Community Care

Family Care Partnership

Formulary

2025 List of Covered Drugs

FOR PEOPLE ENROLLED IN MEDICARE

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

HPMS approved formulary file submission ID 00025393, Version 19

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 11/1/2025.

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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Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs are covered by Community Care. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Community Care. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers

This is a list of drugs that members can get in Community Care.

Community Care has a Medicare Advantage Special Needs Plan contract with the Center for Medicare and Medicaid Services (CMS) and a contract with the Wisconsin Department of Health Services (DHS) for the Medicaid Program. Enrollment is available to individuals who have both Medical Assistance from the State and Medicare, reside in the service area and are functionally eligible as determined by the Wisconsin Long-Term Care Functional Screen. Enrollment in Community Care depends on contact renewal.

Benefits, premiums, deductibles, and/or copayments/coinsurance may change on January 1, 2026.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. We will notify affected members about changes at least 30 days in advance.

- You can always check Community Care's up-to-date *List of Covered Drugs* online at http://www.communitycareinc.org or by calling Member Services toll free at 1-866-992-6600. TTY users should call 711. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services toll free at 1-866-992-6600. TTY users should call 711. This call is free.

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 전화 1-866-992-6600 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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

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

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

- ❖ *Your preferred language is addressed during your initial assessment by Community Care and maintained in your health record. This information is available to all staff who interact and provide services to you. You can change your preferred language and/or communication format information by contacting any member of your care team.*

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts in section C, page 14 are the drugs covered by Community Care. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

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

You can also find an up-to-date list of drugs that we cover on our website at http://www.communitycareinc.org or call Member Services toll free at 1-866-992-6600 or for TTY users call 711.

B2. Does the *Drug List* ever change?

Yes, and Community Care must follow Medicare and Family Care Partnership rules when making changes. We may add or remove drugs on the *Drug List* during the year.

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

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

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

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

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

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

- You can always check Community Care's up-to-date *Drug List* online at http://www.communitycareinc.org. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services toll free at 1-866-992-6600 or for TTY users call 711 to check the current *Drug List*.

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

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain $0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
    - We can make these changes only if the drug we are adding:
        - is a new generic version of a brand name drug, or
        - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
        - Some of these drug types may be new to you. For more information, refer to Section B14.
    - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off

the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. If you receive notice that a drug is taken off the market, contact your prescriber to discuss treatment alternatives.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 34-day supply of the drug after you ask for a refill.

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

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

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Community Care before you fill your prescription. Prior authorization is different from a referral. Community Care may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Community Care limits the amount of a drug you can get.
- **Step therapy:** Sometimes Community Care requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You

might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in section C1. You can also get more information by visiting our website at http://www.communitycareinc.org. We have posted online documents that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table in the List of Drugs by Drug Type in section C, page 14 has a column labeled "Necessary actions, restrictions, or limits on use."

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

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

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

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find the Index that begins on page 79. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search by drug type, find the section C, page 14 labeled "List of Drugs by Drug Type". The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the "Antimigraine Agents" category. That is where you will find drugs that treat migraines.

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

If you don't find your drug on the *Drug List*, call Member Services toll free at 1-866-992-6600 or for TTY users call 711 and ask about it. If you learn that Community Care will not cover the drug, you can do one of these things:

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

B9. What if I am a new Community Care member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 34-day supply of your drug during the first 90 days you are a member of Community Care. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 34 days of medication.

We will cover a 34-day supply of your drug if:

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

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

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

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

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

Yes. You can ask Community Care to make an exception to cover a drug that is not on the *Drug List*.

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

- For example, Community Care may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services at 1-866-992-6600. TTY users should call the Wisconsin relay System at 711 or call 414-902-2529 for a plan representative. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 8** section 7.2 of the *Evidence of Coverage* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Please fax coverage requests to 414-672-3958 or call 414-902-2539 or 1-866-992-6600. TTY users should call the Wisconsin relay System at 711.

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

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Community Care covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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 forms 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 more information on drug types, refer to **Chapter 5** of the *Evidence of Coverage*.

B15. What are OTC drugs?

OTC stands for “over-the-counter”. OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Community Care covers some OTC drugs when they are written as prescriptions by your provider. 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.

B16. What is my copay?

Community Care members have $0 for prescription as long as the member follows the plan’s rules. Refer to questions B15 for more information about OTC drugs.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Community Care. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D, page 79. The index alphabetically lists all drugs covered by Community Care.

