)</i>	
<i>hydromorphone hcl (preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg)</i>	
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION	
<i>morphine sulfate (10 mg/5ml solution, oral soln 10 mg/5ml, 15 mg tab, 20 mg/5ml solution, oral soln 20 mg/5ml, 30 mg tab, oral soln 100 mg/5ml (20 mg/ml), tab 15 mg, tab 30 mg)</i>	
<i>oxycodone hcl (conc 100 mg/5ml (20 mg/ml), soln 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
<i>oxycodone w/ acetaminophen</i>	
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	
<i>tramadol hcl (tab 50 mg, tab 100 mg)</i>	
<i>tramadol-acetaminophen</i>	
<b>ANESTHETICS</b>	
<b>LOCAL ANESTHETICS</b>	
<i>lidocaine hcl (mouth-throat)</i>	
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine oint 5%</i>	
<i>lidocaine patch 5%</i>	PA
<i>lidocaine-prilocaine (cream 2.5-2.5%, cream kit 2.5-2.5%)</i>	
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>	
<b>ALCOHOL DETERRENENTS/ANTI-CRAVING</b>	
<i>acamprosate calcium</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>disulfiram (tab 250 mg, 500 mg tab, tab 500 mg)</i>	
<b>OPIOID DEPENDENCE</b>	
<i>buprenorphine hcl (tab 2 mg (base equiv), tab 8 mg (base equiv))</i>	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	
<i>naltrexone hcl</i>	
<b>OPIOID REVERSAL AGENTS</b>	
<i>naloxone hcl (0.4 mg/ml soln cart, inj 0.4 mg/ml, nasal spray 4 mg/0.1ml, soln prefilled syringe 2 mg/2ml)</i>	
<b>SMOKING CESSATION AGENTS</b>	
<i>bupropion hcl (smoking deterrent)</i>	
<b>NICOTROL</b>	
<i>varenicline tartrate</i>	PA
<b>ANTIBACTERIALS</b>	
<b>AMINOGLYCOSIDES</b>	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
<i>gentamicin in saline (0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, inj 1.2 mg/ml, 1.6-0.9 mg/ml-% solution)</i>	
<i>gentamicin sulfate (topical)</i>	
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>neomycin sulfate</i>	
<b>STREPTOMYCIN SULFATE</b>	
<i>tobramycin sulfate (for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), 10 mg/ml solution, inj 80 mg/2ml (40 mg/ml) (base equiv))</i>	
<b>ANTIBACTERIALS, OTHER</b>	
<i>acetic acid (otic)</i>	
<i>aztreonam</i>	
<b>CLEOCIN 100 MG SUPPOS</b>	
<i>clindamycin hcl</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate (600 mg/4ml, 900 mg/6ml)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>clindamycin phosphate (topical) (lotion, swab)</i>	
<i>clindamycin phosphate in d5w</i>	
<i>clindamycin phosphate vaginal</i>	
<i>colistimethate sodium</i>	
<i>daptomycin (350 mg recon soln, for iv soln 350 mg, 500 mg recon soln, for iv soln 500 mg)</i>	
<i>fosfomycin tromethamine</i>	
<i>linezolid (for susp 100 mg/5ml, iv soln 600 mg/300ml (2 mg/ml), tab 600 mg)</i>	
<i>methenamine hippurate</i>	
<i>metronidazole (cap 375 mg, tab 250 mg, 500 mg/100ml solution, iv soln 500 mg/100ml, tab 500 mg)</i>	
<i>metronidazole (topical) (cream 0.75%, gel 0.75%, gel 1%, lotion 0.75%)</i>	
<i>metronidazole vaginal</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohyd macro</i>	
<i>polymyxin b sulfate</i>	
SIVEXTRO	
<i>tigecycline (50 mg recon soln, for iv soln 50 mg)</i>	
<i>trimethoprim (100 mg tab, tab 100 mg)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
VANCOMYCIN HCL (1 GM RECON SOLN, CAP 125 MG (BASE EQUIVALENT), FOR IV SOLN 1 GM (BASE EQUIVALENT), 1.25 GM RECON SOLN, FOR IV SOLN 1.25 GM (BASE EQUIVALENT), 1.5 GM RECON SOLN, 5 GM RECON SOLN, CAP 250 MG (BASE EQUIVALENT), FOR IV SOLN 1.5 GM (BASE EQUIVALENT), FOR IV SOLN 5 GM (BASE EQUIVALENT), 10 GM RECON SOLN, FOR IV SOLN 10 GM (BASE EQUIVALENT), FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT), FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT), 100 GM RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 500 MG/100ML SOLUTION, FOR IV SOLN 500 MG (BASE EQUIVALENT), 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 750 MG/7.5ML SOLUTION, FOR IV SOLN 750 MG (BASE EQUIVALENT), 1000 MG/10ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/12.5ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/15ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/17.5ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/20ML SOLUTION, 2000 MG/400ML SOLUTION)	
VANCOMYCIN HCL IN DEXTROSE	
VANCOMYCIN HCL IN NAACL	
XIFAXAN	
<b>BETA-LACTAM, CEPHALOSPORINS</b>	
<i>cefadroxil (1 gm tab, cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml)</i>	
<i>cefazolin sodium (1 gm recon soln, for inj 1 gm, for inj 10 gm, for inj 500 mg)</i>	
<i>cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>	
<i>cefepime hcl (inj 1 gm, iv soln 2 gm)</i>	
<i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</i>	
<i>cefoxitin sodium</i>	
<i>cefpodoxime proxetil (for susp 50 mg/5ml, for susp 100 mg/5ml, tab 100 mg, tab 200 mg)</i>	
<i>cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)</i>	
<i>ceftazidime</i>	
<i>ceftriaxone sodium (inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)</i>	
<i>cefuroxime axetil</i>	
<i>cefuroxime sodium (inj 750 mg, iv soln 1.5 gm)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>cephalexin (250 mg tab, cap 250 mg, cap 500 mg, cap 750 mg, for susp 125 mg/5ml, for susp 250 mg/5ml, 500 mg tab)</i>	
TEFLARO	
<b>BETA-LACTAM, PENICILLINS</b>	
<i>amoxicillin &amp; pot clavulanate (k for susp 200-28.5 mg/5ml, k for susp 250-62.5 mg/5ml, k for susp 400-57 mg/5ml, k for susp 600-42.9 mg/5ml, k tab 250-125 mg, k tab 500-125 mg, k tab 875-125 mg)</i>	
<i>amoxicillin (125 mg chew tab, (trihydrate) cap 250 mg, (trihydrate) cap 500 mg, (trihydrate) for susp 125 mg/5ml, (trihydrate) for susp 200 mg/5ml, (trihydrate) for susp 250 mg/5ml, 250 mg chew tab, (trihydrate) for susp 400 mg/5ml, (trihydrate) tab 500 mg, (trihydrate) tab 875 mg)</i>	
AMOXICILLIN-POT CLAVULANATE	
AMOXICILLIN-POT CLAVULANATE ER	
<i>ampicillin &amp; sulbactam sodium</i>	
<i>ampicillin (500 mg cap, cap 500 mg)</i>	
<i>ampicillin sodium (1 gm recon soln, for inj 1 gm, for iv soln 10 gm, 125 mg recon soln)</i>	
AMPICILLIN-SULBACTAM SODIUM	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium (1 gm recon soln, for inj 1 gm, 2 gm recon soln, for inj 2 gm, for iv soln 10 gm)</i>	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	
<i>penicillin g potassium</i>	
PENICILLIN G SODIUM	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
<b>CARBAPENEMS</b>	
<i>ertapenem sodium</i>	
<i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 500 mg)</i>	
<i>meropenem (soln 1 gm, soln 500 mg)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<b>MACROLIDES</b>	
<i>azithromycin (1 gm packet, for susp 100 mg/5ml, for susp 200 mg/5ml, iv for soln 500 mg, tab 250 mg, tab 500 mg, tab 600 mg)</i>	
<i>clarithromycin (125 mg/5ml recon susp, tab 250 mg, tab 500 mg, tab er 24hr 500 mg, 250 mg/5ml recon susp)</i>	
DIFICID 200 MG TAB	
ERYTHROCIN LACTOBIONATE	
ERYTHROCIN STEARATE	
<i>erythromycin base (250 mg cp dr part, tab 250 mg, tab 500 mg, tab delayed release 250 mg, tab delayed release 333 mg, tab delayed release 500 mg, w/ delayed release particles cap 250 mg)</i>	
<i>erythromycin ethylsuccinate (for susp 200 mg/5ml, 400 mg tab, for susp 400 mg/5ml)</i>	
<i>erythromycin lactobionate</i>	
ERYTHROMYCIN STEARATE	
<b>QUINOLONES</b>	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	
<i>ciprofloxacin hcl (tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))</i>	
<i>levofloxacin (oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)</i>	
<i>levofloxacin in d5w (soln 500 mg/100ml, soln 750 mg/150ml)</i>	
<i>moxifloxacin hcl (400 mg/250ml solution, tab 400 mg (base equiv))</i>	
MOXIFLOXACIN HCL IN NAACL	
<i>ofloxacin (300 mg tab, tab 400 mg)</i>	
<b>SULFONAMIDES</b>	
<i>sulfacetamide sodium (acne)</i>	
<i>sulfadiazine (500 mg tab, tab 500 mg)</i>	
<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	
<b>TETRACYCLINES</b>	
<i>demeclocycline hcl</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



DRUG NAME	REQUIREMENTS/LIMITS
<i>doxycycline (monohydrate) (cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, for susp 25 mg/5ml, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i>	
<i>doxycycline hyclate (cap 50 mg, tab 50 mg, tab delayed release 50 mg, tab delayed release 75 mg, 80 mg tab dr, cap 100 mg, for inj 100 mg, tab 20 mg, tab 75 mg, tab 100 mg, tab 150 mg, tab delayed release 100 mg, tab delayed release 150 mg, tab delayed release 200 mg)</i>	
<i>minocycline hcl</i>	
<i>tetracycline hcl (cap 250 mg, cap 500 mg)</i>	
VIBRAMYCIN 50 MG/5ML SYRUP	

## ANTICONVULSANTS

### ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)

DIACOMIT

*divalproex sodium*

EPIDIOLEX

PA2

EPRONTIA

*felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)*

FINTEPLA

FYCOMPA (0.5 MG/ML SUSPENSION, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)

*lamotrigine*

*levetiracetam (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)*

SPRITAM

*topiramate (cap er 24hr 200 mg, cap er 24hr sprinkle 100 mg, cap er 24hr sprinkle 150 mg, cap er 24hr sprinkle 200 mg, cap er 24hr sprinkle 25 mg, cap er 24hr sprinkle 50 mg, sprinkle cap 15 mg, sprinkle cap 25 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)*

*valproate sodium oral soln 250 mg/5ml (base equiv)*

*valproic acid*

XCOPRI

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	
XCOPRI (350 MG DAILY DOSE)	
ZTALMY	
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>	
<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	
<i>methsuximide</i>	
<b>GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS</b>	
<i>clobazam (suspension 2.5 mg/ml, tab 10 mg, tab 20 mg)</i>	
<i>diazepam (anticonvulsant)</i>	
DIAZEPAM 2.5 MG GEL	
<i>gabapentin (cap 100 mg, cap 300 mg, cap 400 mg, oral soln 250 mg/5ml, tab 600 mg, tab 800 mg)</i>	
NAYZILAM	
<i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg)</i>	
<i>primidone (tab 50 mg, 125 mg tab, tab 250 mg)</i>	
SYMPAZAN	
<i>tiagabine hcl</i>	
VALTOCO 10 MG DOSE	
VALTOCO 15 MG DOSE	
VALTOCO 20 MG DOSE	
VALTOCO 5 MG DOSE	
<i>vigabatrin</i>	
<b>SODIUM CHANNEL AGENTS</b>	
APTIOM	
<i>carbamazepine (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, chew tab 100 mg, susp 100 mg/5ml, tab 200 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)</i>	
DILANTIN 30 MG CAP	
<i>lacosamide (10 mg/ml solution, oral solution 10 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	
<i>oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>	
<i>phenytoin sodium extended</i>	
<i>rufinamide (susp 40 mg/ml, tab 200 mg, tab 400 mg)</i>	
ZONISADE	
<i>zonisamide</i>	

## ANTIDEMENTIA AGENTS

### ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES

NAMZARIC

### CHOLINESTERASE INHIBITORS

*donepezil hydrochloride (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg)*

*galantamine hydrobromide (cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg, tab 4 mg, tab 8 mg, tab 12 mg)*

*rivastigmine*

*rivastigmine tartrate*

### N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

*memantine hcl (cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg, tab 5 mg, tab 10 mg, tab 28 x 5 mg & 21 x 10 mg titration pack)*

## ANTIDEPRESSANTS

### ANTIDEPRESSANTS, OTHER

AUVELITY

*bupropion hcl*

BUPROPION HCL ER (XL)

LYBALVI

*mirtazapine*

ZURZUVAE

### MONOAMINE OXIDASE INHIBITORS

EMSAM

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
MARPLAN	
<i>phenelzine sulfate (15 mg tab, tab 15 mg)</i>	
<i>tranylcypromine sulfate</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	
DESVENLAFAXINE ER	
<i>desvenlafaxine succinate</i>	
<i>escitalopram oxalate (soln 5 mg/5ml (base equiv), tab 5 mg (base equiv), tab 10 mg (base equiv), tab 20 mg (base equiv))</i>	
FETZIMA	
FETZIMA TITRATION	
<i>fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml, tab 10 mg, tab 20 mg, 60 mg tab, tab 60 mg, 90 mg cap dr)</i>	
FLUOXETINE HCL (PMDD)	
<i>fluvoxamine maleate</i>	
NEFAZODONE HCL	
<i>paroxetine hcl (oral susp 10 mg/5ml (base equiv), tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg, tab er 24hr 12.5 mg, tab er 24hr 25 mg, tab er 24hr 37.5 mg)</i>	
<i>paroxetine mesylate (vasomotor)</i>	
<i>sertraline hcl (oral concentrate for solution 20 mg/ml, tab 25 mg, tab 50 mg, tab 100 mg, 150 mg cap, 200 mg cap)</i>	
<i>trazodone hcl</i>	
TRINTELLIX	
VENLAFAXINE BESYLATE ER	
<i>venlafaxine hcl</i>	
<i>vilazodone hcl</i>	
TRICYCLICS	
<i>amitriptyline hcl</i>	
<i>amoxapine</i>	
<i>clomipramine hcl</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>desipramine hcl</i>	
<i>doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml)</i>	
<i>imipramine hcl</i>	
<i>imipramine pamoate</i>	
<i>nortriptyline hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, soln 10 mg/5ml)</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate</i>	

## ANTIEMETICS

### ANTIEMETICS, OTHER

<i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>	
<i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml) (base equiv), tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	
<i>perphenazine</i>	
<i>prochlorperazine</i>	
<i>prochlorperazine maleate</i>	
<i>promethazine hcl (oral soln 6.25 mg/5ml, suppos 12.5 mg, suppos 25 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	
<i>scopolamine</i>	

### EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant</i>	PA3
<i>dronabinol</i>	PA
<i>ondansetron</i>	PA3
<i>ondansetron hcl (oral soln 4 mg/5ml, tab 4 mg, tab 8 mg)</i>	PA3

## ANTIFUNGALS

ABELCET	PA3
AMPHOTERICIN B	PA3
<i>amphotericin b liposome</i>	PA3
<i>caspofungin acetate (50 mg recon soln, for iv soln 50 mg, 70 mg recon soln, for iv soln 70 mg)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>ciclopirox olamine (cream (base equiv), susp (base equiv))</i>	
<i>clotrimazole</i>	
<i>clotrimazole (topical) (cream, soln)</i>	
<i>fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	
<i>fluconazole in nacl</i>	
<i>flucytosine</i>	
<i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>	
<i>griseofulvin ultramicrosize</i>	
<i>itraconazole cap 100 mg</i>	
<i>ketoconazole</i>	
<i>ketoconazole (topical) (cream, foam, shampoo)</i>	
<i>miconazole sodium (50 mg recon soln, for iv soln 50 mg, 100 mg recon soln, for iv soln 100 mg)</i>	
MICONAZOLE 3	
<i>nystatin</i>	
<i>nystatin (mouth-throat)</i>	
<i>nystatin (topical)</i>	
<i>posaconazole (susp 40 mg/ml, tab delayed release 100 mg)</i>	
<i>terbinafine hcl</i>	
TERCONAZOLE	
<i>terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)</i>	
<i>voriconazole (200 mg recon soln, for inj 200 mg)</i>	PA3
<i>voriconazole (for susp 40 mg/ml, tab 50 mg, tab 200 mg)</i>	

## ANTIGOUT AGENTS

<i>allopurinol (tab 100 mg, 200 mg tab, tab 300 mg)</i>	
<i>colchicine</i>	
<i>colchicine w/ probenecid</i>	
<i>febuxostat</i>	
<i>probenecid</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<b>ANTIMIGRAINE AGENTS</b>	
<b>ANTIMIGRAINE AGENTS, OTHER</b>	
NURTEC	QL (18 PER 30 OVER TIME)
QULIPTA	
UBRELVY	QL (16 PER 30 OVER TIME)
<b>ERGOT ALKALOIDS</b>	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	
ERGOTAMINE-CAFFEINE	
<b>PROPHYLACTIC</b>	
AJOVY	PA
<i>timolol maleate</i>	
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>	
<i>naratriptan hcl</i>	QL (9 PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	QL (12 PER 30 OVER TIME)
<i>sumatriptan</i>	
<i>sumatriptan succinate (inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution auto-injector 6 mg/0.5ml, solution cartridge 4 mg/0.5ml)</i>	
<i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	QL (9 PER 30 OVER TIME)
<b>ANTIMYASTHENIC AGENTS</b>	
<b>PARASYMPATHOMIMETICS</b>	
<i>pyridostigmine bromide (30 mg tab, oral soln 60 mg/5ml, tab 60 mg, tab er 180 mg)</i>	
<b>ANTIMYCOBACTERIALS</b>	
<b>ANTIMYCOBACTERIALS, OTHER</b>	
<i>dapsone</i>	
<i>rifabutin</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<b>ANTITUBERCULARS</b>	
<i>ethambutol hcl</i>	
<i>isoniazid (syrup 50 mg/5ml, 100 mg tab, tab 100 mg, tab 300 mg)</i>	
PRETOMANID	
PRIFTIN	
<i>pyrazinamide</i>	
<i>rifampin</i>	
SIRTURO	
TRECTOR	
<b>ANTINEOPLASTICS</b>	
<b>ALKYLATING AGENTS</b>	
<i>cyclophosphamide (25 mg cap, 25 mg tab, cap 25 mg, 50 mg cap, 50 mg tab, cap 50 mg)</i>	PA3
GLEOSTINE	
LEUKERAN	
MATULANE	
VALCHLOR	
<b>ANTIANDROGENS</b>	
<i>abiraterone acetate</i>	
<i>bicalutamide</i>	
ERLEADA	
<i>nilutamide</i>	
NUBEQA	
ORSERDU	
XTANDI	
YONSA	
<b>ANTIANGIOGENIC AGENTS</b>	
<i>lenalidomide</i>	
POMALYST	LA
THALOMID	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



