



# Program of All-Inclusive Care for the Elderly

## Formulary

### 2025 List of Covered Drugs

THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN.  
HPMS Approved Formulary File Submission ID 00025393, Version 12

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 5/1/2025.



For help or information:  
[www.communitycareinc.org](http://www.communitycareinc.org)  
Call toll free: 866-992-6600  
TTY, the Wisconsin Relay System at 711

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-992-6600 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-992-6600 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-992-6600 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-992-6600 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-992-6600 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-992-6600 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-992-6600 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1-866-992-6600 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-992-6600 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-992-6600 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

## Arabic

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-866-992-6600 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-992-6600 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-992-6600 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-992-6600 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-992-6600 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-992-6600 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますご紹介します。通訳をご用命になるには、1-866-992-6600 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

**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.

## 2025 Formulary PACE

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 Drug List (formulary) for our plan which is current as of 5/1/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

### What is the Community Care formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by 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 Evidence of Coverage.

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

### Can the formulary change?

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

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

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

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

## 2025 Formulary PACE

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Community Care Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. 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. Alternatively, when a member requests a refill of the drug, they may receive a 34-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 5/1/2025. 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 page 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 62. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Community Care requires you or your prescriber 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 website. We have posted online documents that explain our prior authorization restriction and step therapy restriction. 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 VIII 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.

## **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 Member Services and ask if your drug is covered. Community Care may cover your drug. For more information, 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 learn that Community Care does not cover your drug, you have two options:

- You can ask Member Services 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 a coverage restriction including prior authorization, step therapy, or a quantity limit 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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 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. If coverage is not approved, 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.

## For more information

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

## 2025 Formulary PACE

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 the 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 62.

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.

## LEGEND

|     |                     |                                                                                                                                                                      |
|-----|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.                                                                                                             |

# List of Drugs by Drug Type

| DRUG                                                                                                                                                                                               | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>ANALGESICS</b>                                                                                                                                                                                  |                     |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>                                                                                                                                                        |                     |
| <i>celecoxib cap 50 mg, cap 100 mg, cap 200 mg, cap 400 mg</i>                                                                                                                                     |                     |
| DICLOFENAC EPOLAMINE                                                                                                                                                                               | PA                  |
| <i>diclofenac potassium tab 25 mg, tab 50 mg</i>                                                                                                                                                   |                     |
| <i>diclofenac sodium (topical) soln 1.5%</i>                                                                                                                                                       |                     |
| <i>diclofenac sodium tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg</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 tab 500 mg, tab 750 mg</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 tab 150 mg, tab 200 mg</i>                                                                                                                                                             |                     |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>                                                                                                                                                              |                     |
| <i>fentanyl</i>                                                                                                                                                                                    |                     |
| <i>methadone hcl methadone hcl 5 mg/5ml solution, methadone hcl 10 mg/5ml solution, methadone hcl soln 5 mg/5ml, methadone hcl soln 10 mg/5ml, methadone hcl tab 5 mg, methadone hcl 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>                                                                                                     |                     |
| OXYCONTIN                                                                                                                                                                                          |                     |
| TRAMADOL HCL ER                                                                                                                                                                                    |                     |
| <i>tramadol hcl er (biphasic)</i>                                                                                                                                                                  |                     |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                                                                                                                                                             |                     |
| <i>acetaminophen w/ codeine</i>                                                                                                                                                                    |                     |
| ACETAMINOPHEN-CODEINE                                                                                                                                                                              |                     |
| CODEINE SULFATE CODEINE SULFATE 15 MG TAB, CODEINE SULFATE 30 MG TAB, CODEINE SULFATE 60 MG TAB, CODEINE SULFATE TAB 30 MG                                                                         |                     |
| <i>hydrocodone-acetaminophen -soln 7.5-325 mg/15ml, -tab 5-325 mg, -tab 7.5-325 mg, -tab 10-325 mg</i>                                                                                             |                     |
| HYDROMORPHONE HCL PF 10 MG/ML SOLUTION                                                                                                                                                             |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                                                    | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>hydromorphone hcl preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg</i>                                                                                                                                                                                                                                              |                     |
| MORPHINE SULFATE (CONCENTRATE)                                                                                                                                                                                                                                                                                                          |                     |
| MORPHINE SULFATE MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 15 MG TAB, MORPHINE SULFATE 20 MG/5ML SOLUTION, MORPHINE SULFATE 30 MG TAB, MORPHINE SULFATE ORAL SOLN 10 MG/5ML, MORPHINE SULFATE ORAL SOLN 20 MG/5ML, MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML), MORPHINE SULFATE TAB 15 MG, MORPHINE SULFATE TAB 30 MG |                     |
| <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</i>                                                                                                                                                                                                                                                                                                             |                     |
| <b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>                                                                                                                                                                                                                                                                                  |                     |
| <b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>                                                                                                                                                                                                                                                                                                  |                     |
| <i>acamprosate calcium</i>                                                                                                                                                                                                                                                                                                              |                     |
| <i>disulfiram tab 250 mg, tab 500 mg</i>                                                                                                                                                                                                                                                                                                |                     |
| <b>OPIOID DEPENDENCE</b>                                                                                                                                                                                                                                                                                                                |                     |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i>                                                                                                                                                                                                                                                                                       |                     |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i>                                                                                                                                                                                                                                                                                       |                     |
| <i>buprenorphine hcl-naloxone hcl dihydrate</i>                                                                                                                                                                                                                                                                                         |                     |
| <i>naltrexone hcl tab 50 mg</i>                                                                                                                                                                                                                                                                                                         |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                    | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>OPIOID REVERSAL AGENTS</b>                                                                                                                                                                                           |                     |
| NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL INJ 0.4 MG/ML, NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML                                                              |                     |
| OPVEE                                                                                                                                                                                                                   |                     |
| <b>SMOKING CESSATION AGENTS</b>                                                                                                                                                                                         |                     |
| <i>bupropion hcl (smoking deterrent)</i>                                                                                                                                                                                |                     |
| <i>varenicline tartrate</i>                                                                                                                                                                                             | PA                  |
| <b>ANTIBACTERIALS</b>                                                                                                                                                                                                   |                     |
| <b>AMINOGLYCOSIDES</b>                                                                                                                                                                                                  |                     |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>                                                                                                                                                                      |                     |
| ARIKAYCE                                                                                                                                                                                                                |                     |
| <i>gentamicin in saline gentamicin in saline 0.8-0.9 mg/ml-% solution, gentamicin in saline 1-0.9 mg/ml-% solution, gentamicin in saline 1.6-0.9 mg/ml-% solution, gentamicin in saline inj 1.2 mg/ml</i>               |                     |
| <i>gentamicin sulfate (topical)</i>                                                                                                                                                                                     |                     |
| <i>gentamicin sulfate inj 40 mg/ml</i>                                                                                                                                                                                  |                     |
| <i>neomycin sulfate tab 500 mg</i>                                                                                                                                                                                      |                     |
| STREPTOMYCIN SULFATE 1 GM RECON SOLN                                                                                                                                                                                    |                     |
| <i>tobramycin sulfate tobramycin sulfate 10 mg/ml solution, tobramycin sulfate for inj 1.2 gm, tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv), tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i> |                     |
| <b>ANTIBACTERIALS, OTHER</b>                                                                                                                                                                                            |                     |
| <i>acetic acid (otic)</i>                                                                                                                                                                                               |                     |
| <i>aztreonam</i>                                                                                                                                                                                                        |                     |
| CLEOCIN 100 MG SUPPOS                                                                                                                                                                                                   |                     |
| <i>clindamycin hcl cap 75 mg, cap 150 mg, cap 300 mg</i>                                                                                                                                                                |                     |
| <i>clindamycin palmitate hydrochloride</i>                                                                                                                                                                              |                     |
| <i>clindamycin phosphate in d5w</i>                                                                                                                                                                                     |                     |
| <i>clindamycin phosphate inj 900 mg/6ml</i>                                                                                                                                                                             |                     |
| <i>clindamycin phosphate vaginal</i>                                                                                                                                                                                    |                     |
| <i>colistimethate sodium for inj 150 mg (colistin base activity)</i>                                                                                                                                                    |                     |
| <i>daptomycin daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin for iv soln 350 mg, daptomycin for iv soln 500 mg</i>                                                                              |                     |
| <i>fosfomycin tromethamine</i>                                                                                                                                                                                          |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                       | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>linezolid</i>                                                                                                                                                           |                     |
| <i>methenamine hippurate</i>                                                                                                                                               |                     |
| <i>metronidazole (topical)</i>                                                                                                                                             |                     |
| <i>metronidazole metronidazole 500 mg/100ml solution, metronidazole cap 375 mg, metronidazole iv soln 500 mg/100ml, metronidazole tab 250 mg, metronidazole tab 500 mg</i> |                     |
| <i>metronidazole vaginal</i>                                                                                                                                               |                     |
| <i>nitrofurantoin macrocrystal</i>                                                                                                                                         |                     |
| <i>nitrofurantoin monohyd macro</i>                                                                                                                                        |                     |
| <i>polymyxin b sulfate for inj 500000 unit</i>                                                                                                                             |                     |
| SIVEXTRO                                                                                                                                                                   |                     |
| <i>tigecycline tigecycline 50 mg recon soln, tigecycline for iv soln 50 mg</i>                                                                                             |                     |
| <i>tinidazole tab 250 mg, tab 500 mg</i>                                                                                                                                   |                     |
| TRIMETHOPRIM TRIMETHOPRIM 100 MG TAB, TRIMETHOPRIM TAB 100 MG                                                                                                              |                     |
| VANCOMYCIN HCL IN DEXTROSE                                                                                                                                                 |                     |
| VANCOMYCIN HCL IN NACL                                                                                                                                                     |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| VANCOMYCIN HCL VANCOMYCIN HCL 1 GM RECON SOLN, VANCOMYCIN HCL 1.25 GM RECON SOLN, VANCOMYCIN HCL 1.5 GM RECON SOLN, VANCOMYCIN HCL 5 GM RECON SOLN, VANCOMYCIN HCL 10 GM RECON SOLN, VANCOMYCIN HCL 100 GM RECON SOLN, VANCOMYCIN HCL 250 MG RECON SOLN, VANCOMYCIN HCL 500 MG RECON SOLN, VANCOMYCIN HCL 500 MG/100ML SOLUTION, VANCOMYCIN HCL 750 MG RECON SOLN, VANCOMYCIN HCL 750 MG/150ML SOLUTION, VANCOMYCIN HCL 1000 MG/200ML SOLUTION, VANCOMYCIN HCL 1250 MG/250ML SOLUTION, VANCOMYCIN HCL 1500 MG/300ML SOLUTION, VANCOMYCIN HCL 1750 MG/350ML SOLUTION, VANCOMYCIN HCL 2000 MG/400ML SOLUTION, VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT), VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 1 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 1.25 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 1.5 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 5 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 10 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 500 MG (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 750 MG (BASE EQUIVALENT), VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT), VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) |                     |
| XIFAXAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| <b>BETA-LACTAM, CEPHALOSPORINS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
| <i>cefadroxil cefadroxil 1 gm tab, cefadroxil cap 500 mg, cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |
| CEFAZOLIN SODIUM CEFAZOLIN SODIUM 1 GM RECON SOLN, CEFAZOLIN SODIUM FOR INJ 1 GM, CEFAZOLIN SODIUM FOR INJ 10 GM, CEFAZOLIN SODIUM FOR INJ 500 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| <i>cefdinir</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| <i>cefepime hcl inj 1 gm, iv soln 2 gm</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |
| <i>cefixime</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| <i>cefoxitin sodium</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| <i>cefpodoxime proxetil cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil tab 100 mg, cefpodoxime proxetil tab 200 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |
| <i>cefprozil</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| CEFTAZIDIME CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME FOR INJ 1 GM, CEFTAZIDIME FOR IV SOLN 2 GM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| <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</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |
| <i>cephalexin</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| TEFLARO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.



| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                       | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>BETA-LACTAM, PENICILLINS</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |
| <i>amoxicillin &amp; pot clavulanate</i>                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |
| <i>amoxicillin amoxicillin 125 mg chew tab, amoxicillin 250 mg chew tab, amoxicillin 400 mg/5ml recon susp, amoxicillin (trihydrate) cap 250 mg, amoxicillin (trihydrate) cap 500 mg, amoxicillin (trihydrate) for susp 125 mg/5ml, amoxicillin (trihydrate) for susp 200 mg/5ml, amoxicillin (trihydrate) for susp 250 mg/5ml, amoxicillin (trihydrate) for susp 400 mg/5ml, amoxicillin (trihydrate) tab 500 mg, amoxicillin (trihydrate) tab 875 mg</i> |                     |
| AMOXICILLIN-POT CLAVULANATE ER                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
| <i>ampicillin &amp; sulbactam sodium</i>                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |
| AMPICILLIN AMPICILLIN 500 MG CAP, AMPICILLIN CAP 500 MG                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
| <i>ampicillin sodium ampicillin sodium 1 gm recon soln, ampicillin sodium for inj 1 gm, ampicillin sodium for iv soln 10 gm</i>                                                                                                                                                                                                                                                                                                                            |                     |
| AMPICILLIN-SULBACTAM SODIUM                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| BICILLIN L-A                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| <i>dicloxacillin sodium</i>                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| <i>nafcillin sodium nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln, nafcillin sodium for inj 1 gm, nafcillin sodium for inj 2 gm, nafcillin sodium 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 penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium tab 250 mg, penicillin v potassium tab 500 mg</i>                                                                                                                                                                                                                                                             |                     |
| <i>piperacillin sodium-tazobactam sodium</i>                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| <b>CARBAPENEMS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |
| <i>ertapenem sodium</i>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
| IMIPENEM-CILASTATIN IMIPENEM-CILASTATIN 250 MG RECON SOLN, IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 500 MG                                                                                                                                                                                                                                                                                                                                                 |                     |
| <i>meropenem</i>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |
| <b>MACROLIDES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |
| <i>azithromycin 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 clarithromycin 125 mg/5ml recon susp, clarithromycin 250 mg/5ml recon susp, clarithromycin tab 250 mg, clarithromycin tab 500 mg, clarithromycin tab er 24hr 500 mg</i>                                                                                                                                                                                                                                                                  |                     |
| DIFICID 200 MG TAB                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |
| ERYTHROCIN LACTOBIONATE                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                      | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>erythromycin base erythromycin base 250 mg cp dr part, erythromycin tab 250 mg, erythromycin tab 500 mg, erythromycin tab delayed release 250 mg, erythromycin tab delayed release 333 mg, erythromycin tab delayed release 500 mg</i> |                     |
| <i>erythromycin ethylsuccinate erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate for susp 200 mg/5ml, erythromycin ethylsuccinate for susp 400 mg/5ml, erythromycin ethylsuccinate tab 400 mg</i>                       |                     |
| <i>erythromycin lactobionate</i>                                                                                                                                                                                                          |                     |
| ERYTHROMYCIN STEARATE                                                                                                                                                                                                                     |                     |
| <b>QUINOLONES</b>                                                                                                                                                                                                                         |                     |
| <i>ciprofloxacin hcl tab 250 mg equiv), tab 500 mg equiv), tab 750 mg equiv)</i>                                                                                                                                                          |                     |
| CIPROFLOXACIN IN D5W CIPROFLOXACIN 200 MG/100ML IN D5W, CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION                                                                                                                                        |                     |
| <i>levofloxacin in d5w in soln 500 mg/100ml, in soln 750 mg/150ml</i>                                                                                                                                                                     |                     |
| <i>levofloxacin oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg</i>                                                                                                                                                                |                     |
| MOXIFLOXACIN HCL IN NACL                                                                                                                                                                                                                  |                     |
| MOXIFLOXACIN HCL MOXIFLOXACIN HCL 400 MG/250ML SOLUTION, MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV)                                                                                                                                         |                     |
| OFLOXACIN OFLOXACIN 300 MG TAB, OFLOXACIN TAB 400 MG                                                                                                                                                                                      |                     |
| <b>SULFONAMIDES</b>                                                                                                                                                                                                                       |                     |
| <i>sulfacetamide sodium (acne)</i>                                                                                                                                                                                                        |                     |
| <i>sulfadiazine 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>                                                                                                                                                                                                                 |                     |
| <i>doxycycline (monohydrate)</i>                                                                                                                                                                                                          |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>doxycycline hyclate doxycycline hyclate 80 mg tab dr, doxycycline hyclate cap 50 mg, doxycycline hyclate cap 100 mg, doxycycline hyclate for inj 100 mg, doxycycline hyclate tab 20 mg, doxycycline hyclate tab 50 mg, doxycycline hyclate tab 75 mg, doxycycline hyclate tab 100 mg, doxycycline hyclate tab 150 mg, doxycycline hyclate tab delayed release 50 mg, doxycycline hyclate tab delayed release 75 mg, doxycycline hyclate tab delayed release 100 mg, doxycycline hyclate tab delayed release 150 mg, doxycycline hyclate tab delayed release 200 mg</i> |                     |
| <i>minocycline hcl cap 50 mg, cap 75 mg, cap 100 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab er 24hr 105 mg, tab er 24hr 115 mg, tab er 24hr 135 mg, tab er 24hr 45 mg, tab er 24hr 55 mg, tab er 24hr 65 mg, tab er 24hr 80 mg, tab er 24hr 90 mg</i>                                                                                                                                                                                                                                                                                                                      |                     |
| MINOCYCLINE HCL ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| <i>tetracycline hcl cap 250 mg, cap 500 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |
| <b>ANTICONVULSANTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
| <b>ANTICONVULSANTS, OTHER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
| BRIVIACT 10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| DIACOMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |
| <i>divalproex sodium cap delayed release sprinkle 125 mg, tab delayed release 125 mg, tab delayed release 250 mg, tab delayed release 500 mg, tab er 24 hr 250 mg, tab er 24 hr 500 mg</i>                                                                                                                                                                                                                                                                                                                                                                                |                     |
| EPIDIOLEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PA2                 |
| EPRONTIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |
| <i>felbamate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |
| FINTEPLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |
| FYCOMPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>lamotrigine orally disintegrating tab 25 mg, orally disintegrating tab 50 mg, orally disintegrating tab 100 mg, orally disintegrating tab 200 mg, tab 25 mg, tab 25 mg (42) &amp; 100 mg (7) starter kit, tab 35 x 25 mg starter kit, tab 84 x 25 mg &amp; 14 x 100 mg starter kit, tab 100 mg, tab 150 mg, tab 200 mg, tab chewable dispersible 5 mg, tab chewable dispersible 25 mg, tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit, tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit, tab disint 42 x 50mg &amp; 14 x 100mg titration kit, tab er 24hr 100 mg, tab er 24hr 200 mg, tab er 24hr 25 mg, tab er 24hr 250 mg, tab er 24hr 300 mg, tab er 24hr 50 mg</i> |                     |
| <i>levetiracetam levetiracetam 250 mg tab, levetiracetam oral soln 100 mg/ml, levetiracetam tab 250 mg, levetiracetam tab 500 mg, levetiracetam tab 750 mg, levetiracetam tab 1000 mg, levetiracetam tab er 24hr 500 mg, levetiracetam tab er 24hr 750 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |
| SPRITAM 500 MG TAB, 750 MG TAB, 1000 MG TAB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |
| <i>topiramate topiramate 50 mg cap sprink, topiramate cap er 24hr 200 mg, topiramate cap er 24hr sprinkle 100 mg, topiramate cap er 24hr sprinkle 150 mg, topiramate cap er 24hr sprinkle 200 mg, topiramate cap er 24hr sprinkle 25 mg, topiramate cap er 24hr sprinkle 50 mg, topiramate sprinkle cap 15 mg, topiramate sprinkle cap 25 mg, topiramate tab 25 mg, topiramate tab 50 mg, topiramate tab 100 mg, topiramate tab 200 mg</i>                                                                                                                                                                                                                                             |                     |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |
| <i>valproic acid cap 250 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| <b>CALCIUM CHANNEL MODIFYING AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| <i>ethosuximide cap 250 mg, soln 250 mg/5ml</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| <i>methsuximide</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
| <b>GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| <i>clobazam</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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| LIBERVANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |
| 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| PRIMIDONE PRIMIDONE 125 MG TAB, PRIMIDONE TAB 50 MG, PRIMIDONE TAB 250 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |
| SYMPAZAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| <i>tiagabine hcl</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |
| VALTOCO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| <i>vigabatrin</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                                                            | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| ZTALMY                                                                                                                                                                                                                                                                                                                                          |                     |
| <b>SODIUM CHANNEL AGENTS</b>                                                                                                                                                                                                                                                                                                                    |                     |
| APTIOM                                                                                                                                                                                                                                                                                                                                          |                     |
| CARBAMAZEPINE CARBAMAZEPINE 200 MG CHEW TAB, CARBAMAZEPINE CAP ER 12HR 100 MG, CARBAMAZEPINE CAP ER 12HR 200 MG, CARBAMAZEPINE CAP ER 12HR 300 MG, CARBAMAZEPINE CHEW TAB 100 MG, CARBAMAZEPINE SUSP 100 MG/5ML, CARBAMAZEPINE TAB 200 MG, CARBAMAZEPINE TAB ER 12HR 100 MG, CARBAMAZEPINE TAB ER 12HR 200 MG, CARBAMAZEPINE TAB ER 12HR 400 MG |                     |
| DILANTIN 30 MG CAP                                                                                                                                                                                                                                                                                                                              |                     |
| <i>lacosamide lacosamide 10 mg/ml solution, lacosamide oral solution 10 mg/ml, lacosamide tab 50 mg, lacosamide tab 100 mg, lacosamide tab 150 mg, lacosamide tab 200 mg</i>                                                                                                                                                                    |                     |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg</i>                                                                                                                                                                                                                                                             |                     |
| <i>phenytoin chew tab 50 mg, susp 125 mg/5ml</i>                                                                                                                                                                                                                                                                                                |                     |
| <i>phenytoin sodium extended cap 100 mg</i>                                                                                                                                                                                                                                                                                                     |                     |
| <i>rufinamide</i>                                                                                                                                                                                                                                                                                                                               |                     |
| XCOPRI                                                                                                                                                                                                                                                                                                                                          |                     |
| XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK                                                                                                                                                                                                                                                                                                   |                     |
| XCOPRI (350 MG DAILY DOSE)                                                                                                                                                                                                                                                                                                                      |                     |
| ZONISADE                                                                                                                                                                                                                                                                                                                                        |                     |
| <i>zonisamide cap 25 mg, cap 50 mg, cap 100 mg</i>                                                                                                                                                                                                                                                                                              |                     |
| <b>ANTIDEMENTIA AGENTS</b>                                                                                                                                                                                                                                                                                                                      |                     |
| <b>ANTIDEMENTIA AGENTS, OTHER</b>                                                                                                                                                                                                                                                                                                               |                     |
| <i>memantine hcl-donepezil hcl</i>                                                                                                                                                                                                                                                                                                              |                     |
| NAMZARIC 7 14 21 28 -10 MG CP24 THPK, 7-10 MG CAP ER 24H                                                                                                                                                                                                                                                                                        |                     |
| <b>CHOLINESTERASE INHIBITORS</b>                                                                                                                                                                                                                                                                                                                |                     |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg</i>                                                                                                                                                                                                                             |                     |
| <i>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</i>                                                                                                                                                                                                                           |                     |
| <i>rivastigmine</i>                                                                                                                                                                                                                                                                                                                             |                     |
| <i>rivastigmine tartrate</i>                                                                                                                                                                                                                                                                                                                    |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                               | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>                                                                                                             |                     |
| <i>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 &amp; 21 x 10 mg titration pack</i> |                     |
| <b>ANTIDEPRESSANTS</b>                                                                                                                                             |                     |
| <b>ANTIDEPRESSANTS, OTHER</b>                                                                                                                                      |                     |
| AUVELITY                                                                                                                                                           |                     |
| BUPROPION HCL ER (XL)                                                                                                                                              |                     |
| <i>bupropion hcl tab 75 mg, tab 100 mg, tab er 12hr 100 mg, tab er 12hr 150 mg, tab er 12hr 200 mg, tab er 24hr 150 mg, tab er 24hr 300 mg</i>                     |                     |
| <i>mirtazapine orally disintegrating tab 15 mg, orally disintegrating tab 30 mg, orally disintegrating tab 45 mg, tab 7.5 mg, tab 15 mg, tab 30 mg, tab 45 mg</i>  |                     |
| ZURZUVAE                                                                                                                                                           |                     |
| <b>MONOAMINE OXIDASE INHIBITORS</b>                                                                                                                                |                     |
| EMSAM                                                                                                                                                              |                     |
| MARPLAN                                                                                                                                                            |                     |
| PHENELZINE SULFATE PHENELZINE SULFATE 15 MG TAB,<br>PHENELZINE SULFATE TAB 15 MG                                                                                   |                     |
| <i>tranylcypromine sulfate</i>                                                                                                                                     |                     |
| <b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>                                                        |                     |
| <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 equiv), tab 5 mg equiv), tab 10 mg equiv), tab 20 mg equiv)</i>                                                              |                     |
| FETZIMA                                                                                                                                                            |                     |
| FETZIMA TITRATION                                                                                                                                                  |                     |
| FLUOXETINE HCL (PMDD)                                                                                                                                              |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                       | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>fluoxetine hcl fluoxetine hcl 60 mg tab, fluoxetine hcl 90 mg cap dr, fluoxetine hcl cap 10 mg, fluoxetine hcl cap 20 mg, fluoxetine hcl cap 40 mg, fluoxetine hcl solution 20 mg/5ml, fluoxetine hcl tab 10 mg, fluoxetine hcl tab 20 mg, fluoxetine hcl tab 60 mg</i> |                     |
| <i>fluvoxamine maleate</i>                                                                                                                                                                                                                                                 |                     |
| NEFAZODONE HCL                                                                                                                                                                                                                                                             |                     |
| <i>sertraline hcl sertraline hcl 150 mg cap, sertraline hcl 200 mg cap, sertraline hcl oral concentrate for solution 20 mg/ml, sertraline hcl tab 25 mg, sertraline hcl tab 50 mg, sertraline hcl tab 100 mg</i>                                                           |                     |
| <i>trazodone hcl tab 50 mg, tab 100 mg, tab 150 mg, tab 300 mg</i>                                                                                                                                                                                                         |                     |
| TRINTELLIX                                                                                                                                                                                                                                                                 |                     |
| <i>venlafaxine hcl cap er 37.5 mg equivalent), cap er 75 mg equivalent)</i>                                                                                                                                                                                                |                     |
| <i>vilazodone hcl</i>                                                                                                                                                                                                                                                      |                     |
| <b>TRICYCLICS</b>                                                                                                                                                                                                                                                          |                     |
| <i>amitriptyline hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg</i>                                                                                                                                                                                |                     |
| <i>amoxapine</i>                                                                                                                                                                                                                                                           |                     |
| <i>clomipramine hcl cap 25 mg, cap 50 mg, cap 75 mg</i>                                                                                                                                                                                                                    |                     |
| <i>desipramine hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg</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 tab 10 mg, tab 25 mg, tab 50 mg</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 cap 25 mg, cap 50 mg, cap 100 mg</i>                                                                                                                                                                                                               |                     |
| <b>ANTIEMETICS</b>                                                                                                                                                                                                                                                         |                     |
| <b>ANTIEMETICS, OTHER</b>                                                                                                                                                                                                                                                  |                     |
| <i>meclizine hcl tab 12.5 mg, tab 25 mg</i>                                                                                                                                                                                                                                |                     |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) equiv), tab 5 mg equivalent), tab 10 mg equivalent)</i>                                                                                                                                                                   |                     |
| <i>perphenazine tab 2 mg, tab 4 mg, tab 8 mg, tab 16 mg</i>                                                                                                                                                                                                                |                     |
| <i>prochlorperazine</i>                                                                                                                                                                                                                                                    |                     |
| <i>prochlorperazine maleate tab 5 mg equivalent), tab 10 mg equivalent)</i>                                                                                                                                                                                                |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <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>                                                                                                                                                                  |                     |
| <b>EMETOGENIC THERAPY ADJUNCTS</b>                                                                                                                                                  |                     |
| <i>aprepitant</i>                                                                                                                                                                   | PA3                 |
| <i>dronabinol</i>                                                                                                                                                                   | PA                  |
| <i>ondansetron hcl oral soln 4 mg/5ml, tab 4 mg, tab 8 mg</i>                                                                                                                       | PA3                 |
| <i>ondansetron tab 4 mg, tab 8 mg</i>                                                                                                                                               | PA3                 |
| <b>ANTIFUNGALS</b>                                                                                                                                                                  |                     |
| ABELCET                                                                                                                                                                             | PA3                 |
| AMPHOTERICIN B 50 MG RECON SOLN                                                                                                                                                     | PA3                 |
| <i>amphotericin b liposome</i>                                                                                                                                                      | PA3                 |
| <i>caspofungin acetate caspofungin acetate 50 mg recon soln, caspofungin acetate 70 mg recon soln, caspofungin acetate for iv soln 50 mg, caspofungin acetate for iv soln 70 mg</i> |                     |
| <i>clotrimazole (topical)</i>                                                                                                                                                       |                     |
| <i>clotrimazole troche 10 mg</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 cap 250 mg, cap 500 mg</i>                                                                                                                                           |                     |
| <i>griseofulvin microsize susp 125 mg/5ml, tab 500 mg</i>                                                                                                                           |                     |
| <i>griseofulvin ultramicrosize tab 125 mg, tab 250 mg</i>                                                                                                                           |                     |
| <i>itraconazole cap 100 mg</i>                                                                                                                                                      |                     |
| <i>ketoconazole (topical) cream 2%, foam 2%, shampoo 2%</i>                                                                                                                         |                     |
| <i>ketoconazole tab 200 mg</i>                                                                                                                                                      |                     |
| <i>micafungin sodium micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln, micafungin sodium for iv soln 50 mg, micafungin sodium for iv soln 100 mg</i>         |                     |
| MICONAZOLE 3                                                                                                                                                                        |                     |
| <i>nystatin (mouth-throat)</i>                                                                                                                                                      |                     |
| <i>nystatin (topical)</i>                                                                                                                                                           |                     |
| <i>nystatin tab 500000 unit</i>                                                                                                                                                     |                     |
| <i>posaconazole susp 40 mg/ml, tab delayed release 100 mg</i>                                                                                                                       |                     |
| <i>terbinafine hcl tab 250 mg</i>                                                                                                                                                   |                     |
| <i>terconazole vaginal</i>                                                                                                                                                          |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.



| DRUG                                                                                                                                                                            | REQUIREMENTS/LIMITS      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <i>voriconazole for susp 40 mg/ml, tab 50 mg, tab 200 mg</i>                                                                                                                    |                          |
| VORICONAZOLE VORICONAZOLE 200 MG RECON SOLN,<br>VORICONAZOLE FOR INJ 200 MG                                                                                                     | PA3                      |
| <b>ANTIGOUT AGENTS</b>                                                                                                                                                          |                          |
| <i>allopurinol tab 100 mg, tab 200 mg, tab 300 mg</i>                                                                                                                           |                          |
| <i>colchicine cap 0.6 mg, tab 0.6 mg</i>                                                                                                                                        |                          |
| <i>colchicine w/ probenecid</i>                                                                                                                                                 |                          |
| <i>febuxostat</i>                                                                                                                                                               |                          |
| <i>probenecid</i>                                                                                                                                                               |                          |
| <b>ANTIMIGRAINE AGENTS</b>                                                                                                                                                      |                          |
| <b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS</b>                                                                                                              |                          |
| AJOVY                                                                                                                                                                           | PA                       |
| 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>                                                                                                                                                             |                          |
| <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>                      |                          |
| <i>timolol maleate tab 5 mg, tab 10 mg, tab 20 mg</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 5 mg/act, 20 mg/act</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, solution cartridge 6 mg/0.5ml</i> |                          |
| <i>sumatriptan succinate tab 25 mg, tab 50 mg, tab 100 mg</i>                                                                                                                   | QL (9 PER 30 OVER TIME)  |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                    | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>ANTIMYASTHENIC AGENTS</b>                                                                                                                                                            |                     |
| <b>PARASYMPATHOMIMETICS</b>                                                                                                                                                             |                     |
| <i>pyridostigmine bromide pyridostigmine bromide 30 mg tab, pyridostigmine bromide oral soln 60 mg/5ml, pyridostigmine bromide tab 60 mg, pyridostigmine bromide tab er 180 mg</i>      |                     |
| <b>ANTIMYCOBACTERIALS</b>                                                                                                                                                               |                     |
| <b>ANTIMYCOBACTERIALS, OTHER</b>                                                                                                                                                        |                     |
| <i>dapsone tab 25 mg, tab 100 mg</i>                                                                                                                                                    |                     |
| <i>rifabutin</i>                                                                                                                                                                        |                     |
| <b>ANTITUBERCULARS</b>                                                                                                                                                                  |                     |
| <i>ethambutol hcl tab 100 mg, tab 400 mg</i>                                                                                                                                            |                     |
| ISONIAZID ISONIAZID 100 MG TAB, ISONIAZID SYRUP 50 MG/5ML, ISONIAZID TAB 100 MG, ISONIAZID TAB 300 MG                                                                                   |                     |
| PRETOMANID                                                                                                                                                                              |                     |
| PRIFTIN                                                                                                                                                                                 |                     |
| <i>pyrazinamide tab 500 mg</i>                                                                                                                                                          |                     |
| <i>rifampin cap 150 mg, cap 300 mg, for inj 600 mg</i>                                                                                                                                  |                     |
| SIRTURO                                                                                                                                                                                 |                     |
| TRECATOR                                                                                                                                                                                |                     |
| <b>ANTINEOPLASTICS</b>                                                                                                                                                                  |                     |
| <b>ALKYLATING AGENTS</b>                                                                                                                                                                |                     |
| CYCLOPHOSPHAMIDE CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB, CYCLOPHOSPHAMIDE CAP 25 MG, CYCLOPHOSPHAMIDE CAP 50 MG | PA3                 |
| GLEOSTINE                                                                                                                                                                               |                     |
| MATULANE                                                                                                                                                                                |                     |
| VALCHLOR                                                                                                                                                                                |                     |
| <b>ANTIANDROGENS</b>                                                                                                                                                                    |                     |
| <i>abiraterone acetate</i>                                                                                                                                                              |                     |
| <i>bicalutamide</i>                                                                                                                                                                     |                     |
| ERLEADA                                                                                                                                                                                 |                     |
| <i>nilutamide</i>                                                                                                                                                                       |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                            | REQUIREMENTS/LIMITS |
|-------------------------------------------------|---------------------|
| NUBEQA                                          |                     |
| XTANDI                                          |                     |
| YONSA                                           |                     |
| <b>ANTIANGIOGENIC AGENTS</b>                    |                     |
| <i>lenalidomide</i>                             |                     |
| POMALYST                                        | LA                  |
| THALOMID                                        |                     |
| <b>ANTIESTROGENS/MODIFIERS</b>                  |                     |
| ORSERDU                                         |                     |
| SOLTAMOX                                        |                     |
| <i>tamoxifen citrate tab (10 mg equivalent)</i> |                     |
| <i>tamoxifen citrate tab (20 mg equivalent)</i> |                     |
| <i>toremifene citrate</i>                       |                     |
| <b>ANTIMETABOLITES</b>                          |                     |
| <i>mercaptopurine tab 50 mg</i>                 |                     |
| ONUREG                                          |                     |
| PURIXAN                                         |                     |
| <b>ANTINEOPLASTICS, OTHER</b>                   |                     |
| AKEEGA                                          |                     |
| AUGTYRO                                         |                     |
| FRUZAQLA                                        |                     |
| <i>hydroxyurea cap 500 mg</i>                   |                     |
| INQOVI                                          |                     |
| IWILFIN                                         |                     |
| LONSURF                                         |                     |
| LYSODREN                                        |                     |
| OGSIVEO                                         |                     |
| OJJAARA                                         |                     |
| ZOLINZA                                         |                     |
| <b>AROMATASE INHIBITORS, 3RD GENERATION</b>     |                     |
| <i>anastrozole tab 1 mg</i>                     |                     |
| <i>exemestane</i>                               |                     |
| <i>letrozole tab 2.5 mg</i>                     |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                     | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------|---------------------|
| <b>ENZYME INHIBITORS</b>                                                                 |                     |
| TRUQAP 160 MG TAB THPK, 200 MG TAB THPK                                                  |                     |
| <b>MOLECULAR TARGET INHIBITORS</b>                                                       |                     |
| ALECENSA                                                                                 |                     |
| ALUNBRIG                                                                                 |                     |
| AYVAKIT                                                                                  |                     |
| BALVERSA                                                                                 |                     |
| BOSULIF                                                                                  |                     |
| BRAFTOVI                                                                                 |                     |
| BRUKINSA                                                                                 |                     |
| CABOMETYX                                                                                |                     |
| CALQUENCE                                                                                |                     |
| CAPRELSA                                                                                 |                     |
| COMETRIQ                                                                                 |                     |
| COPIKTRA                                                                                 |                     |
| COTELLIC                                                                                 |                     |
| DANZITEN                                                                                 |                     |
| <i>dasatinib</i>                                                                         |                     |
| DAURISMO                                                                                 |                     |
| ERIVEDGE                                                                                 |                     |
| <i>erlotinib hcl</i>                                                                     |                     |
| <i>everolimus</i>                                                                        |                     |
| FOTIVDA                                                                                  |                     |
| GAVRETO                                                                                  |                     |
| <i>gefitinib</i>                                                                         |                     |
| GILOTRIF                                                                                 |                     |
| IBRANCE                                                                                  |                     |
| ICLUSIG                                                                                  |                     |
| IDHIFA                                                                                   |                     |
| <i>imatinib mesylate</i>                                                                 |                     |
| IMBRUVICA 70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB |                     |
| IMKELDI                                                                                  |                     |
| INLYTA                                                                                   |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                            | REQUIREMENTS/LIMITS |
|---------------------------------|---------------------|
| INREBIC                         |                     |
| ITOVEBI                         |                     |
| JAKAFI                          |                     |
| JAYPIRCA                        |                     |
| KISQALI                         |                     |
| KISQALI FEMARA                  |                     |
| KOSELUGO                        |                     |
| KRAZATI                         |                     |
| <i>lapatinib ditosylate</i>     |                     |
| LAZCLUZE                        |                     |
| LENVIMA                         |                     |
| LORBRENA                        |                     |
| LUMAKRAS                        |                     |
| LYNPARZA                        |                     |
| LYTGOBI                         |                     |
| MEKINIST                        |                     |
| MEKTOVI                         |                     |
| NERLYNX                         |                     |
| NINLARO                         |                     |
| ODOMZO                          |                     |
| OJEMDA                          |                     |
| <i>pazopanib hcl</i>            |                     |
| PEMAZYRE                        |                     |
| PIQRAY                          |                     |
| QINLOCK                         |                     |
| RETEVMO                         |                     |
| REVUFORJ 110 MG TAB, 160 MG TAB |                     |
| REZLIDHIA                       |                     |
| ROZLYTREK                       |                     |
| RUBRACA                         |                     |
| RYDAPT                          |                     |
| SCEMBLIX                        |                     |
| <i>sorafenib tosylate</i>       |                     |
| STIVARGA                        |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                            | REQUIREMENTS/LIMITS |
|---------------------------------|---------------------|
| <i>sunitinib malate</i>         |                     |
| TABRECTA                        |                     |
| TAFINLAR                        |                     |
| TAGRISSO                        |                     |
| TALZENNA                        |                     |
| TASIGNA                         |                     |
| TAZVERIK                        |                     |
| TEPMETKO                        |                     |
| TIBSOVO                         |                     |
| TRUQAP 160 MG TAB, 200 MG TAB   |                     |
| TUKYSA                          |                     |
| TURALIO 125 MG CAP              |                     |
| VANFLYTA                        |                     |
| VENCLEXTA                       |                     |
| VENCLEXTA STARTING PACK         |                     |
| VERZENIO                        |                     |
| VIJOICE                         |                     |
| VITRAKVI                        |                     |
| VIZIMPRO                        |                     |
| VORANIGO                        |                     |
| XALKORI                         |                     |
| XOSPATA                         |                     |
| XPOVIO                          |                     |
| ZEJULA                          |                     |
| ZELBORAF                        |                     |
| ZYDELIG                         |                     |
| ZYKADIA                         |                     |
| <b>RETINOIDS</b>                |                     |
| <i>bexarotene</i>               |                     |
| <i>bexarotene (topical)</i>     | PA2                 |
| PANRETIN                        |                     |
| <i>tretinoin (chemotherapy)</i> |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                           | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------|---------------------|
| <b>TREATMENT ADJUNCTS</b>                                                                                      |                     |
| <i>leucovorin calcium tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg</i>                                            |                     |
| <i>mesna tab 400 mg</i>                                                                                        |                     |
| VONJO                                                                                                          |                     |
| <b>ANTIPARASITICS</b>                                                                                          |                     |
| <b>ANTHELMINTICS</b>                                                                                           |                     |
| <i>albendazole tab 200 mg</i>                                                                                  |                     |
| <i>ivermectin tab 3 mg</i>                                                                                     |                     |
| <i>praziquantel tab 600 mg</i>                                                                                 |                     |
| <b>ANTIPROTOZOALS</b>                                                                                          |                     |
| <i>atovaquone susp 750 mg/5ml</i>                                                                              |                     |
| <i>atovaquone-proguanil hcl</i>                                                                                |                     |
| <i>chloroquine phosphate tab 250 mg, tab 500 mg</i>                                                            |                     |
| COARTEM                                                                                                        |                     |
| <i>hydroxychloroquine sulfate tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg</i>                               |                     |
| IMPAVIDO                                                                                                       |                     |
| <i>mefloquine hcl</i>                                                                                          |                     |
| <i>nitazoxanide tab 500 mg</i>                                                                                 |                     |
| <i>pentamidine isethionate for nebulization soln 300 mg</i>                                                    | PA3                 |
| <i>pentamidine isethionate inj soln 300 mg, soln 300 mg</i>                                                    |                     |
| <i>primaquine phosphate (primaquine phosphate 26.3 base) mg tab, primaquine phosphate tab 26.3 mg mg base)</i> |                     |
| <i>pyrimethamine tab 25 mg</i>                                                                                 |                     |
| <i>quinine sulfate cap 324 mg</i>                                                                              |                     |
| <b>ANTIPARKINSON AGENTS</b>                                                                                    |                     |
| <b>ANTICHOLINERGICS</b>                                                                                        |                     |
| <i>benztropine mesylate tab 0.5 mg, tab 1 mg, tab 2 mg</i>                                                     |                     |
| <i>trihexyphenidyl hcl tab 2 mg, tab 5 mg</i>                                                                  |                     |
| <b>ANTIPARKINSON AGENTS, OTHER</b>                                                                             |                     |
| <i>amantadine hcl cap 100 mg, soln 50 mg/5ml, tab 100 mg</i>                                                   |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| CARBIDOPA-LEVODOPA-ENTACAPONE CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG                                              |                     |
| <i>entacapone</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| ONGENTYS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |
| <i>tolcapone</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| <b>DOPAMINE AGONISTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |
| <i>apomorphine hydrochloride</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| <i>bromocriptine mesylate cap 5 mg equivalent), tab 2.5 mg equivalent)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |
| NEUPRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| <i>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</i>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |
| <i>ropinirole hydrochloride</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| <b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| <i>carbidopa tab 25 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |
| <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 tab 0.5 mg equiv), tab 1 mg equiv)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |
| <i>selegiline hcl cap 5 mg, tab 5 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.



