



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

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

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

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

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

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

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

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

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und 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 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-992-6600 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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

Arabic

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

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

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

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

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

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

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。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	
<i>celecoxib</i>	
DICLOFENAC EPOLAMINE	PA1
<i>diclofenac potassium (tab 25 mg, tab 50 mg)</i>	
<i>diclofenac sodium (tab dr 25 mg, tab dr 50 mg, tab dr 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</i>	
<i>naproxen</i>	
<i>sulindac</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	
<i>tramadol hcl (tab er 100 mg, tab er 200 mg, tab er 300 mg)</i>	
TRAMADOL HCL ER (BIPHASIC)	
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen w/ codeine</i>	
ACETAMINOPHEN-CODEINE	
CODEINE SULFATE (CODEINE SULFATE, CODEINE SULFATE)	
<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	

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)	
<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>	PA1
<i>lidocaine-prilocaine</i>	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENTS/ANTI-CRAVING	
<i>acamprosate calcium</i>	
<i>disulfiram</i>	
OPIOID DEPENDENCE	
<i>buprenorphine hcl (tab 2 mg equiv, tab 8 mg equiv)</i>	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	
<i>naltrexone hcl</i>	
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
<i>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)</i>	
OPVEE	
SMOKING CESSATION AGENTS	
<i>bupropion hcl (smoking deterrent)</i>	
NICOTROL NS	
<i>varenicline tartrate</i>	
ANTIBACTERIALS	
AMINOGLYCOSIDES	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
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)	
<i>gentamicin sulfate (topical)</i>	
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>neomycin sulfate</i>	
STREPTOMYCIN SULFATE	
<i>tobramycin sulfate (tobramycin sulfate, tobramycin sulfate 10 mg/ml solution)</i>	
ANTIBACTERIALS, OTHER	
<i>acetic acid (otic)</i>	
<i>aztreonam</i>	
CLEOCIN 100 MG SUPPOS	
<i>clindamycin hcl</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate (300 mg/2ml, 600 mg/4ml, 900 mg/6ml)</i>	
<i>clindamycin phosphate in d5w</i>	
<i>clindamycin phosphate vaginal</i>	
<i>colistimethate sodium</i>	
<i>daptomycin (daptomycin, daptomycin)</i>	
<i>fosfomycin tromethamine</i>	
<i>linezolid</i>	
<i>methenamine hippurate</i>	

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)	
<i>metronidazole (topical)</i>	
<i>metronidazole vaginal</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohyd macro</i>	
<i>polymyxin b sulfate</i>	
SIVEXTRO	
TIGECYCLINE (TIGECYCLINE, TIGECYCLINE)	
<i>tinidazole</i>	
<i>trimethoprim (trimethoprim, trimethoprim)</i>	
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	
<i>cefadroxil (cefadroxil, cefadroxil)</i>	
CEFAZOLIN SODIUM (CEFAZOLIN SODIUM, CEFAZOLIN SODIUM 1 GM RECON SOLN)	
<i>cefdinir</i>	
<i>cefepime hcl</i>	
<i>cefixime</i>	
<i>cefoxitin sodium</i>	
CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL, CEFPODOXIME PROXETIL)	
<i>cefprozil</i>	
<i>ceftazidime (ceftazidime, ceftazidime)</i>	
<i>ceftriaxone sodium</i>	
<i>cefuroxime axetil</i>	

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

DRUG	REQUIREMENTS/LIMITS
<i>cefuroxime sodium</i>	
<i>cephalexin</i>	
TEFLARO	
BETA-LACTAM, PENICILLINS	
<i>amoxicillin & pot clavulanate</i>	
AMOXICILLIN (AMOXICILLIN, AMOXICILLIN)	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	
AMOXICILLIN-POT CLAVULANATE ER	
<i>ampicillin & sulbactam sodium</i>	
AMPICILLIN (AMPICILLIN, AMPICILLIN)	
<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, nafcillin sodium)</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, penicillin v potassium)</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
CARBAPENEMS	
<i>ertapenem sodium</i>	
<i>imipenem-cilastatin (imipenem-cilastatin, imipenem-cilastatin)</i>	
<i>meropenem (soln 1 gm, soln 500 mg)</i>	
MACROLIDES	
<i>azithromycin</i>	
<i>clarithromycin (clarithromycin, clarithromycin)</i>	
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
<i>erythromycin lactobionate</i>	
ERYTHROMYCIN STEARATE	
QUINOLONES	
<i>ciprofloxacin hcl</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, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	
MOXIFLOXACIN HCL IN NACL	
<i>ofloxacin (ofloxacin, ofloxacin)</i>	
SULFONAMIDES	
<i>sulfacetamide sodium (acne)</i>	
<i>sulfadiazine</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>	
DOXYCYCLINE HYCLATE (DOXYCYCLINE HYCLATE, DOXYCYCLINE HYCLATE)	
<i>minocycline hcl</i>	
MINOCYCLINE HCL ER	
<i>tetracycline hcl</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</i>	
EPIDIOLEX	PA2
<i>felbamate</i>	
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	
<i>lamotrigine</i>	
<i>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)</i>	
<i>perampanel (tab 2 mg, tab 4 mg, tab 6 mg, tab 8 mg, tab 10 mg, tab 12 mg)</i>	
SPRITAM (250 MG TAB, 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, 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)</i>	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
<i>valproic acid</i>	
CALCIUM CHANNEL MODIFYING AGENTS	
<i>ethosuximide</i>	
<i>methsuximide</i>	
GAMMA-AMINOBTYRIC ACID (GABA) MODULATING AGENTS	
<i>clobazam</i>	
<i>diazepam (anticonvulsant)</i>	
DIAZEPAM 2.5 MG GEL	
<i>gabapentin</i>	
NAYZILAM	
<i>phenobarbital</i>	
<i>primidone (primidone, primidone)</i>	
SYMPAZAN	
<i>tiagabine hcl</i>	
VALTOCO 10 MG DOSE	
VALTOCO 15 MG DOSE	
VALTOCO 20 MG DOSE	
VALTOCO 5 MG DOSE	
<i>vigabatrin</i>	
ZTALMY	
SODIUM CHANNEL AGENTS	
<i>carbamazepine (carbamazepine, carbamazepine)</i>	
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
<i>eslicarbazepine acetate</i>	
<i>lacosamide (lacosamide, 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</i>	
<i>phenytoin sodium extended</i>	
<i>rufinamide</i>	
XCOPRI	
XCOPRI (250 MG DAILY DOSE)	
XCOPRI (350 MG DAILY DOSE)	
ZONISADE	
<i>zonisamide</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</i>	
<i>rivastigmine</i>	
<i>rivastigmine tartrate</i>	
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	
<i>bupropion hcl</i>	
<i>mirtazapine</i>	

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	
<i>phenelzine sulfate (phenelzine sulfate, phenelzine sulfate)</i>	
<i>tranylcypromine sulfate</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>citalopram hydrobromide</i>	
DESVENLAFAXINE ER	
<i>desvenlafaxine succinate</i>	
<i>escitalopram oxalate</i>	
FETZIMA	
FETZIMA TITRATION	
<i>fluoxetine hcl (fluoxetine hcl, fluoxetine hcl)</i>	
FLUOXETINE HCL (PMDD)	
<i>fluvoxamine maleate</i>	
NEFAZODONE HCL	
<i>paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i>	
RALDESY	
SERTRALINE HCL (SERTRALINE HCL, SERTRALINE HCL)	
<i>trazodone hcl</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</i>	
<i>amoxapine</i>	
<i>clomipramine hcl</i>	
<i>desipramine hcl</i>	
DOXEPIN HCL (DOXEPIN HCL, DOXEPIN HCL)	
<i>imipramine hcl</i>	
<i>imipramine pamoate</i>	

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

DRUG	REQUIREMENTS/LIMITS
<i>nortriptyline hcl</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate</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>	
<i>perphenazine</i>	
<i>prochlorperazine</i>	
<i>prochlorperazine maleate</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>	PA1
<i>ondansetron</i>	PA3
<i>ondansetron hcl (oral soln 4 mg/5ml, tab 4 mg, tab 8 mg)</i>	PA3
ANTIFUNGALS	
AMPHOTERICIN B	PA3
<i>amphotericin b liposome</i>	PA3
<i>caspofungin acetate (caspofungin acetate, caspofungin acetate)</i>	
<i>clotrimazole</i>	
<i>clotrimazole (topical)</i>	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	PA1
<i>fluconazole</i>	
<i>fluconazole in nacl</i>	
<i>flucytosine</i>	
<i>griseofulvin microsize</i>	
<i>griseofulvin ultramicrosize</i>	
<i>itraconazole cap 100 mg</i>	
<i>ketoconazole</i>	

