Community Care

Family Care Partnership

Formulary

2026 List of Covered Drugs

FOR PEOPLE ENROLLED IN MEDICARE

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

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.

HPMS approved formulary file submission ID 00026398, Version 9

This formulary was updated on 2/1/2026.

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

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

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Introduction

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

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A. Disclaimers

This is a list of drugs that members can get in Community Care's Family Care Partnership Program.

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

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

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

- You can always check Community Care's up-to-date *List of Covered Drugs* online at http://www.communitycareinc.org or by calling Member Services toll free at 1-866-992-6600. TTY users should call 711. This call is free.
- This document is available for free in Chinese, Hmong, Spanish, Lao, Russian, and Serbo-Croation. Please contact Member Services at 866-992-6600 (TTY users should call 711) for assistance.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services toll free at 1-866-992-6600. TTY users should call 711. You may call us 24 hours a day, 7 days a week. This call is free.

Interpreter Services

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

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

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

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

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

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

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

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

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-992-6600 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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

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

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

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il

numero 1-866-992-6600 (TTY: 711) . Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

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

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

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

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

Community Care:

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

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

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

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *Drug List* that starts in section C, page 15 are the drugs covered by Community Care's Family Care Partnership Program. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Wisconsin Medicaid. Please visit the ForwardHealth website www.dhs.wisconsin.gov/forwardhealth/resources.htm for more information. You can also call the ForwardHealth Member Service Center at 1-800-362-3002 and TTY number 711 (Wisconsin Relay), 8:00 a.m. to 5:00 p.m. Monday through Friday. Please bring your ForwardHealth ID Card when getting prescriptions through Wisconsin Medicaid.

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

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

B2. Does the *Drug List* ever change?

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

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

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

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

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

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

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

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

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

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain $0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
- We can make these changes only if the drug we're adding:
  - is a new generic version of a brand name drug, or
  - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
  - Some of these drug types may be new to you. For more information, refer to Section B14.
- You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.

- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. If you receive notice that a drug is taken off the market, contact your prescriber to discuss treatment alternatives.

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

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

When these changes happen, we'll:

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

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

- if there's a similar drug on the *Drug List* you can take instead **or**

- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Community Care before you fill your prescription. Prior authorization is different from a referral. Community Care's Family Care Partnership Program may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Community Care's Family Care Partnership Program limits the amount of a drug you can get.
- **Step therapy:** Sometimes Community Care's Family Care Partnership Program requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

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

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

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

The table in the section titled List of Drugs by drug type in section C, page 15 has a column labeled "Necessary actions, restrictions, or limits on use."

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

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this

advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

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

There are two ways to find a drug:

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

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

To search by drug type, find the section C, page 15 labeled "List of Drugs by Drug Type". The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the "Antimigraine Agents" category. That is where you will find drugs that treat migraines.

B8. What if the drug I want to take isn't on the *Drug List*?

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

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

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

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

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

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

- You're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Community Care's Family Care Partnership program, **or**
- you are taking a drug that's part of a step therapy restriction

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

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

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

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

Yes. You can ask Community Care's Family Care Partnership Program to make an exception to cover a drug that isn't on the *Drug List*.

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

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

B11. How can I ask for an exception?

To ask for an exception, call Member Services at 1-866-992-6600. TTY users should call the Wisconsin relay System at 711 or call 414-902-2529 for a plan representative. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9, section G** of the *Evidence of Coverage* to learn more about exceptions.

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

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

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

B13. What are generic drugs?

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

Community Care's Family Care Partnership Program covers both brand name drugs and generic drugs.

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

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

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

B15. What are OTC drugs?

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

A list of OTC drugs covered by Community Care is at the end of this booklet. Community Care will provide these OTC drugs at no cost to you. The cost to Community Care of these OTC drugs will not count toward your total Part D drug costs.

B16. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B17. What is my copay?

Community Care Family Care Partnership Program members have $0 for prescriptions as long as the member follows the plan's rules. Refer to questions B15 for more information about OTC drugs.

C. Overview of the *List of Covered Drugs*

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

C1. List of Drugs by Drug Type

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

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example*, lisinopril*), and brand name drugs are capitalized (for example, KERENDIA). The information in the "Necessary actions, restrictions, or limits on use" column tells you if Community Care has any rules for covering your drug.

LEGEND

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

List of Drugs by Drug Type

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
celecoxib	
DICLOFENAC EPOLAMINE	PA1
diclofenac potassium (25 mg tab, 50 mg tab)	
diclofenac sodium (tab dr 25 mg, tab dr 50 mg, tab dr 75 mg, tab er 24hr 100 mg)	
diclofenac sodium 1.5 % solution	
ec-naproxen	
etodolac	
etodolac er	
ibu 400 mg tab	
ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)	
indomethacin (25 mg cap, 50 mg cap)	
indomethacin er	
meloxicam (7.5 mg tab, 15 mg tab)	
nabumetone	
naproxen	
naproxen dr	
sulindac	
OPIOID ANALGESICS, LONG-ACTING	
fentanyl	
methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 5 mg tab, methadone hcl 5 mg/5ml solution, methadone hcl 10 mg/5ml solution, methadone hcl 5 mg/5ml solution, methadone hcl 10 mg tab)	
morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)	
OXYCONTIN	
tramadol hcl er	
TRAMADOL HCL ER (BIPHASIC)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OPIOID ANALGESICS, SHORT-ACTING	
ACETAMINOPHEN-CODEINE (ACETAMINOPHEN-CODEINE, ACETAMINOPHEN-CODEINE)	
CODEINE SULFATE (CODEINE SULFATE, CODEINE SULFATE)	
hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-325 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-325 mg tab)	
hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)	
HYDROMORPHONE HCL PF (HYDROMORPHONE HCL PF, HYDROMORPHONE HCL PF 10 MG/ML SOLUTION)	
MORPHINE SULFATE (CONCENTRATE) (MORPHINE SULFATE (CONCENTRATE), MORPHINE SULFATE (CONCENTRATE))	
MORPHINE SULFATE (MORPHINE SULFATE 30 MG TAB, MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 15 MG TAB, MORPHINE SULFATE 20 MG/5ML SOLUTION, MORPHINE SULFATE 30 MG TAB, MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 15 MG TAB, MORPHINE SULFATE 20 MG/5ML SOLUTION)	
oxycodone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)	
oxycodone-acetaminophen (oxycodone-acetaminophen, oxycodone-acetaminophen 5-325 mg/5ml solution)	
tramadol hcl	
tramadol-acetaminophen	
ANESTHETICS	
LOCAL ANESTHETICS	
AGONEAZE	
lidocaine 5 % ointment	
lidocaine 5 % patch	PA1
lidocaine hcl 4 % solution	
lidocaine viscous hcl	
lidocaine-prilocaine	
LIVIXIL PAK	
PREMIUM LIDOCAINE	
PRILOVIX	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
prilovix lite	
prilovix lite plus	
PRILOVIX PLUS	
prilovix ultralite	
prilovix ultralite plus	
tridacaine iii	PA1

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

acamprosate calcium

disulfiram

OPIOID DEPENDENCE

buprenorphine hcl (2 mg tab, 8 mg tab)

buprenorphine hcl-naloxone hcl

naltrexone hcl

OPIOID REVERSAL AGENTS

KLOXXADO

naloxone hcl (naloxone hcl, naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr)