DRUG NAME	REQUIREMENTS/LIMITS
<b>ANTIESTROGENS/MODIFIERS</b>	
SOLTAMOX	
<i>tamoxifen citrate</i>	
<i>toremifene citrate</i>	
<b>ANTIMETABOLITES</b>	
<i>hydroxyurea</i>	
INQOVI	
<i>mercaptopurine</i>	
PURIXAN	
TABLOID	
<b>ANTINEOPLASTICS, OTHER</b>	
AKEEGA	
AUGTYRO	
BESREMI	
BRUKINSA	
EXKIVITY	
FOTIVDA	
IDHIFA	
INREBIC	
IWILFIN	
JAYPIRCA	
KISQALI FEMARA (400 MG DOSE)	
KISQALI FEMARA (600 MG DOSE)	
KISQALI FEMARA(200 MG DOSE)	
KOSELUGO	
KRAZATI	
LONSURF	
LUMAKRAS	
NINLARO	
OGSIVEO 50 MG TAB	
ONUREG	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
QINLOCK	
RETEVMO	
ROZLYTREK	
TABRECTA	
TAZVERIK	
VANFLYTA	
WELIREG	
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	
XPOVIO (60 MG TWICE WEEKLY)	
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	
XPOVIO (80 MG TWICE WEEKLY)	
ZOLINZA	
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	
<b>MOLECULAR TARGET INHIBITORS</b>	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI 75 MG CAP	
CABOMETYX	
CALQUENCE	
CAPRELSA	
COMETRIQ (100 MG DAILY DOSE)	
COMETRIQ (140 MG DAILY DOSE)	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
COMETRIQ (60 MG DAILY DOSE)	
COPIKTRA	
COTELLIC	
DAURISMO	
ERIVEDGE	
<i>erlotinib hcl</i>	
<i>everolimus</i>	
FRUZAOLA	
GAVRETO	
<i>gefitinib</i>	
GILOTRIF	
IBRANCE	
ICLUSIG	
<i>imatinib mesylate</i>	
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	
INLYTA	
JAKAFI	
KISQALI (200 MG DOSE)	
KISQALI (400 MG DOSE)	
KISQALI (600 MG DOSE)	
<i>lapatinib ditosylate</i>	
LENVIMA (10 MG DAILY DOSE)	
LENVIMA (12 MG DAILY DOSE)	
LENVIMA (14 MG DAILY DOSE)	
LENVIMA (18 MG DAILY DOSE)	
LENVIMA (20 MG DAILY DOSE)	
LENVIMA (24 MG DAILY DOSE)	
LENVIMA (4 MG DAILY DOSE)	
LENVIMA (8 MG DAILY DOSE)	
LORBRENA	
LYNPARZA	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
LYTGOBI (12 MG DAILY DOSE)	
LYTGOBI (16 MG DAILY DOSE)	
LYTGOBI (20 MG DAILY DOSE)	
MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)	
MEKTOVI	
NERLYNX	
ODOMZO	
OJJAARA	
<i>pazopanib hcl</i>	
PEMAZYRE	
PIQRAY (200 MG DAILY DOSE)	
PIQRAY (250 MG DAILY DOSE)	
PIQRAY (300 MG DAILY DOSE)	
REZLIDHIA	
RUBRACA	
RYDAPT	
SCEMBLIX	
<i>sorafenib tosylate</i>	
SPRYCEL	
STIVARGA	
<i>sunitinib malate</i>	
TAFINLAR	
TAGRISSO	
TALZENNA	
TASIGNA	
TEPMETKO	
TIBSOVO	
TRUQAP	
TUKYSA	
TURALIO	
VENCLEXTA	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
VENCLEXTA STARTING PACK	
VERZENIO	
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	
VIZIMPRO	
XALKORI	
XOSPATA	
ZEJULA	
ZELBORAF	
ZYDELIG	
ZYKADIA	
<b>RETINOIDS</b>	
<i>bexarotene</i>	
<i>bexarotene (topical)</i>	PA2
PANRETIN	
<i>tretinoin (chemotherapy)</i>	
<b>TREATMENT ADJUNCTS</b>	
<i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i>	
MESNEX 400 MG TAB	
VONJO	
<b>ANTIPARASITICS</b>	
<b>ANTHELMINTHICS</b>	
<i>albendazole</i>	
<i>ivermectin tab 3 mg</i>	
<i>praziquantel</i>	
<b>ANTIPROTOZOALS</b>	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate</i>	
COARTEM	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>hydroxychloroquine sulfate</i>	
<i>mefloquine hcl tab 250 mg</i>	
<i>nitazoxanide</i>	
<i>pentamidine isethionate (inj soln 300 mg, soln 300 mg)</i>	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	PA3
<i>primaquine phosphate (26.3 (15 base) mg tab, tab 26.3 mg (15 mg base))</i>	
<i>pyrimethamine</i>	
<i>quinine sulfate</i>	

## ANTIPARKINSON AGENTS

### ANTICHOLINERGICS

*benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)*

*trihexyphenidyl hcl (tab 2 mg, tab 5 mg)*

### ANTIPARKINSON AGENTS, OTHER

*amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)*

*carbidopa-levodopa-entacapone (12.5-50-200 mg tab, tabs 12.5-50-200 mg, 18.75-75-200 mg tab, tabs 18.75-75-200 mg, tabs 25-100-200 mg, tabs 31.25-125-200 mg, 37.5-150-200 mg tab, tabs 37.5-150-200 mg, tabs 50-200-200 mg)*

*entacapone*

ONGENTYS

*tolcapone*

### DOPAMINE AGONISTS

*apomorphine hydrochloride*

*bromocriptine mesylate*

NEUPRO

*pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)*

*ropinirole hydrochloride*

### DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

*carbidopa*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>carbidopa-levodopa (carbidopa &amp; levodopa orally disintegrating tab 10-100 mg, carbidopa &amp; levodopa orally disintegrating tab 25-100 mg, carbidopa &amp; levodopa orally disintegrating tab 25-250 mg, carbidopa &amp; levodopa tab 10-100 mg, carbidopa &amp; levodopa tab 25-100 mg, carbidopa &amp; levodopa tab 25-250 mg, carbidopa &amp; levodopa tab er 25-100 mg, carbidopa &amp; levodopa tab er 50-200 mg, carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp)</i>	
RYTARY	
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>	
<i>rasagiline mesylate</i>	
<i>selegiline hcl</i>	
<b>ANTIPSYCHOTICS</b>	
<b>1ST GENERATION/TYPICAL</b>	
<i>chlorpromazine hcl (tab 10 mg, tab 25 mg, 30 mg/ml conc, tab 50 mg, 100 mg/ml conc, tab 100 mg, tab 200 mg)</i>	
<i>fluphenazine decanoate</i>	
<i>fluphenazine hcl (tab 1 mg, 2.5 mg/5ml elixir, 2.5 mg/ml solution, tab 2.5 mg, 5 mg/ml conc, tab 5 mg, tab 10 mg)</i>	
<i>haloperidol</i>	
<i>haloperidol decanoate</i>	
<i>haloperidol lactate</i>	
<i>loxapine succinate</i>	
MOLINDONE HCL	
PIMOZIDE	
<i>thioridazine hcl</i>	
<i>thiothixene</i>	
<i>trifluoperazine hcl</i>	
<b>2ND GENERATION/ATYPICAL</b>	
ABILIFY ASIMTUFII	
ABILIFY MAINTENA	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>aripiprazole (oral solution 1 mg/ml, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate</i>	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
<i>lurasidone hcl</i>	
NUPLAZID	PA2
<i>olanzapine</i>	
<i>paliperidone</i>	
PERSERIS	
<i>quetiapine fumarate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg, tab er 24hr 150 mg, tab er 24hr 200 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg, 150 mg tab)</i>	
REXULTI	
<i>risperidone (0.25 mg tab disp, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg, orally disintegrating tab 4 mg, soln 1 mg/ml, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)</i>	
<i>risperidone microspheres</i>	
SECUADO	
UZEDY	
VRAYLAR	
<i>ziprasidone hcl</i>	
<i>ziprasidone mesylate</i>	
ZYPREXA RELPREVV 210 MG RECON SUSP	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



DRUG NAME	REQUIREMENTS/LIMITS
<b>TREATMENT-RESISTANT</b>	
<i>clozapine (12.5 mg tab disp, orally disintegrating tab 25 mg, orally disintegrating tab 100 mg, orally disintegrating tab 150 mg, orally disintegrating tab 200 mg, tab 25 mg, tab 50 mg, tab 100 mg, 150 mg tab disp, 200 mg tab disp, tab 200 mg)</i>	
VERSACLOZ	
<b>ANTISPASTICITY AGENTS</b>	
<i>baclofen (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>tizanidine hcl</i>	
<b>ANTIVIRALS</b>	
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>	
PREVMIS (240 MG TAB, 480 MG TAB)	
<i>valganciclovir hcl (for soln 50 mg/ml (base equiv), tab 450 mg (base equivalent))</i>	
ZIRGAN	
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>	
<i>adefovir dipivoxil</i>	
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine (hbv)</i>	
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>	
LEDIPASVIR-SOFOSBUVIR	PA
MAVYRET 100-40 MG TAB	PA
RIBAVIRIN (200 MG CAP, 200 MG TAB)	
<i>ribavirin (hepatitis c)</i>	
SOFOSBUVIR-VELPATASVIR	PA
SOVALDI 400 MG TAB	PA
VOSEVI	PA
ZEPATIER	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>	
BIKTARVY	
DOVATO	
GENVOYA	
ISENTRESS	
ISENTRESS HD	
JULUCA	
STRIBILD	
TIVICAY	
TIVICAY PD	
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>	
COMPLERA	
DELSTRIGO	
EDURANT	
<i>efavirenz (50 mg cap, 200 mg cap, tab 600 mg)</i>	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	
<i>etravirine</i>	
INTELENCE 25 MG TAB	
<i>nevirapine (tab er 24hr 400 mg, 50 mg/5ml suspension, tab 200 mg)</i>	
ODEFSEY	
PIFELTRO	
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>	
<i>abacavir sulfate (soln 20 mg/ml (base equiv), tab 300 mg (base equiv))</i>	
<i>abacavir sulfate-lamivudine</i>	
CIMDUO	
DESCOVY	
<i>emtricitabine</i>	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine (oral soln 10 mg/ml, tab 150 mg, tab 300 mg)</i>	
<i>lamivudine-zidovudine</i>	
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	
TRIUMEQ PD	
TRIZIVIR	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	
<i>zidovudine (cap 100 mg, syrup 10 mg/ml, tab 300 mg)</i>	
<b>ANTI-HIV AGENTS, OTHER</b>	
FUZEON	
<i>maraviroc</i>	
RUKOBIA	
SELZENTRY (20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB)	
SUNLENCA (4 X 300 MG TAB, 5 X 300 MG TAB)	
TYBOST	
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>	
APTIVUS 250 MG CAP	
<i>atazanavir sulfate</i>	
<i>darunavir</i>	
EVOTAZ	
<i>fosamprenavir calcium</i>	
LEXIVA 50 MG/ML SUSPENSION	
<i>lopinavir-ritonavir (soln 400-100 mg/5ml (80-20 mg/ml), tab 100-25 mg, tab 200-50 mg)</i>	
NORVIR 100 MG PACKET	
PREZCOBIX	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	
REYATAZ 50 MG PACKET	
<i>ritonavir</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
SYMTUZA	
VIRACEPT	
<b>ANTI-INFLUENZA AGENTS</b>	
<i>oseltamivir phosphate (cap 30 mg (base equiv), cap 45 mg (base equiv), cap 75 mg (base equiv), for susp 6 mg/ml (base equiv))</i>	
RELENZA DISKHALER	
<b>ANTIHERPETIC AGENTS</b>	
<i>acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)</i>	
<i>acyclovir sodium</i>	PA3
<i>acyclovir topical</i>	
<i>famciclovir</i>	
TRIFLURIDINE	
<i>valacyclovir hcl</i>	
<b>ANXIOLYTICS</b>	
<b>ANXIOLYTICS, OTHER</b>	
<i>bupirone hcl</i>	
<i>hydroxyzine hcl (syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg)</i>	
<i>hydroxyzine pamoate (cap 25 mg, cap 50 mg, 100 mg cap)</i>	
<b>BENZODIAZEPINES</b>	
<i>alprazolam</i>	
ALPRAZOLAM INTENSOL	
<i>clonazepam</i>	
<i>clorazepate dipotassium</i>	
<i>diazepam (5 mg/5ml solution, conc 5 mg/ml, oral soln 1 mg/ml, tab 2 mg, tab 5 mg, tab 10 mg)</i>	
<i>lorazepam (conc 2 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>oxazepam</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<b>BIPOLAR AGENTS</b>	
<b>MOOD STABILIZERS</b>	
<i>lithium (8 meq/5ml solution, oral solution 8 meq/5ml)</i>	
<i>lithium carbonate (150 mg cap, cap 150 mg, 300 mg cap, cap 300 mg, cap 600 mg, tab 300 mg, tab er 300 mg, tab er 450 mg, 600 mg cap)</i>	
<b>BLOOD GLUCOSE REGULATORS</b>	
<b>ANTIDIABETIC AGENTS</b>	
<i>acarbose</i>	
ALOGLIPTIN BENZOATE	
ALOGLIPTIN-METFORMIN HCL	
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	
CYCLOSET	
DAPAGLIFLOZIN PROPANEDIOL	
FARXIGA	
<i>glimepiride</i>	
<i>glipizide (2.5 mg tab, tab 5 mg, tab 10 mg, tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)</i>	
<i>glipizide-metformin hcl</i>	
JARDIANCE	
<i>metformin hcl (tab 500 mg, tab 850 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg, tab er 24hr modified release 1000 mg, tab er 24hr modified release 500 mg, tab er 24hr osmotic 1000 mg, tab er 24hr osmotic 500 mg, 625 mg tab)</i>	
<i>nateglinide</i>	
<i>pioglitazone hcl</i>	
<i>pioglitazone hcl-metformin hcl</i>	
<i>repaglinide</i>	
<i>saxagliptin hcl</i>	
<i>saxagliptin-metformin hcl</i>	
SYMLINPEN 120	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
SYMLINPEN 60	
TRULICITY	
<b>GLYCEMIC AGENTS</b>	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide</i>	
GLUCAGEN HYPOKIT	
GLUCAGON EMERGENCY	
<b>INSULINS</b>	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTRATED)	
HUMULIN R U-500 KWIKPEN	
INSULIN ASP PROT & ASP FLEXPEN	
INSULIN ASPART	
INSULIN ASPART FLEXPEN	
INSULIN ASPART PENFILL	
INSULIN ASPART PROT & ASPART	
INSULIN GLARGINE	
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	
INSULIN GLARGINE-YFGN	
INSULIN LISPRO	
INSULIN LISPRO (1 UNIT DIAL)	
INSULIN LISPRO JUNIOR KWIKPEN	
INSULIN LISPRO PROT & LISPRO	
NOVOLIN 70/30	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
NOVOLIN 70/30 FLEXPEN	
NOVOLIN 70/30 FLEXPEN RELION	
NOVOLIN 70/30 RELION	
NOVOLIN N	
NOVOLIN N FLEXPEN	
NOVOLIN N FLEXPEN RELION	
NOVOLIN N RELION	
NOVOLIN R	
NOVOLIN R FLEXPEN	
NOVOLIN R FLEXPEN RELION	
NOVOLIN R RELION	

## BLOOD PRODUCTS AND MODIFIERS

### ANTICOAGULANTS

*dabigatran etexilate mesylate*

ELIQUIS

ELIQUIS DVT/PE STARTER PACK

*enoxaparin sodium (soln syr 30 mg/0.3ml, soln syr 40 mg/0.4ml, soln syr 60 mg/0.6ml, soln syr 80 mg/0.8ml, soln syr 100 mg/ml, soln syr 120 mg/0.8ml, soln syr 150 mg/ml)*

*fondaparinux sodium*

*heparin sodium (porcine) (1000 unit/ml, pf 1000 unit/ml, 10000 unit/ml)* PA3

*heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)*

*warfarin sodium*

XARELTO (2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)

XARELTO STARTER PACK

### BLOOD PRODUCTS AND MODIFIERS, OTHER

*anagrelide hcl*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	PA
LEUKINE	PA
NIVESTYM	PA
PROMACTA	
RETACRIT	PA
<b>HEMOSTASIS AGENTS</b>	
<i>tranexamic acid tab 650 mg</i>	
<b>PLATELET MODIFYING AGENTS</b>	
<i>aspirin-dipyridamole</i>	
BRILINTA	ST
<i>cilostazol</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	
<b>CARDIOVASCULAR AGENTS</b>	
<b>ALPHA-ADRENERGIC AGONISTS</b>	
<i>clonidine</i>	
<i>clonidine hcl</i>	
<i>droxidopa</i>	
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>	
<i>doxazosin mesylate</i>	
<i>prazosin hcl</i>	
<i>terazosin hcl</i>	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	
<i>candesartan cilexetil</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



DRUG NAME	REQUIREMENTS/LIMITS
<i>irbesartan</i>	
<i>losartan potassium</i>	
<i>valsartan (tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg)</i>	
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>	
<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>lisinopril</i>	
<i>ramipril</i>	
<b>ANTIARRHYTHMICS</b>	
<i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl</i>	
<i>propafenone hcl</i>	
<i>quinidine gluconate</i>	
<i>quinidine sulfate (200 mg tab, tab 200 mg, 300 mg tab, tab 300 mg)</i>	
<i>sotalol hcl (afib/af)</i>	
<i>sotalol hcl (tab 80 mg, tab 120 mg, tab 160 mg, tab 240 mg)</i>	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>	
<i>atenolol</i>	
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	
<i>metoprolol succinate</i>	
<i>metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	
<i>nadolol</i>	
<i>pindolol</i>	
<i>propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>	
<i>amlodipine besylate</i>	
<i>nifedipine (tab er 30 mg, tab er 60 mg, tab er 90 mg, tab er osmotic release 30 mg, tab er osmotic release 60 mg, tab er osmotic release 90 mg)</i>	
<i>nimodipine</i>	
<b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>	
<i>diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg, tab er 24hr 120 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg)</i>	
<i>diltiazem hcl coated beads</i>	
<i>diltiazem hcl extended release beads</i>	
<i>verapamil hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)</i>	
VERAPAMIL HCL ER	
<b>CARDIOVASCULAR AGENTS, OTHER</b>	
<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	
<i>aliskiren fumarate</i>	
<i>amiloride &amp; hydrochlorothiazide</i>	
AMILORIDE-HYDROCHLOROTHIAZIDE	
<i>amlodipine besylate-benazepril hcl</i>	
<i>amlodipine besylate-valsartan</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>atenolol &amp; chlorthalidone</i>	
<i>bisoprolol &amp; hydrochlorothiazide</i>	
CORLANOR (5 MG TAB, 7.5 MG TAB)	
<i>digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml, tab 125 mcg (0.125 mg), tab 250 mcg (0.25 mg))</i>	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	
ENTRESTO	
<i>irbesartan-hydrochlorothiazide</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>lisinopril &amp; hydrochlorothiazide</i>	
<i>losartan potassium &amp; hydrochlorothiazide</i>	
<i>metoprolol &amp; hydrochlorothiazide</i>	
<i>metyrosine</i>	
<i>pentoxifylline</i>	
<i>ranolazine</i>	
<i>spironolactone &amp; hydrochlorothiazide</i>	
<i>triamterene &amp; hydrochlorothiazide</i>	
<i>valsartan-hydrochlorothiazide</i>	
VERQUVO	
<b>DIURETICS, LOOP</b>	
<i>bumetanide (inj 0.25 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>furosemide (8 mg/ml solution, inj 10 mg/ml, oral soln 10 mg/ml, tab 20 mg, tab 40 mg, tab 80 mg)</i>	
<i>toremide</i>	
<b>DIURETICS, POTASSIUM-SPARING</b>	
<i>amiloride hcl</i>	
<i>eplerenone</i>	
KERENDIA	
<i>spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<b>DIURETICS, THIAZIDE</b>	
<i>chlorthalidone</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>metolazone</i>	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>	
<i>choline fenofibrate</i>	
<i>fenofibrate (tab 40 mg, tab 48 mg, 50 mg cap, tab 54 mg, tab 120 mg, tab 145 mg, 150 mg cap, tab 160 mg)</i>	
<i>fenofibrate micronized (cap 43 mg, cap 67 mg, cap 130 mg, cap 134 mg, cap 200 mg)</i>	
<i>gemfibrozil</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>	
<i>atorvastatin calcium</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium</i>	
<i>simvastatin (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</i>	
<b>DYSLIPIDEMICS, OTHER</b>	
<i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i>	
<i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i>	
<i>colesevelam hcl</i>	
<i>ezetimibe</i>	
<i>icosapent ethyl</i>	
JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP)	PA
<i>niacin (antihyperlipidemic) (tab er 500 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic), tab er 1000 mg (antihyperlipidemic))</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	
REPATHA PUSHTRONEX SYSTEM	
REPATHA SURECLICK	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>	
<i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>minoxidil</i>	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate (10 mg tab, tab 10 mg, 20 mg tab, tab 20 mg, tab er 24hr 120 mg, tab er 24hr 30 mg, tab er 24hr 60 mg)</i>	
NITRO-BID	
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr, tl soln 0.4 mg/spray (400 mcg/spray))</i>	
RECTIV	

