Community Care

Program of All-Inclusive Care for the Elderly

Formulary

2026 List of Covered Drugs

THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.
HPMS Approved Formulary File Submission ID 00026398, Version 7

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 1/1/2026.

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

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

Material ID: H2034_Form26_C Accepted

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

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

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

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

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

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

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

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

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화1-866-992-6600 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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

Arabic

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

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

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

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

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

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

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

Community Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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

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

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

This document includes a Drug List (formulary) for our plan which is current as of 1/1/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Community Care formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Community Care in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Community Care will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Community Care network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

Can the formulary change?

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

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary.

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 34-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Community Care formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 1/1/2026. To get updated information about the drugs covered by Community Care please contact us. Our contact information appears on the front and back cover pages. Our formulary is updated monthly, and the most current version is always posted on the website. Please contact your team if you want to request a copy of the Formulary.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 59. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Community Care covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Community Care requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Community Care before you fill your prescriptions. If you don’t get approval, Community Care may not cover the drug.

- **Quantity Limits:** For certain drugs, Community Care limits the amount of the drug that Community Care will cover. For example, Community Care provides 9 tablets per prescription for sumatriptan succinate. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Community Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Community Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Community Care will then cover Drug B.

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

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

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

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

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. Community Care may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

- You can ask Member Services for a list of similar drugs that are covered by Community Care. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Community Care.

- You can ask Community Care to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Community Care formulary?

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

- You can ask us to cover a drug even if it is not on our formulary.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Community Care limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

For more information

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

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

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

Community Care Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by Community Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 59.

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

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

LEGEND

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

List of Drugs by Drug Type

DRUG	REQUIREMENTS/LIMITS
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
celecoxib	
DICLOFENAC EPOLAMINE	PA1
diclofenac potassium (tab 25 mg, tab 50 mg)	
diclofenac sodium (tab dr 25 mg, tab dr 50 mg, tab dr 75 mg, tab er 24hr 100 mg)	
diclofenac sodium (topical) soln 1.5%	
etodolac	
ibuprofen (susp 100 mg/5ml, tab 400 mg, tab 600 mg, tab 800 mg)	
indomethacin (cap 25 mg, cap 50 mg, cap er 75 mg)	
meloxicam (tab 7.5 mg, tab 15 mg)	
nabumetone	
naproxen	
sulindac	
OPIOID ANALGESICS, LONG-ACTING	
fentanyl	
methadone hcl (methadone hcl 5 mg/5ml solution, methadone hcl 10 mg/5ml solution, methadone hcl soln 5 mg/5ml, methadone hcl soln 10 mg/5ml, methadone hcl tab 5 mg, methadone hcl tab 10 mg)	
morphine sulfate (tab er 15 mg, tab er 30 mg, tab er 60 mg, tab er 100 mg, tab er 200 mg)	
OXYCONTIN	
tramadol hcl (tab er 100 mg, tab er 200 mg, tab er 300 mg)	
TRAMADOL HCL ER (BIPHASIC)	
OPIOID ANALGESICS, SHORT-ACTING	
acetaminophen w/ codeine	
ACETAMINOPHEN-CODEINE	
CODEINE SULFATE (CODEINE SULFATE, CODEINE SULFATE)	
hydrocodone-acetaminophen (soln 7.5-325 mg/15ml, tab 5-325 mg, tab 7.5-325 mg, tab 10-325 mg)	
hydromorphone hcl (preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg)	
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION	

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

DRUG	REQUIREMENTS/LIMITS
MORPHINE SULFATE (CONCENTRATE)	
MORPHINE SULFATE (MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 15 MG TAB, MORPHINE SULFATE 20 MG/5ML SOLUTION, MORPHINE SULFATE 30 MG TAB, MORPHINE SULFATE ORAL SOLN 10 MG/5ML, MORPHINE SULFATE ORAL SOLN 20 MG/5ML, MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML), MORPHINE SULFATE TAB 15 MG, MORPHINE SULFATE TAB 30 MG)	
oxycodone hcl (conc 100 mg/5ml (20 mg/ml), soln 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)	
oxycodone w/ acetaminophen	
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	
tramadol hcl (tab 50 mg, tab 100 mg)	
tramadol-acetaminophen	
ANESTHETICS	
LOCAL ANESTHETICS	
lidocaine hcl (mouth-throat)	
lidocaine hcl soln 4%	
lidocaine oint 5%	
lidocaine patch 5%	PA1
lidocaine-prilocaine	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENTS/ANTI-CRAVING	
acamprosate calcium	
disulfiram	
OPIOID DEPENDENCE	
buprenorphine hcl (tab 2 mg equiv, tab 8 mg equiv)	
buprenorphine hcl-naloxone hcl dihydrate	
naltrexone hcl	
OPIOID REVERSAL AGENTS	
KLOXXADO	

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

DRUG	REQUIREMENTS/LIMITS
naloxone hcl (naloxone hcl, naloxone hcl inj 0.4 mg/ml, naloxone hcl soln prefilled syringe 0.4 mg/ml, naloxone hcl soln prefilled syringe 2 mg/2ml)	
OPVEE	

SMOKING CESSATION AGENTS

bupropion hcl (smoking deterrent)	
NICOTROL NS	
varenicline tartrate	

ANTIBACTERIALS

AMINOGLYCOSIDES

amikacin sulfate inj 500 mg/2ml (250 mg/ml)	
ARIKAYCE	
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION)	
gentamicin sulfate (topical)	
gentamicin sulfate inj 40 mg/ml	
neomycin sulfate	
STREPTOMYCIN SULFATE	
tobramycin sulfate (tobramycin sulfate, tobramycin sulfate 10 mg/ml solution)	

ANTIBACTERIALS, OTHER

acetic acid (otic)	
aztreonam	
CLEOCIN 100 MG SUPPOS	
clindamycin hcl	
clindamycin palmitate hydrochloride	
clindamycin phosphate (300 mg/2ml, 600 mg/4ml, 900 mg/6ml)	
clindamycin phosphate in d5w	
clindamycin phosphate vaginal	
colistimethate sodium	
daptomycin (daptomycin, daptomycin)	
fosfomycin tromethamine	
linezolid	
methenamine hippurate	

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

DRUG	REQUIREMENTS/LIMITS
METRONIDAZOLE (METRONIDAZOLE, METRONIDAZOLE 500 MG/100ML SOLUTION)	
metronidazole (topical)	
metronidazole vaginal	
nitrofurantoin macrocrystal	
nitrofurantoin monohyd macro	
polymyxin b sulfate	
SIVEXTRO	
TIGECYCLINE (TIGECYCLINE, TIGECYCLINE)	
tinidazole	
trimethoprim (trimethoprim, trimethoprim)	
VANCOMYCIN HCL (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 IN DEXTROSE	
VANCOMYCIN HCL IN NACL	
XIFAXAN	
BETA-LACTAM, CEPHALOSPORINS	
cefadroxil (cefadroxil, cefadroxil)	
CEFAZOLIN SODIUM (CEFAZOLIN SODIUM, CEFAZOLIN SODIUM 1 GM RECON SOLN)	
cefdinir	
cefepime hcl	
cefixime	
cefoxitin sodium	
CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL, CEFPODOXIME PROXETIL)	
cefprozil	
ceftazidime (ceftazidime, ceftazidime)	
ceftriaxone sodium	
cefuroxime axetil	

