Community Care

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
Call toll free: 866-992-6600
TTY, the Wisconsin Relay System at 711

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

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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 quí vị cần thông dịch viên xin gọi 1-866-992-6600 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. 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 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화1-866-992-6600 (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ざいます。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:
  - Qualified sign language interpreters
  - 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:
  - Qualified interpreters
  - Information written in other languages

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

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

When this Drug List (Formulary) refers to "we," "us", or "our," it means Community Care Health Plan, Inc. When it refers to "plan" or "our plan," it means Community Care.

This document includes a 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).

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.

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
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
celecoxib cap 50 mg, cap 100 mg, cap 200 mg, cap 400 mg	
DICLOFENAC EPOLAMINE	PA
diclofenac potassium tab 25 mg, tab 50 mg	
diclofenac sodium (topical) soln 1.5%	
diclofenac sodium tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg	
etodolac	
ibuprofen susp 100 mg/5ml, tab 400 mg, tab 600 mg, tab 800 mg	
indomethacin cap 25 mg, cap 50 mg, cap er 75 mg	
meloxicam tab 7.5 mg, tab 15 mg	
nabumetone tab 500 mg, tab 750 mg	
naproxen susp 125 mg/5ml, tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg	
sulindac tab 150 mg, tab 200 mg	
OPIOID ANALGESICS, LONG-ACTING	
fentanyl	
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	
morphine sulfate tab er 15 mg, tab er 30 mg, tab er 60 mg, tab er 100 mg, tab er 200 mg	
OXYCONTIN	
TRAMADOL HCL ER	
tramadol hcl er (biphasic)	
OPIOID ANALGESICS, SHORT-ACTING	
acetaminophen w/ codeine	
ACETAMINOPHEN-CODEINE	
CODEINE SULFATE CODEINE SULFATE 15 MG TAB, CODEINE SULFATE 30 MG TAB, CODEINE SULFATE 60 MG TAB, CODEINE SULFATE TAB 30 MG	
hydrocodone-acetaminophen -soln 7.5-325 mg/15ml, -tab 5-325 mg, -tab 7.5-325 mg, -tab 10-325 mg	
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
hydromorphone hcl preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg	
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	
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	
oxycodone w/ acetaminophen	
OXYCODONE-ACETAMINOPHEN -5-325 MG/5ML SOLUTION	
tramadol hcl tab 50 mg, tab 100 mg	
tramadol-acetaminophen	
ANESTHETICS	
LOCAL ANESTHETICS	
lidocaine hcl (mouth-throat)	
lidocaine hcl soln 4%	
lidocaine oint 5%	
lidocaine patch 5%	PA
lidocaine-prilocaine	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENTS/ANTI-CRAVING	
acamprosate calcium	
disulfiram tab 250 mg, tab 500 mg	
OPIOID DEPENDENCE	
buprenorphine hcl sl tab 2 mg (base equiv)	
buprenorphine hcl sl tab 8 mg (base equiv)	
buprenorphine hcl-naloxone hcl dihydrate	
naltrexone hcl tab 50 mg	

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

DRUG	REQUIREMENTS/LIMITS
OPIOID REVERSAL AGENTS	
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	
SMOKING CESSATION AGENTS	
bupropion hcl (smoking deterrent)	
varenicline tartrate	PA
ANTIBACTERIALS	
AMINOGLYCOSIDES	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	
ARIKAYCE	
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	
gentamicin sulfate (topical)	
gentamicin sulfate inj 40 mg/ml	
neomycin sulfate tab 500 mg	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	
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)	
ANTIBACTERIALS, OTHER	
acetic acid (otic)	
aztreonam	
CLEOCIN 100 MG SUPPOS	
clindamycin hcl cap 75 mg, cap 150 mg, cap 300 mg	
clindamycin palmitate hydrochloride	
clindamycin phosphate in d5w	
clindamycin phosphate inj 900 mg/6ml	
clindamycin phosphate vaginal	
colistimethate sodium for inj 150 mg (colistin base activity)	
daptomycin daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin for iv soln 350 mg, daptomycin for iv soln 500 mg	
fosfomycin tromethamine	

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

DRUG	REQUIREMENTS/LIMITS
linezolid	
methenamine hippurate	
metronidazole (topical)	
metronidazole metronidazole 500 mg/100ml solution, metronidazole cap 375 mg, metronidazole iv soln 500 mg/100ml, metronidazole tab 250 mg, metronidazole tab 500 mg	
metronidazole vaginal	
nitrofurantoin macrocrystal	
nitrofurantoin monohyd macro	
polymyxin b sulfate for inj 500000 unit	
SIVEXTRO	
tigecycline tigecycline 50 mg recon soln, tigecycline for iv soln 50 mg	
tinidazole tab 250 mg, tab 500 mg	
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	

BETA-LACTAM, CEPHALOSPORINS

cefadroxil cefadroxil 1 gm tab, cefadroxil cap 500 mg, cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml	
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	
cefdinir	
cefepime hcl inj 1 gm, iv soln 2 gm	
cefixime	
cefoxitin sodium	
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	
cefprozil	
CEFTAZIDIME CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME FOR INJ 1 GM, CEFTAZIDIME FOR IV SOLN 2 GM	
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	
cefuroxime axetil	
cefuroxime sodium	
cephalexin	
TEFLARO	

