



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 17

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 9/1/2025.



For help or information:

www.communitycareinc.org

Call toll free: 866-992-6600

TTY, the Wisconsin Relay System at 711

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*.

Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ)	6
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “ <i>Drug List</i> ” for short.)	6
B2. Does the <i>Drug List</i> ever change?	6
B3. What happens when there is a change to the <i>Drug List</i> ?	7
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	8
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	9
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)?	9
B7. How can I find a drug on the <i>Drug List</i> ?	9
B8. What if the drug I want to take is not on the <i>Drug List</i> ?	10
B9. What if I am a new Community Care member and can’t find my drug on the <i>Drug List</i> or have a problem getting my drug?	10
B10. Can I ask for an exception to cover my drug?	11
B11. How can I ask for an exception?	11
B12. How long does it take to get an exception?	11

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



B13. What are generic drugs?.....	11
B14. What are original biological products and how are they related to biosimilars?	12
B15. What are OTC drugs?.....	12
B16. What is my copay?.....	12
C. Overview of the <i>List of Covered Drugs</i>	12
C1. List of Drugs by Drug Type	12
D. Index of Covered Drugs	79



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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.



992-6600 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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

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

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und 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 (TTY: 711) 1-866-992-6600. 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).

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



Irà 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。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.*

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



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:

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- 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

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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

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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 explain 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.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



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 you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



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.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



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, ENTRESTO). The information in the “Necessary actions, restrictions, or limits on use” column tells you if Community Care has any rules for covering your drug.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



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.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



List of Drugs by Drug Type

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
<i>celecoxib (cap 50 mg, cap 100 mg, cap 200 mg, cap 400 mg)</i>	
DICLOFENAC EPOLAMINE	PA
<i>diclofenac potassium (tab 25 mg, tab 50 mg)</i>	
<i>diclofenac sodium (tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg)</i>	
<i>diclofenac sodium (topical) soln 1.5%</i>	
<i>etodolac</i>	
<i>ibuprofen (susp 100 mg/5ml, tab 400 mg, tab 600 mg, tab 800 mg)</i>	
<i>indomethacin (cap 25 mg, cap 50 mg, cap er 75 mg)</i>	
<i>meloxicam (tab 7.5 mg, tab 15 mg)</i>	
<i>nabumetone (tab 500 mg, tab 750 mg)</i>	
<i>naproxen (susp 125 mg/5ml, tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg)</i>	
<i>sulindac (tab 150 mg, tab 200 mg)</i>	
OPIOID ANALGESICS, LONG-ACTING	
<i>fentanyl</i>	
<i>methadone hcl (methadone hcl 5 mg/5ml solution, methadone hcl 10 mg/5ml solution, methadone hcl soln 5 mg/5ml, methadone hcl soln 10 mg/5ml, methadone hcl tab 5 mg, methadone hcl tab 10 mg)</i>	
<i>morphine sulfate (tab er 15 mg, tab er 30 mg, tab er 60 mg, tab er 100 mg, tab er 200 mg)</i>	
OXYCONTIN	
TRAMADOL HCL ER	
<i>tramadol hcl er (biphasic)</i>	
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen w/ codeine</i>	
ACETAMINOPHEN-CODEINE	
CODEINE SULFATE (CODEINE SULFATE 15 MG TAB, CODEINE SULFATE 30 MG TAB, CODEINE SULFATE 60 MG TAB, CODEINE SULFATE TAB 30 MG)	

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
<i>hydrocodone-acetaminophen (soln 7.5-325 mg/15ml, tab 5-325 mg, tab 7.5-325 mg, tab 10-325 mg)</i>	
<i>hydromorphone hcl (preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg)</i>	
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION	
MORPHINE SULFATE (CONCENTRATE)	
MORPHINE SULFATE (MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 15 MG TAB, MORPHINE SULFATE 20 MG/5ML SOLUTION, MORPHINE SULFATE 30 MG TAB, MORPHINE SULFATE ORAL SOLN 10 MG/5ML, MORPHINE SULFATE ORAL SOLN 20 MG/5ML, MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML), MORPHINE SULFATE TAB 15 MG, MORPHINE SULFATE TAB 30 MG)	
<i>oxycodone hcl (conc 100 mg/5ml (20 mg/ml), soln 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
<i>oxycodone w/ acetaminophen</i>	
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	
<i>tramadol hcl (tab 50 mg, tab 100 mg)</i>	
<i>tramadol-acetaminophen</i>	
ANESTHETICS	
LOCAL ANESTHETICS	
<i>lidocaine hcl (mouth-throat)</i>	
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine oint 5%</i>	
<i>lidocaine patch 5%</i>	PA
<i>lidocaine-prilocaine</i>	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENTS/ANTI-CRAVING	
<i>acamprosate calcium</i>	
<i>disulfiram (tab 250 mg, tab 500 mg)</i>	
OPIOID DEPENDENCE	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	

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
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	
<i>naltrexone hcl tab 50 mg</i>	
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	
<i>bupropion hcl (smoking deterrent)</i>	
<i>varenicline tartrate</i>	PA
ANTIBACTERIALS	
AMINOGLYCOSIDES	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
ARIKAYCE	
<i>gentamicin in saline (gentamicin in saline 0.8-0.9 mg/ml-% solution, gentamicin in saline 1-0.9 mg/ml-% solution, gentamicin in saline 1.6-0.9 mg/ml-% solution, gentamicin in saline inj 1.2 mg/ml)</i>	
<i>gentamicin sulfate (topical)</i>	
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>neomycin sulfate tab 500 mg</i>	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	
<i>tobramycin sulfate (tobramycin sulfate 10 mg/ml solution, tobramycin sulfate for inj 1.2 gm, tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv), tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv))</i>	
ANTIBACTERIALS, OTHER	
<i>acetic acid (otic)</i>	
<i>aztreonam</i>	
CLEOCIN 100 MG SUPPOS	
<i>clindamycin hcl (cap 75 mg, cap 150 mg, cap 300 mg)</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate (300 mg/2ml, 600 mg/4ml, 900 mg/6ml)</i>	

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
<i>clindamycin phosphate in d5w</i>	
<i>clindamycin phosphate vaginal</i>	
<i>colistimethate sodium for inj 150 mg (colistin base activity)</i>	
<i>daptomycin (daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin for iv soln 350 mg, daptomycin for iv soln 500 mg)</i>	
<i>fosfomycin tromethamine</i>	
<i>linezolid</i>	
<i>methenamine hippurate</i>	
<i>metronidazole (metronidazole 500 mg/100ml solution, metronidazole cap 375 mg, metronidazole iv soln 500 mg/100ml, metronidazole tab 250 mg, metronidazole tab 500 mg)</i>	
<i>metronidazole (topical)</i>	
<i>metronidazole vaginal</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohyd macro</i>	
<i>polymyxin b sulfate for inj 500000 unit</i>	
SIVEXTRO	
<i>tigecycline (tigecycline 50 mg recon soln, tigecycline for iv soln 50 mg)</i>	
<i>tinidazole (tab 250 mg, tab 500 mg)</i>	
TRIMETHOPRIM (TRIMETHOPRIM 100 MG TAB, TRIMETHOPRIM TAB 100 MG)	

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	
<i>cefadroxil (cefadroxil 1 gm tab, cefadroxil cap 500 mg, cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml)</i>	
CEFAZOLIN SODIUM (CEFAZOLIN SODIUM 1 GM RECON SOLN, CEFAZOLIN SODIUM FOR INJ 1 GM, CEFAZOLIN SODIUM FOR INJ 10 GM, CEFAZOLIN SODIUM FOR INJ 500 MG)	
<i>cefdinir</i>	
<i>cefepime hcl (inj 1 gm, iv soln 2 gm)</i>	
<i>cefixime</i>	
<i>cefoxitin sodium</i>	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil tab 100 mg, cefpodoxime proxetil tab 200 mg)</i>	
<i>cefprozil</i>	
CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME FOR INJ 1 GM, CEFTAZIDIME FOR IV SOLN 2 GM)	
<i>ceftriaxone sodium (inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)</i>	
<i>cefuroxime axetil</i>	

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
<i>cefuroxime sodium</i>	
<i>cephalexin</i>	
TEFLARO	
BETA-LACTAM, PENICILLINS	
<i>amoxicillin & pot clavulanate</i>	
<i>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)</i>	
AMOXICILLIN-POT CLAVULANATE ER	
<i>ampicillin & sulbactam sodium</i>	
AMPICILLIN (AMPICILLIN 500 MG CAP, AMPICILLIN CAP 500 MG)	
<i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium for inj 1 gm, ampicillin sodium for iv soln 10 gm)</i>	
AMPICILLIN-SULBACTAM SODIUM	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium (nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln, nafcillin sodium for inj 1 gm, nafcillin sodium for inj 2 gm, nafcillin sodium for iv soln 10 gm)</i>	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	
<i>penicillin g potassium</i>	
PENICILLIN G SODIUM	
<i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium tab 250 mg, penicillin v potassium tab 500 mg)</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
CARBAPENEMS	
<i>ertapenem sodium</i>	
IMIPENEM-CILASTATIN (IMIPENEM-CILASTATIN 250 MG RECON SOLN, IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 500 MG)	
<i>meropenem (soln 1 gm, soln 500 mg)</i>	

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	
<i>azithromycin (for susp 100 mg/5ml, for susp 200 mg/5ml, iv for soln 500 mg, tab 250 mg, tab 500 mg, tab 600 mg)</i>	
<i>clarithromycin (clarithromycin 125 mg/5ml recon susp, clarithromycin 250 mg/5ml recon susp, clarithromycin tab 250 mg, clarithromycin tab 500 mg, clarithromycin tab er 24hr 500 mg)</i>	
DIFICID 200 MG TAB	
ERYTHROCIN LACTOBIONATE	
<i>erythromycin base (erythromycin base 250 mg cp dr part, erythromycin tab 250 mg, erythromycin tab 500 mg, erythromycin tab delayed release 250 mg, erythromycin tab delayed release 333 mg, erythromycin tab delayed release 500 mg)</i>	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate for susp 200 mg/5ml, erythromycin ethylsuccinate for susp 400 mg/5ml, erythromycin ethylsuccinate tab 400 mg)</i>	
<i>erythromycin lactobionate</i>	
ERYTHROMYCIN STEARATE	
QUINOLONES	
<i>ciprofloxacin hcl (tab 250 mg equiv, tab 500 mg equiv, tab 750 mg equiv)</i>	
CIPROFLOXACIN IN D5W (CIPROFLOXACIN 200 MG/100ML IN D5W, CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION)	
<i>levofloxacin (oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)</i>	
<i>levofloxacin in d5w (in soln 500 mg/100ml, in soln 750 mg/150ml)</i>	
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 TAB 400 MG)	
SULFONAMIDES	
<i>sulfacetamide sodium (acne)</i>	
<i>sulfadiazine tab 500 mg</i>	
<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	
TETRACYCLINES	
<i>demeclocycline hcl</i>	
<i>doxycycline (monohydrate)</i>	

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

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
<i>lamotrigine (orally disintegrating tab 25 mg, orally disintegrating tab 50 mg, orally disintegrating tab 100 mg, orally disintegrating tab 200 mg, tab 25 mg, tab 25 mg (42) & 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)</i>	
<i>levetiracetam (levetiracetam 250 mg tab, levetiracetam oral soln 100 mg/ml, levetiracetam tab 250 mg, levetiracetam tab 500 mg, levetiracetam tab 750 mg, levetiracetam tab 1000 mg, levetiracetam tab er 24hr 500 mg, levetiracetam tab er 24hr 750 mg)</i>	
SPRITAM 500 MG TAB	
<i>topiramate (cap er 24hr 200 mg, cap er 24hr sprinkle 100 mg, cap er 24hr sprinkle 150 mg, cap er 24hr sprinkle 200 mg, cap er 24hr sprinkle 25 mg, cap er 24hr sprinkle 50 mg, sprinkle cap 15 mg, sprinkle cap 25 mg, sprinkle cap 50 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
<i>valproic acid cap 250 mg</i>	
CALCIUM CHANNEL MODIFYING AGENTS	
<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	
<i>methsuximide</i>	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS	
<i>clobazam</i>	
<i>diazepam (anticonvulsant)</i>	
DIAZEPAM 2.5 MG GEL	
<i>gabapentin (cap 100 mg, cap 300 mg, cap 400 mg, oral soln 250 mg/5ml, tab 600 mg, tab 800 mg)</i>	
NAYZILAM	
<i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg)</i>	
PRIMIDONE (PRIMIDONE 125 MG TAB, PRIMIDONE TAB 50 MG, PRIMIDONE TAB 250 MG)	
SYMPAZAN	
<i>tiagabine hcl</i>	
VALTOCO	
<i>vigabatrin</i>	

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	
<i>eslicarbazepine acetate</i>	
<i>lacosamide (lacosamide 10 mg/ml solution, lacosamide oral solution 10 mg/ml, lacosamide tab 50 mg, lacosamide tab 100 mg, lacosamide tab 150 mg, lacosamide tab 200 mg)</i>	
<i>oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)</i>	
<i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>	
<i>phenytoin sodium extended cap 100 mg</i>	
<i>rufinamide</i>	
XCOPRI	
XCOPRI (250 MG DAILY DOSE)	
XCOPRI (350 MG DAILY DOSE)	
ZONISADE	
<i>zonisamide (cap 25 mg, cap 50 mg, cap 100 mg)</i>	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, OTHER	
<i>memantine hcl-donepezil hcl</i>	
NAMZARIC 7-10 MG CAP ER 24H	
CHOLINESTERASE INHIBITORS	
<i>donepezil hydrochloride (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg)</i>	
<i>galantamine hydrobromide (cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg, tab 4 mg, tab 8 mg, tab 12 mg)</i>	
<i>rivastigmine</i>	
<i>rivastigmine tartrate</i>	