OPVEE

SMOKING CESSATION AGENTS

bupropion hcl er (smoking det)

NICOTROL NS

varenicline tartrate

varenicline tartrate (starter)

varenicline tartrate(continue)

ANTIBACTERIALS

AMINOGLYCOSIDES

amikacin sulfate 500 mg/2ml solution

ARIKAYCE

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION)	
gentamicin sulfate (0.1 % cream, 0.1 % ointment, 40 mg/ml solution)	
neomycin sulfate	
STREPTOMYCIN SULFATE	
tobramycin sulfate (tobramycin sulfate, tobramycin sulfate 10 mg/ml solution)	
ANTIBACTERIALS, OTHER	
acetic acid 2 % solution	
aztreonam	
CLEOCIN 100 MG SUPPOS	
clindamycin hcl	
clindamycin palmitate hcl	
clindamycin phosphate (2 % cream, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)	
clindamycin phosphate in d5w	
colistimethate sodium (cba)	
daptomycin (daptomycin, daptomycin)	
fosfomycin tromethamine	
linezolid	
methenamine hippurate	
METRONIDAZOLE (METRONIDAZOLE, METRONIDAZOLE 500 MG/100ML SOLUTION)	
nitrofurantoin macrocrystal	
nitrofurantoin monohyd macro	
polymyxin b sulfate	
SIVEXTRO	
TIGECYCLINE (TIGECYCLINE, TIGECYCLINE)	
tinidazole	
trimethoprim (trimethoprim, trimethoprim)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VANCOMYCIN HCL (VANCOMYCIN HCL, VANCOMYCIN HCL 1 GM RECON SOLN, VANCOMYCIN HCL 1.25 GM RECON SOLN, VANCOMYCIN HCL 1.5 GM RECON SOLN, VANCOMYCIN HCL 5 GM RECON SOLN, VANCOMYCIN HCL 10 GM RECON SOLN, VANCOMYCIN HCL 100 GM RECON SOLN, VANCOMYCIN HCL 250 MG RECON SOLN, VANCOMYCIN HCL 500 MG RECON SOLN, VANCOMYCIN HCL 500 MG/100ML SOLUTION, VANCOMYCIN HCL 750 MG RECON SOLN, VANCOMYCIN HCL 750 MG/150ML SOLUTION, VANCOMYCIN HCL 1000 MG/200ML SOLUTION, VANCOMYCIN HCL 1250 MG/250ML SOLUTION, VANCOMYCIN HCL 1500 MG/300ML SOLUTION, VANCOMYCIN HCL 1750 MG/350ML SOLUTION, VANCOMYCIN HCL 2000 MG/400ML SOLUTION)	
VANCOMYCIN HCL IN DEXTROSE	
VANCOMYCIN HCL IN NACL	
XIFAXAN	
BETA-LACTAM, CEPHALOSPORINS	
cefadroxil (cefadroxil, cefadroxil)	
CEFAZOLIN SODIUM (CEFAZOLIN SODIUM, CEFAZOLIN SODIUM 1 GM RECON SOLN)	
cefdinir	
cefepime hcl	
cefixime	
cefoxitin sodium	
CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL, CEFPODOXIME PROXETIL)	
cefprozil	
ceftazidime (ceftazidime, ceftazidime)	
ceftriaxone sodium	
cefuroxime axetil	
cefuroxime sodium	
cephalexin	
TEFLARO	
BETA-LACTAM, PENICILLINS	
AMOXICILLIN (AMOXICILLIN, AMOXICILLIN)	
AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN-POT CLAVULANATE, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB)	
amoxicillin-pot clavulanate er	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
AMPICILLIN (AMPICILLIN, AMPICILLIN)	
AMPICILLIN SODIUM (AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 10 GM RECON SOLN, AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN)	
ampicillin-sulbactam sodium (ampicillin-sulbactam sodium, ampicillin-sulbactam sodium)	
BICILLIN L-A	
dicloxacillin sodium	
nafcillin sodium (nafcillin sodium, nafcillin sodium)	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	
penicillin g potassium	
PENICILLIN G SODIUM	
penicillin v potassium (penicillin v potassium, penicillin v potassium)	
piperacillin sod-tazobactam so	
CARBAPENEMS	
ertapenem sodium	
imipenem-cilastatin (imipenem-cilastatin, imipenem-cilastatin)	
meropenem (1 gm soln, 500 mg soln)	
MACROLIDES	
azithromycin	
clarithromycin (clarithromycin, clarithromycin)	
clarithromycin er	
erythrocin lactobionate (erythrocin lactobionate, erythrocin lactobionate)	
ERYTHROCIN STEARATE	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	
ERYTHROMYCIN BASE (ERYTHROMYCIN BASE, ERYTHROMYCIN BASE)	
ERYTHROMYCIN ETHYLSUCCINATE (ERYTHROMYCIN ETHYLSUCCINATE, ERYTHROMYCIN ETHYLSUCCINATE)	
ERYTHROMYCIN STEARATE	
fidaxomicin	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
QUINOLONES	
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	
ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)	
levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)	
levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	
MOXIFLOXACIN HCL IN NACL	
ofloxacin (ofloxacin, ofloxacin 400 mg tab)	
SULFONAMIDES	
sulfacetamide sodium (acne)	
sulfadiazine	
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)	
TETRACYCLINES	
coremino	
demeclocycline hcl	
doxy 100	
DOXYCYCLINE HYCLATE (DOXYCYCLINE HYCLATE, DOXYCYCLINE HYCLATE)	
doxycycline monohydrate	
minocycline hcl	
minocycline hcl er (minocycline hcl er, minocycline hcl er)	
tetracycline hcl	
ANTICONVULSANTS	
ANTICONVULSANTS, OTHER	
BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	
DIACOMIT	
divalproex sodium	
divalproex sodium er	
EPIDIOLEX	PA2