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

DRUG	REQUIREMENTS/LIMITS
BETA-LACTAM, PENICILLINS	
amoxicillin & pot clavulanate	
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	
AMOXICILLIN-POT CLAVULANATE ER	
ampicillin & sulbactam sodium	
AMPICILLIN AMPICILLIN 500 MG CAP, AMPICILLIN CAP 500 MG	
ampicillin sodium ampicillin sodium 1 gm recon soln, ampicillin sodium for inj 1 gm, ampicillin sodium for iv soln 10 gm	
AMPICILLIN-SULBACTAM SODIUM	
BICILLIN L-A	
dicloxacillin sodium	
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	
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION	
penicillin g potassium	
PENICILLIN G SODIUM	
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	
piperacillin sodium-tazobactam sodium	
CARBAPENEMS	
ertapenem sodium	
IMIPENEM-CILASTATIN IMIPENEM-CILASTATIN 250 MG RECON SOLN, IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 500 MG	
meropenem	
MACROLIDES	
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	
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	
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
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	
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	
erythromycin lactobionate	
ERYTHROMYCIN STEARATE	
QUINOLONES	
ciprofloxacin hcl tab 250 mg equiv), tab 500 mg equiv), tab 750 mg equiv)	
CIPROFLOXACIN IN D5W CIPROFLOXACIN 200 MG/100ML IN D5W, CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION	
levofloxacin in d5w in soln 500 mg/100ml, in soln 750 mg/150ml	
levofloxacin oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg	
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	
SULFONAMIDES	
sulfacetamide sodium (acne)	
sulfadiazine tab 500 mg	
sulfamethoxazole-trimethoprim -susp 200-40 mg/5ml, -tab 400-80 mg, -tab 800-160 mg	
TETRACYCLINES	
demeclocycline hcl	
doxycycline (monohydrate)	

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

DRUG	REQUIREMENTS/LIMITS
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	
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	
MINOCYCLINE HCL ER	
tetracycline hcl cap 250 mg, cap 500 mg	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

BRIVIACT 10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	
DIACOMIT	
divalproex sodium 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	
EPIDIOLEX	PA2
EPRONTIA	
felbamate	
FINTEPLA	
FYCOMPA	

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

DRUG	REQUIREMENTS/LIMITS
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) & 100 mg (7) starter kit, tab 35 x 25 mg starter kit, tab 84 x 25 mg & 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 & 7 x 50 mg titration kit, tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit, tab disint 42 x 50mg & 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	
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	
SPRITAM 500 MG TAB, 750 MG TAB, 1000 MG TAB	
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	
valproate sodium oral soln 250 mg/5ml (base equiv)	
valproic acid cap 250 mg	
CALCIUM CHANNEL MODIFYING AGENTS	
ethosuximide cap 250 mg, soln 250 mg/5ml	
methsuximide	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS	
clobazam	
diazepam (anticonvulsant)	
DIAZEPAM 2.5 MG GEL	
gabapentin cap 100 mg, cap 300 mg, cap 400 mg, oral soln 250 mg/5ml, tab 600 mg, tab 800 mg	
LIBERVANT	
NAYZILAM	
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	
PRIMIDONE PRIMIDONE 125 MG TAB, PRIMIDONE TAB 50 MG, PRIMIDONE TAB 250 MG	
SYMPAZAN	
tiagabine hcl	
VALTOCO	
vigabatrin	

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

DRUG	REQUIREMENTS/LIMITS
ZTALMY	
SODIUM CHANNEL AGENTS	
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	
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	
oxcarbazepine susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg	
phenytoin chew tab 50 mg, susp 125 mg/5ml	
phenytoin sodium extended cap 100 mg	
rufinamide	
XCOPRI	
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	
XCOPRI (350 MG DAILY DOSE)	
ZONISADE	
zonisamide cap 25 mg, cap 50 mg, cap 100 mg	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, OTHER	
memantine hcl-donepezil hcl	
NAMZARIC 7 14 21 28 -10 MG CP24 THPK, 7-10 MG CAP ER 24H	
CHOLINESTERASE INHIBITORS	
donepezil hydrochloride orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg	
galantamine hydrobromide cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg, tab 4 mg, tab 8 mg, tab 12 mg	
rivastigmine	
rivastigmine tartrate	

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

DRUG	REQUIREMENTS/LIMITS

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

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

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY	
BUPROPION HCL ER (XL)	
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	
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	
ZURZUVAE	

MONOAMINE OXIDASE INHIBITORS

EMSAM	
MARPLAN	
PHENELZINE SULFATE PHENELZINE SULFATE 15 MG TAB, PHENELZINE SULFATE TAB 15 MG	
tranylcypromine sulfate	

SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

citalopram hydrobromide oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv)	
DESVENLAFAXINE ER	
desvenlafaxine succinate	
escitalopram oxalate soln 5 mg/5ml equiv), tab 5 mg equiv), tab 10 mg equiv), tab 20 mg equiv)	
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
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	
fluvoxamine maleate	
NEFAZODONE HCL	
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	
trazodone hcl tab 50 mg, tab 100 mg, tab 150 mg, tab 300 mg	
TRINTELLIX	
venlafaxine hcl cap er 37.5 mg equivalent), cap er 75 mg equivalent)	
vilazodone hcl	
TRICYCLICS	
amitriptyline hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg	
amoxapine	
clomipramine hcl cap 25 mg, cap 50 mg, cap 75 mg	
desipramine hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg	
doxepin hcl cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml	
imipramine hcl tab 10 mg, tab 25 mg, tab 50 mg	
imipramine pamoate	
nortriptyline hcl cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, soln 10 mg/5ml	
protriptyline hcl	
trimipramine maleate cap 25 mg, cap 50 mg, cap 100 mg	
ANTIEMETICS	
ANTIEMETICS, OTHER	
meclizine hcl tab 12.5 mg, tab 25 mg	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) equiv), tab 5 mg equivalent), tab 10 mg equivalent)	
perphenazine tab 2 mg, tab 4 mg, tab 8 mg, tab 16 mg	
prochlorperazine	
prochlorperazine maleate tab 5 mg equivalent), tab 10 mg equivalent)	