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	
<i>memantine hcl (cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg, tab 5 mg, tab 10 mg, tab 28 x 5 mg & 21 x 10 mg titration pack)</i>	
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
AUVELITY	
<i>bupropion hcl (tab 75 mg, tab 100 mg, tab er 12hr 100 mg, tab er 12hr 150 mg, tab er 12hr 200 mg, tab er 24hr 150 mg, tab er 24hr 300 mg)</i>	
BUPROPION HCL ER (XL)	
<i>mirtazapine (orally disintegrating tab 15 mg, orally disintegrating tab 30 mg, orally disintegrating tab 45 mg, tab 7.5 mg, tab 15 mg, tab 30 mg, tab 45 mg)</i>	
ZURZUVAE	
MONOAMINE OXIDASE INHIBITORS	
EMSAM	
MARPLAN	
PHENELZINE SULFATE (PHENELZINE SULFATE 15 MG TAB, PHENELZINE SULFATE TAB 15 MG)	
<i>tranylcypromine sulfate</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	
DESVENLAFAXINE ER	
<i>desvenlafaxine succinate</i>	
<i>escitalopram oxalate (soln 5 mg/5ml equiv, tab 5 mg equiv, tab 10 mg equiv, tab 20 mg equiv)</i>	
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
<i>fluoxetine hcl (fluoxetine hcl 60 mg tab, fluoxetine hcl 90 mg cap dr, fluoxetine hcl cap 10 mg, fluoxetine hcl cap 20 mg, fluoxetine hcl cap 40 mg, fluoxetine hcl solution 20 mg/5ml, fluoxetine hcl tab 10 mg, fluoxetine hcl tab 20 mg, fluoxetine hcl tab 60 mg)</i>	
FLUOXETINE HCL (PMDD)	
<i>fluvoxamine maleate</i>	
NEFAZODONE HCL	
RALDESY	
<i>sertraline hcl (sertraline hcl 150 mg cap, sertraline hcl 200 mg cap, sertraline hcl oral concentrate for solution 20 mg/ml, sertraline hcl tab 25 mg, sertraline hcl tab 50 mg, sertraline hcl tab 100 mg)</i>	
<i>trazodone hcl (tab 50 mg, tab 100 mg, tab 150 mg, tab 300 mg)</i>	
TRINTELLIX	
<i>venlafaxine hcl (cap er 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)</i>	
<i>vilazodone hcl</i>	
TRICYCLICS	
<i>amitriptyline hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i>	
<i>amoxapine</i>	
<i>clomipramine hcl (cap 25 mg, cap 50 mg, cap 75 mg)</i>	
<i>desipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i>	
<i>doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml)</i>	
<i>imipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i>	
<i>imipramine pamoate</i>	
<i>nortriptyline hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, soln 10 mg/5ml)</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate (cap 25 mg, cap 50 mg, cap 100 mg)</i>	
ANTIEMETICS	
ANTIEMETICS, OTHER	
<i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>	
<i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml) equiv), tab 5 mg equivalent, tab 10 mg equivalent)</i>	

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
<i>perphenazine (tab 2 mg, tab 4 mg, tab 8 mg, tab 16 mg)</i>	
<i>prochlorperazine</i>	
<i>prochlorperazine maleate (tab 5 mg equivalent, tab 10 mg equivalent)</i>	
<i>promethazine hcl (oral soln 6.25 mg/5ml, suppos 12.5 mg, suppos 25 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	
<i>scopolamine</i>	
EMETOGENIC THERAPY ADJUNCTS	
<i>aprepitant</i>	PA3
<i>dronabinol</i>	PA
<i>ondansetron (tab 4 mg, tab 8 mg)</i>	PA3
<i>ondansetron hcl (oral soln 4 mg/5ml, tab 4 mg, tab 8 mg)</i>	PA3
ANTIFUNGALS	
ABELCET	PA3
AMPHOTERICIN B 50 MG RECON SOLN	PA3
<i>amphotericin b liposome</i>	PA3
<i>caspofungin acetate (caspofungin acetate 50 mg recon soln, caspofungin acetate 70 mg recon soln, caspofungin acetate for iv soln 50 mg, caspofungin acetate for iv soln 70 mg)</i>	
<i>clotrimazole (topical)</i>	
<i>clotrimazole troche 10 mg</i>	
<i>fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	
<i>fluconazole in nacl</i>	
<i>flucytosine (cap 250 mg, cap 500 mg)</i>	
<i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>	
<i>griseofulvin ultramicrosize (tab 125 mg, tab 250 mg)</i>	
<i>itraconazole cap 100 mg</i>	
<i>ketoconazole (topical)</i>	
<i>ketoconazole tab 200 mg</i>	
<i>micafungin sodium (micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln, micafungin sodium for iv soln 50 mg, micafungin sodium for iv soln 100 mg)</i>	
MICONAZOLE 3	
<i>nystatin (mouth-throat)</i>	

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
<i>nystatin (topical)</i>	
<i>nystatin tab 500000 unit</i>	
<i>posaconazole (susp 40 mg/ml, tab delayed release 100 mg)</i>	
<i>terbinafine hcl tab 250 mg</i>	
<i>terconazole vaginal</i>	
<i>voriconazole (for susp 40 mg/ml, tab 50 mg, tab 200 mg)</i>	
VORICONAZOLE (VORICONAZOLE 200 MG RECON SOLN, VORICONAZOLE FOR INJ 200 MG)	PA3
ANTIGOUT AGENTS	
<i>allopurinol (tab 100 mg, tab 200 mg, tab 300 mg)</i>	
<i>colchicine (cap 0.6 mg, tab 0.6 mg)</i>	
<i>colchicine w/ probenecid</i>	
<i>febuxostat</i>	
<i>probenecid</i>	
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	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	
ERGOTAMINE-CAFFEINE	
PROPHYLACTIC	
<i>propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)</i>	
<i>timolol maleate (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
SEROTONIN (5-HT) RECEPTOR AGONIST	
<i>naratriptan hcl</i>	QL (9 PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	QL (12 PER 30 OVER TIME)

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
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	
<i>sumatriptan succinate (inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution auto-injector 6 mg/0.5ml, solution cartridge 4 mg/0.5ml, solution cartridge 6 mg/0.5ml)</i>	
<i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	QL (9 PER 30 OVER TIME)
ANTIMYASTHENIC AGENTS	
PARASYMPATHOMIMETICS	
<i>pyridostigmine bromide (pyridostigmine bromide 30 mg tab, pyridostigmine bromide oral soln 60 mg/5ml, pyridostigmine bromide tab 60 mg, pyridostigmine bromide tab er 180 mg)</i>	
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
<i>dapsone (tab 25 mg, tab 100 mg)</i>	
<i>rifabutin</i>	
ANTITUBERCULARS	
<i>ethambutol hcl (tab 100 mg, tab 400 mg)</i>	
ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID SYRUP 50 MG/5ML, ISONIAZID TAB 100 MG, ISONIAZID TAB 300 MG)	
PRETOMANID	
PRIFTIN	
<i>pyrazinamide tab 500 mg</i>	
<i>rifampin (cap 150 mg, cap 300 mg, for inj 600 mg)</i>	
SIRTURO	
TRECATOR	
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	

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
MATULANE	
VALCHLOR	
ANTIANDROGENS	
<i>abiraterone acetate</i>	
<i>bicalutamide</i>	
ERLEADA	
EULEXIN	
<i>nilutamide</i>	
NUBEQA	
XTANDI	
YONSA	
ANTIANGIOGENIC AGENTS	
<i>lenalidomide</i>	
POMALYST	LA
THALOMID	
ANTIESTROGENS/MODIFIERS	
ORSERDU	
SOLTAMOX	
<i>tamoxifen citrate tab (10 mg equivalent)</i>	
<i>tamoxifen citrate tab (20 mg equivalent)</i>	
<i>toremifene citrate</i>	
ANTIMETABOLITES	
<i>mercaptopurine (susp 2000 mg/100ml (20 mg/ml), tab 50 mg)</i>	
ONUREG	
TABLOID	
ANTINEOPLASTICS, OTHER	
AKEEGA	
AUGTYRO	
FRUZAQLA	
<i>hydroxyurea cap 500 mg</i>	
INQOVI	

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
IWILFIN	
LONSURF	
LYSODREN	
OGSIVEO	
OJJAARA	
ZOLINZA	
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole tab 1 mg</i>	
<i>exemestane</i>	
<i>letrozole tab 2.5 mg</i>	
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	
CABOMETYX	
CALQUENCE	
CAPRELSA	
COMETRIQ	
COPIKTRA	
COTELLIC	
DANZITEN	
<i>dasatinib</i>	
DAURISMO	
ERIVEDGE	

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
<i>erlotinib hcl</i>	
<i>everolimus</i>	
FOTIVDA	
GAVRETO	
<i>gefitinib</i>	
GILOTRIF	
GOMEKLI	
IBRANCE	
ICLUSIG	
IDHIFA	
<i>imatinib mesylate (tab 100 mg equivalent, tab 400 mg equivalent)</i>	
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	
KRAZATI	
<i>lapatinib ditosylate</i>	
LAZCLUZE	
LENVIMA	
LORBRENA	
LUMAKRAS	
LYNPARZA	
LYTGOBI	
MEKINIST	
MEKTOVI	
NERLYNX	

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
<i>nilotinib hcl</i>	
NINLARO	
ODOMZO	
OJEMDA	
<i>pazopanib hcl</i>	
PEMAZYRE	
PIQRAY	
QINLOCK	
RETEVMO	
REVUFORJ	
REZLIDHIA	
ROMVIMZA	
ROZLYTREK	
RUBRACA	
RYDAPT	
SCEMBLIX	
<i>sorafenib tosylate</i>	
STIVARGA	
<i>sunitinib malate</i>	
TABRECTA	
TAFINLAR	
TAGRISSE	
TALZENNA	
TAZVERIK	
TEPMETKO	
TIBSOVO	
TRUQAP (160 MG TAB, 200 MG TAB)	
TUKYSA	
TURALIO 125 MG CAP	
VANFLYTA	
VENCLEXTA	
VENCLEXTA STARTING PACK	

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
VERZENIO	
VIJOICE	
VITRAKVI	
VIZIMPRO	
VORANIGO	
XALKORI	
XOSPATA	
XPOVIO	
ZEJULA	
ZELBORAF	
ZYDELIG	
ZYKADIA	
RETINOIDS	
<i>bexarotene</i>	
<i>bexarotene (topical)</i>	PA2
PANRETIN	
<i>tretinoin (chemotherapy)</i>	
TREATMENT ADJUNCTS	
<i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i>	
<i>mesna tab 400 mg</i>	
VONJO	
ANTIPARASITICS	
ANTHELMINTICS	
<i>albendazole tab 200 mg</i>	
IVERMECTIN (IVERMECTIN 6 MG TAB, IVERMECTIN TAB 3 MG)	
<i>praziquantel tab 600 mg</i>	
ANTIPROTOZOALS	
<i>atovaquone susp 750 mg/5ml</i>	
<i>atovaquone-proguanil hcl</i>	

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
CHLOROQUINE PHOSPHATE (CHLOROQUINE PHOSPHATE 250 MG TAB, CHLOROQUINE PHOSPHATE TAB 250 MG, CHLOROQUINE PHOSPHATE TAB 500 MG)	
COARTEM	
<i>hydroxychloroquine sulfate (tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg)</i>	
IMPAVIDO	
<i>mefloquine hcl</i>	
<i>nitazoxanide tab 500 mg</i>	
<i>pentamidine isethionate (inj soln 300 mg, soln 300 mg)</i>	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	PA3
<i>primaquine phosphate (primaquine phosphate 26.3 base mg tab, primaquine phosphate tab 26.3 mg mg base)</i>	
<i>pyrimethamine tab 25 mg</i>	
<i>quinine sulfate cap 324 mg</i>	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>trihexyphenidyl hcl (tab 2 mg, tab 5 mg)</i>	
ANTIPARKINSON AGENTS, OTHER	
<i>amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)</i>	
CARBIDOPA-LEVODOPA-ENTACAPONE (CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG)	
<i>entacapone</i>	
ONGENTYS	
<i>tolcapone</i>	
DOPAMINE AGONISTS	
<i>apomorphine hydrochloride</i>	
<i>bromocriptine mesylate (cap 5 mg equivalent, tab 2.5 mg equivalent)</i>	

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
NEUPRO	
<i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i>	
<i>ropinirole hydrochloride</i>	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
<i>carbidopa tab 25 mg</i>	
<i>carbidopa-levodopa (carbidopa & levodopa tab 10-100 mg, carbidopa & levodopa tab 25-100 mg, carbidopa & levodopa tab 25-250 mg, carbidopa & levodopa tab er 25-100 mg, carbidopa & levodopa tab er 50-200 mg, carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp)</i>	
RYTARY	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
<i>rasagiline mesylate (tab 0.5 mg equiv, tab 1 mg equiv)</i>	
<i>selegiline hcl (cap 5 mg, tab 5 mg)</i>	
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
<i>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)</i>	
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>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)</i>	
<i>haloperidol (tab 0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>haloperidol decanoate (soln 50 mg/ml, soln 100 mg/ml)</i>	
<i>haloperidol lactate</i>	
<i>loxapine succinate</i>	
MOLINDONE HCL	
PIMOZIDE	
<i>thioridazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>thiothixene</i>	

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
<i>trifluoperazine hcl</i>	PA2
2ND GENERATION/ATYPICAL	
ABILIFY ASIMTUFII	
ABILIFY MAINTENA	
<i>aripiprazole</i>	
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate</i>	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK A	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
<i>lurasidone hcl</i>	
LYBALVI	
NUPLAZID	
<i>olanzapine</i>	
OPIPZA	
<i>paliperidone</i>	
PERSERIS	
<i>quetiapine fumarate (quetiapine fumarate 150 mg tab, quetiapine fumarate tab 25 mg, quetiapine fumarate tab 50 mg, quetiapine fumarate tab 100 mg, quetiapine fumarate tab 200 mg, quetiapine fumarate tab 300 mg, quetiapine fumarate tab 400 mg, quetiapine fumarate tab er 24hr 150 mg, quetiapine fumarate tab er 24hr 200 mg, quetiapine fumarate tab er 24hr 300 mg, quetiapine fumarate tab er 24hr 400 mg, quetiapine fumarate tab er 24hr 50 mg)</i>	
REXULTI	