C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example*, lisinopril*), and brand name drugs are capitalized (for example, KERENDIA). The information in the “Necessary actions, restrictions, or limits on use” column tells you if Community Care has any rules for covering 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	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 (tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg)	
diclofenac sodium (topical) soln 1.5%	
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)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
hydrocodone-acetaminophen (soln 7.5-325 mg/15ml, tab 5-325 mg, tab 7.5-325 mg, tab 10-325 mg)	
hydromorphone hcl (preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg)	
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION	
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)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
buprenorphine hcl sl tab 8 mg (base equiv)	
buprenorphine hcl-naloxone hcl dihydrate	
naltrexone hcl tab 50 mg	
OPIOID REVERSAL AGENTS	
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL INJ 0.4 MG/ML, NALOXONE HCL SOLN PREFILLED SYRINGE 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 (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION)	
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 (300 mg/2ml, 600 mg/4ml, 900 mg/6ml)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
clindamycin phosphate in d5w	
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	
linezolid	
methenamine hippurate	
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 (topical)	
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)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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))	
VANCOMYCIN HCL IN DEXTROSE	
VANCOMYCIN HCL IN NACL	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
cefuroxime sodium	
cephalexin	
TEFLARO	
BETA-LACTAM, PENICILLINS	
amoxicillin & pot clavulanate	
amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 250 mg chew tab, 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 (soln 1 gm, soln 500 mg)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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 (oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)	
levofloxacin in d5w (in soln 500 mg/100ml, in soln 750 mg/150ml)	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG/250ML SOLUTION, MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV))	
MOXIFLOXACIN HCL IN NACL	
OFLOXACIN (OFLOXACIN 300 MG TAB, OFLOXACIN 400 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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
doxycycline (monohydrate)	
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
felbamate	
FINTEPLA	
FYCOMPA 0.5 MG/ML SUSPENSION	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)	
perampanel	
SPRITAM	
topiramate (cap er 24hr 200 mg, cap er 24hr sprinkle 100 mg, cap er 24hr sprinkle 150 mg, cap er 24hr sprinkle 200 mg, cap er 24hr sprinkle 25 mg, cap er 24hr sprinkle 50 mg, oral soln 25 mg/ml, sprinkle cap 15 mg, sprinkle cap 25 mg, sprinkle cap 50 mg, tab 25 mg, tab 50 mg, tab 100 mg, 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)	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ZTALMY	
SODIUM CHANNEL AGENTS	
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	
eslicarbazepine acetate	
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)	
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 7-10 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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 (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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
FLUOXETINE HCL (PMDD)	
fluvoxamine maleate	
NEFAZODONE HCL	
paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)	
RALDESY	
sertraline hcl (sertraline hcl 150 mg cap, sertraline hcl 200 mg cap, sertraline hcl cap 150 mg, sertraline hcl cap 200 mg, 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 24hr 37.5 mg equivalent, cap er 24hr 75 mg equivalent, tab 37.5 mg equivalent, tab er 24hr 150 mg equivalent, tab er 24hr 225 mg equivalent, tab er 24hr 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)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
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 (tab 4 mg, tab 8 mg)	PA3
ondansetron hcl (oral soln 4 mg/5ml, tab 4 mg, tab 8 mg)	PA3
ANTIFUNGALS	
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)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 6 mg/0.5ml)	
sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)	QL (9 PER 30 OVER TIME)
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
LEUKERAN	
MATULANE	
VALCHLOR	
ANTIANDROGENS	
abiraterone acetate	
bicalutamide	
ERLEADA	
EULEXIN	
nilutamide	
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 (susp 2000 mg/100ml (20 mg/ml), tab 50 mg)	