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

DRUG	REQUIREMENTS/LIMITS
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	
scopolamine	

EMETOGENIC THERAPY ADJUNCTS

aprepitant	PA3
dronabinol	PA
ondansetron hcl oral soln 4 mg/5ml, tab 4 mg, tab 8 mg	PA3
ondansetron tab 4 mg, tab 8 mg	PA3

ANTIFUNGALS

ABELCET	PA3
AMPHOTERICIN B 50 MG RECON SOLN	PA3
amphotericin b liposome	PA3
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	
clotrimazole (topical)	
clotrimazole troche 10 mg	
fluconazole for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg	
fluconazole in nacl	
flucytosine cap 250 mg, cap 500 mg	
griseofulvin microsize susp 125 mg/5ml, tab 500 mg	
griseofulvin ultramicrosize tab 125 mg, tab 250 mg	
itraconazole cap 100 mg	
ketoconazole (topical) cream 2%, foam 2%, shampoo 2%	
ketoconazole tab 200 mg	
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	
MICONAZOLE 3	
nystatin (mouth-throat)	
nystatin (topical)	
nystatin tab 500000 unit	
posaconazole susp 40 mg/ml, tab delayed release 100 mg	
terbinafine hcl tab 250 mg	
terconazole vaginal	

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

DRUG	REQUIREMENTS/LIMITS
voriconazole for susp 40 mg/ml, tab 50 mg, tab 200 mg	
VORICONAZOLE VORICONAZOLE 200 MG RECON SOLN, VORICONAZOLE FOR INJ 200 MG	PA3

ANTIGOUT AGENTS

allopurinol tab 100 mg, tab 200 mg, tab 300 mg	
colchicine cap 0.6 mg, tab 0.6 mg	
colchicine w/ probenecid	
febuxostat	
probenecid	

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AJOVY	PA
NURTEC	QL (18 PER 30 OVER TIME)
QULIPTA	
UBRELVY	QL (16 PER 30 OVER TIME)

ERGOT ALKALOIDS

dihydroergotamine mesylate nasal spray 4 mg/ml	
ERGOTAMINE-CAFFEINE	

PROPHYLACTIC

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	
timolol maleate tab 5 mg, tab 10 mg, tab 20 mg	

SEROTONIN (5-HT) RECEPTOR AGONIST

naratriptan hcl	QL (9 PER 30 OVER TIME)
rizatriptan benzoate	QL (12 PER 30 OVER TIME)
sumatriptan 5 mg/act, 20 mg/act	
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	
sumatriptan succinate tab 25 mg, tab 50 mg, tab 100 mg	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
ANTIMYASTHENIC AGENTS	
PARASYMPATHOMIMETICS	
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	
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
dapsone tab 25 mg, tab 100 mg	
rifabutin	
ANTITUBERCULARS	
ethambutol hcl tab 100 mg, tab 400 mg	
ISONIAZID ISONIAZID 100 MG TAB, ISONIAZID SYRUP 50 MG/5ML, ISONIAZID TAB 100 MG, ISONIAZID TAB 300 MG	
PRETOMANID	
PRIFTIN	
pyrazinamide tab 500 mg	
rifampin cap 150 mg, cap 300 mg, for inj 600 mg	
SIRTURO	
TRECATOR	
ANTINEOPLASTICS	
ALKYLATING AGENTS	
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	
ANTIANDROGENS	
abiraterone acetate	
bicalutamide	
ERLEADA	
nilutamide	

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

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

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

DRUG	REQUIREMENTS/LIMITS
ENZYME INHIBITORS	
TRUQAP 160 MG TAB THPK, 200 MG TAB THPK	
MOLECULAR TARGET INHIBITORS	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI	
BRUKINSA	
CABOMETYX	
CALQUENCE	
CAPRELSA	
COMETRIQ	
COPIKTRA	
COTELLIC	
DANZITEN	
dasatinib	
DAURISMO	
ERIVEDGE	
erlotinib hcl	
everolimus	
FOTIVDA	
GAVRETO	
gefitinib	
GILOTRIF	
IBRANCE	
ICLUSIG	
IDHIFA	
imatinib mesylate	
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	
lapatinib ditosylate	
LAZCLUZE	
LENVIMA	
LORBRENA	
LUMAKRAS	
LYNPARZA	
LYTGOBI	
MEKINIST	
MEKTOVI	
NERLYNX	
NINLARO	
ODOMZO	
OJEMDA	
pazopanib hcl	
PEMAZYRE	
PIQRAY	
QINLOCK	
RETEVMO	
REVUFORJ 110 MG TAB, 160 MG TAB	
REZLIDHIA	
ROZLYTREK	
RUBRACA	
RYDAPT	
SCEMBLIX	
sorafenib tosylate	
STIVARGA	

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

DRUG	REQUIREMENTS/LIMITS
sunitinib malate	
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	
RETINOIDS	
bexarotene	
bexarotene (topical)	PA2
PANRETIN	
tretinoin (chemotherapy)	

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

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

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	
entacapone	
ONGENTYS	
tolcapone	
DOPAMINE AGONISTS	
apomorphine hydrochloride	
bromocriptine mesylate cap 5 mg equivalent), tab 2.5 mg equivalent)	
NEUPRO	
pramipexole dihydrochloride tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg	
ropinirole hydrochloride	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
carbidopa tab 25 mg	
carbidopa-levodopa carbidopa & levodopa orally disintegrating tab 10-100 mg, carbidopa & levodopa orally disintegrating tab 25-100 mg, carbidopa & levodopa orally disintegrating tab 25-250 mg, carbidopa & levodopa tab 10-100 mg, carbidopa & levodopa tab 25-100 mg, carbidopa & levodopa tab 25-250 mg, carbidopa & levodopa tab er 25-100 mg, carbidopa & 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	
RYTARY	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
rasagiline mesylate tab 0.5 mg equiv), tab 1 mg equiv)	
selegiline hcl cap 5 mg, tab 5 mg	