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## CENTRAL NERVOUS SYSTEM AGENTS

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### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

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*amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 12.5 mg, tab 15 mg, tab 20 mg, tab 30 mg)*

*dextroamphetamine sulfate (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 5 mg, oral solution 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)*

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### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

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*atomoxetine hcl*

*dexmethylphenidate hcl*

*guanfacine hcl (adhd)*

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DRUG NAME	REQUIREMENTS/LIMITS
<i>methylphenidate hcl (cap er 10 mg (cd), cap er 20 mg (cd), cap er 24hr 10 mg (la), cap er 24hr 10 mg (xr), cap er 24hr 15 mg (xr), cap er 24hr 20 mg (la), cap er 24hr 20 mg (xr), cap er 24hr 30 mg (la), cap er 24hr 30 mg (xr), cap er 24hr 40 mg (la), cap er 24hr 40 mg (xr), cap er 24hr 50 mg (xr), cap er 24hr 60 mg (la), cap er 24hr 60 mg (xr), cap er 30 mg (cd), cap er 40 mg (cd), cap er 50 mg (cd), cap er 60 mg (cd), chew tab 2.5 mg, chew tab 5 mg, chew tab 10 mg, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, tab 10 mg, tab 20 mg, tab er 10 mg, tab er 20 mg, tab er osmotic release (osm) 18 mg, tab er osmotic release (osm) 27 mg, tab er osmotic release (osm) 36 mg, tab er osmotic release (osm) 54 mg)</i>	
METHYLPHENIDATE HCL ER	
METHYLPHENIDATE HCL ER (OSM)	
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>	
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	
<b>FIBROMYALGIA AGENTS</b>	
<i>duloxetine hcl</i>	
<i>pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, cap 200 mg, cap 225 mg, cap 300 mg, soln 20 mg/ml)</i>	
<b>MULTIPLE SCLEROSIS AGENTS</b>	
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
<i>dalfampridine</i>	PA
<i>dimethyl fumarate</i>	
<i>glatiramer acetate</i>	
REBIF	
REBIF REBIDOSE	
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	
<i>teriflunomide</i>	
ZEPOSIA	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ZEPOSIA 7-DAY STARTER PACK	
ZEPOSIA STARTER KIT	
<b>DENTAL AND ORAL AGENTS</b>	
<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>pilocarpine hcl (oral)</i>	
<i>triamcinolone acetonide (mouth)</i>	
<b>DERMATOLOGICAL AGENTS</b>	
<b>ACNE AND ROSACEA AGENTS</b>	
<i>acitretin</i>	
<i>benzoyl peroxide-erythromycin</i>	
<i>isotretinoin</i>	
<i>tazarotene (gel 0.05%, 0.1 % foam, cream 0.1%, gel 0.1%)</i>	
TAZORAC 0.05 % CREAM	
<i>tretinoin</i>	
<i>tretinoin microsphere (gel 0.04%, gel 0.1%)</i>	
<b>DERMATITIS AND PRURITUS AGENTS</b>	
<i>betamethasone dipropionate (topical) (cream, lotion, oint)</i>	
BETAMETHASONE DIPROPIONATE AUG	
<i>betamethasone dipropionate augmented (cream, lotion, oint)</i>	
<i>betamethasone valerate (aerosol foam 0.12%, cream 0.1% (base equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent))</i>	
<i>clobetasol propionate (cream, foam, gel, lotion, oint, shampoo, soln, spray)</i>	
<i>clobetasol propionate emollient base</i>	
<i>clobetasol propionate emulsion</i>	
<i>doxepin hcl (antipruritic)</i>	
<i>fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%)</i>	
<i>fluticasone propionate (0.05 % lotion, cream 0.05%, lotion 0.05%, oint 0.005%)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>	
<i>hydrocortisone perianal cream 2.5%</i>	
<i>lactic acid (ammonium lactate) (cream, lotion)</i>	
<i>mometasone furoate (cream, oint, solution (lotion))</i>	
<i>selenium sulfide lotion 2.5%</i>	
<i>tacrolimus (topical)</i>	
<i>triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)</i>	
<b>DERMATOLOGICAL AGENTS, OTHER</b>	
<i>calcipotriene (cream, oint, soln (50 mcg/ml))</i>	
<i>clotrimazole w/ betamethasone (cream 1-0.05%, lotion 1-0.05%)</i>	
<i>diclofenac sodium (actinic keratoses)</i>	PA
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION)	
<i>fluorouracil (topical) (cream, soln)</i>	
<i>imiquimod (cream 3.75%, cream 5%)</i>	
<i>methoxsalen rapid (10 mg cap, cap 10 mg)</i>	
<i>nystatin-triamcinolone</i>	
OTEZLA	PA
<i>podofilox (0.5 % solution, soln 0.5%)</i>	
SANTYL	
<i>silver sulfadiazine</i>	
<b>PEDICULICIDES/SCABICIDES</b>	
<i>malathion</i>	
<i>permethrin cream 5%</i>	
<b>TOPICAL ANTI-INFECTIVES</b>	
<i>ciclopirox (gel 0.77%, shampoo 1%, solution 8%)</i>	
<i>clindamycin phosphate (topical) (foam, gel, soln)</i>	
ERY	
<i>erythromycin (acne aid) (gel, soln)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



DRUG NAME	REQUIREMENTS/LIMITS
<i>mupirocin</i>	
<i>mupirocin calcium (topical)</i>	
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>	
<b>ELECTROLYTE/MINERAL REPLACEMENT</b>	
<i>amino acid infusion</i>	PA3
<i>carglumic acid</i>	
CLINIMIX E/DEXTROSE (2.75/5)	PA3
CLINIMIX E/DEXTROSE (4.25/10)	PA3
CLINIMIX E/DEXTROSE (4.25/5)	PA3
CLINIMIX E/DEXTROSE (5/15)	PA3
CLINIMIX E/DEXTROSE (5/20)	PA3
CLINIMIX/DEXTROSE (4.25/10)	PA3
CLINIMIX/DEXTROSE (4.25/5)	PA3
CLINIMIX/DEXTROSE (5/15)	PA3
CLINIMIX/DEXTROSE (5/20)	PA3
<i>dextrose (5%, 10%)</i>	
<i>dextrose w/ sodium chloride (w/ 0.2%, w/ 0.4, w/ 0.9%)</i>	
DEXTROSE-SODIUM CHLORIDE (2.5-0.45 % SOLUTION, 10-0.2 % SOLUTION, 10-0.45 % SOLUTION)	
INTRALIPID	PA3
ISOLYTE-P IN D5W	
KCL (0.149%) IN NAACL	
KCL (0.298%) IN NAACL	
KCL IN DEXTROSE-NAACL 40-5-0.9 MEQ/L-%-% SOLUTION	
KCL-LACTATED RINGERS-D5W	
<i>magnesium sulfate inj 50%</i>	
NUTRILIPID	PA3

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>potassium chloride (cap er 8 meq, inj 2 meq/ml, 10 meq/100ml solution, cap er 10 meq, inj 10 meq/100ml, 20 meq/100ml solution, inj 20 meq/100ml, inj 40 meq/100ml, oral soln 10% (20 meq/15ml), oral soln 20% (40 meq/15ml), powder packet 20 meq, tab er 8 meq (600 mg), tab er 10 meq, tab er 20 meq (1500 mg), 40 meq/100ml solution)</i>	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	
POTASSIUM CHLORIDE ER	
<i>potassium chloride in dextrose &amp; sodium chloride (10 meq/l (0.07)0.4, 20 meq/l (0.1)0.2%, 20 meq/l (0.1)0.4, 20 meq/l (0.1)0.9%, 30 meq/l (0.224%)0.4, 40 meq/l (0.3%)0.4, 40 meq/l (0.3%)0.9%)</i>	
POTASSIUM CHLORIDE IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, KCL 20 MEQ/L (0.15%)0.45% INJ, KCL 20 MEQ/L (0.15%)0.9% INJ, 40-0.9 MEQ/L-% SOLUTION, KCL 40 MEQ/L (0.3%)0.9% INJ)	
<i>potassium chloride microencapsulated crystals er</i>	
<i>potassium citrate (alkalinizer)</i>	
PREMASOL	PA3
PROSOL	PA3
<i>sodium chloride (gu irrigant)</i>	
<i>sodium chloride (iv soln 0.45%, 0.9 % solution, iv soln 0.9%, iv soln 3%, iv soln 5%, preservative free (pf) inj 0.9%)</i>	
<i>sodium fluoride (tab 0.25 mg f (from 0.55 mg naf), tab 0.5 mg f (from 1.1 mg naf), tab 1 mg f (from 2.2 mg naf))</i>	
TRAVASOL	PA3
TROPHAMINE	PA3
ELECTROLYTE/MINERAL/METAL MODIFIERS	
<i>deferasirox</i>	
<i>deferiprone</i>	
FERRIPROX 100 MG/ML SOLUTION	
<i>trientine hcl cap 250 mg</i>	
PHOSPHATE BINDERS	
<i>calcium acetate (phosphate binder)</i>	
FOSRENOL (750 MG, 1000 MG)	
<i>lanthanum carbonate</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>sevelamer carbonate</i>	
<i>sevelamer hcl</i>	
<b>POTASSIUM BINDERS</b>	
<i>*sodium polystyrene sulfonate powder**</i>	
LOKELMA	
SPS	
VELTASSA	
<b>VITAMINS</b>	
ATABEX EC	
ATABEX OB	
AZESCHEW PRENATAL/POSTNATAL	
AZESCO	
BAL-CARE DHA	
C-NATE DHA	
CITRANATAL 90 DHA	
CITRANATAL ASSURE	
CITRANATAL B-CALM	
CITRANATAL BLOOM	
CITRANATAL BLOOM DHA	
CITRANATAL DHA	
CITRANATAL ESSENCE	
CITRANATAL HARMONY	
CITRANATAL MEDLEY	
CITRANATAL RX	
CO-NATAL FA	
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DERMACINRX PRETRATE	
DUET DHA 400	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
DUET DHA BALANCED	
ELITE-OB	
ENBRACE HR	
FOLIVANE-OB	
INATAL GT	
JENLIVA PRENATAL/POSTNATAL	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
MARNATAL-F	
MULTI-MAC	
MYNATAL	
MYNATAL ADVANCE	
MYNATE 90 PLUS	
NATACHEW	
NATAL PNV	
NATALVIT	
NEEVO DHA	
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE	
NEONATAL FE	
NEONATAL PLUS	
NESTABS	
NESTABS DHA	
NESTABS ONE	
NIVA-PLUS	
O-CAL PRENATAL	
OB COMPLETE	
OB COMPLETE ONE	
OB COMPLETE PETITE	
OB COMPLETE PREMIER	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
OB COMPLETE/DHA	
OBSTETRIX DHA	
OBSTETRIX EC (WITH DOCUSATE)	
OBSTETRIX ONE (WITH DOCUSATE)	
ONE VITE WOMENS PLUS	
PNV PRENATAL PLUS MULTIVIT+DHA	
PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 20-1	
PNV TABS 29-1	
PNV-DHA	
PNV-DHA+DOCUSATE	
PNV-OMEGA	
PNV-SELECT	
PR NATAL 400	
PR NATAL 400 EC	
PR NATAL 430	
PR NATAL 430 EC	
PREGEN DHA	
PREGENNA	
PREMESISRX	
PRENA 1 TRUE	
PRENA1	
PRENA1 PEARL	
PRENAISSANCE	
PRENAISSANCE PLUS	
PRENARA	
PRENATAL (27-0.8 MG TAB, 27-1 MG TAB)	
PRENATAL + DHA	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	
PRENATAL LOW IRON 27-1 MG TAB	
PRENATAL PLUS	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
PRENATAL PLUS IRON	
PRENATAL PLUS VITAMIN/MINERAL	
PRENATAL PLUS/IRON	
PRENATAL VITAMIN PLUS LOW IRON	
PRENATAL-U	
PRENATAL/FOLIC ACID	
PRENATE	
PRENATE AM	
PRENATE DHA	
PRENATE ELITE	
PRENATE ENHANCE	
PRENATE ESSENTIAL	
PRENATE MINI	
PRENATE PIXIE	
PRENATE RESTORE	
PRENATRIX	
PRENATRYL	
PRENATVITE COMPLETE	
PRENATVITE PLUS	
PRENATVITE RX	
PREPLUS	
PRETAB	
PRIMACARE	
PROVIDA OB	
R-NATAL OB	
RELNATE DHA	
SE-NATAL 19	
SELECT-OB	
SELECT-OB+DHA	
SODIUM FLUORIDE 2.2 (1 F) MG TAB	
TARON-C DHA	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
TARON-PREX	
THRIVITE RX	
TPN ELECTROLYTES	
TRI-TABS DHA	
TRICARE	
TRICARE PRENATAL DHA ONE	
TRINATAL RX 1	
TRINATE	
TRINAZ	
TRISTART DHA	
TRISTART FREE	
TRISTART ONE	
TRIVEEN-DUO DHA	
VINATE DHA RF	
VINATE II	
VINATE ONE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VIRT-PN PLUS	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITAMEDMD ONE RX/QUATREFOLIC	
VITAMEDMD REDICHEW RX	
VITAPEARL	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
VITATHELY WITH GINGER	
VITATRUE	
VIVA DHA	
VOL-PLUS	
VOL-TAB RX	
VP-PNV-DHA	
WESCAP-C DHA	
WESCAP-PN DHA	
WESNATAL DHA COMPLETE	
WESNATE DHA	
WESTAB PLUS	
WESTGEL DHA	
ZALVIT	
ZATEAN-PN DHA	
ZATEAN-PN PLUS	
ZIPHEX	

## GASTROINTESTINAL AGENTS

### ANTI-CONSTIPATION AGENTS

*lactulose (10 gm packet, solution 10 gm/15ml)*

*lactulose (encephalopathy)*

LINZESS

*lubiprostone*

RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, PA  
150 MG TAB)

### ANTI-DIARRHEAL AGENTS

*alosetron hcl*

*diphenoxylate w/ atropine*

DIPHENOXYLATE-ATROPINE

*loperamide hcl cap 2 mg*

XERMELO

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



DRUG NAME	REQUIREMENTS/LIMITS
<b>ANTISPASMODICS, GASTROINTESTINAL</b>	
<i>dicyclomine hcl (cap 10 mg, oral soln 10 mg/5ml, tab 20 mg)</i>	
<i>glycopyrrolate (oral soln 1 mg/5ml, tab 1 mg, 1.5 mg tab, tab 2 mg)</i>	
<b>GASTROINTESTINAL AGENTS, OTHER</b>	
GATTEX	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
URSODIOL (200 MG CAP, CAP 300 MG, TAB 250 MG, 400 MG CAP, TAB 500 MG)	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>	
<i>famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)</i>	
NIZATIDINE (150 MG CAP, CAP 150 MG, 300 MG CAP, CAP 300 MG)	
<b>PROTECTANTS</b>	
<i>sucralfate tab 1 gm</i>	
<b>PROTON PUMP INHIBITORS</b>	
<i>esomeprazole magnesium (cap 20 mg (base eq), cap 40 mg (base eq), for susp packet 10 mg, for susp packet 20 mg, for susp packet 40 mg)</i>	
<i>lansoprazole</i>	
<i>omeprazole (cap 10 mg, cap 20 mg, cap 40 mg)</i>	
<i>pantoprazole sodium (ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg)</i>	
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>	
ARALAST NP	PA3
<i>betaine</i>	
CERDELGA	
CREON	
<i>cromolyn sodium (mastocytosis)</i>	
CYSTAGON	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
CYSTARAN	
ENDARI	
GLASSIA	PA3
<i>miglustat</i>	
PROLASTIN-C	PA3
RAVICTI	
<i>sapropterin dihydrochloride</i>	
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	
SUCRAID	
VIJOICE	
ZEMAIRA 1000 MG RECON SOLN	PA3
ZENPEP (3000-10000 DR, 5000-24000 DR, 10000-32000 DR, 15000-47000 DR, 20000-63000 DR, 25000-79000 DR, 40000-126000 DR)	

## GENITOURINARY AGENTS

### ANTISPASMODICS, URINARY

*darifenacin hydrobromide*

MYRBETRIQ (25 MG TAB ER, 50 MG TAB ER)

*oxybutynin chloride (solution 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)*

OXYTROL

*solifenacin succinate*

*tolterodine tartrate*

*tropium chloride*

### BENIGN PROSTATIC HYPERTROPHY AGENTS

*alfuzosin hcl*

*dutasteride*

*dutasteride-tamsulosin hcl*

*finasteride*

*tamsulosin hcl*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<b>GENITOURINARY AGENTS, OTHER</b>	
<i>bethanechol chloride</i>	
ELMIRON	
<i>penicillamine</i>	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>	
DEXABLISS	
<i>dexamethasone (0.5 mg/5ml solution, tab 0.5 mg, 0.75 mg tab, tab 0.75 mg, tab 1 mg, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, tab 1.5 mg, 2 mg tab, tab 2 mg, tab 4 mg, tab 6 mg, tab therapy pack 1.5 mg (21))</i>	
<i>fludrocortisone acetate</i>	
HEMADY	
<i>methylprednisolone</i>	
<i>mifepristone (hyperglycemia)</i>	PA
<i>prednisolone (15 mg/5ml solution, soln 15 mg/5ml)</i>	
<i>prednisolone sodium phosphate (oral soln 25 mg/5ml (base eq), sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), sod phosphate oral soln 10 mg/5ml (base equiv), sod phosphate oral soln 15 mg/5ml (base equiv), sod phosphate oral soln 20 mg/5ml (base equiv), 25 mg/5ml solution)</i>	
<i>prednisone (tab 1 mg, tab 2.5 mg, 5 mg/5ml solution, tab 5 mg, 10 mg (21) tab thpk, tab 10 mg, tab 20 mg, tab 50 mg, tab therapy pack 5 mg (21), tab therapy pack 5 mg (48), tab therapy pack 10 mg (21), tab therapy pack 10 mg (48))</i>	
PREDNISONE INTENSOL	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>	
<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	
<i>desmopressin acetate spray</i>	
<i>desmopressin acetate spray refrigerated</i>	
GENOTROPIN	PA
GENOTROPIN MINIQICK	PA
HUMATROPE (6 MG, 12 MG, 24 MG)	PA
INCRELEX	
NORDITROPIN FLEXPPO	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
NUTROPIN AQ NUSPIN 10	PA
NUTROPIN AQ NUSPIN 20	PA
NUTROPIN AQ NUSPIN 5	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	PA
SEROSTIM	PA

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

*misoprostol*

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

### ANDROGENS

*danazol*

*testosterone (td gel 10mg/act (2%), 12.5 mg/act (1%) gel, td gel 12.5 mg/act (1%), td gel 20.25 mg/1.25gm (1.62%), td gel 20.25 mg/act (1.62%), td gel 25 mg/2.5gm (1%), td gel 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) gel, td gel 50 mg/5gm (1%), td soln 30 mg/act)*

*testosterone cypionate (in 100 mg/ml, in 200 mg/ml)*

TESTOSTERONE ENANTHATE

### ESTROGENS

*desogestrel & ethinyl estradiol*

*desogestrel-ethinyl estradiol (biphasic)*

*drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg*

*drospirenone-ethinyl estradiol*

*estradiol & norethindrone acetate*

*estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg, td patch weekly 0.025 mg/24hr, td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), td patch weekly 0.05 mg/24hr, td patch weekly 0.06 mg/24hr, td patch weekly 0.075 mg/24hr, td patch weekly 0.1 mg/24hr)*

*estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)*

ESTRING

*ethynodiol diacet & eth estrad*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	
<i>levonorgestrel &amp; eth estradiol</i>	
<i>levonorgestrel-eth estradiol (triphasic)</i>	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	
MENEST	
<i>norethin acet &amp; estrad-fe (ace-eth chew tab 1 mcg (24), ace-ethinyl cap 1 mcg (24), aceethinyl tab 1 mcg)</i>	
<i>norethindrone &amp; ethinyl estradiol-fe</i>	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>norgestrel &amp; ethinyl estradiol</i>	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	
PREMPRO	
PROGESTINS	
DEPO-SUBQ PROVERA 104	
<i>medroxyprogesterone acetate</i>	
<i>medroxyprogesterone acetate (contraceptive)</i>	
<i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i>	
MIRENA (52 MG)	
<i>norethindrone (contraceptive)</i>	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	
<i>raloxifene hcl</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
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### HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