| DRUG                              | REQUIREMENTS/LIMITS                                                                                                                                                                                                                |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ANTIPSYCHOTICS</b>             |                                                                                                                                                                                                                                    |
| <b>1ST GENERATION/TYPICAL</b>     |                                                                                                                                                                                                                                    |
| <i>chlorpromazine hcl</i>         | <i>chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl tab 10 mg, chlorpromazine hcl tab 25 mg, chlorpromazine hcl tab 50 mg, chlorpromazine hcl tab 100 mg, chlorpromazine hcl tab 200 mg</i> |
| <i>fluphenazine decanoate inj</i> | <i>25 mg/ml</i>                                                                                                                                                                                                                    |
| <i>fluphenazine hcl</i>           | <i>fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl tab 1 mg, fluphenazine hcl tab 2.5 mg, fluphenazine hcl tab 5 mg, fluphenazine hcl tab 10 mg</i>       |
| <i>haloperidol decanoate soln</i> | <i>50 mg/ml, soln 100 mg/ml</i>                                                                                                                                                                                                    |
| <i>haloperidol lactate</i>        |                                                                                                                                                                                                                                    |
| <i>haloperidol tab</i>            | <i>0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 20 mg</i>                                                                                                                                                                  |
| <i>loxapine succinate</i>         |                                                                                                                                                                                                                                    |
| MOLINDONE HCL                     |                                                                                                                                                                                                                                    |
| PIMOZIDE                          |                                                                                                                                                                                                                                    |
| <i>thioridazine hcl tab</i>       | <i>10 mg, tab 25 mg, tab 50 mg, tab 100 mg</i>                                                                                                                                                                                     |
| <i>thiothixene</i>                |                                                                                                                                                                                                                                    |
| <i>trifluoperazine hcl</i>        |                                                                                                                                                                                                                                    |
| <b>2ND GENERATION/ATYPICAL</b>    |                                                                                                                                                                                                                                    |
| ABILIFY ASIMTUFII                 |                                                                                                                                                                                                                                    |
| ABILIFY MAINTENA                  |                                                                                                                                                                                                                                    |
| <i>aripiprazole</i>               |                                                                                                                                                                                                                                    |
| ARISTADA                          |                                                                                                                                                                                                                                    |
| ARISTADA INITIO                   |                                                                                                                                                                                                                                    |
| <i>asenapine maleate</i>          |                                                                                                                                                                                                                                    |
| CAPLYTA                           |                                                                                                                                                                                                                                    |
| FANAPT                            |                                                                                                                                                                                                                                    |
| FANAPT TITRATION PACK             |                                                                                                                                                                                                                                    |
| INVEGA HAFYERA                    |                                                                                                                                                                                                                                    |
| INVEGA SUSTENNA                   |                                                                                                                                                                                                                                    |
| INVEGA TRINZA                     |                                                                                                                                                                                                                                    |
| <i>lurasidone hcl</i>             |                                                                                                                                                                                                                                    |
| LYBALVI                           |                                                                                                                                                                                                                                    |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                           | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| NUPLAZID                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PA2                 |
| <i>olanzapine</i>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |
| <i>paliperidone</i>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |
| PERSERIS                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| <i>quetiapine fumarate quetiapine fumarate 150 mg tab, quetiapine fumarate tab 25 mg, quetiapine fumarate tab 50 mg, quetiapine fumarate tab 100 mg, quetiapine fumarate tab 200 mg, quetiapine fumarate tab 300 mg, quetiapine fumarate tab 400 mg, quetiapine fumarate tab er 24hr 150 mg, quetiapine fumarate tab er 24hr 200 mg, quetiapine fumarate tab er 24hr 300 mg, quetiapine fumarate tab er 24hr 400 mg, quetiapine fumarate tab er 24hr 50 mg</i> |                     |
| REXULTI                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| <i>risperidone microspheres</i>                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| <i>risperidone risperidone 0.25 mg tab disp, risperidone orally disintegrating tab 0.5 mg, risperidone orally disintegrating tab 1 mg, risperidone orally disintegrating tab 2 mg, risperidone orally disintegrating tab 3 mg, risperidone orally disintegrating tab 4 mg, risperidone soln 1 mg/ml, risperidone tab 0.25 mg, risperidone tab 0.5 mg, risperidone tab 1 mg, risperidone tab 2 mg, risperidone tab 3 mg, risperidone tab 4 mg</i>               |                     |
| SECUADO                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| UZEDY                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |
| VRAYLAR                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| <i>ziprasidone hcl</i>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |
| <i>ziprasidone mesylate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
| <b>ANTIPSYCHOTICS, OTHER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |
| COBENFY                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |
| COBENFY STARTER PACK                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |
| <b>TREATMENT-RESISTANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| <i>clozapine clozapine 12.5 mg tab disp, clozapine 150 mg tab disp, clozapine orally disintegrating tab 25 mg, clozapine orally disintegrating tab 100 mg, clozapine orally disintegrating tab 150 mg, clozapine orally disintegrating tab 200 mg, clozapine tab 25 mg, clozapine tab 50 mg, clozapine tab 100 mg, clozapine tab 200 mg</i>                                                                                                                    |                     |
| VERSACLOZ                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| <b>ANTISPASTICITY AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |
| <i>baclofen tab 5 mg, tab 10 mg, tab 20 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| <i>tizanidine hcl cap 2 mg equivalent), cap 4 mg equivalent), cap 6 mg equivalent), tab 2 mg equivalent), tab 4 mg equivalent)</i>                                                                                                                                                                                                                                                                                                                             |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                            | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------|---------------------|
| <b>ANTIVIRALS</b>                                                               |                     |
| <b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>                                        |                     |
| LIVTENCITY                                                                      |                     |
| PREVYMIS 240 MG TAB, 480 MG TAB                                                 |                     |
| <i>valganciclovir hcl</i>                                                       |                     |
| <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                  |
| <i>ribavirin (hepatitis c)</i>                                                  |                     |
| RIBAVIRIN 200 MG CAP, 200 MG TAB                                                |                     |
| SOFOSBUVIR-VELPATASVIR                                                          | PA                  |
| SOVALDI 400 MG TAB                                                              | PA                  |
| VOSEVI                                                                          | PA                  |
| ZEPATIER                                                                        | PA                  |
| <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                                                                        |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                    | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------|---------------------|
| DELSTRIGO                                                                                               |                     |
| EDURANT                                                                                                 |                     |
| <i>efavirenz</i>                                                                                        |                     |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>                                            |                     |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                                               |                     |
| <i>etravirine</i>                                                                                       |                     |
| INTELENCE 25 MG TAB                                                                                     |                     |
| <i>nevirapine nevirapine 50 mg/5ml suspension, nevirapine tab 200 mg, nevirapine tab er 24hr 400 mg</i> |                     |
| ODEFSEY                                                                                                 |                     |
| PIFELTRO                                                                                                |                     |
| <b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>               |                     |
| <i>abacavir sulfate</i>                                                                                 |                     |
| <i>abacavir sulfate-lamivudine</i>                                                                      |                     |
| CIMDUO                                                                                                  |                     |
| DESCOVY                                                                                                 |                     |
| <i>emtricitabine</i>                                                                                    |                     |
| <i>emtricitabine-tenofovir disoproxil fumarate</i>                                                      |                     |
| EMTRIVA 10 MG/ML SOLUTION                                                                               |                     |
| <i>lamivudine</i>                                                                                       |                     |
| <i>lamivudine-zidovudine</i>                                                                            |                     |
| <i>tenofovir disoproxil fumarate</i>                                                                    |                     |
| TRIUMEQ                                                                                                 |                     |
| TRIUMEQ PD                                                                                              |                     |
| VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB                                              |                     |
| <i>zidovudine</i>                                                                                       |                     |
| <b>ANTI-HIV AGENTS, OTHER</b>                                                                           |                     |
| FUZEON                                                                                                  |                     |
| <i>maraviroc</i>                                                                                        |                     |
| RUKOBIA                                                                                                 |                     |
| SELZENTRY 20 MG/ML SOLUTION                                                                             |                     |
| SUNLENCA 4 300 MG TAB THPK, 5 300 MG TAB THPK                                                           |                     |
| TYBOST                                                                                                  |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                       | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------------|---------------------|
| <b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>                                                           |                     |
| APTIVUS 250 MG CAP                                                                                         |                     |
| <i>atazanavir sulfate</i>                                                                                  |                     |
| <i>darunavir</i>                                                                                           |                     |
| EVOTAZ                                                                                                     |                     |
| <i>fosamprenavir calcium</i>                                                                               |                     |
| <i>lopinavir-ritonavir</i>                                                                                 |                     |
| NORVIR 100 MG PACKET                                                                                       |                     |
| PREZCOBIX                                                                                                  |                     |
| PREZISTA 75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB                                                       |                     |
| REYATAZ 50 MG PACKET                                                                                       |                     |
| <i>ritonavir</i>                                                                                           |                     |
| SYMTUZA                                                                                                    |                     |
| VIRACEPT                                                                                                   |                     |
| <b>ANTI-INFLUENZA AGENTS</b>                                                                               |                     |
| <i>oseltamivir phosphate cap 30 mg equiv), cap 45 mg equiv), cap 75 mg equiv), for susp 6 mg/ml 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>famciclovir tab 125 mg, tab 250 mg, tab 500 mg</i>                                                      |                     |
| <i>valacyclovir hcl tab 1 gm, tab 500 mg</i>                                                               |                     |
| <b>ANTIVIRAL, CORONAVIRUS AGENTS</b>                                                                       |                     |
| LAGEVRIO                                                                                                   |                     |
| PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK                                                       |                     |
| PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK                                                       |                     |
| <b>ANXIOLYTICS</b>                                                                                         |                     |
| <b>ANXIOLYTICS, OTHER</b>                                                                                  |                     |
| <i>buspirone hcl tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 30 mg</i>                                 |                     |
| <i>hydroxyzine hcl syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg</i>                                    |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                        | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>hydroxyzine pamoate hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate cap 25 mg, hydroxyzine pamoate cap 50 mg</i>                                                                                                                                                                                     |                     |
| <b>BENZODIAZEPINES</b>                                                                                                                                                                                                                                                                                      |                     |
| ALPRAZOLAM INTENSOL                                                                                                                                                                                                                                                                                         |                     |
| <i>alprazolam orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab er 24hr 0.5 mg, tab er 24hr 1 mg, tab er 24hr 2 mg, tab er 24hr 3 mg</i>                                |                     |
| <i>clonazepam orally disintegrating tab 0.125 mg, orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.5 mg, tab 1 mg, tab 2 mg</i>                                                                                   |                     |
| clorazepate dipotassium                                                                                                                                                                                                                                                                                     |                     |
| <i>diazepam 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>                                                                                                                                                                                                                                               |                     |
| oxazepam                                                                                                                                                                                                                                                                                                    |                     |
| <b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>                                                                                                                                                                                                 |                     |
| <i>paroxetine hcl</i>                                                                                                                                                                                                                                                                                       |                     |
| <i>paroxetine mesylate (vasomotor)</i>                                                                                                                                                                                                                                                                      |                     |
| VENLAFAXINE BESYLATE ER                                                                                                                                                                                                                                                                                     |                     |
| <i>venlafaxine hcl cap er 24hr 150 mg equivalent), tab 25 mg equivalent), tab 37.5 mg equivalent), tab 50 mg equivalent), tab 75 mg equivalent), tab 100 mg equivalent), tab er 24hr 150 mg equivalent), tab er 24hr 225 mg equivalent), tab er 24hr 37.5 mg equivalent), tab er 24hr 75 mg equivalent)</i> |                     |
| <b>BIPOLAR AGENTS</b>                                                                                                                                                                                                                                                                                       |                     |
| <b>MOOD STABILIZERS</b>                                                                                                                                                                                                                                                                                     |                     |
| <i>lithium</i>                                                                                                                                                                                                                                                                                              |                     |
| <i>lithium carbonate lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap, lithium carbonate cap 150 mg, lithium carbonate cap 300 mg, lithium carbonate cap 600 mg, lithium carbonate tab 300 mg, lithium carbonate tab er 300 mg, lithium carbonate tab er 450 mg</i> |                     |
| <b>BLOOD GLUCOSE REGULATORS</b>                                                                                                                                                                                                                                                                             |                     |
| <b>ANTIDIABETIC AGENTS</b>                                                                                                                                                                                                                                                                                  |                     |
| <i>acarbose tab 25 mg, tab 50 mg, tab 100 mg</i>                                                                                                                                                                                                                                                            |                     |
| ALOGLIPTIN BENZOATE                                                                                                                                                                                                                                                                                         |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                         | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| ALOGLIPTIN-METFORMIN HCL                                                                                                                                                                                                                                                                                                                                                                     |                     |
| ALOGLIPTIN-PIOGLITAZONE -12.5-30 MG TAB, -25-15 MG TAB, -25-30 MG TAB, -25-45 MG TAB                                                                                                                                                                                                                                                                                                         |                     |
| CYCLOSET                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| <i>glimepiride tab 1 mg, tab 2 mg, tab 4 mg</i>                                                                                                                                                                                                                                                                                                                                              |                     |
| GLIPIZIDE GLIPIZIDE 2.5 MG TAB, GLIPIZIDE TAB 5 MG, GLIPIZIDE TAB 10 MG, GLIPIZIDE TAB ER 24HR 10 MG, GLIPIZIDE TAB ER 24HR 2.5 MG, GLIPIZIDE TAB ER 24HR 5 MG                                                                                                                                                                                                                               |                     |
| <i>glipizide-metformin hcl</i>                                                                                                                                                                                                                                                                                                                                                               |                     |
| <i>metformin hcl metformin hcl 625 mg tab, metformin hcl tab 500 mg, metformin hcl tab 850 mg, metformin hcl tab 1000 mg, metformin hcl tab er 24hr 500 mg, metformin hcl tab er 24hr 750 mg, metformin hcl tab er 24hr modified release 1000 mg, metformin hcl tab er 24hr modified release 500 mg, metformin hcl tab er 24hr osmotic 1000 mg, metformin hcl tab er 24hr osmotic 500 mg</i> |                     |
| MOUNJARO                                                                                                                                                                                                                                                                                                                                                                                     | PA                  |
| <i>nateglinide</i>                                                                                                                                                                                                                                                                                                                                                                           |                     |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN                                                                                                                                                                                                                                                                                                                                              | PA                  |
| OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN                                                                                                                                                                                                                                                                                                                                                        | PA                  |
| OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN                                                                                                                                                                                                                                                                                                                                                        | PA                  |
| <i>pioglitazone hcl</i>                                                                                                                                                                                                                                                                                                                                                                      |                     |
| <i>pioglitazone hcl-metformin hcl</i>                                                                                                                                                                                                                                                                                                                                                        |                     |
| <i>repaglinide</i>                                                                                                                                                                                                                                                                                                                                                                           |                     |
| <i>saxagliptin hcl</i>                                                                                                                                                                                                                                                                                                                                                                       |                     |
| <i>saxagliptin-metformin hcl</i>                                                                                                                                                                                                                                                                                                                                                             |                     |
| SYMLINPEN 120                                                                                                                                                                                                                                                                                                                                                                                |                     |
| SYMLINPEN 60                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| TRULICITY                                                                                                                                                                                                                                                                                                                                                                                    |                     |
| <b>GLYCEMIC AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                       |                     |
| BAQSIMI ONE PACK                                                                                                                                                                                                                                                                                                                                                                             |                     |
| BAQSIMI TWO PACK                                                                                                                                                                                                                                                                                                                                                                             |                     |
| <i>diazoxide susp 50 mg/ml</i>                                                                                                                                                                                                                                                                                                                                                               |                     |
| <i>glucagon (rdna)</i>                                                                                                                                                                                                                                                                                                                                                                       |                     |
| GLUCAGON EMERGENCY                                                                                                                                                                                                                                                                                                                                                                           |                     |
| <b>INSULINS</b>                                                                                                                                                                                                                                                                                                                                                                              |                     |
| HUMALOG MIX 50/50 KWIKPEN                                                                                                                                                                                                                                                                                                                                                                    |                     |
| HUMALOG MIX 75/25                                                                                                                                                                                                                                                                                                                                                                            |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                               | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 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-YFGN                                                                                                                              |                     |
| INSULIN LISPRO                                                                                                                                     |                     |
| INSULIN LISPRO (1 UNIT DIAL)                                                                                                                       |                     |
| INSULIN LISPRO JUNIOR KWIKPEN                                                                                                                      |                     |
| INSULIN LISPRO PROT & LISPRO                                                                                                                       |                     |
| NOVOLIN 70/30                                                                                                                                      |                     |
| NOVOLIN 70/30 FLEXPEN                                                                                                                              |                     |
| NOVOLIN N                                                                                                                                          |                     |
| NOVOLIN N FLEXPEN                                                                                                                                  |                     |
| NOVOLIN R                                                                                                                                          |                     |
| NOVOLIN R FLEXPEN                                                                                                                                  |                     |
| NOVOLIN R FLEXPEN RELION                                                                                                                           |                     |
| <b>BLOOD PRODUCTS AND MODIFIERS</b>                                                                                                                |                     |
| <b>ANTICOAGULANTS</b>                                                                                                                              |                     |
| <i>dabigatran etexilate mesylate</i>                                                                                                               |                     |
| ELIQUIS                                                                                                                                            |                     |
| ELIQUIS DVT/PE STARTER PACK                                                                                                                        |                     |
| <i>enoxaparin sodium soln 30 mg/0.3ml, soln 40 mg/0.4ml, soln 60 mg/0.6ml, soln 80 mg/0.8ml, soln 100 mg/ml, soln 120 mg/0.8ml, soln 150 mg/ml</i> |                     |
| <i>fondaparinux sodium</i>                                                                                                                         |                     |
| <i>heparin sodium (porcine) 1000 unit/ml, pf 1000 unit/ml, 10000 unit/ml</i>                                                                       | PA3                 |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.