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

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

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

DRUG	REQUIREMENTS/LIMITS
NUPLAZID	PA2
olanzapine	
paliperidone	
PERSERIS	
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	
REXULTI	
risperidone microspheres	
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	
SECUADO	
UZEDY	
VRAYLAR	
ziprasidone hcl	
ziprasidone mesylate	
ANTIPSYCHOTICS, OTHER	
COBENFY	
COBENFY STARTER PACK	
TREATMENT-RESISTANT	
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	
VERSACLOZ	
ANTISPASTICITY AGENTS	
baclofen tab 5 mg, tab 10 mg, tab 20 mg	
tizanidine hcl cap 2 mg equivalent), cap 4 mg equivalent), cap 6 mg equivalent), tab 2 mg equivalent), tab 4 mg equivalent)	

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

DRUG	REQUIREMENTS/LIMITS
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
LIVTENCITY	
PREVYMIS 240 MG TAB, 480 MG TAB	
valganciclovir hcl	
ANTI-HEPATITIS B (HBV) AGENTS	
adefovir dipivoxil	
BARACLUDE 0.05 MG/ML SOLUTION	
entecavir	
lamivudine (hbv)	
ANTI-HEPATITIS C (HCV) AGENTS	
LEDIPASVIR-SOFOSBUVIR	PA
MAVYRET 100-40 MG TAB	PA
ribavirin (hepatitis c)	
RIBAVIRIN 200 MG CAP, 200 MG TAB	
SOFOSBUVIR-VELPATASVIR	PA
SOVALDI 400 MG TAB	PA
VOSEVI	PA
ZEPATIER	PA
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)	
BIKTARVY	
DOVATO	
GENVOYA	
ISENTRESS	
ISENTRESS HD	
JULUCA	
STRIBILD	
TIVICAY	
TIVICAY PD	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
COMPLERA	

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

DRUG	REQUIREMENTS/LIMITS
DELSTRIGO	
EDURANT	
efavirenz	
efavirenz-emtricitabine-tenofovir disoproxil fumarate	
efavirenz-lamivudine-tenofovir disoproxil fumarate	
etravirine	
INTELENCE 25 MG TAB	
nevirapine nevirapine 50 mg/5ml suspension, nevirapine tab 200 mg, nevirapine tab er 24hr 400 mg	
ODEFSEY	
PIFELTRO	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
abacavir sulfate	
abacavir sulfate-lamivudine	
CIMDUO	
DESCOVY	
emtricitabine	
emtricitabine-tenofovir disoproxil fumarate	
EMTRIVA 10 MG/ML SOLUTION	
lamivudine	
lamivudine-zidovudine	
tenofovir disoproxil fumarate	
TRIUMEQ	
TRIUMEQ PD	
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	
zidovudine	
ANTI-HIV AGENTS, OTHER	
FUZEON	
maraviroc	
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
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS 250 MG CAP	
atazanavir sulfate	
darunavir	
EVOTAZ	
fosamprenavir calcium	
lopinavir-ritonavir	
NORVIR 100 MG PACKET	
PREZCOBIX	
PREZISTA 75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB	
REYATAZ 50 MG PACKET	
ritonavir	
SYMTUZA	
VIRACEPT	
ANTI-INFLUENZA AGENTS	
oseltamivir phosphate cap 30 mg equiv), cap 45 mg equiv), cap 75 mg equiv), for susp 6 mg/ml equiv)	
RELENZA DISKHALER	
ANTIHERPETIC AGENTS	
acyclovir cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg	
acyclovir sodium	PA3
famciclovir tab 125 mg, tab 250 mg, tab 500 mg	
valacyclovir hcl tab 1 gm, tab 500 mg	
ANTIVIRAL, CORONAVIRUS AGENTS	
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	
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
buspirone hcl tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 30 mg	
hydroxyzine hcl syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg	

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

DRUG	REQUIREMENTS/LIMITS
hydroxyzine pamoate hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate cap 25 mg, hydroxyzine pamoate cap 50 mg	
BENZODIAZEPINES	
ALPRAZOLAM INTENSOL	
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	
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	
clorazepate dipotassium	
diazepam conc 5 mg/ml, oral soln 1 mg/ml, tab 2 mg, tab 5 mg, tab 10 mg	
lorazepam conc 2 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg	
oxazepam	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
paroxetine hcl	
paroxetine mesylate (vasomotor)	
VENLAFAXINE BESYLATE ER	
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)	
BIPOLAR AGENTS	
MOOD STABILIZERS	
lithium	
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	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
acarbose tab 25 mg, tab 50 mg, tab 100 mg	
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	
glimepiride tab 1 mg, tab 2 mg, tab 4 mg	
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	
glipizide-metformin hcl	
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	
MOUNJARO	PA
nateglinide	
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
pioglitazone hcl	
pioglitazone hcl-metformin hcl	
repaglinide	
saxagliptin hcl	
saxagliptin-metformin hcl	
SYMLINPEN 120	
SYMLINPEN 60	
TRULICITY	
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
diazoxide susp 50 mg/ml	
glucagon (rdna)	
GLUCAGON EMERGENCY	
INSULINS	
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	
BLOOD PRODUCTS AND MODIFIERS	
ANTICOAGULANTS	
dabigatran etexilate mesylate	
ELIQUIS	
ELIQUIS DVT/PE STARTER PACK	
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	
fondaparinux sodium	
heparin sodium (porcine) 1000 unit/ml, pf 1000 unit/ml, 10000 unit/ml	PA3