*levothyroxine sodium (tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg)*

*liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)*

### HORMONAL AGENTS, SUPPRESSANT (ADRENAL)

LYSODREN

RECORLEV

### HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

*cabergoline*

ELIGARD

PA3

FIRMAGON

FIRMAGON (240 MG DOSE)

*leuprolide acetate*

LEUPROLIDE ACETATE (3 MONTH)

LUPRON DEPOT (1-MONTH)

PA3

LUPRON DEPOT (3-MONTH)

PA3

LUPRON DEPOT (4-MONTH)

PA3

LUPRON DEPOT (6-MONTH)

PA3

*octreotide acetate (50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml))*

ORGOVYX

SIGNIFOR

SOMAVERT

SYNAREL

TRELSTAR MIXJECT

### HORMONAL AGENTS, SUPPRESSANT (THYROID)

#### ANTITHYROID AGENTS

*methimazole*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>propylthiouracil</i>	
<b>IMMUNOLOGICAL AGENTS</b>	
<b>ANGIOEDEMA AGENTS</b>	
CINRYZE	PA
<i>icatibant acetate</i>	
<b>IMMUNOGLOBULINS</b>	
GAMMAGARD 2.5 GM/25ML SOLUTION	PA3
GAMMAGARD S/D LESS IGA	PA3
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	PA3
GAMUNEX-C 1 GM/10ML SOLUTION	PA3
PRIVIGEN 20 GM/200ML SOLUTION	PA3
<b>IMMUNOLOGICAL AGENTS, OTHER</b>	
ARCALYST	
DUPIXENT	PA
KINERET	
OLUMIANT (1 MG TAB, 2 MG TAB)	
ORENCIA (50 MG/0.4ML SOLN, 87.5 MG/0.7ML SOLN, 125 MG/ML SOLN)	
ORENCIA CLICKJECT	
SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	
SKYRIZI PEN	
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
TALTZ	
TREMFYA	
VELSIPITY	
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	PA
XELJANZ XR	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	PA
<b>IMMUNOSTIMULANTS</b>	
ACTIMMUNE	
PEGASYS	
<b>IMMUNOSUPPRESSANTS</b>	
ADALIMUMAB-ADAZ	
ADALIMUMAB-FKJP	
ASTAGRAF XL	PA3
<i>azathioprine</i>	PA3
<i>cyclosporine (cap 25 mg, cap 100 mg)</i>	PA3
<i>cyclosporine modified (for microemulsion) (cap 25 mg, cap 50 mg, cap 100 mg, oral soln 100 mg/ml)</i>	PA3
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	
ENBREL MINI	
ENBREL SURECLICK	
ENVARUSUS XR	PA3
<i>everolimus (immunosuppressant)</i>	PA3
HUMIRA (10 MG/0.1ML, 20 MG/0.2ML)	
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	
HUMIRA PEDIATRIC CROHNS START (80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML)	
HUMIRA PEN-CD/UC/HS STARTER	
HUMIRA PEN-PEDIATRIC UC START	
HUMIRA PEN-PSOR/UEVIT STARTER	
HUMIRA-PS/UV/ADOL HS STARTER	
<i>leflunomide</i>	
<i>methotrexate sodium (inj 50 mg/2ml (25 mg/ml), inj pf 50 mg/2ml (25 mg/ml), tab 2.5 mg (base equiv))</i>	PA3
<i>mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)</i>	PA3

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



DRUG NAME	REQUIREMENTS/LIMITS
<i>mycophenolate sodium</i>	PA3
PROGRAF (0.2 MG, 1 MG)	PA3
REZUROCK	
SIMPONI	
<i>sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	PA3
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	PA3
XATMEP	PA3
<b>VACCINES</b>	
ABRYSSVO	
ACTHIB	
ADACEL	
AREXVY	
BCG VACCINE	
BEXSERO	
BOOSTRIX	
DAPTACEL	
DIPHTHERIA-TETANUS TOXOIDS DT	
ENGERIX-B	PA3
GARDASIL 9	
HAVRIX	
HEPLISAV-B	PA3
HIBERIX	
IMOVAX RABIES	
INFANRIX	
IPOL	
IXCHIQ	
IXIARO	
JYNNEOS	
KINRIX 0.5 ML SUSP PRSYR	
M-M-R II	
MENACTRA	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
MENQUADFI	
MENVEO (RECON SOLN, SOLUTION)	
PEDIARIX	
PEDVAX HIB	
PENBRAYA	
PENTACEL	
PREHEVBRIO	PA3
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	
RECOMBIVAX HB	PA3
ROTARIX	
ROTATEQ	
SHINGRIX	
TDVAX	
TENIVAC	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
YF-VAX	

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## INFLAMMATORY BOWEL DISEASE AGENTS

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### AMINOSALICYLATES

*balsalazide disodium*

DIPENTUM

*mesalamine (cap dr 400 mg, cap er 24hr 0.375 gm, cap er 500 mg, enema 4 gm, suppos 1000 mg, tab delayed release 1.2 gm, 800 mg tab dr, tab delayed release 800 mg)*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>mesalamine w/ cleanser</i>	
PENTASA 250 MG CAP ER	
<i>sulfasalazine</i>	
<b>GLUCOCORTICOIDS</b>	
<i>budesonide</i>	
<i>hydrocortisone</i>	
<i>hydrocortisone (intrarectal)</i>	
<b>METABOLIC BONE DISEASE AGENTS</b>	
<i>alendronate sodium (tab 10 mg, tab 35 mg, tab 70 mg)</i>	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
<i>calcitriol (cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)</i>	
<i>cinacalcet hcl</i>	PA3
<i>doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg)</i>	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	
PROLIA	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	PA
TYMLOS	PA
XGEVA	PA
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>	
1ST TIER UNIFINE PENTIPS	
1ST TIER UNIFINE PENTIPS PLUS	
ABOUTTIME PEN NEEDLE	
ADVOCATE ALCOHOL PREP PADS	
ADVOCATE INSULIN PEN NEEDLE	
ADVOCATE INSULIN PEN NEEDLES	
ADVOCATE INSULIN SYRINGE	
ALCOH-GLOVE CONTOURED WIPE	
ALCOHOL PADS	
ALCOHOL PREP	
ALCOHOL PREP PADS	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ALCOHOL SWABS	
ALCOHOL SWABSTICK	
APLICARE ALCOHOL SWABSTICK	
AQ INSULIN SYRINGE	
AQINJECT PEN NEEDLE	
ASSURE ID DUO PRO PEN NEEDLES	
ASSURE ID INSULIN SAFETY SYR	
ASSURE ID PRO PEN NEEDLES	
ASSURE ID SAFETY PEN NEEDLES	
AUM INSULIN SAFETY PEN NEEDLE	
AUM MINI INSULIN PEN NEEDLE	
AUM PEN NEEDLE	
AUM READYGARD DUO PEN NEEDLE	
AUM SAFETY PEN NEEDLE	
AURORA PEN NEEDLES	
AURORA UNIFINE PENTIPS	
BAND-AID GAUZE SMALL	
BD AUTOSHIELD	
BD AUTOSHIELD DUO	
BD INSULIN SYR ULTRAFINE II	
BD INSULIN SYRINGE (25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML)	
BD INSULIN SYRINGE HALF-UNIT	
BD INSULIN SYRINGE MICROFINE	
BD INSULIN SYRINGE U-500	
BD INSULIN SYRINGE U/F	
BD INSULIN SYRINGE U/F 1/2UNIT	
BD INSULIN SYRINGE ULTRAFINE	
BD PEN NEEDLE MICRO U/F	
BD PEN NEEDLE MINI U/F	
BD PEN NEEDLE NANO 2ND GEN	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
BD PEN NEEDLE NANO U/F	
BD PEN NEEDLE ORIGINAL U/F	
BD PEN NEEDLE SHORT U/F	
BD SAFETY-LOK INSULIN SYRINGE	
BD SAFETYGLIDE INSULIN SYRINGE	
BD SWAB SINGLE USE REGULAR	
BD SWABS SINGLE USE BUTTERFLY	
BD VEO INSULIN SYR U/F 1/2UNIT	
BD VEO INSULIN SYRINGE U/F	
BRONCHITOL	
BRONCHITOL TOLERANCE TEST	
CAREFINE PEN NEEDLES	
CAREONE INSULIN SYRINGE	
CAREONE UNIFINE PENTIPS	
CAREONE UNIFINE PENTIPS PLUS	
CARETOUCH ALCOHOL PREP	
CARETOUCH INSULIN SYRINGE	
CARETOUCH PEN NEEDLES	
CLEVER CHOICE COMFORT EZ (29G X 12MM, 33G X 4 MM)	
CLICKFINE PEN NEEDLES	
COMFORT ASSIST INSULIN SYRINGE	
COMFORT EZ INSULIN SYRINGE	
COMFORT EZ MICRO PEN NEEDLES	
COMFORT EZ PEN NEEDLES	
COMFORT EZ PRO PEN NEEDLES	
COMFORT EZ SHORT PEN NEEDLES	
COMFORT TOUCH ALCOHOL PREP	
COMFORT TOUCH INSULIN PEN NEED	
CURITY ALCOHOL PREPS	
CURITY ALCOHOL SWABS	
CURITY ALL PURPOSE SPONGES 2"X2" PAD	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
CURITY AMD ANTIMICROBIAL SPNGE 2"X2" PAD	
CURITY GAUZE 2"X2" PAD	
CURITY GAUZE SPONGE 2"X2" PAD	
CURITY SPONGES 2"X2" PAD	
CVS ALCOHOL PREP PADS	
CVS GAUZE 2"X2" PAD	
CVS PREP	
DERMACEA GAUZE SPONGE 2"X2" PAD	
DERMACEA IV DRAIN SPONGES 2"X2" PAD	
DERMACEA IV SPONGES	
DERMACEA NON-WOVEN SPONGES 2"X2" PAD	
DERMACEA TYPE VII GAUZE 2"X2" PAD	
DIATHRIVE PEN NEEDLE	
DROPLET INSULIN SYRINGE	
DROPLET MICRON	
DROPLET PEN NEEDLES	
DROPSAFE ALCOHOL PREP	
DROPSAFE SAFETY PEN NEEDLES	
DROPSAFE SAFETY SYRINGE/NEEDLE	
DRUG MART UNIFINE PENTIPS	
DRUG MART UNIFINE PENTIPS PLUS	
EASY COMFORT ALCOHOL PADS	
EASY COMFORT INSULIN SYRINGE	
EASY COMFORT PEN NEEDLES	
EASY GLIDE PEN NEEDLES	
EASY TOUCH ALCOHOL PREP MEDIUM	
EASY TOUCH FLIPLOCK INSULIN SY	
EASY TOUCH INSULIN SAFETY SYR	
EASY TOUCH INSULIN SYRINGE	
EASY TOUCH PEN NEEDLES	
EASY TOUCH SAFETY PEN NEEDLES	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML)	
ELITE-THIN INSULIN SYRINGE	
EMBRACE PEN NEEDLES	
EQL ALCOHOL SWABS	
EQL GAUZE 2"X2" PAD	
EQL INSULIN SYRINGE	
EXCILON IV SPONGES	
EXEL COMFORT POINT INSULIN SYR	
EXEL COMFORT POINT PEN NEEDLE	
FIFTY50 ALCOHOL PREP	
FIFTY50 PEN NEEDLES	
FIFTY50 SUPERIOR COMFORT SYR	
FREDS PHARMACY UNIFINE PENTIP+	
FREDS PHARMACY UNIFINE PENTIPS	
FREESTYLE PRECISION INS SYR	
GAUZE PADS 2"X2" PAD	
GAUZE TYPE VII MEDI-PAK	
GLOBAL ALCOHOL PREP EASE	
GLOBAL EASE INJECT PEN NEEDLES	
GLOBAL EASY GLIDE INSULIN SYR	
GLOBAL EASY GLIDE PEN NEEDLES	
GLOBAL INJECT EASE INSULIN SYR	
GLOBAL INSULIN SYRINGES	
GLUCOPRO INSULIN SYRINGE	
GNP ALCOHOL SWABS	
GNP CLICKFINE PEN NEEDLES	
GNP INSULIN SYRINGE	
GNP INSULIN SYRINGES	
GNP INSULIN SYRINGES 28GX1/2"	
GNP INSULIN SYRINGES 29GX1/2"	
GNP INSULIN SYRINGES 30GX5/16"	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
GNP INSULIN SYRINGES 31GX5/16"	
GNP STERILE GAUZE 2"X2" PAD	
GNP ULTICARE PEN NEEDLES	
GNP ULTIGUARD SAFEPACK NEEDLE	
GNP ULTRA COM INSULIN SYRINGE	
GOODSENSE CLICKFINE PEN NEEDLE	
GOODSENSE PEN NEEDLE PENFINE	
H-E-B INCONTROL ALCOHOL	
H-E-B INCONTROL PEN NEEDLES	
H-E-B INCONTROL UNIFINE PENTIP	
HEALTHWISE INSULIN SYR/NEEDLE	
HEALTHWISE MICRON PEN NEEDLES	
HEALTHWISE MINI PEN NEEDLES	
HEALTHWISE PEN NEEDLES	
HEALTHWISE SHORT PEN NEEDLES	
HEALTHWISE UNIFINE PENTIPS	
HEALTHY ACCENTS UNIFINE PENTIP	
HM STERILE ALCOHOL PREP	
HM STERILE PADS 2"X2" PAD	
HM ULTICARE INSULIN SYRINGE	
HM ULTICARE MINI PEN NEEDLES	
HM ULTICARE SHORT PEN NEEDLES	
INCONTROL ULTICARE PEN NEEDLES	
INSULIN SYRINGE	
INSULIN SYRINGE-NEEDLE U-100	
INSULIN SYRINGE/NEEDLE	
INSUPEN PEN NEEDLES	
INSUPEN SENSITIVE	
INSUPEN ULTRAFIN	
J & J GAUZE 2"X2" PAD	
KENDALL HYDROPHILIC FOAM DRESS 2"X2" PAD	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



DRUG NAME	REQUIREMENTS/LIMITS
KENDALL HYDROPHILIC FOAM PLUS 2"X2" PAD	
KINRAY INSULIN SYRINGE	
KMART VALU INSULIN SYRINGE 29G	
KMART VALU INSULIN SYRINGE 30G	
KROGER INSULIN SYRINGE	
KROGER PEN NEEDLES	
LAGEVRIO	
LEADER INSULIN SYRINGE	
LEADER UNIFINE PENTIPS	
LEADER UNIFINE PENTIPS PLUS	
LITETOUCH INSULIN SYRINGE	
LITETOUCH PEN NEEDLES	
LONGS INSULIN SYRINGE	
MAGELLAN INSULIN SAFETY SYR	
MARATHON MEDICAL PENTIPS	
MAXI-COMFORT INSULIN SYRINGE	
MAXI-COMFORT SAFETY PEN NEEDLE	
MAXICOMFORT II PEN NEEDLE	
MAXICOMFORT SYR 27G X 1/2"	
MEDIC INSULIN SYRINGE	
MEDICINE SHOPPE PEN NEEDLES	
MEIJER ALCOHOL SWABS	
MEIJER PEN NEEDLES	
MICRODOT PEN NEEDLE	
MIRASORB SPONGES 2"X2" MISC	
MM INSULIN SYRINGE/NEEDLE	
MM PEN NEEDLES	
MONOJECT INSULIN SYRINGE	
MONOJECT ULTRA COMFORT SYRINGE	
MS INSULIN SYRINGE	
NOVOFINE AUTOCOVER PEN NEEDLE	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
NOVOFINE PEN NEEDLE	
NOVOFINE PLUS PEN NEEDLE	
NOVOTWIST PEN NEEDLE	
PAXLOVID (150/100)	
PAXLOVID (300/100)	
PC UNIFINE PENTIPS	
PEN NEEDLES	
PEN NEEDLES 3/16"	
PEN NEEDLES 5/16"	
PENTIPS	
PHARMACIST CHOICE ALCOHOL	
PIP PEN NEEDLES 31G X 5MM	
PIP PEN NEEDLES 32G X 4MM	
PRECISION SURE-DOSE SYRINGE	
PRECISION SUREDOSE PLUS SYR	
PREFERRED PLUS INSULIN SYRINGE	
PREFERRED PLUS UNIFINE PENTIPS	
PREVENT DROPSAFE PEN NEEDLES	
PREVENT SAFETY PEN NEEDLES	
PRO COMFORT ALCOHOL	
PRO COMFORT INSULIN SYRINGE	
PRO COMFORT PEN NEEDLES	
PRODIGY INSULIN SYRINGE	
PURE COMFORT ALCOHOL PREP	
PURE COMFORT PEN NEEDLE	
PX EXTRA SHORT PEN NEEDLES	
PX INSULIN SYRINGE	
PX MINI PEN NEEDLES	
PX PEN NEEDLE	
PX SHORTLENGTH PEN NEEDLES	
QC ALCOHOL SWABS	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
QC BORDER ISLAND GAUZE	
QC PEN NEEDLES	
QC STERILE PADS 2"X2" PAD	
QC UNIFINE PENTIPS	
RA ALCOHOL SWABS	
RA INSULIN SYRINGE	
RA PEN NEEDLES	
RA STERILE 2"X2" PAD	
RAYA SURE PEN NEEDLE	
REALITY INSULIN SYRINGE	
REALITY SWABS	
RELION ALCOHOL SWABS	
RELION INSULIN SYRINGE	
RELION MINI PEN NEEDLES	
RELION PEN NEEDLES	
RELION SHORT PEN NEEDLES	
RESTORE CONTACT LAYER 2"X2" PAD	
SAFESNAP INSULIN SYRINGE	
SAFETY INSULIN SYRINGES	
SAFETY PEN NEEDLES	
SAPS CARE ALCOHOL PREP	
SAPS HEALTH ALCOHOL PREP	
SAPS HEALTH CARE ALCOHOL PREP	
SB ALCOHOL PREP	
SB INSULIN SYRINGE	
SECURESAFE INSULIN SYRINGE	
SECURESAFE SAFETY PEN NEEDLES	
SHOPKO ALCOHOL SWABS	
SHOPKO UNIFINE PENTIPS	
SHOPKO UNIFINE PENTIPS PLUS	
SM ALCOHOL PREP	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
SM GAUZE 2"X2" PAD	
SM STERILE 2"X2" PAD	
STERILE 2"X2" PAD	
STERILE GAUZE 2"X2" PAD	
SURE COMFORT ALCOHOL PREP	
SURE COMFORT INSULIN SYRINGE	
SURE COMFORT PEN NEEDLES	
SURE-FINE PEN NEEDLES	
SURE-JECT INSULIN SYRINGE	
SURE-PREP ALCOHOL PREP	
SURGICAL GAUZE SPONGE	
TECHLITE INSULIN SYRINGE	
TECHLITE PEN NEEDLES	
TECHLITE PLUS PEN NEEDLES	
TEGADERM FOAM 2"X2" PAD	
TGT ALCOHOL SWABS	
THERAGAUZE 2"X2" PAD	
TODAYS HEALTH MINI PEN NEEDLES	
TODAYS HEALTH PEN NEEDLES	
TODAYS HEALTH SHORT PEN NEEDLE	
TOPCARE CLICKFINE PEN NEEDLES	
TOPCARE ULTRA COMFORT INS SYR	
TRUE COMFORT ALCOHOL PREP PADS	
TRUE COMFORT INSULIN SYRINGE	
TRUE COMFORT PEN NEEDLES	
TRUE COMFORT PRO ALCOHOL PREP	
TRUE COMFORT PRO INSULIN SYR	
TRUE COMFORT PRO PEN NEEDLES	
TRUEPLUS 5-BEVEL PEN NEEDLES	
TRUEPLUS INSULIN SYRINGE	
TRUEPLUS PEN NEEDLES	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ULTICARE ALCOHOL SWABS	
ULTICARE INSULIN SAFETY SYR	
ULTICARE INSULIN SYR 1/2 UNIT	
ULTICARE INSULIN SYRINGE	
ULTICARE MICRO PEN NEEDLES	
ULTICARE MINI PEN NEEDLES	
ULTICARE PEN NEEDLES	
ULTICARE SHORT PEN NEEDLES	
ULTIGUARD SAFEPACK PEN NEEDLE	
ULTIGUARD SAFEPACK SYR/NEEDLE	
ULTILET ALCOHOL SWABS	
ULTILET INSULIN SYRINGE	
ULTILET INSULIN SYRINGE SHORT	
ULTILET PEN NEEDLE	
ULTRA COMFORT INSULIN SYRINGE	
ULTRA FLO INSULIN PEN NEEDLES	
ULTRA FLO INSULIN SYR 1/2 UNIT	
ULTRA FLO INSULIN SYRINGE	
ULTRA THIN PEN NEEDLES	
ULTRA-CARE ALCOHOL PREP PADS	
ULTRA-THIN II INS SYR SHORT	
ULTRA-THIN II INSULIN SYRINGE	
ULTRA-THIN II MINI PEN NEEDLE	
ULTRA-THIN II PEN NEEDLE SHORT	
ULTRA-THIN II PEN NEEDLES	
ULTRACARE INSULIN SYRINGE	
ULTRACARE PEN NEEDLES	
UNIFINE PEN NEEDLES	
UNIFINE PENTIPS	
UNIFINE PENTIPS PLUS	
UNIFINE PROTECT PEN NEEDLE	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
UNIFINE SAFECONTROL PEN NEEDLE	
UNIFINE ULTRA PEN NEEDLE	
VALUE HEALTH INSULIN SYRINGE	
VALUMARK PEN NEEDLES	
VANISHPOINT INSULIN SYRINGE	
VERIFINE INSULIN PEN NEEDLE	
VERIFINE INSULIN SYRINGE	
VERIFINE PLUS PEN NEEDLE	
VIDA MIA UNIFINE PENTIPS	
VP INSULIN SYRINGE	
WEBCOL ALCOHOL PREP LARGE	
WEBCOL ALCOHOL PREP MEDIUM	
WEGMANS UNIFINE PENTIPS PLUS	
ZEV RX INSULIN SYRINGE	
ZEV RX PEN NEEDLES	
ZEV RX STERILE ALCOHOL PREP PAD	