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

ONUREG	
TABLOID	
ANTINEOPLASTICS, OTHER	
AKEEGA	
AUGTYRO	
FRUZAQLA	
hydroxyurea cap 500 mg	
INQOVI	
IWILFIN	
LONSURF	
LYSODREN	
MODEYSO	
OGSIVEO	
OJJAARA	
ZOLINZA	
AROMATASE INHIBITORS, 3RD GENERATION	
anastrozole tab 1 mg	
exemestane	
letrozole tab 2.5 mg	
ENZYME INHIBITORS	
AVMAPKI FAKZYNJA CO-PACK	
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	
MOLECULAR TARGET INHIBITORS	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI	
BRUKINSA 80 MG CAP	
CABOMETYX	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CALQUENCE	
CAPRELSA	
COMETRIQ	
COPIKTRA	
COTELLIC	
DANZITEN	
dasatinib	
DAURISMO	
ERIVEDGE	
erlotinib hcl	
everolimus	
FOTIVDA	
GAVRETO	
gefitinib	
GILOTRIF	
GOMEKLI	
HERNEXEOS	
IBRANCE	
IBTROZI	
ICLUSIG	
IDHIFA	
imatinib mesylate (tab 100 mg equivalent, tab 400 mg equivalent)	
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	
IMKELDI	
INLYTA	
INREBIC	
ITOVEBI	
JAKAFI	
JAYPIRCA	
KISQALI	
KISQALI FEMARA	
KOSELUGO (10 MG CAP, 25 MG CAP)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KRAZATI	
lapatinib ditosylate	
LAZCLUZE	
LENVIMA	
LORBRENA	
LUMAKRAS	
LYNPARZA	
LYTGOBI	
MEKINIST	
MEKTOVI	
NERLYNX	
nilotinib hcl	
NINLARO	
ODOMZO	
OJEMDA	
pazopanib hcl	
PEMAZYRE	
PIQRAY	
QINLOCK	
RETEVMO	
REVUFORJ	
REZLIDHIA	
ROMVIMZA	
ROZLYTREK	
RUBRACA	
RYDAPT	
SCEMBLIX	
sorafenib tosylate	
STIVARGA	
sunitinib malate	
TABRECTA	
TAFINLAR	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TAGRISSO	
TALZENNA	
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)	
TREATMENT ADJUNCTS	
leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)	
mesna tab 400 mg	
VONJO	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIPARASITICS	
ANTHELMINTICS	
albendazole tab 200 mg	
IVERMECTIN (IVERMECTIN 6 MG TAB, IVERMECTIN TAB 3 MG)	
praziquantel tab 600 mg	
ANTIPROTOZOALS	
atovaquone	
atovaquone-proguanil hcl	
CHLOROQUINE PHOSPHATE (CHLOROQUINE PHOSPHATE 250 MG TAB, CHLOROQUINE PHOSPHATE TAB 250 MG, CHLOROQUINE PHOSPHATE 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 (inj soln 300 mg, soln 300 mg)	
pentamidine isethionate for nebulization soln 300 mg	PA3
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)	
carbidopa-levodopa-entacapone	
entacapone	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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)	
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 (tab 0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 20 mg)	
haloperidol decanoate (soln 50 mg/ml, soln 100 mg/ml)	
haloperidol lactate	
loxapine succinate	
MOLINDONE HCL	
PIMOZIDE	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 A	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
lurasidone hcl	
LYBALVI	
NUPLAZID	PA2
olanzapine	
OPIPZA	
paliperidone	
PERSERIS	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 (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)	
risperidone microspheres	
SECUADO	
UZEDY	
VRAYLAR	
ziprasidone hcl	
ziprasidone mesylate	
ANTIPSYCHOTICS, OTHER	
COBENFY	
COBENFY STARTER PACK	
TREATMENT-RESISTANT	
clozapine (clozapine 12.5 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)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 (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)	
DELSTRIGO	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EDURANT	
EDURANT PED	
efavirenz	
efavirenz-emtricitabine-tenofovir disoproxil fumarate	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	
efavirenz-lamivudine-tenofovir disoproxil fumarate	
emtricitabine-rilpivirine-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	
maraviroc	
RUKOBIA	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SELZENTRY 20 MG/ML SOLUTION	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB)	
TYBOST	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS	
atazanavir sulfate	
darunavir	
EVOTAZ	
fosamprenavir calcium	
KALETRA 400-100 MG/5ML SOLUTION	
lopinavir-ritonavir	
NORVIR 100 MG PACKET	
PREZCOBIX 800-150 MG TAB	
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	
PAXLOVID	
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
hydroxyzine pamoate (hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate cap 25 mg, hydroxyzine pamoate cap 50 mg)	
BENZODIAZEPINES	
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)	
ALPRAZOLAM INTENSOL	
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 hcl 10 mg/5ml suspension, paroxetine hcl tab er 24hr 12.5 mg, paroxetine hcl tab er 24hr 25 mg, paroxetine hcl tab er 24hr 37.5 mg)	
paroxetine mesylate (vasomotor)	
VENLAFAXINE BESYLATE ER	
venlafaxine hcl (cap er 24hr 150 mg equivalent, tab 25 mg equivalent, tab 50 mg equivalent, tab 75 mg equivalent, tab 100 mg equivalent, tab er 24hr 37.5 mg equivalent)	
BIPOLAR AGENTS	
MOOD STABILIZERS	
lithium	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRULICITY	
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
diazoxide susp 50 mg/ml	
glucagon	
GLUCAGON EMERGENCY	
INSULINS	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTRATED)	
HUMULIN R U-500 KWIKPEN	
INSULIN ASP PROT & ASP FLEXPEN	
INSULIN ASPART	
INSULIN ASPART FLEXPEN	
INSULIN ASPART PENFILL	
INSULIN ASPART PROT & ASPART	
INSULIN GLARGINE-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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NOVOLIN R FLEXPEN	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