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

DRUG	REQUIREMENTS/LIMITS
heparin sodium (porcine) 5000 unit/ml, 20000 unit/ml	
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	
XARELTO 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	
XARELTO STARTER PACK	
BLOOD PRODUCTS AND MODIFIERS, OTHER	
anagrelide hcl	
ARANESP (ALBUMIN FREE)	PA
LEUKINE	PA
NIVESTYM	PA
PROMACTA	
RETACRIT	PA
HEMOSTASIS AGENTS	
tranexamic acid tab 650 mg	
PLATELET MODIFYING AGENTS	
aspirin-dipyridamole	
BRILINTA	ST
cilostazol	
clopidogrel bisulfate tab 75 mg (base equiv)	
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
clonidine	
clonidine hcl tab 0.1 mg, tab 0.2 mg, tab 0.3 mg	
droxidopa	
guanfacine hcl	
midodrine hcl	
ALPHA-ADRENERGIC BLOCKING AGENTS	
doxazosin mesylate tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg	
prazosin hcl cap 1 mg, cap 2 mg, cap 5 mg	
terazosin hcl	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
candesartan cilexetil	

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

DRUG	REQUIREMENTS/LIMITS
irbesartan	
losartan potassium tab 25 mg, tab 50 mg, tab 100 mg	
valsartan tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
enalapril maleate tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg	
lisinopril tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg	
ramipril	
ANTIARRHYTHMICS	
amiodarone hcl tab 100 mg, tab 200 mg, tab 400 mg	
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)	
dofetilide	
flecainide acetate	
mexiletine hcl cap 150 mg, cap 200 mg, cap 250 mg	
propafenone hcl	
quinidine gluconate	
quinidine sulfate quinidine sulfate 200 mg tab, quinidine sulfate 300 mg tab, quinidine sulfate tab 200 mg, quinidine sulfate tab 300 mg	
sotalol hcl	
sotalol hcl (afib/afl)	
BETA-ADRENERGIC BLOCKING AGENTS	
atenolol tab 25 mg, tab 50 mg, tab 100 mg	
bisoprolol fumarate tab 5 mg, tab 10 mg	
carvedilol	
labetalol hcl tab 100 mg, tab 200 mg, tab 300 mg	
metoprolol succinate	
metoprolol tartrate tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg	
nadolol tab 20 mg, tab 40 mg, tab 80 mg	
pindolol	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
amlodipine besylate tab 2.5 mg equivalent), tab 5 mg equivalent), tab 10 mg equivalent)	

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

DRUG	REQUIREMENTS/LIMITS
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	
nimodipine cap 30 mg	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
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	
diltiazem hcl coated beads	
diltiazem hcl extended release beads	
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	
VERAPAMIL HCL ER	
CARDIOVASCULAR AGENTS, OTHER	
acetazolamide tab 125 mg, tab 250 mg	
aliskiren fumarate	
amiloride & hydrochlorothiazide	
AMILORIDE-HYDROCHLOROTHIAZIDE	
amlodipine besylate-benazepril hcl	
amlodipine besylate-valsartan	
amlodipine-valsartan-hydrochlorothiazide	
atenolol & chlorthalidone	
bisoprolol & hydrochlorothiazide	
enalapril maleate & hydrochlorothiazide	
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	
irbesartan-hydrochlorothiazide	
ivabradine hcl	
lisinopril & hydrochlorothiazide	
losartan potassium & hydrochlorothiazide	
metoprolol & hydrochlorothiazide	
metyrosine	
pentoxifylline tab er 400 mg	
ranolazine	
spironolactone & hydrochlorothiazide	

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

DRUG	REQUIREMENTS/LIMITS
triamterene & hydrochlorothiazide	
valsartan-hydrochlorothiazide	
DIURETICS, LOOP	
bumetanide	
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	
torsemide	
DIURETICS, POTASSIUM-SPARING	
amiloride hcl tab 5 mg	
triamterene cap 50 mg, cap 100 mg	
DIURETICS, THIAZIDE	
chlorthalidone	
hydrochlorothiazide cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg	
indapamide	
metolazone	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
choline fenofibrate	
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	
fenofibrate micronized cap 43 mg, cap 67 mg, cap 130 mg, cap 134 mg, cap 200 mg	
gemfibrozil tab 600 mg	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
atorvastatin calcium tab 10 mg equivalent), tab 20 mg equivalent), tab 40 mg equivalent), tab 80 mg equivalent)	
pravastatin sodium	
rosuvastatin calcium tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg	
simvastatin tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg	
DYSLIPIDEMICS, OTHER	
cholestyramine 4 gm/dose, packets 4 gm	
cholestyramine light	
colesevelam hcl	
ezetimibe	