| DRUG                                                                                                                 | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>heparin sodium (porcine) 5000 unit/ml, 20000 unit/ml</i>                                                          |                     |
| <i>warfarin sodium tab 1 mg, tab 2 mg, tab 2.5 mg, tab 3 mg, tab 4 mg, tab 5 mg, tab 6 mg, tab 7.5 mg, tab 10 mg</i> |                     |
| XARELTO 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB                                                                  |                     |
| XARELTO STARTER PACK                                                                                                 |                     |
| <b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>                                                                           |                     |
| <i>anagrelide hcl</i>                                                                                                |                     |
| ARANESP (ALBUMIN FREE)                                                                                               | 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 tab 0.1 mg, tab 0.2 mg, tab 0.3 mg</i>                                                              |                     |
| <i>droxidopa</i>                                                                                                     |                     |
| <i>guanfacine hcl</i>                                                                                                |                     |
| <i>midodrine hcl</i>                                                                                                 |                     |
| <b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>                                                                              |                     |
| <i>doxazosin mesylate tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg</i>                                                     |                     |
| <i>prazosin hcl cap 1 mg, cap 2 mg, cap 5 mg</i>                                                                     |                     |
| <i>terazosin hcl</i>                                                                                                 |                     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                                                                           |                     |
| <i>candesartan cilexetil</i>                                                                                         |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                            | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>irbesartan</i>                                                                                                                               |                     |
| <i>losartan potassium tab 25 mg, tab 50 mg, tab 100 mg</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 tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg</i>                                                              |                     |
| <i>ramipril</i>                                                                                                                                 |                     |
| <b>ANTIARRHYTHMICS</b>                                                                                                                          |                     |
| <i>amiodarone hcl tab 100 mg, tab 200 mg, tab 400 mg</i>                                                                                        |                     |
| <i>digoxin digoxin 0.05 mg/ml solution, digoxin oral soln 0.05 mg/ml, digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg)</i>         |                     |
| <i>dofetilide</i>                                                                                                                               |                     |
| <i>flecainide acetate</i>                                                                                                                       |                     |
| <i>mexiletine hcl cap 150 mg, cap 200 mg, cap 250 mg</i>                                                                                        |                     |
| <i>propafenone hcl</i>                                                                                                                          |                     |
| <i>quinidine gluconate</i>                                                                                                                      |                     |
| <i>quinidine sulfate quinidine sulfate 200 mg tab, quinidine sulfate 300 mg tab, quinidine sulfate tab 200 mg, quinidine sulfate tab 300 mg</i> |                     |
| <i>sotalol hcl</i>                                                                                                                              |                     |
| <i>sotalol hcl (afib/af)</i>                                                                                                                    |                     |
| <b>BETA-ADRENERGIC BLOCKING AGENTS</b>                                                                                                          |                     |
| <i>atenolol tab 25 mg, tab 50 mg, tab 100 mg</i>                                                                                                |                     |
| <i>bisoprolol fumarate tab 5 mg, tab 10 mg</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 tab 20 mg, tab 40 mg, tab 80 mg</i>                                                                                                  |                     |
| <i>pindolol</i>                                                                                                                                 |                     |
| <b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>                                                                                        |                     |
| <i>amlodipine besylate tab 2.5 mg equivalent), tab 5 mg equivalent), tab 10 mg equivalent)</i>                                                  |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                           | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <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 cap 30 mg</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>                                                                                                                                                                                                                                                                    |                     |
| <i>enalapril maleate &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                                                             |                     |
| ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB                                                                                                                                                                                                                                                             |                     |
| <i>irbesartan-hydrochlorothiazide</i>                                                                                                                                                                                                                                                                          |                     |
| <i>ivabradine hcl</i>                                                                                                                                                                                                                                                                                          |                     |
| <i>lisinopril &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                                                                    |                     |
| <i>losartan potassium &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                                                            |                     |
| <i>metoprolol &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                                                                    |                     |
| <i>metyrosine</i>                                                                                                                                                                                                                                                                                              |                     |
| <i>pentoxifylline tab er 400 mg</i>                                                                                                                                                                                                                                                                            |                     |
| <i>ranolazine</i>                                                                                                                                                                                                                                                                                              |                     |
| <i>spironolactone &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                                                                |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                          | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>triamterene &amp; hydrochlorothiazide</i>                                                                                                                                                                  |                     |
| <i>valsartan-hydrochlorothiazide</i>                                                                                                                                                                          |                     |
| <b>DIURETICS, LOOP</b>                                                                                                                                                                                        |                     |
| <i>bumetanide</i>                                                                                                                                                                                             |                     |
| <i>furosemide furosemide 8 mg/ml solution, furosemide inj 10 mg/ml, furosemide oral soln 10 mg/ml, furosemide tab 20 mg, furosemide tab 40 mg, furosemide tab 80 mg</i>                                       |                     |
| <i>torseamide</i>                                                                                                                                                                                             |                     |
| <b>DIURETICS, POTASSIUM-SPARING</b>                                                                                                                                                                           |                     |
| <i>amiloride hcl tab 5 mg</i>                                                                                                                                                                                 |                     |
| <i>triamterene cap 50 mg, cap 100 mg</i>                                                                                                                                                                      |                     |
| <b>DIURETICS, THIAZIDE</b>                                                                                                                                                                                    |                     |
| <i>chlorthalidone</i>                                                                                                                                                                                         |                     |
| <i>hydrochlorothiazide cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg</i>                                                                                                                                     |                     |
| <i>indapamide</i>                                                                                                                                                                                             |                     |
| <i>metolazone</i>                                                                                                                                                                                             |                     |
| <b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>                                                                                                                                                                 |                     |
| <i>choline fenofibrate</i>                                                                                                                                                                                    |                     |
| <i>fenofibrate fenofibrate 50 mg cap, fenofibrate 150 mg cap, fenofibrate tab 40 mg, fenofibrate tab 48 mg, fenofibrate tab 54 mg, fenofibrate tab 120 mg, fenofibrate tab 145 mg, fenofibrate 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 tab 600 mg</i>                                                                                                                                                                                 |                     |
| <b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>                                                                                                                                                            |                     |
| <i>atorvastatin calcium tab 10 mg equivalent), tab 20 mg equivalent), tab 40 mg equivalent), tab 80 mg equivalent)</i>                                                                                        |                     |
| <i>pravastatin sodium</i>                                                                                                                                                                                     |                     |
| <i>rosuvastatin calcium tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg</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 4 gm/dose, packets 4 gm</i>                                                                                                                                                                 |                     |
| <i>cholestyramine light</i>                                                                                                                                                                                   |                     |
| <i>colesevelam hcl</i>                                                                                                                                                                                        |                     |
| <i>ezetimibe</i>                                                                                                                                                                                              |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>icosapent ethyl</i>                                                                                                                                                                                                                                                                              |                     |
| JUXTAPID                                                                                                                                                                                                                                                                                            | PA                  |
| <i>niacin (antihyperlipidemic) tab er 500 mg, tab er 750 mg, tab er 1000 mg</i>                                                                                                                                                                                                                     |                     |
| <i>omega-3-acid ethyl esters</i>                                                                                                                                                                                                                                                                    |                     |
| REPATHA                                                                                                                                                                                                                                                                                             |                     |
| REPATHA PUSHTRONEX SYSTEM                                                                                                                                                                                                                                                                           |                     |
| REPATHA SURECLICK                                                                                                                                                                                                                                                                                   |                     |
| <b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>                                                                                                                                                                                                                                                       |                     |
| <i>eplerenone</i>                                                                                                                                                                                                                                                                                   |                     |
| KERENDIA                                                                                                                                                                                                                                                                                            |                     |
| <i>spironolactone tab 25 mg, tab 50 mg, tab 100 mg</i>                                                                                                                                                                                                                                              |                     |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>                                                                                                                                                                                                                                          |                     |
| DAPAGLIFLOZIN PROPANEDIOL                                                                                                                                                                                                                                                                           |                     |
| JARDIANCE                                                                                                                                                                                                                                                                                           |                     |
| <b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>                                                                                                                                                                                                                                                         |                     |
| <i>hydralazine hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg</i>                                                                                                                                                                                                                                  |                     |
| <i>minoxidil tab 2.5 mg, tab 10 mg</i>                                                                                                                                                                                                                                                              |                     |
| <b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>                                                                                                                                                                                                                                                  |                     |
| <i>isosorbide dinitrate</i>                                                                                                                                                                                                                                                                         |                     |
| <i>isosorbide mononitrate isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab, isosorbide mononitrate tab 10 mg, isosorbide mononitrate tab 20 mg, isosorbide mononitrate tab er 24hr 120 mg, isosorbide mononitrate tab er 24hr 30 mg, isosorbide mononitrate tab er 24hr 60 mg</i> |                     |
| NITRO-BID                                                                                                                                                                                                                                                                                           |                     |
| NITRO-DUR -0.3 MG/HR PATCH 24HR, -0.8 MG/HR PATCH 24HR                                                                                                                                                                                                                                              |                     |
| <i>nitroglycerin (intra-anal)</i>                                                                                                                                                                                                                                                                   |                     |
| <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>                                                                                          |                     |
| VERQUVO                                                                                                                                                                                                                                                                                             |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| <i>amphetamine-dextroamphetamine -dextrocap er 24hr 10 mg, -dextrocap er 24hr 15 mg, -dextrocap er 24hr 20 mg, -dextrocap er 24hr 25 mg, -dextrocap er 24hr 30 mg, -dextrocap er 24hr 5 mg, -dextrotab 5 mg, -dextrotab 7.5 mg, -dextrotab 10 mg, -dextrotab 12.5 mg, -dextrotab 15 mg, -dextrotab 20 mg, -dextrotab 30 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
| <i>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</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |
| <i>atomoxetine hcl</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| <i>dexmethylphenidate hcl</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |
| <i>guanfacine hcl (adhd)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| <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, tab er osmotic release (osm) 72 mg</i> |                     |
| METHYLPHENIDATE HCL ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| METHYLPHENIDATE HCL ER (OSM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| <b>CENTRAL NERVOUS SYSTEM, OTHER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| NUEDEXTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PA                  |
| <i>riluzole</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |
| <i>tetrabenazine</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| VEOZAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| <b>FIBROMYALGIA AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| DRIZALMA SPRINKLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PA2                 |
| <i>duloxetine hcl cap 20 mg eq), cap 30 mg eq), cap 40 mg eq), cap 60 mg eq)</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                 | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| AVONEX PREFILLED                                                                                                                     |                     |
| BETASERON                                                                                                                            |                     |
| <i>dalfampridine tab er 12hr 10 mg</i>                                                                                               | PA                  |
| <i>dimethyl fumarate capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg &amp; 240 mg</i> |                     |
| <i>glatiramer acetate</i>                                                                                                            |                     |
| REBIF                                                                                                                                |                     |
| REBIF REBIDOSE                                                                                                                       |                     |
| REBIF REBIDOSE TITRATION PACK                                                                                                        |                     |
| REBIF TITRATION PACK                                                                                                                 |                     |
| <i>teriflunomide</i>                                                                                                                 |                     |
| ZEPOSIA                                                                                                                              |                     |
| ZEPOSIA 7-DAY STARTER PACK                                                                                                           |                     |
| ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK                                                                               |                     |
| <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 cap 10 mg, cap 20 mg, cap 25 mg, cap 30 mg, cap 35 mg, cap 40 mg</i>                                                 |                     |
| <i>tazarotene tazarotene 0.1 % foam, tazarotene cream 0.05%, tazarotene cream 0.1%, tazarotene gel 0.05%, tazarotene gel 0.1%</i>    |                     |
| <i>tretinoin cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%, gel 0.05%</i>                                             |                     |
| <i>tretinoin microsphere gel 0.04%, gel 0.1%</i>                                                                                     |                     |
| <b>DERMATITIS AND PRURITUS AGENTS</b>                                                                                                |                     |
| <i>betamethasone dipropionate (topical)</i>                                                                                          |                     |
| BETAMETHASONE DIPROPIONATE AUG                                                                                                       |                     |
| <i>betamethasone dipropionate augmented</i>                                                                                          |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                            | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <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 0.05%, foam 0.05%, gel 0.05%, lotion 0.05%, oint 0.05%, shampoo 0.05%, soln 0.05%, spray 0.05%</i>                                               |                     |
| <i>clobetasol propionate emollient base</i>                                                                                                                                     |                     |
| <i>clobetasol propionate emulsion</i>                                                                                                                                           |                     |
| <i>desonide cream 0.05%, oint 0.05%</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 fluticasone propionate 0.05 % lotion, fluticasone propionate cream 0.05%, fluticasone propionate lotion 0.05%, fluticasone propionate oint 0.005%</i> |                     |
| <i>hydrocortisone (rectal) perianal cream 2.5%</i>                                                                                                                              |                     |
| <i>hydrocortisone (topical) cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%</i>                                                                                           |                     |
| HYDROCORTISONE 2.5 % LOTION                                                                                                                                                     |                     |
| <i>hydrocortisone valerate</i>                                                                                                                                                  |                     |
| <i>lactic acid (ammonium lactate)</i>                                                                                                                                           |                     |
| <i>mometasone furoate cream 0.1%, oint 0.1%, solution 0.1% (lotion)</i>                                                                                                         |                     |
| <i>pimecrolimus</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>                                                                                                                                             |                     |
| CALCIPOTRIENE CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE CREAM 0.005%, CALCIPOTRIENE OINT 0.005%, CALCIPOTRIENE SOLN 0.005% (50 MCG/ML)                                      |                     |
| <i>clotrimazole w/ betamethasone</i>                                                                                                                                            |                     |
| CLOTRIMAZOLE-BETAMETHASONE                                                                                                                                                      |                     |
| <i>diclofenac sodium (actinic keratoses)</i>                                                                                                                                    | PA                  |
| <i>fluorouracil (topical)</i>                                                                                                                                                   |                     |
| FLUOROURACIL 2 % SOLUTION                                                                                                                                                       |                     |
| <i>imiquimod 3.75%, 5%</i>                                                                                                                                                      |                     |
| METHOXSALEN RAPID                                                                                                                                                               |                     |
| <i>nystatin-triamcinolone</i>                                                                                                                                                   |                     |
| OTEZLA                                                                                                                                                                          | PA                  |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.