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
<i>risperidone (risperidone 0.25 mg tab disp, risperidone orally disintegrating tab 0.5 mg, risperidone orally disintegrating tab 1 mg, risperidone orally disintegrating tab 2 mg, risperidone orally disintegrating tab 3 mg, risperidone orally disintegrating tab 4 mg, risperidone soln 1 mg/ml, risperidone tab 0.25 mg, risperidone tab 0.5 mg, risperidone tab 1 mg, risperidone tab 2 mg, risperidone tab 3 mg, risperidone tab 4 mg)</i>	
<i>risperidone microspheres</i>	
SECUADO	
UZEDY	
VRAYLAR	
<i>ziprasidone hcl</i>	
<i>ziprasidone mesylate</i>	
ANTIPSYCHOTICS, OTHER	
COBENFY	
COBENFY STARTER PACK	
TREATMENT-RESISTANT	
<i>clozapine (clozapine 12.5 mg tab disp, clozapine 150 mg tab disp, clozapine orally disintegrating tab 25 mg, clozapine orally disintegrating tab 100 mg, clozapine orally disintegrating tab 150 mg, clozapine orally disintegrating tab 200 mg, clozapine tab 25 mg, clozapine tab 50 mg, clozapine tab 100 mg, clozapine tab 200 mg)</i>	
VERSACLOZ	
ANTISPASTICITY AGENTS	
<i>baclofen (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>tizanidine hcl (cap 2 mg equivalent, cap 4 mg equivalent, cap 6 mg equivalent, tab 2 mg equivalent, tab 4 mg equivalent)</i>	
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
LIVTENCITY	
PREVYMIS (240 MG TAB, 480 MG TAB)	
<i>valganciclovir hcl</i>	
ANTI-HEPATITIS B (HBV) AGENTS	
<i>adefovir dipivoxil</i>	

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
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine (hbv)</i>	
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	
EDURANT	
<i>efavirenz</i>	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	
<i>etravirine</i>	
INTELENCE 25 MG TAB	

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
<i>nevirapine (nevirapine 50 mg/5ml suspension, nevirapine tab 200 mg, nevirapine tab er 24hr 400 mg)</i>	
ODEFSEY	
PIFELTRO	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
<i>abacavir sulfate</i>	
<i>abacavir sulfate-lamivudine</i>	
CIMDUO	
DESCOVY	
<i>emtricitabine</i>	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine</i>	
<i>lamivudine-zidovudine</i>	
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	
TRIUMEQ PD	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	
<i>zidovudine</i>	
ANTI-HIV AGENTS, OTHER	
<i>maraviroc</i>	
RUKOBIA	
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	
<i>atazanavir sulfate</i>	
<i>darunavir</i>	
EVOTAZ	

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
<i>fosamprenavir calcium</i>	
KALETRA 400-100 MG/5ML SOLUTION	
<i>lopinavir-ritonavir</i>	
NORVIR 100 MG PACKET	
PREZCOBIX	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	
REYATAZ 50 MG PACKET	
<i>ritonavir</i>	
SYMITUZA	
VIRACEPT	
ANTI-INFLUENZA AGENTS	
<i>oseltamivir phosphate (cap 30 mg equiv, cap 45 mg equiv, cap 75 mg equiv, for susp 6 mg/ml equiv)</i>	
RELENZA DISKHALER	
ANTIHERPETIC AGENTS	
<i>acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)</i>	
<i>acyclovir sodium</i>	PA3
<i>famciclovir (tab 125 mg, tab 250 mg, tab 500 mg)</i>	
<i>valacyclovir hcl (tab 1 gm, tab 500 mg)</i>	
ANTIVIRAL, CORONAVIRUS AGENTS	
LAGEVRIO	
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	
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
<i>buspirone hcl (tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 30 mg)</i>	
<i>hydroxyzine hcl (syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg)</i>	
<i>hydroxyzine pamoate (hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate cap 25 mg, hydroxyzine pamoate cap 50 mg)</i>	

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
BENZODIAZEPINES	
<i>alprazolam (orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab er 24hr 0.5 mg, tab er 24hr 1 mg, tab er 24hr 2 mg, tab er 24hr 3 mg)</i>	
ALPRAZOLAM INTENSOL	
<i>clonazepam (orally disintegrating tab 0.125 mg, orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>clorazepate dipotassium</i>	
<i>diazepam (conc 5 mg/ml, oral soln 1 mg/ml, tab 2 mg, tab 5 mg, tab 10 mg)</i>	
<i>lorazepam (conc 2 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>oxazepam</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>paroxetine hcl (paroxetine hcl 10 mg/5ml suspension, paroxetine hcl tab 10 mg, paroxetine hcl tab 20 mg, paroxetine hcl tab 30 mg, paroxetine hcl tab 40 mg, paroxetine hcl tab er 24hr 12.5 mg, paroxetine hcl tab er 24hr 25 mg, paroxetine hcl tab er 24hr 37.5 mg)</i>	
<i>paroxetine mesylate (vasomotor)</i>	
VENLAFAXINE BESYLATE ER	
<i>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)</i>	
BIPOLAR AGENTS	
MOOD STABILIZERS	
<i>lithium</i>	
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap, lithium carbonate cap 150 mg, lithium carbonate cap 300 mg, lithium carbonate cap 600 mg, lithium carbonate tab 300 mg, lithium carbonate tab er 300 mg, lithium carbonate tab er 450 mg)</i>	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
<i>acarbose (tab 25 mg, tab 50 mg, tab 100 mg)</i>	

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
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	
<i>glimepiride (tab 1 mg, tab 2 mg, tab 4 mg)</i>	
GLIPIZIDE (GLIPIZIDE 2.5 MG TAB, GLIPIZIDE TAB 5 MG, GLIPIZIDE TAB 10 MG, GLIPIZIDE TAB ER 24HR 10 MG, GLIPIZIDE TAB ER 24HR 2.5 MG, GLIPIZIDE TAB ER 24HR 5 MG)	
<i>glipizide-metformin hcl</i>	
<i>metformin hcl (metformin hcl 625 mg tab, metformin hcl tab 500 mg, metformin hcl tab 850 mg, metformin hcl tab 1000 mg, metformin hcl tab er 24hr 500 mg, metformin hcl tab er 24hr 750 mg, metformin hcl tab er 24hr modified release 1000 mg, metformin hcl tab er 24hr modified release 500 mg, metformin hcl tab er 24hr osmotic 1000 mg, metformin hcl tab er 24hr osmotic 500 mg)</i>	
MOUNJARO	PA
<i>nateglinide</i>	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	PA
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	PA
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	PA
<i>pioglitazone hcl</i>	
<i>pioglitazone hcl-metformin hcl</i>	
<i>repaglinide</i>	
<i>saxagliptin hcl</i>	
<i>saxagliptin-metformin hcl</i>	
SYMLINPEN 120	
SYMLINPEN 60	
TRULICITY	
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide susp 50 mg/ml</i>	
<i>glucagon (rdna)</i>	
GLUCAGON EMERGENCY	

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
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	
NOVOLIN R FLEXPEN	
BLOOD PRODUCTS AND MODIFIERS	
ANTICOAGULANTS	
<i>dabigatran etexilate mesylate</i>	
ELIQUIS	
ELIQUIS DVT/PE STARTER PACK	

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
<i>enoxaparin sodium (soln 30 mg/0.3ml, soln 40 mg/0.4ml, soln 60 mg/0.6ml, soln 80 mg/0.8ml, soln 100 mg/ml, soln 120 mg/0.8ml, soln 150 mg/ml)</i>	
<i>fondaparinux sodium</i>	
<i>heparin sodium (porcine) (1000 unit/ml, pf 1000 unit/ml, 10000 unit/ml)</i>	PA3
<i>heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)</i>	
<i>rivaroxaban tab 2.5 mg</i>	
<i>warfarin sodium (tab 1 mg, tab 2 mg, tab 2.5 mg, tab 3 mg, tab 4 mg, tab 5 mg, tab 6 mg, tab 7.5 mg, tab 10 mg)</i>	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	
XARELTO STARTER PACK	
BLOOD PRODUCTS AND MODIFIERS, OTHER	
<i>anagrelide hcl</i>	
ARANESP (ALBUMIN FREE)	PA
<i>eltrombopag olamine</i>	
LEUKINE	PA
NIVESTYM	PA
RETACRIT	PA
HEMOSTASIS AGENTS	
<i>tranexamic acid tab 650 mg</i>	
PLATELET MODIFYING AGENTS	
<i>aspirin-dipyridamole</i>	
<i>cilostazol</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	
<i>ticagrelor</i>	ST
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
<i>clonidine</i>	
<i>clonidine hcl (tab 0.1 mg, tab 0.2 mg, tab 0.3 mg)</i>	
<i>droxidopa</i>	
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	

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
ALPHA-ADRENERGIC BLOCKING AGENTS	
<i>doxazosin mesylate (tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg)</i>	
<i>prazosin hcl (cap 1 mg, cap 2 mg, cap 5 mg)</i>	
<i>terazosin hcl</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil</i>	
<i>irbesartan</i>	
<i>losartan potassium (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>valsartan (tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg)</i>	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>lisinopril (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i>	
<i>ramipril</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>	
<i>digoxin (digoxin 0.05 mg/ml solution, digoxin oral soln 0.05 mg/ml, digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg))</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl (cap 150 mg, cap 200 mg, cap 250 mg)</i>	
<i>propafenone hcl</i>	
<i>quinidine gluconate</i>	
<i>quinidine sulfate (quinidine sulfate 200 mg tab, quinidine sulfate 300 mg tab, quinidine sulfate tab 200 mg, quinidine sulfate tab 300 mg)</i>	
<i>sotalol hcl</i>	
<i>sotalol hcl (afib/af)</i>	
BETA-ADRENERGIC BLOCKING AGENTS	
<i>atenolol (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>bisoprolol fumarate (tab 5 mg, tab 10 mg)</i>	
<i>carvedilol</i>	
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	

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
<i>metoprolol succinate</i>	
<i>metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	
<i>nadolol (tab 20 mg, tab 40 mg, tab 80 mg)</i>	
<i>pindolol</i>	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
<i>amlodipine besylate (tab 2.5 mg equivalent, tab 5 mg equivalent, tab 10 mg equivalent)</i>	
<i>nifedipine (tab er 30 mg, tab er 60 mg, tab er 90 mg, tab er osmotic release 30 mg, tab er osmotic release 60 mg, tab er osmotic release 90 mg)</i>	
<i>nimodipine cap 30 mg</i>	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
<i>diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg, tab er 24hr 120 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg)</i>	
<i>diltiazem hcl coated beads</i>	
<i>diltiazem hcl extended release beads</i>	
<i>verapamil hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)</i>	
VERAPAMIL HCL ER	
CARDIOVASCULAR AGENTS, OTHER	
<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	
<i>aliskiren fumarate</i>	
<i>amiloride & hydrochlorothiazide</i>	
AMILORIDE-HYDROCHLOROTHIAZIDE	
<i>amlodipine besylate-benazepril hcl</i>	
<i>amlodipine besylate-valsartan</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>atenolol & chlorthalidone</i>	
<i>bisoprolol & hydrochlorothiazide</i>	
<i>enalapril maleate & hydrochlorothiazide</i>	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	

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
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)	
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)	

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
<i>gemfibrozil tab 600 mg</i>	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium (tab 10 mg equivalent, tab 20 mg equivalent, tab 40 mg equivalent, tab 80 mg equivalent)</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)</i>	
<i>simvastatin (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</i>	
DYSLIPIDEMICS, OTHER	
<i>cholestyramine (4 gm/dose, packets 4 gm)</i>	
<i>cholestyramine light</i>	
<i>colesevelam hcl</i>	
<i>ezetimibe</i>	
<i>icosapent ethyl</i>	
JUXTAPID	PA
<i>niacin (antihyperlipidemic) (tab er 500 mg, tab er 750 mg, tab er 1000 mg)</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	
REPATHA PUSHTRONEX SYSTEM	
REPATHA SURECLICK	
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
<i>eplerenone</i>	
KERENDIA (10 MG TAB, 20 MG TAB)	
<i>spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)	
DAPAGLIFLOZIN PROPANEDIOL	
JARDIANCE	
VASODILATORS, DIRECT-ACTING ARTERIAL	
<i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>minoxidil (tab 2.5 mg, tab 10 mg)</i>	

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
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate (isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab, isosorbide mononitrate tab 10 mg, isosorbide mononitrate tab 20 mg, isosorbide mononitrate tab er 24hr 120 mg, isosorbide mononitrate tab er 24hr 30 mg, isosorbide mononitrate tab er 24hr 60 mg)</i>	
NITRO-BID	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	
<i>nitroglycerin (intra-anal)</i>	
<i>nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr, tl soln 0.4 mg/spray (400 mcg/spray))</i>	
VERQUVO	
CENTRAL NERVOUS SYSTEM AGENTS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
<i>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)</i>	
<i>dextroamphetamine sulfate (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 5 mg, oral solution 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
<i>atomoxetine hcl</i>	
<i>dexmethylphenidate hcl</i>	
<i>guanfacine hcl (adhd)</i>	