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

DRUG	REQUIREMENTS/LIMITS
cefuroxime sodium	
cephalexin	
TEFLARO	
BETA-LACTAM, PENICILLINS	
amoxicillin & pot clavulanate	
AMOXICILLIN (AMOXICILLIN, AMOXICILLIN)	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	
AMOXICILLIN-POT CLAVULANATE ER	
ampicillin & sulbactam sodium	
AMPICILLIN (AMPICILLIN, AMPICILLIN)	
ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium for inj 1 gm, ampicillin sodium for iv soln 10 gm)	
AMPICILLIN-SULBACTAM SODIUM	
BICILLIN L-A	
dicloxacillin sodium	
nafcillin sodium (nafcillin sodium, nafcillin sodium)	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	
penicillin g potassium	
PENICILLIN G SODIUM	
penicillin v potassium (penicillin v potassium, penicillin v potassium)	
piperacillin sodium-tazobactam sodium	
CARBAPENEMS	
ertapenem sodium	
imipenem-cilastatin (imipenem-cilastatin, imipenem-cilastatin)	
meropenem (soln 1 gm, soln 500 mg)	
MACROLIDES	
azithromycin	
clarithromycin (clarithromycin, clarithromycin)	
DIFICID 200 MG TAB	
ERYTHROCIN LACTOBIONATE	
ERYTHROCIN STEARATE	
ERYTHROMYCIN BASE (ERYTHROMYCIN BASE, ERYTHROMYCIN BASE)	
ERYTHROMYCIN ETHYLSUCCINATE (ERYTHROMYCIN ETHYLSUCCINATE, ERYTHROMYCIN ETHYLSUCCINATE)	

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

DRUG	REQUIREMENTS/LIMITS
erythromycin lactobionate	
ERYTHROMYCIN STEARATE	
QUINOLONES	
ciprofloxacin hcl	
CIPROFLOXACIN IN D5W (CIPROFLOXACIN 200 MG/100ML IN D5W, CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION)	
levofloxacin (oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)	
levofloxacin in d5w (in soln 500 mg/100ml, in soln 750 mg/150ml)	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	
MOXIFLOXACIN HCL IN NACL	
ofloxacin (ofloxacin, ofloxacin)	
SULFONAMIDES	
sulfacetamide sodium (acne)	
sulfadiazine	
sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)	
TETRACYCLINES	
demeclocycline hcl	
doxycycline (monohydrate)	
DOXYCYCLINE HYCLATE (DOXYCYCLINE HYCLATE, DOXYCYCLINE HYCLATE)	
minocycline hcl	
MINOCYCLINE HCL ER	
tetracycline hcl	
ANTICONVULSANTS	
ANTICONVULSANTS, OTHER	
BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	
DIACOMIT	
divalproex sodium	
EPIDIOLEX	PA2
felbamate	
FINTEPLA	

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

DRUG	REQUIREMENTS/LIMITS
FYCOMPA 0.5 MG/ML SUSPENSION	
lamotrigine	
levetiracetam (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)	
perampanel (tab 2 mg, tab 4 mg, tab 6 mg, tab 8 mg, tab 10 mg, tab 12 mg)	
SPRITAM (250 MG TAB, 500 MG TAB)	
topiramate (cap er 24hr 200 mg, cap er 24hr sprinkle 100 mg, cap er 24hr sprinkle 150 mg, cap er 24hr sprinkle 200 mg, cap er 24hr sprinkle 25 mg, cap er 24hr sprinkle 50 mg, oral soln 25 mg/ml, sprinkle cap 15 mg, sprinkle cap 25 mg, sprinkle cap 50 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)	
valproate sodium oral soln 250 mg/5ml (base equiv)	
valproic acid	
CALCIUM CHANNEL MODIFYING AGENTS	
ethosuximide	
methsuximide	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS	
clobazam	
diazepam (anticonvulsant)	
DIAZEPAM 2.5 MG GEL	
gabapentin	
NAYZILAM	
phenobarbital	
primidone (primidone, primidone)	
SYMPAZAN	
tiagabine hcl	
VALTOCO 10 MG DOSE	
VALTOCO 15 MG DOSE	
VALTOCO 20 MG DOSE	
VALTOCO 5 MG DOSE	
vigabatrin	
ZTALMY	
SODIUM CHANNEL AGENTS	
carbamazepine (carbamazepine, carbamazepine)	
DILANTIN 30 MG CAP	

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

DRUG	REQUIREMENTS/LIMITS
eslicarbazepine acetate	
lacosamide (lacosamide, lacosamide oral solution 10 mg/ml, lacosamide tab 50 mg, lacosamide tab 100 mg, lacosamide tab 150 mg, lacosamide tab 200 mg)	
oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)	
phenytoin	
phenytoin sodium extended	
rufinamide	
XCOPRI	
XCOPRI (250 MG DAILY DOSE)	
XCOPRI (350 MG DAILY DOSE)	
ZONISADE	
zonisamide	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, OTHER	
memantine hcl-donepezil hcl	
NAMZARIC 7-10 MG CAP ER 24H	
CHOLINESTERASE INHIBITORS	
donepezil hydrochloride (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg)	
galantamine hydrobromide	
rivastigmine	
rivastigmine tartrate	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	
MEMANTINE HCL (MEMANTINE HCL, MEMANTINE HCL CAP ER 24HR 14 MG, MEMANTINE HCL CAP ER 24HR 21 MG, MEMANTINE HCL CAP ER 24HR 28 MG, MEMANTINE HCL CAP ER 24HR 7 MG, MEMANTINE HCL TAB 5 MG, MEMANTINE HCL TAB 10 MG)	
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
AUVELITY	
bupropion hcl	
mirtazapine	

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

DRUG	REQUIREMENTS/LIMITS
ZURZUVAE	
MONOAMINE OXIDASE INHIBITORS	
EMSAM	
MARPLAN	
phenelzine sulfate (phenelzine sulfate, phenelzine sulfate)	
tranylcypromine sulfate	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
citalopram hydrobromide	
DESVENLAFAXINE ER	
desvenlafaxine succinate	
escitalopram oxalate	
FETZIMA	
FETZIMA TITRATION	
fluoxetine hcl (fluoxetine hcl, fluoxetine hcl)	
FLUOXETINE HCL (PMDD)	
fluvoxamine maleate	
NEFAZODONE HCL	
paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)	
RALDESY	
SERTRALINE HCL (SERTRALINE HCL, SERTRALINE HCL)	
trazodone hcl	
TRINTELLIX	
venlafaxine hcl (cap er 24hr 37.5 mg equivalent, cap er 24hr 75 mg equivalent, tab 37.5 mg equivalent, tab er 24hr 150 mg equivalent, tab er 24hr 225 mg equivalent, tab er 24hr 75 mg equivalent)	
vilazodone hcl	
TRICYCLICS	
amitriptyline hcl	
amoxapine	
clomipramine hcl	
desipramine hcl	
DOXEPIN HCL (DOXEPIN HCL, DOXEPIN HCL)	
imipramine hcl	
imipramine pamoate	

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

DRUG	REQUIREMENTS/LIMITS
nortriptyline hcl	
protriptyline hcl	
trimipramine maleate	

ANTIEMETICS

ANTIEMETICS, OTHER

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

EMETOGENIC THERAPY ADJUNCTS

aprepitant	PA3
dronabinol	PA1
ondansetron	PA3
ondansetron hcl (oral soln 4 mg/5ml, tab 4 mg, tab 8 mg)	PA3

ANTIFUNGALS

AMPHOTERICIN B	PA3
amphotericin b liposome	PA3
caspofungin acetate (caspofungin acetate, caspofungin acetate)	
clotrimazole	
clotrimazole (topical)	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	PA1
fluconazole	
fluconazole in nacl	
flucytosine	
griseofulvin microsize	
griseofulvin ultramicrosize	
itraconazole cap 100 mg	
ketoconazole	

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

DRUG	REQUIREMENTS/LIMITS
ketoconazole (topical)	
micafungin sodium (micafungin sodium, micafungin sodium)	
MICONAZOLE 3	
nystatin	
nystatin (mouth-throat)	
nystatin (topical)	
posaconazole (susp 40 mg/ml, tab delayed release 100 mg)	
terbinafine hcl	
terconazole vaginal	
voriconazole (for susp 40 mg/ml, tab 50 mg, tab 200 mg)	
VORICONAZOLE (VORICONAZOLE, VORICONAZOLE FOR INJ 200 MG)	PA3

ANTIGOUT AGENTS

allopurinol	
colchicine	
colchicine w/ probenecid	
febuxostat	
probenecid	

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AJOVY	PA1
NURTEC	QL (18 PER 30 OVER TIME)
QULIPTA	
UBRELVY	QL (16 PER 30 OVER TIME)