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
felbamate	
FINTEPLA	
FYCOMPA 0.5 MG/ML SUSPENSION	
lamotrigine	
lamotrigine er	
lamotrigine starter kit-blue	
lamotrigine starter kit-green	
lamotrigine starter kit-orange	
levetiracetam	
levetiracetam er	
perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	
SPRITAM (250 MG TAB, 500 MG TAB)	
topiramate	
topiramate er (er 25 mg cp24 sprnk, er 50 mg cp24 sprnk, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cap er 24h, er 200 mg cp24 sprnk)	
valproic acid	
CALCIUM CHANNEL MODIFYING AGENTS	
ethosuximide	
methsuximide	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS	
clobazam	
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	
gabapentin	
NAYZILAM	
phenobarbital (phenobarbital, phenobarbital)	
primidone (primidone, primidone)	
SYMPAZAN	
tiagabine hcl	
VALTOCO 10 MG DOSE	
VALTOCO 15 MG DOSE	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VALTOCO 20 MG DOSE	
VALTOCO 5 MG DOSE	
vigabatrin	
ZTALMY	
SODIUM CHANNEL AGENTS	
carbamazepine (carbamazepine, carbamazepine)	
carbamazepine er	
DILANTIN 30 MG CAP	
eslicarbazepine acetate	
lacosamide (lacosamide, lacosamide 10 mg/ml solution, lacosamide 50 mg tab, lacosamide 50 mg/5ml solution, lacosamide 100 mg tab, lacosamide 100 mg/10ml solution, lacosamide 150 mg tab, lacosamide 200 mg tab)	
oxcarbazepine	
phenytoin	
phenytoin infatabs	
phenytoin sodium extended	
rufinamide	
XCOPRI	
XCOPRI (250 MG DAILY DOSE)	
XCOPRI (350 MG DAILY DOSE)	
ZONISADE	
zonisamide	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, OTHER	
memantine hcl-donepezil hcl	
NAMZARIC 7-10 MG CAP ER 24H	
CHOLINESTERASE INHIBITORS	
donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	
galantamine hydrobromide	
galantamine hydrobromide er	
rivastigmine	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
rivastigmine tartrate	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	
MEMANTINE HCL (MEMANTINE HCL, MEMANTINE HCL 5 MG TAB, MEMANTINE HCL 10 MG TAB)	
memantine hcl er	
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
AUVELITY	
bupropion hcl	
bupropion hcl er (sr)	
bupropion hcl er (xl)	
EXXUA	
mirtazapine	
ZURZUVAE	
MONOAMINE OXIDASE INHIBITORS	
EMSAM	
MARPLAN	
phenelzine sulfate (phenelzine sulfate, phenelzine sulfate)	
tranylcypromine sulfate	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
citalopram hydrobromide	
DESVENLAFAXINE ER	
desvenlafaxine succinate er	
escitalopram oxalate	
FETZIMA	
FETZIMA TITRATION	
fluoxetine hcl (fluoxetine hcl, fluoxetine hcl)	
FLUOXETINE HCL (PMDD)	
fluvoxamine maleate	
fluvoxamine maleate er	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NEFAZODONE HCL	
RALDESY	
SERTRALINE HCL (SERTRALINE HCL, SERTRALINE HCL)	
trazodone hcl	
TRINTELLIX	
vilazodone hcl	
TRICYCLICS	
amitriptyline hcl	
amoxapine	
clomipramine hcl	
desipramine hcl	
doxepin hcl (doxepin hcl, doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)	
imipramine hcl	
imipramine pamoate	
nortriptyline hcl	
protriptyline hcl	
trimipramine maleate	
ANTIEMETICS	
ANTIEMETICS, OTHER	
meclizine hcl (12.5 mg tab, 25 mg tab)	
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	
perphenazine	
prochlorperazine	
prochlorperazine maleate	
promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)	
scopolamine	
EMETOGENIC THERAPY ADJUNCTS	
aprepitant	PA3

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
dronabinol	PA1
ondansetron	PA3
ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)	PA3
ANTIFUNGALS	
AMPHOTERICIN B	PA3
amphotericin b liposome	PA3
caspofungin acetate (caspofungin acetate, caspofungin acetate)	
clotrimazole	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	PA1
fluconazole	
fluconazole in sodium chloride	
flucytosine	
griseofulvin microsize	
griseofulvin ultramicrosize	
itraconazole 100 mg cap	
ketoconazole	
klayesta	
micafungin sodium (micafungin sodium, micafungin sodium)	
MICONAZOLE 3	
nyamyc	
nystatin	
nystop	
posaconazole (40 mg/ml suspension, 100 mg tab dr)	
terbinafine hcl 250 mg tab	
terconazole	
voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)	
VORICONAZOLE (VORICONAZOLE, VORICONAZOLE 200 MG RECON SOLN)	PA3
ANTIGOUT AGENTS	
allopurinol	
colchicine	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
colchicine-probenecid	
febuxostat	
probenecid	

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

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

ERGOT ALKALOIDS

dihydroergotamine mesylate 4 mg/ml solution	
ERGOTAMINE-CAFFEINE	

PROPHYLACTIC

propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)	
propranolol hcl er	
timolol maleate (timolol maleate, timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)	

SEROTONIN (5-HT) RECEPTOR AGONIST

naratriptan hcl	QL (9 PER 30 OVER TIME)
rizatriptan benzoate	QL (12 PER 30 OVER TIME)
sumatriptan	
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	QL (9 PER 30 OVER TIME)
sumatriptan succinate (6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