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
<i>methylphenidate hcl (cap er 10 mg (cd), cap er 20 mg (cd), cap er 24hr 10 mg (la), cap er 24hr 10 mg (xr), cap er 24hr 15 mg (xr), cap er 24hr 20 mg (la), cap er 24hr 20 mg (xr), cap er 24hr 30 mg (la), cap er 24hr 30 mg (xr), cap er 24hr 40 mg (la), cap er 24hr 40 mg (xr), cap er 24hr 50 mg (xr), cap er 24hr 60 mg (la), cap er 24hr 60 mg (xr), cap er 30 mg (cd), cap er 40 mg (cd), cap er 50 mg (cd), cap er 60 mg (cd), chew tab 2.5 mg, chew tab 5 mg, chew tab 10 mg, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, tab 10 mg, tab 20 mg, tab er 10 mg, tab er 20 mg, tab er osmotic release (osm) 18 mg, tab er osmotic release (osm) 27 mg, tab er osmotic release (osm) 36 mg, tab er osmotic release (osm) 54 mg, tab er osmotic release (osm) 72 mg)</i>	
METHYLPHENIDATE HCL ER	
METHYLPHENIDATE HCL ER (OSM)	
CENTRAL NERVOUS SYSTEM, OTHER	
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	
VEOZAH	
FIBROMYALGIA AGENTS	
DRIZALMA SPRINKLE	PA2
<i>duloxetine hcl (cap 20 mg eq, cap 30 mg eq, cap 40 mg eq, cap 60 mg eq)</i>	
<i>pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, cap 200 mg, cap 225 mg, cap 300 mg, soln 20 mg/ml)</i>	
MULTIPLE SCLEROSIS AGENTS	
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
<i>dalfampridine tab er 12hr 10 mg</i>	PA
<i>dimethyl fumarate (capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg & 240 mg)</i>	
<i>glatiramer acetate</i>	
REBIF	
REBIF REBIDOSE	
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	
<i>teriflunomide</i>	

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	
<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>pilocarpine hcl (oral)</i>	
<i>triamcinolone acetonide (mouth)</i>	
DERMATOLOGICAL AGENTS	
ACNE AND ROSACEA AGENTS	
<i>acitretin</i>	
<i>benzoyl peroxide-erythromycin</i>	
<i>isotretinoin (cap 10 mg, cap 20 mg, cap 25 mg, cap 30 mg, cap 35 mg, cap 40 mg)</i>	
<i>tazarotene (tazarotene 0.1 % foam, tazarotene cream 0.05%, tazarotene cream 0.1%, tazarotene gel 0.05%, tazarotene gel 0.1%)</i>	
<i>tretinoin (cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%, gel 0.05%)</i>	
<i>tretinoin microsphere (tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.1 % gel, tretinoin microsphere gel 0.04%, tretinoin microsphere gel 0.1%)</i>	
TRETINOIN MICROSPHERE PUMP	
DERMATITIS AND PRURITUS AGENTS	
<i>betamethasone dipropionate (topical)</i>	
BETAMETHASONE DIPROPIONATE AUG	
<i>betamethasone dipropionate augmented</i>	
<i>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))</i>	
<i>clobetasol propionate (cream 0.05%, foam 0.05%, gel 0.05%, lotion 0.05%, oint 0.05%, shampoo 0.05%, soln 0.05%, spray 0.05%)</i>	
<i>clobetasol propionate emollient base</i>	
<i>clobetasol propionate emulsion</i>	

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
<i>desonide (cream 0.05%, oint 0.05%)</i>	
<i>doxepin hcl (antipruritic)</i>	
<i>fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%)</i>	
<i>fluticasone propionate (fluticasone propionate 0.05 % lotion, fluticasone propionate cream 0.05%, fluticasone propionate lotion 0.05%, fluticasone propionate oint 0.005%)</i>	
<i>hydrocortisone (rectal) perianal cream 2.5%</i>	
<i>hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>	
HYDROCORTISONE 2.5 % LOTION	
<i>hydrocortisone valerate</i>	
<i>lactic acid (ammonium lactate)</i>	
<i>mometasone furoate (cream 0.1%, oint 0.1%, solution 0.1% (lotion))</i>	
<i>pimecrolimus</i>	
<i>selenium sulfide lotion 2.5%</i>	
<i>tacrolimus (topical)</i>	
<i>triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)</i>	
DERMATOLOGICAL AGENTS, OTHER	
CALCIPOTRIENE (CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE CREAM 0.005%, CALCIPOTRIENE OINT 0.005%, CALCIPOTRIENE SOLN 0.005% (50 MCG/ML))	
<i>clotrimazole w/ betamethasone</i>	
CLOTRIMAZOLE-BETAMETHASONE	
<i>diclofenac sodium (actinic keratoses)</i>	PA
<i>fluorouracil (topical)</i>	
FLUOROURACIL 2 % SOLUTION	
<i>imiquimod (3.75%, 5%)</i>	
METHOXSALEN RAPID	
<i>nystatin-triamcinolone</i>	
OTEZLA	PA
<i>podofilox (podofilox 0.5 % solution, podofilox soln 0.5%)</i>	
SANTYL	
<i>silver sulfadiazine cream 1%</i>	

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	
<i>malathion</i>	
<i>permethrin cream 5%</i>	
TOPICAL ANTI-INFECTIVES	
<i>acyclovir topical</i>	
<i>ciclopirox (gel 0.77%, shampoo 1%, solution 8%)</i>	
<i>ciclopirox olamine (cream 0.77% equiv, susp 0.77% equiv)</i>	
<i>clindamycin phosphate (topical)</i>	
ERY	
<i>erythromycin (acne aid)</i>	
<i>mupirocin calcium (topical)</i>	
<i>mupirocin oint 2%</i>	
ELECTROLYTES/MINERALS/METALS/VITAMINS	
ELECTROLYTE/MINERAL REPLACEMENT	
<i>amino acid infusion</i>	PA3
<i>carglumic acid</i>	
CLINIMIX E/DEXTROSE (2.75/5)	PA3
CLINIMIX E/DEXTROSE (4.25/10)	PA3
CLINIMIX E/DEXTROSE (4.25/5)	PA3
CLINIMIX E/DEXTROSE (5/15)	PA3
CLINIMIX E/DEXTROSE (5/20)	PA3
CLINIMIX/DEXTROSE (4.25/10)	PA3
CLINIMIX/DEXTROSE (4.25/5)	PA3
CLINIMIX/DEXTROSE (5/15)	PA3
CLINIMIX/DEXTROSE (5/20)	PA3
<i>dextrose (dextrose 5 % solution, dextrose 10 % solution, dextrose inj 5%, dextrose inj 10%)</i>	
<i>dextrose w/ sodium chloride (2.5% 0.45%, 5% 0.45%, 5% 0.9%)</i>	
DEXTROSE-NACL	

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	
<i>magnesium sulfate inj 50%</i>	
NUTRILIPID	PA3
<i>potassium chloride (potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride cap er 8 meq, potassium chloride inj 10 meq, potassium chloride inj 2 meq/ml, potassium chloride inj 10 meq/100ml, potassium chloride inj 20 meq/100ml, potassium chloride inj 40 meq/100ml, potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride powder packet 20 meq, potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg))</i>	
POTASSIUM CHLORIDE ER	
<i>potassium chloride in dextrose & sodium chloride</i>	
<i>potassium chloride in dextrose 20 meq/l (0.15%)5% inj</i>	
POTASSIUM CHLORIDE IN NACL (KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ, KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ, KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ, POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION)	
<i>potassium chloride microencapsulated crystals er</i>	
<i>potassium citrate (alkalinizer)</i>	
PREMASOL	PA3
PROSOL	PA3
<i>sodium chloride (gu irrigant)</i>	
<i>sodium chloride (sodium chloride 0.9 % solution, sodium chloride iv soln 0.45%, sodium chloride iv soln 0.9%, sodium chloride iv soln 3%, sodium chloride iv soln 5%, sodium chloride preservative free (pf) inj 0.9%)</i>	

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	
<i>deferasirox</i>	
<i>deferiprone</i>	
FERRIPROX 100 MG/ML SOLUTION	
<i>trientine hcl (trientine hcl 500 mg cap, trientine hcl cap 250 mg)</i>	
POTASSIUM BINDERS	
LOKELMA	
<i>sodium polystyrene sulfonate</i>	
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	
TRIVEEN-DUO DHA	
VINATE DHA RF	
VINATE II	
VINATE ONE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VIRT-PN PLUS	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
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	

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
WESTGEL DHA	
ZALVIT	
ZATEAN-PN DHA	
ZATEAN-PN PLUS	
ZIPHEX	
GASTROINTESTINAL AGENTS	
ANTI-CONSTIPATION AGENTS	
<i>lactulose (encephalopathy)</i>	
<i>lactulose (oral crystal packet 10 gm, solution 10 gm/15ml)</i>	
LINZESS	
<i>lubiprostone</i>	
RELISTOR	PA
ANTI-DIARRHEAL AGENTS	
<i>alosetron hcl</i>	
<i>diphenoxylate w/ atropine</i>	
DIPHENOXYLATE-ATROPINE	
<i>loperamide hcl cap 2 mg</i>	
XERMELO	
ANTISPASMODICS, GASTROINTESTINAL	
<i>dicyclomine hcl (cap 10 mg, oral soln 10 mg/5ml, tab 20 mg)</i>	
<i>glycopyrrolate (glycopyrrolate 1.5 mg tab, glycopyrrolate oral soln 1 mg/5ml, glycopyrrolate tab 1 mg, glycopyrrolate tab 2 mg)</i>	
GASTROINTESTINAL AGENTS, OTHER	
GATTEX	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
URSODIOL (URSODIOL 200 MG CAP, URSODIOL 400 MG CAP, URSODIOL CAP 300 MG, URSODIOL TAB 250 MG, URSODIOL TAB 500 MG)	
VOWST	

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	
<i>famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)</i>	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP, NIZATIDINE CAP 150 MG)	
PROTECTANTS	
<i>sucralfate tab 1 gm</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium (cap 20 mg (base eq), cap 40 mg (base eq), for susp packet 10 mg, for susp packet 20 mg, for susp packet 40 mg)</i>	
<i>lansoprazole (cap 15 mg, cap 30 mg, tab orally disintegrating 15 mg, tab orally disintegrating 30 mg)</i>	
<i>omeprazole (cap 10 mg, cap 20 mg, cap 40 mg)</i>	
<i>pantoprazole sodium (ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg)</i>	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ARALAST NP	PA3
<i>betaine</i>	
CERDELGA	
CREON	
<i>cromolyn sodium (mastocytosis)</i>	
CYSTAGON	
CYSTARAN	
GLASSIA 1000 MG/50ML SOLUTION	PA3
<i>glutamine (sickle cell)</i>	
<i>miglustat</i>	
PROLASTIN-C	PA3
RAVICTI	
<i>sapropterin dihydrochloride</i>	
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	
SUCRAID	
WELIREG	

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	
<i>darifenacin hydrobromide</i>	
<i>mirabegron</i>	
<i>oxybutynin chloride (solution 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)</i>	
OXYTROL	
<i>solifenacin succinate</i>	
<i>tolterodine tartrate</i>	
<i>trospium chloride</i>	
BENIGN PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl</i>	
<i>dutasteride cap 0.5 mg</i>	
<i>dutasteride-tamsulosin hcl</i>	
<i>finasteride tab 5 mg</i>	
<i>tadalafil tab 5 mg</i>	PA2
<i>tamsulosin hcl</i>	
GENITOURINARY AGENTS, OTHER	
<i>bethanechol chloride (tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg)</i>	
ELMIRON	
<i>penicillamine (cap 250 mg, tab 250 mg)</i>	

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))	
<i>fludrocortisone acetate tab 0.1 mg</i>	
HEMADY	
<i>methylprednisolone (tab 4 mg, tab 8 mg, tab 16 mg, tab 32 mg, tab therapy pack 4 mg (21))</i>	
<i>prednisolone sodium phosphate (prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), prednisolone sod phosphate oral soln 10 mg/5ml (base equiv), prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), prednisolone sod phosphate oral soln 20 mg/5ml (base equiv), prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate oral soln 25 mg/5ml (base eq))</i>	
<i>prednisolone soln 15 mg/5ml</i>	
<i>prednisone (prednisone 5 mg/5ml solution, prednisone tab 1 mg, prednisone tab 2.5 mg, prednisone tab 5 mg, prednisone tab 10 mg, prednisone tab 20 mg, prednisone tab 50 mg, prednisone tab therapy pack 5 mg (21), prednisone tab therapy pack 5 mg (48), prednisone tab therapy pack 10 mg (21), prednisone tab therapy pack 10 mg (48))</i>	
PREDNISONE INTENSOL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	
<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	
<i>desmopressin acetate spray (desmopressin acetate nasal spray soln 0.01%, desmopressin acetate spray 0.01 % solution)</i>	
<i>desmopressin acetate spray refrigerated</i>	
GENOTROPIN	PA
GENOTROPIN MINIQUICK	PA
HUMATROPE	PA
INCRELEX	
NORDITROPIN FLEXPOR	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

estradiol & norethindrone acetate

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

estradiol vaginal

ESTRING

ethynodiol diacet & eth estrad

etonogestrel-ethinyl estradiol

levonorgestrel & eth estradiol

levonorgestrel-eth estradiol (triphasic)

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
<i>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)</i>	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	
<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>	
<i>norelgestromin-ethinyl estradiol</i>	
<i>norethin acet & estrad-fe (ace & ethinyl tab 1 mcg, ace-eth chew tab 1 mcg (24), ace-ethinyl cap 1 mcg (24))</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	
<i>norethindrone acet & eth estra ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>norgestrel & ethinyl estradiol</i>	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	
PREMPRO	
PROGESTINS	
DEPO-SUBQ PROVERA 104	
<i>medroxyprogesterone acetate (contraceptive)</i>	
<i>medroxyprogesterone acetate (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	
<i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i>	
MIRENA (52 MG)	
NEXPLANON	
<i>norethindrone (contraceptive)</i>	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	
<i>raloxifene hcl</i>	