ERGOT ALKALOIDS

dihydroergotamine mesylate nasal spray 4 mg/ml	
ERGOTAMINE-CAFFEINE	

PROPHYLACTIC

propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)	
timolol maleate	

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

DRUG	REQUIREMENTS/LIMITS
SEROTONIN (5-HT) RECEPTOR AGONIST	
naratriptan hcl	QL (9 PER 30 OVER TIME)
rizatriptan benzoate	QL (12 PER 30 OVER TIME)
sumatriptan	
sumatriptan succinate (inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution auto-injector 6 mg/0.5ml)	
sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)	QL (9 PER 30 OVER TIME)
ANTIMYASTHENIC AGENTS	
PARASYMPATHOMIMETICS	
PYRIDOSTIGMINE BROMIDE (PYRIDOSTIGMINE BROMIDE, PYRIDOSTIGMINE BROMIDE)	
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
dapsone	
rifabutin	
ANTITUBERCULARS	
ethambutol hcl	
ISONIAZID (ISONIAZID, ISONIAZID 100 MG TAB)	
PRETOMANID	
PRIFTIN	
pyrazinamide	
rifampin	
SIRTURO	
ANTINEOPLASTICS	
ALKYLATING AGENTS	
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB, CYCLOPHOSPHAMIDE CAP 25 MG, CYCLOPHOSPHAMIDE CAP 50 MG)	PA3
GLEOSTINE	
LEUKERAN	
MATULANE	

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

DRUG	REQUIREMENTS/LIMITS
VALCHLOR	
ANTIANDROGENS	
abiraterone acetate	
bicalutamide	
ERLEADA	
EULEXIN	
nilutamide	
NUBEQA	
XTANDI	
YONSA	
ANTIANGIOGENIC AGENTS	
lenalidomide	
POMALYST	LA
THALOMID (50 MG CAP, 100 MG CAP)	
ANTIESTROGENS/MODIFIERS	
ORSERDU	
SOLTAMOX	
tamoxifen citrate	
toremifene citrate	
ANTIMETABOLITES	
mercaptopurine	
ONUREG	
TABLOID	
ANTINEOPLASTICS, OTHER	
AKEEGA	
AUGTYRO	
FRUZAQLA	
hydroxyurea	
INQOVI	
IWILFIN	
LONSURF	
LYSODREN	
MODEYSO	

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

DRUG	REQUIREMENTS/LIMITS
OGSIVEO	
OJJAARA	
ZOLINZA	
AROMATASE INHIBITORS, 3RD GENERATION	
anastrozole	
exemestane	
letrozole	
ENZYME INHIBITORS	
AVMAPKI FAKZYNJA CO-PACK	
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	
MOLECULAR TARGET INHIBITORS	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI	
BRUKINSA 80 MG CAP	
CABOMETYX	
CALQUENCE 100 MG TAB	
CAPRELSA	
COMETRIQ	
COPIKTRA	
COTELLIC	
DANZITEN	
dasatinib	
DAURISMO	
ERIVEDGE	
erlotinib hcl	
everolimus	
FOTIVDA	
GAVRETO	
gefitinib	

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

DRUG	REQUIREMENTS/LIMITS
GILOTRIF	
GOMEKLI	
HERNEXEOS	
IBRANCE	
IBTROZI	
ICLUSIG	
IDHIFA	
imatinib mesylate	
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	
IMKELDI	
INLYTA	
INREBIC	
ITOVEBI	
JAKAFI	
JAYPIRCA	
KISQALI	
KISQALI FEMARA	
KOSELUGO (10 MG CAP, 25 MG CAP)	
KRAZATI	
lapatinib ditosylate	
LAZCLUZE	
LENVIMA	
LORBRENA	
LUMAKRAS	
LYNPARZA	
LYTGOBI	
MEKINIST	
MEKTOVI	
NERLYNX	
nilotinib hcl	
NINLARO	
ODOMZO	
OJEMDA	
pazopanib hcl	

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

DRUG	REQUIREMENTS/LIMITS
PEMAZYRE	
PIQRAY (200 MG DAILY DOSE)	
PIQRAY (250 MG DAILY DOSE)	
PIQRAY (300 MG DAILY DOSE)	
QINLOCK	
RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)	
REVUFORJ	
REZLIDHIA	
ROMVIMZA	
ROZLYTREK	
RUBRACA	
RYDAPT	
SCEMBLIX	
sorafenib tosylate	
STIVARGA	
sunitinib malate	
TABRECTA	
TAFINLAR	
TAGRISSO	
TALZENNA	
TAZVERIK	
TEPMETKO	
TIBSOVO	
TRUQAP (160 MG TAB, 200 MG TAB)	
TUKYSA	
TURALIO 125 MG CAP	
VANFLYTA	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VIJOICE	
VITRAKVI	
VIZIMPRO	
VORANIGO	

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

DRUG	REQUIREMENTS/LIMITS
XALKORI	
XOSPATA	
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	
XPOVIO (40 MG ONCE WEEKLY) (MG 10 MG TAB THPK, MG 40 MG TAB THPK)	
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	
XPOVIO (60 MG TWICE WEEKLY)	
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	
XPOVIO (80 MG TWICE WEEKLY)	
ZEJULA	
ZELBORAF	
ZYDELIG	
ZYKADIA	
RETINOIDS	
bexarotene	
bexarotene (topical)	PA2
PANRETIN	
tretinoin (chemotherapy)	
TREATMENT ADJUNCTS	
leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)	
mesna tab 400 mg	
VONJO	
ANTIPARASITICS	
ANTHELMINTICS	
albendazole	
IVERMECTIN (IVERMECTIN, IVERMECTIN 6 MG TAB)	
praziquantel	
ANTIPROTOZOALS	
atovaquone	
atovaquone-proguanil hcl	
chloroquine phosphate (chloroquine phosphate, chloroquine phosphate)	

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

DRUG	REQUIREMENTS/LIMITS
COARTEM	
hydroxychloroquine sulfate	
IMPAVIDO	
mefloquine hcl	
nitazoxanide	
pentamidine isethionate (inj soln 300 mg, soln 300 mg)	
pentamidine isethionate for nebulization soln 300 mg	PA3
primaquine phosphate (primaquine phosphate, primaquine phosphate)	
pyrimethamine	
quinine sulfate	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)	
trihexyphenidyl hcl (tab 2 mg, tab 5 mg)	
ANTIPARKINSON AGENTS, OTHER	
amantadine hcl	
carbidopa-levodopa-entacapone	
entacapone	
ONGENTYS	
tolcapone	
DOPAMINE AGONISTS	
apomorphine hydrochloride	
bromocriptine mesylate	
NEUPRO	
pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)	
ropinirole hydrochloride	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
carbidopa	
carbidopa-levodopa	
RYTARY	

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

DRUG	REQUIREMENTS/LIMITS
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
rasagiline mesylate	
selegiline hcl	
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
chlorpromazine hcl (chlorpromazine hcl, chlorpromazine hcl conc 30 mg/ml, chlorpromazine hcl conc 100 mg/ml, chlorpromazine hcl tab 10 mg, chlorpromazine hcl tab 25 mg, chlorpromazine hcl tab 50 mg, chlorpromazine hcl tab 100 mg, chlorpromazine hcl tab 200 mg)	
fluphenazine decanoate	
FLUPHENAZINE HCL (FLUPHENAZINE HCL, FLUPHENAZINE HCL)	
haloperidol	
haloperidol decanoate	
haloperidol lactate	
loxapine succinate	
MOLINDONE HCL	
PIMOZIDE	
thioridazine hcl	
thiothixene	
trifluoperazine hcl	
2ND GENERATION/ATYPICAL	
ABILIFY ASIMTUFII	
ABILIFY MAINTENA	
aripiprazole	
ARISTADA	
ARISTADA INITIO	
asenapine maleate	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK A	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
lurasidone hcl	