PYRIDOSTIGMINE BROMIDE (PYRIDOSTIGMINE BROMIDE, PYRIDOSTIGMINE BROMIDE)	
pyridostigmine bromide er	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
dapsone (25 mg tab, 100 mg tab)	
rifabutin	
ANTITUBERCULARS	
ethambutol hcl	
ISONIAZID (ISONIAZID, ISONIAZID 100 MG TAB)	
PRETOMANID	
PRIFTIN	
pyrazinamide	
rifampin	
SIRTURO	
ANTINEOPLASTICS	
ALKYLATING AGENTS	
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	PA3
LEUKERAN	
lomustine	
MATULANE	
VALCHLOR	
ANTIANDROGENS	
abiraterone acetate	
bicalutamide	
ERLEADA	
EULEXIN	
nilutamide	
NUBEQA	
XTANDI	
YONSA	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIANGIOGENIC AGENTS	
lenalidomide	
POMALYST	LA
THALOMID (50 MG CAP, 100 MG CAP)	
ANTIESTROGENS/MODIFIERS	
INLURIYO	
ORSERDU	
SOLTAMOX	
tamoxifen citrate	
toremifene citrate	
ANTIMETABOLITES	
mercaptopurine	
ONUREG	
TABLOID	
ANTINEOPLASTICS, OTHER	
AKEEGA	
AUGTYRO	
FRUZAQLA	
hydroxyurea	
INQOVI	
IWILFIN	
LONSURF	
LYSODREN	
MODEYSO	
OGSIVEO (100 MG TAB, 150 MG TAB)	
OJJAARA	
ZOLINZA	
AROMATASE INHIBITORS, 3RD GENERATION	
anastrozole	
exemestane	
letrozole	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ENZYME INHIBITORS	
AVMAPKI FAKZYNJA CO-PACK	
MOLECULAR TARGET INHIBITORS	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI	
BRUKINSA 160 MG TAB	
CABOMETYX	
CALQUENCE 100 MG TAB	
CAPRELSA	
COMETRIQ	
COPIKTRA	
COTELLIC	
DANZITEN	
dasatinib	
DAURISMO	
ERIVEDGE	
erlotinib hcl	
everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)	
FOTIVDA	
GAVRETO	
gefitinib	
GILOTRIF	
GOMEKLI	
HERNEXEOS	
IBRANCE	
IBTROZI	
ICLUSIG	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IDHIFA	
imatinib mesylate	
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	
IMKELDI	
INLYTA	
INREBIC	
ITOVEBI	
JAKAFI	
JAYPIRCA	
KISQALI	
KISQALI FEMARA	
KOSELUGO (10 MG CAP, 25 MG CAP)	
KRAZATI	
lapatinib ditosylate	
LAZCLUZE	
LENVIMA	
LORBRENA	
LUMAKRAS	
LYNPARZA	
LYTGOBI	
MEKINIST	
MEKTOVI	
NERLYNX	
nilotinib hcl	
NINLARO	
ODOMZO	
OJEMDA	
pazopanib hcl	
PEMAZYRE	
PIQRAY (200 MG DAILY DOSE)	
PIQRAY (250 MG DAILY DOSE)	
PIQRAY (300 MG DAILY DOSE)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
QINLOCK	
RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)	
REVUFORJ	
REZLIDHIA	
ROMVIMZA	
ROZLYTREK	
RUBRACA	
RYDAPT	
SCEMBLIX	
sorafenib tosylate	
STIVARGA	
sunitinib malate	
TABRECTA	
TAFINLAR	
TAGRISSO	
TALZENNA	
TAZVERIK	
TEPMETKO	
TIBSOVO	
TRUQAP	
TUKYSA	
TURALIO 125 MG CAP	
VANFLYTA	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VIJOICE	
VITRAKVI	
VIZIMPRO	
VORANIGO	
XALKORI	
XOSPATA	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XPOVIO (100 MG ONCE WEEKLY)	
XPOVIO (40 MG ONCE WEEKLY)	
XPOVIO (40 MG TWICE WEEKLY)	
XPOVIO (60 MG ONCE WEEKLY)	
XPOVIO (60 MG TWICE WEEKLY)	
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	
XPOVIO (80 MG TWICE WEEKLY)	
ZEJULA	
ZELBORAF	
ZYDELIG	
ZYKADIA	
RETINOIDS	
bexarotene 1 % gel	PA2
bexarotene 75 mg cap	
PANRETIN	
tretinoin 10 mg cap	
TREATMENT ADJUNCTS	
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	
mesna 400 mg tab	
VONJO	
ANTIPARASITICS	
ANTHELMINTICS	
albendazole	
IVERMECTIN (IVERMECTIN 3 MG TAB, IVERMECTIN 6 MG TAB)	
praziquantel	
ANTIPROTOZOALS	
atovaquone	
atovaquone-proguanil hcl	
chloroquine phosphate (chloroquine phosphate, chloroquine phosphate)	
COARTEM	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
hydroxychloroquine sulfate	
IMPAVIDO	
mefloquine hcl	
nitazoxanide	
pentamidine isethionate	PA3
primaquine phosphate (primaquine phosphate, primaquine phosphate)	
pyrimethamine	
quinine sulfate	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	
trihexyphenidyl hcl (2 mg tab, 5 mg tab)	
ANTIPARKINSON AGENTS, OTHER	
amantadine hcl	
carbidopa-levodopa-entacapone	
entacapone	
ONGENTYS	
tolcapone	
DOPAMINE AGONISTS	
apomorphine hcl	
bromocriptine mesylate	
NEUPRO	
pramipexole dihydrochloride	
ropinirole hcl	
ropinirole hcl er	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
carbidopa	
carbidopa-levodopa	
CARBIDOPA-LEVODOPA ER (CARBIDOPA-LEVODOPA ER, CARBIDOPA-LEVODOPA ER)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INVEGA TRINZA	
lurasidone hcl	
LYBALVI	
NUPLAZID	PA2
olanzapine	
OPIPZA	
paliperidone er	
PERSERIS	
QUETIAPINE FUMARATE (QUETIAPINE FUMARATE, QUETIAPINE FUMARATE)	
quetiapine fumarate er	
REXULTI	
risperidone (risperidone, risperidone)	
risperidone microspheres er	
SECUADO	
UZEDY	
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	
ziprasidone hcl	
ziprasidone mesylate	
ANTIPSYCHOTICS, OTHER	
COBENFY	
COBENFY STARTER PACK	
TREATMENT-RESISTANT	
clozapine (clozapine, clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)	
VERSACLOZ	
ANTISPASTICITY AGENTS	
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	
tizanidine hcl	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
LIVTENCITY	
PREVYMIS (240 MG TAB, 480 MG TAB)	
valganciclovir hcl	
ANTI-HEPATITIS B (HBV) AGENTS	
adefovir dipivoxil	
BARACLUDE 0.05 MG/ML SOLUTION	
entecavir	
lamivudine 100 mg tab	
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	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EDURANT	
EDURANT PED	
EFAVIRENZ (EFAVIRENZ, EFAVIRENZ)	
efavirenz-emtricitab-tenofo df	
efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir, efavirenz-lamivudine-tenofovir)	
emtricitab-rilpivir-tenofov df	
etravirine	
INTELENCE 25 MG TAB	
nevirapine (nevirapine, nevirapine)	
nevirapine er	
ODEFSEY	
PIFELTRO	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
abacavir sulfate	
abacavir sulfate-lamivudine	
CIMDUO	
DESCOVY	
emtricitabine	
emtricitabine-tenofovir df	
EMTRIVA 10 MG/ML SOLUTION	
lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)	
lamivudine-zidovudine	
tenofovir disoproxil fumarate	
TRIUMEQ	
TRIUMEQ PD	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	
zidovudine	
ANTI-HIV AGENTS, OTHER	
maraviroc	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RUKOBIA	
SELZENTRY 20 MG/ML SOLUTION	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB)	
TYBOST	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS	
atazanavir sulfate	
darunavir	
EVOTAZ	
fosamprenavir calcium	
KALETRA 400-100 MG/5ML SOLUTION	
lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab)	
NORVIR 100 MG PACKET	
PREZCOBIX 800-150 MG TAB	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	
REYATAZ 50 MG PACKET	
ritonavir	
SYMTUZA	
VIRACEPT	
ANTI-INFLUENZA AGENTS	
oseltamivir phosphate	
RELENZA DISKHALER	
ANTIHERPETIC AGENTS	
acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)	
acyclovir sodium	PA3
famciclovir	
valacyclovir hcl	
ANTIVIRAL, CORONAVIRUS AGENTS	
LAGEVRIO	
PAXLOVID (150/100)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PAXLOVID (300/100 & 150/100)	
PAXLOVID (300/100)	

ANXIOLYTICS

ANXIOLYTICS, OTHER

buspirone hcl	
hydroxyzine hcl	
HYDROXYZINE PAMOATE (HYDROXYZINE PAMOATE, HYDROXYZINE PAMOATE)	

BENZODIAZEPINES

alprazolam	
alprazolam er	
ALPRAZOLAM INTENSOL	
alprazolam xr	
clonazepam	
clorazepate dipotassium	
diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)	
diazepam intensol	
lorazepam (0.5 mg tab, 1 mg tab, 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc)	
lorazepam intensol	
oxazepam	

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

PAROXETINE HCL (PAROXETINE HCL, PAROXETINE HCL)	
paroxetine hcl er	
paroxetine mesylate	
VENLAFAXINE BESYLATE ER	
venlafaxine hcl	
venlafaxine hcl er	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BIPOLAR AGENTS	
MOOD STABILIZERS	
lithium	
LITHIUM CARBONATE (LITHIUM CARBONATE, LITHIUM CARBONATE)	
lithium carbonate er	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
acarbose	
ALOGLIPTIN-METFORMIN HCL	
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	
CYCLOSET	
glimepiride	
glipizide (glipizide, glipizide)	
glipizide er	
glipizide xl	
glipizide-metformin hcl	
JANUVIA	
metformin hcl (metformin hcl 500 mg tab, metformin hcl 1000 mg tab, metformin hcl 625 mg tab, metformin hcl 850 mg tab)	
metformin hcl er	
metformin hcl er (mod)	
metformin hcl er (osm)	
MOUNJARO	PA1
nateglinide	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN	PA1
OZEMPIC (1 MG/DOSE)	PA1
OZEMPIC (2 MG/DOSE)	PA1
pioglitazone hcl	
pioglitazone hcl-metformin hcl	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
repaglinide	
saxagliptin-metformin er	
TRULICITY	PA1
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
diazoxide	
GLUCAGEN HYPOKIT	
GLUCAGON EMERGENCY (GLUCAGON EMERGENCY, 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
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