## OPHTHALMIC AGENTS

### OPHTHALMIC AGENTS, OTHER

ATROPINE SULFATE 1 % SOLUTION

*atropine sulfate ophth soln 1%*

*bacitracin-poly-neomycin-hc*

*bacitracin-polymyxin b (ophth)*

*brimonidine tartrate-timolol maleate*

*cyclosporine (ophth)*

*dorzolamide hcl-timolol maleate (pf soln 2-0.5%, sol 22.3-6.8 mg/ml pf, soln 2-0.5%, soln 22.3-6.8 mg/ml)*

LACRISERT

*neomycin-bacitracin zn-polymyxin*

*neomycin-polymy-dexameth (oint, susp)*

NEOMYCIN-POLYMYXIN-HC

RESTASIS MULTIDOSE

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	
TOBRADEX 0.3-0.1 % OINTMENT	
<i>tobramycin-dexamethasone</i>	
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>	
<i>azelastine hcl (ophth)</i>	
<i>cromolyn sodium (ophth)</i>	
CROMOLYN SODIUM 4 % SOLUTION	
<b>OPHTHALMIC ANTI-INFECTIVES</b>	
AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
<i>ciprofloxacin hcl (ophth)</i>	
<i>erythromycin (ophth)</i>	
<i>gatifloxacin (ophth)</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	
<i>levofloxacin (ophth)</i>	
LEVOFLOXACIN 0.5 % SOLUTION	
<i>moxifloxacin hcl (ophth)</i>	
NATACYN	
<i>ofloxacin (ophth)</i>	
<i>polymyxin b-trimethoprim</i>	
<i>sulfacetamide sodium (ophth)</i>	
SULFACETAMIDE SODIUM 10 % OINTMENT	
<i>tobramycin (ophth)</i>	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
<i>diclofenac sodium (ophth)</i>	
<i>difluprednate</i>	
<i>fluorometholone (ophth)</i>	
FLURBIPROFEN SODIUM	
FML FORTE	
<i>ketorolac tromethamine (ophth)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
LOTEMAX 0.5 % OINTMENT	
<i>loteprednol etabonate (gel 0.5%, susp 0.2%, susp 0.5%)</i>	
PRED MILD	
PREDNISOLONE ACETATE	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>	
<i>betaxolol hcl (ophth)</i>	
BETAXOLOL HCL 0.5 % SOLUTION	
BETOPTIC-S	
CARTEOLOL HCL	
LEVOBUNOLOL HCL	
<i>timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, preservative free soln 0.25%, preservative free soln 0.5%, soln 0.25%, soln 0.5%, soln 0.5% (once-daily))</i>	
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>	
<i>acetazolamide cap er 12hr 500 mg</i>	
<i>brimonidine tartrate</i>	
<i>dorzolamide hcl ophth soln 2%</i>	
<i>methazolamide</i>	
<i>pilocarpine hcl</i>	
RHOPRESSA	
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>	
<i>bimatoprost</i>	
<i>latanoprost ophth soln 0.005%</i>	
<i>travoprost</i>	
<b>OTIC AGENTS</b>	
CIPRO HC	
CIPROFLOXACIN HCL 0.2 % SOLUTION	
<i>ciprofloxacin-dexamethasone</i>	
<i>hydrocortisone w/acetic acid</i>	
<i>neomycin-polymyxin-hc (otic)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



DRUG NAME	REQUIREMENTS/LIMITS
<i>ofloxacin (otic)</i>	
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>	
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>	
ARNUIITY ELLIPTA	
<i>budesonide (inhalation)</i>	PA3
<i>flunisolide (nasal)</i>	
<i>fluticasone propionate (nasal)</i>	
FLUTICASONE PROPIONATE HFA	
PULMICORT FLEXHALER	
<b>ANTIHISTAMINES</b>	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
CLEMASTINE FUMARATE 2.68 MG TAB	
<i>desloratadine tab 5 mg</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	
<b>ANTILEUKOTRIENES</b>	
<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>zafirlukast</i>	
<i>zileuton</i>	
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>	
ATROVENT HFA	
INCRUSE ELLIPTA	
<i>ipratropium bromide</i>	PA3
<i>ipratropium bromide (nasal)</i>	
SPIRIVA RESPIMAT	
<i>tiotropium bromide monohydrate</i>	
TUDORZA PRESSAIR	
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>	
<i>albuterol sulfate (inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>albuterol sulfate (soln 0.083% (2.5 mg/3ml), soln 0.5% (5 mg/ml), soln 0.63 mg/3ml (base equiv), soln 1.25 mg/3ml (base equiv), (5 mg/ml) 0.5% soln)</i>	PA3
ALBUTEROL SULFATE HFA	
EPINEPHRINE (0.15 MG/0.15ML SOLN, 0.3 MG/0.3ML SOLN)	QL (2 PER 30 OVER TIME)
<i>epinephrine (anaphylaxis) (solution 0.15 mg/0.3ml (1:2000), solution 0.3 mg/0.3ml (1:1000))</i>	QL (2 PER 30 OVER TIME)
<i>levalbuterol hcl (soln 0.31 mg/3ml (base equiv), soln 0.63 mg/3ml (base equiv), soln 1.25 mg/3ml (base equiv), soln conc 1.25 mg/0.5ml (base equiv))</i>	PA3
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	
<b>CYSTIC FIBROSIS AGENTS</b>	
CAYSTON	
KALYDECO	
ORKAMBI	
PULMOZYME	PA3
SYMDEKO	
<i>tobramycin (soln 300 mg/4ml, soln 300 mg/5ml)</i>	PA3
TRIKAFTA	
<b>MAST CELL STABILIZERS</b>	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	PA3
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>	
<i>roflumilast</i>	
THEO-24	
<i>theophylline (tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)</i>	
THEOPHYLLINE ER 300 MG TAB ER 12H	
<b>PULMONARY ANTIHYPERTENSIVES</b>	
ADEMPAS	PA
<i>ambrisentan</i>	
OPSUMIT	PA
<i>sildenafil citrate tab 20 mg</i>	PA2

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>tadalafil (pulmonary hypertension)</i>	PA2
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	
<b>PULMONARY FIBROSIS AGENTS</b>	
OFEV	
<i>pirfenidone (cap 267 mg, tab 267 mg, 534 mg tab, tab 801 mg)</i>	
<b>RESPIRATORY TRACT AGENTS, OTHER</b>	
<i>acetylcysteine</i>	PA3
ANORO ELLIPTA	
BUDESONIDE-FORMOTEROL FUMARATE	
<i>budesonide-formoterol fumarate dihydrate</i>	
COMBIVENT RESPIMAT	
FLUTICASONE FUROATE-VILANTEROL	
<i>fluticasone-salmeterol (45-21 mcg/act aerosol, 55-14 mcg/act aer pow ba, aer powder ba 100-50 mcg/act, 113-14 mcg/act aer pow ba, 115-21 mcg/act aerosol, 230-21 mcg/act aerosol, 232-14 mcg/act aer pow ba, aer powder ba 250-50 mcg/act, aer powder ba 500-50 mcg/act)</i>	
<i>ipratropium-albuterol</i>	PA3
NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	PA
TRELEGY ELLIPTA	
<i>wixela inhub</i>	
<b>SKELETAL MUSCLE RELAXANTS</b>	
<i>cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	
<b>SLEEP DISORDER AGENTS</b>	
<b>SLEEP PROMOTING AGENTS</b>	
<i>doxepin hcl (sleep)</i>	
HETLIOZ LQ	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>ramelteon</i>	
<i>tasimelteon</i>	PA
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem tartrate (tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg)</i>	
<b>WAKEFULNESS PROMOTING AGENTS</b>	
<i>modafinil</i>	PA
SODIUM OXYBATE	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

# Index of Drugs

<b>1</b>	
1ST TIER UNIFINE PENTIPS	59
1ST TIER UNIFINE PENTIPS PLUS	59
<b>A</b>	
abacavir sulfate	26
abacavir sulfate-lamivudine	26
ABELCET	13
ABILIFY ASIMTUFI	23
ABILIFY MAINTENA	23
abiraterone acetate	16
ABOUTTIME PEN NEEDLE	59
ABRYVO	57
acamprosate calcium	3
acarbose	29
acetaminophen w/ codeine	3
ACETAMINOPHEN-CODEINE	3
acetazolamide	34
acetic acid (otic)	4
acetylcysteine	75
acitretin	39
ACTHIB	57
ACTIMMUNE	56
acyclovir	28
acyclovir sodium	28
acyclovir topical	28
ADACEL	57
ADALIMUMAB-ADAZ	56
ADALIMUMAB-FKJP	56
adefovir dipivoxil	25
ADEMPAS	74
ADVOCATE ALCOHOL PREP PADS	59
ADVOCATE INSULIN PEN NEEDLE	59
ADVOCATE INSULIN PEN NEEDLES	59
ADVOCATE INSULIN SYRINGE	59
AJOVY	15
AKEEGA	17
albendazole	21
albuterol sulfate	73
ALBUTEROL SULFATE HFA	74
ALCOH-GLOVE CONTOURED WIPE	59
ALCOHOL PADS	59
ALCOHOL PREP	59
ALCOHOL PREP PADS	59
ALCOHOL SWABS	60
ALCOHOL SWABSTICK	60
ALECENSA	18
alendronate sodium	59
alfuzosin hcl	50
aliskiren fumarate	34
allopurinol	14
ALOGLIPTIN BENZOATE	29
ALOGLIPTIN-METFORMIN HCL	29
ALOGLIPTIN-PIOGLITAZONE	29
alosetron hcl	48
alprazolam	28
ALPRAZOLAM INTENSOL	28
ALUNBRIG	18
amantadine hcl	22
ambrisentan	74
amikacin sulfate	4
amiloride & hydrochlorothiazide	34
amiloride hcl	35
AMILORIDE-HYDROCHLOROTHIAZIDE	34
amino acid infusion	41
amiodarone hcl	33
amitriptyline hcl	12
amlodipine besylate	34
amlodipine besylate-benazepril hcl	34
amlodipine besylate-valsartan	34
amlodipine-valsartan-hydrochlorothiazide	34
amoxapine	12
amoxicillin	7
amoxicillin & pot clavulanate	7
AMOXICILLIN-POT CLAVULANATE	7
AMOXICILLIN-POT CLAVULANATE ER	7
amphetamine-dextroamphetamine	37
AMPHOTERICIN B	13
amphotericin b liposome	13
AMPICILLIN	7
ampicillin & sulbactam sodium	7

AMPICILLIN SODIUM.....	7	AUM MINI INSULIN PEN NEEDLE.....	60
AMPICILLIN-SULBACTAM SODIUM.....	7	AUM PEN NEEDLE.....	60
anagrelide hcl.....	31	AUM READYGARD DUO PEN NEEDLE.....	60
anastrozole.....	18	AUM SAFETY PEN NEEDLE.....	60
ANORO ELLIPTA.....	75	AURORA PEN NEEDLES.....	60
APLICARE ALCOHOL SWABSTICK.....	60	AURORA UNIFINE PENTIPS.....	60
apomorphine hydrochloride.....	22	AUVELITY.....	11
aprepitant.....	13	AVONEX PEN.....	38
APTIOM.....	10	AVONEX PREFILLED.....	38
APTIVUS.....	27	AYVAKIT.....	18
AQ INSULIN SYRINGE.....	60	AZASITE.....	71
AQINJECT PEN NEEDLE.....	60	azathioprine.....	56
ARALAST NP.....	49	azelastine hcl.....	73
ARANESP (ALBUMIN FREE).....	32	azelastine hcl (ophth).....	71
ARCALYST.....	55	AZESCHEW PRENATAL/POSTNATAL.....	43
AREXVY.....	57	AZESCO.....	43
aripiprazole.....	24	azithromycin.....	8
ARISTADA.....	24	aztreonam.....	4
ARISTADA INITIO.....	24		
ARNUITY ELLIPTA.....	73	<b>B</b>	
asenapine maleate.....	24	BACITRACIN.....	71
aspirin-dipyridamole.....	32	bacitracin-poly-neomycin-hc.....	70
ASSURE ID DUO PRO PEN NEEDLES.....	60	bacitracin-polymyxin b (ophth).....	70
ASSURE ID INSULIN SAFETY SYR.....	60	baclofen.....	25
ASSURE ID PRO PEN NEEDLES.....	60	BAL-CARE DHA.....	43
ASSURE ID SAFETY PEN NEEDLES.....	60	balsalazide disodium.....	58
ASTAGRAF XL.....	56	BALVERSA.....	18
ATABEX EC.....	43	BAND-AID GAUZE SMALL.....	60
ATABEX OB.....	43	BAQSIMI ONE PACK.....	30
atazanavir sulfate.....	27	BAQSIMI TWO PACK.....	30
atenolol.....	33	BARACLUDGE.....	25
atenolol & chlorthalidone.....	34	BCG VACCINE.....	57
atomoxetine hcl.....	37	BD AUTOSHIELD.....	60
atorvastatin calcium.....	36	BD AUTOSHIELD DUO.....	60
atovaquone.....	21	BD INSULIN SYR ULTRAFINE II.....	60
atovaquone-proguanil hcl.....	21	BD INSULIN SYRINGE.....	60
ATROPINE SULFATE.....	70	BD INSULIN SYRINGE HALF-UNIT.....	60
atropine sulfate (ophthalmic).....	70	BD INSULIN SYRINGE MICROFINE.....	60
ATROVENT HFA.....	73	BD INSULIN SYRINGE U-500.....	60
AUGTYRO.....	17	BD INSULIN SYRINGE U/F.....	60
AUM INSULIN SAFETY PEN NEEDLE.....	60	BD INSULIN SYRINGE U/F 1/2UNIT.....	60

BD INSULIN SYRINGE ULTRAFINE	60	BRIVIACT	9
BD PEN NEEDLE MICRO U/F	60	bromocriptine mesylate	22
BD PEN NEEDLE MINI U/F	60	BRONCHITOL	61
BD PEN NEEDLE NANO 2ND GEN	60	BRONCHITOL TOLERANCE TEST	61
BD PEN NEEDLE NANO U/F	61	BRUKINSA	17
BD PEN NEEDLE ORIGINAL U/F	61	budesonide	59
BD PEN NEEDLE SHORT U/F	61	budesonide (inhalation)	73
BD SAFETY-LOK INSULIN SYRINGE	61	BUDESONIDE-FORMOTEROL FUMARATE	75
BD SAFETYGLIDE INSULIN SYRINGE	61	budesonide-formoterol fumarate dihydrate	75
BD SWAB SINGLE USE REGULAR	61	bumetanide	35
BD SWABS SINGLE USE BUTTERFLY	61	buprenorphine hcl	4
BD VEO INSULIN SYR U/F 1/2UNIT	61	buprenorphine hcl-naloxone hcl dihydrate	4
BD VEO INSULIN SYRINGE U/F	61	bupropion hcl	11
benzoyl peroxide-erythromycin	39	bupropion hcl (smoking deterrent)	4
benztropine mesylate	22	BUPROPION HCL ER (XL)	11
BESREMI	17	bupirone hcl	28
betaine	49		
betamethasone dipropionate (topical)	39	<b>C</b>	
BETAMETHASONE DIPROPIONATE AUG	39	C-NATE DHA	43
betamethasone dipropionate augmented	39	cabergoline	54
betamethasone valerate	39	CABOMETYX	18
BETASERON	38	calcipotriene	40
BETAXOLOL HCL	72	calcitonin (salmon)	59
betaxolol hcl (ophth)	72	calcitriol	59
bethanechol chloride	51	calcium acetate (phosphate binder)	42
BETOPTIC-S	72	CALQUENCE	18
bexarotene	21	candesartan cilexetil	32
bexarotene (topical)	21	CAPLYTA	24
BEXSERO	57	CAPRELSA	18
bicalutamide	16	carbamazepine	10
BICILLIN L-A	7	carbidopa	22
BIKTARVY	26	carbidopa-levodopa	23
bimatoprost	72	CARBIDOPA-LEVODOPA-ENTACAPONE	22
bisoprolol & hydrochlorothiazide	34	CAREFINE PEN NEEDLES	61
bisoprolol fumarate	33	CAREONE INSULIN SYRINGE	61
BOOSTRIX	57	CAREONE UNIFINE PENTIPS	61
BOSULIF	18	CAREONE UNIFINE PENTIPS PLUS	61
BRAFTOVI	18	CARETOUCH ALCOHOL PREP	61
BRILINTA	32	CARETOUCH INSULIN SYRINGE	61
brimonidine tartrate	72	CARETOUCH PEN NEEDLES	61
brimonidine tartrate-timolol maleate	70	carglumic acid	41