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

DRUG	REQUIREMENTS/LIMITS
LYBALVI	
NUPLAZID	PA2
olanzapine	
OPIPZA	
paliperidone	
PERSERIS	
QUETIAPINE FUMARATE (QUETIAPINE FUMARATE, QUETIAPINE FUMARATE)	
REXULTI	
risperidone (risperidone, risperidone)	
risperidone microspheres	
SECUADO	
UZEDY	
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	
ziprasidone hcl	
ziprasidone mesylate	
ANTIPSYCHOTICS, OTHER	
COBENFY	
COBENFY STARTER PACK	
TREATMENT-RESISTANT	
clozapine (clozapine, clozapine orally disintegrating tab 25 mg, clozapine orally disintegrating tab 100 mg, clozapine orally disintegrating tab 150 mg, clozapine orally disintegrating tab 200 mg, clozapine tab 25 mg, clozapine tab 50 mg, clozapine tab 100 mg, clozapine tab 200 mg)	
VERSACLOZ	
ANTISPASTICITY AGENTS	
baclofen (tab 5 mg, tab 10 mg, tab 20 mg)	
tizanidine hcl	
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
LIVTENCITY	
PREVYMIS (240 MG TAB, 480 MG TAB)	
valganciclovir hcl	

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

DRUG	REQUIREMENTS/LIMITS
ANTI-HEPATITIS B (HBV) AGENTS	
adefovir dipivoxil	
BARACLUDE 0.05 MG/ML SOLUTION	
entecavir	
lamivudine (hbv)	
ANTI-HEPATITIS C (HCV) AGENTS	
LEDIPASVIR-SOFOSBUVIR	PA1
MAVYRET 100-40 MG TAB	PA1
RIBAVIRIN	
SOFOSBUVIR-VELPATASVIR	PA1
SOVALDI 400 MG TAB	PA1
VOSEVI	PA1
ZEPATIER	PA1
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)	
BIKTARVY	
DOVATO	
GENVOYA	
ISENTRESS	
ISENTRESS HD	
JULUCA	
STRIBILD	
TIVICAY 50 MG TAB	
TIVICAY PD	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
DELSTRIGO	
EDURANT	
EDURANT PED	
EFAVIRENZ (EFAVIRENZ, EFAVIRENZ)	
efavirenz-emtricitabine-tenofovir disoproxil fumarate	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	
efavirenz-lamivudine-tenofovir disoproxil fumarate	
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	

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

DRUG	REQUIREMENTS/LIMITS
etravirine	
INTELENCE 25 MG TAB	
nevirapine (nevirapine, nevirapine)	
ODEFSEY	
PIFELTRO	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
abacavir sulfate	
abacavir sulfate-lamivudine	
CIMDUO	
DESCOVY	
emtricitabine	
emtricitabine-tenofovir disoproxil fumarate	
EMTRIVA 10 MG/ML SOLUTION	
lamivudine	
lamivudine-zidovudine	
tenofovir disoproxil fumarate	
TRIUMEQ	
TRIUMEQ PD	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	
zidovudine	
ANTI-HIV AGENTS, OTHER	
maraviroc	
RUKOBIA	
SELZENTRY 20 MG/ML SOLUTION	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB)	
TYBOST	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS	
atazanavir sulfate	
darunavir	
EVOTAZ	
fosamprenavir calcium	

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

DRUG	REQUIREMENTS/LIMITS
KALETRA 400-100 MG/5ML SOLUTION	
lopinavir-ritonavir (tab 100-25 mg, tab 200-50 mg)	
NORVIR 100 MG PACKET	
PREZCOBIX 800-150 MG TAB	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	
REYATAZ 50 MG PACKET	
ritonavir	
SYMTUZA	
VIRACEPT	
ANTI-INFLUENZA AGENTS	
oseltamivir phosphate	
RELENZA DISKHALER	
ANTIHERPETIC AGENTS	
acyclovir	
acyclovir sodium	PA3
famciclovir	
valacyclovir hcl	
ANTIVIRAL, CORONAVIRUS AGENTS	
LAGEVRIO	
PAXLOVID	
PAXLOVID (150/100)	
PAXLOVID (300/100)	
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
buspirone hcl	
hydroxyzine hcl	
HYDROXYZINE PAMOATE (HYDROXYZINE PAMOATE, HYDROXYZINE PAMOATE)	
BENZODIAZEPINES	
alprazolam	
ALPRAZOLAM INTENSOL	
clonazepam	

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

DRUG	REQUIREMENTS/LIMITS
clorazepate dipotassium	
diazepam (conc 5 mg/ml, oral soln 1 mg/ml, tab 2 mg, tab 5 mg, tab 10 mg)	
lorazepam (conc 2 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)	
oxazepam	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
paroxetine hcl (paroxetine hcl, paroxetine hcl tab er 24hr 12.5 mg, paroxetine hcl tab er 24hr 25 mg, paroxetine hcl tab er 24hr 37.5 mg)	
paroxetine mesylate (vasomotor)	
VENLAFAXINE BESYLATE ER	
venlafaxine hcl (cap er 24hr 150 mg equivalent, tab 25 mg equivalent, tab 50 mg equivalent, tab 75 mg equivalent, tab 100 mg equivalent, tab er 24hr 37.5 mg equivalent)	
BIPOLAR AGENTS	
MOOD STABILIZERS	
lithium	
LITHIUM CARBONATE (LITHIUM CARBONATE, LITHIUM CARBONATE)	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
acarbose	
ALOGLIPTIN-METFORMIN HCL	
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	
CYCLOSET	
glimepiride	
glipizide (glipizide, glipizide)	
glipizide-metformin hcl	
JANUVIA	

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

DRUG	REQUIREMENTS/LIMITS
metformin hcl (metformin hcl 625 mg tab, metformin hcl tab 500 mg, metformin hcl tab 850 mg, metformin hcl tab 1000 mg, metformin hcl tab er 24hr 500 mg, metformin hcl tab er 24hr 750 mg, metformin hcl tab er 24hr modified release 1000 mg, metformin hcl tab er 24hr modified release 500 mg, metformin hcl tab er 24hr osmotic 1000 mg, metformin hcl tab er 24hr osmotic 500 mg)	
MOUNJARO	PA1
nateglinide	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN	PA1
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	PA1
OZEMPIC (2 MG/DOSE)	PA1
pioglitazone hcl	
pioglitazone hcl-metformin hcl	
repaglinide	
saxagliptin-metformin hcl	
SYMLINPEN 120	
SYMLINPEN 60	
TRULICITY	PA1
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
diazoxide	
GLUCAGEN HYPOKIT	
glucagon	
GLUCAGON EMERGENCY	
INSULINS	
FIASP	I
FIASP FLEXTOUCH	I
FIASP PENFILL	I
HUMALOG MIX 50/50 KWIKPEN	I
HUMALOG MIX 75/25	I
HUMULIN 70/30	I
HUMULIN 70/30 KWIKPEN	I
HUMULIN N	I
HUMULIN N KWIKPEN	I
HUMULIN R	I

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

DRUG	REQUIREMENTS/LIMITS
HUMULIN R U-500 (CONCENTRATED)	I
HUMULIN R U-500 KWIKPEN	I
INSULIN GLARGINE	I
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	I
INSULIN GLARGINE-YFGN	I
INSULIN LISPRO	I
INSULIN LISPRO (1 UNIT DIAL)	I
INSULIN LISPRO JUNIOR KWIKPEN	I
INSULIN LISPRO PROT & LISPRO	I
NOVOLIN 70/30	I
NOVOLIN 70/30 FLEXPEN	I
NOVOLIN 70/30 FLEXPEN RELION	I
NOVOLIN 70/30 RELION	I
NOVOLIN N	I
NOVOLIN N FLEXPEN	I
NOVOLIN N FLEXPEN RELION	I
NOVOLIN N RELION	I
NOVOLIN R	I
NOVOLIN R FLEXPEN	I
NOVOLIN R FLEXPEN RELION	I
NOVOLIN R RELION	I
NOVOLOG	I
NOVOLOG 70/30 FLEXPEN RELION	I
NOVOLOG FLEXPEN	I
NOVOLOG FLEXPEN RELION	I
NOVOLOG MIX 70/30	I
NOVOLOG MIX 70/30 FLEXPEN	I
NOVOLOG MIX 70/30 RELION	I
NOVOLOG PENFILL	I
NOVOLOG RELION	I