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

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

ANTIGOUT AGENTS

<i>allopurinol</i>
<i>colchicine</i>
<i>colchicine w/ probenecid</i>
<i>febuxostat</i>
<i>probenecid</i>

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

<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</i>

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	
<i>naratriptan hcl</i>	QL (9 PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	QL (12 PER 30 OVER TIME)
<i>sumatriptan</i>	
<i>sumatriptan succinate (inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution auto-injector 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	
PYRIDOSTIGMINE BROMIDE (PYRIDOSTIGMINE BROMIDE, PYRIDOSTIGMINE BROMIDE)	
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
<i>dapsone</i>	
<i>rifabutin</i>	
ANTITUBERCULARS	
<i>ethambutol hcl</i>	
ISONIAZID (ISONIAZID, ISONIAZID 100 MG TAB)	
PRETOMANID	
PRIFTIN	
<i>pyrazinamide</i>	
<i>rifampin</i>	
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	
<i>abiraterone acetate</i>	
<i>bicalutamide</i>	
ERLEADA	
EULEXIN	
<i>nilutamide</i>	
NUBEQA	
XTANDI	
YONSA	
ANTIANGIOGENIC AGENTS	
<i>lenalidomide</i>	
POMALYST	LA
THALOMID (50 MG CAP, 100 MG CAP)	
ANTIESTROGENS/MODIFIERS	
ORSERDU	
SOLTAMOX	
<i>tamoxifen citrate</i>	
<i>toremifene citrate</i>	
ANTIMETABOLITES	
<i>mercaptopurine</i>	
ONUREG	
TABLOID	
ANTINEOPLASTICS, OTHER	
AKEEGA	
AUGTYRO	
FRUZAQLA	
<i>hydroxyurea</i>	
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	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</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 80 MG CAP	
CABOMETYX	
CALQUENCE 100 MG TAB	
CAPRELSA	
COMETRIQ	
COPIKTRA	
COTELLIC	
DANZITEN	
<i>dasatinib</i>	
DAURISMO	
ERIVEDGE	
<i>erlotinib hcl</i>	
<i>everolimus</i>	
FOTIVDA	
GAVRETO	
<i>gefitinib</i>	

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	
<i>imatinib mesylate</i>	
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	
IMKELDI	
INLYTA	
INREBIC	
ITOVEBI	
JAKAFI	
JAYPIRCA	
KISQALI	
KISQALI FEMARA	
KOSELUGO (10 MG CAP, 25 MG CAP)	
KRAZATI	
<i>lapatinib ditosylate</i>	
LAZCLUZE	
LENVIMA	
LORBRENA	
LUMAKRAS	
LYNPARZA	
LYTGOBI	
MEKINIST	
MEKTOVI	
NERLYNX	
<i>nilotinib hcl</i>	
NINLARO	
ODOMZO	
OJEMDA	
<i>pazopanib hcl</i>	

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	
<i>sorafenib tosylate</i>	
STIVARGA	
<i>sunitinib malate</i>	
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	
<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</i>	
IVERMECTIN (IVERMECTIN, IVERMECTIN 6 MG TAB)	
<i>praziquantel</i>	
ANTIPROTOZOALS	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate (chloroquine phosphate, chloroquine phosphate)</i>	

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

DRUG	REQUIREMENTS/LIMITS
COARTEM	
<i>hydroxychloroquine sulfate</i>	
IMPAVIDO	
<i>mefloquine hcl</i>	
<i>nitazoxanide</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, primaquine phosphate)</i>	
<i>pyrimethamine</i>	
<i>quinine sulfate</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</i>	
<i>carbidopa-levodopa-entacapone</i>	
<i>entacapone</i>	
ONGENTYS	
<i>tolcapone</i>	
DOPAMINE AGONISTS	
<i>apomorphine hydrochloride</i>	
<i>bromocriptine mesylate</i>	
NEUPRO	
<i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i>	
<i>ropinirole hydrochloride</i>	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
<i>carbidopa</i>	
<i>carbidopa-levodopa</i>	
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	
<i>rasagiline mesylate</i>	
<i>selegiline hcl</i>	
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
<i>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)</i>	
<i>fluphenazine decanoate</i>	
FLUPHENAZINE HCL (FLUPHENAZINE HCL, FLUPHENAZINE HCL)	
<i>haloperidol</i>	
<i>haloperidol decanoate</i>	
<i>haloperidol lactate</i>	
<i>loxapine succinate</i>	
MOLINDONE HCL	
PIMOZIDE	
<i>thioridazine hcl</i>	
<i>thiothixene</i>	
<i>trifluoperazine hcl</i>	
2ND GENERATION/ATYPICAL	
ABILIFY ASIMTUFI	
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>	

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

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

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	
<i>adefovir dipivoxil</i>	
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine (hbv)</i>	
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)	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	

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

DRUG	REQUIREMENTS/LIMITS
<i>etravirine</i>	
INTELENCE 25 MG TAB	
<i>nevirapine (nevirapine, nevirapine)</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	
<i>fosamprenavir calcium</i>	

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

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

DRUG	REQUIREMENTS/LIMITS
<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, 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>	
LITHIUM CARBONATE (LITHIUM CARBONATE, LITHIUM CARBONATE)	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
<i>acarbose</i>	
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</i>	
<i>glipizide (glipizide, glipizide)</i>	
<i>glipizide-metformin hcl</i>	
JANUVIA	

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

DRUG	REQUIREMENTS/LIMITS
<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	PA1
<i>nateglinide</i>	
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
<i>pioglitazone hcl</i>	
<i>pioglitazone hcl-metformin hcl</i>	
<i>repaglinide</i>	
<i>saxagliptin-metformin hcl</i>	
SYMLINPEN 120	
SYMLINPEN 60	
TRULICITY	PA1
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide</i>	
GLUCAGEN HYPOKIT	
<i>glucagon</i>	
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	
<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>warfarin sodium</i>	
XARELTO	
XARELTO STARTER PACK	
BLOOD PRODUCTS AND MODIFIERS, OTHER	
<i>anagrelide hcl</i>	
ARANESP (ALBUMIN FREE)	PA1
<i>eltrombopag olamine</i>	
LEUKINE	PA1
NIVESTYM	PA1
RETACRIT	PA1
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</i>	
<i>droxidopa</i>	
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	

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	
<i>doxazosin mesylate</i>	
<i>prazosin hcl</i>	
<i>terazosin hcl</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil</i>	
<i>irbesartan</i>	
<i>losartan potassium</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</i>	
<i>ramipril</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>	
<i>digoxin (digoxin, 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</i>	
<i>propafenone hcl</i>	
<i>quinidine gluconate</i>	
QUINIDINE SULFATE (QUINIDINE SULFATE, QUINIDINE SULFATE)	
<i>sotalol hcl</i>	
<i>sotalol hcl (afib/af)</i>	
BETA-ADRENERGIC BLOCKING AGENTS	
<i>atenolol</i>	
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	
<i>metoprolol succinate</i>	
<i>metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	
<i>nadolol</i>	

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

DRUG	REQUIREMENTS/LIMITS
<i>pindolol</i>	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
<i>amlodipine besylate</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</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	
<i>irbesartan-hydrochlorothiazide</i>	
<i>ivabradine hcl</i>	
<i>lisinopril & hydrochlorothiazide</i>	
<i>losartan potassium & hydrochlorothiazide</i>	
<i>metoprolol & hydrochlorothiazide</i>	
<i>metyrosine</i>	