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)	
<i>levothyroxine sodium (tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg)</i>	
<i>liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)</i>	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	
<i>cabergoline</i>	
ELIGARD	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
<i>leuprolide acetate (1 mg/0.2ml (5 mg/ml), 5 mg/ml)</i>	
LEUPROLIDE ACETATE (3 MONTH)	
LUPRON DEPOT	PA3
<i>mifepristone (hyperglycemia)</i>	PA
<i>octreotide acetate (50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml))</i>	
ORGOVYX	
RECORLEV	
SIGNIFOR	
SOMAVERT	
SYNAREL	
TRELSTAR MIXJECT	
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
<i>methimazole (tab 5 mg, tab 10 mg)</i>	
<i>propylthiouracil tab 50 mg</i>	
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
<i>icatibant acetate</i>	
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	
TREMIFYA (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN PRSYR)	
TREMIFYA CROHNS INDUCTION	
TREMIFYA ONE-PRESS	
TREMIFYA PEN 200 MG/2ML SOLN A-INJ	
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-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-ADBIM (2 PEN) 40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-ADBIM (2 SYRINGE) (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	
ADALIMUMAB-ADBIM(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-ADBIM(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-FKJP (2 PEN)	
ADALIMUMAB-FKJP (2 SYRINGE)	
ASTAGRAF XL	PA3
<i>azathioprine (tab 50 mg, tab 75 mg, tab 100 mg)</i>	PA3
<i>cyclosporine (cap 25 mg, cap 100 mg)</i>	PA3
<i>cyclosporine modified (for microemulsion)</i>	PA3
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	
ENBREL MINI	
ENBREL SURECLICK	
ENVARUSUS XR	PA3
<i>everolimus (immunosuppressant)</i>	PA3
HUMIRA (2 SYRINGE) (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT)	
HUMIRA 10 MG/0.1ML PREF SY KT	
<i>leflunomide (tab 10 mg, tab 20 mg)</i>	
METHOTREXATE SODIUM (METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 250 MG/10ML SOLUTION, METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML), METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV))	
<i>mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)</i>	PA3

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
<i>mycophenolate sodium</i>	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	PA3
REZUROCK	
SIMPONI	
<i>sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	PA3
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	PA3
XATMEP	
VACCINES	
ABRYSVO	
ACTHIB	
ADACEL	
AREXVY	
BCG VACCINE	
BEXSERO	
BOOSTRIX	
DAPTACEL	
ENGRIX-B	PA3
GARDASIL 9	
HAVRIX	
HEPLISAV-B	PA3
HIBERIX	
IMOVAX RABIES	
INFANRIX	
IPOL	
IXCHIQ	
IXIARO	
JYNNEOS	
KINRIX	
M-M-R II	
MENQUADFI	
MENVEO	
PEDIARIX	

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
PEDVAX HIB	
PENBRAYA	
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

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

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	
<i>budesonide (delayed release particles cap 3 mg, tab er 24hr 9 mg)</i>	
<i>hydrocortisone (intrarectal)</i>	
<i>hydrocortisone (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
METABOLIC BONE DISEASE AGENTS	
<i>alendronate sodium (tab 10 mg, tab 35 mg, tab 70 mg)</i>	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
<i>calcitriol (cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)</i>	
<i>cinacalcet hcl</i>	PA3
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap, doxercalciferol cap 0.5 mcg, doxercalciferol cap 1 mcg, doxercalciferol cap 2.5 mcg)</i>	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	
PROLIA	
TERIPARATIDE 560 MCG/2.24ML SOLN PEN	PA
TYMLOS	PA
XGEVA	PA
MISCELLANEOUS THERAPEUTIC AGENTS	
ALCOHOL SWABS	
BRONCHITOL	
BRONCHITOL TOLERANCE TEST	
GAUZE PADS & DRESSINGS	
INSULIN PEN NEEDLE	
INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 0.3 ML	
INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1 ML	
INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1/2 ML	
INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-500 1/2 ML	
NEEDLES, INSULIN DISP., SAFETY	

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	
<i>atropine sulfate (ophthalmic) soln 1%</i>	
ATROPINE SULFATE 1 % SOLUTION	
<i>bacitracin-poly-neomycin-hc</i>	
<i>bacitracin-polymyxin b (ophth)</i>	
<i>brimonidine tartrate-timolol maleate</i>	
<i>cyclosporine (ophth)</i>	
<i>dorzolamide hcl-timolol maleate</i>	
<i>neomycin-bacitracin zn-polymyxin</i>	
<i>neomycin-polymy-dexameth</i>	
NEOMYCIN-POLYMYXIN-HC	
RESTASIS MULTIDOSE	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	
TOBRADEX 0.3-0.1 % OINTMENT	
<i>tobramycin-dexamethasone</i>	
XDEMZY	
OPHTHALMIC ANTI-ALLERGY AGENTS	
<i>azelastine hcl (ophth)</i>	
<i>cromolyn sodium (ophth)</i>	
CROMOLYN SODIUM 4 % SOLUTION	
OPHTHALMIC ANTI-INFECTIVES	
AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
<i>ciprofloxacin hcl (ophth)</i>	
<i>erythromycin (ophth)</i>	
ERYTHROMYCIN 5 MG/GM OINTMENT	
<i>gatifloxacin (ophth)</i>	
<i>gentamicin sulfate (ophth)</i>	
<i>levofloxacin (ophth)</i>	
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
<i>moxifloxacin hcl (ophth)</i>	
<i>ofloxacin (ophth)</i>	
<i>polymyxin b-trimethoprim</i>	
<i>sulfacetamide sodium (ophth)</i>	
SULFACETAMIDE SODIUM 10 % OINTMENT	
<i>tobramycin (ophth)</i>	
TRIFLURIDINE	
ZIRGAN	
OPHTHALMIC ANTI-INFLAMMATORIES	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
<i>diclofenac sodium (ophth)</i>	
<i>difluprednate</i>	
<i>fluorometholone (ophth)</i>	
FLURBIPROFEN SODIUM	
FML FORTE	
<i>ketorolac tromethamine (ophth)</i>	
LOTEMAX 0.5 % OINTMENT	
<i>loteprednol etabonate</i>	
PRED MILD	
<i>prednisolone acetate (ophth)</i>	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
<i>betaxolol hcl (ophth)</i>	
BETAXOLOL HCL 0.5 % SOLUTION	
BETOPTIC-S	
CARTEOLOL HCL	
LEVOBUNOLOL HCL	
<i>timolol maleate (ophth)</i>	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
<i>acetazolamide cap er 12hr 500 mg</i>	
<i>brimonidine tartrate (soln 0.1%, soln 0.15%, soln 0.2%)</i>	

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
<i>dorzolamide hcl ophth soln 2%</i>	
<i>methazolamide (tab 25 mg, tab 50 mg)</i>	
<i>pilocarpine hcl (soln 1%, soln 2%, soln 4%)</i>	
RHOPRESSA	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>bimatoprost ophth soln 0.03%</i>	
<i>latanoprost ophth soln 0.005%</i>	
<i>travoprost</i>	
OTIC AGENTS	
CIPRO HC	
<i>ciprofloxacin hcl (otic)</i>	
<i>ciprofloxacin-dexamethasone</i>	
<i>hydrocortisone w/acetic acid</i>	
<i>neomycin-polymyxin-hc (otic)</i>	
<i>ofloxacin (otic)</i>	
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
ARNUITY ELLIPTA	
<i>budesonide (inhalation)</i>	PA3
<i>flunisolide (nasal)</i>	
<i>fluticasone propionate (nasal)</i>	
FLUTICASONE PROPIONATE HFA	
PULMICORT FLEXHALER	
ANTI-HISTAMINES	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
CLEMASTINE FUMARATE 2.68 MG TAB	
<i>desloratadine tab 5 mg</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	

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	
<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>zafirlukast</i>	
<i>zileuton</i>	
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA	
INCRUSE ELLIPTA	
<i>ipratropium bromide (nasal)</i>	
<i>ipratropium bromide inhal soln 0.02%</i>	PA3
SPIRIVA RESPIMAT	
<i>tiotropium bromide monohydrate</i>	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
<i>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))</i>	PA3
<i>albuterol sulfate (inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg)</i>	
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)
<i>epinephrine (anaphylaxis) (0.15 mg/0.3ml (1:2000), 0.3 mg/0.3ml (1:1000))</i>	QL (2 PER 30 OVER TIME)
<i>levalbuterol hcl (soln 0.31 mg/3ml equiv, soln 0.63 mg/3ml equiv, soln 1.25 mg/3ml equiv, soln conc 1.25 mg/0.5ml equiv)</i>	PA3
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	
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
<i>tobramycin (soln 300 mg/4ml, soln 300 mg/5ml)</i>	PA3
TRIKAFTA	
MAST CELL STABILIZERS	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
<i>roflumilast</i>	
THEO-24	
<i>theophylline (tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)</i>	
THEOPHYLLINE ER	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS	PA
<i>ambrisentan</i>	
OPSUMIT	PA
<i>sildenafil citrate (pulmonary hypertension) tab 20 mg</i>	PA2
<i>tadalafil (pulmonary hypertension)</i>	PA2
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	
PULMONARY FIBROSIS AGENTS	
OFEV	
<i>pirfenidone (pirfenidone 534 mg tab, pirfenidone cap 267 mg, pirfenidone tab 267 mg, pirfenidone tab 801 mg)</i>	
RESPIRATORY TRACT AGENTS, OTHER	
<i>acetylcysteine (soln 10%, soln 20%)</i>	PA3
<i>budesonide-formoterol fumarate dihydrate</i>	
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
<i>fluticasone-salmeterol (fluticasone-salmeterol 45-21 mcg/act aerosol, fluticasone-salmeterol 55-14 mcg/act aer pow ba, fluticasone-salmeterol 113-14 mcg/act aer pow ba, fluticasone-salmeterol 115-21 mcg/act aerosol, fluticasone-salmeterol 230-21 mcg/act aerosol, fluticasone-salmeterol 232-14 mcg/act aer pow ba, fluticasone-salmeterol aer powder ba 100-50 mcg/act, fluticasone-salmeterol aer powder ba 250-50 mcg/act, fluticasone-salmeterol aer powder ba 500-50 mcg/act)</i>	
<i>ipratropium-albuterol</i>	PA3
NUCALA	PA
TRELEGY ELLIPTA	
UMECLIDINIUM-VILANTEROL	
<i>wixela inhub</i>	
SKELETAL MUSCLE RELAXANTS	
<i>cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
<i>doxepin hcl (sleep)</i>	
HETLIOZ LQ	PA
<i>ramelteon</i>	
<i>tasimelteon</i>	PA
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem tartrate (tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg)</i>	
WAKEFULNESS PROMOTING AGENTS	
<i>modafinil (tab 100 mg, tab 200 mg)</i>	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.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



Index of Covered Drugs

A

abacavir sulfate	39	alfuzosin hcl	62
abacavir sulfate-lamivudine	39	aliskiren fumarate	46
ABELCET	26	allopurinol	27
ABILIFY ASIMTUFII	36	ALOGLIPTIN BENZOATE	42
ABILIFY MAINTENA	36	ALOGLIPTIN-METFORMIN HCL	42
abiraterone acetate	29	ALOGLIPTIN-PIOGLITAZONE	42
ABRYSVO	69	alosetron hcl	60
acamprosate calcium	15	alprazolam	41
acarbose	41	ALPRAZOLAM INTENSOL	41
acetaminophen w/ codeine	14	ALTRIXA OB	55
ACETAMINOPHEN-CODEINE	14	ALUNBRIG	30
acetazolamide	46,73	amantadine hcl	34
acetic acid (otic)	16	ambrisentan	76
acetylcysteine	76	amikacin sulfate	16
acitretin	51	amiloride & hydrochlorothiazide	46
ACTHIB	69	amiloride hcl	47
ACTIMMUNE	68	AMILORIDE-HYDROCHLOROTHIAZIDE	46
acyclovir	40	amino acid infusion	53
acyclovir sodium	40	amiodarone hcl	45
acyclovir topical	53	amitriptyline hcl	25
ADACEL	69	amlodipine besylate	46
ADALIMUMAB-AACF (2 PEN)	68	amlodipine besylate-benazepril hcl	46
ADALIMUMAB-ADAZ	68	amlodipine besylate-valsartan	46
ADALIMUMAB-ADBM (2 PEN)	68	amlodipine-valsartan-hydrochlorothiazide	46
ADALIMUMAB-ADBM (2 SYRINGE)	68	amoxapine	25
ADALIMUMAB-ADBM(CD/UC/HS STRT)	68	amoxicillin	19
ADALIMUMAB-ADBM(PS/UV STARTER)	68	amoxicillin & pot clavulanate	19
ADALIMUMAB-FKJP (2 PEN)	68	AMOXICILLIN-POT CLAVULANATE ER	19
ADALIMUMAB-FKJP (2 SYRINGE)	68	amphetamine-dextroamphetamine	49
adefovir dipivoxil	37	AMPHOTERICIN B	26
ADEMPAS	76	amphotericin b liposome	26
AJOVY	27	AMPICILLIN	19
AKEEGA	29	ampicillin & sulbactam sodium	19
albendazole	33	ampicillin sodium	19
albuterol sulfate	75	AMPICILLIN-SULBACTAM SODIUM	19
ALBUTEROL SULFATE HFA	75	anagrelide hcl	44
ALCOHOL SWABS	71	anastrozole	30
ALECENSA	30	apomorphine hydrochloride	34
alendronate sodium	71	aprepitant	26
		APTIVUS	39
		ARALAST NP	61