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

dabigatran etexilate mesylate

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

DRUG	REQUIREMENTS/LIMITS
ELIQUIS (2.5 MG TAB, 5 MG TAB)	
ELIQUIS DVT/PE STARTER PACK	
enoxaparin sodium (soln 30 mg/0.3ml, soln 40 mg/0.4ml, soln 60 mg/0.6ml, soln 80 mg/0.8ml, soln 100 mg/ml, soln 120 mg/0.8ml, soln 150 mg/ml)	
fondaparinux sodium	
heparin sodium (porcine) (1000 unit/ml, pf 1000 unit/ml, 10000 unit/ml)	PA3
heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)	
warfarin sodium	
XARELTO	
XARELTO STARTER PACK	
BLOOD PRODUCTS AND MODIFIERS, OTHER	
anagrelide hcl	
ARANESP (ALBUMIN FREE)	PA1
eltrombopag olamine	
LEUKINE	PA1
NIVESTYM	PA1
RETACRIT	PA1
HEMOSTASIS AGENTS	
tranexamic acid tab 650 mg	
PLATELET MODIFYING AGENTS	
aspirin-dipyridamole	
cilostazol	
clopidogrel bisulfate tab 75 mg (base equiv)	
ticagrelor	ST
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
clonidine	
clonidine hcl	
droxidopa	
guanfacine hcl	
midodrine hcl	

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

DRUG	REQUIREMENTS/LIMITS
ALPHA-ADRENERGIC BLOCKING AGENTS	
doxazosin mesylate	
prazosin hcl	
terazosin hcl	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
candesartan cilexetil	
irbesartan	
losartan potassium	
valsartan (tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg)	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)	
lisinopril	
ramipril	
ANTIARRHYTHMICS	
amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)	
digoxin (digoxin, digoxin oral soln 0.05 mg/ml, digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg))	
dofetilide	
flecainide acetate	
mexiletine hcl	
propafenone hcl	
quinidine gluconate	
QUINIDINE SULFATE (QUINIDINE SULFATE, QUINIDINE SULFATE)	
sotalol hcl	
sotalol hcl (afib/afl)	
BETA-ADRENERGIC BLOCKING AGENTS	
atenolol	
bisoprolol fumarate	
carvedilol	
labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)	
metoprolol succinate	
metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)	
nadolol	

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

DRUG	REQUIREMENTS/LIMITS
pindolol	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
amlodipine besylate	
nifedipine (tab er 30 mg, tab er 60 mg, tab er 90 mg, tab er osmotic release 30 mg, tab er osmotic release 60 mg, tab er osmotic release 90 mg)	
nimodipine	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg, tab er 24hr 120 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg)	
diltiazem hcl coated beads	
diltiazem hcl extended release beads	
verapamil hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)	
VERAPAMIL HCL ER	
CARDIOVASCULAR AGENTS, OTHER	
acetazolamide (tab 125 mg, tab 250 mg)	
aliskiren fumarate	
amiloride & hydrochlorothiazide	
AMILORIDE-HYDROCHLOROTHIAZIDE	
amlodipine besylate-benazepril hcl	
amlodipine besylate-valsartan	
amlodipine-valsartan-hydrochlorothiazide	
atenolol & chlorthalidone	
bisoprolol & hydrochlorothiazide	
enalapril maleate & hydrochlorothiazide	
ENTRESTO	
irbesartan-hydrochlorothiazide	
ivabradine hcl	
lisinopril & hydrochlorothiazide	
losartan potassium & hydrochlorothiazide	
metoprolol & hydrochlorothiazide	
metyrosine	

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

DRUG	REQUIREMENTS/LIMITS
pentoxifylline	
ranolazine	
spironolactone & hydrochlorothiazide	
triamterene & hydrochlorothiazide	
valsartan-hydrochlorothiazide	
DIURETICS, LOOP	
bumetanide	
FUROSEMIDE (FUROSEMIDE, FUROSEMIDE)	
torsemide	
DIURETICS, POTASSIUM-SPARING	
amiloride hcl	
triamterene	
DIURETICS, THIAZIDE	
chlorthalidone	
hydrochlorothiazide	
indapamide	
metolazone	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
choline fenofibrate	
FENOFIBRATE (FENOFIBRATE, FENOFIBRATE)	
fenofibrate micronized	
gemfibrozil	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
atorvastatin calcium	
pravastatin sodium	
rosuvastatin calcium	
simvastatin	
DYSLIPIDEMICS, OTHER	
cholestyramine	
cholestyramine light	
colesevelam hcl	
ezetimibe	
icosapent ethyl	

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

DRUG	REQUIREMENTS/LIMITS
JUXTAPID	PA1
NEXLETOL	PA1
niacin (antihyperlipidemic)	
omega-3-acid ethyl esters	
REPATHA	
REPATHA SURECLICK	
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
eplerenone	
KERENDIA	
spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)	
DAPAGLIFLOZIN PROPANEDIOL	
FARXIGA	
JARDIANCE	
VASODILATORS, DIRECT-ACTING ARTERIAL	
hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)	
minoxidil	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	
isosorbide dinitrate	
ISOSORBIDE MONONITRATE (ISOSORBIDE MONONITRATE, ISOSORBIDE MONONITRATE)	
NITRO-BID	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	
nitroglycerin	
nitroglycerin (intra-anal)	
VERQUVO	

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

DRUG	REQUIREMENTS/LIMITS
CENTRAL NERVOUS SYSTEM AGENTS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 12.5 mg, tab 15 mg, tab 20 mg, tab 30 mg)	
dextroamphetamine sulfate (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 5 mg, oral solution 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
atomoxetine hcl	
dexmethylphenidate hcl	
guanfacine hcl (adhd)	
methylphenidate hcl	
METHYLPHENIDATE HCL ER	
METHYLPHENIDATE HCL ER (OSM)	
CENTRAL NERVOUS SYSTEM, OTHER	
NUEDEXTA	PA1
riluzole	
tetrabenazine	
VEOZAH	
FIBROMYALGIA AGENTS	
DRIZALMA SPRINKLE	PA2
duloxetine hcl	
pregabalin	
MULTIPLE SCLEROSIS AGENTS	
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
dalfampridine	PA1
dimethyl fumarate	
glatiramer acetate	
REBIF	
REBIF REBIDOSE	

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

DRUG	REQUIREMENTS/LIMITS
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	
teriflunomide	
ZEPOSIA	
ZEPOSIA 7-DAY STARTER PACK	
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	

DENTAL AND ORAL AGENTS

chlorhexidine gluconate (mouth-throat)	
pilocarpine hcl (oral)	
triamcinolone acetonide (mouth)	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

acitretin	
benzoyl peroxide-erythromycin	
isotretinoin	
TAZAROTENE (TAZAROTENE, TAZAROTENE)	
tretinoin	
TRETINOIN MICROSPHERE (TRETINOIN MICROSPHERE, TRETINOIN MICROSPHERE GEL 0.04%, TRETINOIN MICROSPHERE GEL 0.1%)	
TRETINOIN MICROSPHERE PUMP	

DERMATITIS AND PRURITUS AGENTS

betamethasone dipropionate (topical)	
BETAMETHASONE DIPROPIONATE AUG	
betamethasone dipropionate augmented	
betamethasone valerate (betamethasone valerate, betamethasone valerate)	
clobetasol propionate	
clobetasol propionate emollient base	
clobetasol propionate emulsion	
desonide (cream 0.05%, oint 0.05%)	
doxepin hcl (antipruritic)	
EUCRISA	

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

DRUG	REQUIREMENTS/LIMITS
fluocinonide (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)	
fluocinonide emulsified base	
FLUTICASONE PROPIONATE (FLUTICASONE PROPIONATE, FLUTICASONE PROPIONATE)	
hydrocortisone (rectal) perianal cream 2.5%	
hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)	
HYDROCORTISONE 2.5 % LOTION	
hydrocortisone valerate	
lactic acid (ammonium lactate)	
mometasone furoate	
pimecrolimus	
SELENIUM SULFIDE (SELENIUM SULFIDE, SELENIUM SULFIDE LOTION 2.5%)	
tacrolimus (topical)	
triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)	
TRIAMCINOLONE ACETONIDE 0.025 % LOTION	
DERMATOLOGICAL AGENTS, OTHER	
CALCIPOTRIENE (CALCIPOTRIENE, CALCIPOTRIENE 0.005 % SOLUTION)	
clotrimazole w/ betamethasone	
CLOTRIMAZOLE-BETAMETHASONE	
diclofenac sodium (actinic keratoses)	PA1
FLUOROURACIL	
fluorouracil (topical)	
imiquimod	
METHOXSALEN RAPID	
nystatin-triamcinolone	
OTEZLA	PA1
PODOFILOX (PODOFILOX, PODOFILOX SOLN 0.5%)	
SANTYL	
silver sulfadiazine	
PEDICULICIDES/SCABICIDES	
malathion	
permethrin cream 5%	