dabigatran etexilate mesylate	
ELIQUIS (2.5 MG TAB, 5 MG TAB)	
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
heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)	
rivaroxaban	
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 (10 MG TAB, 15 MG TAB, 20 MG TAB)	
XARELTO STARTER PACK	

BLOOD PRODUCTS AND MODIFIERS, OTHER

anagrelide hcl	
ARANESP (ALBUMIN FREE)	PA
eltrombopag olamine	
LEUKINE	PA
NIVESTYM	PA
RETACRIT	PA

HEMOSTASIS AGENTS

tranexamic acid tab 650 mg	

PLATELET MODIFYING AGENTS

aspirin-dipyridamole	
cilostazol	
clopidogrel bisulfate tab 75 mg (base equiv)	
ticagrelor	ST

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
amiloride & hydrochlorothiazide	
AMILORIDE-HYDROCHLOROTHIAZIDE	
amlodipine besylate-benazepril hcl	
amlodipine besylate-valsartan	
amlodipine-valsartan-hydrochlorothiazide	
atenolol & chlorthalidone	
bisoprolol & hydrochlorothiazide	
enalapril maleate & hydrochlorothiazide	
irbesartan-hydrochlorothiazide	
ivabradine hcl	
lisinopril & hydrochlorothiazide	
losartan potassium & hydrochlorothiazide	
metoprolol & hydrochlorothiazide	
metyrosine	
pentoxifylline tab er 400 mg	
ranolazine	
sacubitril-valsartan	
spironolactone & hydrochlorothiazide	
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)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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 SURECLICK	
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
eplerenone	
KERENDIA	
spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
CENTRAL NERVOUS SYSTEM AGENTS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 12.5 mg, tab 15 mg, tab 20 mg, tab 30 mg)	
dextroamphetamine sulfate (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 5 mg, oral solution 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
atomoxetine hcl	
dexmethylphenidate hcl	
guanfacine hcl (adhd)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 (tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.1 % gel, tretinoin microsphere gel 0.04%, tretinoin microsphere gel 0.1%)	
TRETINOIN MICROSPHERE PUMP	
DERMATITIS AND PRURITUS AGENTS	
betamethasone dipropionate (topical)	
BETAMETHASONE DIPROPIONATE AUG	
betamethasone dipropionate augmented	
betamethasone valerate (betamethasone valerate 0.1 % lotion, betamethasone valerate aerosol foam 0.12%, betamethasone valerate cream 0.1% (base equivalent), betamethasone valerate lotion 0.1% (base equivalent), betamethasone valerate 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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 (0.5 % CREAM, 2 % SOLUTION)	
fluorouracil (topical)	
imiquimod (3.75%, 5%)	
METHOXSALEN RAPID	
nystatin-triamcinolone	
OTEZLA	PA
podofilox (podofilox 0.5 % solution, podofilox soln 0.5%)	
SANTYL	
silver sulfadiazine cream 1%	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
ERYTHROMYCIN 2 % GEL	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 (magnesium sulfate 50 % solution, magnesium sulfate inj 50%)	
NUTRILIPID	PA3
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 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 citrate (alkalinizer)	
POTASSIUM CL IN DEXTROSE 5%	
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%)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
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	
ALTRIXA OB	
ATABEX EC	
ATABEX OB	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DERMACINRX PRETRATE	
DUET DHA 400	
DUET DHA BALANCED	
ELITE-OB	
ENBRACE HR	
FOLIVANE-OB	
INATAL GT	
JENLIVA PRENATAL/POSTNATAL	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
MATERNACEL	
MATERVIA	
MULTI-MAC	
NATACHEW	
NATAL PNV	
NATALVIT	
NEEVO DHA	
NEO-VITAL RX	
NEOMATERNA	
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE	
NEONATAL FE	
NEONATAL PLUS	
NESTABS	
NESTABS DHA	
NESTABS ONE	
NIVA-PLUS	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 27-CA/FE/FA	
PNV PRENATAL PLUS MULTIVIT+DHA	
PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 20-1	
PNV TABS 29-1	
PNV-DHA	
PNV-DHA+DOCUSATE	
PNV-OMEGA	
PNV-SELECT	
PREGEN DHA	
PREGENNA	
PREMESISRX	
PRENA 1 TRUE	
PRENA1	
PRENA1 PEARL	
PRENAISSANCE	
PRENAISSANCE PLUS	
PRENARA	
PRENATAL (27-0.8 MG TAB, 27-1 MG TAB)	
PRENATAL 19 (19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB)	
PRENATAL PLUS	
PRENATAL PLUS IRON	
PRENATAL PLUS VITAMIN/MINERAL	
PRENATAL VITAMIN PLUS LOW IRON	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PRENATAL-U	
PRENATE	
PRENATE AM	
PRENATE DHA	
PRENATE ELITE	
PRENATE ENHANCE	
PRENATE ESSENTIAL	
PRENATE MINI	
PRENATE PIXIE	
PRENATE RESTORE	
PRENATOL-M	
PRENATRIX	
PRENATRYL	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRISTART DHA	
TRISTART FREE	
TRISTART ONE	
VINATE DHA RF	
VINATE II	
VINATE ONE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VIRT-PN PLUS	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
cromolyn sodium (mastocytosis)	
CYSTAGON	
CYSTARAN	
GLASSIA 1000 MG/50ML SOLUTION	PA3
glutamine (sickle cell)	
miglustat	
PROLASTIN-C	PA3
RAVICTI	
sapropterin dihydrochloride	
sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)	
SUCRAID	
WELIREG	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 (pulmonary hypertension)	PA2
tadalafil tab 5 mg	PA2
tamsulosin hcl	