CARTEOLOL HCL.....	72	CITRANATAL B-CALM.....	43
carvedilol.....	33	CITRANATAL BLOOM.....	43
casprofungin acetate.....	13	CITRANATAL BLOOM DHA.....	43
CAYSTON.....	74	CITRANATAL DHA.....	43
cefadroxil.....	6	CITRANATAL ESSENCE.....	43
CEFAZOLIN SODIUM.....	6	CITRANATAL HARMONY.....	43
cefdinir.....	6	CITRANATAL MEDLEY.....	43
cefepime hcl.....	6	CITRANATAL RX.....	43
cefixime.....	6	clarithromycin.....	8
cefoxitin sodium.....	6	CLEMASTINE FUMARATE.....	73
cefpodoxime proxetil.....	6	CLEOCIN.....	4
cefprozil.....	6	CLEVER CHOICE COMFORT EZ.....	61
ceftazidime.....	6	CLICKFINE PEN NEEDLES.....	61
ceftriaxone sodium.....	6	clindamycin hcl.....	4
cefuroxime axetil.....	6	clindamycin palmitate hydrochloride.....	4
cefuroxime sodium.....	6	clindamycin phosphate.....	4
celecoxib.....	2	clindamycin phosphate (topical).....	5
cephalexin.....	7	clindamycin phosphate in d5w.....	5
CERDELGA.....	49	clindamycin phosphate vaginal.....	5
chlorhexidine gluconate (mouth-throat).....	39	CLINIMIX E/DEXTROSE (2.75/5).....	41
chloroquine phosphate.....	21	CLINIMIX E/DEXTROSE (4.25/10).....	41
chlorpromazine hcl.....	23	CLINIMIX E/DEXTROSE (4.25/5).....	41
chlorthalidone.....	35	CLINIMIX E/DEXTROSE (5/15).....	41
cholestyramine.....	36	CLINIMIX E/DEXTROSE (5/20).....	41
cholestyramine light.....	36	CLINIMIX/DEXTROSE (4.25/10).....	41
choline fenofibrate.....	35	CLINIMIX/DEXTROSE (4.25/5).....	41
ciclopirox.....	40	CLINIMIX/DEXTROSE (5/15).....	41
ciclopirox olamine.....	14	CLINIMIX/DEXTROSE (5/20).....	41
cilostazol.....	32	clobazam.....	10
CIMDUO.....	26	clobetasol propionate.....	39
cinacalcet hcl.....	59	clobetasol propionate emollient base.....	39
CINRYZE.....	55	clobetasol propionate emulsion.....	39
CIPRO HC.....	72	clomipramine hcl.....	12
ciprofloxacin hcl.....	8	clonazepam.....	28
CIPROFLOXACIN HCL.....	72	clonidine.....	32
ciprofloxacin hcl (ophth).....	71	clonidine hcl.....	32
ciprofloxacin in d5w.....	8	clopidogrel bisulfate.....	32
ciprofloxacin-dexamethasone.....	72	clorazepate dipotassium.....	28
citalopram hydrobromide.....	12	clotrimazole.....	14
CITRANATAL 90 DHA.....	43	clotrimazole (topical).....	14
CITRANATAL ASSURE.....	43	clotrimazole w/ betamethasone.....	40



clozapine	25	CVS GAUZE	62
CO-NATAL FA	43	CVS PREP	62
COARTEM	21	cyclobenzaprine hcl	75
CODEINE SULFATE	3	CYCLOPHOSPHAMIDE	16
colchicine	14	CYCLOSET	29
colchicine w/ probenecid	14	cyclosporine	56
colesevelam hcl	36	cyclosporine (ophth)	70
colistimethate sodium	5	cyclosporine modified (for microemulsion)	56
COMBIVENT RESPIMAT	75	CYSTAGON	49
COMETRIQ (100 MG DAILY DOSE)	18	CYSTARAN	50
COMETRIQ (140 MG DAILY DOSE)	18		
COMETRIQ (60 MG DAILY DOSE)	19	<b>D</b>	
COMFORT ASSIST INSULIN SYRINGE	61	dabigatran etexilate mesylate	31
COMFORT EZ INSULIN SYRINGE	61	dalfampridine	38
COMFORT EZ MICRO PEN NEEDLES	61	danazol	52
COMFORT EZ PEN NEEDLES	61	DAPAGLIFLOZIN PROPANEDIOL	29
COMFORT EZ PRO PEN NEEDLES	61	dapsone	15
COMFORT EZ SHORT PEN NEEDLES	61	DAPTACEL	57
COMFORT TOUCH ALCOHOL PREP	61	daptomycin	5
COMFORT TOUCH INSULIN PEN NEED	61	darifenacin hydrobromide	50
COMPLERA	26	darunavir	27
COMPLETE NATAL DHA	43	DAURISMO	19
COMPLETENATE	43	deferasirox	42
CONCEPT DHA	43	deferiprone	42
CONCEPT OB	43	DELSTRIGO	26
COPIKTRA	19	demeclocycline hcl	8
CORLANOR	34	DEPO-SUBQ PROVERA 104	53
COTELLIC	19	DERMACEA GAUZE SPONGE	62
CREON	49	DERMACEA IV DRAIN SPONGES	62
CROMOLYN SODIUM	71	DERMACEA IV SPONGES	62
cromolyn sodium	74	DERMACEA NON-WOVEN SPONGES	62
cromolyn sodium (mastocytosis)	49	DERMACEA TYPE VII GAUZE	62
cromolyn sodium (ophth)	71	DERMACINRX PRETRATE	43
CURITY ALCOHOL PREPS	61	DESCOVY	26
CURITY ALCOHOL SWABS	61	desipramine hcl	13
CURITY ALL PURPOSE SPONGES	61	desloratadine	73
CURITY AMD ANTIMICROBIAL SPNGE	62	desmopressin acetate	51
CURITY GAUZE	62	desmopressin acetate spray	51
CURITY GAUZE SPONGE	62	desmopressin acetate spray refrigerated	51
CURITY SPONGES	62	desogestrel & ethinyl estradiol	52
CVS ALCOHOL PREP PADS	62	desogestrel-ethinyl estradiol (biphasic)	52

DESVENLAFAXINE ER	12	dorzolamide hcl	72
desvenlafaxine succinate	12	dorzolamide hcl-timolol maleate	70
DEXABLISS	51	DOVATO	26
DEXAMETHASONE	51	doxazosin mesylate	32
DEXAMETHASONE SODIUM PHOSPHATE	71	doxepin hcl	13
dexmethylphenidate hcl	37	doxepin hcl (antipruritic)	39
dextroamphetamine sulfate	37	doxepin hcl (sleep)	75
dextrose	41	doxercalciferol	59
dextrose w/ sodium chloride	41	doxycycline (monohydrate)	9
DEXTROSE-SODIUM CHLORIDE	41	doxycycline hyclate	9
DIACOMIT	9	dronabinol	13
DIATHRIVE PEN NEEDLE	62	DROPLET INSULIN SYRINGE	62
DIAZEPAM	10	DROPLET MICRON	62
diazepam	28	DROPLET PEN NEEDLES	62
diazepam (anticonvulsant)	10	DROPSAFE ALCOHOL PREP	62
diazoxide	30	DROPSAFE SAFETY PEN NEEDLES	62
DICLOFENAC EPOLAMINE	2	DROPSAFE SAFETY SYRINGE/NEEDLE	62
diclofenac potassium	2	drospirenone-ethinyl estradiol	52
diclofenac sodium	2	drospirenone-ethinyl estradiol-levomefolate calcium	52
diclofenac sodium (actinic keratoses)	40	droxidopa	32
diclofenac sodium (ophth)	71	DRUG MART UNIFINE PENTIPS	62
diclofenac sodium (topical)	2	DRUG MART UNIFINE PENTIPS PLUS	62
dicloxacillin sodium	7	DUAVEE	53
dicyclomine hcl	49	DUET DHA 400	43
DIFICID	8	DUET DHA BALANCED	44
difluprednate	71	duloxetine hcl	38
digoxin	34	DUPIXENT	55
dihydroergotamine mesylate	15	dutasteride	50
DILANTIN	10	dutasteride-tamsulosin hcl	50
diltiazem hcl	34		
diltiazem hcl coated beads	34	<b>E</b>	
diltiazem hcl extended release beads	34	EASY COMFORT ALCOHOL PADS	62
dimethyl fumarate	38	EASY COMFORT INSULIN SYRINGE	62
DIPENTUM	58	EASY COMFORT PEN NEEDLES	62
diphenoxylate w/ atropine	48	EASY GLIDE PEN NEEDLES	62
DIPHENOXYLATE-ATROPINE	48	EASY TOUCH ALCOHOL PREP MEDIUM	62
DIPHThERIA-TETANUS TOXOIDS DT	57	EASY TOUCH FLIPLOCK INSULIN SY	62
disulfiram	4	EASY TOUCH INSULIN SAFETY SYR	62
divalproex sodium	9	EASY TOUCH INSULIN SYRINGE	62
dofetilide	33	EASY TOUCH PEN NEEDLES	62
donepezil hydrochloride	11		

EASY TOUCH SAFETY PEN NEEDLES . . . . .	62	ERGOTAMINE-CAFFEINE . . . . .	15
EASY TOUCH SHEATHLOCK SYRINGE . . . . .	63	ERIVEDGE . . . . .	19
EDURANT . . . . .	26	ERLEADA . . . . .	16
efavirenz . . . . .	26	erlotinib hcl . . . . .	19
efavirenz-emtricitabine-tenofovir disoproxil fumarate . . . . .	26	ertapenem sodium . . . . .	7
efavirenz-lamivudine-tenofovir disoproxil fumarate . . . . .	26	ERY . . . . .	40
ELIGARD . . . . .	54	ERYTHROCIN LACTOBIONATE . . . . .	8
ELIQUIS . . . . .	31	ERYTHROCIN STEARATE . . . . .	8
ELIQUIS DVT/PE STARTER PACK . . . . .	31	erythromycin (acne aid) . . . . .	40
ELITE-OB . . . . .	44	erythromycin (ophth) . . . . .	71
ELITE-THIN INSULIN SYRINGE . . . . .	63	erythromycin base . . . . .	8
ELMIRON . . . . .	51	erythromycin ethylsuccinate . . . . .	8
EMBRACE PEN NEEDLES . . . . .	63	erythromycin lactobionate . . . . .	8
EMSAM . . . . .	11	ERYTHROMYCIN STEARATE . . . . .	8
emtricitabine . . . . .	26	escitalopram oxalate . . . . .	12
emtricitabine-tenofovir disoproxil fumarate . . . . .	26	esomeprazole magnesium . . . . .	49
EMTRIVA . . . . .	27	estradiol . . . . .	52
enalapril maleate . . . . .	33	estradiol & norethindrone acetate . . . . .	52
enalapril maleate & hydrochlorothiazide . . . . .	34	estradiol vaginal . . . . .	52
ENBRACE HR . . . . .	44	ESTRING . . . . .	52
ENBREL . . . . .	56	ethambutol hcl . . . . .	16
ENBREL MINI . . . . .	56	ethosuximide . . . . .	10
ENBREL SURECLICK . . . . .	56	ethynodiol diacet & eth estrad . . . . .	52
ENDARI . . . . .	50	etodolac . . . . .	2
ENGERIX-B . . . . .	57	etonogestrel-ethinyl estradiol . . . . .	53
enoxaparin sodium . . . . .	31	etravirine . . . . .	26
entacapone . . . . .	22	everolimus . . . . .	19
entecavir . . . . .	25	everolimus (immunosuppressant) . . . . .	56
ENTRESTO . . . . .	34	EVOTAZ . . . . .	27
ENVARUS XR . . . . .	56	EXCILON IV SPONGES . . . . .	63
EPIDIOLEX . . . . .	9	EXEL COMFORT POINT INSULIN SYR . . . . .	63
EPINEPHRINE . . . . .	74	EXEL COMFORT POINT PEN NEEDLE . . . . .	63
epinephrine (anaphylaxis) . . . . .	74	exemestane . . . . .	18
eplerenone . . . . .	35	EXKIVITY . . . . .	17
EPRONTIA . . . . .	9	ezetimibe . . . . .	36
EQL ALCOHOL SWABS . . . . .	63		
EQL GAUZE . . . . .	63	<b>F</b>	
EQL INSULIN SYRINGE . . . . .	63	famciclovir . . . . .	28
ERGOLOID MESYLATES . . . . .	11	famotidine . . . . .	49
		FANAPT . . . . .	24
		FANAPT TITRATION PACK . . . . .	24

FARXIGA . . . . .	29	FOLIVANE-OB . . . . .	44
febuxostat . . . . .	14	fondaparinux sodium . . . . .	31
felbamate . . . . .	9	fosamprenavir calcium . . . . .	27
fenofibrate . . . . .	35	fosfomicin tromethamine . . . . .	5
fenofibrate micronized . . . . .	35	FOSRENOL . . . . .	42
fentanyl . . . . .	2	FOTIVDA . . . . .	17
fentanyl citrate . . . . .	3	FREDS PHARMACY UNIFINE PENTIP+ . . . . .	63
FERRIPROX . . . . .	42	FREDS PHARMACY UNIFINE PENTIPS . . . . .	63
FETZIMA . . . . .	12	FREESTYLE PRECISION INS SYR . . . . .	63
FETZIMA TITRATION . . . . .	12	FRUZAQLA . . . . .	19
FIFTY50 ALCOHOL PREP . . . . .	63	furosemide . . . . .	35
FIFTY50 PEN NEEDLES . . . . .	63	FUZEON . . . . .	27
FIFTY50 SUPERIOR COMFORT SYR . . . . .	63	FYCOMPA . . . . .	9
finasteride . . . . .	50		
FINTEPLA . . . . .	9	<b>G</b>	
FIRMAGON . . . . .	54	gabapentin . . . . .	10
FIRMAGON (240 MG DOSE) . . . . .	54	galantamine hydrobromide . . . . .	11
flecainide acetate . . . . .	33	GAMMAGARD . . . . .	55
fluconazole . . . . .	14	GAMMAGARD S/D LESS IGA . . . . .	55
fluconazole in nacl . . . . .	14	GAMMAPLEX . . . . .	55
flucytosine . . . . .	14	GAMUNEX-C . . . . .	55
fludrocortisone acetate . . . . .	51	GARDASIL 9 . . . . .	57
flunisolide (nasal) . . . . .	73	gatifloxacin (ophth) . . . . .	71
fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%) . . . . .	39	GATTEX . . . . .	49
fluorometholone (ophth) . . . . .	71	GAUZE PADS . . . . .	63
FLUOROURACIL . . . . .	40	GAUZE TYPE VII MEDI-PAK . . . . .	63
fluorouracil (topical) . . . . .	40	GAVRETO . . . . .	19
fluoxetine hcl . . . . .	12	gefitinib . . . . .	19
FLUOXETINE HCL (PMDD) . . . . .	12	gemfibrozil . . . . .	35
fluphenazine decanoate . . . . .	23	GENOTROPIN . . . . .	51
fluphenazine hcl . . . . .	23	GENOTROPIN MINIQICK . . . . .	51
FLURBIPROFEN SODIUM . . . . .	71	gentamicin in saline . . . . .	4
FLUTICASONE FUROATE-VILANTEROL . . . . .	75	gentamicin sulfate . . . . .	4
fluticasone propionate . . . . .	39	gentamicin sulfate (ophth) . . . . .	71
fluticasone propionate (nasal) . . . . .	73	gentamicin sulfate (topical) . . . . .	4
FLUTICASONE PROPIONATE HFA . . . . .	73	GENVOYA . . . . .	26
fluticasone-salmeterol . . . . .	75	GILOTRIF . . . . .	19
fluvoxamine maleate . . . . .	12	GLASSIA . . . . .	50
FML FORTE . . . . .	71	glatiramer acetate . . . . .	38
		GLEOSTINE . . . . .	16
		glimepiride . . . . .	29

GLIPIZIDE.....	29	HEALTHWISE MINI PEN NEEDLES.....	64
glipizide-metformin hcl.....	29	HEALTHWISE PEN NEEDLES.....	64
GLOBAL ALCOHOL PREP EASE.....	63	HEALTHWISE SHORT PEN NEEDLES.....	64
GLOBAL EASE INJECT PEN NEEDLES.....	63	HEALTHWISE UNIFINE PENTIPS.....	64
GLOBAL EASY GLIDE INSULIN SYR.....	63	HEALTHY ACCENTS UNIFINE PENTIP.....	64
GLOBAL EASY GLIDE PEN NEEDLES.....	63	HEMADY.....	51
GLOBAL INJECT EASE INSULIN SYR.....	63	heparin sodium (porcine).....	31
GLOBAL INSULIN SYRINGES.....	63	HEPLISAV-B.....	57
GLUCAGEN HYPOKIT.....	30	HETLIOZ LO.....	75
GLUCAGON EMERGENCY.....	30	HIBERIX.....	57
GLUCOPRO INSULIN SYRINGE.....	63	HM STERILE ALCOHOL PREP.....	64
glycopyrrolate.....	49	HM STERILE PADS.....	64
GNP ALCOHOL SWABS.....	63	HM ULTICARE INSULIN SYRINGE.....	64
GNP CLICKFINE PEN NEEDLES.....	63	HM ULTICARE MINI PEN NEEDLES.....	64
GNP INSULIN SYRINGE.....	63	HM ULTICARE SHORT PEN NEEDLES.....	64
GNP INSULIN SYRINGES.....	63	HUMALOG MIX 50/50 KWIKPEN.....	30
GNP INSULIN SYRINGES 28GX1/2".....	63	HUMALOG MIX 75/25.....	30
GNP INSULIN SYRINGES 29GX1/2".....	63	HUMATROPE.....	51
GNP INSULIN SYRINGES 30GX5/16".....	63	HUMIRA.....	56
GNP INSULIN SYRINGES 31GX5/16".....	64	HUMIRA (2 PEN).....	56
GNP STERILE GAUZE.....	64	HUMIRA (2 SYRINGE).....	56
GNP ULTICARE PEN NEEDLES.....	64	HUMIRA PEDIATRIC CROHNS START.....	56
GNP ULTIGUARD SAFEPACK NEEDLE.....	64	HUMIRA PEN-CD/UC/HS STARTER.....	56
GNP ULTRA COM INSULIN SYRINGE.....	64	HUMIRA PEN-PEDIATRIC UC START.....	56
GOODSENSE CLICKFINE PEN NEEDLE.....	64	HUMIRA PEN-PSOR/UEVIT STARTER.....	56
GOODSENSE PEN NEEDLE PENFINE.....	64	HUMIRA-PS/UV/ADOL HS STARTER.....	56
griseofulvin microsize.....	14	HUMULIN 70/30.....	30
griseofulvin ultramicrosize.....	14	HUMULIN 70/30 KWIKPEN.....	30
guanfacine hcl.....	32	HUMULIN N.....	30
guanfacine hcl (adhd).....	37	HUMULIN N KWIKPEN.....	30
<b>H</b>		HUMULIN R.....	30
H-E-B INCONTROL ALCOHOL.....	64	HUMULIN R U-500 (CONCENTRATED).....	30
H-E-B INCONTROL PEN NEEDLES.....	64	HUMULIN R U-500 KWIKPEN.....	30
H-E-B INCONTROL UNIFINE PENTIP.....	64	hydralazine hcl.....	36
haloperidol.....	23	hydrochlorothiazide.....	35
haloperidol decanoate.....	23	hydrocodone-acetaminophen.....	3
haloperidol lactate.....	23	hydrocortisone.....	59
HAVRIX.....	57	hydrocortisone (intrarectal).....	59
HEALTHWISE INSULIN SYR/NEEDLE.....	64	hydrocortisone (rectal).....	40
HEALTHWISE MICRON PEN NEEDLES.....	64	hydrocortisone (topical).....	40
		hydrocortisone w/acetic acid.....	72

hydromorphone hcl . . . . .	3	INSULIN LISPRO (1 UNIT DIAL) . . . . .	30
HYDROMORPHONE HCL PF . . . . .	3	INSULIN LISPRO JUNIOR KWIKPEN . . . . .	30
hydroxychloroquine sulfate . . . . .	22	INSULIN LISPRO PROT & LISPRO . . . . .	30
hydroxyurea . . . . .	17	INSULIN SYRINGE . . . . .	64
hydroxyzine hcl . . . . .	28	INSULIN SYRINGE-NEEDLE U-100 . . . . .	64
hydroxyzine pamoate . . . . .	28	INSULIN SYRINGE/NEEDLE . . . . .	64
<b>I</b>			
ibandronate sodium . . . . .	59	INSUPEN PEN NEEDLES . . . . .	64
IBRANCE . . . . .	19	INSUPEN SENSITIVE . . . . .	64
ibuprofen . . . . .	2	INSUPEN ULTRAFIN . . . . .	64
icatibant acetate . . . . .	55	INTELENCE . . . . .	26
ICLUSIG . . . . .	19	INTRALIPID . . . . .	41
icosapent ethyl . . . . .	36	INVEGA HAFYERA . . . . .	24
IDHIFA . . . . .	17	INVEGA SUSTENNA . . . . .	24
imatinib mesylate . . . . .	19	INVEGA TRINZA . . . . .	24
IMBRUVICA . . . . .	19	IPOL . . . . .	57
IMIPENEM-CILASTATIN . . . . .	7	ipratropium bromide . . . . .	73
imipramine hcl . . . . .	13	ipratropium bromide (nasal) . . . . .	73
imipramine pamoate . . . . .	13	ipratropium-albuterol . . . . .	75
imiquimod . . . . .	40	irbesartan . . . . .	33
IMOVAX RABIES . . . . .	57	irbesartan-hydrochlorothiazide . . . . .	34
INATAL GT . . . . .	44	ISENTRESS . . . . .	26
INCONTROL ULTICARE PEN NEEDLES . . . . .	64	ISENTRESS HD . . . . .	26
INCRELEX . . . . .	51	ISOLYTE-P IN D5W . . . . .	41
INCRUSE ELLIPTA . . . . .	73	ISONIAZID . . . . .	16
indapamide . . . . .	35	isosorbide dinitrate . . . . .	36
indomethacin . . . . .	2	isosorbide mononitrate . . . . .	36
INFANRIX . . . . .	57	isotretinoin . . . . .	39
INLYTA . . . . .	19	itraconazole . . . . .	14
INQOVI . . . . .	17	ivermectin . . . . .	21
INREBIC . . . . .	17	IWILFIN . . . . .	17
INSULIN ASP PROT & ASP FLEXPEN . . . . .	30	IXCHIQ . . . . .	57
INSULIN ASPART . . . . .	30	IXIARO . . . . .	57
INSULIN ASPART FLEXPEN . . . . .	30	<b>J</b>	
INSULIN ASPART PENFILL . . . . .	30	J & J GAUZE . . . . .	64
INSULIN ASPART PROT & ASPART . . . . .	30	JAKAFI . . . . .	19
INSULIN GLARGINE . . . . .	30	JARDIANCE . . . . .	29
INSULIN GLARGINE SOLOSTAR . . . . .	30	JAYPIRCA . . . . .	17
INSULIN GLARGINE-YFGN . . . . .	30	JENLIVA PRENATAL/POSTNATAL . . . . .	44
INSULIN LISPRO . . . . .	30	JULUCA . . . . .	26
		JUXTAPID . . . . .	36