| DRUG                                                                                             | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------|---------------------|
| <i>podofilox podofilox 0.5 % solution, podofilox soln 0.5%</i>                                   |                     |
| SANTYL                                                                                           |                     |
| <i>silver sulfadiazine cream 1%</i>                                                              |                     |
| <b>PEDICULICIDES/SCABICIDES</b>                                                                  |                     |
| <i>malathion</i>                                                                                 |                     |
| <i>permethrin cream 5%</i>                                                                       |                     |
| <b>TOPICAL ANTI-INFECTIVES</b>                                                                   |                     |
| <i>acyclovir topical</i>                                                                         |                     |
| <i>ciclopirox gel 0.77%, shampoo 1%, solution 8%</i>                                             |                     |
| <i>ciclopirox olamine cream 0.77% equiv), susp 0.77% equiv)</i>                                  |                     |
| <i>clindamycin phosphate (topical)</i>                                                           |                     |
| ERY                                                                                              |                     |
| <i>erythromycin (acne aid)</i>                                                                   |                     |
| <i>mupirocin calcium (topical)</i>                                                               |                     |
| <i>mupirocin oint 2%</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 dextrose 5 % solution, dextrose 10 % solution, dextrose inj 5%, dextrose inj 10%</i> |                     |
| <i>dextrose w/ sodium chloride 2.5% 0.45%, 5% 0.45%, 5% 0.9%</i>                                 |                     |
| DEXTROSE-NACL                                                                                    |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| DEXTROSE-SODIUM CHLORIDE -2.5-0.45 % SOLUTION, -5-0.2 % SOLUTION, -5-0.45 % SOLUTION, -5-0.9 % SOLUTION, -10-0.2 % SOLUTION, -10-0.45 % SOLUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |
| INTRALIPID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PA3                 |
| ISOLYTE-P IN D5W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |
| KCL IN DEXTROSE-NACL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| KCL-LACTATED RINGERS-D5W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |
| <i>magnesium sulfate inj 50%</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |
| NUTRILIPID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PA3                 |
| POTASSIUM CHLORIDE ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| <i>potassium chloride in dextrose &amp; sodium chloride</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| <i>potassium chloride in dextrose 20 meq/l (0.15%)5% inj</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| POTASSIUM CHLORIDE IN NACL KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ, KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ, KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ, POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION                                                                                                                                                                                                                                                                                                                                |                     |
| <i>potassium chloride microencapsulated crystals er</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
| <i>potassium chloride potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride cap er 8 meq, potassium chloride cap er 10 meq, potassium chloride inj 2 meq/ml, potassium chloride inj 10 meq/100ml, potassium chloride inj 20 meq/100ml, potassium chloride inj 40 meq/100ml, potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride powder packet 20 meq, potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg)</i> |                     |
| <i>potassium citrate (alkalinizer)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| PREMASOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PA3                 |
| PROSOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PA3                 |
| <i>sodium chloride (gu irrigant)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
| <i>sodium chloride sodium chloride 0.9 % solution, sodium chloride iv soln 0.45%, sodium chloride iv soln 0.9%, sodium chloride iv soln 3%, sodium chloride iv soln 5%, sodium chloride preservative free (pf) inj 0.9%</i>                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| SODIUM FLUORIDE SODIUM FLUORIDE 2.2 (1 F) MG TAB, SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF), SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF), SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |
| TRAVASOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PA3                 |
| TROPHAMINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PA3                 |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                    | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------|---------------------|
| <b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>                              |                     |
| <i>deferasirox</i>                                                      |                     |
| <i>deferiprone</i>                                                      |                     |
| FERRIPROX 100 MG/ML SOLUTION                                            |                     |
| <i>trientine hcl trientine hcl 500 mg cap, trientine hcl cap 250 mg</i> |                     |
| <b>POTASSIUM BINDERS</b>                                                |                     |
| LOKELMA                                                                 |                     |
| <i>sodium polystyrene sulfonate</i>                                     |                     |
| SPS (SODIUM POLYSTYRENE SULF)                                           |                     |
| VELTASSA                                                                |                     |
| <b>VITAMINS</b>                                                         |                     |
| ATABEX EC                                                               |                     |
| ATABEX OB                                                               |                     |
| AZESCHEW PRENATAL/POSTNATAL                                             |                     |
| AZESCO                                                                  |                     |
| 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                                                            |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                           | REQUIREMENTS/LIMITS |
|--------------------------------|---------------------|
| DUET DHA BALANCED              |                     |
| ELITE-OB                       |                     |
| ENBRACE HR                     |                     |
| FOLIVANE-OB                    |                     |
| INATAL GT                      |                     |
| JENLIVA PRENATAL/POSTNATAL     |                     |
| KOSHER PRENATAL PLUS IRON      |                     |
| M-NATAL PLUS                   |                     |
| MATERNACEL                     |                     |
| MULTI-MAC                      |                     |
| NATACHEW                       |                     |
| NATAL PNV                      |                     |
| NATALVIT                       |                     |
| NEEVO DHA                      |                     |
| NEO-VITAL RX                   |                     |
| NEONATAL + DHA                 |                     |
| NEONATAL 19                    |                     |
| NEONATAL COMPLETE              |                     |
| NEONATAL FE                    |                     |
| NEONATAL PLUS                  |                     |
| NESTABS                        |                     |
| NESTABS DHA                    |                     |
| NESTABS ONE                    |                     |
| NIVA-PLUS                      |                     |
| OB COMPLETE                    |                     |
| OB COMPLETE ONE                |                     |
| OB COMPLETE PETITE             |                     |
| OB COMPLETE PREMIER            |                     |
| OB COMPLETE/DHA                |                     |
| OBSTETRIX EC (WITH DOCUSATE)   |                     |
| OBSTETRIX ONE (WITH DOCUSATE)  |                     |
| ONE VITE WOMENS PLUS           |                     |
| PNV PRENATAL PLUS MULTIVIT+DHA |                     |
| PNV PRENATAL PLUS MULTIVITAMIN |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                         | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------|---------------------|
| PNV TABS 20-1                                                |                     |
| PNV TABS 29-1                                                |                     |
| PNV-DHA                                                      |                     |
| PNV-DHA+DOCUSATE                                             |                     |
| PNV-OMEGA                                                    |                     |
| PNV-SELECT                                                   |                     |
| PREGEN DHA                                                   |                     |
| PREGENNA                                                     |                     |
| PREMESISRX                                                   |                     |
| PRENA 1 TRUE                                                 |                     |
| PRENA1                                                       |                     |
| PRENA1 PEARL                                                 |                     |
| PRENAISSANCE                                                 |                     |
| PRENAISSANCE PLUS                                            |                     |
| PRENARA                                                      |                     |
| PRENATAL 19 19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB |                     |
| PRENATAL 27-0.8 MG TAB, 27-1 MG TAB                          |                     |
| PRENATAL PLUS                                                |                     |
| PRENATAL PLUS IRON                                           |                     |
| PRENATAL PLUS VITAMIN/MINERAL                                |                     |
| PRENATAL VITAMIN PLUS LOW IRON                               |                     |
| PRENATAL-U                                                   |                     |
| PRENATE                                                      |                     |
| PRENATE AM                                                   |                     |
| PRENATE DHA                                                  |                     |
| PRENATE ELITE                                                |                     |
| PRENATE ENHANCE                                              |                     |
| PRENATE ESSENTIAL                                            |                     |
| PRENATE MINI                                                 |                     |
| PRENATE PIXIE                                                |                     |
| PRENATE RESTORE                                              |                     |
| PRENATOL-M                                                   |                     |
| PRENATRIX                                                    |                     |
| PRENATRYL                                                    |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                | REQUIREMENTS/LIMITS |
|---------------------|---------------------|
| PRENATVITE COMPLETE |                     |
| PRENATVITE PLUS     |                     |
| PRENATVITE RX       |                     |
| PREPLUS             |                     |
| PRETAB              |                     |
| PRIMACARE           |                     |
| PROVIDA OB          |                     |
| RELNATE DHA         |                     |
| SE-NATAL 19         |                     |
| SELECT-OB           |                     |
| SELECT-OB+DHA       |                     |
| TARON-C DHA         |                     |
| TARON-PREX          |                     |
| THRIVITE RX         |                     |
| TPN ELECTROLYTES    |                     |
| TRICARE             |                     |
| 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       |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                         | REQUIREMENTS/LIMITS |
|------------------------------|---------------------|
| VITAFOL-NANO                 |                     |
| VITAFOL-OB                   |                     |
| VITAFOL-OB+DHA               |                     |
| VITAFOL-ONE                  |                     |
| VITALARA                     |                     |
| VITAMEDMD ONE RX/QUATREFOLIC |                     |
| VITAMEDMD REDICHEW RX        |                     |
| VITAPEARL                    |                     |
| VITATHELY WITH GINGER        |                     |
| VITATRUE                     |                     |
| VIVA DHA                     |                     |
| 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

|                                                                 |    |
|-----------------------------------------------------------------|----|
| <i>lactulose (encephalopathy)</i>                               |    |
| <i>lactulose oral crystal packet 10 gm, solution 10 gm/15ml</i> |    |
| LINZESS                                                         |    |
| <i>lubiprostone</i>                                             |    |
| RELISTOR                                                        | PA |

### ANTI-DIARRHEAL AGENTS

|                                  |  |
|----------------------------------|--|
| <i>alosetron hcl</i>             |  |
| <i>diphenoxylate w/ atropine</i> |  |
| DIPHENOXYLATE-ATROPINE           |  |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                        | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>loperamide hcl cap 2 mg</i>                                                                                                              |                     |
| XERMELO                                                                                                                                     |                     |
| <b>ANTISPASMODICS, GASTROINTESTINAL</b>                                                                                                     |                     |
| <i>dicyclomine hcl cap 10 mg, oral soln 10 mg/5ml, tab 20 mg</i>                                                                            |                     |
| <i>glycopyrrolate glycopyrrolate 1.5 mg tab, glycopyrrolate oral soln 1 mg/5ml, glycopyrrolate tab 1 mg, glycopyrrolate 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 URSODIOL 200 MG CAP, URSODIOL 400 MG CAP, URSODIOL CAP 300 MG, URSODIOL TAB 250 MG, URSODIOL TAB 500 MG                            |                     |
| VOWST                                                                                                                                       |                     |
| <b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>                                                                                                 |                     |
| <i>famotidine for susp 40 mg/5ml, tab 20 mg, tab 40 mg</i>                                                                                  |                     |
| NIZATIDINE NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP, NIZATIDINE CAP 150 MG                                                              |                     |
| <b>PROTECTANTS</b>                                                                                                                          |                     |
| <i>sucalfate 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 cap 15 mg, cap 30 mg, tab orally disintegrating 15 mg, tab orally disintegrating 30 mg</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                                                                                                                                       |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.



| DRUG                                                                  | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------|---------------------|
| <i>cromolyn sodium (mastocytosis)</i>                                 |                     |
| CYSTAGON                                                              |                     |
| CYSTARAN                                                              |                     |
| GLASSIA                                                               | PA3                 |
| <i>glutamine (sickle cell)</i>                                        |                     |
| <i>miglustat</i>                                                      |                     |
| PROLASTIN-C                                                           | PA3                 |
| RAVICTI                                                               |                     |
| <i>sapropterin dihydrochloride</i>                                    |                     |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful, tab 500 mg</i> |                     |
| SUCRAID                                                               |                     |
| WELIREG                                                               |                     |
| ZEMAIRA                                                               | PA3                 |
| ZENPEP                                                                |                     |

## GENITOURINARY AGENTS

### ANTISPASMODICS, URINARY

|                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|
| <i>darifenacin hydrobromide</i>                                                                                |
| <i>mirabegron</i>                                                                                              |
| <i>oxybutynin chloride solution 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg</i> |
| OXYTROL                                                                                                        |
| <i>solifenacin succinate</i>                                                                                   |
| <i>tolterodine tartrate</i>                                                                                    |
| <i>trospium chloride</i>                                                                                       |

### BENIGN PROSTATIC HYPERTROPHY AGENTS

|                                   |     |
|-----------------------------------|-----|
| <i>alfuzosin hcl</i>              |     |
| <i>dutasteride cap 0.5 mg</i>     |     |
| <i>dutasteride-tamsulosin hcl</i> |     |
| <i>finasteride tab 5 mg</i>       |     |
| <i>tadalafil tab 5 mg</i>         | PA2 |
| <i>tamsulosin hcl</i>             |     |

### GENITOURINARY AGENTS, OTHER

|                                                                       |
|-----------------------------------------------------------------------|
| <i>bethanechol chloride tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg</i> |
|-----------------------------------------------------------------------|

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                    | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| ELMIRON                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| <i>penicillamine cap 250 mg, tab 250 mg</i>                                                                                                                                                                                                                                                                                                                                                             |                     |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>                                                                                                                                                                                                                                                                                                                                       |                     |
| DEXABLISS                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| DEXAMETHASONE DEXAMETHASONE 0.5 MG/5ML SOLUTION, DEXAMETHASONE 0.75 MG TAB, DEXAMETHASONE 1.5 MG (35) TAB THPK, DEXAMETHASONE 1.5 MG (51) TAB THPK, DEXAMETHASONE TAB 0.5 MG, DEXAMETHASONE TAB 0.75 MG, DEXAMETHASONE TAB 1 MG, DEXAMETHASONE TAB 1.5 MG, DEXAMETHASONE TAB 2 MG, DEXAMETHASONE TAB 4 MG, DEXAMETHASONE TAB 6 MG, DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21)                           |                     |
| <i>fludrocortisone acetate tab 0.1 mg</i>                                                                                                                                                                                                                                                                                                                                                               |                     |
| HEMADY                                                                                                                                                                                                                                                                                                                                                                                                  |                     |
| <i>methylprednisolone tab 4 mg, tab 8 mg, tab 16 mg, tab 32 mg, tab therapy pack 4 mg (21)</i>                                                                                                                                                                                                                                                                                                          |                     |
| <i>prednisolone sodium phosphate prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), prednisolone sod phosphate oral soln 10 mg/5ml (base equiv), prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), prednisolone sod phosphate oral soln 20 mg/5ml (base equiv), prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> |                     |
| <i>prednisolone soln 15 mg/5ml</i>                                                                                                                                                                                                                                                                                                                                                                      |                     |
| PREDNISONE INTENSOL                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| <i>prednisone prednisone 5 mg/5ml solution, prednisone tab 1 mg, prednisone tab 2.5 mg, prednisone tab 5 mg, prednisone tab 10 mg, prednisone tab 20 mg, prednisone tab 50 mg, prednisone tab therapy pack 5 mg (21), prednisone tab therapy pack 5 mg (48), prednisone tab therapy pack 10 mg (21), prednisone tab therapy pack 10 mg (48)</i>                                                         |                     |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>                                                                                                                                                                                                                                                                                                                                     |                     |
| <i>desmopressin acetate spray desmopressin acetate nasal spray soln 0.01%, desmopressin acetate spray 0.01 % solution</i>                                                                                                                                                                                                                                                                               |                     |
| <i>desmopressin acetate spray refrigerated</i>                                                                                                                                                                                                                                                                                                                                                          |                     |
| <i>desmopressin acetate tab 0.1 mg, tab 0.2 mg</i>                                                                                                                                                                                                                                                                                                                                                      |                     |
| GENOTROPIN                                                                                                                                                                                                                                                                                                                                                                                              | PA                  |
| GENOTROPIN MINIQUICK                                                                                                                                                                                                                                                                                                                                                                                    | PA                  |
| HUMATROPE                                                                                                                                                                                                                                                                                                                                                                                               | PA                  |
| INCRELEX                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| NORDITROPIN FLEXPRO                                                                                                                                                                                                                                                                                                                                                                                     | PA                  |
| NUTROPIN AQ NUSPIN 10                                                                                                                                                                                                                                                                                                                                                                                   | PA                  |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                  | REQUIREMENTS/LIMITS |
|-----------------------|---------------------|
| NUTROPIN AQ NUSPIN 20 | PA                  |
| NUTROPIN AQ NUSPIN 5  | PA                  |
| OMNITROPE             | PA                  |
| SEROSTIM              | PA                  |

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

*misoprostol tab 100 mcg, tab 200 mcg*

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

### ANDROGENS

*danazol cap 50 mg, cap 100 mg, cap 200 mg*

TESTOSTERONE CYPIONATE TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION, TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML, TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML

TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION

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

### ESTROGENS

*desogestrel-ethinyl estradiol (biphasic)*

*drospirenone-ethinyl estradiol*

*drospirenone-ethinyl estradiol-levomefolate calcium --tab 3-0.02-0.451 mg*

*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*

ESTRING

*ethynodiol diacet & eth estrad*

*etonogestrel-ethinyl estradiol*

*levonorgestrel & eth estradiol*

*levonorgestrel-eth estradiol (triphasic)*

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                               | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>levonorgestrel-ethinyl estradiol (91-day)</i>                                                                                                                                   |                     |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i>                                                                                                                               |                     |
| <i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>                                                                                                                       |                     |
| <i>norelgestromin-ethinyl estradiol</i>                                                                                                                                            |                     |
| <i>norethin acet &amp; estrad-fe &amp; ethinyl -tab 1 mg-20 mcg, -eth -chew tab 1 mg-20 mcg (24), -ethinyl -cap 1 mg-20 mcg (24)</i>                                               |                     |
| <i>norethindrone &amp; ethinyl estradiol-fe -chew tab 0.4 mg-35 mcg</i>                                                                                                            |                     |
| <i>norethindrone acet &amp; eth estra 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                                                                                                                                                                            |                     |
| <b>PROGESTINS</b>                                                                                                                                                                  |                     |
| DEPO-SUBQ PROVERA 104                                                                                                                                                              |                     |
| <i>medroxyprogesterone acetate (contraceptive)</i>                                                                                                                                 |                     |
| <i>medroxyprogesterone acetate tab 2.5 mg, tab 5 mg, tab 10 mg</i>                                                                                                                 |                     |
| <i>megestrol acetate susp 40 mg/ml, tab 20 mg, tab 40 mg</i>                                                                                                                       |                     |
| MIRENA (52 MG)                                                                                                                                                                     |                     |
| NEXPLANON                                                                                                                                                                          |                     |
| <i>norethindrone (contraceptive)</i>                                                                                                                                               |                     |
| <i>progesterone cap 100 mg, cap 200 mg</i>                                                                                                                                         |                     |
| <b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>                                                                                                                                |                     |
| DUAVEE                                                                                                                                                                             |                     |
| <i>raloxifene hcl</i>                                                                                                                                                              |                     |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>                                                                                                                  |                     |
| <i>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</i> |                     |
| <i>liothyronine sodium tab 5 mcg, tab 25 mcg, tab 50 mcg</i>                                                                                                                       |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                            | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>                                                                                      |                     |
| <i>cabergoline</i>                                                                                                                              |                     |
| ELIGARD                                                                                                                                         | PA3                 |
| FIRMAGON                                                                                                                                        |                     |
| FIRMAGON (240 MG DOSE)                                                                                                                          |                     |
| LEUPROLIDE ACETATE (3 MONTH)                                                                                                                    |                     |
| <i>leuprolide acetate 1 mg/0.2ml (5 mg/ml), 5 mg/ml</i>                                                                                         |                     |
| LUPRON DEPOT                                                                                                                                    | PA3                 |
| <i>mifepristone (hyperglycemia)</i>                                                                                                             | PA                  |
| <i>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)</i> |                     |
| ORGOVYX                                                                                                                                         |                     |
| RECORLEV                                                                                                                                        |                     |
| SIGNIFOR                                                                                                                                        |                     |
| SOMAVERT                                                                                                                                        |                     |
| SYNAREL                                                                                                                                         |                     |
| TRELSTAR MIXJECT                                                                                                                                |                     |
| <b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>                                                                                                   |                     |
| <b>ANTITHYROID AGENTS</b>                                                                                                                       |                     |
| <i>methimazole tab 5 mg, tab 10 mg</i>                                                                                                          |                     |
| <i>propylthiouracil tab 50 mg</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                 |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                 | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------|---------------------|
| 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 PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR                       |                     |
| 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                                                                                                |                     |
| TAVNEOS                                                                                              |                     |
| TREMFYA 100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN PRSYR                                                  |                     |
| TREMFYA ONE-PRESS                                                                                    |                     |
| TREMFYA PEN 200 MG/2ML SOLN -INJ                                                                     |                     |
| VELSIPITY                                                                                            |                     |
| XELJANZ                                                                                              | PA                  |
| XELJANZ XR                                                                                           | PA                  |
| XOLAIR                                                                                               | PA                  |
| <b>IMMUNOSTIMULANTS</b>                                                                              |                     |
| ACTIMMUNE                                                                                            |                     |
| BESREMI                                                                                              |                     |
| PEGASYS                                                                                              |                     |
| <b>IMMUNOSUPPRESSANTS</b>                                                                            |                     |
| ADALIMUMAB-AACF (2 PEN)                                                                              |                     |
| ADALIMUMAB-ADAZ -20 MG/0.2ML SOLN PRSYR, -40 MG/0.4ML SOLN A-INJ, -40 MG/0.4ML SOLN PRSYR            |                     |
| ADALIMUMAB-ADB (2 PEN) -40 MG/0.8ML AUT-IJ KIT                                                       |                     |
| ADALIMUMAB-ADB (2 SYRINGE) -10 MG/0.2ML PREF SY KT, -20 MG/0.4ML PREF SY KT, -40 MG/0.8ML PREF SY KT |                     |
| ADALIMUMAB-ADB(CD/UC/HS STRT) -40 MG/0.8ML AUT-IJ KIT                                                |                     |
| ADALIMUMAB-ADB(PS/UV STARTER) -40 MG/0.8ML AUT-IJ KIT                                                |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                               | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| ADALIMUMAB-FKJP (2 PEN)                                                                                                                                                                            |                     |
| ADALIMUMAB-FKJP (2 SYRINGE)                                                                                                                                                                        |                     |
| ASTAGRAF XL                                                                                                                                                                                        | PA3                 |
| <i>azathioprine tab 50 mg, tab 75 mg, tab 100 mg</i>                                                                                                                                               | PA3                 |
| <i>cyclosporine cap 25 mg, cap 100 mg</i>                                                                                                                                                          | PA3                 |
| <i>cyclosporine modified (for microemulsion)</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 (2 SYRINGE) 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT                                                                                                                                  |                     |
| HUMIRA 10 MG/0.1ML PREF SY KT                                                                                                                                                                      |                     |
| <i>leflunomide tab 10 mg, tab 20 mg</i>                                                                                                                                                            |                     |
| METHOTREXATE SODIUM METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 250 MG/10ML SOLUTION, METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML), METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV) |                     |
| <i>mycophenolate mofetil cap 250 mg, for oral susp 200 mg/ml, tab 500 mg</i>                                                                                                                       | PA3                 |
| <i>mycophenolate sodium</i>                                                                                                                                                                        | PA3                 |
| PROGRAF 0.2 MG PACKET, 1 MG PACKET                                                                                                                                                                 | 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                                                                                                                                                                                             |                     |
| <b>VACCINES</b>                                                                                                                                                                                    |                     |
| ABRYSVO                                                                                                                                                                                            |                     |
| ACTHIB                                                                                                                                                                                             |                     |
| ADACEL                                                                                                                                                                                             |                     |
| AREXVY                                                                                                                                                                                             |                     |
| BCG VACCINE                                                                                                                                                                                        |                     |
| BEXSERO                                                                                                                                                                                            |                     |
| BOOSTRIX                                                                                                                                                                                           |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                     | REQUIREMENTS/LIMITS |
|--------------------------|---------------------|
| DAPTACEL                 |                     |
| 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                 |                     |
| MENQUADFI                |                     |
| MENVEO                   |                     |
| PEDIARIX                 |                     |
| PEDVAX HIB               |                     |
| PENBRAYA                 |                     |
| PENTACEL                 |                     |
| PRIORIX                  |                     |
| PROQUAD                  |                     |
| QUADRACEL                |                     |
| RABAVERT                 |                     |
| RECOMBIVAX HB            | PA3                 |
| ROTARIX                  |                     |
| ROTATEQ                  |                     |
| SHINGRIX                 |                     |
| TENIVAC                  |                     |
| TICOVAC                  |                     |
| TRUMENBA                 |                     |
| TWINRIX                  |                     |
| TYPHIM VI                |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.



| DRUG                                                                                                                                                                                            | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| VAQTA                                                                                                                                                                                           |                     |
| VARIVAX                                                                                                                                                                                         |                     |
| VAXCHORA                                                                                                                                                                                        |                     |
| VIVOTIF                                                                                                                                                                                         |                     |
| YF-VAX                                                                                                                                                                                          |                     |
| <b>INFLAMMATORY BOWEL DISEASE AGENTS</b>                                                                                                                                                        |                     |
| <b>AMINOSALICYLATES</b>                                                                                                                                                                         |                     |
| <i>balsalazide disodium</i>                                                                                                                                                                     |                     |
| DIPENTUM                                                                                                                                                                                        |                     |
| <i>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, tab delayed release 800 mg</i>                                        |                     |
| <i>mesalamine w/ cleanser</i>                                                                                                                                                                   |                     |
| PENTASA 250 MG CAP ER                                                                                                                                                                           |                     |
| <i>sulfasalazine tab 500 mg, tab delayed release 500 mg</i>                                                                                                                                     |                     |
| <b>GLUCOCORTICOIDS</b>                                                                                                                                                                          |                     |
| <i>budesonide delayed release particles cap 3 mg, tab er 24hr 9 mg</i>                                                                                                                          |                     |
| <i>hydrocortisone (intrarectal)</i>                                                                                                                                                             |                     |
| <i>hydrocortisone tab 5 mg, tab 10 mg, tab 20 mg</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 doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap, doxercalciferol cap 0.5 mcg, doxercalciferol cap 1 mcg, doxercalciferol cap 2.5 mcg</i> |                     |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i>                                                                                                                                          |                     |
| PROLIA                                                                                                                                                                                          |                     |
| TERIPARATIDE (RECOMBINANT)                                                                                                                                                                      | PA                  |
| TYMLOS                                                                                                                                                                                          | PA                  |
| XGEVA                                                                                                                                                                                           | PA                  |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                      | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------|---------------------|
| <b>MISCELLANEOUS THERAPEUTIC AGENTS</b>                   |                     |
| ALCOHOL SWABS                                             |                     |
| BRONCHITOL                                                |                     |
| BRONCHITOL TOLERANCE TEST                                 |                     |
| GAUZE PADS & DRESSINGS                                    |                     |
| INSULIN PEN NEEDLE                                        |                     |
| INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 0.3 ML |                     |
| INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1 ML   |                     |
| INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1/2 ML |                     |
| INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-500 1/2 ML |                     |
| NEEDLES, INSULIN DISP., SAFETY                            |                     |
| <b>OPHTHALMIC AGENTS</b>                                  |                     |
| <b>OPHTHALMIC AGENTS, OTHER</b>                           |                     |
| <i>atropine sulfate (ophthalmic) soln 1%</i>              |                     |
| ATROPINE SULFATE 1 % SOLUTION                             |                     |
| <i>bacitracin-poly-neomycin-hc</i>                        |                     |
| <i>bacitracin-polymyxin b (ophth)</i>                     |                     |
| <i>brimonidine tartrate-timolol maleate</i>               |                     |
| <i>cyclosporine (ophth)</i>                               |                     |
| <i>dorzolamide hcl-timolol maleate</i>                    |                     |
| <i>neomycin-bacitracin zn-polymyxin</i>                   |                     |
| <i>neomycin-polymyx-dexameth</i>                          |                     |
| NEOMYCIN-POLYMYXIN-HC                                     |                     |
| RESTASIS MULTIDOSE                                        |                     |
| SULFACETAMIDE-PREDNISOLONE -10-0.23 % SOLUTION            |                     |
| TOBRADEX 0.3-0.1 % OINTMENT                               |                     |
| <i>tobramycin-dexamethasone</i>                           |                     |
| XDEMZY                                                    |                     |
| <b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>                     |                     |
| <i>azelastine hcl (ophth)</i>                             |                     |
| <i>cromolyn sodium (ophth)</i>                            |                     |
| CROMOLYN SODIUM 4 % SOLUTION                              |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                              | REQUIREMENTS/LIMITS |
|---------------------------------------------------|---------------------|
| <b>OPHTHALMIC ANTI-INFECTIVES</b>                 |                     |
| AZASITE                                           |                     |
| BACITRACIN 500 UNIT/GM OINTMENT                   |                     |
| <i>ciprofloxacin hcl (ophth)</i>                  |                     |
| <i>erythromycin (ophth)</i>                       |                     |
| ERYTHROMYCIN 5 MG/GM OINTMENT                     |                     |
| <i>gatifloxacin (ophth)</i>                       |                     |
| <i>gentamicin sulfate (ophth)</i>                 |                     |
| <i>moxifloxacin hcl (ophth)</i>                   |                     |
| <i>ofloxacin (ophth)</i>                          |                     |
| <i>polymyxin b-trimethoprim</i>                   |                     |
| <i>sulfacetamide sodium (ophth)</i>               |                     |
| SULFACETAMIDE SODIUM 10 % OINTMENT                |                     |
| <i>tobramycin (ophth)</i>                         |                     |
| TRIFLURIDINE                                      |                     |
| ZIRGAN                                            |                     |
| <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>             |                     |
| LOTEMAX 0.5 % OINTMENT                            |                     |
| <i>loteprednol etabonate</i>                      |                     |
| PRED MILD                                         |                     |
| <i>prednisolone acetate (ophth)</i>               |                     |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION        |                     |
| <b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b> |                     |
| <i>betaxolol hcl (ophth)</i>                      |                     |
| BETAXOLOL HCL 0.5 % SOLUTION                      |                     |
| BETOPTIC-S                                        |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                          | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------|---------------------|
| CARTEOLOL HCL                                                 |                     |
| LEVOBUNOLOL HCL                                               |                     |
| <i>timolol maleate (ophth)</i>                                |                     |
| <b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b> |                     |
| <i>acetazolamide cap er 12hr 500 mg</i>                       |                     |
| <i>brimonidine tartrate soln 0.1%, soln 0.15%, soln 0.2%</i>  |                     |
| <i>dorzolamide hcl ophth soln 2%</i>                          |                     |
| <i>methazolamide tab 25 mg, tab 50 mg</i>                     |                     |
| <i>pilocarpine hcl soln 1%, soln 2%, soln 4%</i>              |                     |
| RHOPRESSA                                                     |                     |
| <b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>        |                     |
| <i>bimatoprost ophth soln 0.03%</i>                           |                     |
| <i>latanoprost ophth soln 0.005%</i>                          |                     |
| <i>travoprost</i>                                             |                     |
| <b>OTIC AGENTS</b>                                            |                     |
| CIPRO HC                                                      |                     |
| <i>ciprofloxacin-dexamethasone</i>                            |                     |
| <i>hydrocortisone w/acetic acid</i>                           |                     |
| <i>neomycin-polymyxin-hc (otic)</i>                           |                     |
| <i>ofloxacin (otic)</i>                                       |                     |
| <b>RESPIRATORY TRACT/PULMONARY AGENTS</b>                     |                     |
| <b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>           |                     |
| ARNUITY ELLIPTA                                               |                     |
| <i>budesonide (inhalation)</i>                                | PA3                 |
| <i>flunisolide (nasal)</i>                                    |                     |
| <i>fluticasone propionate (nasal)</i>                         |                     |
| FLUTICASONE PROPIONATE HFA                                    |                     |
| PULMICORT FLEXHALER                                           |                     |
| <b>ANTI-HISTAMINES</b>                                        |                     |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>        |                     |
| CLEMASTINE FUMARATE 2.68 MG TAB                               |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                                   | REQUIREMENTS/LIMITS     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <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 (nasal)</i>                                                                                                                                                                                                                                                                                     |                         |
| <i>ipratropium bromide inhal soln 0.02%</i>                                                                                                                                                                                                                                                                            | PA3                     |
| SPIRIVA RESPIMAT                                                                                                                                                                                                                                                                                                       |                         |
| <i>tiotropium bromide monohydrate</i>                                                                                                                                                                                                                                                                                  |                         |
| TUDORZA PRESSAIR                                                                                                                                                                                                                                                                                                       |                         |
| <b>BRONCHODILATORS, SYMPATHOMIMETIC</b>                                                                                                                                                                                                                                                                                |                         |
| <i>albuterol sulfate albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln, albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate soln nebu 0.5% (5 mg/ml), albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i> | PA3                     |
| ALBUTEROL SULFATE HFA                                                                                                                                                                                                                                                                                                  |                         |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg</i>                                                                                                                                                                                                                 |                         |
| <i>epinephrine (anaphylaxis) -0.15 mg/0.3ml (1:2000), -0.3 mg/0.3ml (1:1000)</i>                                                                                                                                                                                                                                       | QL (2 PER 30 OVER TIME) |
| EPINEPHRINE 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ                                                                                                                                                                                                                                                           | QL (2 PER 30 OVER TIME) |
| <i>levalbuterol hcl soln 0.31 mg/3ml equiv), soln 0.63 mg/3ml equiv), soln 1.25 mg/3ml equiv), soln conc 1.25 mg/0.5ml equiv)</i>                                                                                                                                                                                      | PA3                     |
| LEVALBUTEROL TARTRATE                                                                                                                                                                                                                                                                                                  |                         |
| SEREVENT DISKUS                                                                                                                                                                                                                                                                                                        |                         |
| <b>CYSTIC FIBROSIS AGENTS</b>                                                                                                                                                                                                                                                                                          |                         |
| CAYSTON                                                                                                                                                                                                                                                                                                                |                         |
| KALYDECO                                                                                                                                                                                                                                                                                                               |                         |
| ORKAMBI                                                                                                                                                                                                                                                                                                                |                         |
| PULMOZYME                                                                                                                                                                                                                                                                                                              | PA3                     |
| SYMDEKO                                                                                                                                                                                                                                                                                                                |                         |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                       | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <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                                                                                                                                    |                     |
| THEOPHYLLINE ER                                                                                                                            |                     |
| <i>theophylline tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg</i>                                         |                     |
| <b>PULMONARY ANTIHYPERTENSIVES</b>                                                                                                         |                     |
| ADEMPAS                                                                                                                                    | PA                  |
| <i>ambrisentan</i>                                                                                                                         |                     |
| OPSUMIT                                                                                                                                    | PA                  |
| <i>sildenafil citrate (pulmonary hypertension) tab 20 mg</i>                                                                               | PA2                 |
| <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 pirfenidone 534 mg tab, pirfenidone cap 267 mg, pirfenidone tab 267 mg, pirfenidone tab 801 mg</i>                          |                     |
| <b>RESPIRATORY TRACT AGENTS, OTHER</b>                                                                                                     |                     |
| <i>acetylcysteine soln 10%, soln 20%</i>                                                                                                   | PA3                 |
| ANORO ELLIPTA                                                                                                                              |                     |
| <i>budesonide-formoterol fumarate dihydrate</i>                                                                                            |                     |
| COMBIVENT RESPIMAT                                                                                                                         |                     |
| FLUTICASONE FUROATE-VILANTEROL                                                                                                             |                     |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>fluticasone-salmeterol fluticasone-salmeterol 45-21 mcg/act aerosol, fluticasone-salmeterol 55-14 mcg/act aer pow ba, fluticasone-salmeterol 113-14 mcg/act aer pow ba, fluticasone-salmeterol 115-21 mcg/act aerosol, fluticasone-salmeterol 230-21 mcg/act aerosol, fluticasone-salmeterol 232-14 mcg/act aer pow ba, fluticasone-salmeterol aer powder ba 100-50 mcg/act, fluticasone-salmeterol aer powder ba 250-50 mcg/act, fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> |                     |
| <i>ipratropium-albuterol</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PA3                 |
| NUCALA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 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                  |
| <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 tab 100 mg, tab 200 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PA                  |
| SODIUM OXYBATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PA                  |