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

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

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

DRUG	REQUIREMENTS/LIMITS
CENTRAL NERVOUS SYSTEM AGENTS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
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	
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	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
atomoxetine hcl	
dexmethylphenidate hcl	
guanfacine hcl (adhd)	
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	
METHYLPHENIDATE HCL ER	
METHYLPHENIDATE HCL ER (OSM)	
CENTRAL NERVOUS SYSTEM, OTHER	
NUEDEXTA	PA
riluzole	
tetrabenazine	
VEOZAH	
FIBROMYALGIA AGENTS	
DRIZALMA SPRINKLE	PA2
duloxetine hcl cap 20 mg eq), cap 30 mg eq), cap 40 mg eq), cap 60 mg eq)	
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	
MULTIPLE SCLEROSIS AGENTS	
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	
dalfampridine tab er 12hr 10 mg	PA
dimethyl fumarate capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg & 240 mg	
glatiramer acetate	
REBIF	
REBIF REBIDOSE	
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	
teriflunomide	
ZEPOSIA	
ZEPOSIA 7-DAY STARTER PACK	
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	
DENTAL AND ORAL AGENTS	
chlorhexidine gluconate (mouth-throat)	
pilocarpine hcl (oral)	
triamcinolone acetonide (mouth)	
DERMATOLOGICAL AGENTS	
ACNE AND ROSACEA AGENTS	
acitretin	
benzoyl peroxide-erythromycin	
isotretinoin cap 10 mg, cap 20 mg, cap 25 mg, cap 30 mg, cap 35 mg, cap 40 mg	
tazarotene tazarotene 0.1 % foam, tazarotene cream 0.05%, tazarotene cream 0.1%, tazarotene gel 0.05%, tazarotene gel 0.1%	
tretinoin cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%, gel 0.05%	
tretinoin microsphere gel 0.04%, gel 0.1%	
DERMATITIS AND PRURITUS AGENTS	
betamethasone dipropionate (topical)	
BETAMETHASONE DIPROPIONATE AUG	
betamethasone dipropionate augmented	

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

DRUG	REQUIREMENTS/LIMITS
betamethasone valerate aerosol foam 0.12%, cream 0.1% (base equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent)	
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%	
clobetasol propionate emollient base	
clobetasol propionate emulsion	
desonide cream 0.05%, oint 0.05%	
doxepin hcl (antipruritic)	
fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%)	
fluticasone propionate fluticasone propionate 0.05 % lotion, fluticasone propionate cream 0.05%, fluticasone propionate lotion 0.05%, fluticasone propionate oint 0.005%	
hydrocortisone (rectal) perianal cream 2.5%	
hydrocortisone (topical) cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%	
HYDROCORTISONE 2.5 % LOTION	
hydrocortisone valerate	
lactic acid (ammonium lactate)	
mometasone furoate cream 0.1%, oint 0.1%, solution 0.1% (lotion)	
pimecrolimus	
selenium sulfide lotion 2.5%	
tacrolimus (topical)	
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%	
DERMATOLOGICAL AGENTS, OTHER	
CALCIPOTRIENE CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE CREAM 0.005%, CALCIPOTRIENE OINT 0.005%, CALCIPOTRIENE SOLN 0.005% (50 MCG/ML)	
clotrimazole w/ betamethasone	
CLOTRIMAZOLE-BETAMETHASONE	
diclofenac sodium (actinic keratoses)	PA
fluorouracil (topical)	
FLUOROURACIL 2 % SOLUTION	
imiquimod 3.75%, 5%	
METHOXSALEN RAPID	
nystatin-triamcinolone	
OTEZLA	PA

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

DRUG	REQUIREMENTS/LIMITS
podofilox podofilox 0.5 % solution, podofilox soln 0.5%	
SANTYL	
silver sulfadiazine cream 1%	

PEDICULICIDES/SCABICIDES

malathion	
permethrin cream 5%	

TOPICAL ANTI-INFECTIVES

acyclovir topical	
ciclopirox gel 0.77%, shampoo 1%, solution 8%	
ciclopirox olamine cream 0.77% equiv), susp 0.77% equiv)	
clindamycin phosphate (topical)	
ERY	
erythromycin (acne aid)	
mupirocin calcium (topical)	
mupirocin oint 2%	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

amino acid infusion	PA3
carglumic acid	
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
dextrose dextrose 5 % solution, dextrose 10 % solution, dextrose inj 5%, dextrose inj 10%	
dextrose w/ sodium chloride 2.5% 0.45%, 5% 0.45%, 5% 0.9%	
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	
magnesium sulfate inj 50%	
NUTRILIPID	PA3
POTASSIUM CHLORIDE ER	
potassium chloride in dextrose & sodium chloride	
potassium chloride in dextrose 20 meq/l (0.15%)5% inj	
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	
potassium chloride microencapsulated crystals er	
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)	
potassium citrate (alkalinizer)	
PREMASOL	PA3
PROSOL	PA3
sodium chloride (gu irrigant)	
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%	
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
ELECTROLYTE/MINERAL/METAL MODIFIERS	
deferasirox	
deferiprone	
FERRIPROX 100 MG/ML SOLUTION	
trientine hcl trientine hcl 500 mg cap, trientine hcl cap 250 mg	
POTASSIUM BINDERS	
LOKELMA	
sodium polystyrene sulfonate	
SPS (SODIUM POLYSTYRENE SULF)	
VELTASSA	
VITAMINS	
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	
lactulose (encephalopathy)	
lactulose oral crystal packet 10 gm, solution 10 gm/15ml	
LINZESS	
lubiprostone	
RELISTOR	PA
ANTI-DIARRHEAL AGENTS	
alosetron hcl	
diphenoxylate w/ atropine	
DIPHENOXYLATE-ATROPINE	

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

DRUG	REQUIREMENTS/LIMITS
loperamide hcl cap 2 mg	
XERMELO	
ANTISPASMODICS, GASTROINTESTINAL	
dicyclomine hcl cap 10 mg, oral soln 10 mg/5ml, tab 20 mg	
glycopyrrolate glycopyrrolate 1.5 mg tab, glycopyrrolate oral soln 1 mg/5ml, glycopyrrolate tab 1 mg, glycopyrrolate tab 2 mg	
GASTROINTESTINAL AGENTS, OTHER	
GATTEX	PA
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	
URSODIOL URSODIOL 200 MG CAP, URSODIOL 400 MG CAP, URSODIOL CAP 300 MG, URSODIOL TAB 250 MG, URSODIOL TAB 500 MG	
VOWST	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
famotidine for susp 40 mg/5ml, tab 20 mg, tab 40 mg	
NIZATIDINE NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP, NIZATIDINE CAP 150 MG	
PROTECTANTS	
sucralfate tab 1 gm	
PROTON PUMP INHIBITORS	
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	
lansoprazole cap 15 mg, cap 30 mg, tab orally disintegrating 15 mg, tab orally disintegrating 30 mg	
omeprazole cap 10 mg, cap 20 mg, cap 40 mg	
pantoprazole sodium ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ARALAST NP	PA3
betaine	
CERDELGA	
CREON	