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

DRUG	REQUIREMENTS/LIMITS
TOPICAL ANTI-INFECTIVES	
acyclovir topical	
ciclopirox	
ciclopirox olamine	
clindamycin phosphate (topical)	
ERY	
erythromycin (acne aid)	
ERYTHROMYCIN 2 % GEL	
mupirocin	
mupirocin calcium (topical)	
ELECTROLYTES/MINERALS/METALS/VITAMINS	
ELECTROLYTE/MINERAL REPLACEMENT	
amino acid infusion	PA3
carglumic acid	
CLINIMIX E/DEXTROSE (2.75/5)	PA3
CLINIMIX E/DEXTROSE (4.25/10)	PA3
CLINIMIX E/DEXTROSE (4.25/5)	PA3
CLINIMIX E/DEXTROSE (5/15)	PA3
CLINIMIX E/DEXTROSE (5/20)	PA3
CLINIMIX/DEXTROSE (4.25/10)	PA3
CLINIMIX/DEXTROSE (4.25/5)	PA3
CLINIMIX/DEXTROSE (5/15)	PA3
CLINIMIX/DEXTROSE (5/20)	PA3
dextrose (dextrose 5 % solution, dextrose 10 % solution, dextrose inj 5%, dextrose inj 10%)	
dextrose w/ sodium chloride (2.5% 0.45%, 5% 0.45%, 5% 0.9%)	
DEXTROSE-NACL	
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	

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

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

ELECTROLYTE/MINERAL/METAL MODIFIERS

deferasirox	
deferiprone	
FERRIPROX 100 MG/ML SOLUTION	
JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	

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

DRUG	REQUIREMENTS/LIMITS
tolvaptan (tolvaptan, tolvaptan tab 15 mg, tolvaptan tab 30 mg)	
trientine hcl (trientine hcl, trientine hcl)	
POTASSIUM BINDERS	
LOKELMA	
sodium polystyrene sulfonate	
SPS (SODIUM POLYSTYRENE SULF)	
VELTASSA	
VITAMINS	
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	
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DERMACINRX PRETRATE	
DUET DHA 400	
DUET DHA BALANCED	
ELITE-OB	
ENBRACE HR	
FOLIVANE-OB	
INATAL GT	

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

DRUG	REQUIREMENTS/LIMITS
JENLIVA PRENATAL/POSTNATAL	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
MATERNACEL	
MULTI-MAC	
NATACHEW	
NATAL PNV	
NATALVIT	
NEEVO DHA	
NEO-VITAL RX	
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE	
NEONATAL FE	
NEONATAL PLUS	
NESTABS	
NESTABS DHA	
NESTABS ONE	
NIVA-PLUS	
OB COMPLETE	
OB COMPLETE ONE	
OB COMPLETE PETITE	
OB COMPLETE PREMIER	
OB COMPLETE/DHA	
OBSTETRIX EC (WITH DOCUSATE)	
OBSTETRIX ONE (WITH DOCUSATE)	
ONE VITE WOMENS PLUS	
PNV PRENATAL PLUS MULTIVIT+DHA	
PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 20-1	
PNV TABS 29-1	
PNV-DHA	
PNV-DHA+DOCUSATE	
PNV-OMEGA	

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

DRUG	REQUIREMENTS/LIMITS
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 VITAMIN/MINERAL	
PRENATAL VITAMIN PLUS LOW IRON	
PRENATAL-U	
PRENATE	
PRENATE AM	
PRENATE DHA	
PRENATE ELITE	
PRENATE ENHANCE	
PRENATE ESSENTIAL	
PRENATE MINI	
PRENATE PIXIE	
PRENATE RESTORE	
PRENATOL-M	
PRENATRIX	
PRENATRYL	
PRENATVITE COMPLETE	
PRENATVITE PLUS	
PRENATVITE RX	
PREPLUS	
PRETAB	
PRIMACARE	

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

DRUG	REQUIREMENTS/LIMITS
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	
TRISTART DHA	
TRISTART FREE	
TRISTART ONE	
VINATE DHA RF	
VINATE II	
VINATE ONE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VIRT-PN PLUS	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITALARA	
VITAMEDMD ONE RX/QUATREFOLIC	
VITAMEDMD REDICHEW RX	
VITAPEARL	

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

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

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

lactulose (encephalopathy)	
lactulose (oral crystal packet 10 gm, solution 10 gm/15ml)	
LINZESS	
lubiprostone	
RELISTOR	PA1

ANTI-DIARRHEAL AGENTS

alosetron hcl	
diphenoxylate w/ atropine	
DIPHENOXYLATE-ATROPINE	
loperamide hcl cap 2 mg	
XERMELO	

ANTISPASMODICS, GASTROINTESTINAL

dicyclomine hcl (cap 10 mg, oral soln 10 mg/5ml, tab 20 mg)	
glycopyrrolate (glycopyrrolate 1.5 mg tab, glycopyrrolate oral soln 1 mg/5ml, glycopyrrolate tab 1 mg, glycopyrrolate tab 2 mg)	

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

DRUG	REQUIREMENTS/LIMITS
GASTROINTESTINAL AGENTS, OTHER	
GATTEX	PA1
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	
URSODIOL (URSODIOL, URSODIOL)	
VOQUEZNA	
VOWST	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)	
NIZATIDINE (NIZATIDINE, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	
PROTECTANTS	
sucralfate tab 1 gm	
PROTON PUMP INHIBITORS	
esomeprazole magnesium (cap 20 mg (base eq), cap 40 mg (base eq), for susp packet 10 mg, for susp packet 20 mg, for susp packet 40 mg)	
lansoprazole	
omeprazole (cap 10 mg, cap 20 mg, cap 40 mg)	
pantoprazole sodium (ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg)	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ARALAST NP	PA3
betaine	
CERDELGA	
CREON	
cromolyn sodium (mastocytosis)	
CYSTAGON	
CYSTARAN	
GLASSIA 1000 MG/50ML SOLUTION	PA3
glutamine (sickle cell)	
miglustat	

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

DRUG	REQUIREMENTS/LIMITS
PROLASTIN-C	PA3
RAVICTI	
REVCOVI	
sapropterin dihydrochloride	
sodium phenylbutyrate	
SUCRAID	
WELIREG	
ZEMAIRA	PA3
ZENPEP	
GENITOURINARY AGENTS	
ANTISPASMODICS, URINARY	
darifenacin hydrobromide	
mirabegron	
oxybutynin chloride	
OXYTROL	
solifenacin succinate	
tolterodine tartrate	
trospium chloride	
BENIGN PROSTATIC HYPERTROPHY AGENTS	
alfuzosin hcl	
dutasteride	
dutasteride-tamsulosin hcl	
finasteride	
tadalafil (pulmonary hypertension)	PA2
tadalafil tab 5 mg	PA2
tamsulosin hcl	
GENITOURINARY AGENTS, OTHER	
bethanechol chloride	
ELMIRON	
penicillamine	