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

# Index of Covered Drugs

## A

|                                          |       |                                                    |    |
|------------------------------------------|-------|----------------------------------------------------|----|
| abacavir sulfate . . . . .               | 26    | alfuzosin hcl . . . . .                            | 47 |
| abacavir sulfate-lamivudine . . . . .    | 26    | aliskiren fumarate . . . . .                       | 33 |
| ABELCET . . . . .                        | 14    | allopurinol . . . . .                              | 15 |
| ABILIFY ASIMTUFI . . . . .               | 23    | ALOGLIPTIN BENZOATE . . . . .                      | 28 |
| ABILIFY MAINTENA . . . . .               | 23    | ALOGLIPTIN-METFORMIN HCL . . . . .                 | 29 |
| abiraterone acetate . . . . .            | 16    | ALOGLIPTIN-PIOGLITAZONE . . . . .                  | 29 |
| ABRYSVO . . . . .                        | 53    | alosetron hcl . . . . .                            | 45 |
| acamprosate calcium . . . . .            | 3     | alprazolam . . . . .                               | 28 |
| acarbose . . . . .                       | 28    | ALPRAZOLAM INTENSOL . . . . .                      | 28 |
| acetaminophen w/ codeine . . . . .       | 2     | ALUNBRIG . . . . .                                 | 18 |
| ACETAMINOPHEN-CODEINE . . . . .          | 2     | amantadine hcl . . . . .                           | 21 |
| acetazolamide . . . . .                  | 33,58 | ambrisentan . . . . .                              | 60 |
| acetic acid (otic) . . . . .             | 4     | amikacin sulfate . . . . .                         | 4  |
| acetylcysteine . . . . .                 | 60    | amiloride & hydrochlorothiazide . . . . .          | 33 |
| acitretin . . . . .                      | 37    | amiloride hcl . . . . .                            | 34 |
| ACTHIB . . . . .                         | 53    | AMILORIDE-HYDROCHLOROTHIAZIDE . . . . .            | 33 |
| ACTIMMUNE . . . . .                      | 52    | amino acid infusion . . . . .                      | 39 |
| acyclovir . . . . .                      | 27    | amiodarone hcl . . . . .                           | 32 |
| acyclovir sodium . . . . .               | 27    | amitriptyline hcl . . . . .                        | 13 |
| acyclovir topical . . . . .              | 39    | amlodipine besylate . . . . .                      | 32 |
| ADACEL . . . . .                         | 53    | amlodipine besylate-benazepril hcl . . . . .       | 33 |
| ADALIMUMAB-AACF (2 PEN) . . . . .        | 52    | amlodipine besylate-valsartan . . . . .            | 33 |
| ADALIMUMAB-ADAZ . . . . .                | 52    | amlodipine-valsartan-hydrochlorothiazide . . . . . | 33 |
| ADALIMUMAB-ADBM (2 PEN) . . . . .        | 52    | amoxapine . . . . .                                | 13 |
| ADALIMUMAB-ADBM (2 SYRINGE) . . . . .    | 52    | amoxicillin . . . . .                              | 7  |
| ADALIMUMAB-ADBM(CD/UC/HS STRT) . . . . . | 52    | amoxicillin & pot clavulanate . . . . .            | 7  |
| ADALIMUMAB-ADBM(PS/UV STARTER) . . . . . | 52    | AMOXICILLIN-POT CLAVULANATE ER . . . . .           | 7  |
| ADALIMUMAB-FKJP (2 PEN) . . . . .        | 53    | amphetamine-dextroamphetamine . . . . .            | 36 |
| ADALIMUMAB-FKJP (2 SYRINGE) . . . . .    | 53    | AMPHOTERICIN B . . . . .                           | 14 |
| adefovir dipivoxil . . . . .             | 25    | amphotericin b liposome . . . . .                  | 14 |
| ADEMPAS . . . . .                        | 60    | AMPICILLIN . . . . .                               | 7  |
| AJOVY . . . . .                          | 15    | ampicillin & sulbactam sodium . . . . .            | 7  |
| AKEEGA . . . . .                         | 17    | ampicillin sodium . . . . .                        | 7  |
| albendazole . . . . .                    | 21    | AMPICILLIN-SULBACTAM SODIUM . . . . .              | 7  |
| albuterol sulfate . . . . .              | 59    | anagrelide hcl . . . . .                           | 31 |
| ALBUTEROL SULFATE HFA . . . . .          | 59    | anastrozole . . . . .                              | 17 |
| ALCOHOL SWABS . . . . .                  | 56    | ANORO ELLIPTA . . . . .                            | 60 |
| ALECENSA . . . . .                       | 18    | apomorphine hydrochloride . . . . .                | 22 |
| alendronate sodium . . . . .             | 55    | aprepitant . . . . .                               | 14 |
|                                          |       | APTIOM . . . . .                                   | 11 |
|                                          |       | APTIVUS . . . . .                                  | 27 |



|                               |    |                                      |    |
|-------------------------------|----|--------------------------------------|----|
| ARALAST NP                    | 46 | bacitracin-polymyxin b (ophth)       | 56 |
| ARANESP (ALBUMIN FREE)        | 31 | baclofen                             | 24 |
| ARCALYST                      | 52 | balsalazide disodium                 | 55 |
| AREXVY                        | 53 | BALVERSA                             | 18 |
| ARIKAYCE                      | 4  | BAQSIMI ONE PACK                     | 29 |
| aripiprazole                  | 23 | BAQSIMI TWO PACK                     | 29 |
| ARISTADA                      | 23 | BARACLUDE                            | 25 |
| ARISTADA INITIO               | 23 | BCG VACCINE                          | 53 |
| ARNUITY ELLIPTA               | 58 | benzoyl peroxide-erythromycin        | 37 |
| asenapine maleate             | 23 | benztropine mesylate                 | 21 |
| aspirin-dipyridamole          | 31 | BESREMI                              | 52 |
| ASTAGRAF XL                   | 53 | betaine                              | 46 |
| ATABEX EC                     | 41 | betamethasone dipropionate (topical) | 37 |
| ATABEX OB                     | 41 | BETAMETHASONE DIPROPIONATE AUG       | 37 |
| atazanavir sulfate            | 27 | betamethasone dipropionate augmented | 37 |
| atenolol                      | 32 | betamethasone valerate               | 38 |
| atenolol & chlorthalidone     | 33 | BETASERON                            | 37 |
| atomoxetine hcl               | 36 | BETAXOLOL HCL                        | 57 |
| atorvastatin calcium          | 34 | betaxolol hcl (ophth)                | 57 |
| atovaquone                    | 21 | bethanechol chloride                 | 47 |
| atovaquone-proguanil hcl      | 21 | BETOPTIC-S                           | 57 |
| ATROPINE SULFATE              | 56 | bexarotene                           | 20 |
| atropine sulfate (ophthalmic) | 56 | bexarotene (topical)                 | 20 |
| ATROVENT HFA                  | 59 | BEXSERO                              | 53 |
| AUGTYRO                       | 17 | bicalutamide                         | 16 |
| AUVELITY                      | 12 | BICILLIN L-A                         | 7  |
| AVONEX PEN                    | 36 | BIKTARVY                             | 25 |
| AVONEX PREFILLED              | 37 | bimatoprost                          | 58 |
| AYVAKIT                       | 18 | bisoprolol & hydrochlorothiazide     | 33 |
| AZASITE                       | 57 | bisoprolol fumarate                  | 32 |
| azathioprine                  | 53 | BOOSTRIX                             | 53 |
| azelastine hcl                | 58 | BOSULIF                              | 18 |
| azelastine hcl (ophth)        | 56 | BRAFTOVI                             | 18 |
| AZESCHEW PRENATAL/POSTNATAL   | 41 | BRILINTA                             | 31 |
| AZESCO                        | 41 | brimonidine tartrate                 | 58 |
| azithromycin                  | 7  | brimonidine tartrate-timolol maleate | 56 |
| aztreonam                     | 4  | BRIVIACT                             | 9  |
| <b>B</b>                      |    | bromocriptine mesylate               | 22 |
| BACITRACIN                    | 57 | BRONCHITOL                           | 56 |
| bacitracin-poly-neomycin-hc   | 56 | BRONCHITOL TOLERANCE TEST            | 56 |
|                               |    | BRUKINSA                             | 18 |

|                                                      |    |
|------------------------------------------------------|----|
| budesonide . . . . .                                 | 55 |
| budesonide (inhalation) . . . . .                    | 58 |
| budesonide-formoterol fumarate dihydrate . . . . .   | 60 |
| bumetanide . . . . .                                 | 34 |
| BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV) . . . . . | 3  |
| BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV) . . . . . | 3  |
| buprenorphine hcl-naloxone hcl dihydrate . . . . .   | 3  |
| bupropion hcl . . . . .                              | 12 |
| bupropion hcl (smoking deterrent) . . . . .          | 4  |
| BUPROPION HCL ER (XL) . . . . .                      | 12 |
| buspirone hcl . . . . .                              | 27 |

## C

|                                         |    |
|-----------------------------------------|----|
| C-NATE DHA . . . . .                    | 41 |
| cabergoline . . . . .                   | 51 |
| CABOMETYX . . . . .                     | 18 |
| CALCIPOTRIENE . . . . .                 | 38 |
| calcitonin (salmon) . . . . .           | 55 |
| calcitriol . . . . .                    | 55 |
| CALQUENCE . . . . .                     | 18 |
| candesartan cilexetil . . . . .         | 31 |
| CAPLYTA . . . . .                       | 23 |
| CAPRELSA . . . . .                      | 18 |
| CARBAMAZEPINE . . . . .                 | 11 |
| carbidopa . . . . .                     | 22 |
| carbidopa-levodopa . . . . .            | 22 |
| CARBIDOPA-LEVODOPA-ENTACAPONE . . . . . | 22 |
| carglumic acid . . . . .                | 39 |
| CARTEOLOL HCL . . . . .                 | 58 |
| carvedilol . . . . .                    | 32 |
| caspofungin acetate . . . . .           | 14 |
| CAYSTON . . . . .                       | 59 |
| cefadroxil . . . . .                    | 6  |
| CEFAZOLIN SODIUM . . . . .              | 6  |
| cefdinir . . . . .                      | 6  |
| cefepime hcl . . . . .                  | 6  |
| cefixime . . . . .                      | 6  |
| cefoxitin sodium . . . . .              | 6  |
| cefpodoxime proxetil . . . . .          | 6  |

|                                                  |    |
|--------------------------------------------------|----|
| cefprozil . . . . .                              | 6  |
| CEFTAZIDIME . . . . .                            | 6  |
| ceftriaxone sodium . . . . .                     | 6  |
| cefuroxime axetil . . . . .                      | 6  |
| cefuroxime sodium . . . . .                      | 6  |
| celecoxib . . . . .                              | 2  |
| cephalexin . . . . .                             | 6  |
| CERDELGA . . . . .                               | 46 |
| chlorhexidine gluconate (mouth-throat) . . . . . | 37 |
| chloroquine phosphate . . . . .                  | 21 |
| chlorpromazine hcl . . . . .                     | 23 |
| chlorthalidone . . . . .                         | 34 |
| cholestyramine . . . . .                         | 34 |
| cholestyramine light . . . . .                   | 34 |
| choline fenofibrate . . . . .                    | 34 |
| ciclopirox . . . . .                             | 39 |
| ciclopirox olamine . . . . .                     | 39 |
| cilostazol . . . . .                             | 31 |
| CIMDUO . . . . .                                 | 26 |
| cinacalcet hcl . . . . .                         | 55 |
| CINRYZE . . . . .                                | 51 |
| CIPRO HC . . . . .                               | 58 |
| ciprofloxacin hcl . . . . .                      | 8  |
| ciprofloxacin hcl (ophth) . . . . .              | 57 |
| CIPROFLOXACIN IN D5W . . . . .                   | 8  |
| ciprofloxacin-dexamethasone . . . . .            | 58 |
| citalopram hydrobromide . . . . .                | 12 |
| CITRANATAL 90 DHA . . . . .                      | 41 |
| CITRANATAL ASSURE . . . . .                      | 41 |
| CITRANATAL B-CALM . . . . .                      | 41 |
| CITRANATAL BLOOM . . . . .                       | 41 |
| CITRANATAL BLOOM DHA . . . . .                   | 41 |
| CITRANATAL DHA . . . . .                         | 41 |
| CITRANATAL ESSENCE . . . . .                     | 41 |
| CITRANATAL HARMONY . . . . .                     | 41 |
| CITRANATAL MEDLEY . . . . .                      | 41 |
| CITRANATAL RX . . . . .                          | 41 |
| clarithromycin . . . . .                         | 7  |
| CLEMASTINE FUMARATE . . . . .                    | 58 |
| CLEOCIN . . . . .                                | 4  |
| clindamycin hcl . . . . .                        | 4  |

|                                                |    |                                                     |    |
|------------------------------------------------|----|-----------------------------------------------------|----|
| clindamycin palmitate hydrochloride . . . . .  | 4  | COMPLETE NATAL DHA . . . . .                        | 41 |
| clindamycin phosphate . . . . .                | 4  | COMPLETENATE . . . . .                              | 41 |
| clindamycin phosphate (topical) . . . . .      | 39 | CONCEPT DHA . . . . .                               | 41 |
| clindamycin phosphate in d5w . . . . .         | 4  | CONCEPT OB . . . . .                                | 41 |
| clindamycin phosphate vaginal . . . . .        | 4  | COPIKTRA . . . . .                                  | 18 |
| CLINIMIX E/DEXTROSE (2.75/5) . . . . .         | 39 | COTELLIC . . . . .                                  | 18 |
| CLINIMIX E/DEXTROSE (4.25/10) . . . . .        | 39 | CREON . . . . .                                     | 46 |
| CLINIMIX E/DEXTROSE (4.25/5) . . . . .         | 39 | CROMOLYN SODIUM . . . . .                           | 56 |
| CLINIMIX E/DEXTROSE (5/15) . . . . .           | 39 | cromolyn sodium . . . . .                           | 60 |
| CLINIMIX E/DEXTROSE (5/20) . . . . .           | 39 | cromolyn sodium (mastocytosis) . . . . .            | 47 |
| CLINIMIX/DEXTROSE (4.25/10) . . . . .          | 39 | cromolyn sodium (ophth) . . . . .                   | 56 |
| CLINIMIX/DEXTROSE (4.25/5) . . . . .           | 39 | cyclobenzaprine hcl . . . . .                       | 61 |
| CLINIMIX/DEXTROSE (5/15) . . . . .             | 39 | CYCLOPHOSPHAMIDE . . . . .                          | 16 |
| CLINIMIX/DEXTROSE (5/20) . . . . .             | 39 | CYCLOSET . . . . .                                  | 29 |
| clobazam . . . . .                             | 10 | cyclosporine . . . . .                              | 53 |
| clobetasol propionate . . . . .                | 38 | cyclosporine (ophth) . . . . .                      | 56 |
| clobetasol propionate emollient base . . . . . | 38 | cyclosporine modified (for microemulsion) . . . . . | 53 |
| clobetasol propionate emulsion . . . . .       | 38 | CYSTAGON . . . . .                                  | 47 |
| clomipramine hcl . . . . .                     | 13 | CYSTARAN . . . . .                                  | 47 |
| clonazepam . . . . .                           | 28 |                                                     |    |
| clonidine . . . . .                            | 31 | <b>D</b>                                            |    |
| clonidine hcl . . . . .                        | 31 | dabigatran etexilate mesylate . . . . .             | 30 |
| clopidogrel bisulfate . . . . .                | 31 | dalfampridine . . . . .                             | 37 |
| clorazepate dipotassium . . . . .              | 28 | danazol . . . . .                                   | 49 |
| clotrimazole . . . . .                         | 14 | DANZITEN . . . . .                                  | 18 |
| clotrimazole (topical) . . . . .               | 14 | DAPAGLIFLOZIN PROPANEDIOL . . . . .                 | 35 |
| clotrimazole w/ betamethasone . . . . .        | 38 | dapsone . . . . .                                   | 16 |
| CLOTTRIMAZOLE-BETAMETHASONE . . . . .          | 38 | DAPTACEL . . . . .                                  | 54 |
| clozapine . . . . .                            | 24 | daptomycin . . . . .                                | 4  |
| CO-NATAL FA . . . . .                          | 41 | darifenacin hydrobromide . . . . .                  | 47 |
| COARTEM . . . . .                              | 21 | darunavir . . . . .                                 | 27 |
| COBENFY . . . . .                              | 24 | dasatinib . . . . .                                 | 18 |
| COBENFY STARTER PACK . . . . .                 | 24 | DAURISMO . . . . .                                  | 18 |
| CODEINE SULFATE . . . . .                      | 2  | deferasirox . . . . .                               | 41 |
| colchicine . . . . .                           | 15 | deferiprone . . . . .                               | 41 |
| colchicine w/ probenecid . . . . .             | 15 | DELSTRIGO . . . . .                                 | 26 |
| colesevelam hcl . . . . .                      | 34 | demeclocycline hcl . . . . .                        | 8  |
| colistimethate sodium . . . . .                | 4  | DEPO-SUBQ PROVERA 104 . . . . .                     | 50 |
| COMBIVENT RESPIMAT . . . . .                   | 60 | DERMACINRX PRETRATE . . . . .                       | 41 |
| COMETRIQ . . . . .                             | 18 | DESCOVY . . . . .                                   | 26 |
| COMPLERA . . . . .                             | 25 | desipramine hcl . . . . .                           | 13 |

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| desmopressin acetate . . . . .                     | 48 | disulfiram . . . . .                                            | 3  |
| desmopressin acetate spray . . . . .               | 48 | divalproex sodium . . . . .                                     | 9  |
| desmopressin acetate spray refrigerated . . . . .  | 48 | dofetilide . . . . .                                            | 32 |
| desogestrel-ethinyl estradiol (biphasic) . . . . . | 49 | donepezil hydrochloride . . . . .                               | 11 |
| desonide . . . . .                                 | 38 | dorzolamide hcl . . . . .                                       | 58 |
| DESVENLAFAXINE ER . . . . .                        | 12 | dorzolamide hcl-timolol maleate . . . . .                       | 56 |
| desvenlafaxine succinate . . . . .                 | 12 | DOVATO . . . . .                                                | 25 |
| DEXABLISS . . . . .                                | 48 | doxazosin mesylate . . . . .                                    | 31 |
| DEXAMETHASONE . . . . .                            | 48 | doxepin hcl . . . . .                                           | 13 |
| DEXAMETHASONE SODIUM PHOSPHATE . . . . .           | 57 | doxepin hcl (antipruritic) . . . . .                            | 38 |
| dexmethylphenidate hcl . . . . .                   | 36 | doxepin hcl (sleep) . . . . .                                   | 61 |
| dextroamphetamine sulfate . . . . .                | 36 | doxercalciferol . . . . .                                       | 55 |
| dextrose . . . . .                                 | 39 | doxycycline (monohydrate) . . . . .                             | 8  |
| dextrose w/ sodium chloride . . . . .              | 39 | doxycycline hyclate . . . . .                                   | 9  |
| DEXTROSE-NACL . . . . .                            | 39 | DRIZALMA SPRINKLE . . . . .                                     | 36 |
| DEXTROSE-SODIUM CHLORIDE . . . . .                 | 40 | dronabinol . . . . .                                            | 14 |
| DIACOMIT . . . . .                                 | 9  | drospirenone-ethinyl estradiol . . . . .                        | 49 |
| DIAZEPAM . . . . .                                 | 10 | drospirenone-ethinyl estradiol-levomefolate calcium . . . . .   | 49 |
| diazepam . . . . .                                 | 28 | droxidopa . . . . .                                             | 31 |
| diazepam (anticonvulsant) . . . . .                | 10 | DUAVEE . . . . .                                                | 50 |
| diazoxide . . . . .                                | 29 | DUET DHA 400 . . . . .                                          | 41 |
| DICLOFENAC EPOLAMINE . . . . .                     | 2  | DUET DHA BALANCED . . . . .                                     | 42 |
| diclofenac potassium . . . . .                     | 2  | duloxetine hcl . . . . .                                        | 36 |
| diclofenac sodium . . . . .                        | 2  | DUPIXENT . . . . .                                              | 52 |
| diclofenac sodium (actinic keratoses) . . . . .    | 38 | dutasteride . . . . .                                           | 47 |
| diclofenac sodium (ophth) . . . . .                | 57 | dutasteride-tamsulosin hcl . . . . .                            | 47 |
| diclofenac sodium (topical) . . . . .              | 2  |                                                                 |    |
| dicloxacillin sodium . . . . .                     | 7  | <b>E</b>                                                        |    |
| dicyclomine hcl . . . . .                          | 46 | EDURANT . . . . .                                               | 26 |
| DIFICID . . . . .                                  | 7  | efavirenz . . . . .                                             | 26 |
| difluprednate . . . . .                            | 57 | efavirenz-emtricitabine-tenofovir disoproxil fumarate . . . . . | 26 |
| digoxin . . . . .                                  | 32 | efavirenz-lamivudine-tenofovir disoproxil fumarate . . . . .    | 26 |
| dihydroergotamine mesylate . . . . .               | 15 | ELIGARD . . . . .                                               | 51 |
| DILANTIN . . . . .                                 | 11 | ELIQUIS . . . . .                                               | 30 |
| diltiazem hcl . . . . .                            | 33 | ELIQUIS DVT/PE STARTER PACK . . . . .                           | 30 |
| diltiazem hcl coated beads . . . . .               | 33 | ELITE-OB . . . . .                                              | 42 |
| diltiazem hcl extended release beads . . . . .     | 33 | ELMIRON . . . . .                                               | 48 |
| dimethyl fumarate . . . . .                        | 37 | EMSAM . . . . .                                                 | 12 |
| DIPENTUM . . . . .                                 | 55 | emtricitabine . . . . .                                         | 26 |
| diphenoxylate w/ atropine . . . . .                | 45 | emtricitabine-tenofovir disoproxil fumarate . . . . .           | 26 |