ARANESP (ALBUMIN FREE).....	44	baclofen.....	37
ARCALYST.....	67	balsalazide disodium.....	70
AREXVY.....	69	BALVERSA.....	30
ARIKAYCE.....	16	BAQSIMI ONE PACK.....	42
aripiprazole.....	36	BAQSIMI TWO PACK.....	42
ARISTADA.....	36	BARACLUDE.....	38
ARISTADA INITIO.....	36	BCG VACCINE.....	69
ARNUITY ELLIPTA.....	74	benzoyl peroxide-erythromycin.....	51
asenapine maleate.....	36	benztropine mesylate.....	34
aspirin-dipyridamole.....	44	BESREMI.....	68
ASTAGRAF XL.....	68	betaine.....	61
ATABEX EC.....	55	betamethasone dipropionate (topical).....	51
ATABEX OB.....	55	BETAMETHASONE DIPROPIONATE AUG.....	51
atazanavir sulfate.....	39	betamethasone dipropionate augmented.....	51
atenolol.....	45	betamethasone valerate.....	51
atenolol & chlorthalidone.....	46	BETASERON.....	50
atomoxetine hcl.....	49	BETAXOLOL HCL.....	73
atorvastatin calcium.....	48	betaxolol hcl (ophth).....	73
atovaquone.....	33	bethanechol chloride.....	62
atovaquone-proguanil hcl.....	33	BETOPTIC-S.....	73
ATROPINE SULFATE.....	72	bexarotene.....	33
atropine sulfate (ophthalmic).....	72	bexarotene (topical).....	33
ATROVENT HFA.....	75	BEXSERO.....	69
AUGTYRO.....	29	bicalutamide.....	29
AUVELITY.....	24	BICILLIN L-A.....	19
AVMAPKI FAKZYNJA CO-PACK.....	30	BIKTARVY.....	38
AVONEX PEN.....	50	bimatoprost.....	74
AVONEX PREFILLED.....	50	bisoprolol & hydrochlorothiazide.....	46
AYVAKIT.....	30	bisoprolol fumarate.....	45
AZASITE.....	72	BOOSTRIX.....	69
azathioprine.....	68	BOSULIF.....	30
azelastine hcl.....	74	BRAFTOVI.....	30
azelastine hcl (ophth).....	72	brimonidine tartrate.....	73
AZESCO.....	55	brimonidine tartrate-timolol maleate.....	72
azithromycin.....	20	BRIVIACT.....	21
aztreonam.....	16	bromocriptine mesylate.....	34
		BRONCHITOL.....	71
		BRONCHITOL TOLERANCE TEST.....	71
		BRUKINSA.....	30
		budesonide.....	71
		budesonide (inhalation).....	74

B

BACITRACIN.....	72
bacitracin-poly-neomycin-hc.....	72
bacitracin-polymyxin b (ophth).....	72

budesonide-formoterol fumarate dihydrate	76
bumetanide	47
BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)	15
BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)	16
buprenorphine hcl-naloxone hcl dihydrate	16
bupropion hcl	24
bupropion hcl (smoking deterrent)	16
BUPROPION HCL ER (XL)	24
buspirone hcl	40

C

C-NATE DHA	55	ceftriaxone sodium	18
cabergoline	66	cefuroxime axetil	18
CABOMETYX	30	cefuroxime sodium	19
CALCIPOTRIENE	52	celecoxib	14
calcitonin (salmon)	71	cephalexin	19
calcitriol	71	CERDELGA	61
CALQUENCE	30	chlorhexidine gluconate (mouth-throat)	51
candesartan cilexetil	45	CHLOROQUINE PHOSPHATE	34
CAPLYTA	36	chlorpromazine hcl	35
CAPRELSA	30	chlorthalidone	47
CARBAMAZEPINE	23	cholestyramine	48
carbidopa	35	cholestyramine light	48
carbidopa-levodopa	35	choline fenofibrate	47
CARBIDOPA-LEVODOPA-ENTACAPONE	34	ciclopirox	53
carglumic acid	53	ciclopirox olamine	53
CARTEOLOL HCL	73	cilostazol	44
carvedilol	45	CIMDUO	39
caspofungin acetate	26	cinacalcet hcl	71
CAYSTON	75	CINRYZE	66
cefadroxil	18	CIPRO HC	74
CEFAZOLIN SODIUM	18	ciprofloxacin hcl	20
cefdinir	18	ciprofloxacin hcl (ophth)	72
cefepime hcl	18	ciprofloxacin hcl (otic)	74
cefixime	18	CIPROFLOXACIN IN D5W	20
cefoxitin sodium	18	ciprofloxacin-dexamethasone	74
cefpodoxime proxetil	18	citalopram hydrobromide	24
cefprozil	18	CITRANATAL 90 DHA	55
CEFTAZIDIME	18	CITRANATAL ASSURE	55
		CITRANATAL B-CALM	55
		CITRANATAL BLOOM	55
		CITRANATAL BLOOM DHA	55
		CITRANATAL DHA	55
		CITRANATAL ESSENCE	55
		CITRANATAL HARMONY	55
		CITRANATAL MEDLEY	55
		CITRANATAL RX	55
		clarithromycin	20
		CLEMASTINE FUMARATE	74
		CLEOCIN	16
		clindamycin hcl	16
		clindamycin palmitate hydrochloride	16

clindamycin phosphate	16	CONCEPT DHA	56
clindamycin phosphate (topical)	53	CONCEPT OB	56
clindamycin phosphate in d5w	17	COPIKTRA	30
clindamycin phosphate vaginal	17	COTELLIC	30
CLINIMIX E/DEXTROSE (2.75/5)	53	CREON	61
CLINIMIX E/DEXTROSE (4.25/10)	53	CROMOLYN SODIUM	72
CLINIMIX E/DEXTROSE (4.25/5)	53	cromolyn sodium	76
CLINIMIX E/DEXTROSE (5/15)	53	cromolyn sodium (mastocytosis)	61
CLINIMIX E/DEXTROSE (5/20)	53	cromolyn sodium (ophth)	72
CLINIMIX/DEXTROSE (4.25/10)	53	cyclobenzaprine hcl	77
CLINIMIX/DEXTROSE (4.25/5)	53	CYCLOPHOSPHAMIDE	28
CLINIMIX/DEXTROSE (5/15)	53	CYCLOSET	42
CLINIMIX/DEXTROSE (5/20)	53	cyclosporine	68
clobazam	22	cyclosporine (ophth)	72
clobetasol propionate	51	cyclosporine modified (for microemulsion)	68
clobetasol propionate emollient base	51	CYSTAGON	61
clobetasol propionate emulsion	51	CYSTARAN	61
clomipramine hcl	25		
clonazepam	41	D	
clonidine	44	dabigatran etexilate mesylate	43
clonidine hcl	44	dalfampridine	50
clopidogrel bisulfate	44	danazol	64
clorazepate dipotassium	41	DANZITEN	30
clotrimazole	26	DAPAGLIFLOZIN PROPANEDIOL	48
clotrimazole (topical)	26	dapsone	28
clotrimazole w/ betamethasone	52	DAPTACEL	69
CLOTTRIMAZOLE-BETAMETHASONE	52	daptomycin	17
clozapine	37	darifenacin hydrobromide	62
CO-NATAL FA	55	darunavir	39
COARTEM	34	dasatinib	30
COBENFY	37	DAURISMO	30
COBENFY STARTER PACK	37	deferasirox	55
CODEINE SULFATE	14	deferiprone	55
colchicine	27	DELSTRIGO	38
colchicine w/ probenecid	27	demeclocycline hcl	20
colesevelam hcl	48	DEPO-SUBQ PROVERA 104	65
colistimethate sodium	17	DERMACINRX PRETRATE	56
COMBIVENT RESPIMAT	76	DESCOVY	39
COMETRIQ	30	desipramine hcl	25
COMPLETE NATAL DHA	56	desloratadine	74
COMPLETENATE	56	desmopressin acetate	63

desmopressin acetate spray	63	donepezil hydrochloride	23
desmopressin acetate spray refrigerated	63	dorzolamide hcl	74
desonide	52	dorzolamide hcl-timolol maleate	72
DESVENLAFAXINE ER	24	DOVATO	38
desvenlafaxine succinate	24	doxazosin mesylate	45
DEXAMETHASONE	63	doxepin hcl	25
DEXAMETHASONE SODIUM PHOSPHATE	73	doxepin hcl (antipruritic)	52
dexmethylphenidate hcl	49	doxepin hcl (sleep)	77
dextroamphetamine sulfate	49	doxercalciferol	71
dextrose	53	doxycycline (monohydrate)	20
dextrose w/ sodium chloride	53	doxycycline hyclate	21
DEXTROSE-NACL	53	DRIZALMA SPRINKLE	50
DEXTROSE-SODIUM CHLORIDE	54	dronabinol	26
DIACOMIT	21	drospirenone-ethinyl estradiol	64
DIAZEPAM	22	drospirenone-ethinyl estradiol-levomefolate calcium	64
diazepam	41	droxidopa	44
diazepam (anticonvulsant)	22	DUAVEE	65
diazoxide	42	DUET DHA 400	56
DICLOFENAC EPOLAMINE	14	DUET DHA BALANCED	56
diclofenac potassium	14	duloxetine hcl	50
diclofenac sodium	14	DUPIXENT	67
diclofenac sodium (actinic keratoses)	52	dutasteride	62
diclofenac sodium (ophth)	73	dutasteride-tamsulosin hcl	62
diclofenac sodium (topical)	14		
dicloxacillin sodium	19	E	
dicyclomine hcl	60	EDURANT	38
DIFICID	20	efavirenz	38
difluprednate	73	efavirenz-emtricitabine-tenofovir disoproxil fumarate	38
digoxin	45	EFAVIRENZ-LAMIVUDINE-TENOFOVIR	38
dihydroergotamine mesylate	27	efavirenz-lamivudine-tenofovir disoproxil fumarate	38
DILANTIN	23	ELIGARD	66
diltiazem hcl	46	ELIQUIS	43
diltiazem hcl coated beads	46	ELIQUIS DVT/PE STARTER PACK	43
diltiazem hcl extended release beads	46	ELITE-OB	56
dimethyl fumarate	50	ELMIRON	62
DIPENTUM	70	eltrombopag olamine	44
diphenoxylate w/ atropine	60	EMSAM	24
DIPHENOXYLATE-ATROPINE	60	emtricitabine	39
disulfiram	15	emtricitabine- rilpivirine-tenofovir disoproxil fumarate	38
divalproex sodium	21	emtricitabine-tenofovir disoproxil fumarate	39
dofetilide	45	EMTRIVA	39

enalapril maleate	45
enalapril maleate & hydrochlorothiazide	46
ENBRACE HR	56
ENBREL	68
ENBREL MINI	68
ENBREL SURECLICK	68
ENGERIX-B	69
enoxaparin sodium	44
entacapone	34
entecavir	38
ENTRESTO	46
ENVARUS XR	68
EPIDIOLEX	21
EPINEPHRINE	75
epinephrine (anaphylaxis)	75
eplerenone	48
EPRONTIA	21
ERGOTAMINE-CAFFEINE	27
ERIVEDGE	30
ERLEADA	29
erlotinib hcl	31
ertapenem sodium	19
ERY	53
ERYTHROCIN LACTOBIONATE	20
ERYTHROMYCIN	72
erythromycin (acne aid)	53
erythromycin (ophth)	72
erythromycin base	20
erythromycin ethylsuccinate	20
erythromycin lactobionate	20
ERYTHROMYCIN STEARATE	20
escitalopram oxalate	24
eslicarbazepine acetate	23
esomeprazole magnesium	61
estradiol	64
estradiol & norethindrone acetate	64
estradiol vaginal	64
ESTRING	64
ethambutol hcl	28
ethosuximide	22
ethynodiol diacet & eth estrad	64

etodolac	14
etonogestrel-ethinyl estradiol	64
etravirine	38
EULEXIN	29
everolimus	31
everolimus (immunosuppressant)	68
EVOTAZ	39
exemestane	30
ezetimibe	48

F

famciclovir	40
famotidine	61
FANAPT	36
FANAPT TITRATION PACK A	36
febuxostat	27
felbamate	21
fenofibrate	47
fenofibrate micronized	47
fentanyl	14
FERRIPROX	55
FETZIMA	24
FETZIMA TITRATION	24
finasteride	62
FINTEPLA	21
FIRMAGON	66
FIRMAGON (240 MG DOSE)	66
flecainide acetate	45
fluconazole	26
fluconazole in nacl	26
flucytosine	26
fludrocortisone acetate	63
flunisolide (nasal)	74
fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%)	52
fluorometholone (ophth)	73
FLUOROURACIL	52
fluorouracil (topical)	52
fluoxetine hcl	25
FLUOXETINE HCL (PMDD)	25
fluphenazine decanoate	35

fluphenazine hcl	35
FLURBIPROFEN SODIUM	73
FLUTICASONE FUROATE-VILANTEROL	76
fluticasone propionate	52
fluticasone propionate (nasal)	74
FLUTICASONE PROPIONATE HFA	74
fluticasone-salmeterol	77
fluvoxamine maleate	25
FML FORTE	73
FOLIVANE-OB	56
fondaparinux sodium	44
fosamprenavir calcium	40
fosfomycin tromethamine	17
FOTIVDA	31
FRUZAQLA	29
furosemide	47
FYCOMPA	21

G

gabapentin	22
galantamine hydrobromide	23
GAMMAGARD	67
GAMMAGARD S/D LESS IGA	67
GAMMAPLEX	67
GAMUNEX-C	67
GARDASIL 9	69
gatifloxacin (ophth)	72
GATTEX	60
GAUZE PADS & DRESSINGS	71
GAVRETO	31
gefitinib	31
gemfibrozil	48
GENOTROPIN	63
GENOTROPIN MINIQUEL	63
gentamicin in saline	16
gentamicin sulfate	16
gentamicin sulfate (ophth)	72
gentamicin sulfate (topical)	16
GENVOYA	38
GILOTRIF	31
GLASSIA	61

glatiramer acetate	50
GLEOSTINE	28
glimepiride	42
GLIPIZIDE	42
glipizide-metformin hcl	42
glucagon (rdna)	42
GLUCAGON EMERGENCY	42
glutamine (sickle cell)	61
glycopyrrolate	60
GOMEKLI	31
griseofulvin microsize	26
griseofulvin ultramicrosize	26
guanfacine hcl	44
guanfacine hcl (adhd)	49

