



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

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*.

Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ)	6
B1. What drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the " <i>Drug List</i> " for short.)	6
B2. Does the <i>Drug List</i> ever change?	7
B3. What happens when there is a change to the <i>Drug List</i> ?	7
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	9
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	9
B6. What happens if Community Care'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)?	9
B7. How can I find a drug on the <i>Drug List</i> ?.....	10
B8. What if the drug I want to take isn't on the <i>Drug List</i> ?	10
B9. What if I'm a new Community Care Family Care Partnership Program member and can't find my drug on the <i>Drug List</i> or have a problem getting my drug?	10
B10. Can I ask for an exception to cover my drug?	11
B11. How can I ask for an exception?	11
B12. How long does it take to get an exception?	12

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



B13. What are generic drugs?.....	12
B14. What are original biological products and how are they related to biosimilars?	12
B15. What are OTC drugs?.....	12
B16. Can I get prescriptions delivered to my home from my local pharmacy?.....	13
B17. What is my copay?.....	13
C. Overview of the <i>List of Covered Drugs</i>	13
C1. List of Drugs by Drug Type	13
D. Index of Covered Drugs	79



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-Croatian. 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。

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



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 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-992-6600 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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

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

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

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

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



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:
 - 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.

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



- ❖ *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.

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



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.

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



- 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**

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



- 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 explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there'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

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



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.

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



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.

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



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.

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



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.

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



LEGEND

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

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



List of Drugs by Drug Type

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
<i>celecoxib</i>	
DICLOFENAC EPOLAMINE	PA1
<i>diclofenac potassium (25 mg tab, 50 mg tab)</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 1.5 % solution</i>	
<i>ec-naproxen</i>	
<i>etodolac</i>	
<i>etodolac er</i>	
<i>ibu 400 mg tab</i>	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	
<i>indomethacin er</i>	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	
<i>nabumetone</i>	
<i>naproxen</i>	
<i>naproxen dr</i>	
<i>sulindac</i>	
OPIOID ANALGESICS, LONG-ACTING	
<i>fentanyl</i>	
<i>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)</i>	
<i>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)</i>	
OXYCONTIN	
<i>tramadol hcl er</i>	
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)	
<i>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)</i>	
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	
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)	
<i>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)</i>	
<i>oxycodone-acetaminophen (oxycodone-acetaminophen, oxycodone-acetaminophen 5-325 mg/5ml solution)</i>	
<i>tramadol hcl</i>	
<i>tramadol-acetaminophen</i>	
ANESTHETICS	
LOCAL ANESTHETICS	
AGONEAZE	
<i>lidocaine 5 % ointment</i>	
<i>lidocaine 5 % patch</i>	PA1
<i>lidocaine hcl 4 % solution</i>	
<i>lidocaine viscous hcl</i>	
<i>lidocaine-prilocaine</i>	
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
<i>prilovix lite</i>	
<i>prilovix lite plus</i>	
PRILOVIX PLUS	
<i>prilovix ultralite</i>	
<i>prilovix ultralite plus</i>	
<i>tridacaine iii</i>	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)	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment, 40 mg/ml solution)</i>	
<i>neomycin sulfate</i>	
STREPTOMYCIN SULFATE	
<i>tobramycin sulfate (tobramycin sulfate, tobramycin sulfate 10 mg/ml solution)</i>	
ANTIBACTERIALS, OTHER	
<i>acetic acid 2 % solution</i>	
<i>aztreonam</i>	
CLEOCIN 100 MG SUPPOS	
<i>clindamycin hcl</i>	
<i>clindamycin palmitate hcl</i>	
<i>clindamycin phosphate (2 % cream, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)</i>	
<i>clindamycin phosphate in d5w</i>	
<i>colistimethate sodium (cba)</i>	
<i>daptomycin (daptomycin, daptomycin)</i>	
<i>fosfomycin tromethamine</i>	
<i>linezolid</i>	
<i>methenamine hippurate</i>	
METRONIDAZOLE (METRONIDAZOLE, METRONIDAZOLE 500 MG/100ML SOLUTION)	
<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>	

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	
<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>	
<i>cefuroxime sodium</i>	
<i>cephalexin</i>	
TEFLARO	
BETA-LACTAM, PENICILLINS	
AMOXICILLIN (AMOXICILLIN, AMOXICILLIN)	
AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN-POT CLAVULANATE, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB)	
<i>amoxicillin-pot clavulanate er</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
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)	
<i>ampicillin-sulbactam sodium (ampicillin-sulbactam sodium, ampicillin-sulbactam sodium)</i>	
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 sod-tazobactam so</i>	
CARBAPENEMS	
<i>ertapenem sodium</i>	
<i>imipenem-cilastatin (imipenem-cilastatin, imipenem-cilastatin)</i>	
<i>meropenem (1 gm soln, 500 mg soln)</i>	
MACROLIDES	
<i>azithromycin</i>	
<i>clarithromycin (clarithromycin, clarithromycin)</i>	
<i>clarithromycin er</i>	
<i>erythrocin lactobionate (erythrocin lactobionate, erythrocin lactobionate)</i>	
ERYTHROCIN STEARATE	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	
ERYTHROMYCIN BASE (ERYTHROMYCIN BASE, ERYTHROMYCIN BASE)	
ERYTHROMYCIN ETHYLSUCCINATE (ERYTHROMYCIN ETHYLSUCCINATE, ERYTHROMYCIN ETHYLSUCCINATE)	
ERYTHROMYCIN STEARATE	
<i>fidaxomicin</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
QUINOLONES	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	
<i>ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)</i>	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	
<i>levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)</i>	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	
MOXIFLOXACIN HCL IN NAACL	
<i>ofloxacin (ofloxacin, ofloxacin 400 mg tab)</i>	
SULFONAMIDES	
<i>sulfacetamide sodium (acne)</i>	
<i>sulfadiazine</i>	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	
TETRACYCLINES	
<i>coremino</i>	
<i>demeclocycline hcl</i>	
<i>doxy 100</i>	
DOXYCYCLINE HYCLATE (DOXYCYCLINE HYCLATE, DOXYCYCLINE HYCLATE)	
<i>doxycycline monohydrate</i>	
<i>minocycline hcl</i>	
<i>minocycline hcl er (minocycline hcl er, minocycline hcl er)</i>	
<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>	
<i>divalproex sodium er</i>	
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
<i>felbamate</i>	
FINTEPLA	
FYCOMPA 0.5 MG/ML SUSPENSION	
<i>lamotrigine</i>	
<i>lamotrigine er</i>	
<i>lamotrigine starter kit-blue</i>	
<i>lamotrigine starter kit-green</i>	
<i>lamotrigine starter kit-orange</i>	
<i>levetiracetam</i>	
<i>levetiracetam er</i>	
<i>perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	
SPRITAM (250 MG TAB, 500 MG TAB)	
<i>topiramate</i>	
<i>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)</i>	
<i>valproic acid</i>	
CALCIUM CHANNEL MODIFYING AGENTS	
<i>ethosuximide</i>	
<i>methsuximide</i>	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS	
<i>clobazam</i>	
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	
<i>gabapentin</i>	
NAYZILAM	
<i>phenobarbital (phenobarbital, phenobarbital)</i>	
<i>primidone (primidone, primidone)</i>	
SYMPAZAN	
<i>tiagabine hcl</i>	
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	
<i>vigabatrin</i>	
ZTALMY	
SODIUM CHANNEL AGENTS	
<i>carbamazepine (carbamazepine, carbamazepine)</i>	
<i>carbamazepine er</i>	
DILANTIN 30 MG CAP	
<i>eslicarbazepine acetate</i>	
<i>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)</i>	
<i>oxcarbazepine</i>	
<i>phenytoin</i>	
<i>phenytoin infatabs</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 hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	
<i>galantamine hydrobromide</i>	
<i>galantamine hydrobromide er</i>	
<i>rivastigmine</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
<i>rivastigmine tartrate</i>	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	
MEMANTINE HCL (MEMANTINE HCL, MEMANTINE HCL 5 MG TAB, MEMANTINE HCL 10 MG TAB)	
<i>memantine hcl er</i>	
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
AUVELITY	
<i>bupropion hcl</i>	
<i>bupropion hcl er (sr)</i>	
<i>bupropion hcl er (xl)</i>	
EXXUA	
<i>mirtazapine</i>	
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 er</i>	
<i>escitalopram oxalate</i>	
FETZIMA	
FETZIMA TITRATION	
<i>fluoxetine hcl (fluoxetine hcl, fluoxetine hcl)</i>	
FLUOXETINE HCL (PMDD)	
<i>fluvoxamine maleate</i>	
<i>fluvoxamine maleate er</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
NEFAZODONE HCL	
RALDESY	
SERTRALINE HCL (SERTRALINE HCL, SERTRALINE HCL)	
<i>trazodone hcl</i>	
TRINTELLIX	
<i>vilazodone hcl</i>	
TRICYCLICS	
<i>amitriptyline hcl</i>	
<i>amoxapine</i>	
<i>clomipramine hcl</i>	
<i>desipramine hcl</i>	
<i>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)</i>	
<i>imipramine hcl</i>	
<i>imipramine pamoate</i>	
<i>nortriptyline hcl</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate</i>	
ANTIEMETICS	
ANTIEMETICS, OTHER	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	
<i>perphenazine</i>	
<i>prochlorperazine</i>	
<i>prochlorperazine maleate</i>	
<i>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)</i>	
<i>scopolamine</i>	
EMETOGENIC THERAPY ADJUNCTS	
<i>aprepitant</i>	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
<i>dronabinol</i>	PA1
<i>ondansetron</i>	PA3
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>	PA3
ANTIFUNGALS	
AMPHOTERICIN B	PA3
<i>amphotericin b liposome</i>	PA3
<i>caspofungin acetate (caspofungin acetate, caspofungin acetate)</i>	
<i>clotrimazole</i>	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	PA1
<i>fluconazole</i>	
<i>fluconazole in sodium chloride</i>	
<i>flucytosine</i>	
<i>griseofulvin microsize</i>	
<i>griseofulvin ultramicrosize</i>	
<i>itraconazole 100 mg cap</i>	
<i>ketoconazole</i>	
<i>klayesta</i>	
<i>micafungin sodium (micafungin sodium, micafungin sodium)</i>	
MICONAZOLE 3	
<i>nyamyc</i>	
<i>nystatin</i>	
<i>nystop</i>	
<i>posaconazole (40 mg/ml suspension, 100 mg tab dr)</i>	
<i>terbinafine hcl 250 mg tab</i>	
<i>terconazole</i>	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	
VORICONAZOLE (VORICONAZOLE, VORICONAZOLE 200 MG RECON SOLN)	PA3
ANTIGOUT AGENTS	
<i>allopurinol</i>	
<i>colchicine</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
<i>colchicine-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 4 mg/ml solution</i>	
ERGOTAMINE-CAFFEINE	