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
ELIQUIS (2.5 MG TAB, 5 MG TAB)	
ELIQUIS DVT/PE STARTER PACK	
enoxaparin sodium (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 soln)	
fondaparinux sodium	
heparin sodium (porcine) (1000 unit/ml, 10000 unit/ml)	PA3
heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)	
heparin sodium (porcine) pf 1000 unit/ml solution	PA3
warfarin sodium	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XARELTO	
XARELTO STARTER PACK	
BLOOD PRODUCTS AND MODIFIERS, OTHER	
anagrelide hcl	
ARANESP (ALBUMIN FREE)	PA1
eltrombopag olamine	
LEUKINE	PA1
NIVESTYM	PA1
RETACRIT	PA1
HEMOSTASIS AGENTS	
tranexamic acid 650 mg tab	
PLATELET MODIFYING AGENTS	
aspirin-dipyridamole er	
cilostazol	
clopidogrel bisulfate 75 mg tab	
ticagrelor	ST
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
clonidine	
clonidine hcl	
droxidopa	
guanfacine hcl	
midodrine hcl	
ALPHA-ADRENERGIC BLOCKING AGENTS	
doxazosin mesylate	
prazosin hcl	
terazosin hcl	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
candesartan cilexetil	
irbesartan	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
losartan potassium	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	
lisinopril	
ramipril	
ANTIARRHYTHMICS	
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	
digox	
digoxin (digoxin, digoxin 0.05 mg/ml solution, digoxin 125 mcg tab, digoxin 250 mcg tab)	
dofetilide	
flecainide acetate	
mexiletine hcl	
propafenone hcl	
propafenone hcl er	
quinidine gluconate er	
QUINIDINE SULFATE (QUINIDINE SULFATE, QUINIDINE SULFATE)	
sotalol hcl	
sotalol hcl (af)	
BETA-ADRENERGIC BLOCKING AGENTS	
atenolol	
bisoprolol fumarate	
carvedilol	
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	
metoprolol succinate er	
metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	
nadolol	
pindolol	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
amlodipine besylate	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
nifedipine er	
nifedipine er osmotic release	
nimodipine	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	
diltiazem hcl er	
diltiazem hcl er beads	
diltiazem hcl er coated beads	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	
verapamil hcl er (verapamil hcl er, verapamil hcl er)	
CARDIOVASCULAR AGENTS, OTHER	
acetazolamide	
aliskiren fumarate	
amiloride-hydrochlorothiazide (amiloride-hydrochlorothiazide, amiloride-hydrochlorothiazide)	
amlodipine besy-benazepril hcl	
amlodipine besylate-valsartan	
amlodipine-valsartan-hctz	
atenolol-chlorthalidone	
bisoprolol-hydrochlorothiazide	
enalapril-hydrochlorothiazide	
ENTRESTO	
irbesartan-hydrochlorothiazide	
ivabradine hcl	
lisinopril-hydrochlorothiazide	
losartan potassium-hctz	
metoprolol-hydrochlorothiazide	
metyrosine	
pentoxifylline er	
ranolazine er	
spironolactone-hctz	
triamterene-hctz	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
valsartan-hydrochlorothiazide	
DIURETICS, LOOP	
bumetanide	
FUROSEMIDE (FUROSEMIDE, FUROSEMIDE)	
torsemide	
DIURETICS, POTASSIUM-SPARING	
amiloride hcl	
triamterene	
DIURETICS, THIAZIDE	
chlorthalidone	
hydrochlorothiazide	
indapamide	
metolazone	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
FENOFIBRATE (FENOFIBRATE, FENOFIBRATE)	
fenofibrate micronized	
fenofibric acid	
gemfibrozil	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
atorvastatin calcium	
pravastatin sodium	
rosuvastatin calcium	
simvastatin	
DYSLIPIDEMICS, OTHER	
cholestyramine	
cholestyramine light	
colesevelam hcl	
ezetimibe	
icosapent ethyl	
JUXTAPID	PA1
NEXLETOL	PA1

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
niacin er (antihyperlipidemic)	
omega-3-acid ethyl esters	
REPATHA	
REPATHA SURECLICK	
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
eplerenone	
KERENDIA	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)	
DAPAGLIFLOZIN PROPANEDIOL	
FARXIGA	
JARDIANCE	
VASODILATORS, DIRECT-ACTING ARTERIAL	
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	
minoxidil	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	
isosorbide dinitrate	
ISOSORBIDE MONONITRATE (ISOSORBIDE MONONITRATE, ISOSORBIDE MONONITRATE)	
isosorbide mononitrate er	
NITRO-BID	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	
nitroglycerin	
VERQUVO	
CENTRAL NERVOUS SYSTEM AGENTS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
amphetamine-dextroamphet er	
amphetamine-dextroamphetamine	
dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	
dextroamphetamine sulfate er	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
atomoxetine hcl	
dexmethylphenidate hcl	
dexmethylphenidate hcl er	
guanfacine hcl er	
methylphenidate hcl	
methylphenidate hcl er (cd)	
methylphenidate hcl er (la)	
METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER, METHYLPHENIDATE HCL ER)	
METHYLPHENIDATE HCL ER (OSM) (METHYLPHENIDATE HCL ER (OSM), METHYLPHENIDATE HCL ER (OSM))	
methylphenidate hcl er (xr)	
CENTRAL NERVOUS SYSTEM, OTHER	
NUEDEXTA	PA1
riluzole	
tetrabenazine	
VEOZAH	
FIBROMYALGIA AGENTS	
DRIZALMA SPRINKLE	PA2
duloxetine hcl	
pregabalin	
MULTIPLE SCLEROSIS AGENTS	
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
dalfampridine er	PA1
dimethyl fumarate	
dimethyl fumarate starter pack	
glatiramer acetate	
REBIF	
REBIF REBIDOSE	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	
teriflunomide	
ZEPOSIA	
ZEPOSIA 7-DAY STARTER PACK	
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	

DENTAL AND ORAL AGENTS

chlorhexidine gluconate 0.12 % solution	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	
triamcinolone acetonide 0.1 % paste	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

acitretin	
benzoyl peroxide-erythromycin	
isotretinoin	
TAZAROTENE (TAZAROTENE, TAZAROTENE)	
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)	
TRETINOIN MICROSPHERE (TRETINOIN MICROSPHERE, TRETINOIN MICROSPHERE 0.04 % GEL, TRETINOIN MICROSPHERE 0.1 % GEL)	
TRETINOIN MICROSPHERE PUMP	