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

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

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
<i>niacin (antihyperlipidemic)</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	
REPATHA SURECLICK	
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
<i>eplerenone</i>	
KERENDIA	
<i>spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)	
DAPAGLIFLOZIN PROPANEDIOL	
FARXIGA	
JARDIANCE	
VASODILATORS, DIRECT-ACTING ARTERIAL	
<i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>minoxidil</i>	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	
<i>isosorbide dinitrate</i>	
ISOSORBIDE MONONITRATE (ISOSORBIDE MONONITRATE, ISOSORBIDE MONONITRATE)	
NITRO-BID	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	
<i>nitroglycerin</i>	
<i>nitroglycerin (intra-anal)</i>	
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	
<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>	
<i>methylphenidate hcl</i>	
METHYLPHENIDATE HCL ER	
METHYLPHENIDATE HCL ER (OSM)	
CENTRAL NERVOUS SYSTEM, OTHER	
NUEDEXTA	PA1
<i>riluzole</i>	
<i>tetrabenazine</i>	
VEOZAH	
FIBROMYALGIA AGENTS	
DRIZALMA SPRINKLE	PA2
<i>duloxetine hcl</i>	
<i>pregabalin</i>	
MULTIPLE SCLEROSIS AGENTS	
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
<i>dalfampridine</i>	PA1
<i>dimethyl fumarate</i>	
<i>glatiramer acetate</i>	
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	
<i>teriflunomide</i>	
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</i>	
TAZAROTENE (TAZAROTENE, TAZAROTENE)	
<i>tretinoin</i>	
TRETINOIN MICROSPHERE (TRETINOIN MICROSPHERE, TRETINOIN MICROSPHERE GEL 0.04%, TRETINOIN MICROSPHERE GEL 0.1%)	
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, betamethasone valerate)</i>	
<i>clobetasol propionate</i>	
<i>clobetasol propionate emollient base</i>	
<i>clobetasol propionate emulsion</i>	
<i>desonide (cream 0.05%, oint 0.05%)</i>	
<i>doxepin hcl (antipruritic)</i>	
EUCRISA	

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

DRUG	REQUIREMENTS/LIMITS
<i>fluocinonide (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)</i>	
<i>fluocinonide emulsified base</i>	
FLUTICASONE PROPIONATE (FLUTICASONE PROPIONATE, FLUTICASONE PROPIONATE)	
<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</i>	
<i>pimecrolimus</i>	
SELENIUM SULFIDE (SELENIUM SULFIDE, SELENIUM SULFIDE LOTION 2.5%)	
<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>	
TRIAMCINOLONE ACETONIDE 0.025 % LOTION	
DERMATOLOGICAL AGENTS, OTHER	
CALCIPOTRIENE (CALCIPOTRIENE, CALCIPOTRIENE 0.005 % SOLUTION)	
<i>clotrimazole w/ betamethasone</i>	
CLOTRIMAZOLE-BETAMETHASONE	
<i>diclofenac sodium (actinic keratoses)</i>	PA1
FLUOROURACIL	
<i>fluorouracil (topical)</i>	
<i>imiquimod</i>	
METHOXSALEN RAPID	
<i>nystatin-triamcinolone</i>	
OTEZLA	PA1
PODOFILOX (PODOFILOX, PODOFILOX SOLN 0.5%)	
SANTYL	
<i>silver sulfadiazine</i>	
PEDICULICIDES/SCABICIDES	
<i>malathion</i>	
<i>permethrin cream 5%</i>	

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

DRUG	REQUIREMENTS/LIMITS
TOPICAL ANTI-INFECTIVES	
<i>acyclovir topical</i>	
<i>ciclopirox</i>	
<i>ciclopirox olamine</i>	
<i>clindamycin phosphate (topical)</i>	
ERY	
<i>erythromycin (acne aid)</i>	
ERYTHROMYCIN 2 % GEL	
<i>mupirocin</i>	
<i>mupirocin calcium (topical)</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	
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
<i>magnesium sulfate (magnesium sulfate 50 % solution, 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 cap er 10 meq, potassium chloride inj 2 meq/ml, potassium chloride inj 10 meq/100ml, potassium chloride inj 20 meq/100ml, potassium chloride inj 40 meq/100ml, potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride powder packet 20 meq, potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg))</i>	
POTASSIUM CHLORIDE ER	
<i>potassium chloride in dextrose</i>	
<i>potassium chloride in dextrose & sodium chloride</i>	
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)	
<i>potassium chloride microencapsulated crystals er</i>	
<i>potassium citrate (alkalinizer)</i>	
POTASSIUM CL IN DEXTROSE 5%	
PREMASOL	PA3
PROSOL	PA3
<i>sodium chloride (gu irrigant)</i>	
<i>sodium chloride (sodium chloride 0.9 % solution, sodium chloride iv soln 0.45%, sodium chloride iv soln 0.9%, sodium chloride iv soln 3%, sodium chloride iv soln 5%, sodium chloride preservative free (pf) inj 0.9%)</i>	
SODIUM FLUORIDE (SODIUM FLUORIDE 2.2 (1 F) MG TAB, SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF), SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF), SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF))	
TRAVASOL	PA3
TROPHAMINE	PA3
ELECTROLYTE/MINERAL/METAL MODIFIERS	
<i>deferasirox</i>	
<i>deferiprone</i>	
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
<i>tolvaptan (tolvaptan, tolvaptan tab 15 mg, tolvaptan tab 30 mg)</i>	
<i>trientine hcl (trientine hcl, trientine hcl)</i>	
POTASSIUM BINDERS	
LOKELMA	
<i>sodium polystyrene sulfonate</i>	
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

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

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>	

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
<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, URSODIOL)	
VOQUEZNA	
VOWST	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
<i>famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)</i>	
NIZATIDINE (NIZATIDINE, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	
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</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>	

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	PA3
WELIREG	
ZEMAIRA	
ZENPEP	
GENITOURINARY AGENTS	
ANTISPASMODICS, URINARY	
darifenacin hydrobromide	
mirabegron	
oxybutynin chloride	
OXYTROL	
solifenacin succinate	
tolterodine tartrate	
trospium chloride	
BENIGN PROSTATIC HYPERTROPHY AGENTS	
alfuzosin hcl	PA2
dutasteride	
dutasteride-tamsulosin hcl	
finasteride	
tadalafil (pulmonary hypertension)	
tadalafil tab 5 mg	
tamsulosin hcl	PA2
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)	
<i>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))</i>	
<i>fludrocortisone acetate</i>	
HEMADY	
<i>methylprednisolone</i>	
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE, PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION)	
<i>prednisolone soln 15 mg/5ml</i>	
<i>prednisone (prednisone, prednisone 5 mg/5ml solution)</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 spray, desmopressin acetate spray)</i>	
<i>desmopressin acetate spray refrigerated</i>	
GENOTROPIN	PA1
GENOTROPIN MINISQUICK	PA1
HUMATROPE	PA1
INCRELEX	
NORDITROPIN FLEXPON	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)	
<i>misoprostol</i>	

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	
<i>danazol</i>	
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	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	
<i>drospirenone-ethinyl estradiol</i>	
<i>drospirenone-ethinyl estradiol-levomefolate calcium estrad-levomefolate tab 3-0.02-0.451 mg</i>	
<i>estradiol & norethindrone acetate</i>	
<i>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)</i>	
<i>estradiol vaginal</i>	
ESTRING	
<i>ethynodiol diacet & eth estrad</i>	
<i>etonogestrel-ethinyl estradiol</i>	
<i>levonorgestrel & eth estradiol</i>	
<i>levonorgestrel-eth estradiol (triphasic)</i>	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	
<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>	
<i>norelgestromin-ethinyl estradiol</i>	
<i>norethin acet & 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>	

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

DRUG	REQUIREMENTS/LIMITS
<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</i>	
<i>medroxyprogesterone acetate (contraceptive)</i>	
<i>megestrol acetate</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>	
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</i>	
REZDIFFRA	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	
<i>cabergoline</i>	
ELIGARD	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
<i>leuprolide acetate</i>	
LEUPROLIDE ACETATE (3 MONTH)	
LUPRON DEPOT	PA3
<i>mifepristone (hyperglycemia)</i>	PA1