PROPHYLACTIC

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

SEROTONIN (5-HT) RECEPTOR AGONIST

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

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

PYRIDOSTIGMINE BROMIDE (PYRIDOSTIGMINE BROMIDE, PYRIDOSTIGMINE BROMIDE)	
<i>pyridostigmine bromide er</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
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
<i>dapsone (25 mg tab, 100 mg tab)</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 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	PA3
LEUKERAN	
<i>lomustine</i>	
MATULANE	
VALCHLOR	
ANTIANDROGENS	
<i>abiraterone acetate</i>	
<i>bicalutamide</i>	
ERLEADA	
EULEXIN	
<i>nilutamide</i>	
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	
<i>lenalidomide</i>	
POMALYST	LA
THALOMID (50 MG CAP, 100 MG CAP)	
ANTIESTROGENS/MODIFIERS	
INLURIYO	
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	
OGSIVEO (100 MG TAB, 150 MG TAB)	
OJJAARA	
ZOLINZA	
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</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
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	
<i>dasatinib</i>	
DAURISMO	
ERIVEDGE	
<i>erlotinib hcl</i>	
<i>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)</i>	
FOTIVDA	
GAVRETO	
<i>gefitinib</i>	
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	
<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>	
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	
<i>sorafenib tosylate</i>	
STIVARGA	
<i>sunitinib malate</i>	
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	
<i>bexarotene 1 % gel</i>	PA2
<i>bexarotene 75 mg cap</i>	
PANRETIN	
<i>tretinoin 10 mg cap</i>	
TREATMENT ADJUNCTS	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	
<i>mesna 400 mg tab</i>	
VONJO	
ANTIPARASITICS	
ANTHELMINTICS	
<i>albendazole</i>	
IVERMECTIN (IVERMECTIN 3 MG TAB, IVERMECTIN 6 MG TAB)	
<i>praziquantel</i>	
ANTIPROTOZOALS	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate (chloroquine phosphate, chloroquine phosphate)</i>	
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
<i>hydroxychloroquine sulfate</i>	
IMPAVIDO	
<i>mefloquine hcl</i>	
<i>nitazoxanide</i>	
<i>pentamidine isethionate</i>	PA3
<i>primaquine phosphate (primaquine phosphate, primaquine phosphate)</i>	
<i>pyrimethamine</i>	
<i>quinine sulfate</i>	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	
ANTIPARKINSON AGENTS, OTHER	
<i>amantadine hcl</i>	
<i>carbidopa-levodopa-entacapone</i>	
<i>entacapone</i>	
ONGENTYS	
<i>tolcapone</i>	
DOPAMINE AGONISTS	
<i>apomorphine hcl</i>	
<i>bromocriptine mesylate</i>	
NEUPRO	
<i>pramipexole dihydrochloride</i>	
<i>ropinirole hcl</i>	
<i>ropinirole hcl er</i>	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
<i>carbidopa</i>	
<i>carbidopa-levodopa</i>	
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	
<i>rasagiline mesylate</i>	
<i>selegiline hcl</i>	
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
<i>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)</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	

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	PA2
<i>lurasidone hcl</i>	
LYBALVI	
NUPLAZID	
<i>olanzapine</i>	PA2
OPIPZA	
<i>paliperidone er</i>	
PERSERIS	
QUETIAPINE FUMARATE (QUETIAPINE FUMARATE, QUETIAPINE FUMARATE)	PA2
<i>quetiapine fumarate er</i>	
REXULTI	
<i>risperidone (risperidone, risperidone)</i>	
<i>risperidone microspheres er</i>	PA2
SECUADO	
UZEDY	
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	
<i>ziprasidone hcl</i>	PA2
<i>ziprasidone mesylate</i>	
ANTIPSYCHOTICS, OTHER	
COBENFY	PA2
COBENFY STARTER PACK	
TREATMENT-RESISTANT	
<i>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)</i>	
VERSACLOZ	PA2
ANTISPASTICITY AGENTS	
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	
<i>tizanidine hcl</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
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
LIVTENCITY	
PREVYMIS (240 MG TAB, 480 MG TAB)	
<i>valganciclovir hcl</i>	
ANTI-HEPATITIS B (HBV) AGENTS	
<i>adefovir dipivoxil</i>	
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine 100 mg tab</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	

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)	
<i>efavirenz-emtricitab-tenofo df</i>	
<i>efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir, efavirenz-lamivudine-tenofovir)</i>	
<i>emtricitab-rilpivir-tenofov df</i>	
<i>etravirine</i>	
INTELENCE 25 MG TAB	
<i>nevirapine (nevirapine, nevirapine)</i>	
<i>nevirapine er</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 df</i>	
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)</i>	
<i>lamivudine-zidovudine</i>	
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	
TRIUMEQ PD	
<i>VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)</i>	
<i>zidovudine</i>	
ANTI-HIV AGENTS, OTHER	
<i>maraviroc</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
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>	
KALETRA 400-100 MG/5ML SOLUTION	
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab)</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 (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	
<i>acyclovir sodium</i>	
<i>famciclovir</i>	
<i>valacyclovir hcl</i>	
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	
<i>buspirone hcl</i>	
<i>hydroxyzine hcl</i>	
HYDROXYZINE PAMOATE (HYDROXYZINE PAMOATE, HYDROXYZINE PAMOATE)	
BENZODIAZEPINES	
<i>alprazolam</i>	
<i>alprazolam er</i>	
ALPRAZOLAM INTENSOL	
<i>alprazolam xr</i>	
<i>clonazepam</i>	
<i>clorazepate dipotassium</i>	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	
<i>diazepam intensol</i>	
<i>lorazepam (0.5 mg tab, 1 mg tab, 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc)</i>	
<i>lorazepam intensol</i>	
<i>oxazepam</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
PAROXETINE HCL (PAROXETINE HCL, PAROXETINE HCL)	
<i>paroxetine hcl er</i>	
<i>paroxetine mesylate</i>	
VENLAFAXINE BESYLATE ER	
<i>venlafaxine hcl</i>	
<i>venlafaxine hcl er</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
BIPOLAR AGENTS	
MOOD STABILIZERS	
<i>lithium</i>	
LITHIUM CARBONATE (LITHIUM CARBONATE, LITHIUM CARBONATE)	
<i>lithium carbonate er</i>	
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 er</i>	
<i>glipizide xl</i>	
<i>glipizide-metformin hcl</i>	
JANUVIA	
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 1000 mg tab, metformin hcl 625 mg tab, metformin hcl 850 mg tab)</i>	
<i>metformin hcl er</i>	
<i>metformin hcl er (mod)</i>	
<i>metformin hcl er (osm)</i>	
MOUNJARO	PA1
<i>nateglinide</i>	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN)	PA1
OZEMPIC (1 MG/DOSE)	PA1
OZEMPIC (2 MG/DOSE)	PA1
<i>pioglitazone hcl</i>	
<i>pioglitazone hcl-metformin hcl</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
<i>repaglinide</i>	
<i>saxagliptin-metformin er</i>	
TRULICITY	PA1
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide</i>	
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