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

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

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

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

BENIGN PROSTATIC HYPERTROPHY AGENTS

alfuzosin hcl	
dutasteride cap 0.5 mg	
dutasteride-tamsulosin hcl	
finasteride tab 5 mg	
tadalafil tab 5 mg	PA2
tamsulosin hcl	

GENITOURINARY AGENTS, OTHER

bethanechol chloride tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg	

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

DRUG	REQUIREMENTS/LIMITS
ELMIRON	
penicillamine cap 250 mg, tab 250 mg	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

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)	
fludrocortisone acetate tab 0.1 mg	
HEMADY	
methylprednisolone tab 4 mg, tab 8 mg, tab 16 mg, tab 32 mg, tab therapy pack 4 mg (21)	
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)	
prednisolone soln 15 mg/5ml	
PREDNISONE INTENSOL	
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)	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

desmopressin acetate spray desmopressin acetate nasal spray soln 0.01%, desmopressin acetate spray 0.01 % solution	
desmopressin acetate spray refrigerated	
desmopressin acetate tab 0.1 mg, tab 0.2 mg	
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
levonorgestrel-ethinyl estradiol (91-day)	
levonorgestrel-ethinyl estradiol (continuous)	
levonorgestrel-ethinyl estradiol-ferrous bisglycinate	
norelgestromin-ethinyl estradiol	
norethin acet & estrad-fe & ethinyl -tab 1 mg-20 mcg, -eth -chew tab 1 mg-20 mcg (24), -ethinyl -cap 1 mg-20 mcg (24)	
norethindrone & ethinyl estradiol-fe -chew tab 0.4 mg-35 mcg	
norethindrone acet & eth estra ethinyl estradiol tab 1 mg-20 mcg	
norethindrone acetate-ethinyl estradiol	
norethindrone acetate-ethinyl estradiol-fe	
norgestimate-ethinyl estradiol	
norgestimate-ethinyl estradiol (triphasic)	
norgestrel & ethinyl estradiol	
PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB	
PREMPRO	
PROGESTINS	
DEPO-SUBQ PROVERA 104	
medroxyprogesterone acetate (contraceptive)	
medroxyprogesterone acetate tab 2.5 mg, tab 5 mg, tab 10 mg	
megestrol acetate susp 40 mg/ml, tab 20 mg, tab 40 mg	
MIRENA (52 MG)	
NEXPLANON	
norethindrone (contraceptive)	
progesterone cap 100 mg, cap 200 mg	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	
raloxifene hcl	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	
levothyroxine sodium tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg	
liothyronine sodium tab 5 mcg, tab 25 mcg, tab 50 mcg	

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

DRUG	REQUIREMENTS/LIMITS
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	
cabergoline	
ELIGARD	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
LEUPROLIDE ACETATE (3 MONTH)	
leuprolide acetate 1 mg/0.2ml (5 mg/ml), 5 mg/ml	
LUPRON DEPOT	PA3
mifepristone (hyperglycemia)	PA
octreotide acetate 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml)	
ORGOVYX	
RECORLEV	
SIGNIFOR	
SOMAVERT	
SYNAREL	
TRELSTAR MIXJECT	
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
methimazole tab 5 mg, tab 10 mg	
propylthiouracil tab 50 mg	
IMMUNOLOGICAL AGENTS	
ANGIOEDEMA AGENTS	
CINRYZE	PA
icatibant acetate	
IMMUNOGLOBULINS	
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
IMMUNOLOGICAL AGENTS, OTHER	
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
IMMUNOSTIMULANTS	
ACTIMMUNE	
BESREMI	
PEGASYS	
IMMUNOSUPPRESSANTS	
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-ADBM (2 PEN) -40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-ADBM (2 SYRINGE) -10 MG/0.2ML PREF SY KT, -20 MG/0.4ML PREF SY KT, -40 MG/0.8ML PREF SY KT	
ADALIMUMAB-ADBM(CD/UC/HS STRT) -40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-ADBM(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
azathioprine tab 50 mg, tab 75 mg, tab 100 mg	PA3
cyclosporine cap 25 mg, cap 100 mg	PA3
cyclosporine modified (for microemulsion)	PA3
ENBREL 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR	
ENBREL MINI	
ENBREL SURECLICK	
ENVARSUS XR	PA3
everolimus (immunosuppressant)	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	
leflunomide tab 10 mg, tab 20 mg	
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)	
mycophenolate mofetil cap 250 mg, for oral susp 200 mg/ml, tab 500 mg	PA3
mycophenolate sodium	PA3
PROGRAF 0.2 MG PACKET, 1 MG PACKET	PA3
REZUROCK	
SIMPONI	
sirolimus oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg	PA3
tacrolimus cap 0.5 mg, cap 1 mg, cap 5 mg	PA3
XATMEP	
VACCINES	
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	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

balsalazide disodium	
DIPENTUM	
mesalamine cap dr 400 mg, cap er 24hr 0.375 gm, cap er 500 mg, enema 4 gm, suppos 1000 mg, tab delayed release 1.2 gm, tab delayed release 800 mg	
mesalamine w/ cleanser	
PENTASA 250 MG CAP ER	
sulfasalazine tab 500 mg, tab delayed release 500 mg	