H

haloperidol	35
haloperidol decanoate	35
haloperidol lactate	35
HAVRIX	69
HEMADY	63
heparin sodium (porcine)	44
HEPLISAV-B	69
HETLIOZ LQ	77
HIBERIX	69
HUMALOG MIX 50/50 KWIKPEN	43
HUMALOG MIX 75/25	43
HUMATROPE	63
HUMIRA	68
HUMIRA (2 SYRINGE)	68
HUMULIN 70/30	43
HUMULIN 70/30 KWIKPEN	43
HUMULIN N	43
HUMULIN N KWIKPEN	43
HUMULIN R	43
HUMULIN R U-500 (CONCENTRATED)	43
HUMULIN R U-500 KWIKPEN	43
hydralazine hcl	48
hydrochlorothiazide	47
hydrocodone-acetaminophen	15
HYDROCORTISONE	52

hydrocortisone	71	INSULIN ASPART FLEXPEN	43
hydrocortisone (intrarectal)	71	INSULIN ASPART PENFILL	43
hydrocortisone (rectal)	52	INSULIN ASPART PROT & ASPART	43
hydrocortisone (topical)	52	INSULIN GLARGINE-YFGN	43
hydrocortisone valerate	52	INSULIN LISPRO	43
hydrocortisone w/acetic acid	74	INSULIN LISPRO (1 UNIT DIAL)	43
hydromorphone hcl	15	INSULIN LISPRO JUNIOR KWIKPEN	43
HYDROMORPHONE HCL PF	15	INSULIN LISPRO PROT & LISPRO	43
hydroxychloroquine sulfate	34	INSULIN PEN NEEDLE	71
hydroxyurea	29	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 0.3 ML	71
hydroxyzine hcl	40	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1 ML	71
hydroxyzine pamoate	40	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1/2 ML	71
I		INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-500 1/2 ML	71
ibandronate sodium	71	INTELENCE	38
IBRANCE	31	INTRALIPID	54
ibuprofen	14	INVEGA HAFYERA	36
icatibant acetate	67	INVEGA SUSTENNA	36
ICLUSIG	31	INVEGA TRINZA	36
icosapent ethyl	48	IPOL	69
IDHIFA	31	ipratropium bromide	75
imatinib mesylate	31	ipratropium bromide (nasal)	75
IMBRUVICA	31	ipratropium-albuterol	77
IMIPENEM-CILASTATIN	19	irbesartan	45
imipramine hcl	25	irbesartan-hydrochlorothiazide	47
imipramine pamoate	25	ISENTRESS	38
imiquimod	52	ISENTRESS HD	38
IMKELDI	31	ISOLYTE-P IN D5W	54
IMOVAX RABIES	69	ISONIAZID	28
IMPAVIDO	34	isosorbide dinitrate	49
INATAL GT	56	isosorbide mononitrate	49
INCRELEX	63	isotretinoin	51
INCRUSE ELLIPTA	75	ITOVEBI	31
indapamide	47	itraconazole	26
indomethacin	14	ivabradine hcl	47
INFANRIX	69	IVERMECTIN	33
INLYTA	31	IWILFIN	30
INQOVI	29	IXCHIQ	69
INREBIC	31		
INSULIN ASP PROT & ASP FLEXPEN	43		
INSULIN ASPART	43		

IXIARO 69

J

JAKAFI 31

JARDIANCE 48

JAYPIRCA 31

JENLIVA PRENATAL/POSTNATAL 56

JULUCA 38

JUXTAPID 48

JYNNEOS 69

K

KALETRA 40

KALYDECO 75

KCL IN DEXTROSE-NACL 54

KCL-LACTATED RINGERS-D5W 54

KERENDIA 48

ketoconazole 26

ketoconazole (topical) 26

ketorolac tromethamine (ophth) 73

KINERET 67

KINRIX 69

Kisqali 31

Kisqali FEMARA 31

KOSELUGO 31

KOSHER PRENATAL PLUS IRON 56

KRAZATI 31

L

labetalol hcl 45

lacosamide 23

lactic acid (ammonium lactate) 52

lactulose 60

lactulose (encephalopathy) 60

LAGEVRIO 40

lamivudine 39

lamivudine (hbv) 38

lamivudine-zidovudine 39

lamotrigine 22

lansoprazole 61

lapatinib ditosylate 31

latanoprost 74

LAZCLUZE 31

LEDIPASVIR-SOFOSBUVIR 38

leflunomide 68

lenalidomide 29

Lenvima 31

letrozole 30

leucovorin calcium 33

LEUKERAN 28

LEUKINE 44

leuprolide acetate 66

LEUPROLIDE ACETATE (3 MONTH) 66

levalbuterol hcl 75

LEVALBUTEROL TARTRATE 75

levetiracetam 22

LEVOBUNOLOL HCL 73

levocetirizine dihydrochloride 74

levofloxacin 20

LEVOFLOXACIN 72

levofloxacin (ophth) 72

levofloxacin in d5w 20

levonorgestrel & eth estradiol 64

levonorgestrel-eth estradiol (triphasic) 64

levonorgestrel-ethinyl estradiol (91-day) 65

levonorgestrel-ethinyl estradiol (continuous) 65

levonorgestrel-ethinyl estradiol-ferrous bisglycinate 65

levothyroxine sodium 66

lidocaine 15

lidocaine hcl 15

lidocaine hcl (mouth-throat) 15

lidocaine-prilocaine 15

linezolid 17

LINZESS 60

liothyronine sodium 66

lisinopril 45

lisinopril & hydrochlorothiazide 47

lithium 41

lithium carbonate 41

LIVTENCITY 37

LOKELMA 55

LONSURF 30

loperamide hcl	60	mercaptopurine	29
lopinavir-ritonavir	40	meropenem	19
lorazepam	41	mesalamine	70
LORBRENA	31	mesalamine w/ cleanser	70
losartan potassium	45	mesna	33
losartan potassium & hydrochlorothiazide	47	metformin hcl	42
LOTEMAX	73	methadone hcl	14
loteprednol etabonate	73	methazolamide	74
loxapine succinate	35	methenamine hippurate	17
lubiprostone	60	methimazole	66
LUMAKRAS	31	methocarbamol	77
LUPRON DEPOT	66	METHOTREXATE SODIUM	68
lurasidone hcl	36	METHOXSALEN RAPID	52
LYBALVI	36	methsuximide	22
LYNPARZA	31	methylphenidate hcl	50
LYSODREN	30	METHYLPHENIDATE HCL ER	50
Lytgobi	31	METHYLPHENIDATE HCL ER (OSM)	50
M		methyprednisolone	63
M-M-R II	69	metoclopramide hcl	25
M-NATAL PLUS	56	metolazone	47
magnesium sulfate	54	metoprolol & hydrochlorothiazide	47
malathion	53	metoprolol succinate	46
maraviroc	39	metoprolol tartrate	46
MARPLAN	24	metronidazole	17
MATERNACEL	56	metronidazole (topical)	17
MATERVIA	56	metronidazole vaginal	17
MATULANE	29	metryrosine	47
MAVYRET	38	mexiletine hcl	45
meclizine hcl	25	micafungin sodium	26
medroxyprogesterone acetate	65	MICONAZOLE 3	26
medroxyprogesterone acetate (contraceptive)	65	midodrine hcl	44
mefloquine hcl	34	mifepristone (hyperglycemia)	66
megestrol acetate	65	miglustat	61
MEKINIST	31	minocycline hcl	21
MEKTOVI	31	MINOCYCLINE HCL ER	21
meloxicam	14	minoxidil	48
memantine hcl	24	mirabegron	62
memantine hcl-donepezil hcl	23	MIRENA (52 MG)	65
MENQUADFI	69	mirtazapine	24
MENVEO	69	misoprostol	64
		modafinil	77

MOLINDONE HCL	35	NEONATAL 19	56
mometasone furoate	52	NEONATAL COMPLETE	56
montelukast sodium	75	NEONATAL FE	56
morphine sulfate	14	NEONATAL PLUS	56
MORPHINE SULFATE	15	NERLYNX	31
MORPHINE SULFATE (CONCENTRATE)	15	NESTABS	56
MOUNJARO	42	NESTABS DHA	56
MOXIFLOXACIN HCL	20	NESTABS ONE	56
moxifloxacin hcl (ophth)	73	NEUPRO	35
MOXIFLOXACIN HCL IN NACL	20	nevirapine	39
MULTI-MAC	56	NEXPLANON	65
mupirocin	53	niacin (antihyperlipidemic)	48
mupirocin calcium (topical)	53	nifedipine	46
mycophenolate mofetil	68	nilotinib hcl	32
mycophenolate sodium	69	nilutamide	29
N		nimodipine	46
nabumetone	14	NINLARO	32
nadolol	46	nitazoxanide	34
nafticillin sodium	19	NITRO-BID	49
NALOXONE HCL	16	NITRO-DUR	49
naltrexone hcl	16	nitrofurantoin macrocrystal	17
NAMZARIC	23	nitrofurantoin monohyd macro	17
naproxen	14	nitroglycerin	49
naratriptan hcl	27	nitroglycerin (intra-anal)	49
NATACHEW	56	NIVA-PLUS	56
NATAL PNV	56	NIVESTYM	44
NATALVIT	56	NIZATIDINE	61
nateglinide	42	NORDITROPIN FLEXPOR	63
NAYZILAM	22	norelgestromin-ethinyl estradiol	65
NEEDLES, INSULIN DISP., SAFETY	71	norethin acet & estrad-fe	65
NEEVO DHA	56	norethindrone & ethinyl estradiol-fe	65
NEFAZODONE HCL	25	norethindrone (contraceptive)	65
NEO-VITAL RX	56	norethindrone acet & eth estra	65
NEOMATERNA	56	norethindrone acetate-ethinyl estradiol	65
neomycin sulfate	16	norethindrone acetate-ethinyl estradiol-fe	65
neomycin-bacitracin zn-polymyxin	72	norgestimate-ethinyl estradiol	65
neomycin-polymy-dexameth	72	norgestimate-ethinyl estradiol (triphasic)	65
NEOMYCIN-POLYMYXIN-HC	72	norgestrel & ethinyl estradiol	65
neomycin-polymyxin-hc (otic)	74	nortriptyline hcl	25
NEONATAL + DHA	56	NORVIR	40
		NOVOLIN 70/30	43

NOVOLIN 70/30 FLEXPEN	43
NOVOLIN N	43
NOVOLIN N FLEXPEN	43
NOVOLIN R	43
NOVOLIN R FLEXPEN	43
NUBEQA	29
NUCALA	77
NUDEXTA	50
NUPLAZID	36
NURTEC	27
NUTRILIPID	54
NUTROPIN AQ NUSPIN 10	63
NUTROPIN AQ NUSPIN 20	63
NUTROPIN AQ NUSPIN 5	64
nystatin	27
nystatin (mouth-throat)	26
nystatin (topical)	27
nystatin-triamcinolone	52

O

OB COMPLETE	57
OB COMPLETE ONE	57
OB COMPLETE PETITE	57
OB COMPLETE PREMIER	57
OB COMPLETE/DHA	57
OBSTETRIX EC (WITH DOCUSATE)	57
OBSTETRIX ONE (WITH DOCUSATE)	57
octreotide acetate	66
ODEFSEY	39
ODOMZO	32
OFEV	76
OFLOXACIN	20
ofloxacin (ophth)	73
ofloxacin (otic)	74
OGSIVEO	30
OJEMDA	32
OJJAARA	30
olanzapine	36
OLUMIANT	67
omega-3-acid ethyl esters	48
omeprazole	61

OMNITROPE	64
ondansetron	26
ondansetron hcl	26
ONE VITE WOMENS PLUS	57
ONGENTYS	34
ONUREG	29
OPIPZA	36
OPSUMIT	76
OPVEE	16
ORENCIA	67
ORENCIA CLICKJECT	67
ORGOVYX	66
ORKAMBI	75
ORSERDU	29
oseltamivir phosphate	40
OTEZLA	52
oxazepam	41
oxcarbazepine	23
oxybutynin chloride	62
oxycodone hcl	15
oxycodone w/ acetaminophen	15
OXYCODONE-ACETAMINOPHEN	15
OXYCONTIN	14
OXYTROL	62
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	42
OZEMPIC (1 MG/DOSE)	42
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	42

P

paliperidone	36
PANRETIN	33
pantoprazole sodium	61
paroxetine hcl	41
paroxetine mesylate (vasomotor)	41
PAXLOVID	40
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	40
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	40
pazopanib hcl	32

PEDIARIX.....	69	PNV TABS 29-1.....	57
PEDVAX HIB.....	70	PNV-DHA.....	57
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid.....	60	PNV-DHA+DOCUSATE.....	57
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate...	60	PNV-OMEGA.....	57
peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	60	PNV-SELECT.....	57
PEGASYS.....	68	podofilox.....	52
PEMAZYRE.....	32	polymyxin b sulfate.....	17
PENBRAYA.....	70	polymyxin b-trimethoprim.....	73
penicillamine.....	62	POMALYST.....	29
PENICILLIN G POT IN DEXTROSE.....	19	posaconazole.....	27
penicillin g potassium.....	19	potassium chloride.....	54
PENICILLIN G SODIUM.....	19	POTASSIUM CHLORIDE ER.....	54
penicillin v potassium.....	19	potassium chloride in dextrose.....	54
PENTACEL.....	70	potassium chloride in dextrose & sodium chloride...	54
pentamidine isethionate.....	34	POTASSIUM CHLORIDE IN NACL.....	54
PENTASA.....	70	potassium chloride microencapsulated crystals er...	54
pentoxifylline.....	47	potassium citrate (alkalinizer).....	54
permethrin.....	53	pramipexole dihydrochloride.....	35
perphenazine.....	26	pravastatin sodium.....	48
PERSERIS.....	36	praziquantel.....	33
PHENELZINE SULFATE.....	24	prazosin hcl.....	45
phenobarbital.....	22	PRED MILD.....	73
phenytoin.....	23	prednisolone.....	63
phenytoin sodium extended.....	23	prednisolone acetate (ophth).....	73
PIFELTRO.....	39	prednisolone sodium phosphate.....	63
pilocarpine hcl.....	74	PREDNISOLONE SODIUM PHOSPHATE.....	73
pilocarpine hcl (oral).....	51	prednisone.....	63
pimecrolimus.....	52	PREDNISONE INTENSOL.....	63
PIMOZIDE.....	35	pregabalin.....	50
pindolol.....	46	PREGEN DHA.....	57
pioglitazone hcl.....	42	PREGENNA.....	57
pioglitazone hcl-metformin hcl.....	42	PREMARIN.....	65
piperacillin sodium-tazobactam sodium.....	19	PREMASOL.....	54
Piqray.....	32	PREMESISRX.....	57
pirfenidone.....	76	PREMPRO.....	65
PNV 27-CA/FE/FA.....	57	PRENA 1 TRUE.....	57
PNV PRENATAL PLUS MULTIVIT+DHA.....	57	PRENA1.....	57
PNV PRENATAL PLUS MULTIVITAMIN.....	57	PRENA1 PEARL.....	57
PNV TABS 20-1.....	57	PRENAISSANCE.....	57
		PRENAISSANCE PLUS.....	57
		PRENARA.....	57