<i>dabigatran etexilate mesylate</i>	
ELIQUIS (2.5 MG TAB, 5 MG TAB)	
ELIQUIS DVT/PE STARTER PACK	
<i>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)</i>	
<i>fondaparinux sodium</i>	
<i>heparin sodium (porcine) (1000 unit/ml, 10000 unit/ml)</i>	PA3
<i>heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)</i>	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	PA3
<i>warfarin sodium</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
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 650 mg tab</i>	
PLATELET MODIFYING AGENTS	
<i>aspirin-dipyridamole er</i>	
<i>cilostazol</i>	
<i>clopidogrel bisulfate 75 mg tab</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>	
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>	

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
<i>losartan potassium</i>	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	
<i>lisinopril</i>	
<i>ramipril</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	
<i>digox</i>	
<i>digoxin (digoxin, digoxin 0.05 mg/ml solution, digoxin 125 mcg tab, digoxin 250 mcg tab)</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl</i>	
<i>propafenone hcl</i>	
<i>propafenone hcl er</i>	
<i>quinidine gluconate er</i>	
QUINIDINE SULFATE (QUINIDINE SULFATE, QUINIDINE SULFATE)	
<i>sotalol hcl</i>	
<i>sotalol hcl (af)</i>	
BETA-ADRENERGIC BLOCKING AGENTS	
<i>atenolol</i>	
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	
<i>metoprolol succinate er</i>	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	
<i>nadolol</i>	
<i>pindolol</i>	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
<i>amlodipine besylate</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
<i>nifedipine er</i>	
<i>nifedipine er osmotic release</i>	
<i>nimodipine</i>	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	
<i>diltiazem hcl er</i>	
<i>diltiazem hcl er beads</i>	
<i>diltiazem hcl er coated beads</i>	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	
<i>verapamil hcl er (verapamil hcl er, verapamil hcl er)</i>	
CARDIOVASCULAR AGENTS, OTHER	
<i>acetazolamide</i>	
<i>aliskiren fumarate</i>	
<i>amiloride-hydrochlorothiazide (amiloride-hydrochlorothiazide, amiloride-hydrochlorothiazide)</i>	
<i>amlodipine besy-benazepril hcl</i>	
<i>amlodipine besylate-valsartan</i>	
<i>amlodipine-valsartan-hctz</i>	
<i>atenolol-chlorthalidone</i>	
<i>bisoprolol-hydrochlorothiazide</i>	
<i>enalapril-hydrochlorothiazide</i>	
ENTRESTO	
<i>irbesartan-hydrochlorothiazide</i>	
<i>ivabradine hcl</i>	
<i>lisinopril-hydrochlorothiazide</i>	
<i>losartan potassium-hctz</i>	
<i>metoprolol-hydrochlorothiazide</i>	
<i>metyrosine</i>	
<i>pentoxifylline er</i>	
<i>ranolazine er</i>	
<i>spironolactone-hctz</i>	
<i>triamterene-hctz</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
<i>valsartan-hydrochlorothiazide</i>	
DIURETICS, LOOP	
<i>bumetanide</i>	
FUROSEMIDE (FUROSEMIDE, FUROSEMIDE)	
<i>torsemide</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	
FENOFIBRATE (FENOFIBRATE, FENOFIBRATE)	
<i>fenofibrate micronized</i>	
<i>fenofibric acid</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>	
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
<i>niacin er (antihyperlipidemic)</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	
REPATHA SURECLICK	
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
<i>eplerenone</i>	
KERENDIA	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)	
DAPAGLIFLOZIN PROPANEDIOL	
FARXIGA	
JARDIANCE	
VASODILATORS, DIRECT-ACTING ARTERIAL	
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	
<i>minoxidil</i>	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	
<i>isosorbide dinitrate</i>	
ISOSORBIDE MONONITRATE (ISOSORBIDE MONONITRATE, ISOSORBIDE MONONITRATE)	
<i>isosorbide mononitrate er</i>	
NITRO-BID	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	
<i>nitroglycerin</i>	
VERQUVO	
CENTRAL NERVOUS SYSTEM AGENTS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
<i>amphetamine-dextroamphet er</i>	
<i>amphetamine-dextroamphetamine</i>	
<i>dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	
<i>dextroamphetamine sulfate er</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
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
<i>atomoxetine hcl</i>	
<i>dexmethylphenidate hcl</i>	
<i>dexmethylphenidate hcl er</i>	
<i>guanfacine hcl er</i>	
<i>methylphenidate hcl</i>	
<i>methylphenidate hcl er (cd)</i>	
<i>methylphenidate hcl er (la)</i>	
METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER, METHYLPHENIDATE HCL ER)	
METHYLPHENIDATE HCL ER (OSM) (METHYLPHENIDATE HCL ER (OSM), METHYLPHENIDATE HCL ER (OSM))	
<i>methylphenidate hcl er (xr)</i>	
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 er</i>	PA1
<i>dimethyl fumarate</i>	
<i>dimethyl fumarate starter pack</i>	
<i>glatiramer acetate</i>	
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	
<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 0.12 % solution</i>	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	
<i>triamcinolone acetonide 0.1 % paste</i>	
DERMATOLOGICAL AGENTS	
ACNE AND ROSACEA AGENTS	
<i>acitretin</i>	
<i>benzoyl peroxide-erythromycin</i>	
<i>isotretinoin</i>	
TAZAROTENE (TAZAROTENE, TAZAROTENE)	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	
TRETINOIN MICROSPHERE (TRETINOIN MICROSPHERE, TRETINOIN MICROSPHERE 0.04 % GEL, TRETINOIN MICROSPHERE 0.1 % GEL)	
TRETINOIN MICROSPHERE PUMP	
DERMATITIS AND PRURITUS AGENTS	
<i>ammonium lactate</i>	
<i>betamethasone dipropionate</i>	
<i>betamethasone dipropionate aug (betamethasone dipropionate aug, betamethasone dipropionate aug)</i>	
<i>betamethasone valerate (betamethasone valerate, betamethasone valerate)</i>	
<i>clobetasol prop emollient base</i>	
<i>clobetasol propionate</i>	
<i>clobetasol propionate e</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
<i>clobetasol propionate emulsion</i>	
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	
<i>doxepin hcl 5 % cream</i>	
EUCRISA	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	
<i>fluocinonide emulsified base</i>	
FLUTICASONE PROPIONATE (FLUTICASONE PROPIONATE, FLUTICASONE PROPIONATE 0.005 % OINTMENT, FLUTICASONE PROPIONATE 0.05 % CREAM, FLUTICASONE PROPIONATE 0.05 % LOTION)	
<i>hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)</i>	
<i>hydrocortisone (perianal)</i>	
<i>hydrocortisone valerate</i>	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	
<i>pimecrolimus</i>	
<i>procto-med hc</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
<i>selenium sulfide (selenium sulfide 2.5 % lotion, selenium sulfide 2.5 % lotion)</i>	
<i>tacrolimus (0.03 %, 0.1 %)</i>	
<i>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)</i>	
DERMATOLOGICAL AGENTS, OTHER	
CALCIPOTRIENE (CALCIPOTRIENE, CALCIPOTRIENE 0.005 % SOLUTION)	
<i>clotrimazole-betamethasone (clotrimazole-betamethasone, clotrimazole-betamethasone)</i>	
<i>diclofenac sodium 3 % gel</i>	PA1
FLUOROURACIL (FLUOROURACIL, FLUOROURACIL 5 % CREAM, FLUOROURACIL 5 % SOLUTION)	
<i>imiquimod</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
<i>imiquimod pump</i>	
METHOXSALEN RAPID	
<i>nystatin-triamcinolone</i>	
OTEZLA	PA1
OTEZLA XR	PA1
OTEZLA/OTEZLA XR INITIATION PK	PA1
PODOFILOX (PODOFILOX, PODOFILOX 0.5 % SOLUTION)	
SANTYL	
<i>silver sulfadiazine</i>	
<i>ssd (silver sulfadiazine)</i>	
PEDICULICIDES/SCABICIDES	
<i>malathion</i>	
<i>permethrin</i>	
TOPICAL ANTI-INFECTIVES	
<i>acyclovir (5 % cream, 5 % ointment)</i>	
<i>ciclopirox</i>	
<i>ciclopirox olamine</i>	
<i>clindamycin phos (once-daily)</i>	
<i>clindamycin phos (twice-daily)</i>	
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)</i>	
ERY	
ERYTHROMYCIN (ERYTHROMYCIN 2 % GEL, ERYTHROMYCIN 2 % GEL, ERYTHROMYCIN 2 % SOLUTION)	
<i>mupirocin</i>	
<i>mupirocin calcium</i>	
ELECTROLYTES/MINERALS/METALS/VITAMINS	
ELECTROLYTE/MINERAL REPLACEMENT	
<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