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

DRUG	REQUIREMENTS/LIMITS
<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</i>	
<i>propylthiouracil</i>	
IMMUNOLOGICAL AGENTS	
ANGIOEDEMA AGENTS	
CINRYZE	PA1
<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	
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-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-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
<i>azathioprine</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
<i>leflunomide</i>	
METHOTREXATE SODIUM (METHOTREXATE SODIUM, METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML), METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV))	
<i>mycophenolate mofetil</i>	PA3
<i>mycophenolate sodium</i>	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	PA3
REZUROCK	
SIMPONI	
<i>sirolimus</i>	PA3
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	PA3
XATMEP	
VACCINES	
ABRYSVO	V
ACTHIB	V
ADACEL	V
AREXVY	V
BCG VACCINE	V
BEXSERO	V
BOOSTRIX	V
DAPTACEL	
ENGRIX-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	
<i>balsalazide disodium</i>	
DIPENTUM	
<i>mesalamine</i>	
<i>mesalamine w/ cleanser</i>	
PENTASA 250 MG CAP ER	
<i>sulfasalazine</i>	
GLUCOCORTICOIDS	
<i>budesonide</i>	
<i>hydrocortisone</i>	
<i>hydrocortisone (intrarectal)</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</i>	
<i>cinacalcet hcl</i>	PA3
<i>doxercalciferol (doxercalciferol, doxercalciferol cap 0.5 mcg, doxercalciferol cap 1 mcg, doxercalciferol cap 2.5 mcg)</i>	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	
JUBBONTI	
TERIPARATIDE	PA1
TYMLOS	PA1
WYOST	PA1
MISCELLANEOUS THERAPEUTIC AGENTS	
<i>alcohol swabs</i>	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	
BRONCHITOL	
BRONCHITOL TOLERANCE TEST	
<i>gauze pads & dressings</i>	
<i>insulin pen needle</i>	

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

DRUG	REQUIREMENTS/LIMITS
<i>insulin syringe, safety or non-safety (disp) u-100 0.3 ml</i>	
<i>insulin syringe, safety or non-safety (disp) u-100 1 ml</i>	
<i>insulin syringe, safety or non-safety (disp) u-100 1/2 ml</i>	
<i>insulin syringe, safety or non-safety (disp) u-500 1/2 ml</i>	
<i>needles, insulin disp., safety</i>	
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>	
CROMOLYN SODIUM	
<i>cromolyn sodium (ophth)</i>	
OPHTHALMIC ANTI-INFECTIVES	
AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
<i>ciprofloxacin hcl (ophth)</i>	
<i>erythromycin (ophth)</i>	
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
<i>gatifloxacin (ophth)</i>	
<i>gentamicin sulfate (ophth)</i>	
<i>levofloxacin (ophth)</i>	
LEVOFLOXACIN 0.5 % SOLUTION	
<i>moxifloxacin hcl (ophth)</i>	
<i>ofloxacin (ophth)</i>	
<i>polymyxin b-trimethoprim</i>	
SULFACETAMIDE SODIUM	
<i>sulfacetamide sodium (ophth)</i>	
<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	
BETAXOLOL HCL	
<i>betaxolol hcl (ophth)</i>	
BETOPTIC-S	
CARTEOLOL HCL	
LEVOBUNOLOL HCL	
<i>timolol maleate (ophth)</i>	

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	
<i>acetazolamide cap er 12hr 500 mg</i>	
<i>brimonidine tartrate</i>	
<i>dorzolamide hcl</i>	
<i>methazolamide</i>	
<i>pilocarpine hcl (soln 1%, soln 2%, soln 4%)</i>	
RHOPRESSA	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>bimatoprost</i>	
<i>latanoprost</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	
<i>budesonide (inhalation)</i>	PA3
<i>flunisolide (nasal)</i>	
FLUTICASONE FUROATE ELLIPTA	
<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</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	

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

DRUG	REQUIREMENTS/LIMITS
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</i>	PA3
<i>ipratropium bromide (nasal)</i>	
SPIRIVA RESPIMAT	
<i>tiotropium bromide</i>	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
<i>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))</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</i>	PA3
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	
CYSTIC FIBROSIS AGENTS	
CAYSTON	
KALYDECO	
ORKAMBI	
PULMOZYME	PA3
SYMDEKO	
<i>tobramycin</i>	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	
<i>cromolyn sodium</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	PA1
<i>ambrisentan</i>	
OPSUMIT	PA1
<i>sildenafil citrate (pulmonary hypertension) tab 20 mg</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)	
WINREVAIR	PA1
PULMONARY FIBROSIS AGENTS	
OFEV	
PIRFENIDONE (PIRFENIDONE, PIRFENIDONE)	
RESPIRATORY TRACT AGENTS, OTHER	
<i>acetylcysteine</i>	PA3
<i>budesonide-formoterol fumarate dihydrate</i>	
COMBIVENT RESPIMAT	
FLUTICASONE FUROATE-VILANTEROL	
<i>fluticasone-salmeterol (fluticasone-salmeterol, fluticasone-salmeterol)</i>	
<i>ipratropium-albuterol</i>	PA3
NUCALA	PA1
TRELEGY ELLIPTA	
UMECLIDINIUM-VILANTEROL	
Wixela Inhub	
SKELETAL MUSCLE RELAXANTS	
<i>cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	

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

DRUG	REQUIREMENTS/LIMITS
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
<i>doxepin hcl (sleep)</i>	
HETLIOZ LQ	PA1
<i>ramelteon</i>	
<i>tasimelteon</i>	PA1
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem tartrate</i>	
WAKEFULNESS PROMOTING AGENTS	
<i>modafinil</i>	PA1
SODIUM OXYBATE	PA1

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

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abacavir sulfate-lamivudine	23	allopurinol	12
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ABILIFY MAINTENA	20	ALOGLIPTIN-PIOGLITAZONE	25
abiraterone acetate	14	alosetron hcl	42
ABRYSVO	50	alprazolam	24
acamprosate calcium	3	ALPRAZOLAM INTENSOL	24
acarbose	25	ALUNBRIG	15
acetaminophen w/ codeine	2	amantadine hcl	19
ACETAMINOPHEN-CODEINE	2	ambrisentan	57
acetazolamide	30,55	amikacin sulfate	4
acetic acid (otic)	4	amiloride & hydrochlorothiazide	30
acetylcysteine	57	amiloride hcl	31
acitretin	34	AMILORIDE-HYDROCHLOROTHIAZIDE	30
ACTHIB	50	amino acid infusion	36
ACTIMMUNE	49	amiodarone hcl	29
acyclovir	24	amitriptyline hcl	10
acyclovir sodium	24	amlodipine besylate	30
acyclovir topical	36	amlodipine besylate-benazepril hcl	30
ADACEL	50	amlodipine besylate-valsartan	30
ADALIMUMAB-AACF (2 PEN)	49	amlodipine-valsartan-hydrochlorothiazide	30
ADALIMUMAB-AATY (1 PEN)	49	amoxapine	10
ADALIMUMAB-AATY CD/UC/HS START	49	AMOXICILLIN	6
ADALIMUMAB-ADAZ	49	amoxicillin & pot clavulanate	6
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ADALIMUMAB-ADBAM (2 SYRINGE)	49	AMOXICILLIN-POT CLAVULANATE ER	6
ADALIMUMAB-FKJP (2 PEN)	49	amphetamine-dextroamphetamine	33
ADALIMUMAB-FKJP (2 SYRINGE)	49	AMPHOTERICIN B	11
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AJOVY	12	ampicillin & sulbactam sodium	6
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albendazole	18	AMPICILLIN-SULBACTAM SODIUM	6
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asenapine maleate	20	BENLYSTA	48
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atazanavir sulfate	23	betamethasone dipropionate (topical)	34
atenolol	29	BETAMETHASONE DIPROPIONATE AUG	34
atenolol & chlorthalidone	30	betamethasone dipropionate augmented	34
atomoxetine hcl	33	betamethasone valerate	34
atorvastatin calcium	31	BETASERON	33
atovaquone	18	BETAXOLOL HCL	54
atovaquone-proguanil hcl	18	betaxolol hcl (ophth)	54
ATROPINE SULFATE	53	bethanechol chloride	44
atropine sulfate (ophthalmic)	53	BETOPTIC-S	54
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AVONEX PEN	33	BICILLIN L-A	6
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AZASITE	53	bisoprolol & hydrochlorothiazide	30
azathioprine	50	bisoprolol fumarate	29
azelastine hcl	55	BOOSTRIX	50
azelastine hcl (ophth)	53	BOSULIF	15
AZESCO	38	BRAFTOVI	15
azithromycin	6	brimonidine tartrate	55
aztreonam	4	brimonidine tartrate-timolol maleate	53
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BACITRACIN	53	BRONCHITOL	52
bacitracin-poly-neomycin-hc	53	BRONCHITOL TOLERANCE TEST	52
bacitracin-polymyxin b (ophth)	53	BRUKINSA	15
baclofen	21	budesonide	52
balsalazide disodium	52	budesonide (inhalation)	55
BALVERSA	15	budesonide-formoterol fumarate dihydrate	57