JYNNEOS.....57

## K

KALYDECO.....74

KCL (0.149%) IN NAACL.....41

KCL (0.298%) IN NAACL.....41

KCL IN DEXTROSE-NAACL.....41

KCL-LACTATED RINGERS-D5W.....41

KENDALL HYDROPHILIC FOAM DRESS.....64

KENDALL HYDROPHILIC FOAM PLUS.....65

KERENDIA.....35

ketoconazole.....14

ketoconazole (topical).....14

ketorolac tromethamine (ophth).....71

KINERET.....55

KINRAY INSULIN SYRINGE.....65

KINRIX.....57

KISQALI (200 MG DOSE).....19

KISQALI (400 MG DOSE).....19

KISQALI (600 MG DOSE).....19

KISQALI FEMARA (400 MG DOSE).....17

KISQALI FEMARA (600 MG DOSE).....17

KISQALI FEMARA(200 MG DOSE).....17

KMART VALU INSULIN SYRINGE 29G.....65

KMART VALU INSULIN SYRINGE 30G.....65

KOSELUGO.....17

KOSHER PRENATAL PLUS IRON.....44

KRAZATI.....17

KROGER INSULIN SYRINGE.....65

KROGER PEN NEEDLES.....65

## L

labetalol hcl.....33

lacosamide.....10

LACRISERT.....70

lactic acid (ammonium lactate).....40

LACTULOSE.....48

lactulose (encephalopathy).....48

LAGEVRIO.....65

lamivudine.....27

lamivudine (hbv).....25

lamivudine-zidovudine.....27

lamotrigine.....9

lansoprazole.....49

lanthanum carbonate.....42

lapatinib ditosylate.....19

latanoprost.....72

LEADER INSULIN SYRINGE.....65

LEADER UNIFINE PENTIPS.....65

LEADER UNIFINE PENTIPS PLUS.....65

LEDIPASVIR-SOFOSBUVIR.....25

leflunomide.....56

lenalidomide.....16

LENVIMA (10 MG DAILY DOSE).....19

LENVIMA (12 MG DAILY DOSE).....19

LENVIMA (14 MG DAILY DOSE).....19

LENVIMA (18 MG DAILY DOSE).....19

LENVIMA (20 MG DAILY DOSE).....19

LENVIMA (24 MG DAILY DOSE).....19

LENVIMA (4 MG DAILY DOSE).....19

LENVIMA (8 MG DAILY DOSE).....19

letrozole.....18

leucovorin calcium.....21

LEUKERAN.....16

LEUKINE.....32

leuprolide acetate.....54

LEUPROLIDE ACETATE (3 MONTH).....54

levalbuterol hcl.....74

LEVALBUTEROL TARTRATE.....74

levetiracetam.....9

LEVOBUNOLOL HCL.....72

levocetirizine dihydrochloride.....73

levofloxacin.....8

LEVOFLOXACIN.....71

levofloxacin (ophth).....71

levofloxacin in d5w.....8

levonorgestrel & eth estradiol.....53

levonorgestrel-eth estradiol (triphasic).....53

levonorgestrel-ethinyl estradiol (91-day).....53

levonorgestrel-ethinyl estradiol (continuous).....53

levothyroxine sodium.....54

LEXIVA.....27

lidocaine	3	M-NATAL PLUS	44
lidocaine hcl	3	MAGELLAN INSULIN SAFETY SYR	65
lidocaine hcl (mouth-throat)	3	magnesium sulfate	41
lidocaine-prilocaine	3	malathion	40
linezolid	5	MARATHON MEDICAL PENTIPS	65
LINZESS	48	maraviroc	27
liothyronine sodium	54	MARNATAL-F	44
lisinopril	33	MARPLAN	12
lisinopril & hydrochlorothiazide	35	MATULANE	16
LITETOUCH INSULIN SYRINGE	65	MAVYRET	25
LITETOUCH PEN NEEDLES	65	MAXI-COMFORT INSULIN SYRINGE	65
LITHIUM	29	MAXI-COMFORT SAFETY PEN NEEDLE	65
lithium carbonate	29	MAXICOMFORT II PEN NEEDLE	65
LOKELMA	43	MAXICOMFORT SYR 27G X 1/2"	65
LONGS INSULIN SYRINGE	65	meclizine hcl	13
LONSURF	17	MEDIC INSULIN SYRINGE	65
loperamide hcl	48	MEDICINE SHOPPE PEN NEEDLES	65
lopinavir-ritonavir	27	medroxyprogesterone acetate	53
lorazepam	28	medroxyprogesterone acetate (contraceptive)	53
LORBRENA	19	mefloquine hcl	22
losartan potassium	33	megestrol acetate	53
losartan potassium & hydrochlorothiazide	35	MEIJER ALCOHOL SWABS	65
LOTEMAX	72	MEIJER PEN NEEDLES	65
loteprednol etabonate	72	MEKINIST	20
loxapine succinate	23	MEKTOVI	20
lubiprostone	48	meloxicam	2
LUMAKRAS	17	memantine hcl	11
LUPRON DEPOT (1-MONTH)	54	MENACTRA	57
LUPRON DEPOT (3-MONTH)	54	MENEST	53
LUPRON DEPOT (4-MONTH)	54	MENQUADFI	58
LUPRON DEPOT (6-MONTH)	54	MENVEO	58
lurasidone hcl	24	mercaptopurine	17
LYBALVI	11	meropenem	7
LYNPARZA	19	mesalamine	58
LYSODREN	54	mesalamine w/ cleanser	59
LYTGOBI (12 MG DAILY DOSE)	20	MESNEX	21
LYTGOBI (16 MG DAILY DOSE)	20	metformin hcl	29
LYTGOBI (20 MG DAILY DOSE)	20	methadone hcl	2
		methazolamide	72
		methenamine hippurate	5
		methimazole	54
<b>M</b>			
M-M-R II	57		



methocarbamol	75	moxifloxacin hcl (ophth)	71
methotrexate sodium	56	MOXIFLOXACIN HCL IN NAACL	8
METHOXSALLEN RAPID	40	MS INSULIN SYRINGE	65
methsuximide	10	MULTI-MAC	44
methylphenidate hcl	38	mupirocin	41
METHYLPHENIDATE HCL ER	38	mupirocin calcium (topical)	41
METHYLPHENIDATE HCL ER (OSM)	38	mycophenolate mofetil	56
methylprednisolone	51	mycophenolate sodium	57
metoclopramide hcl	13	MYNATAL	44
metolazone	35	MYNATAL ADVANCE	44
metoprolol & hydrochlorothiazide	35	MYNATE 90 PLUS	44
metoprolol succinate	33	MYRBETRIO	50
metoprolol tartrate	33		
metronidazole	5	<b>N</b>	
metronidazole (topical)	5	nabumetone	2
metronidazole vaginal	5	nadolol	33
metyrosine	35	nafcillin sodium	7
mexiletine hcl	33	NALOXONE HCL	4
micafungin sodium	14	naltrexone hcl	4
MICONAZOLE 3	14	NAMZARIC	11
MICRODOT PEN NEEDLE	65	naproxen	2
midodrine hcl	32	naratriptan hcl	15
mifepristone (hyperglycemia)	51	NATACHEW	44
miglustat	50	NATACYN	71
minocycline hcl	9	NATAL PNV	44
minoxidil	36	NATALVIT	44
MIRASORB SPONGES	65	nateglinide	29
MIRENA (52 MG)	53	NAYZILAM	10
mirtazapine	11	NEEVO DHA	44
misoprostol	52	NEFAZODONE HCL	12
MM INSULIN SYRINGE/NEEDLE	65	neomycin sulfate	4
MM PEN NEEDLES	65	neomycin-bacitracin zn-polymyxin	70
modafinil	76	neomycin-polymy-dexameth	70
MOLINDONE HCL	23	NEOMYCIN-POLYMYXIN-HC	70
mometasone furoate	40	neomycin-polymyxin-hc (otic)	72
MONOJECT INSULIN SYRINGE	65	NEONATAL + DHA	44
MONOJECT ULTRA COMFORT SYRINGE	65	NEONATAL 19	44
montelukast sodium	73	NEONATAL COMPLETE	44
morphine sulfate	2	NEONATAL FE	44
MORPHINE SULFATE	3	NEONATAL PLUS	44
MOXIFLOXACIN HCL	8	NERLYNX	20

NESTABS	44	NOVOLIN N FLEXPEN RELION	31
NESTABS DHA	44	NOVOLIN N RELION	31
NESTABS ONE	44	NOVOLIN R	31
NEUPRO	22	NOVOLIN R FLEXPEN	31
nevirapine	26	NOVOLIN R FLEXPEN RELION	31
niacin (antihyperlipidemic)	36	NOVOLIN R RELION	31
NICOTROL	4	NOVOTWIST PEN NEEDLE	66
nifedipine	34	NUBEQA	16
nilutamide	16	NUCALA	75
nimodipine	34	NUEDEXTA	38
NINLARO	17	NUPLAZID	24
nitazoxanide	22	NURTEC	15
NITRO-BID	36	NUTRILIPID	41
NITRO-DUR	36	NUTROPIN AQ NUSPIN 10	52
nitrofurantoin macrocrystal	5	NUTROPIN AQ NUSPIN 20	52
nitrofurantoin monohyd macro	5	NUTROPIN AQ NUSPIN 5	52
nitroglycerin	37	nystatin	14
NIVA-PLUS	44	nystatin (mouth-throat)	14
NIVESTYM	32	nystatin (topical)	14
NIZATIDINE	49	nystatin-triamcinolone	40
NORDITROPIN FLEXPEN	51		
norethin acet & estrad-fe	53	<b>O</b>	
norethindrone & ethinyl estradiol-fe	53	O-CAL PRENATAL	44
norethindrone (contraceptive)	53	OB COMPLETE	44
norethindrone acet & eth estra	53	OB COMPLETE ONE	44
norethindrone acetate-ethinyl estradiol	53	OB COMPLETE PETITE	44
norethindrone acetate-ethinyl estradiol-fe	53	OB COMPLETE PREMIER	44
norgestimate-ethinyl estradiol	53	OB COMPLETE/DHA	45
norgestimate-ethinyl estradiol (triphasic)	53	OBSTETRIX DHA	45
norgestrel & ethinyl estradiol	53	OBSTETRIX EC (WITH DOCUSATE)	45
nortriptyline hcl	13	OBSTETRIX ONE (WITH DOCUSATE)	45
NORVIR	27	octreotide acetate	54
NOVOFINE AUTOCOVER PEN NEEDLE	65	ODEFSEY	26
NOVOFINE PEN NEEDLE	66	ODOMZO	20
NOVOFINE PLUS PEN NEEDLE	66	OFEV	75
NOVOLIN 70/30	30	OFLOXACIN	8
NOVOLIN 70/30 FLEXPEN	31	ofloxacin (ophth)	71
NOVOLIN 70/30 FLEXPEN RELION	31	ofloxacin (otic)	73
NOVOLIN 70/30 RELION	31	OGSIVEO	17
NOVOLIN N	31	OJJAARA	20
NOVOLIN N FLEXPEN	31	olanzapine	24

OLUMIANT	55	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	49
omega-3-acid ethyl esters	36	peg 3350-potassium chloride-sod bicarbonate-sod chloride	49
omeprazole	49	PEGASYS	56
OMNITROPE	52	PEMAZYRE	20
ondansetron	13	PEN NEEDLES	66
ondansetron hcl	13	PEN NEEDLES 3/16"	66
ONE VITE WOMENS PLUS	45	PEN NEEDLES 5/16"	66
ONGENTYS	22	PENBRAYA	58
ONUREG	17	penicillamine	51
OPSUMIT	74	PENICILLIN G POT IN DEXTROSE	7
ORENCIA	55	penicillin g potassium	7
ORENCIA CLICKJECT	55	PENICILLIN G SODIUM	7
ORGOVYX	54	penicillin v potassium	7
ORKAMBI	74	PENTACEL	58
ORSERDU	16	pentamidine isethionate	22
oseltamivir phosphate	28	PENTASA	59
OTEZLA	40	PENTIPS	66
oxazepam	28	pentoxifylline	35
oxcarbazepine	10	permethrin	40
oxybutynin chloride	50	perphenazine	13
oxycodone hcl	3	PERSERIS	24
OXYCODONE HCL ER	2	PHARMACIST CHOICE ALCOHOL	66
oxycodone w/ acetaminophen	3	PHENELZINE SULFATE	12
OXYCODONE-ACETAMINOPHEN	3	phenobarbital	10
OXYCONTIN	2	phenytoin	11
OXYTROL	50	phenytoin sodium extended	11
<b>P</b>		PIFELTRO	26
paliperidone	24	pilocarpine hcl	72
PANRETIN	21	pilocarpine hcl (oral)	39
pantoprazole sodium	49	PIMOZIDE	23
paroxetine hcl	12	pindolol	33
paroxetine mesylate (vasomotor)	12	pioglitazone hcl	29
PAXLOVID (150/100)	66	pioglitazone hcl-metformin hcl	29
PAXLOVID (300/100)	66	PIP PEN NEEDLES 31G X 5MM	66
pazopanib hcl	20	PIP PEN NEEDLES 32G X 4MM	66
PC UNIFINE PENTIPS	66	piperacillin sodium-tazobactam sodium	7
PEDIARIX	58	PIQRAY (200 MG DAILY DOSE)	20
PEDVAX HIB	58	PIQRAY (250 MG DAILY DOSE)	20
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	49	PIQRAY (300 MG DAILY DOSE)	20

pirfenidone . . . . .	75	PREFERRED PLUS UNIFINE PENTIPS . . . . .	66
PNV PRENATAL PLUS MULTIVIT+DHA . . . . .	45	pregabalin . . . . .	38
PNV PRENATAL PLUS MULTIVITAMIN . . . . .	45	PREGEN DHA . . . . .	45
PNV TABS 20-1 . . . . .	45	PREGENNA . . . . .	45
PNV TABS 29-1 . . . . .	45	PREHEVBRIO . . . . .	58
PNV-DHA . . . . .	45	PREMARIN . . . . .	53
PNV-DHA+DOCUSATE . . . . .	45	PREMASOL . . . . .	42
PNV-OMEGA . . . . .	45	PREMESISRX . . . . .	45
PNV-SELECT . . . . .	45	PREMPRO . . . . .	53
podofilox . . . . .	40	PRENA 1 TRUE . . . . .	45
polymyxin b sulfate . . . . .	5	PRENA1 . . . . .	45
polymyxin b-trimethoprim . . . . .	71	PRENA1 PEARL . . . . .	45
POMALYST . . . . .	16	PRENAISSANCE . . . . .	45
posaconazole . . . . .	14	PRENAISSANCE PLUS . . . . .	45
potassium chloride . . . . .	42	PRENARA . . . . .	45
POTASSIUM CHLORIDE ER . . . . .	42	PRENATAL . . . . .	45
potassium chloride in dextrose . . . . .	42	PRENATAL + DHA . . . . .	45
potassium chloride in dextrose & sodium chloride . . . . .	42	PRENATAL 19 . . . . .	45
POTASSIUM CHLORIDE IN NAACL . . . . .	42	PRENATAL LOW IRON . . . . .	45
potassium chloride microencapsulated crystals er . . . . .	42	PRENATAL PLUS . . . . .	45
potassium citrate (alkalinizer) . . . . .	42	PRENATAL PLUS IRON . . . . .	46
PR NATAL 400 . . . . .	45	PRENATAL PLUS VITAMIN/MINERAL . . . . .	46
PR NATAL 400 EC . . . . .	45	PRENATAL PLUS/IRON . . . . .	46
PR NATAL 430 . . . . .	45	PRENATAL VITAMIN PLUS LOW IRON . . . . .	46
PR NATAL 430 EC . . . . .	45	PRENATAL-U . . . . .	46
pramipexole dihydrochloride . . . . .	22	PRENATAL/FOLIC ACID . . . . .	46
pravastatin sodium . . . . .	36	PRENATE . . . . .	46
praziquantel . . . . .	21	PRENATE AM . . . . .	46
prazosin hcl . . . . .	32	PRENATE DHA . . . . .	46
PRECISION SURE-DOSE SYRINGE . . . . .	66	PRENATE ELITE . . . . .	46
PRECISION SUREDOSE PLUS SYR . . . . .	66	PRENATE ENHANCE . . . . .	46
PRED MILD . . . . .	72	PRENATE ESSENTIAL . . . . .	46
prednisolone . . . . .	51	PRENATE MINI . . . . .	46
PREDNISOLONE ACETATE . . . . .	72	PRENATE PIXIE . . . . .	46
prednisolone sodium phosphate . . . . .	51	PRENATE RESTORE . . . . .	46
PREDNISOLONE SODIUM PHOSPHATE . . . . .	72	PRENATRIX . . . . .	46
prednisone . . . . .	51	PRENATRYL . . . . .	46
PREDNISONE INTENSOL . . . . .	51	PRENATVITE COMPLETE . . . . .	46
PREFERRED PLUS INSULIN SYRINGE . . . . .	66	PRENATVITE PLUS . . . . .	46
		PRENATVITE RX . . . . .	46
		PREPLUS . . . . .	46

PRETAB	46	PX PEN NEEDLE	66
PRETOMANID	16	PX SHORTLENGTH PEN NEEDLES	66
PREVENT DROPSAFE PEN NEEDLES	66	pyrazinamide	16
PREVENT SAFETY PEN NEEDLES	66	pyridostigmine bromide	15
PREVYMIS	25	pyrimethamine	22
PREZCOBIX	27		
PREZISTA	27	<b>Q</b>	
PRIFTIN	16	QC ALCOHOL SWABS	66
PRIMACARE	46	QC BORDER ISLAND GAUZE	67
primaquine phosphate	22	QC PEN NEEDLES	67
PRIMIDONE	10	QC STERILE PADS	67
PRIORIX	58	QC UNIFINE PENTIPS	67
PRIVIGEN	55	QINLOCK	18
PRO COMFORT ALCOHOL	66	QUADRACEL	58
PRO COMFORT INSULIN SYRINGE	66	quetiapine fumarate	24
PRO COMFORT PEN NEEDLES	66	quinidine gluconate	33
probenecid	14	quinidine sulfate	33
prochlorperazine	13	quinine sulfate	22
prochlorperazine maleate	13	QULIPTA	15
PRODIGY INSULIN SYRINGE	66		
progesterone	53	<b>R</b>	
PROGRAF	57	R-NATAL OB	46
PROLASTIN-C	50	RA ALCOHOL SWABS	67
PROLIA	59	RA INSULIN SYRINGE	67
PROMACTA	32	RA PEN NEEDLES	67
promethazine hcl	13	RA STERILE	67
propafenone hcl	33	RABAVERT	58
propranolol hcl	33	raloxifene hcl	53
propylthiouracil	55	ramelteon	76
PROQUAD	58	ramipril	33
PROSOL	42	ranolazine	35
protriptyline hcl	13	rasagiline mesylate	23
PROVIDA OB	46	RAVICTI	50
PULMICORT FLEXHALER	73	RAYA SURE PEN NEEDLE	67
PULMOZYME	74	REALITY INSULIN SYRINGE	67
PURE COMFORT ALCOHOL PREP	66	REALITY SWABS	67
PURE COMFORT PEN NEEDLE	66	REBIF	38
PURIXAN	17	REBIF REBIDOSE	38
PX EXTRA SHORT PEN NEEDLES	66	REBIF REBIDOSE TITRATION PACK	38
PX INSULIN SYRINGE	66	REBIF TITRATION PACK	38
PX MINI PEN NEEDLES	66	RECOMBIVAX HB	58