PRENATAL.....	57	promethazine hcl.....	26
PRENATAL 19.....	57	propafenone hcl.....	45
PRENATAL PLUS.....	57	propranolol hcl.....	27
PRENATAL PLUS IRON.....	57	propylthiouracil.....	66
PRENATAL PLUS VITAMIN/MINERAL.....	57	PROQUAD.....	70
PRENATAL VITAMIN PLUS LOW IRON.....	57	PROSOL.....	54
PRENATAL-U.....	58	protriptyline hcl.....	25
PRENATE.....	58	PROVIDA OB.....	58
PRENATE AM.....	58	PULMICORT FLEXHALER.....	74
PRENATE DHA.....	58	PULMOZYME.....	75
PRENATE ELITE.....	58	pyrazinamide.....	28
PRENATE ENHANCE.....	58	pyridostigmine bromide.....	28
PRENATE ESSENTIAL.....	58	pyrimethamine.....	34
PRENATE MINI.....	58		
PRENATE PIXIE.....	58	Q	
PRENATE RESTORE.....	58	QINLOCK.....	32
PRENATOL-M.....	58	QUADRACEL.....	70
PRENATRIX.....	58	quetiapine fumarate.....	36
PRENATRYL.....	58	quinidine gluconate.....	45
PRENATVITE COMPLETE.....	58	quinidine sulfate.....	45
PRENATVITE PLUS.....	58	quinine sulfate.....	34
PRENATVITE RX.....	58	QULIPTA.....	27
PREPLUS.....	58		
PRETAB.....	58	R	
PRETOMANID.....	28	RABAVERT.....	70
PREVYMIS.....	37	RALDESY.....	25
PREZCOBIX.....	40	raloxifene hcl.....	65
PREZISTA.....	40	ramelteon.....	77
PRIFTIN.....	28	ramipril.....	45
PRIMACARE.....	58	ranolazine.....	47
primaquine phosphate.....	34	rasagiline mesylate.....	35
PRIMIDONE.....	22	RAVICTI.....	61
PRIORIX.....	70	REBIF.....	50
PRIVIGEN.....	67	REBIF REBIDOSE.....	50
probenecid.....	27	REBIF REBIDOSE TITRATION PACK.....	50
prochlorperazine.....	26	REBIF TITRATION PACK.....	50
prochlorperazine maleate.....	26	RECOMBIVAX HB.....	70
progesterone.....	65	RECORLEV.....	66
PROGRAF.....	69	RELENZA DISKHALER.....	40
PROLASTIN-C.....	61	RELISTOR.....	60
PROLIA.....	71	RELNATE DHA.....	58

repaglinide	42	saxagliptin hcl	42
REPATHA	48	saxagliptin-metformin hcl	42
REPATHA PUSHTRONEX SYSTEM	48	SCEMBLIX	32
REPATHA SURECLICK	48	scopolamine	26
RESTASIS MULTIDOSE	72	SE-NATAL 19	58
RETACRIT	44	SECUADO	37
RETEVMO	32	SELECT-OB	58
REVUFORJ	32	SELECT-OB+DHA	58
REXULTI	36	selegiline hcl	35
REYATAZ	40	selenium sulfide	52
REZLIDHIA	32	SELZENTRY	39
REZUROCK	69	SEREVENT DISKUS	75
RHOPRESSA	74	SEROSTIM	64
RIBAVIRIN	38	sertraline hcl	25
rifabutin	28	SHINGRIX	70
rifampin	28	SIGNIFOR	66
riluzole	50	sildenafil citrate (pulmonary hypertension)	76
risperidone	37	silver sulfadiazine	52
risperidone microspheres	37	SIMPONI	69
ritonavir	40	simvastatin	48
rivaroxaban	44	sirolimus	69
rivastigmine	23	SIRTURO	28
rivastigmine tartrate	23	SIVEXTRO	17
rizatriptan benzoate	27	SKYRIZI	67
roflumilast	76	SKYRIZI PEN	67
ROMVIMZA	32	sodium chloride	54
ropinirole hydrochloride	35	sodium chloride (gu irrigant)	54
rosuvastatin calcium	48	SODIUM FLUORIDE	55
ROTARIX	70	SODIUM OXYBATE	77
ROTATEQ	70	sodium phenylbutyrate	61
ROZLYTREK	32	sodium polystyrene sulfonate	55
RUBRACA	32	SOFOSBUVIR-VELPATASVIR	38
rufinamide	23	solifenacin succinate	62
RUKOBIA	39	SOLTAMOX	29
RYDAPT	32	SOMAVERT	66
RYTARY	35	sorafenib tosylate	32
S		sotalol hcl	45
sacubitril-valsartan	47	sotalol hcl (afib/af)	45
SANTYL	52	SOVALDI	38
sapropterin dihydrochloride	61	SPIRIVA RESPIMAT	75
		spironolactone	48

spironolactone & hydrochlorothiazide	47	tamsulosin hcl	62
SPRITAM	22	TARON-C DHA	58
SPS (SODIUM POLYSTYRENE SULF)	55	TARON-PREX	58
STELARA	67	tasimelteon	77
STIVARGA	32	TAVNEOS	67
STREPTOMYCIN SULFATE	16	tazarotene	51
STRIBILD	38	TAZVERIK	32
SUCRAID	61	TEFLARO	19
sucralfate	61	temazepam	77
SULFACETAMIDE SODIUM	73	TENIVAC	70
sulfacetamide sodium (acne)	20	tenofovir disoproxil fumarate	39
sulfacetamide sodium (ophth)	73	TEPMETKO	32
SULFACETAMIDE-PREDNISOLONE	72	terazosin hcl	45
sulfadiazine	20	terbinafine hcl	27
sulfamethoxazole-trimethoprim	20	terconazole vaginal	27
sulfasalazine	70	teriflunomide	50
sulindac	14	TERIPARATIDE	71
sumatriptan	28	testosterone	64
sumatriptan succinate	28	TESTOSTERONE CYPIONATE	64
sunitinib malate	32	TESTOSTERONE ENANTHATE	64
SUNLENCA	39	tetrabenazine	50
SYMDEKO	75	tetracycline hcl	21
SYMLINPEN 120	42	THALOMID	29
SYMLINPEN 60	42	THEO-24	76
SYMPAZAN	22	theophylline	76
SYMTUZA	40	THEOPHYLLINE ER	76
SYNAREL	66	thioridazine hcl	35
		thiothixene	35
T		THRIVITE RX	58
TABLOID	29	tiagabine hcl	22
TABRECTA	32	TIBSOVO	32
tacrolimus	69	ticagrelor	44
tacrolimus (topical)	52	TICOVAC	70
tadalafil	62	tigecycline	17
tadalafil (pulmonary hypertension)	76	timolol maleate	27
TAFINLAR	32	timolol maleate (ophth)	73
TAGRISSO	32	tinidazole	17
TALTZ	67	tiotropium bromide monohydrate	75
TALZENNA	32	TIVICAY	38
tamoxifen citrate tab (10 mg equivalent)	29	TIVICAY PD	38
tamoxifen citrate tab (20 mg equivalent)	29	tizanidine hcl	37

TOBRADEX	72	TRIKAFTA	76
tobramycin	76	TRIMETHOPRIM	17
tobramycin (ophth)	73	trimipramine maleate	25
tobramycin sulfate	16	TRINATAL RX 1	58
tobramycin-dexamethasone	72	TRINATE	58
tolcapone	34	TRINAZ	58
tolterodine tartrate	62	TRINTELLIX	25
topiramate	22	TRISTART DHA	59
toremifene citrate	29	TRISTART FREE	59
torsemide	47	TRISTART ONE	59
TPN ELECTROLYTES	58	TRIUMEQ	39
tramadol hcl	15	TRIUMEQ PD	39
TRAMADOL HCL ER	14	TRIVEEN-DUO DHA	59
TRAMADOL HCL ER (BIPHASIC)	14	TROPHAMINE	55
tramadol-acetaminophen	15	tropium chloride	62
tranexamic acid	44	TRULICITY	42
tranylcypromine sulfate	24	TRUMENBA	70
TRAVASOL	55	TRUQAP	30,32
travoprost	74	TUDORZA PRESSAIR	75
trazodone hcl	25	TUKYSA	32
TRECTOR	28	TURALIO	32
TRELEGY ELLIPTA	77	TWINRIX	70
TRELSTAR MIXJECT	66	TYBOST	39
TREMFYA	67	TYMLOS	71
TREMFYA CROHNS INDUCTION	67	TYPHIM VI	70
TREMFYA ONE-PRESS	67		
TREMFYA PEN	67	U	
tretinoin	51	UBRELVY	27
tretinoin (chemotherapy)	33	UMECLIDINIUM-VILANTEROL	77
tretinoin microsphere	51	UPTRAVI	76
TRETINOIN MICROSPHERE PUMP	51	URSODIOL	60
triamcinolone acetonide (mouth)	51	UZEDY	37
triamcinolone acetonide (topical)	52		
triamterene	47	V	
triamterene & hydrochlorothiazide	47	valacyclovir hcl	40
triazolam	77	VALCHLOR	29
TRICARE	58	valganciclovir hcl	37
trientine hcl	55	valproate sodium	22
trifluoperazine hcl	36	valproic acid	22
TRIFLURIDINE	73	valsartan	45
trihexyphenidyl hcl	34	valsartan-hydrochlorothiazide	47

Valtoco	22	VITAFOL-ONE	59
VANCOMYCIN HCL	18	VITALARA	59
VANCOMYCIN HCL IN DEXTROSE	18	VITAMEDMD ONE RX/QUATREFOLIC	59
VANCOMYCIN HCL IN NACL	18	VITAMEDMD REDICHEW RX	59
VANFLYTA	32	VITAPEARL	59
VAQTA	70	VITATHELY WITH GINGER	59
varenicline tartrate	16	VITATRUE	59
VARIVAX	70	VITRAKVI	33
VAXCHORA	70	VIVA DHA	59
VELSIPITY	67	VIVOTIF	70
VELTASSA	55	VIZIMPRO	33
VENCLEXTA	32	VONJO	33
VENCLEXTA STARTING PACK	32	VORANIGO	33
VENLAFAXINE BESYLATE ER	41	voriconazole	27
venlafaxine hcl	25,41	VORICONAZOLE	27
VEOZAH	50	VOSEVI	38
verapamil hcl	46	VOWST	60
VERAPAMIL HCL ER	46	VP-PNV-DHA	59
VERQUVO	49	VRAYLAR	37
VERSACLOZ	37		
VERZENIO	33	W	
vigabatrin	22	warfarin sodium	44
VIJOICE	33	WELIREG	61
vilazodone hcl	25	WESCAP-C DHA	59
VIMKUNYA	70	WESCAP-PN DHA	59
VINATE DHA RF	59	WESNATAL DHA COMPLETE	59
VINATE II	59	WESNATE DHA	59
VINATE ONE	59	WESTAB PLUS	59
VIRACEPT	40	WESTGEL DHA	60
VIREAD	39	Wixela Inhub	77
VIRT-C DHA	59		
VIRT-NATE DHA	59	X	
VIRT-PN DHA	59	XALKORI	33
VIRT-PN PLUS	59	XARELTO	44
VITAFOL FE+	59	XARELTO STARTER PACK	44
VITAFOL GUMMIES	59	XATMEP	69
VITAFOL STRIPS	59	XCOPRI	23
VITAFOL ULTRA	59	XCOPRI (250 MG DAILY DOSE)	23
VITAFOL-NANO	59	XCOPRI (350 MG DAILY DOSE)	23
VITAFOL-OB	59	XDEMZY	72
VITAFOL-OB+DHA	59	XELJANZ	67

XELJANZ XR	67
XERMELO	60
XGEVA	71
XIFAXAN	18
XOLAIR	67
XOSPATA	33
Xpovio	33
XTANDI	29

Y

YESINTEK	67
YF-VAX	70
YONSA	29

Z

zafirlukast	75
zaleplon	77
ZALVIT	60
ZATEAN-PN DHA	60
ZATEAN-PN PLUS	60
ZEJULA	33
ZELBORAF	33
ZEMAIRA	62
ZENPEP	62
ZEPATIER	38
ZEPOSIA	51
ZEPOSIA 7-DAY STARTER PACK	51
ZEPOSIA STARTER KIT	51
zidovudine	39
zileuton	75
ZIPHEX	60
ziprasidone hcl	37
ziprasidone mesylate	37
ZIRGAN	73
ZOLINZA	30
zolpidem tartrate	77
ZONISADE	23
zonisamide	23
ZTALMY	23
ZURZUVAE	24
ZYDELIG	33

ZYKADIA	33
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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 OPTH OINT 5%	
SODIUM CHLORIDE HYPERTONIC OPTH 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 9/1/2025.

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.