bumetanide	31
buprenorphine hcl	3
buprenorphine hcl-naloxone hcl dihydrate	3
bupropion hcl	9
bupropion hcl (smoking deterrent)	4
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calcitonin (salmon)	52	chlorthalidone	31
calcitriol	52	cholestyramine	31
CALQUENCE	15	cholestyramine light	31
candesartan cilexetil	29	choline fenofibrate	31
CAPLYTA	20	ciclopirox	36
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carvedilol	29	ciprofloxacin hcl (ophth)	53
caspofungin acetate	11	ciprofloxacin hcl (otic)	55
CAYSTON	56	CIPROFLOXACIN IN D5W	7
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cefprozil	5	CITRANATAL DHA	38
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		clindamycin palmitate hydrochloride	4
		clindamycin phosphate	4
		clindamycin phosphate (topical)	36
		clindamycin phosphate in d5w	4
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desloratadine	55
desmopressin acetate	45
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desvenlafaxine succinate	10	DOVATO	22
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dexmethylphenidate hcl	33	doxepin hcl (antipruritic)	34
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dextrose w/ sodium chloride	36	doxycycline (monohydrate)	7
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diclofenac sodium (ophth)	54	DUPIXENT	48
diclofenac sodium (tab dr 25 mg, tab dr 50 mg, tab dr 75 mg, tab er 24hr 100 mg)	2	dutasteride	44
diclofenac sodium (topical)	2	dutasteride-tamsulosin hcl	44
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digoxin	29	EFAVIRENZ	22
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ERYTHROCIN STEARATE	6	FETZIMA	10
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erythromycin (acne aid)	36	FIASP	26
erythromycin (ophth)	53	FIASP FLEXTOUCH	26
ERYTHROMYCIN BASE	6	FIASP PENFILL	26
ERYTHROMYCIN ETHYLSUCCINATE	6	finasteride	44
erythromycin lactobionate	7	FINTEPLA	7
ERYTHROMYCIN STEARATE	7	FIRMAGON	47
escitalopram oxalate	10	FIRMAGON (240 MG DOSE)	47
eslicarbazepine acetate	9	flecainide acetate	29
esomeprazole magnesium	43	fluconazole	11
estradiol	46	fluconazole in nacl	11
estradiol & norethindrone acetate	46	flucytosine	11
estradiol vaginal	46	fludrocortisone acetate	45
ESTRING	46	flunisolide (nasal)	55
ethambutol hcl	13	fluocinonide	35
ethosuximide	8	fluocinonide emulsified base	35
ethynodiol diacet & eth estrad	46	fluorometholone (ophth)	54
etodolac	2	FLUOROURACIL	35

fluorouracil (topical)	35
fluoxetine hcl	10
FLUOXETINE HCL (PMDD)	10
fluphenazine decanoate	20
FLUPHENAZINE HCL	20
FLURBIPROFEN SODIUM	54
FLUTICASONE FUROATE ELLIPTA	55
FLUTICASONE FUROATE-VILANTEROL	57
FLUTICASONE PROPIONATE	35
fluticasone propionate (nasal)	55
FLUTICASONE PROPIONATE HFA	55
fluticasone-salmeterol	57
fluvoxamine maleate	10
FML FORTE	54
FOLIVANE-OB	38
fondaparinux sodium	28
fosamprenavir calcium	23
fosfomycin tromethamine	4
FOTIVDA	15
FRUZAQLA	14
FUROSEMIDE	31
FYCOMPA	8

G

gabapentin	8
galantamine hydrobromide	9
GAMMAGARD	48
GAMMAGARD S/D LESS IGA	48
GAMMAPLEX	48
GAMUNEX-C	48
GARDASIL 9	50
gatifloxacin (ophth)	54
GATTEX	43
gauze pads & dressings	52
GAVRETO	15
gefitinib	15
gemfibrozil	31
GENOTROPIN	45
GENOTROPIN MINISQUICK	45
GENTAMICIN IN SALINE	4
gentamicin sulfate	4

gentamicin sulfate (ophth)	54
gentamicin sulfate (topical)	4
GENVOYA	22
GILOTRIF	16
GLASSIA	43
glatiramer acetate	33
GLEOSTINE	13
glimepiride	25
glipizide	25
glipizide-metformin hcl	25
GLUCAGEN HYPOKIT	26
glucagon	26
GLUCAGON EMERGENCY	26
glutamine (sickle cell)	43
glycopyrrolate	42
GOMEKLI	16
griseofulvin microsize	11
griseofulvin ultramicrosize	11
guanfacine hcl	28
guanfacine hcl (adhd)	33

H

haloperidol	20
haloperidol decanoate	20
haloperidol lactate	20
HAVRIX	50
HEMADY	45
heparin sodium (porcine)	28
HEPLISAV-B	50
HERNEXEOS	16
HETLIOZ LQ	58
HIBERIX	50
HUMALOG MIX 50/50 KWIKPEN	26
HUMALOG MIX 75/25	26
HUMATROPE	45
HUMULIN 70/30	26
HUMULIN 70/30 KWIKPEN	26
HUMULIN N	26
HUMULIN N KWIKPEN	26
HUMULIN R	26
HUMULIN R U-500 (CONCENTRATED)	27

HUMULIN R U-500 KWIKPEN	27	INFANRIX	51
hydralazine hcl	32	INLYTA	16
hydrochlorothiazide	31	INQOVI	14
hydrocodone-acetaminophen	2	INREBIC	16
HYDROCORTISONE	35	INSULIN GLARGINE	27
hydrocortisone	52	INSULIN GLARGINE SOLOSTAR	27
hydrocortisone (intrarectal)	52	INSULIN GLARGINE-YFGN	27
hydrocortisone (rectal)	35	INSULIN LISPRO	27
hydrocortisone (topical)	35	INSULIN LISPRO (1 UNIT DIAL)	27
hydrocortisone valerate	35	INSULIN LISPRO JUNIOR KWIKPEN	27
hydrocortisone w/acetic acid	55	INSULIN LISPRO PROT & LISPRO	27
hydromorphone hcl	2	insulin pen needle	52
HYDROMORPHONE HCL PF	2	insulin syringe, safety or non-safety (disp) u-100 0.3 ml	53
hydroxychloroquine sulfate	19	insulin syringe, safety or non-safety (disp) u-100 1 ml	53
hydroxyurea	14	insulin syringe, safety or non-safety (disp) u-100 1/2 ml	53
hydroxyzine hcl	24	Insulin syringe, safety or non-safety (disp) u-500 1/2 ml	53
HYDROXYZINE PAMOATE	24	INTELENCE	23
I		INTRALIPID	36
ibandronate sodium	52	INVEGA HAFYERA	20
IBRANCE	16	INVEGA SUSTENNA	20
IBTROZI	16	INVEGA TRINZA	20
ibuprofen	2	IPOL	51
icatibant acetate	48	ipratropium bromide	56
ICLUSIG	16	ipratropium bromide (nasal)	56
icosapent ethyl	31	ipratropium-albuterol	57
IDHIFA	16	irbesartan	29
imatinib mesylate	16	irbesartan-hydrochlorothiazide	30
IMBRUVICA	16	ISENTRESS	22
imipenem-cilastatin	6	ISENTRESS HD	22
imipramine hcl	10	ISOLYTE-P IN D5W	36
imipramine pamoate	10	ISONIAZID	13
imiquimod	35	isosorbide dinitrate	32
IMKELDI	16	ISOSORBIDE MONONITRATE	32
IMOVAX RABIES	51	isotretinoin	34
IMPAVIDO	19	ITOVEBI	16
INATAL GT	38	itraconazole	11
INCRELEX	45	ivabradine hcl	30
INCRUSE ELLIPTA	56		
indapamide	31		
indomethacin	2		

IVERMECTIN	18
IWILFIN	14
IXIARO	51

J

JAKAFI	16
JANUVIA	25
JARDIANCE	32
JAYPIRCA	16
JENLIVA PRENATAL/POSTNATAL	39
JUBBONTI	52
JULUCA	22
JUXTAPID	32
JYNARQUE	37
JYNNEOS	51

K

KALETRA	24
KALYDECO	56
KCL IN DEXTROSE-NACL	36
KCL-LACTATED RINGERS-D5W	36
KERENDIA	32
ketoconazole	11
ketoconazole (topical)	12
ketorolac tromethamine (ophth)	54
KINERET	48
KINRIX	51
Kisqali	16
Kisqali FEMARA	16
KLOXXADO	3
KOSELUGO	16
KOSHER PRENATAL PLUS IRON	39
KRAZATI	16