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| enalapril maleate & hydrochlorothiazide | 33 |
| ENBRACE HR                              | 42 |
| ENBREL                                  | 53 |
| ENBREL MINI                             | 53 |
| ENBREL SURECLICK                        | 53 |
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| entacapone                              | 22 |
| entecavir                               | 25 |
| ENTRESTO                                | 33 |
| ENVARUS XR                              | 53 |
| EPIDIOLEX                               | 9  |
| EPINEPHRINE                             | 59 |
| epinephrine (anaphylaxis)               | 59 |
| eplerenone                              | 35 |
| EPRONTIA                                | 9  |
| ERGOTAMINE-CAFFEINE                     | 15 |
| ERIVEDGE                                | 18 |
| ERLEADA                                 | 16 |
| erlotinib hcl                           | 18 |
| ertapenem sodium                        | 7  |
| ERY                                     | 39 |
| ERYTHROCIN LACTOBIONATE                 | 7  |
| ERYTHROMYCIN                            | 57 |
| erythromycin (acne aid)                 | 39 |
| erythromycin (ophth)                    | 57 |
| erythromycin base                       | 8  |
| erythromycin ethylsuccinate             | 8  |
| erythromycin lactobionate               | 8  |
| ERYTHROMYCIN STEARATE                   | 8  |
| escitalopram oxalate                    | 12 |
| esomeprazole magnesium                  | 46 |
| estradiol                               | 49 |
| estradiol & norethindrone acetate       | 49 |
| estradiol vaginal                       | 49 |
| ESTRING                                 | 49 |
| ethambutol hcl                          | 16 |
| ethosuximide                            | 10 |
| ethynodiol diacet & eth estrad          | 49 |

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| etodolac                       | 2  |
| etonogestrel-ethinyl estradiol | 49 |
| etravirine                     | 26 |
| everolimus                     | 18 |
| everolimus (immunosuppressant) | 53 |
| EVOTAZ                         | 27 |
| exemestane                     | 17 |
| ezetimibe                      | 34 |

## F

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| famotidine                                                                                         | 46 |
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| FANAPT TITRATION PACK                                                                              | 23 |
| febuxostat                                                                                         | 15 |
| felbamate                                                                                          | 9  |
| fenofibrate                                                                                        | 34 |
| fenofibrate micronized                                                                             | 34 |
| fentanyl                                                                                           | 2  |
| FERRIPROX                                                                                          | 41 |
| FETZIMA                                                                                            | 12 |
| FETZIMA TITRATION                                                                                  | 12 |
| finasteride                                                                                        | 47 |
| FINTEPLA                                                                                           | 9  |
| FIRMAGON                                                                                           | 51 |
| FIRMAGON (240 MG DOSE)                                                                             | 51 |
| flecainide acetate                                                                                 | 32 |
| fluconazole                                                                                        | 14 |
| fluconazole in nacl                                                                                | 14 |
| flucytosine                                                                                        | 14 |
| fludrocortisone acetate                                                                            | 48 |
| flunisolide (nasal)                                                                                | 58 |
| fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%) | 38 |
| fluorometholone (ophth)                                                                            | 57 |
| FLUOROURACIL                                                                                       | 38 |
| fluorouracil (topical)                                                                             | 38 |
| fluoxetine hcl                                                                                     | 13 |
| FLUOXETINE HCL (PMDD)                                                                              | 12 |
| fluphenazine decanoate                                                                             | 23 |
| fluphenazine hcl                                                                                   | 23 |

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| FLURBIPROFEN SODIUM . . . . .            | 57 |
| FLUTICASONE FUROATE-VILANTEROL . . . . . | 60 |
| fluticasone propionate . . . . .         | 38 |
| fluticasone propionate (nasal) . . . . . | 58 |
| FLUTICASONE PROPIONATE HFA . . . . .     | 58 |
| fluticasone-salmeterol . . . . .         | 61 |
| fluvoxamine maleate . . . . .            | 13 |
| FML FORTE . . . . .                      | 57 |
| FOLIVANE-OB . . . . .                    | 42 |
| fondaparinux sodium . . . . .            | 30 |
| fosamprenavir calcium . . . . .          | 27 |
| fosfomycin tromethamine . . . . .        | 4  |
| FOTIVDA . . . . .                        | 18 |
| FRUZAQLA . . . . .                       | 17 |
| furosemide . . . . .                     | 34 |
| FUZEON . . . . .                         | 26 |
| FYCOMPA . . . . .                        | 9  |

## G

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| gabapentin . . . . .                   | 10 |
| galantamine hydrobromide . . . . .     | 11 |
| GAMMAGARD . . . . .                    | 51 |
| GAMMAGARD S/D LESS IGA . . . . .       | 51 |
| GAMMAPLEX . . . . .                    | 51 |
| GAMUNEX-C . . . . .                    | 51 |
| GARDASIL 9 . . . . .                   | 54 |
| gatifloxacin (ophth) . . . . .         | 57 |
| GATTEX . . . . .                       | 46 |
| GAUZE PADS & DRESSINGS . . . . .       | 56 |
| GAVRETO . . . . .                      | 18 |
| gefitinib . . . . .                    | 18 |
| gemfibrozil . . . . .                  | 34 |
| GENOTROPIN . . . . .                   | 48 |
| GENOTROPIN MINIQUEL . . . . .          | 48 |
| gentamicin in saline . . . . .         | 4  |
| gentamicin sulfate . . . . .           | 4  |
| gentamicin sulfate (ophth) . . . . .   | 57 |
| gentamicin sulfate (topical) . . . . . | 4  |
| GENVOYA . . . . .                      | 25 |
| GILOTRIF . . . . .                     | 18 |
| GLASSIA . . . . .                      | 47 |

|                                       |    |
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| glatiramer acetate . . . . .          | 37 |
| GLEOSTINE . . . . .                   | 16 |
| glimepiride . . . . .                 | 29 |
| GLIPIZIDE . . . . .                   | 29 |
| glipizide-metformin hcl . . . . .     | 29 |
| glucagon (rdna) . . . . .             | 29 |
| GLUCAGON EMERGENCY . . . . .          | 29 |
| glutamine (sickle cell) . . . . .     | 47 |
| glycopyrrolate . . . . .              | 46 |
| griseofulvin microsize . . . . .      | 14 |
| griseofulvin ultramicrosize . . . . . | 14 |
| guanfacine hcl . . . . .              | 31 |
| guanfacine hcl (adhd) . . . . .       | 36 |

## H

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| haloperidol decanoate . . . . .          | 23    |
| haloperidol lactate . . . . .            | 23    |
| HAVRIX . . . . .                         | 54    |
| HEMADY . . . . .                         | 48    |
| heparin sodium (porcine) . . . . .       | 30,31 |
| HEPLISAV-B . . . . .                     | 54    |
| HETLIOZ LQ . . . . .                     | 61    |
| HIBERIX . . . . .                        | 54    |
| HUMALOG MIX 50/50 KWIKPEN . . . . .      | 29    |
| HUMALOG MIX 75/25 . . . . .              | 29    |
| HUMATROPE . . . . .                      | 48    |
| HUMIRA . . . . .                         | 53    |
| HUMIRA (2 SYRINGE) . . . . .             | 53    |
| HUMULIN 70/30 . . . . .                  | 30    |
| HUMULIN 70/30 KWIKPEN . . . . .          | 30    |
| HUMULIN N . . . . .                      | 30    |
| HUMULIN N KWIKPEN . . . . .              | 30    |
| HUMULIN R . . . . .                      | 30    |
| HUMULIN R U-500 (CONCENTRATED) . . . . . | 30    |
| HUMULIN R U-500 KWIKPEN . . . . .        | 30    |
| hydralazine hcl . . . . .                | 35    |
| hydrochlorothiazide . . . . .            | 34    |
| hydrocodone-acetaminophen . . . . .      | 2     |
| HYDROCORTISONE . . . . .                 | 38    |
| hydrocortisone . . . . .                 | 55    |

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| hydrocortisone (intrarectal) . . . . .   | 55 | INSULIN ASPART PENFILL . . . . .                                       | 30 |
| hydrocortisone (rectal) . . . . .        | 38 | INSULIN ASPART PROT & ASPART . . . . .                                 | 30 |
| hydrocortisone (topical) . . . . .       | 38 | INSULIN GLARGINE-YFGN . . . . .                                        | 30 |
| hydrocortisone valerate . . . . .        | 38 | INSULIN LISPRO . . . . .                                               | 30 |
| hydrocortisone w/acetic acid . . . . .   | 58 | INSULIN LISPRO (1 UNIT DIAL) . . . . .                                 | 30 |
| hydromorphone hcl . . . . .              | 3  | INSULIN LISPRO JUNIOR KWIKPEN . . . . .                                | 30 |
| HYDROMORPHONE HCL PF . . . . .           | 2  | INSULIN LISPRO PROT & LISPRO . . . . .                                 | 30 |
| hydroxychloroquine sulfate . . . . .     | 21 | INSULIN PEN NEEDLE . . . . .                                           | 56 |
| hydroxyurea . . . . .                    | 17 | INSULIN SYRINGE, SAFETY OR NON-SAFETY<br>(DISP) U-100 0.3 ML . . . . . | 56 |
| hydroxyzine hcl . . . . .                | 27 | INSULIN SYRINGE, SAFETY OR NON-SAFETY<br>(DISP) U-100 1 ML . . . . .   | 56 |
| hydroxyzine pamoate . . . . .            | 28 | INSULIN SYRINGE, SAFETY OR NON-SAFETY<br>(DISP) U-100 1/2 ML . . . . . | 56 |
| <b>I</b>                                 |    | INSULIN SYRINGE, SAFETY OR NON-SAFETY<br>(DISP) U-500 1/2 ML . . . . . | 56 |
| ibandronate sodium . . . . .             | 55 | INTELENCE . . . . .                                                    | 26 |
| IBRANCE . . . . .                        | 18 | INTRALIPID . . . . .                                                   | 40 |
| ibuprofen . . . . .                      | 2  | INVEGA HAFYERA . . . . .                                               | 23 |
| icatibant acetate . . . . .              | 51 | INVEGA SUSTENNA . . . . .                                              | 23 |
| ICLUSIG . . . . .                        | 18 | INVEGA TRINZA . . . . .                                                | 23 |
| icosapent ethyl . . . . .                | 35 | IPOL . . . . .                                                         | 54 |
| IDHIFA . . . . .                         | 18 | ipratropium bromide . . . . .                                          | 59 |
| imatinib mesylate . . . . .              | 18 | ipratropium bromide (nasal) . . . . .                                  | 59 |
| IMBRUVICA . . . . .                      | 18 | ipratropium-albuterol . . . . .                                        | 61 |
| IMIPENEM-CILASTATIN . . . . .            | 7  | irbesartan . . . . .                                                   | 32 |
| imipramine hcl . . . . .                 | 13 | irbesartan-hydrochlorothiazide . . . . .                               | 33 |
| imipramine pamoate . . . . .             | 13 | ISENTRESS . . . . .                                                    | 25 |
| imiquimod . . . . .                      | 38 | ISENTRESS HD . . . . .                                                 | 25 |
| IMKELDI . . . . .                        | 18 | ISOLYTE-P IN D5W . . . . .                                             | 40 |
| IMOVAX RABIES . . . . .                  | 54 | ISONIAZID . . . . .                                                    | 16 |
| IMPAVIDO . . . . .                       | 21 | isosorbide dinitrate . . . . .                                         | 35 |
| INATAL GT . . . . .                      | 42 | isosorbide mononitrate . . . . .                                       | 35 |
| INCRELEX . . . . .                       | 48 | isotretinoin . . . . .                                                 | 37 |
| INCRUSE ELLIPTA . . . . .                | 59 | ITOVEBI . . . . .                                                      | 19 |
| indapamide . . . . .                     | 34 | itraconazole . . . . .                                                 | 14 |
| indomethacin . . . . .                   | 2  | ivabradine hcl . . . . .                                               | 33 |
| INFANRIX . . . . .                       | 54 | ivermectin . . . . .                                                   | 21 |
| INLYTA . . . . .                         | 18 | IWILFIN . . . . .                                                      | 17 |
| INQOVI . . . . .                         | 17 | IXCHIQ . . . . .                                                       | 54 |
| INREBIC . . . . .                        | 19 | IXIARO . . . . .                                                       | 54 |
| INSULIN ASP PROT & ASP FLEXPEN . . . . . | 30 |                                                                        |    |
| INSULIN ASPART . . . . .                 | 30 |                                                                        |    |
| INSULIN ASPART FLEXPEN . . . . .         | 30 |                                                                        |    |

## J

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| JAKAFI                     | 19 |
| JARDIANCE                  | 35 |
| JAYPIRCA                   | 19 |
| JENLIVA PRENATAL/POSTNATAL | 42 |
| JULUCA                     | 25 |
| JUXTAPID                   | 35 |
| JYNNEOS                    | 54 |

## K

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| KALYDECO                       | 59 |
| KCL IN DEXTROSE-NACL           | 40 |
| KCL-LACTATED RINGERS-D5W       | 40 |
| KERENDIA                       | 35 |
| ketoconazole                   | 14 |
| ketoconazole (topical)         | 14 |
| ketorolac tromethamine (ophth) | 57 |
| KINERET                        | 52 |
| KINRIX                         | 54 |
| Kisqali                        | 19 |
| Kisqali FEMARA                 | 19 |
| KOSELUGO                       | 19 |
| KOSHER PRENATAL PLUS IRON      | 42 |
| KRAZATI                        | 19 |

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| labetalol hcl                  | 32 |
| lacosamide                     | 11 |
| lactic acid (ammonium lactate) | 38 |
| lactulose                      | 45 |
| lactulose (encephalopathy)     | 45 |
| LAGEVRIO                       | 27 |
| lamivudine                     | 26 |
| lamivudine (hbv)               | 25 |
| lamivudine-zidovudine          | 26 |
| lamotrigine                    | 10 |
| lansoprazole                   | 46 |
| lapatinib ditosylate           | 19 |
| latanoprost                    | 58 |
| LAZCLUZE                       | 19 |

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| LEDIPASVIR-SOFOSBUVIR                                 | 25 |
| leflunomide                                           | 53 |
| lenalidomide                                          | 17 |
| Lenvima                                               | 19 |
| letrozole                                             | 17 |
| leucovorin calcium                                    | 21 |
| LEUKINE                                               | 31 |
| leuprolide acetate                                    | 51 |
| LEUPROLIDE ACETATE (3 MONTH)                          | 51 |
| levalbuterol hcl                                      | 59 |
| LEVALBUTEROL TARTRATE                                 | 59 |
| levetiracetam                                         | 10 |
| LEVOBUNOLOL HCL                                       | 58 |
| levocetirizine dihydrochloride                        | 59 |
| levofloxacin                                          | 8  |
| levofloxacin in d5w                                   | 8  |
| levonorgestrel & eth estradiol                        | 49 |
| levonorgestrel-eth estradiol (triphasic)              | 49 |
| levonorgestrel-ethinyl estradiol (91-day)             | 50 |
| levonorgestrel-ethinyl estradiol (continuous)         | 50 |
| levonorgestrel-ethinyl estradiol-ferrous bisglycinate | 50 |
| levothyroxine sodium                                  | 50 |
| LIBERVANT                                             | 10 |
| lidocaine                                             | 3  |
| lidocaine hcl                                         | 3  |
| lidocaine hcl (mouth-throat)                          | 3  |
| lidocaine-prilocaine                                  | 3  |
| linezolid                                             | 5  |
| LINZESS                                               | 45 |
| liothyronine sodium                                   | 50 |
| lisinopril                                            | 32 |
| lisinopril & hydrochlorothiazide                      | 33 |
| lithium                                               | 28 |
| lithium carbonate                                     | 28 |
| LIVTENCITY                                            | 25 |
| LOKELMA                                               | 41 |
| LONSURF                                               | 17 |
| loperamide hcl                                        | 46 |
| lopinavir-ritonavir                                   | 27 |
| lorazepam                                             | 28 |
| LORBRENA                                              | 19 |



|                                          |    |
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| losartan potassium                       | 32 |
| losartan potassium & hydrochlorothiazide | 33 |
| LOTEMAX                                  | 57 |
| loteprednol etabonate                    | 57 |
| loxapine succinate                       | 23 |
| lubiprostone                             | 45 |
| LUMAKRAS                                 | 19 |
| LUPRON DEPOT                             | 51 |
| lurasidone hcl                           | 23 |
| LYBALVI                                  | 23 |
| LYNPARZA                                 | 19 |
| LYSODREN                                 | 17 |
| Lytgobi                                  | 19 |

## M

|                                             |    |                                  |    |
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| M-M-R II                                    | 54 | mesna                            | 21 |
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## **2025 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)  
DICLOFENAC SODIUM GEL 1%  
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

|                                          |              |
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| MAGNESIUM OXIDE                          |              |
| MICONAZOLE NITRATE 2%                    |              |
| MIDAZOLAM HCL                            |              |
| MOUTHKOTE                                |              |
| NALOXONE HCL NASAL SPRAY                 |              |
| 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 5/1/2025.

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).

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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.

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*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).*