DERMATITIS AND PRURITUS AGENTS

ammonium lactate	
betamethasone dipropionate	
betamethasone dipropionate aug (betamethasone dipropionate aug, betamethasone dipropionate aug)	
betamethasone valerate (betamethasone valerate, betamethasone valerate)	
clobetasol prop emollient base	
clobetasol propionate	
clobetasol propionate e	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
clobetasol propionate emulsion	
desonide (0.05 % cream, 0.05 % ointment)	
doxepin hcl 5 % cream	
EUCRISA	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)	
fluocinonide emulsified base	
FLUTICASONE PROPIONATE (FLUTICASONE PROPIONATE, FLUTICASONE PROPIONATE 0.005 % OINTMENT, FLUTICASONE PROPIONATE 0.05 % CREAM, FLUTICASONE PROPIONATE 0.05 % LOTION)	
hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)	
hydrocortisone (perianal)	
hydrocortisone valerate	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	
pimecrolimus	
procto-med hc	
proctosol hc	
proctozone-hc	
selenium sulfide (selenium sulfide 2.5 % lotion, selenium sulfide 2.5 % lotion)	
tacrolimus (0.03 %, 0.1 %)	
triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream, triamcinolone acetonide 0.5 % ointment, triamcinolone acetonide 0.025 % lotion)	
DERMATOLOGICAL AGENTS, OTHER	
CALCIPOTRIENE (CALCIPOTRIENE, CALCIPOTRIENE 0.005 % SOLUTION)	
clotrimazole-betamethasone (clotrimazole-betamethasone, clotrimazole-betamethasone)	
diclofenac sodium 3 % gel	PA1
FLUOROURACIL (FLUOROURACIL, FLUOROURACIL 5 % CREAM, FLUOROURACIL 5 % SOLUTION)	
imiquimod	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
imiquimod pump	
METHOXSALEN RAPID	
nystatin-triamcinolone	
OTEZLA	PA1
OTEZLA XR	PA1
OTEZLA/OTEZLA XR INITIATION PK	PA1
PODOFILOX (PODOFILOX, PODOFILOX 0.5 % SOLUTION)	
SANTYL	
silver sulfadiazine	
ssd (silver sulfadiazine)	

PEDICULICIDES/SCABICIDES

malathion	
permethrin	

TOPICAL ANTI-INFECTIVES

acyclovir (5 % cream, 5 % ointment)	
ciclopirox	
ciclopirox olamine	
clindamycin phos (once-daily)	
clindamycin phos (twice-daily)	
clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)	
ERY	
ERYTHROMYCIN (ERYTHROMYCIN 2 % GEL, ERYTHROMYCIN 2 % GEL, ERYTHROMYCIN 2 % SOLUTION)	
mupirocin	
mupirocin calcium	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

carglumic acid	
CLINIMIX E/DEXTROSE (2.75/5)	PA3
CLINIMIX E/DEXTROSE (4.25/10)	PA3
CLINIMIX E/DEXTROSE (4.25/5)	PA3

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
clinisol sf	PA3
dextrose (dextrose 10 % solution, dextrose 5 % solution, dextrose 5 % solution, dextrose 10 % solution)	
DEXTROSE-NACL	
DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION)	
INTRALIPID	PA3
ISOLYTE-P IN D5W	
kcl in dextrose-nacl (kcl in dextrose-nacl, kcl in dextrose-nacl)	
KCL-LACTATED RINGERS-D5W	
MAGNESIUM SULFATE (MAGNESIUM SULFATE 50 % SOLUTION, MAGNESIUM SULFATE 50 % SOLUTION)	
nafrinse	
NUTRILIPID	PA3

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 2 MEQ/ML SOLUTION, POTASSIUM CHLORIDE 10 % SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ PACKET, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/15ML (10%) SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/15ML (20%) SOLUTION)	
potassium chloride crys er	
potassium chloride er (potassium chloride er, potassium chloride er)	
potassium chloride in dextrose	
POTASSIUM CHLORIDE IN NACL (POTASSIUM CHLORIDE IN NACL, POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION)	
potassium citrate er	
POTASSIUM CL IN DEXTROSE 5%	
PREMASOL	PA3
PROSOL	PA3
sodium chloride (pf)	
sodium chloride (sodium chloride 0.45 % solution, sodium chloride 0.9 % solution, sodium chloride 3 % solution, sodium chloride 5 % solution, sodium chloride 0.9 % solution)	
sodium fluoride (sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab, sodium fluoride 2.2 (1 f) mg tab)	
TRAVASOL	PA3
TROPHAMINE	PA3

ELECTROLYTE/MINERAL/METAL MODIFIERS

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

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
trientine hcl (trientine hcl, trientine hcl)	
POTASSIUM BINDERS	
LOKELMA	
sodium polystyrene sulfonate powder	
sps (sodium polystyrene sulf) (sps (sodium polystyrene sulf), 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	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FOLIVANE-OB	
INATAL GT	
JENLIVA PRENATAL/POSTNATAL	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
MATERNACEL	
MULTI-MAC	
NATACHEW	
NATAL PNV	
NATALVIT	
NEEVO DHA	
NEO-VITAL RX	
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE	
NEONATAL FE	
NEONATAL PLUS	
NESTABS	
NESTABS DHA	
NESTABS ONE	
NIVA-PLUS	
OB COMPLETE	
OB COMPLETE ONE	
OB COMPLETE PETITE	
OB COMPLETE PREMIER	
OB COMPLETE/DHA	
OBSTETRIX EC (WITH DOCUSATE)	
OBSTETRIX ONE (WITH DOCUSATE)	
ONE VITE WOMENS PLUS	
PNV PRENATAL PLUS MULTIVIT+DHA	
PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 20-1	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PNV TABS 29-1	
PNV-DHA	
PNV-DHA+DOCUSATE	
PNV-OMEGA	
PNV-SELECT	
PREGEN DHA	
PREGENNA	
PREMESISRX	
PRENA 1 TRUE	
PRENA1	
PRENA1 PEARL	
PRENAISSANCE	
PRENAISSANCE PLUS	
PRENARA	
PRENATAL (27-0.8 MG TAB, 27-1 MG TAB)	
PRENATAL 19 (19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB)	
PRENATAL PLUS	
PRENATAL PLUS 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	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PRENATVITE COMPLETE	
PRENATVITE PLUS	
PRENATVITE RX	
PREPLUS	
PRETAB	
PRIMACARE	
PROVIDA OB	
RELNATE DHA	
SE-NATAL 19	
SELECT-OB	
SELECT-OB+DHA	
TARON-C DHA	
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	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITALARA	
VITAMEDMD ONE RX/QUATREFOLIC	
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATHELY WITH GINGER	
VITATRUE	
VIVA DHA	
VP-PNV-DHA	
WESCAP-C DHA	
WESCAP-PN DHA	
WESNATAL DHA COMPLETE	
WESNATE DHA	
WESTAB PLUS	
WESTGEL DHA	
ZALVIT	
ZATEAN-PN DHA	
ZATEAN-PN PLUS	
ZIPHEX	
GASTROINTESTINAL AGENTS	
ANTI-CONSTIPATION AGENTS	
constulose	
enulose	
generlac	
lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)	
lactulose encephalopathy	
LINZESS	
lubiprostone	
RELISTOR	PA1