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
<i>clinisol sf</i>	PA3
<i>dextrose (dextrose 10 % solution, dextrose 5 % solution, dextrose 5 % solution, dextrose 10 % solution)</i>	
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	
<i>kcl in dextrose-nacl (kcl in dextrose-nacl, kcl in dextrose-nacl)</i>	
KCL-LACTATED RINGERS-D5W	
MAGNESIUM SULFATE (MAGNESIUM SULFATE 50 % SOLUTION, MAGNESIUM SULFATE 50 % SOLUTION)	
<i>nafrinse</i>	
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)	
<i>potassium chloride crys er</i>	
<i>potassium chloride er (potassium chloride er, potassium chloride er)</i>	
<i>potassium chloride in dextrose</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 citrate er</i>	
POTASSIUM CL IN DEXTROSE 5%	
PREMASOL	PA3
PROSOL	PA3
<i>sodium chloride (pf)</i>	
<i>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)</i>	
<i>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 chew tab)</i>	
TRAVASOL	PA3
TROPHAMINE	PA3
ELECTROLYTE/MINERAL/METAL MODIFIERS	
<i>deferasirox</i>	
<i>deferasirox granules</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)	
<i>tolvaptan (15 mg tab, 30 mg tab)</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
<i>trientine hcl (trientine hcl, trientine hcl)</i>	
POTASSIUM BINDERS	
LOKELMA	
<i>sodium polystyrene sulfonate powder</i>	
<i>sps (sodium polystyrene sulf) (sps (sodium polystyrene sulf), sps (sodium polystyrene sulf))</i>	
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	
<i>constulose</i>	
<i>enulose</i>	
<i>generlac</i>	
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)</i>	
<i>lactulose encephalopathy</i>	
LINZESS	
<i>lubiprostone</i>	
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	
<i>alosetron hcl</i>	
<i>diphenoxylate-atropine (diphenoxylate-atropine, diphenoxylate-atropine)</i>	
<i>loperamide hcl 2 mg cap</i>	
XERMELO	
ANTISPASMODICS, GASTROINTESTINAL	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution)</i>	
<i>glycopyrrolate (glycopyrrolate 1.5 mg tab, glycopyrrolate 1 mg tab, glycopyrrolate 1 mg/5ml solution, glycopyrrolate 2 mg tab)</i>	
GASTROINTESTINAL AGENTS, OTHER	
GATTEX	PA1
<i>peg 3350-kcl-na bicarb-nacl</i>	
<i>peg-3350/electrolytes</i>	
<i>peg-3350/electrolytes/ascorbat</i>	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	
URSODIOL (URSODIOL, URSODIOL)	
VOQUEZNA	
VOWST	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	
NIZATIDINE (NIZATIDINE, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	
PROTECTANTS	
<i>sucrafate 1 gm tab</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium (10 mg packet, 20 mg cap dr, 20 mg packet, 40 mg cap dr, 40 mg packet)</i>	
<i>lansoprazole</i>	
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	
<i>pantoprazole sodium (20 mg tab dr, 40 mg packet, 40 mg tab dr)</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
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ARALAST NP	PA3
<i>betaine</i>	
CERDELGA	
CREON	
<i>cromolyn sodium 100 mg/5ml conc</i>	
CYSTAGON	
CYSTARAN	
GLASSIA 1000 MG/50ML SOLUTION	PA3
<i>glycerol phenylbutyrate</i>	
<i>L-glutamine 5 gm packet</i>	
<i>miglustat</i>	
PROLASTIN-C	PA3
REVCovi	
<i>sapropterin dihydrochloride</i>	
<i>sodium phenylbutyrate</i>	
SUCRAID	
WELIREG	
ZEMAIRA	PA3
ZENPEP	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er</i>
<i>mirabegron er</i>
<i>oxybutynin chloride</i>
<i>oxybutynin chloride er</i>
OXYTROL
<i>solifenacin succinate</i>
<i>tolterodine tartrate</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
<i>tolterodine tartrate er</i>	
<i>trospium chloride</i>	
<i>trospium chloride er</i>	
BENIGN PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl er</i>	
<i>dutasteride</i>	
<i>dutasteride-tamsulosin hcl</i>	
<i>finasteride 5 mg tab</i>	
<i>tadalafil 5 mg tab</i>	PA2
<i>tamsulosin hcl</i>	
GENITOURINARY AGENTS, OTHER	
<i>bethanechol chloride</i>	
ELMIRON	
<i>penicillamine</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	
<i>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)</i>	
<i>fludrocortisone acetate</i>	
HEMADY	
<i>methylprednisolone</i>	
<i>prednisolone 15 mg/5ml solution</i>	
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE, PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION)	
<i>prednisone (prednisone, prednisone 5 mg/5ml solution)</i>	
PREDNISONE INTENSOL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	
<i>desmopressin ace spray refrig</i>	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	
<i>desmopressin acetate spray (desmopressin acetate spray, desmopressin acetate spray)</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
GENOTROPIN	PA1
GENOTROPIN MINIQUICK	PA1
HUMATROPE	PA1
INCRELEX	
NORDITROPIN FLEXPPO	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>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	
ANDROGENS	
<i>danazol</i>	
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	
<i>cryselle-28</i>	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	
<i>drospirenone-ethinyl estradiol</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
<i>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)</i>	
<i>estradiol-norethindrone acet</i>	
ESTRING	
<i>estrogens conjugated</i>	
<i>ethynodiol diac-eth estradiol</i>	
<i>etonogestrel-ethinyl estradiol</i>	
<i>levonorg-eth estrad triphasic</i>	
<i>levonorgest-eth est & eth est</i>	
<i>levonorgest-eth estrad 91-day</i>	
<i>levonorgest-eth estradiol-iron</i>	
<i>levonorgestrel-ethinyl estrad</i>	
<i>norelgestromin-eth estradiol</i>	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab)</i>	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	
<i>norethindron-ethinyl estrad-fe</i>	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	
<i>norethindrone-eth estradiol</i>	
<i>norgestim-eth estrad triphasic</i>	
<i>norgestimate-eth estradiol</i>	
PREMARIN 0.625 MG/GM CREAM	
PREMPRO	
<i>tri-legest fe</i>	
PROGESTINS	
DEPO-SUBQ PROVERA 104	
<i>medroxyprogesterone acetate</i>	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	
MIRENA (52 MG)	
NEXPLANON	
<i>norethindrone</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
<i>progesterone (100 mg cap, 200 mg cap)</i>	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	
<i>raloxifene hcl</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	
<i>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)</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 300 mg tab</i>	PA1
<i>octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml)</i>	
ORGOVYX	
RECORLEV	
SIGNIFOR	
SOMAVERT	
SYNAREL	
TRELSTAR MIXJECT	
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
<i>methimazole</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
<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	
SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	
SKYRIZI PEN	
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
TALTZ	
TAVNEOS	
TREMIFYA (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN PRSYR)	
TREMIFYA ONE-PRESS	
TREMIFYA PEN 200 MG/2ML SOLN A-INJ	
TREMIFYA-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)	PA1
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	PA1
VELSIPITY	PA1
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
<i>azathioprine</i>	PA3
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	PA3
<i>cyclosporine modified</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

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
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	PA3
<i>leflunomide</i>	
METHOTREXATE SODIUM (METHOTREXATE SODIUM, METHOTREXATE SODIUM 2.5 MG TAB)	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	PA3
<i>mycophenolate sodium</i>	PA3
<i>mycophenolic acid</i>	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	PA3
REZUROCK	
SIMPONI	
<i>sirolimus</i>	PA3
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</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
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	
<i>balsalazide disodium</i>	
DIPENTUM	
<i>mesalamine</i>	
<i>mesalamine er</i>	
<i>mesalamine-cleanser</i>	
PENTASA 250 MG CAP ER	
<i>sulfasalazine</i>	
GLUCOCORTICOIDS	
<i>budesonide 3 mg cp dr part</i>	
<i>budesonide er</i>	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i>	
METABOLIC BONE DISEASE AGENTS	
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	
<i>calcitonin (salmon) 200 unit/act solution</i>	
<i>calcitriol</i>	
<i>cinacalcet hcl</i>	PA3
DOXERCALCIFEROL (DOXERCALCIFEROL, DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP)	
<i>ibandronate sodium 150 mg tab</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	