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

DRUG	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	
dexamethasone (dexamethasone, dexamethasone tab 0.5 mg, dexamethasone tab 0.75 mg, dexamethasone tab 1 mg, dexamethasone tab 1.5 mg, dexamethasone tab 2 mg, dexamethasone tab 4 mg, dexamethasone tab 6 mg, dexamethasone tab therapy pack 1.5 mg (21))	
fludrocortisone acetate	
HEMADY	
methylprednisolone	
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE, PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION)	
prednisolone soln 15 mg/5ml	
prednisone (prednisone, prednisone 5 mg/5ml solution)	
PREDNISONE INTENSOL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	
desmopressin acetate (tab 0.1 mg, tab 0.2 mg)	
desmopressin acetate spray (desmopressin acetate spray, desmopressin acetate spray)	
desmopressin acetate spray refrigerated	
GENOTROPIN	PA1
GENOTROPIN MINIQUICK	PA1
HUMATROPE	PA1
INCRELEX	
NORDITROPIN FLEXPRO	PA1
NUTROPIN AQ NUSPIN 10	PA1
NUTROPIN AQ NUSPIN 20	PA1
NUTROPIN AQ NUSPIN 5	PA1
OMNITROPE	PA1
SEROSTIM	PA1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	
misoprostol	

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

DRUG	REQUIREMENTS/LIMITS

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

ANDROGENS

danazol
TESTOSTERONE (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 CYPIONATE (TESTOSTERONE CYPIONATE, TESTOSTERONE CYPIONATE)
TESTOSTERONE ENANTHATE

ESTROGENS

desogestrel-ethinyl estradiol (biphasic)
drospirenone-ethinyl estradiol
drospirenone-ethinyl estradiol-levomefolate calcium estrad-levomefolate tab 3-0.02-0.451 mg
estradiol & norethindrone acetate
estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg, td patch weekly 0.025 mg/24hr, td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), td patch weekly 0.05 mg/24hr, td patch weekly 0.06 mg/24hr, td patch weekly 0.075 mg/24hr, td patch weekly 0.1 mg/24hr)
estradiol vaginal
ESTRING
ethynodiol diacet & eth estrad
etonogestrel-ethinyl estradiol
levonorgestrel & eth estradiol
levonorgestrel-eth estradiol (triphasic)
levonorgestrel-ethinyl estradiol (91-day)
levonorgestrel-ethinyl estradiol (continuous)
levonorgestrel-ethinyl estradiol-ferrous bisglycinate
norelgestromin-ethinyl estradiol
norethin acet & estrad-fe (ace & ethinyl tab 1 mcg, ace-eth chew tab 1 mcg (24), ace-ethinyl cap 1 mcg (24))
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg
norethindrone acet & eth estra ethinyl estradiol tab 1 mg-20 mcg
norethindrone acetate-ethinyl estradiol
norethindrone acetate-ethinyl estradiol-fe

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

DRUG	REQUIREMENTS/LIMITS
norgestimate-ethinyl estradiol	
norgestimate-ethinyl estradiol (triphasic)	
norgestrel & ethinyl estradiol	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	
PREMPRO	

PROGESTINS

DEPO-SUBQ PROVERA 104	
medroxyprogesterone acetate	
medroxyprogesterone acetate (contraceptive)	
megestrol acetate	
MIRENA (52 MG)	
NEXPLANON	
norethindrone (contraceptive)	
progesterone (cap 100 mg, cap 200 mg)	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

DUAVEE	
raloxifene hcl	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

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

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

cabergoline	
ELIGARD	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
leuprolide acetate	
LEUPROLIDE ACETATE (3 MONTH)	
LUPRON DEPOT	PA3
mifepristone (hyperglycemia)	PA1

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

DRUG	REQUIREMENTS/LIMITS
octreotide acetate (50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml))	
ORGOVYX	
RECORLEV	
SIGNIFOR	
SOMAVERT	
SYNAREL	
TRELSTAR MIXJECT	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

methimazole	
propylthiouracil	

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

CINRYZE	PA1
icatibant acetate	

IMMUNOGLOBULINS

GAMMAGARD 2.5 GM/25ML SOLUTION	PA3
GAMMAGARD S/D LESS IGA	PA3
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	PA3
GAMUNEX-C 1 GM/10ML SOLUTION	PA3
PRIVIGEN 20 GM/200ML SOLUTION	PA3

IMMUNOLOGICAL AGENTS, OTHER

ARCALYST	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	PA1
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	PA1
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	

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

DRUG	REQUIREMENTS/LIMITS
SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	
SKYRIZI PEN	
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
TALTZ	
TAVNEOS	
TREMFYA (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN PRSYR)	
TREMFYA ONE-PRESS	
TREMFYA PEN 200 MG/2ML SOLN A-INJ	
TREMFYA-CD/UC INDUCTION	
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
VELSIPITY	
XELJANZ	PA1
XELJANZ XR	PA1
XOLAIR	PA1
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
IMMUNOSTIMULANTS	
ACTIMMUNE	
BESREMI	
PEGASYS	
IMMUNOSUPPRESSANTS	
ADALIMUMAB-AACF (2 PEN)	
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-AATY CD/UC/HS START	
ADALIMUMAB-ADAZ (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	
ADALIMUMAB-ADBM (2 PEN) 40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-ADBM (2 SYRINGE) (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	
ADALIMUMAB-FKJP (2 PEN)	
ADALIMUMAB-FKJP (2 SYRINGE)	
ASTAGRAF XL	PA3

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

DRUG	REQUIREMENTS/LIMITS
azathioprine	PA3
cyclosporine (cap 25 mg, cap 100 mg)	PA3
cyclosporine modified (for microemulsion)	PA3
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	
ENBREL MINI	
ENBREL SURECLICK	
ENVARSUS XR	PA3
everolimus (immunosuppressant)	PA3
leflunomide	
METHOTREXATE SODIUM (METHOTREXATE SODIUM, METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML), METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV))	
mycophenolate mofetil	PA3
mycophenolate sodium	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	PA3
REZUROCK	
SIMPONI	
sirolimus	PA3
tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)	PA3
XATMEP	

VACCINES

ABRYSVO	V
ACTHIB	V
ADACEL	V
AREXVY	V
BCG VACCINE	V
BEXSERO	V
BOOSTRIX	V
DAPTACEL	
ENGERIX-B	PA3, V
GARDASIL 9	V
HAVRIX	V
HEPLISAV-B	PA3
HIBERIX	V

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

DRUG	REQUIREMENTS/LIMITS
IMOVAX RABIES	V
INFANRIX	
IPOL	V
IXIARO	V
JYNNEOS	
KINRIX	
M-M-R II	V
MENQUADFI	V
MENVEO	V
MRESVIA	V
PEDIARIX	
PEDVAX HIB	V
PENBRAYA	V
PENMENVY	V
PENTACEL	
PRIORIX	V
PROQUAD	
QUADRACEL	
RABAVERT	V
RECOMBIVAX HB	PA3, V
ROTARIX SUSPENSION	
ROTATEQ	
SHINGRIX	V
TENIVAC	V
TICOVAC	
TRUMENBA	V
TWINRIX	V
TYPHIM VI	V
VAQTA	V
VARIVAX	V
VAXCHORA	
VIMKUNYA	
VIVOTIF	
YF-VAX	V

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

DRUG	REQUIREMENTS/LIMITS
INFLAMMATORY BOWEL DISEASE AGENTS	
AMINOSALICYLATES	
balsalazide disodium	
DIPENTUM	
mesalamine	
mesalamine w/ cleanser	
PENTASA 250 MG CAP ER	
sulfasalazine	
GLUCOCORTICOIDS	
budesonide	
hydrocortisone	
hydrocortisone (intrarectal)	
METABOLIC BONE DISEASE AGENTS	
alendronate sodium (tab 10 mg, tab 35 mg, tab 70 mg)	
calcitonin (salmon) nasal soln 200 unit/act	
calcitriol	
cinacalcet hcl	PA3
doxercalciferol (doxercalciferol, doxercalciferol cap 0.5 mcg, doxercalciferol cap 1 mcg, doxercalciferol cap 2.5 mcg)	
ibandronate sodium tab 150 mg (base equivalent)	
JUBBONTI	
TERIPARATIDE	PA1
TYMLOS	PA1
WYOST	PA1
MISCELLANEOUS THERAPEUTIC AGENTS	
alcohol swabs	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	
BRONCHITOL	
BRONCHITOL TOLERANCE TEST	
gauze pads & dressings	
insulin pen needle	