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTI-DIARRHEAL AGENTS	
alosetron hcl	
diphenoxylate-atropine (diphenoxylate-atropine, diphenoxylate-atropine)	
loperamide hcl 2 mg cap	
XERMELO	
ANTISPASMODICS, GASTROINTESTINAL	
dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution)	
glycopyrrolate (glycopyrrolate 1.5 mg tab, glycopyrrolate 1 mg tab, glycopyrrolate 1 mg/5ml solution, glycopyrrolate 2 mg tab)	
GASTROINTESTINAL AGENTS, OTHER	
GATTEX	PA1
peg 3350-kcl-na bicarb-nacl	
peg-3350/electrolytes	
peg-3350/electrolytes/ascorbat	
peg-kcl-nacl-nasulf-na asc-c	
URSODIOL (URSODIOL, URSODIOL)	
VOQUEZNA	
VOWST	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)	
NIZATIDINE (NIZATIDINE, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	
PROTECTANTS	
sucralfate 1 gm tab	
PROTON PUMP INHIBITORS	
esomeprazole magnesium (10 mg packet, 20 mg cap dr, 20 mg packet, 40 mg cap dr, 40 mg packet)	
lansoprazole	
omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)	
pantoprazole sodium (20 mg tab dr, 40 mg packet, 40 mg tab dr)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ARALAST NP	PA3
betaine	
CERDELGA	
CREON	
cromolyn sodium 100 mg/5ml conc	
CYSTAGON	
CYSTARAN	
GLASSIA 1000 MG/50ML SOLUTION	PA3
glycerol phenylbutyrate	
l-glutamine 5 gm packet	
miglustat	
PROLASTIN-C	PA3
REVCOVI	
sapropterin dihydrochloride	
sodium phenylbutyrate	
SUCRAID	
WELIREG	
ZEMAIRA	PA3
ZENPEP	
GENITOURINARY AGENTS	
ANTISPASMODICS, URINARY	
darifenacin hydrobromide er	
mirabegron er	
oxybutynin chloride	
oxybutynin chloride er	
OXYTROL	
solifenacin succinate	
tolterodine tartrate	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
tolterodine tartrate er	
trospium chloride	
trospium chloride er	
BENIGN PROSTATIC HYPERTROPHY AGENTS	
alfuzosin hcl er	
dutasteride	
dutasteride-tamsulosin hcl	
finasteride 5 mg tab	
tadalafil 5 mg tab	PA2
tamsulosin hcl	
GENITOURINARY AGENTS, OTHER	
bethanechol chloride	
ELMIRON	
penicillamine	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	
dexamethasone (dexamethasone, dexamethasone 0.5 mg tab, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg (21) tab thpk, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)	
fludrocortisone acetate	
HEMADY	
methylprednisolone	
prednisolone 15 mg/5ml solution	
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE, PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION)	
prednisone (prednisone, prednisone 5 mg/5ml solution)	
PREDNISONE INTENSOL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	
desmopressin ace spray refrig	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	
desmopressin acetate spray (desmopressin acetate spray, desmopressin acetate spray)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GENOTROPIN	PA1
GENOTROPIN MINIQUICK	PA1
HUMATROPE	PA1
INCRELEX	
NORDITROPIN FLEXPRO	PA1
NUTROPIN AQ NUSPIN 10	PA1
NUTROPIN AQ NUSPIN 20	PA1
NUTROPIN AQ NUSPIN 5	PA1
OMNITROPE	PA1
SEROSTIM	PA1

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

misoprostol

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

ANDROGENS

danazol
TESTOSTERONE (TESTOSTERONE 1.62 % GEL, TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL, TESTOSTERONE 20.25 MG/ACT (1.62%) GEL, TESTOSTERONE 25 MG/2.5GM (1%) GEL, TESTOSTERONE 30 MG/ACT SOLUTION, TESTOSTERONE 40.5 MG/2.5GM (1.62%) GEL, TESTOSTERONE 50 MG/5GM (1%) 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

cryselle-28
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab
drospirenone-ethinyl estradiol

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
estradiol (0.01 % cream, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)	
estradiol-norethindrone acet	
ESTRING	
estrogens conjugated	
ethynodiol diac-eth estradiol	
etonogestrel-ethinyl estradiol	
levonorg-eth estrad triphasic	
levonorgest-eth est & eth est	
levonorgest-eth estrad 91-day	
levonorgest-eth estradiol-iron	
levonorgestrel-ethinyl estrad	
norelgestromin-eth estradiol	
norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab)	
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	
norethindron-ethinyl estrad-fe	
norethindrone acet-ethinyl est 1-20 mg-mcg tab	
norethindrone-eth estradiol	
norgestim-eth estrad triphasic	
norgestimate-eth estradiol	
PREMARIN 0.625 MG/GM CREAM	
PREMPRO	
tri-legest fe	
PROGESTINS	
DEPO-SUBQ PROVERA 104	
medroxyprogesterone acetate	
megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	
MIRENA (52 MG)	
NEXPLANON	
norethindrone	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
progesterone (100 mg cap, 200 mg cap)	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	
raloxifene hcl	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	
levothyroxine sodium (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 tab)	
liothyronine sodium	
REZDIFFRA	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	
cabergoline	
ELIGARD	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
leuprolide acetate	
LEUPROLIDE ACETATE (3 MONTH)	
LUPRON DEPOT	PA3
mifepristone 300 mg tab	PA1
octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml)	
ORGOVYX	
RECORLEV	
SIGNIFOR	
SOMAVERT	
SYNAREL	
TRELSTAR MIXJECT	
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
methimazole	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
propylthiouracil	
IMMUNOLOGICAL AGENTS	
ANGIOEDEMA AGENTS	
CINRYZE	PA1
icatibant acetate	
IMMUNOGLOBULINS	
GAMMAGARD 2.5 GM/25ML SOLUTION	PA3
GAMMAGARD S/D LESS IGA	PA3
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	PA3
GAMUNEX-C 1 GM/10ML SOLUTION	PA3
PRIVIGEN 20 GM/200ML SOLUTION	PA3
IMMUNOLOGICAL AGENTS, OTHER	
ARCALYST	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	PA1
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	PA1
KINERET	
OLUMIANT (1 MG TAB, 2 MG TAB)	
ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)	
ORENCIA CLICKJECT	
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	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
VELSIPITY	
XELJANZ	PA1
XELJANZ XR	PA1
XOLAIR	PA1
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
IMMUNOSTIMULANTS	
ACTIMMUNE	
BESREMI	
PEGASYS	
IMMUNOSUPPRESSANTS	
ADALIMUMAB-AACF (2 PEN)	
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-AATY CD/UC/HS START	
ADALIMUMAB-ADAZ (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	
ADALIMUMAB-ADBM (2 PEN) 40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-ADBM (2 SYRINGE) (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	
ADALIMUMAB-FKJP (2 PEN)	
ADALIMUMAB-FKJP (2 SYRINGE)	
ASTAGRAF XL	PA3
azathioprine	PA3
cyclosporine (25 mg cap, 100 mg cap)	PA3
cyclosporine modified	PA3
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	
ENBREL MINI	
ENBREL SURECLICK	
ENVARSUS XR	PA3

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)	PA3
leflunomide	
METHOTREXATE SODIUM (METHOTREXATE SODIUM, METHOTREXATE SODIUM 2.5 MG TAB)	
methotrexate sodium (pf) 50 mg/2ml solution	
mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)	PA3
mycophenolate sodium	PA3
mycophenolic acid	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	PA3
REZUROCK	
SIMPONI	
sirolimus	PA3
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	PA3
XATMEP	

VACCINES

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

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 50 MCG/0.5ML RECON SUSP	V
TENIVAC	V
TICOVAC	
TRUMENBA	V
TWINRIX	V
TYPHIM VI	V
VAQTA	V
VARIVAX	V
VAXCHORA	
VIMKUNYA	
VIVOTIF	
YF-VAX	V