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	
<i>gauze pads & dressings</i>	
<i>insulin pen needle</i>	
<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>ak-poly-bac</i>	
<i>atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)</i>	
BACITRA-NEOMYCIN-POLYMYXIN-HC (BACITRA-NEOMYCIN-POLYMYXIN-HC, BACITRA-NEOMYCIN-POLYMYXIN-HC)	
<i>bacitracin-polymyxin b (bacitracin-polymyxin b, bacitracin-polymyxin b)</i>	
<i>brimonidine tartrate-timolol</i>	
<i>cyclosporine 0.05 % emulsion</i>	
<i>dorzolamide hcl-timolol mal</i>	
<i>dorzolamide hcl-timolol mal pf</i>	
NEOMYCIN-BACITRACIN ZN-POLYMYX (NEOMYCIN-BACITRACIN ZN-POLYMYX, NEOMYCIN-BACITRACIN ZN-POLYMYX)	
<i>neomycin-polymyxin-dexameth</i>	
NEOMYCIN-POLYMYXIN-HC	
RESTASIS MULTIDOSE	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	
TOBRADEX 0.3-0.1 % OINTMENT	
<i>tobramycin-dexamethasone</i>	
XDEMVA	
OPHTHALMIC ANTI-ALLERGY AGENTS	
<i>azelastine hcl 0.05 % solution</i>	
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	
<i>ciprofloxacin hcl 0.3 % solution</i>	
ERYTHROMYCIN (ERYTHROMYCIN 5 MG/GM OINTMENT, ERYTHROMYCIN 5 MG/GM OINTMENT)	
<i>gatifloxacin</i>	
<i>gentamicin sulfate 0.3 % solution</i>	
<i>levofloxacin (levofloxacin 0.5 % solution, levofloxacin 0.5 % solution)</i>	
<i>moxifloxacin hcl 0.5 % solution</i>	
<i>ofloxacin 0.3 % solution</i>	
<i>polymyxin b-trimethoprim</i>	
<i>sulfacetamide sodium (sulfacetamide sodium 10 % ointment, sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)</i>	
<i>tobramycin 0.3 % solution</i>	
TRIFLURIDINE	
ZIRGAN	
OPHTHALMIC ANTI-INFLAMMATORIES	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
<i>diclofenac sodium 0.1 % solution</i>	
<i>difluprednate</i>	
<i>fluorometholone</i>	
FLURBIPROFEN SODIUM	
FML FORTE	
<i>ketorolac tromethamine (0.4 %, 0.5 %)</i>	
LOTEMAX 0.5 % OINTMENT	
<i>loteprednol etabonate</i>	
PRED MILD	
<i>prednisolone acetate</i>	
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	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	
<i>timolol maleate (once-daily)</i>	
<i>timolol maleate ocudose</i>	
<i>timolol maleate pf</i>	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
<i>acetazolamide er</i>	
<i>brimonidine tartrate (0.1 %, 0.15 %, 0.2 %)</i>	
<i>dorzolamide hcl</i>	
<i>methazolamide</i>	
<i>pilocarpine hcl (1 %, 2 %, 4 %)</i>	
RHOPRESSA	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>bimatoprost</i>	
<i>latanoprost</i>	
<i>travoprost (bak free)</i>	
OTIC AGENTS	
CIPRO HC	
<i>ciprofloxacin hcl 0.2 % solution</i>	
<i>ciprofloxacin-dexamethasone</i>	
<i>hydrocortisone-acetic acid</i>	
<i>neomycin-polymyxin-hc</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
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	PA3
<i>flunisolide</i>	
FLUTICASONE FUROATE ELLIPTA	
<i>fluticasone propionate 50 mcg/act suspension</i>	
FLUTICASONE PROPIONATE HFA	
PULMICORT FLEXHALER	
ANTIHISTAMINES	
<i>azelastine hcl (0.1 %, 137 mcg/spray)</i>	
CLEMASTINE FUMARATE 2.68 MG TAB	
<i>desloratadine</i>	
<i>levocetirizine dihydrochloride 5 mg tab</i>	
ANTILEUKOTRIENES	
<i>montelukast sodium 10 mg tab</i>	
<i>zafirlukast</i>	
<i>zileuton er</i>	
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA	
INCRUSE ELLIPTA	
<i>ipratropium bromide (0.03 %, 0.06 %)</i>	
<i>ipratropium bromide 0.02 % solution</i>	PA3
SPIRIVA RESPIMAT	
<i>tiotropium bromide</i>	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</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
<i>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)</i>	PA3
<i>albuterol sulfate hfa (albuterol sulfate hfa, albuterol sulfate hfa)</i>	
<i>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)</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 (300 mg/4ml soln, 300 mg/5ml soln)</i>	PA3
TRIKAFTA	
MAST CELL STABILIZERS	
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
<i>roflumilast</i>	
THEO-24	
<i>theophylline er (theophylline er, theophylline er)</i>	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS	PA1
<i>ambrisentan</i>	
OPSUMIT	PA1
<i>sildenafil citrate 20 mg tab</i>	PA2
<i>tadalafil (pah)</i>	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	
<i>acetylcysteine (10 %, 20 %)</i>	PA3
<i>budesonide-formoterol fumarate</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</i>	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	
HETLIOZ LQ	PA1
<i>ramelteon</i>	
<i>tasimelteon</i>	PA1
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem tartrate</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
<i>zolpidem tartrate er</i>	
WAKEFULNESS PROMOTING AGENTS	
<i>modafinil</i>	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.

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

Index of Covered Drugs

A

abacavir sulfate	38	alfuzosin hcl er	62
abacavir sulfate-lamivudine	38	aliskiren fumarate	46
ABILIFY ASIMTUFI	35	allopurinol	26
ABILIFY MAINTENA	35	ALOGLIPTIN-METFORMIN HCL	41
abiraterone acetate	28	ALOGLIPTIN-PIOGLITAZONE	41
ABRYSVO	68	alosetron hcl	60
acamprosate calcium	17	alprazolam	40
acarbose	41	alprazolam er	40
ACETAMINOPHEN-CODEINE	16	ALPRAZOLAM INTENSOL	40
acetazolamide	46	alprazolam xr	40
acetazolamide er	73	ALUNBRIG	30
acetic acid	18	amantadine hcl	34
acetylcysteine	76	ambrisentan	75
acitretin	50	amikacin sulfate	17
ACTHIB	68	amiloride hcl	47
ACTIMMUNE	67	amiloride-hydrochlorothiazide	46
acyclovir	39,52	amiodarone hcl	45
acyclovir sodium	39	amitriptyline hcl	25
ADACEL	68	amlodipine besy-benazepril hcl	46
ADALIMUMAB-AACF (2 PEN)	67	amlodipine besylate	45
ADALIMUMAB-AATY (1 PEN)	67	amlodipine besylate-valsartan	46
ADALIMUMAB-AATY CD/UC/HS START	67	amlodipine-valsartan-hctz	46
ADALIMUMAB-ADAZ	67	ammonium lactate	50
ADALIMUMAB-ADBM (2 PEN)	67	amoxapine	25
ADALIMUMAB-ADBM (2 SYRINGE)	67	AMOXICILLIN	19
ADALIMUMAB-FKJP (2 PEN)	67	AMOXICILLIN-POT CLAVULANATE	19
ADALIMUMAB-FKJP (2 SYRINGE)	67	amoxicillin-pot clavulanate er	19
adefovir dipivoxil	37	amphetamine-dextroamphet er	48
ADEMPAS	75	amphetamine-dextroamphetamine	48
AGONEAZE	16	AMPHOTERICIN B	26
AJOVY	27	amphotericin b liposome	26
ak-poly-bac	71	AMPICILLIN	20
AKEEGA	29	AMPICILLIN SODIUM	20
albendazole	33	ampicillin-sulbactam sodium	20
albuterol sulfate	74,75	anagrelide hcl	44
albuterol sulfate hfa	75	anastrozole	29
alcohol swabs	70	apomorphine hcl	34
ALECENSA	30	aprepitant	25
alendronate sodium	70	APTIVUS	39
		ARALAST NP	61
		ARANESP (ALBUMIN FREE)	44