GENITOURINARY AGENTS, OTHER

bethanechol chloride (tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg)	
ELMIRON	
penicillamine (cap 250 mg, tab 250 mg)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	
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 (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))	
PREDNISONE INTENSOL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	
desmopressin acetate (tab 0.1 mg, tab 0.2 mg)	
desmopressin acetate spray (desmopressin acetate nasal spray soln 0.01%, desmopressin acetate spray 0.01 % solution)	
desmopressin acetate spray refrigerated	
GENOTROPIN	PA
GENOTROPIN MINIQUICK	PA
HUMATROPE	PA
INCRELEX	
NORDITROPIN FLEXPRO	PA
NUTROPIN AQ NUSPIN 10	PA
NUTROPIN AQ NUSPIN 20	PA

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 (testosterone 10 mg/act (2%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 20.25 mg/1.25gm (1.62%) 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)
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

ESTROGENS

drospirenone-ethinyl estradiol
drospirenone-ethinyl estradiol-levomefolate calcium estrad-levomefolate 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 diacetate ethinyl estradiol tab 1 mg-35 mcg
etonogestrel-ethinyl estradiol
levonorgestrel & eth estradiol

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
levonorgestrel-eth estradiol (triphasic)	
levonorgestrel-ethinyl estradiol (91-day) (levonorg-eth tab 0.1-0.02mg(84) eth tab 0.01mg(7), levonorg-eth tab 0.15-0.03mg(84) eth tab 0.01mg(7), levonorgrel ethinyl radiol (91-day) tab 0.15-0.03 mg)	
levonorgestrel-ethinyl estradiol (continuous)	
levonorgestrel-ethinyl estradiol-ferrous bisglycinate	
norelgestromin-ethinyl estradiol	
norethin acet & estrad-fe (ace-eth chew tab 1 mcg (24), ace-ethinyl cap 1 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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	
levothyroxine sodium (tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg)	
liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	
cabergoline	
ELIGARD	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
leuprolide acetate (1 mg/0.2ml (5 mg/ml), 5 mg/ml)	
LEUPROLIDE ACETATE (3 MONTH)	
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

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
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	
TREMFYA-CD/UC INDUCTION	
VELSIPITY	
XELJANZ	PA
XELJANZ XR	PA
XOLAIR	PA
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IMMUNOSTIMULANTS	
ACTIMMUNE	
BESREMI	
PEGASYS	
IMMUNOSUPPRESSANTS	
ADALIMUMAB-AACF (2 PEN)	
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-AATY CD/UC/HS START	
ADALIMUMAB-ADAZ (10 MG/0.1ML SOLN PRSYR, 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-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