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INFLAMMATORY BOWEL DISEASE AGENTS	
AMINOSALICYLATES	
balsalazide disodium	
DIPENTUM	
mesalamine	
mesalamine er	
mesalamine-cleanser	
PENTASA 250 MG CAP ER	
sulfasalazine	
GLUCOCORTICOIDS	
budesonide 3 mg cp dr part	
budesonide er	
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)	
METABOLIC BONE DISEASE AGENTS	
alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)	
calcitonin (salmon) 200 unit/act solution	
calcitriol	
cinacalcet hcl	PA3
DOXERCALCIFEROL (DOXERCALCIFEROL, DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP)	
ibandronate sodium 150 mg tab	
JUBBONTI	
TERIPARATIDE	PA1
TYMLOS	PA1
WYOST	PA1
MISCELLANEOUS THERAPEUTIC AGENTS	
alcohol swabs	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	
BRONCHITOL	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BRONCHITOL TOLERANCE TEST	
gauze pads & dressings	
insulin pen needle	
insulin syringe, safety or non-safety (disp) u-100 0.3 ml	
insulin syringe, safety or non-safety (disp) u-100 1 ml	
insulin syringe, safety or non-safety (disp) u-100 1/2 ml	
insulin syringe, safety or non-safety (disp) u-500 1/2 ml	
needles, insulin disp., safety	
OPHTHALMIC AGENTS	
OPHTHALMIC AGENTS, OTHER	
ak-poly-bac	
atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)	
BACITRA-NEOMYCIN-POLYMYXIN-HC (BACITRA-NEOMYCIN-POLYMYXIN-HC, BACITRA-NEOMYCIN-POLYMYXIN-HC)	
bacitracin-polymyxin b (bacitracin-polymyxin b, bacitracin-polymyxin b)	
brimonidine tartrate-timolol	
cyclosporine 0.05 % emulsion	
dorzolamide hcl-timolol mal	
dorzolamide hcl-timolol mal pf	
NEOMYCIN-BACITRACIN ZN-POLYMYX (NEOMYCIN-BACITRACIN ZN-POLYMYX, NEOMYCIN-BACITRACIN ZN-POLYMYX)	
neomycin-polymyxin-dexameth	
NEOMYCIN-POLYMYXIN-HC	
RESTASIS MULTIDOSE	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	
TOBRADEX 0.3-0.1 % OINTMENT	
tobramycin-dexamethasone	
XDEMVY	
OPHTHALMIC ANTI-ALLERGY AGENTS	
azelastine hcl 0.05 % solution	
CROMOLYN SODIUM (CROMOLYN SODIUM, CROMOLYN SODIUM 4 % SOLUTION)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OPHTHALMIC ANTI-INFECTIVES	
AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
ciprofloxacin hcl 0.3 % solution	
ERYTHROMYCIN (ERYTHROMYCIN 5 MG/GM OINTMENT, ERYTHROMYCIN 5 MG/GM OINTMENT)	
gatifloxacin	
gentamicin sulfate 0.3 % solution	
levofloxacin (levofloxacin 0.5 % solution, levofloxacin 0.5 % solution)	
moxifloxacin hcl 0.5 % solution	
ofloxacin 0.3 % solution	
polymyxin b-trimethoprim	
sulfacetamide sodium (sulfacetamide sodium 10 % ointment, sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)	
tobramycin 0.3 % solution	
TRIFLURIDINE	
ZIRGAN	
OPHTHALMIC ANTI-INFLAMMATORIES	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
diclofenac sodium 0.1 % solution	
difluprednate	
fluorometholone	
FLURBIPROFEN SODIUM	
FML FORTE	
ketorolac tromethamine (0.4 %, 0.5 %)	
LOTEMAX 0.5 % OINTMENT	
loteprednol etabonate	
PRED MILD	
prednisolone acetate	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
BETAXOLOL HCL (BETAXOLOL HCL, BETAXOLOL HCL 0.5 % SOLUTION)	
BETOPTIC-S	
CARTEOLOL HCL	
LEVOBUNOLOL HCL	
timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)	
timolol maleate (once-daily)	
timolol maleate ocudose	
timolol maleate pf	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
acetazolamide er	
brimonidine tartrate (0.1 %, 0.15 %, 0.2 %)	
dorzolamide hcl	
methazolamide	
pilocarpine hcl (1 %, 2 %, 4 %)	
RHOPRESSA	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
bimatoprost	
latanoprost	
travoprost (bak free)	
OTIC AGENTS	
CIPRO HC	
ciprofloxacin hcl 0.2 % solution	
ciprofloxacin-dexamethasone	
hydrocortisone-acetic acid	
neomycin-polymyxin-hc	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	PA3
flunisolide	
FLUTICASONE FUROATE ELLIPTA	
fluticasone propionate 50 mcg/act suspension	
FLUTICASONE PROPIONATE HFA	
PULMICORT FLEXHALER	
ANTIHISTAMINES	
azelastine hcl (0.1 %, 137 mcg/spray)	
CLEMASTINE FUMARATE 2.68 MG TAB	
desloratadine	
levocetirizine dihydrochloride 5 mg tab	
ANTILEUKOTRIENES	
montelukast sodium 10 mg tab	
zafirlukast	
zileuton er	
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA	
INCRUSE ELLIPTA	
ipratropium bromide (0.03 %, 0.06 %)	
ipratropium bromide 0.02 % solution	PA3
SPIRIVA RESPIMAT	
tiotropium bromide	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
albuterol sulfate (albuterol sulfate, albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)	PA3
albuterol sulfate hfa (albuterol sulfate hfa, albuterol sulfate hfa)	
epinephrine (epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj)	QL (2 PER 30 OVER TIME)
levalbuterol hcl	PA3
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	
CYSTIC FIBROSIS AGENTS	
CAYSTON	
KALYDECO	
ORKAMBI	
PULMOZYME	PA3
SYMDEKO	
tobramycin (300 mg/4ml soln, 300 mg/5ml soln)	PA3
TRIKAFTA	
MAST CELL STABILIZERS	
cromolyn sodium 20 mg/2ml nebu soln	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
roflumilast	
THEO-24	
theophylline er (theophylline er, theophylline er)	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS	PA1
ambrisentan	
OPSUMIT	PA1
sildenafil citrate 20 mg tab	PA2
tadalafil (pah)	PA2

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	
WINREVAIR	PA1
PULMONARY FIBROSIS AGENTS	
OFEV	
PIRFENIDONE (PIRFENIDONE, PIRFENIDONE)	
RESPIRATORY TRACT AGENTS, OTHER	
acetylcysteine (10 %, 20 %)	PA3
budesonide-formoterol fumarate	
COMBIVENT RESPIMAT	
FLUTICASONE FUROATE-VILANTEROL	
fluticasone-salmeterol (fluticasone-salmeterol, fluticasone-salmeterol)	
ipratropium-albuterol	PA3
NUCALA	PA1
TRELEGY ELLIPTA	
UMECLIDINIUM-VILANTEROL	
Wixela Inhub	
SKELETAL MUSCLE RELAXANTS	
cyclobenzaprine hcl	
methocarbamol (500 mg tab, 750 mg tab)	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
doxepin hcl (3 mg tab, 6 mg tab)	
HETLIOZ LQ	PA1
ramelteon	
tasimelteon	PA1
temazepam	
triazolam	
zaleplon	
zolpidem tartrate	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
zolpidem tartrate er	
WAKEFULNESS PROMOTING AGENTS	
modafinil	PA1
SODIUM OXYBATE	PA1

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

D. Index of Covered Drugs

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

Index of Covered Drugs

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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)
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 2/1/2026.

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.

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

Community Care