L

labetalol hcl	29
lacosamide	9
lactic acid (ammonium lactate)	35
lactulose	42
lactulose (encephalopathy)	42
LAGEVRIO	24

lamivudine	23
lamivudine (hbv)	22
lamivudine-zidovudine	23
lamotrigine	8
lansoprazole	43
lapatinib ditosylate	16
latanoprost	55
LAZCLUZE	16
LEDIPASVIR-SOFOSBUVIR	22
leflunomide	50
lenalidomide	14
Lenvima	16
letrozole	15
leucovorin calcium	18
LEUKERAN	13
LEUKINE	28
leuprolide acetate	47
LEUPROLIDE ACETATE (3 MONTH)	47
levalbuterol hcl	56
LEVALBUTEROL TARTRATE	56
levetiracetam	8
LEVOBUNOLOL HCL	54
levocetirizine dihydrochloride	55
levofloxacin	7
LEVOFLOXACIN	54
levofloxacin (ophth)	54
levofloxacin in d5w	7
levonorgestrel & eth estradiol	46
levonorgestrel-eth estradiol (triphasic)	46
levonorgestrel-ethinyl estradiol (91-day)	46
levonorgestrel-ethinyl estradiol (continuous)	46
levonorgestrel-ethinyl estradiol-ferrous bisglycinate	46
levothyroxine sodium	47
lidocaine	3
lidocaine hcl	3
lidocaine hcl (mouth-throat)	3
lidocaine-prilocaine	3
linezolid	4
LINZESS	42
liothyronine sodium	47
lisinopril	29

lisinopril & hydrochlorothiazide	30
lithium	25
LITHIUM CARBONATE	25
LIVTENCITY	21
LOKELMA	38
LONSURF	14
loperamide hcl	42
lopinavir-ritonavir	24
lorazepam	25
LORBRENA	16
losartan potassium	29
losartan potassium & hydrochlorothiazide	30
LOTEMAX	54
loteprednol etabonate	54
loxapine succinate	20
lubiprostone	42
LUMAKRAS	16
LUPRON DEPOT	47
lurasidone hcl	20
LYBALVI	21
LYNPARZA	16
LYSODREN	14
Lytgobi	16

M

M-M-R II	51	meloxicam	2
M-NATAL PLUS	39	MEMANTINE HCL	9
magnesium sulfate	37	memantine hcl-donepezil hcl	9
malathion	35	MENQUADFI	51
maraviroc	23	MENVEO	51
MARPLAN	10	mercaptopurine	14
MATERNACEL	39	meropenem	6
MATULANE	13	mesalamine	52
MAVYRET	22	mesalamine w/ cleanser	52
meclizine hcl	11	mesna	18
medroxyprogesterone acetate	47	metformin hcl	26
medroxyprogesterone acetate (contraceptive)	47	methadone hcl	2
mefloquine hcl	19	methazolamide	55
megestrol acetate	47	methenamine hippurate	4
MEKINIST	16	methimazole	48
MEKTOVI	16	methocarbamol	58
		METHOTREXATE SODIUM	50
		METHOXSALEN RAPID	35
		methsuximide	8
		methylphenidate hcl	33
		METHYLPHENIDATE HCL ER	33
		METHYLPHENIDATE HCL ER (OSM)	33
		methylprednisolone	45
		metoclopramide hcl	11
		metolazone	31
		metoprolol & hydrochlorothiazide	30
		metoprolol succinate	29
		metoprolol tartrate	29
		METRONIDAZOLE	5
		metronidazole (topical)	5
		metronidazole vaginal	5
		metryrosine	30
		mexiletine hcl	29
		micafungin sodium	12
		MICONAZOLE 3	12
		midodrine hcl	28
		mifepristone (hyperglycemia)	47
		miglustat	43
		minocycline hcl	7
		MINOCYCLINE HCL ER	7
		minoxidil	32

mirabegron	44
MIRENA (52 MG)	47
mirtazapine	9
misoprostol	45
modafinil	58
MODEYSO	14
MOLINDONE HCL	20
mometasone furoate	35
montelukast sodium	56
morphine sulfate	2
MORPHINE SULFATE	3
MORPHINE SULFATE (CONCENTRATE)	3
MOUNJARO	26
MOXIFLOXACIN HCL	7
moxifloxacin hcl (ophth)	54
MOXIFLOXACIN HCL IN NACL	7
MRESVIA	51
MULTI-MAC	39
mupirocin	36
mupirocin calcium (topical)	36
mycophenolate mofetil	50
mycophenolate sodium	50

N

nabumetone	2
nadolol	29
naftcillin sodium	6
naloxone hcl	4
naltrexone hcl	3
NAMZARIC	9
naproxen	2
naratriptan hcl	13
NATACHEW	39
NATAL PNV	39
NATALVIT	39
nateglinide	26
NAYZILAM	8
needles, insulin disp., safety	53
NEEVO DHA	39
NEFAZODONE HCL	10
NEO-VITAL RX	39

neomycin sulfate	4
neomycin-bacitracin zn-polymyxin	53
neomycin-polymy-dexameth	53
NEOMYCIN-POLYMYXIN-HC	53
neomycin-polymyxin-hc (otic)	55
NEONATAL + DHA	39
NEONATAL 19	39
NEONATAL COMPLETE	39
NEONATAL FE	39
NEONATAL PLUS	39
NERLYNX	16
NESTABS	39
NESTABS DHA	39
NESTABS ONE	39
NEUPRO	19
nevirapine	23
NEXLETOL	32
NEXPLANON	47
niacin (antihyperlipidemic)	32
NICOTROL NS	4
nifedipine	30
nilotinib hcl	16
nilutamide	14
nimodipine	30
NINLARO	16
nitazoxanide	19
NITRO-BID	32
NITRO-DUR	32
nitrofurantoin macrocrystal	5
nitrofurantoin monohyd macro	5
nitroglycerin	32
nitroglycerin (intra-anal)	32
NIVA-PLUS	39
NIVESTYM	28
NIZATIDINE	43
NORDITROPIN FLEXPPO	45
norelgestromin-ethinyl estradiol	46
norethin acet & estrad-fe	46
norethindrone & ethinyl estradiol-fe	46
norethindrone (contraceptive)	47
norethindrone acet & eth estra	46

norethindrone acetate-ethinyl estradiol	46
norethindrone acetate-ethinyl estradiol-fe	46
norgestimate-ethinyl estradiol	47
norgestimate-ethinyl estradiol (triphasic)	47
norgestrel & ethinyl estradiol	47
nortriptyline hcl	11
NORVIR	24
NOVOLIN 70/30	27
NOVOLIN 70/30 FLEXPEN	27
NOVOLIN 70/30 FLEXPEN RELION	27
NOVOLIN 70/30 RELION	27
NOVOLIN N	27
NOVOLIN N FLEXPEN	27
NOVOLIN N FLEXPEN RELION	27
NOVOLIN N RELION	27
NOVOLIN R	27
NOVOLIN R FLEXPEN	27
NOVOLIN R FLEXPEN RELION	27
NOVOLIN R RELION	27
NOVOLOG	27
NOVOLOG 70/30 FLEXPEN RELION	27
NOVOLOG FLEXPEN	27
NOVOLOG FLEXPEN RELION	27
NOVOLOG MIX 70/30	27
NOVOLOG MIX 70/30 FLEXPEN	27
NOVOLOG MIX 70/30 RELION	27
NOVOLOG PENFILL	27
NOVOLOG RELION	27
NUBEQA	14
NUCALA	57
NUEDEXTA	33
NUPLAZID	21
NURTEC	12
NUTRILIPID	37
NUTROPIN AQ NUSPIN 10	45
NUTROPIN AQ NUSPIN 20	45
NUTROPIN AQ NUSPIN 5	45
nystatin	12
nystatin (mouth-throat)	12
nystatin (topical)	12
nystatin-triamcinolone	35