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

DRUG	REQUIREMENTS/LIMITS
insulin syringe, safety or non-safety (disp) u-100 0.3 ml	
insulin syringe, safety or non-safety (disp) u-100 1 ml	
insulin syringe, safety or non-safety (disp) u-100 1/2 ml	
insulin syringe, safety or non-safety (disp) u-500 1/2 ml	
needles, insulin disp., safety	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

atropine sulfate (ophthalmic) soln 1%

ATROPINE SULFATE 1 % SOLUTION

bacitracin-poly-neomycin-hc

bacitracin-polymyxin b (ophth)

brimonidine tartrate-timolol maleate

cyclosporine (ophth)

dorzolamide hcl-timolol maleate

neomycin-bacitracin zn-polymyxin

neomycin-polymy-dexameth

NEOMYCIN-POLYMYXIN-HC

RESTASIS MULTIDOSE

SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION

TOBRADEX 0.3-0.1 % OINTMENT

tobramycin-dexamethasone

XDEMVY

OPHTHALMIC ANTI-ALLERGY AGENTS

azelastine hcl (ophth)

CROMOLYN SODIUM

cromolyn sodium (ophth)

OPHTHALMIC ANTI-INFECTIVES

AZASITE

BACITRACIN 500 UNIT/GM OINTMENT

ciprofloxacin hcl (ophth)

erythromycin (ophth)

ERYTHROMYCIN 5 MG/GM OINTMENT

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

DRUG	REQUIREMENTS/LIMITS
gatifloxacin (ophth)	
gentamicin sulfate (ophth)	
levofloxacin (ophth)	
LEVOFLOXACIN 0.5 % SOLUTION	
moxifloxacin hcl (ophth)	
ofloxacin (ophth)	
polymyxin b-trimethoprim	
SULFACETAMIDE SODIUM	
sulfacetamide sodium (ophth)	
tobramycin (ophth)	
TRIFLURIDINE	
ZIRGAN	
OPHTHALMIC ANTI-INFLAMMATORIES	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
diclofenac sodium (ophth)	
difluprednate	
fluorometholone (ophth)	
FLURBIPROFEN SODIUM	
FML FORTE	
ketorolac tromethamine (ophth)	
LOTEMAX 0.5 % OINTMENT	
loteprednol etabonate	
PRED MILD	
prednisolone acetate (ophth)	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
BETAXOLOL HCL	
betaxolol hcl (ophth)	
BETOPTIC-S	
CARTEOLOL HCL	
LEVOBUNOLOL HCL	
timolol maleate (ophth)	

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

DRUG	REQUIREMENTS/LIMITS
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
acetazolamide cap er 12hr 500 mg	
brimonidine tartrate	
dorzolamide hcl	
methazolamide	
pilocarpine hcl (soln 1%, soln 2%, soln 4%)	
RHOPRESSA	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
bimatoprost	
latanoprost	
travoprost	
OTIC AGENTS	
CIPRO HC	
ciprofloxacin hcl (otic)	
ciprofloxacin-dexamethasone	
hydrocortisone w/acetic acid	
neomycin-polymyxin-hc (otic)	
ofloxacin (otic)	
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
budesonide (inhalation)	PA3
flunisolide (nasal)	
FLUTICASONE FUROATE ELLIPTA	
fluticasone propionate (nasal)	
FLUTICASONE PROPIONATE HFA	
PULMICORT FLEXHALER	
ANTIHISTAMINES	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	
CLEMASTINE FUMARATE 2.68 MG TAB	
desloratadine	
levocetirizine dihydrochloride tab 5 mg	

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

DRUG	REQUIREMENTS/LIMITS
ANTILEUKOTRIENES	
montelukast sodium tab 10 mg (base equiv)	
zafirlukast	
zileuton	
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA	
INCRUSE ELLIPTA	
ipratropium bromide	PA3
ipratropium bromide (nasal)	
SPIRIVA RESPIMAT	
tiotropium bromide	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
albuterol sulfate (albuterol sulfate, albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate soln nebu 0.5% (5 mg/ml), albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), albuterol sulfate soln nebu 1.25 mg/3ml (base equiv))	PA3
albuterol sulfate (inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg)	
ALBUTEROL SULFATE HFA	
EPINEPHRINE (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	QL (2 PER 30 OVER TIME)
epinephrine (anaphylaxis) (0.15 mg/0.3ml (1:2000), 0.3 mg/0.3ml (1:1000))	QL (2 PER 30 OVER TIME)
levalbuterol hcl	PA3
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	
CYSTIC FIBROSIS AGENTS	
CAYSTON	
KALYDECO	
ORKAMBI	
PULMOZYME	PA3
SYMDEKO	
tobramycin	PA3
TRIKAFTA	

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

DRUG	REQUIREMENTS/LIMITS
MAST CELL STABILIZERS	
cromolyn sodium	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
roflumilast	
THEO-24	
theophylline (tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)	
THEOPHYLLINE ER	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS	PA1
ambrisentan	
OPSUMIT	PA1
sildenafil citrate (pulmonary hypertension) tab 20 mg	PA2
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	
WINREVAIR	PA1
PULMONARY FIBROSIS AGENTS	
OFEV	
PIRFENIDONE (PIRFENIDONE, PIRFENIDONE)	
RESPIRATORY TRACT AGENTS, OTHER	
acetylcysteine	PA3
budesonide-formoterol fumarate dihydrate	
COMBIVENT RESPIMAT	
FLUTICASONE FUROATE-VILANTEROL	
fluticasone-salmeterol (fluticasone-salmeterol, fluticasone-salmeterol)	
ipratropium-albuterol	PA3
NUCALA	PA1
TRELEGY ELLIPTA	
UMECLIDINIUM-VILANTEROL	
Wixela Inhub	
SKELETAL MUSCLE RELAXANTS	
cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)	

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

DRUG	REQUIREMENTS/LIMITS
methocarbamol (tab 500 mg, tab 750 mg)	

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

doxepin hcl (sleep)	
HETLIOZ LQ	PA1
ramelteon	
tasimelteon	PA1
temazepam	
triazolam	
zaleplon	
zolpidem tartrate	

WAKEFULNESS PROMOTING AGENTS

modafinil	PA1
SODIUM OXYBATE	PA1

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

Index of Covered Drugs

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

2026 List of Additional Covered Products

*INFANT CARE PRODUCTS - SHAMPOO**
ACETAMINOPHEN
ACETIC ACID (BULK)
ALUM & MAG HYDROX-SIMETHICONE
ALUMINUM HYDROXIDE
ARTIFICIAL TEAR OINTMENT
ARTIFICIAL TEAR SOLUTION
ASPIRIN
BACITRACIN
BACITRACIN-POLYMYXIN B
B-COMPLEX W/ C & FOLIC ACID
BENZOCAINE (DENTAL)
BISACODYL
CALCIUM
CALCIUM CARBONATE (ANTACID)
CALCIUM CARBONATE-VITAMIN D
CALCIUM POLYCARBOPHIL
CALCIUM W/ VITAMIN D
CAPSAICIN 0.025%
CARBAMIDE PEROXIDE (OTIC)
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH)
CHOLECALCIFEROL
CLOTRIMAZOLE
COAL TAR EXTRACT
CYANOCOBALAMIN
DAKIN'S SOLUTION
DEXTROMETHORPHAN-GUAIFENESIN SYRUP 10-100 MG/
DEXTROSE (DIABETIC USE)
DICLOFENAC SODIUM GEL 1%
DIPHENHYDRAMINE HCL
DOCUSATE SODIUM
ERGOCALCIFEROL
FERROUS SULFATE
FIBER
FLUMAZENIL
FOLIC ACID
GLUCOSE-VITAMIN C CHEW TAB 4-0.006 GM
GUAIFENESIN (LIQUID AND MUCINEX ONLY)
GUAIFENESIN-CODEINE LIQUID
HAMAMELIS WATER-GLYCERIN
HEMORRHOID OINTMENT
HYDROCORTISONE
HYPROMELLOSE (OPHTH)
INHALER, ASSIST DEVICES
LACTASE
LIDOCAINE (ANORECTAL)
LINDANE
LOPERAMIDE 2MG
MAGNESIUM HYDROXIDE

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

This formulary was updated on 1/1/2026.

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

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

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

Community Care