GLUCOCORTICOIDS

budesonide delayed release particles cap 3 mg, tab er 24hr 9 mg	
hydrocortisone (intrarectal)	
hydrocortisone tab 5 mg, tab 10 mg, tab 20 mg	

METABOLIC BONE DISEASE AGENTS

alendronate sodium tab 10 mg, tab 35 mg, tab 70 mg	
calcitonin (salmon) nasal soln 200 unit/act	
calcitriol cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml	
cinacalcet hcl	PA3
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	
ibandronate sodium tab 150 mg (base equivalent)	
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

MISCELLANEOUS THERAPEUTIC AGENTS

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

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

atropine sulfate (ophthalmic) soln 1%
ATROPINE SULFATE 1 % SOLUTION
bacitracin-poly-neomycin-hc
bacitracin-polymyxin b (ophth)
brimonidine tartrate-timolol maleate
cyclosporine (ophth)
dorzolamide hcl-timolol maleate
neomycin-bacitracin zn-polymyxin
neomycin-polymy-dexameth
NEOMYCIN-POLYMYXIN-HC
RESTASIS MULTIDOSE
SULFACETAMIDE-PREDNISOLONE -10-0.23 % SOLUTION
TOBRADEX 0.3-0.1 % OINTMENT
tobramycin-dexamethasone
XDEMVY

OPHTHALMIC ANTI-ALLERGY AGENTS

azelastine hcl (ophth)
cromolyn sodium (ophth)
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
OPHTHALMIC ANTI-INFECTIVES	
AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
ciprofloxacin hcl (ophth)	
erythromycin (ophth)	
ERYTHROMYCIN 5 MG/GM OINTMENT	
gatifloxacin (ophth)	
gentamicin sulfate (ophth)	
moxifloxacin hcl (ophth)	
ofloxacin (ophth)	
polymyxin b-trimethoprim	
sulfacetamide sodium (ophth)	
SULFACETAMIDE SODIUM 10 % OINTMENT	
tobramycin (ophth)	
TRIFLURIDINE	
ZIRGAN	
OPHTHALMIC ANTI-INFLAMMATORIES	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
diclofenac sodium (ophth)	
difluprednate	
fluorometholone (ophth)	
FLURBIPROFEN SODIUM	
FML FORTE	
ketorolac tromethamine (ophth)	
LOTEMAX 0.5 % OINTMENT	
loteprednol etabonate	
PRED MILD	
prednisolone acetate (ophth)	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
betaxolol hcl (ophth)	
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	
timolol maleate (ophth)	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
acetazolamide cap er 12hr 500 mg	
brimonidine tartrate soln 0.1%, soln 0.15%, soln 0.2%	
dorzolamide hcl ophth soln 2%	
methazolamide tab 25 mg, tab 50 mg	
pilocarpine hcl soln 1%, soln 2%, soln 4%	
RHOPRESSA	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
bimatoprost ophth soln 0.03%	
latanoprost ophth soln 0.005%	
travoprost	
OTIC AGENTS	
CIPRO HC	
ciprofloxacin-dexamethasone	
hydrocortisone w/acetic acid	
neomycin-polymyxin-hc (otic)	
ofloxacin (otic)	
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
ARNUITY ELLIPTA	
budesonide (inhalation)	PA3
flunisolide (nasal)	
fluticasone propionate (nasal)	
FLUTICASONE PROPIONATE HFA	
PULMICORT FLEXHALER	
ANTIHISTAMINES	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	
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
desloratadine tab 5 mg	
levocetirizine dihydrochloride tab 5 mg	
ANTILEUKOTRIENES	
montelukast sodium tab 10 mg (base equiv)	
zafirlukast	
zileuton	
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA	
INCRUSE ELLIPTA	
ipratropium bromide (nasal)	
ipratropium bromide inhal soln 0.02%	PA3
SPIRIVA RESPIMAT	
tiotropium bromide monohydrate	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
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)	PA3
ALBUTEROL SULFATE HFA	
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg	
epinephrine (anaphylaxis) -0.15 mg/0.3ml (1:2000), -0.3 mg/0.3ml (1:1000)	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)
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)	PA3
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	
CYSTIC FIBROSIS AGENTS	
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
tobramycin soln 300 mg/4ml, soln 300 mg/5ml	PA3
TRIKAFTA	
MAST CELL STABILIZERS	
cromolyn sodium soln nebu 20 mg/2ml	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
roflumilast	
THEO-24	
THEOPHYLLINE ER	
theophylline tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS	PA
ambrisentan	
OPSUMIT	PA
sildenafil citrate (pulmonary hypertension) tab 20 mg	PA2
tadalafil (pulmonary hypertension)	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	
PULMONARY FIBROSIS AGENTS	
OFEV	
pirfenidone pirfenidone 534 mg tab, pirfenidone cap 267 mg, pirfenidone tab 267 mg, pirfenidone tab 801 mg	
RESPIRATORY TRACT AGENTS, OTHER	
acetylcysteine soln 10%, soln 20%	PA3
ANORO ELLIPTA	
budesonide-formoterol fumarate dihydrate	
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
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	
ipratropium-albuterol	PA3
NUCALA	PA
TRELEGY ELLIPTA	
wixela inhub	
SKELETAL MUSCLE RELAXANTS	
cyclobenzaprine hcl tab 5 mg, tab 7.5 mg, tab 10 mg	
methocarbamol tab 500 mg, tab 750 mg	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
doxepin hcl (sleep)	
HETLIOZ LQ	PA
ramelteon	
tasimelteon	PA
temazepam	
triazolam	
zaleplon	
zolpidem tartrate tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg	
WAKEFULNESS PROMOTING AGENTS	
modafinil tab 100 mg, tab 200 mg	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

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

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

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.

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

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

Community Care