O

OB COMPLETE	39
OB COMPLETE ONE	39
OB COMPLETE PETITE	39
OB COMPLETE PREMIER	39
OB COMPLETE/DHA	39
OBSTETRIX EC (WITH DOCUSATE)	39
OBSTETRIX ONE (WITH DOCUSATE)	39
octreotide acetate	48
ODEFSEY	23
ODOMZO	16
OFEV	57
ofloxacin	7
ofloxacin (ophth)	54
ofloxacin (otic)	55
OGSIVEO	15
OJEMDA	16
OJJAARA	15
olanzapine	21
OLUMIANT	48
omega-3-acid ethyl esters	32
omeprazole	43
OMNITROPE	45
ondansetron	11
ondansetron hcl	11
ONE VITE WOMENS PLUS	39
ONGENTYS	19
ONUREG	14
OPIPZA	21
OPSUMIT	57
OPVEE	4
ORENCIA	48
ORENCIA CLICKJECT	48
ORGOVYX	48
ORKAMBI	56
ORSERDU	14
oseltamivir phosphate	24
OTEZLA	35
oxazepam	25
oxcarbazepine	9

oxybutynin chloride	44
oxycodone hcl	3
oxycodone w/ acetaminophen	3
OXYCODONE-ACETAMINOPHEN	3
OXYCONTIN	2
OXYTROL	44
OZEMPIC (0.25 OR 0.5 MG/DOSE)	26
OZEMPIC (1 MG/DOSE)	26
OZEMPIC (2 MG/DOSE)	26

P

paliperidone	21	permethrin	35
PANRETIN	18	perphenazine	11
pantoprazole sodium	43	PERSERIS	21
paroxetine hcl	10,25	phenelzine sulfate	10
paroxetine mesylate (vasomotor)	25	phenobarbital	8
PAXLOVID	24	phenytoin	9
PAXLOVID (150/100)	24	phenytoin sodium extended	9
PAXLOVID (300/100)	24	PIFELTRO	23
pazopanib hcl	16	pilocarpine hcl	55
PEDIARIX	51	pilocarpine hcl (oral)	34
PEDVAX HIB	51	pimecrolimus	35
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	43	PIMOZIDE	20
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	43	pindolol	30
peg 3350-potassium chloride-sod bicarbonate-sod chloride	43	pioglitazone hcl	26
PEGASYS	49	pioglitazone hcl-metformin hcl	26
PEMAZYRE	17	piperacillin sodium-tazobactam sodium	6
PENBRAYA	51	PIQRAY (200 MG DAILY DOSE)	17
penicillamine	44	PIQRAY (250 MG DAILY DOSE)	17
PENICILLIN G POT IN DEXTROSE	6	PIQRAY (300 MG DAILY DOSE)	17
penicillin g potassium	6	PIRFENIDONE	57
PENICILLIN G SODIUM	6	PNV PRENATAL PLUS MULTIVIT+DHA	39
penicillin v potassium	6	PNV PRENATAL PLUS MULTIVITAMIN	39
PENMENVY	51	PNV TABS 20-1	39
PENTACEL	51	PNV TABS 29-1	39
pentamidine isethionate	19	PNV-DHA	39
PENTASA	52	PNV-DHA+DOCUSATE	39
pentoxifylline	31	PNV-OMEGA	39
perampanel	8	PNV-SELECT	40
		PODOFILOX	35
		polymyxin b sulfate	5
		polymyxin b-trimethoprim	54
		POMALYST	14
		posaconazole	12
		potassium chloride	37
		POTASSIUM CHLORIDE ER	37
		potassium chloride in dextrose	37
		potassium chloride in dextrose & sodium chloride	37
		POTASSIUM CHLORIDE IN NACL	37
		potassium chloride microencapsulated crystals er	37
		potassium citrate (alkalinizer)	37
		POTASSIUM CL IN DEXTROSE 5%	37

pramipexole dihydrochloride	19	PRENATVITE COMPLETE	40
pravastatin sodium	31	PRENATVITE PLUS	40
praziquantel	18	PRENATVITE RX	40
prazosin hcl	29	PREPLUS	40
PRED MILD	54	PRETAB	40
prednisolone	45	PRETOMANID	13
prednisolone acetate (ophth)	54	PREVYMIS	21
PREDNISOLONE SODIUM PHOSPHATE	45,54	PREZCOBIX	24
prednisone	45	PREZISTA	24
PREDNISONE INTENSOL	45	PRIFTIN	13
pregabalin	33	PRIMACARE	40
PREGEN DHA	40	primaquine phosphate	19
PREGENNA	40	primidone	8
PREMARIN	47	PRIORIX	51
PREMASOL	37	PRIVIGEN	48
PREMESISRX	40	probenecid	12
PREMPRO	47	prochlorperazine	11
PRENA 1 TRUE	40	prochlorperazine maleate	11
PRENA1	40	progesterone	47
PRENA1 PEARL	40	PROGRAF	50
PRENAISSANCE	40	PROLASTIN-C	44
PRENAISSANCE PLUS	40	promethazine hcl	11
PRENARA	40	propafenone hcl	29
PRENATAL	40	propranolol hcl	12
PRENATAL 19	40	propylthiouracil	48
PRENATAL PLUS	40	PROQUAD	51
PRENATAL PLUS VITAMIN/MINERAL	40	PROSOL	37
PRENATAL VITAMIN PLUS LOW IRON	40	protriptyline hcl	11
PRENATAL-U	40	PROVIDA OB	41
PRENATE	40	PULMICORT FLEXHALER	55
PRENATE AM	40	PULMOZYME	56
PRENATE DHA	40	pyrazinamide	13
PRENATE ELITE	40	PYRIDOSTIGMINE BROMIDE	13
PRENATE ENHANCE	40	pyrimethamine	19
PRENATE ESSENTIAL	40		
PRENATE MINI	40	Q	
PRENATE PIXIE	40	QINLOCK	17
PRENATE RESTORE	40	QUADRACEL	51
PRENATOL-M	40	QUETIAPINE FUMARATE	21
PRENATRIX	40	quinidine gluconate	29
PRENATRYL	40	QUINIDINE SULFATE	29

quinine sulfate	19
QULIPTA	12

R

RABAVERT	51
RALDESY	10
raloxifene hcl	47
ramelteon	58
ramipril	29
ranolazine	31
rasagiline mesylate	20
RAVICTI	44
REBIF	33
REBIF REBIDOSE	33
REBIF REBIDOSE TITRATION PACK	34
REBIF TITRATION PACK	34
RECOMBIVAX HB	51
RECORLEV	48
RELENZA DISKHALER	24
RELISTOR	42
RELNATE DHA	41
repaglinide	26
REPATHA	32
REPATHA SURECLICK	32
RESTASIS MULTIDOSE	53
RETACRIT	28
RETEVMO	17
REVCovi	44
REVUFORJ	17
REXULTI	21
REYATAZ	24
REZDIFFRA	47
REZLIDHIA	17
REZUROCK	50
RHOPRESSA	55
RIBAVIRIN	22
rifabutin	13
rifampin	13
riluzole	33
risperidone	21
risperidone microspheres	21

ritonavir	24
rivastigmine	9
rivastigmine tartrate	9
rizatriptan benzoate	13
roflumilast	57
ROMVIMZA	17
ropinirole hydrochloride	19
rosuvastatin calcium	31
ROTARIX	51
ROTATEQ	51
ROZLYTREK	17
RUBRACA	17
rufinamide	9
RUKOBIA	23
RYDAPT	17
RYTARY	19

S

SANTYL	35
sapropterin dihydrochloride	44
saxagliptin-metformin hcl	26
SCEMBLIX	17
scopolamine	11
SE-NATAL 19	41
SECUADO	21
SELECT-OB	41
SELECT-OB+DHA	41
selegiline hcl	20
SELENIUM SULFIDE	35
SELZENTRY	23
SEREVENT DISKUS	56
SEROSTIM	45
SERTRALINE HCL	10
SHINGRIX	51
SIGNIFOR	48
sildenafil citrate (pulmonary hypertension)	57
silver sulfadiazine	35
SIMPONI	50
simvastatin	31
sirolimus	50
SIRTURO	13

SIVEXTRO	5
SKYRIZI	49
SKYRIZI PEN	49
sodium chloride	37
sodium chloride (gu irrigant)	37
SODIUM FLUORIDE	37
SODIUM OXYBATE	58
sodium phenylbutyrate	44
sodium polystyrene sulfonate	38
SOFOSBUVIR-VELPATASVIR	22
solifenacin succinate	44
SOLTAMOX	14
SOMAVERT	48
sorafenib tosylate	17
sotalol hcl	29
sotalol hcl (afib/af)	29
SOVALDI	22
SPIRIVA RESPIMAT	56
spironolactone	32
spironolactone & hydrochlorothiazide	31
SPRITAM	8
SPS (SODIUM POLYSTYRENE SULF)	38
STELARA	49
STIVARGA	17
STREPTOMYCIN SULFATE	4
STRIBILD	22
SUCRAID	44
sucrafate	43
SULFACETAMIDE SODIUM	54
sulfacetamide sodium (acne)	7
sulfacetamide sodium (ophth)	54
SULFACETAMIDE-PREDNISOLONE	53
sulfadiazine	7
sulfamethoxazole-trimethoprim	7
sulfasalazine	52
sulindac	2
sumatriptan	13
sumatriptan succinate	13
sunitinib malate	17
SUNLENCA	23
SYMDEKO	56