RECORLEV	54	rufinamide	11
RECTIV	37	RUKOBIA	27
RELENZA DISKHALER	28	RYDAPT	20
RELION ALCOHOL SWABS	67	RYTARY	23
RELION INSULIN SYRINGE	67		
RELION MINI PEN NEEDLES	67	<b>S</b>	
RELION PEN NEEDLES	67	SAFESNAP INSULIN SYRINGE	67
RELION SHORT PEN NEEDLES	67	SAFETY INSULIN SYRINGES	67
RELISTOR	48	SAFETY PEN NEEDLES	67
RELNATE DHA	46	SANTYL	40
repaglinide	29	sapropterin dihydrochloride	50
REPATHA	36	SAPS CARE ALCOHOL PREP	67
REPATHA PUSHTRONEX SYSTEM	36	SAPS HEALTH ALCOHOL PREP	67
REPATHA SURECLICK	36	SAPS HEALTH CARE ALCOHOL PREP	67
RESTASIS MULTIDOSE	70	saxagliptin hcl	29
RESTORE CONTACT LAYER	67	saxagliptin-metformin hcl	29
RETACRIT	32	SB ALCOHOL PREP	67
RETEVMO	18	SB INSULIN SYRINGE	67
REXULTI	24	SCSEMBLIX	20
REYATAZ	27	scopolamine	13
REZLIDHIA	20	SE-NATAL 19	46
REZUROCK	57	SECUADO	24
RHOPRESSA	72	SECURESAFE INSULIN SYRINGE	67
RIBAVIRIN	25	SECURESAFE SAFETY PEN NEEDLES	67
ribavirin (hepatitis c)	25	SELECT-OB	46
rifabutin	15	SELECT-OB+DHA	46
rifampin	16	selegiline hcl	23
riluzole	38	selenium sulfide	40
risperidone	24	SELZENTRY	27
risperidone microspheres	24	SEREVENT DISKUS	74
ritonavir	27	SEROSTIM	52
rivastigmine	11	sertraline hcl	12
rivastigmine tartrate	11	sevelamer carbonate	43
rizatriptan benzoate	15	sevelamer hcl	43
roflumilast	74	SHINGRIX	58
ropinirole hydrochloride	22	SHOPKO ALCOHOL SWABS	67
rosuvastatin calcium	36	SHOPKO UNIFINE PENTIPS	67
ROTARIX	58	SHOPKO UNIFINE PENTIPS PLUS	67
ROTATEO	58	SIGNIFOR	54
ROZLYTREK	18	sildenafil citrate (pulmonary hypertension)	74
RUBRACA	20	silver sulfadiazine	40

SIMPONI	57	sulfacetamide sodium (ophth)	71
simvastatin	36	SULFACETAMIDE-PREDNISOLONE	71
sirolimus	57	SULFADIAZINE	8
SIRTURO	16	sulfamethoxazole-trimethoprim	8
SIVEXTRO	5	sulfasalazine	59
SKYRIZI	55	sulindac	2
SKYRIZI PEN	55	sumatriptan	15
SM ALCOHOL PREP	67	sumatriptan succinate	15
SM GAUZE	68	sunitinib malate	20
SM STERILE	68	SUNLENCA	27
sodium chloride	42	SURE COMFORT ALCOHOL PREP	68
sodium chloride (gu irrigant)	42	SURE COMFORT INSULIN SYRINGE	68
sodium fluoride	42	SURE COMFORT PEN NEEDLES	68
SODIUM FLUORIDE	46	SURE-FINE PEN NEEDLES	68
SODIUM OXYBATE	76	SURE-JECT INSULIN SYRINGE	68
sodium phenylbutyrate	50	SURE-PREP ALCOHOL PREP	68
sodium polystyrene sulfonate	43	SURGICAL GAUZE SPONGE	68
SOFOSBUVIR-VELPATASVIR	25	SYMDEKO	74
solifenacin succinate	50	SYMLINPEN 120	29
SOLTAMOX	17	SYMLINPEN 60	30
SOMAVERT	54	SYMPAZAN	10
sorafenib tosylate	20	SYMTUZA	28
sotalol hcl	33	SYNAREL	54
sotalol hcl (afib/afI)	33		
SOVALDI	25	<b>T</b>	
SPIRIVA RESPIMAT	73	TABLOID	17
spironolactone	35	TABRECTA	18
spironolactone & hydrochlorothiazide	35	tacrolimus	57
SPRITAM	9	tacrolimus (topical)	40
SPRYCEL	20	tadalafil (pulmonary hypertension)	75
SPS	43	TAFINLAR	20
STELARA	55	TAGRISSO	20
STERILE	68	TALTZ	55
STERILE GAUZE	68	TALZENNA	20
STIVARGA	20	tamoxifen citrate	17
STREPTOMYCIN SULFATE	4	tamsulosin hcl	50
STRIBILD	26	TARON-C DHA	46
SUCRAID	50	TARON-PREX	47
sucralfate	49	TASIGNA	20
SULFACETAMIDE SODIUM	71	tasimelton	76
sulfacetamide sodium (acne)	8	tazarotene	39

TAZORAC.....	39	tizanidine hcl.....	25
TAZVERIK.....	18	TOBRADEX.....	71
TDVAX.....	58	tobramycin.....	74
TECHLITE INSULIN SYRINGE.....	68	tobramycin (ophth).....	71
TECHLITE PEN NEEDLES.....	68	tobramycin sulfate.....	4
TECHLITE PLUS PEN NEEDLES.....	68	tobramycin-dexamethasone.....	71
TEFLARO.....	7	TODAYS HEALTH MINI PEN NEEDLES.....	68
TEGADERM FOAM.....	68	TODAYS HEALTH PEN NEEDLES.....	68
temazepam.....	76	TODAYS HEALTH SHORT PEN NEEDLE.....	68
TENIVAC.....	58	tolcapone.....	22
tenofovir disoproxil fumarate.....	27	tolterodine tartrate.....	50
TEPMETKO.....	20	TOPCARE CLICKFINE PEN NEEDLES.....	68
terazosin hcl.....	32	TOPCARE ULTRA COMFORT INS SYR.....	68
terbinafine hcl.....	14	topiramate.....	9
TERCONAZOLE.....	14	toremifene citrate.....	17
terconazole vaginal.....	14	toremide.....	35
teriflunomide.....	38	TPN ELECTROLYTES.....	47
TERIPARATIDE (RECOMBINANT).....	59	tramadol hcl.....	2
testosterone.....	52	TRAMADOL HCL (ER BIPHASIC).....	2
testosterone cypionate.....	52	TRAMADOL HCL ER.....	2
TESTOSTERONE ENANTHATE.....	52	TRAMADOL HCL ER (BIPHASIC).....	2
tetrabenazine.....	38	tramadol-acetaminophen.....	3
tetracycline hcl.....	9	tranexamic acid.....	32
TGT ALCOHOL SWABS.....	68	tranylcypromine sulfate.....	12
THALOMID.....	16	TRAVASOL.....	42
THEO-24.....	74	travoprost.....	72
theophylline.....	74	trazodone hcl.....	12
THEOPHYLLINE ER.....	74	TRECTOR.....	16
THERAGAUZE.....	68	TRELEGY ELLIPTA.....	75
thioridazine hcl.....	23	TRELSTAR MIXJECT.....	54
thiothixene.....	23	TREMFYA.....	55
THRIVITE RX.....	47	tretinoin.....	39
tiagabine hcl.....	10	tretinoin (chemotherapy).....	21
TIBSOVO.....	20	tretinoin microsphere.....	39
TICOVAC.....	58	TRI-TABS DHA.....	47
tigecycline.....	5	triamcinolone acetonide (mouth).....	39
timolol maleate.....	15	triamcinolone acetonide (topical).....	40
timolol maleate (ophth).....	72	triamterene & hydrochlorothiazide.....	35
tiotropium bromide monohydrate.....	73	triazolam.....	76
TIVICAY.....	26	TRICARE.....	47
TIVICAY PD.....	26	TRICARE PRENATAL DHA ONE.....	47



trientine hcl	42
trifluoperazine hcl	23
TRIFLURIDINE	28
trihexyphenidyl hcl	22
TRIKAFTA	74
TRIMETHOPRIM	5
trimipramine maleate	13
TRINATAL RX 1	47
TRINATE	47
TRINAZ	47
TRINTELLIX	12
TRISTART DHA	47
TRISTART FREE	47
TRISTART ONE	47
TRIUMEO	27
TRIUMEO PD	27
TRIVEEN-DUO DHA	47
TRIZIVIR	27
TROPHAMINE	42
tropium chloride	50
TRUE COMFORT ALCOHOL PREP PADS	68
TRUE COMFORT INSULIN SYRINGE	68
TRUE COMFORT PEN NEEDLES	68
TRUE COMFORT PRO ALCOHOL PREP	68
TRUE COMFORT PRO INSULIN SYR	68
TRUE COMFORT PRO PEN NEEDLES	68
TRUEPLUS 5-BEVEL PEN NEEDLES	68
TRUEPLUS INSULIN SYRINGE	68
TRUEPLUS PEN NEEDLES	68
TRULICITY	30
TRUMENBA	58
TRUQAP	20
TUDORZA PRESSAIR	73
TUKYSA	20
TURALIO	20
TWINRIX	58
TYBOST	27
TYMLOS	59
TYPHIM VI	58

## U

UBRELVY	15
ULTICARE ALCOHOL SWABS	69
ULTICARE INSULIN SAFETY SYR	69
ULTICARE INSULIN SYR 1/2 UNIT	69
ULTICARE INSULIN SYRINGE	69
ULTICARE MICRO PEN NEEDLES	69
ULTICARE MINI PEN NEEDLES	69
ULTICARE PEN NEEDLES	69
ULTICARE SHORT PEN NEEDLES	69
ULTIGUARD SAFEPACK PEN NEEDLE	69
ULTIGUARD SAFEPACK SYR/NEEDLE	69
ULTILET ALCOHOL SWABS	69
ULTILET INSULIN SYRINGE	69
ULTILET INSULIN SYRINGE SHORT	69
ULTILET PEN NEEDLE	69
ULTRA COMFORT INSULIN SYRINGE	69
ULTRA FLO INSULIN PEN NEEDLES	69
ULTRA FLO INSULIN SYR 1/2 UNIT	69
ULTRA FLO INSULIN SYRINGE	69
ULTRA THIN PEN NEEDLES	69
ULTRA-CARE ALCOHOL PREP PADS	69
ULTRA-THIN II INS SYR SHORT	69
ULTRA-THIN II INSULIN SYRINGE	69
ULTRA-THIN II MINI PEN NEEDLE	69
ULTRA-THIN II PEN NEEDLE SHORT	69
ULTRA-THIN II PEN NEEDLES	69
ULTRACARE INSULIN SYRINGE	69
ULTRACARE PEN NEEDLES	69
UNIFINE PEN NEEDLES	69
UNIFINE PENTIPS	69
UNIFINE PENTIPS PLUS	69
UNIFINE PROTECT PEN NEEDLE	69
UNIFINE SAFECONTROL PEN NEEDLE	70
UNIFINE ULTRA PEN NEEDLE	70
UPTRAVI	75
URSODIOL	49
UZEDY	24

## V

valacyclovir hcl	28	vilazodone hcl	12
VALCHLOR	16	VINATE DHA RF	47
valganciclovir hcl	25	VINATE II	47
valproate sodium	9	VINATE ONE	47
valproic acid	9	VIRACEPT	28
valsartan	33	VIREAD	27
valsartan-hydrochlorothiazide	35	VIRT-C DHA	47
VALTOCO 10 MG DOSE	10	VIRT-NATE DHA	47
VALTOCO 15 MG DOSE	10	VIRT-PN DHA	47
VALTOCO 20 MG DOSE	10	VIRT-PN PLUS	47
VALTOCO 5 MG DOSE	10	VITAFOL FE+	47
VALUE HEALTH INSULIN SYRINGE	70	VITAFOL GUMMIES	47
VALUMARK PEN NEEDLES	70	VITAFOL STRIPS	47
VANCOMYCIN HCL	6	VITAFOL ULTRA	47
VANCOMYCIN HCL IN DEXTROSE	6	VITAFOL-NANO	47
VANCOMYCIN HCL IN NACL	6	VITAFOL-OB	47
VANFLYTA	18	VITAFOL-OB+DHA	47
VANISHPOINT INSULIN SYRINGE	70	VITAFOL-ONE	47
VAQTA	58	VITAMEDMD ONE RX/QUATREFOLIC	47
varenicline tartrate	4	VITAMEDMD REDICHEW RX	47
VARIVAX	58	VITAPEARL	47
VELSIPITY	55	VITATHELY WITH GINGER	48
VELTASSA	43	VITATRUE	48
VENCLEXTA	20	VITRAKVI	21
VENCLEXTA STARTING PACK	21	VIVA DHA	48
VENLAFAXINE BESYLATE ER	12	VIZIMPRO	21
venlafaxine hcl	12	VOL-PLUS	48
verapamil hcl	34	VOL-TAB RX	48
VERAPAMIL HCL ER	34	VONJO	21
VERIFINE INSULIN PEN NEEDLE	70	VORICONAZOLE	14
VERIFINE INSULIN SYRINGE	70	voriconazole	14
VERIFINE PLUS PEN NEEDLE	70	VOSEVI	25
VERQUVO	35	VP INSULIN SYRINGE	70
VERSACLOZ	25	VP-PNV-DHA	48
VERZENIO	21	VRAYLAR	24
VIBRAMYCIN	9		
VIDA MIA UNIFINE PENTIPS	70	W	
vigabatrin	10	warfarin sodium	31
VIJOICE	50	WEBCOL ALCOHOL PREP LARGE	70
		WEBCOL ALCOHOL PREP MEDIUM	70
		WEGMANS UNIFINE PENTIPS PLUS	70

WELIREG	18
WESCAP-C DHA	48
WESCAP-PN DHA	48
WESNATAL DHA COMPLETE	48
WESNATE DHA	48
WESTAB PLUS	48
WESTGEL DHA	48
wixela inhub	75

## X

XALKORI	21
XARELTO	31
XARELTO STARTER PACK	31
XATMEP	57
XCOPRI	9
XCOPRI (250 MG DAILY DOSE)	10
XCOPRI (350 MG DAILY DOSE)	10
XELJANZ	55
XELJANZ XR	55
XERMELO	48
XGEVA	59
XIFAXAN	6
XOLAIR	56
XOSPATA	21
XPOVIO (100 MG ONCE WEEKLY)	18
XPOVIO (40 MG ONCE WEEKLY)	18
XPOVIO (40 MG TWICE WEEKLY)	18
XPOVIO (60 MG ONCE WEEKLY)	18
XPOVIO (60 MG TWICE WEEKLY)	18
XPOVIO (80 MG ONCE WEEKLY)	18
XPOVIO (80 MG TWICE WEEKLY)	18
XTANDI	16

## Y

YF-VAX	58
YONSA	16

## Z

zafirlukast	73
zaleplon	76
ZALVIT	48

ZATEAN-PN DHA	48
ZATEAN-PN PLUS	48
ZEJULA	21
ZELBORAF	21
ZEMAIRA	50
ZENPEP	50
ZEPATIER	25
ZEPOSIA	38
ZEPOSIA 7-DAY STARTER PACK	39
ZEPOSIA STARTER KIT	39
ZEVX INSULIN SYRINGE	70
ZEVX PEN NEEDLES	70
ZEVX STERILE ALCOHOL PREP PAD	70
zidovudine	27
zileuton	73
ZIPHEX	48
ziprasidone hcl	24
ziprasidone mesylate	24
ZIRGAN	25
ZOLINZA	18
zolpidem tartrate	76
ZONISADE	11
zonisamide	11
ZTALMY	10
ZURZUVAE	11
ZYDELIG	21
ZYKADIA	21
ZYPREXA RELPREVV	24

## 2024 List of Additional Covered Products

### \*INFANT CARE PRODUCTS - SHAMPOO\*\*

ACETAMINOPHEN  
ACETIC ACID (BULK)  
ALUM & MAG HYDROX-SIMETHICONE  
ALUMINUM HYDROXIDE  
ARTIFICIAL TEAR OINTMENT  
ARTIFICIAL TEAR SOLUTION  
ASPIRIN  
BACITRACIN  
BACITRACIN-POLYMYXIN B  
B-COMPLEX W/ C & FOLIC ACID  
BENZOCAINE (DENTAL)  
BISACODYL  
CALCIUM  
CALCIUM CARBONATE (ANTACID)  
CALCIUM CARBONATE-VITAMIN D  
CALCIUM POLYCARBOPHIL  
CALCIUM W/ VITAMIN D  
CAPSAICIN 0.025%  
CARBAMIDE PEROXIDE (OTIC)  
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH)  
CHOLECALCIFEROL  
CLOTRIMAZOLE  
COAL TAR EXTRACT  
CYANOCOBALAMIN  
DAKIN'S SOLUTION  
DEXTROMETHORPHAN-GUAIFENESIN SYRUP 10-100 MG/  
DEXTROSE (DIABETIC USE)  
DIPHENHYDRAMINE HCL  
DOCUSATE SODIUM  
ERGOCALCIFEROL  
FERROUS SULFATE  
FIBER  
FLUMAZENIL  
FOLIC ACID  
GLUCOSE-VITAMIN C CHEW TAB 4-0.006 GM  
GUAIFENESIN (LIQUID AND MUCINEX ONLY)  
GUAIFENESIN-CODEINE LIQUID  
HAMAMELIS WATER-GLYCERIN  
HEMORRHOID OINTMENT  
HYDROCORTISONE  
HYPROMELLOSE (OPHTH)  
INHALER, ASSIST DEVICES  
LACTASE  
LIDOCAINE (ANORECTAL)

LINDANE  
LOPERAMIDE 2MG  
MAGNESIUM HYDROXIDE  
MAGNESIUM OXIDE  
MICONAZOLE NITRATE 2%  
MIDAZOLAM HCL  
MOUTHKOTE  
NEOMYCIN-BACITRACIN-POLYMYXIN  
NIACIN  
NICOTINE GUM, LOZENGE, PATCH PA  
OYSTER SHELL  
PERMETHRIN  
PETROLATUM (EMOLLIENT)  
PHENAZOPYRIDINE HCL TAB 200 MG 3 day supply  
PHYTONADIONE  
POLYETHYLENE GLYCOL 3350 POWDER  
POLYVINYL ALCOHOL  
PROSIGHT  
PSEUDOEPHEDRINE HCL  
PSYLLIUM  
PYRIDOXINE HCL  
SALINE  
SALINE, BACTERIOSTATIC  
SENNA  
SENNOSIDES-DOCUSATE SODIUM  
SIMETHICONE  
SKIN PROTECTANTS, MISC.  
SODIUM BICARBONATE (ANTACID)  
SODIUM CHLORIDE HYPERTONIC OPHTH OINT 5%  
SODIUM CHLORIDE HYPERTONIC OPHTH SOLN  
SORBITOL  
THIAMINE HCL  
TROLAMINE SALICYLATE  
UREA (EMOLLIENT)  
VAGINAL LUBRICANT  
VITAMIN A  
VITAMIN D  
VITAMINS A & D (TOPICAL)  
WHITE PETROLATUM  
WITCH HAZEL-GLYCERIN

This formulary was updated on 5/1/2024.

For more recent information or other questions, please contact Community Care Customer Service at 1-800-992-6600 or for TTY users, the Wisconsin Relay System at 711. You can call from 8:00 a.m. to 8:00 p.m., 7 days a week, or visit [www.communitycareinc.org](http://www.communitycareinc.org).

Community Care is a private, non-profit organization that integrates health care and well-being services to provide the wider range of help that seniors and adults with disabilities need. In business since 1977, our services allow people to continue living independently, in their own homes and communities.

*Community Care contracts with the Centers for Medicare and Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS) to offer this Program of All-Inclusive Care for the Elderly (PACE).*



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