ARCALYST.....	66	BAQSIMI TWO PACK.....	42
AREXVY.....	68	BARACLUDE.....	37
ARIKAYCE.....	17	BCG VACCINE.....	68
aripiprazole.....	35	BD INSULIN SYRINGE.....	70
ARISTADA.....	35	BENLYSTA.....	66
ARISTADA INITIO.....	35	benzoyl peroxide-erythromycin.....	50
asenapine maleate.....	35	benztropine mesylate.....	34
aspirin-dipyridamole er.....	44	BESREMI.....	67
ASTAGRAF XL.....	67	betaine.....	61
ATABEX EC.....	55	betamethasone dipropionate.....	50
ATABEX OB.....	55	betamethasone dipropionate aug.....	50
atazanavir sulfate.....	39	betamethasone valerate.....	50
atenolol.....	45	BETASERON.....	49
atenolol-chlorthalidone.....	46	BETAXOLOL HCL.....	73
atomoxetine hcl.....	49	bethanechol chloride.....	62
atorvastatin calcium.....	47	BETOPTIC-S.....	73
atovaquone.....	33	bexarotene.....	33
atovaquone-proguanil hcl.....	33	BEXSERO.....	68
atropine sulfate.....	71	bicalutamide.....	28
ATROVENT HFA.....	74	BICILLIN L-A.....	20
AUGTYRO.....	29	BIKTARVY.....	37
AUVELITY.....	24	bimatoprost.....	73
AVMAPKI FAKZYNJA CO-PACK.....	30	bisoprolol fumarate.....	45
AVONEX PEN.....	49	bisoprolol-hydrochlorothiazide.....	46
AVONEX PREFILLED.....	49	BOOSTRIX.....	68
AYVAKIT.....	30	BOSULIF.....	30
AZASITE.....	72	BRAFTOVI.....	30
azathioprine.....	67	brimonidine tartrate.....	73
azelastine hcl.....	71,74	brimonidine tartrate-timolol.....	71
AZESCO.....	55	BRIVIACT.....	21
azithromycin.....	20	bromocriptine mesylate.....	34
aztreonam.....	18	BRONCHITOL.....	70
		BRONCHITOL TOLERANCE TEST.....	71
B		BRUKINSA.....	30
BACITRA-NEOMYCIN-POLYMYXIN-HC.....	71	budesonide.....	70,74
BACITRACIN.....	72	budesonide er.....	70
bacitracin-polymyxin b.....	71	budesonide-formoterol fumarate.....	76
baclofen.....	36	bumetanide.....	47
balsalazide disodium.....	70	buprenorphine hcl.....	17
BALVERSA.....	30	buprenorphine hcl-naloxone hcl.....	17
BAQSIMI ONE PACK.....	42	bupropion hcl.....	24

bupropion hcl er (smoking det)	17
bupropion hcl er (sr)	24
bupropion hcl er (xl)	24
buspirone hcl	40

C

C-NATE DHA	55	CERDELGA	61
cabergoline	65	chlorhexidine gluconate	50
CABOMETYX	30	chloroquine phosphate	33
CALCIPOTRIENE	51	chlorpromazine hcl	35
calcitonin (salmon)	70	chlorthalidone	47
calcitriol	70	cholestyramine	47
CALQUENCE	30	cholestyramine light	47
candesartan cilexetil	44	ciclopirox	52
CAPLYTA	35	ciclopirox olamine	52
CAPRELSA	30	cilostazol	44
carbamazepine	23	CIMDUO	38
carbamazepine er	23	cinacalcet hcl	70
carbidopa	34	CINRYZE	66
carbidopa-levodopa	34	CIPRO HC	73
CARBIDOPA-LEVODOPA ER	34	ciprofloxacin hcl	21,72,73
carbidopa-levodopa-entacapone	34	ciprofloxacin in d5w	21
carglumic acid	52	ciprofloxacin-dexamethasone	73
CARTEOLOL HCL	73	citalopram hydrobromide	24
carvedilol	45	CITRANATAL 90 DHA	55
caspofungin acetate	26	CITRANATAL ASSURE	55
CAYSTON	75	CITRANATAL B-CALM	55
cefadroxil	19	CITRANATAL BLOOM	55
CEFAZOLIN SODIUM	19	CITRANATAL BLOOM DHA	55
cefdinir	19	CITRANATAL DHA	55
cefepime hcl	19	CITRANATAL ESSENCE	55
cefixime	19	CITRANATAL HARMONY	55
cefoxitin sodium	19	CITRANATAL MEDLEY	55
CEFPODOXIME PROXETIL	19	CITRANATAL RX	55
cefprozil	19	clarithromycin	20
ceftazidime	19	clarithromycin er	20
ceftriaxone sodium	19	CLEMASTINE FUMARATE	74
cefuroxime axetil	19	CLEOCIN	18
cefuroxime sodium	19	clindamycin hcl	18
celecoxib	15	clindamycin palmitate hcl	18
cephalexin	19	clindamycin phos (once-daily)	52
		clindamycin phos (twice-daily)	52
		clindamycin phosphate	18,52
		clindamycin phosphate in d5w	18
		CLINIMIX E/DEXTROSE (2.75/5)	52
		CLINIMIX E/DEXTROSE (4.25/10)	52
		CLINIMIX E/DEXTROSE (4.25/5)	52

CLINIMIX E/DEXTROSE (5/15)	53
CLINIMIX E/DEXTROSE (5/20)	53
CLINIMIX/DEXTROSE (4.25/10)	53
CLINIMIX/DEXTROSE (4.25/5)	53
CLINIMIX/DEXTROSE (5/15)	53
CLINIMIX/DEXTROSE (5/20)	53
clinisol sf	53
clobazam	22
clobetasol prop emollient base	50
clobetasol propionate	50
clobetasol propionate e	50
clobetasol propionate emulsion	51
clomipramine hcl	25
clonazepam	40
clonidine	44
clonidine hcl	44
clopidogrel bisulfate	44
clorazepate dipotassium	40
clotrimazole	26
clotrimazole-betamethasone	51
clozapine	36
CO-NATAL FA	55
COARTEM	33
COBENFY	36
COBENFY STARTER PACK	36
CODEINE SULFATE	16
colchicine	26
colchicine-probenecid	27
colesevelam hcl	47
colistimethate sodium (cba)	18
COMBIVENT RESPIMAT	76
COMETRIQ	30
COMPLETE NATAL DHA	55
COMPLETENATE	55
CONCEPT DHA	55
CONCEPT OB	55
constulose	59
COPIKTRA	30
coremino	21
COTELLIC	30
CREON	61

CRESEMBA	26
cromolyn sodium	61,75
CROMOLYN SODIUM	71
cryselle-28	63
cyclobenzaprine hcl	76
CYCLOPHOSPHAMIDE	28
CYCLOSET	41
cyclosporine	67,71
cyclosporine modified	67
CYSTAGON	61
CYSTARAN	61

D

dabigatran etexilate mesylate	43
dalfampridine er	49
danazol	63
DANZITEN	30
DAPAGLIFLOZIN PROPANEDIOL	48
dapsone	28
DAPTACEL	68
daptomycin	18
darifenacin hydrobromide er	61
darunavir	39
dasatinib	30
DAURISMO	30
deferasirox	54
deferasirox granules	54
deferiprone	54
DELSTRIGO	37
demeclocycline hcl	21
DEPO-SUBQ PROVERA 104	64
DERMACINRX PRETRATE	55
DESCOVY	38
desipramine hcl	25
desloratadine	74
desmopressin ace spray refrig	62
desmopressin acetate	62
desmopressin acetate spray	62
desogestrel-ethinyl estradiol	63
desonide	51
DESVENLAFAXINE ER	24

desvenlafaxine succinate er	24	dorzolamide hcl-timolol mal	71
dexamethasone	62	dorzolamide hcl-timolol mal pf	71
DEXAMETHASONE SODIUM PHOSPHATE	72	DOVATO	37
dexmethylphenidate hcl	49	doxazosin mesylate	44
dexmethylphenidate hcl er	49	doxepin hcl	25,51,76
dextroamphetamine sulfate	48	DOXERCALCIFEROL	70
dextroamphetamine sulfate er	48	doxy 100	21
dextrose	53	DOXYCYCLINE HYCLATE	21
DEXTROSE-NACL	53	doxycycline monohydrate	21
DEXTROSE-SODIUM CHLORIDE	53	DRIZALMA SPRINKLE	49
DIACOMIT	21	dronabinol	26
DIAZEPAM	22	drospiren-eth estrad-levomefol	63
diazepam	40	drospirenone-ethinyl estradiol	63
diazepam intensol	40	droxidopa	44
diazoxide	42	DUAVEE	65
DICLOFENAC EPOLAMINE	15	DUET DHA 400	55
diclofenac potassium	15	DUET DHA BALANCED	55
diclofenac sodium	15,51,72	duloxetine hcl	49
diclofenac sodium (tab dr 25 mg, tab dr 50 mg, tab dr 75 mg, tab er 24hr 100 mg)	15	DUPIXENT	66
dicloxacillin sodium	20	dutasteride	62
dicyclomine hcl	60	dutasteride-tamsulosin hcl	62
difluprednate	72		
digox	45	E	
digoxin	45	ec-naproxen	15
dihydroergotamine mesylate	27	EDURANT	38
DILANTIN	23	EDURANT PED	38
diltiazem hcl	46	EFAVIRENZ	38
diltiazem hcl er	46	efavirenz-emtricitab-tenofo df	38
diltiazem hcl er beads	46	efavirenz-lamivudine-tenofovir	38
diltiazem hcl er coated beads	46	ELIGARD	65
dimethyl fumarate	49	ELIQUIS	43
dimethyl fumarate starter pack	49	ELIQUIS DVT/PE STARTER PACK	43
DIPENTUM	70	ELITE-OB	55
diphenoxylate-atropine	60	ELMIRON	62
disulfiram	17	eltrombopag olamine	44
divalproex sodium	21	EMSAM	24
divalproex sodium er	21	emtricitab-rilpivir-tenofov df	38
dofetilide	45	emtricitabine	38
donepezil hcl	23	emtricitabine-tenofovir df	38
dorzolamide hcl	73	EMTRIVA	38
		enalapril maleate	45