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
DAPTACEL	
ENGERIX-B	PA3
GARDASIL 9	
HAVRIX	
HEPLISAV-B	PA3
HIBERIX	
IMOVAX RABIES	
INFANRIX	
IPOL	
IXIARO	
JYNNEOS	
KINRIX	
M-M-R II	
MENQUADFI	
MENVEO	
PEDIARIX	
PEDVAX HIB	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PENBRAYA	
PENMENVY	
PENTACEL	
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	
RECOMBIVAX HB	PA3
ROTARIX	
ROTATEQ	
SHINGRIX	
TENIVAC	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
VAXCHORA	
VIMKUNYA	
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)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
JUBBONTI	
teriparatide (teriparatide 560 mcg/2.24ml soln pen, teriparatide soln pen-inj 560 mcg/2.24ml)	PA
TYMLOS	PA
WYOST	PA
MISCELLANEOUS THERAPEUTIC AGENTS	
ALCOHOL SWABS	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
OPHTHALMIC ANTI-INFECTIVES	
AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
ciprofloxacin hcl (ophth)	
erythromycin (ophth)	
ERYTHROMYCIN 5 MG/GM OINTMENT	
gatifloxacin (ophth)	
gentamicin sulfate (ophth)	
levofloxacin (ophth)	
LEVOFLOXACIN 0.5 % SOLUTION	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
moxifloxacin hcl (ophth)	
ofloxacin (ophth)	
polymyxin b-trimethoprim	
SULFACETAMIDE SODIUM (10 % OINTMENT, 10 % SOLUTION)	
sulfacetamide sodium (ophth)	
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	
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%)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 hcl (otic)	
ciprofloxacin-dexamethasone	
hydrocortisone w/acetic acid	
neomycin-polymyxin-hc (otic)	
ofloxacin (otic)	
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
budesonide (inhalation)	PA3
flunisolide (nasal)	
FLUTICASONE FUROATE ELLIPTA	
fluticasone propionate (nasal)	
FLUTICASONE PROPIONATE HFA	
PULMICORT FLEXHALER	
ANTIHISTAMINES	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	
CLEMASTINE FUMARATE 2.68 MG TAB	
desloratadine tab 5 mg	
levocetirizine dihydrochloride tab 5 mg	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
albuterol sulfate (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 (inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg)	
ALBUTEROL SULFATE HFA	
EPINEPHRINE (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	QL (2 PER 30 OVER TIME)
epinephrine (anaphylaxis) (0.15 mg/0.3ml (1:2000), 0.3 mg/0.3ml (1:1000))	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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 (tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)	
THEOPHYLLINE ER	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS	PA
ambrisentan	
OPSUMIT	PA
sildenafil citrate (pulmonary hypertension) tab 20 mg	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
budesonide-formoterol fumarate dihydrate	
COMBIVENT RESPIMAT	
FLUTICASONE FUROATE-VILANTEROL	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
UMECLIDINIUM-VILANTEROL	
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

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

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

Index of Covered Drugs

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2025 List of Additional Covered Products

*INFANT CARE PRODUCTS - SHAMPOO**
ACETAMINOPHEN
ACETIC ACID (BULK)
ALUM & MAG HYDROX-SIMETHICONE
ALUMINUM HYDROXIDE
ARTIFICIAL TEAR OINTMENT
ARTIFICIAL TEAR SOLUTION
ASPIRIN
BACITRACIN
BACITRACIN-POLYMYXIN B
B-COMPLEX W/ C & FOLIC ACID
BENZOCAINE (DENTAL)
BISACODYL
CALCIUM
CALCIUM CARBONATE (ANTACID)
CALCIUM CARBONATE-VITAMIN D
CALCIUM POLYCARBOPHIL
CALCIUM W/ VITAMIN D
CAPSAICIN 0.025%
CARBAMIDE PEROXIDE (OTIC)
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH)
CHOLECALCIFEROL
CLOTRIMAZOLE
COAL TAR EXTRACT
CYANOCOBALAMIN
DAKIN'S SOLUTION
DEXTROMETHORPHAN-GUAIFENESIN SYRUP 10-100 MG/
DEXTROSE (DIABETIC USE)
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 11/1/2025.

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.

The Community Care Family Care Partnership Program (HMO SNP) is a Coordinated Care Plan with a Medicare Advantage Contract and a contract with the Wisconsin Department of Health Services for the Medicaid Program. Enrollment in Community Care depends on contract renewal.

Community Care