SYMLINPEN 120	26
SYMLINPEN 60	26
SYMPAZAN	8
SYMTUZA	24
SYNAREL	48

T

TABLOID	14
TABRECTA	17
tacrolimus	50
tacrolimus (topical)	35
tadalafil	44
tadalafil (pulmonary hypertension)	44
TAFINLAR	17
TAGRISSO	17
TALTZ	49
TALZENNA	17
tamoxifen citrate	14
tamsulosin hcl	44
TARON-C DHA	41
TARON-PREX	41
tasimelteon	58
TAVNEOS	49
TAZAROTENE	34
TAZVERIK	17
TEFLARO	6
temazepam	58
TENIVAC	51
tenofovir disoproxil fumarate	23
TEPMETKO	17
terazosin hcl	29
terbinafine hcl	12
terconazole vaginal	12
teriflunomide	34
TERIPARATIDE	52
TESTOSTERONE	46
TESTOSTERONE CYPIONATE	46
TESTOSTERONE ENANTHATE	46
tetrabenazine	33
tetracycline hcl	7
THALOMID	14

THEO-24	57	TREMFYA ONE-PRESS	49
theophylline	57	TREMFYA PEN	49
THEOPHYLLINE ER	57	TREMFYA-CD/UC INDUCTION	49
thioridazine hcl	20	tretinoin	34
thiothixene	20	tretinoin (chemotherapy)	18
THRIVITE RX	41	TRETINOIN MICROSPHERE	34
tiagabine hcl	8	TRETINOIN MICROSPHERE PUMP	34
TIBSOVO	17	TRIAMCINOLONE ACETONIDE	35
ticagrelor	28	triamcinolone acetonide (mouth)	34
TICOVAC	51	triamcinolone acetonide (topical)	35
TIGECYCLINE	5	triamterene	31
timolol maleate	12	triamterene & hydrochlorothiazide	31
timolol maleate (ophth)	54	triazolam	58
tinidazole	5	TRICARE	41
tiotropium bromide	56	trientine hcl	38
TIVICAY	22	trifluoperazine hcl	20
TIVICAY PD	22	TRIFLURIDINE	54
tizanidine hcl	21	trihexyphenidyl hcl	19
TOBRADEX	53	TRIKAFTA	56
tobramycin	56	trimethoprim	5
tobramycin (ophth)	54	trimipramine maleate	11
tobramycin sulfate	4	TRINATAL RX 1	41
tobramycin-dexamethasone	53	TRINATE	41
tolcapone	19	TRINTELLIX	10
tolterodine tartrate	44	TRISTART DHA	41
tolvaptan	38	TRISTART FREE	41
topiramate	8	TRISTART ONE	41
toremifene citrate	14	TRIUMEQ	23
torsemide	31	TRIUMEQ PD	23
TPN ELECTROLYTES	41	TROPHAMINE	37
tramadol hcl	2,3	trospium chloride	44
tramadol hcl er (biphasic)	2	TRULICITY	26
tramadol-acetaminophen	3	TRUMENBA	51
tranexamic acid	28	TRUQAP	15,17
tranylcypromine sulfate	10	TUDORZA PRESSAIR	56
TRAVASOL	37	TUKYSA	17
travoprost	55	TURALIO	17
trazodone hcl	10	TWINRIX	51
TRELEGY ELLIPTA	57	TYBOST	23
TRELSTAR MIXJECT	48	TYENNE	49
TREMFYA	49	TYMLOS	52

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UBRELVY..... 12

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UPTRAVI..... 57

URSODIOL..... 43

USTEKINUMAB..... 49

UZEDY..... 21

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valacyclovir hcl..... 24

VALCHLOR..... 14

valganciclovir hcl..... 21

valproate sodium..... 8

valproic acid..... 8

valsartan..... 29

valsartan-hydrochlorothiazide..... 31

VALTOCO 10 MG DOSE..... 8

VALTOCO 15 MG DOSE..... 8

VALTOCO 20 MG DOSE..... 8

VALTOCO 5 MG DOSE..... 8

VANCOMYCIN HCL..... 5

VANCOMYCIN HCL IN DEXTROSE..... 5

VANCOMYCIN HCL IN NACL..... 5

VANFLYTA..... 17

VAQTA..... 51

varenicline tartrate..... 4

VARIVAX..... 51

VAXCHORA..... 51

VELSIPITY..... 49

VELTASSA..... 38

VENCLEXTA..... 17

VENCLEXTA STARTING PACK..... 17

VENLAFAXINE BESYLATE ER..... 25

venlafaxine hcl..... 10,25

VEOZAH..... 33

verapamil hcl..... 30

VERAPAMIL HCL ER..... 30

VERQUVO..... 32

VERSACLOZ..... 21

VERZENIO..... 17

vigabatrin..... 8

VIJOICE..... 17

vilazodone hcl..... 10

VIMKUNYA..... 51

VINATE DHA RF..... 41

VINATE II..... 41

VINATE ONE..... 41

VIRACEPT..... 24

VIREAD..... 23

VIRT-C DHA..... 41

VIRT-NATE DHA..... 41

VIRT-PN DHA..... 41

VIRT-PN PLUS..... 41

VITAFOL FE+..... 41

VITAFOL GUMMIES..... 41

VITAFOL STRIPS..... 41

VITAFOL ULTRA..... 41

VITAFOL-NANO..... 41

VITAFOL-OB..... 41

VITAFOL-OB+DHA..... 41

VITAFOL-ONE..... 41

VITALARA..... 41

VITAMEDMD ONE RX/QUATREFOLIC..... 41

VITAMEDMD REDICHEW RX..... 41

VITAPEARL..... 41

VITATHELY WITH GINGER..... 42

VITATRUE..... 42

VITRAKVI..... 17

VIVA DHA..... 42

VIVOTIF..... 51

VIZIMPRO..... 17

VONJO..... 18

VOQUEZNA..... 43

VORANIGO..... 17

voriconazole..... 12

VORICONAZOLE..... 12

VOSEVI..... 22

VOWST..... 43

VP-PNV-DHA..... 42

VRAYLAR..... 21

W

warfarin sodium	28
WELIREG	44
WESCAP-C DHA	42
WESCAP-PN DHA	42
WESNATAL DHA COMPLETE	42
WESNATE DHA	42
WESTAB PLUS	42
WESTGEL DHA	42
WINREVAIR	57
Wixela Inhub	57
WYOST	52

X

XALKORI	18
XARELTO	28
XARELTO STARTER PACK	28
XATMEP	50
XCOPRI	9
XCOPRI (250 MG DAILY DOSE)	9
XCOPRI (350 MG DAILY DOSE)	9
XDEMYY	53
XELJANZ	49
XELJANZ XR	49
XERMELO	42
XIFAXAN	5
XOLAIR	49
XOSPATA	18
XPOVIO (100 MG ONCE WEEKLY)	18
XPOVIO (40 MG ONCE WEEKLY)	18
XPOVIO (40 MG TWICE WEEKLY)	18
XPOVIO (60 MG ONCE WEEKLY)	18
XPOVIO (60 MG TWICE WEEKLY)	18
XPOVIO (80 MG ONCE WEEKLY)	18
XPOVIO (80 MG TWICE WEEKLY)	18
XTANDI	14

Y

YESINTEK	49
YF-VAX	51

YONSA	14
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Z

zafirlukast	56
zaleplon	58
ZALVIT	42
ZATEAN-PN DHA	42
ZATEAN-PN PLUS	42
ZEJULA	18
ZELBORAF	18
ZEMAIRA	44
ZENPEP	44
ZEPATIER	22
ZEPOSIA	34
ZEPOSIA 7-DAY STARTER PACK	34
ZEPOSIA STARTER KIT	34
zidovudine	23
zileuton	56
ZIPHEX	42
ziprasidone hcl	21
ziprasidone mesylate	21
ZIRGAN	54
ZOLINZA	15
zolpidem tartrate	58
ZONISADE	9
zonisamide	9
ZTALMY	8
ZURZUVAE	10
ZYDELIG	18
ZYKADIA	18

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).