enalapril-hydrochlorothiazide	46
ENBRACE HR	55
ENBREL	67
ENBREL MINI	67
ENBREL SURECLICK	67
ENGERIX-B	68
enoxaparin sodium	43
entacapone	34
entecavir	37
ENTRESTO	46
enulose	59
ENVARUS XR	67
EPIDIOLEX	21
epinephrine	75
eplerenone	48
ERGOTAMINE-CAFFEINE	27
ERIVEDGE	30
ERLEADA	28
erlotinib hcl	30
ertapenem sodium	20
ERY	52
erythrocine lactobionate	20
ERYTHROCIN STEARATE	20
erythromycin	20
ERYTHROMYCIN	52,72
ERYTHROMYCIN BASE	20
ERYTHROMYCIN ETHYLSUCCINATE	20
ERYTHROMYCIN STEARATE	20
escitalopram oxalate	24
eslicarbazepine acetate	23
esomeprazole magnesium	60
estradiol	64
estradiol-norethindrone acet	64
ESTRING	64
estrogens conjugated	64
ethambutol hcl	28
ethosuximide	22
ethynodiol diac-eth estradiol	64
etodolac	15
etodolac er	15
etonogestrel-ethinyl estradiol	64

etravirine	38
EUCRISA	51
EULEXIN	28
everolimus	30,68
EVOTAZ	39
exemestane	29
EXXUA	24
ezetimibe	47

F

famciclovir	39
famotidine	60
FANAPT	35
FANAPT TITRATION PACK A	35
FARXIGA	48
febuxostat	27
felbamate	22
FENOFIBRATE	47
fenofibrate micronized	47
fenofibric acid	47
fentanyl	15
FERRIPROX	54
FETZIMA	24
FETZIMA TITRATION	24
FIASP	42
FIASP FLEXTOUCH	42
FIASP PENFILL	42
fidaxomicin	20
finasteride	62
FINTEPLA	22
FIRMAGON	65
FIRMAGON (240 MG DOSE)	65
flecainide acetate	45
fluconazole	26
fluconazole in sodium chloride	26
flucytosine	26
fludrocortisone acetate	62
flunisolide	74
fluocinonide	51
fluocinonide emulsified base	51
fluorometholone	72

FLUOROURACIL	51
fluoxetine hcl	24
FLUOXETINE HCL (PMDD)	24
fluphenazine decanoate	35
FLUPHENAZINE HCL	35
FLURBIPROFEN SODIUM	72
FLUTICASONE FUROATE ELLIPTA	74
FLUTICASONE FUROATE-VILANTEROL	76
FLUTICASONE PROPIONATE	51
fluticasone propionate	74
FLUTICASONE PROPIONATE HFA	74
fluticasone-salmeterol	76
fluvoxamine maleate	24
fluvoxamine maleate er	24
FML FORTE	72
FOLIVANE-OB	56
fondaparinux sodium	43
fosamprenavir calcium	39
fosfomycin tromethamine	18
FOTIVDA	30
FRUZAQLA	29
FUROSEMIDE	47
FYCOMPA	22

G

gabapentin	22
galantamine hydrobromide	23
galantamine hydrobromide er	23
GAMMAGARD	66
GAMMAGARD S/D LESS IGA	66
GAMMAPLEX	66
GAMUNEX-C	66
GARDASIL 9	68
gatifloxacin	72
GATTEX	60
gauze pads & dressings	71
GAVRETO	30
gefitinib	30
gemfibrozil	47
generlac	59
GENOTROPIN	63

GENOTROPIN MINIQUICK	63
GENTAMICIN IN SALINE	18
gentamicin sulfate	18,72
GENVOYA	37
GILOTRIF	30
GLASSIA	61
glatiramer acetate	49
glimepiride	41
glipizide	41
glipizide er	41
glipizide xl	41
glipizide-metformin hcl	41
GLUCAGEN HYPOKIT	42
GLUCAGON EMERGENCY	42
glycerol phenylbutyrate	61
glycopyrrolate	60
GOMEKLI	30
griseofulvin microsize	26
griseofulvin ultramicrosize	26
guanfacine hcl	44
guanfacine hcl er	49

H

haloperidol	35
haloperidol decanoate	35
haloperidol lactate	35
HAVRIX	68
HEMADY	62
heparin sodium (porcine)	43
heparin sodium (porcine) pf	43
HEPLISAV-B	68
HERNEXEOS	30
HETLIOZ LQ	76
HIBERIX	68
HUMALOG MIX 50/50 KWIKPEN	42
HUMALOG MIX 75/25	42
HUMATROPE	63
HUMULIN 70/30	42
HUMULIN 70/30 KWIKPEN	42
HUMULIN N	42
HUMULIN N KWIKPEN	42

HUMULIN R	42	indomethacin	15
HUMULIN R U-500 (CONCENTRATED)	42	indomethacin er	15
HUMULIN R U-500 KWIKPEN	42	INFANRIX	68
hydralazine hcl	48	INLURIYO	29
hydrochlorothiazide	47	INLYTA	31
hydrocodone-acetaminophen	16	INQOVI	29
hydrocortisone	51,70	INREBIC	31
hydrocortisone (perianal)	51	INSULIN GLARGINE	42
hydrocortisone valerate	51	INSULIN GLARGINE SOLOSTAR	42
hydrocortisone-acetic acid	73	INSULIN GLARGINE-YFGN	42
hydromorphone hcl	16	INSULIN LISPRO	42
HYDROMORPHONE HCL PF	16	INSULIN LISPRO (1 UNIT DIAL)	42
hydroxychloroquine sulfate	34	INSULIN LISPRO JUNIOR KWIKPEN	42
hydroxyurea	29	INSULIN LISPRO PROT & LISPRO	42
hydroxyzine hcl	40	insulin pen needle	71
HYDROXYZINE PAMOATE	40	insulin syringe, safety or non-safety (disp) u-100 0.3 ml	71
I		insulin syringe, safety or non-safety (disp) u-100 1 ml	71
ibandronate sodium	70	insulin syringe, safety or non-safety (disp) u-100 1/2 ml	71
IBRANCE	30	Insulin syringe, safety or non-safety (disp) u-500 1/2 ml	71
IBTROZI	30	INTELENCE	38
ibu	15	INTRALIPID	53
ibuprofen	15	INVEGA HAFYERA	35
icatibant acetate	66	INVEGA SUSTENNA	35
ICLUSIG	30	INVEGA TRINZA	36
icosapent ethyl	47	IPOL	68
IDHIFA	31	ipratropium bromide	74
imatinib mesylate	31	ipratropium-albuterol	76
IMBRUVICA	31	irbesartan	44
imipenem-cilastatin	20	irbesartan-hydrochlorothiazide	46
imipramine hcl	25	ISENTRESS	37
imipramine pamoate	25	ISENTRESS HD	37
imiquimod	51	ISOLYTE-P IN D5W	53
imiquimod pump	52	ISONIAZID	28
IMKELDI	31	isosorbide dinitrate	48
IMOVAX RABIES	68	ISOSORBIDE MONONITRATE	48
IMPAVIDO	34	isosorbide mononitrate er	48
INATAL GT	56	isotretinoin	50
INCRELEX	63		
INCRUSE ELLIPTA	74		
indapamide	47		

ITOVEBI	31
itraconazole	26
ivabradine hcl	46
IVERMECTIN	33
IWILFIN	29
IXIARO	68

J

JAKAFI	31
JANUVIA	41
JARDIANCE	48
JAYPIRCA	31
JENLIVA PRENATAL/POSTNATAL	56
JUBBONTI	70
JULUCA	37
JUXTAPID	47
JYNARQUE	54
JYNNEOS	69

K

KALETRA	39
KALYDECO	75
kcl in dextrose-nacl	53
KCL-LACTATED RINGERS-D5W	53
KERENDIA	48
ketoconazole	26
ketorolac tromethamine	72
KINERET	66
KINRIX	69
Kisqali	31
Kisqali FEMARA	31
klayesta	26
KLOXXADO	17
KOSELUGO	31
KOSHER PRENATAL PLUS IRON	56
KRAZATI	31

L

l-glutamine	61
labetalol hcl	45
lacosamide	23

lactulose	59
lactulose encephalopathy	59
LAGEVRIO	39
lamivudine	37,38
lamivudine-zidovudine	38
lamotrigine	22
lamotrigine er	22
lamotrigine starter kit-blue	22
lamotrigine starter kit-green	22
lamotrigine starter kit-orange	22
lansoprazole	60
lapatinib ditosylate	31
latanoprost	73
LAZCLUZE	31
LEDIPASVIR-SOFOSBUVIR	37
leflunomide	68
lenalidomide	29
Lenvima	31
letrozole	29
leucovorin calcium	33
LEUKERAN	28
LEUKINE	44
leuprolide acetate	65
LEUPROLIDE ACETATE (3 MONTH)	65
levalbuterol hcl	75
LEVALBUTEROL TARTRATE	75
levetiracetam	22
levetiracetam er	22
LEVOBUNOLOL HCL	73
levocetirizine dihydrochloride	74
levofloxacin	21,72
levofloxacin in d5w	21
levonorg-eth estrad triphasic	64
levonorgest-eth est & eth est	64
levonorgest-eth estrad 91-day	64
levonorgest-eth estradiol-iron	64
levonorgestrel-ethinyl estrad	64
levothyroxine sodium	65
lidocaine	16
lidocaine hcl	16
lidocaine viscous hcl	16

lidocaine-prilocaine	16	MATULANE	28
linezolid	18	MAVYRET	37
LINZESS	59	meclizine hcl	25
liothyronine sodium	65	medroxyprogesterone acetate	64
lisinopril	45	mefloquine hcl	34
lisinopril-hydrochlorothiazide	46	megestrol acetate	64
lithium	41	MEKINIST	31
LITHIUM CARBONATE	41	MEKTOVI	31
lithium carbonate er	41	meloxicam	15
LIVIXIL PAK	16	MEMANTINE HCL	24
LIVTENCITY	37	memantine hcl er	24
LOKELMA	55	memantine hcl-donepezil hcl	23
lomustine	28	MENQUADFI	69
LONSURF	29	MENVEO	69
loperamide hcl	60	mercaptopurine	29
lopinavir-ritonavir	39	meropenem	20
lorazepam	40	mesalamine	70
lorazepam intensol	40	mesalamine er	70
LORBRENA	31	mesalamine-cleanser	70
losartan potassium	45	mesna	33
losartan potassium-hctz	46	metformin hcl	41
LOTEMAX	72	metformin hcl er	41
loteprednol etabonate	72	metformin hcl er (mod)	41
loxapine succinate	35	metformin hcl er (osm)	41
lubiprostone	59	methadone hcl	15
LUMAKRAS	31	methazolamide	73
LUPRON DEPOT	65	methenamine hippurate	18
lurasidone hcl	36	methimazole	65
LYBALVI	36	methocarbamol	76
LYNPARZA	31	METHOTREXATE SODIUM	68
LYSODREN	29	methotrexate sodium (pf)	68
Lytgobi	31	METHOXSALIN RAPID	52
		methsuximide	22
M		methylphenidate hcl	49
M-M-R II	69	METHYLPHENIDATE HCL ER	49
M-NATAL PLUS	56	methylphenidate hcl er (cd)	49
MAGNESIUM SULFATE	53	methylphenidate hcl er (la)	49
malathion	52	METHYLPHENIDATE HCL ER (OSM)	49
maraviroc	38	methylphenidate hcl er (xr)	49
MARPLAN	24	methylprednisolone	62
MATERNACEL	56	metoclopramide hcl	25

metolazone	47	nadolol	45
metoprolol succinate er	45	nafcillin sodium	20
metoprolol tartrate	45	nafrinse	53
metoprolol-hydrochlorothiazide	46	naloxone hcl	17
METRONIDAZOLE	18	naltrexone hcl	17
metyrosine	46	NAMZARIC	23
mexiletine hcl	45	naproxen	15
micafungin sodium	26	naproxen dr	15
MICONAZOLE 3	26	naratriptan hcl	27
midodrine hcl	44	NATACHEW	56
mifepristone	65	NATAL PNV	56
miglustat	61	NATALVIT	56
minocycline hcl	21	nateglinide	41
minocycline hcl er	21	NAYZILAM	22
minoxidil	48	needles, insulin disp., safety	71
mirabegron er	61	NEEVO DHA	56
MIRENA (52 MG)	64	NEFAZODONE HCL	25
mirtazapine	24	NEO-VITAL RX	56
misoprostol	63	neomycin sulfate	18
modafinil	77	NEOMYCIN-BACITRACIN ZN-POLYMYX	71
MODEYSO	29	neomycin-polymyxin-dexameth	71
MOLINDONE HCL	35	NEOMYCIN-POLYMYXIN-HC	71
mometasone furoate	51	neomycin-polymyxin-hc	73
montelukast sodium	74	NEONATAL + DHA	56
MORPHINE SULFATE	16	NEONATAL 19	56
MORPHINE SULFATE (CONCENTRATE)	16	NEONATAL COMPLETE	56
morphine sulfate er	15	NEONATAL FE	56
MOUNJARO	41	NEONATAL PLUS	56
MOXIFLOXACIN HCL	21	NERLYNX	31
moxifloxacin hcl	72	NESTABS	56
MOXIFLOXACIN HCL IN NACL	21	NESTABS DHA	56
MRESVIA	69	NESTABS ONE	56
MULTI-MAC	56	NEUPRO	34
mupirocin	52	nevirapine	38
mupirocin calcium	52	nevirapine er	38
mycophenolate mofetil	68	NEXLETOL	47
mycophenolate sodium	68	NEXPLANON	64
mycophenolic acid	68	niacin er (antihyperlipidemic)	48
N		NICOTROL NS	17
nabumetone	15	nifedipine er	46
		nifedipine er osmotic release	46

nilotinib hcl	31	NOVOLOG MIX 70/30	43
nilutamide	28	NOVOLOG MIX 70/30 FLEXPEN	43
nimodipine	46	NOVOLOG MIX 70/30 RELION	43
NINLARO	31	NOVOLOG PENFILL	43
nitazoxanide	34	NOVOLOG RELION	43
NITRO-BID	48	NUBEQA	28
NITRO-DUR	48	NUCALA	76
nitrofurantoin macrocrystal	18	NUEDEXTA	49
nitrofurantoin monohyd macro	18	NUPLAZID	36
nitroglycerin	48	NURTEC	27
NIVA-PLUS	56	NUTRILIPID	53
NIVESTYM	44	NUTROPIN AQ NUSPIN 10	63
NIZATIDINE	60	NUTROPIN AQ NUSPIN 20	63
NORDITROPIN FLEXPEN	63	NUTROPIN AQ NUSPIN 5	63
norelgestromin-eth estradiol	64	nyamyc	26
norethin ace-eth estrad-fe	64	nystatin	26
norethin-eth estradiol-fe	64	nystatin-triamcinolone	52
norethindron-ethinyl estrad-fe	64	nystop	26
norethindrone	64		
norethindrone acet-ethinyl est	64	O	
norethindrone-eth estradiol	64	OB COMPLETE	56
norgestim-eth estrad triphasic	64	OB COMPLETE ONE	56
norgestimate-eth estradiol	64	OB COMPLETE PETITE	56
nortriptyline hcl	25	OB COMPLETE PREMIER	56
NORVIR	39	OB COMPLETE/DHA	56
NOVOLIN 70/30	42	OBSTETRIX EC (WITH DOCUSATE)	56
NOVOLIN 70/30 FLEXPEN	42	OBSTETRIX ONE (WITH DOCUSATE)	56
NOVOLIN 70/30 FLEXPEN RELION	43	octreotide acetate	65
NOVOLIN 70/30 RELION	43	ODEFSEY	38
NOVOLIN N	43	ODOMZO	31
NOVOLIN N FLEXPEN	43	OFEV	76
NOVOLIN N FLEXPEN RELION	43	ofloxacin	21,72
NOVOLIN N RELION	43	OGSIVEO	29
NOVOLIN R	43	OJEMDA	31
NOVOLIN R FLEXPEN	43	OJJAARA	29
NOVOLIN R FLEXPEN RELION	43	olanzapine	36
NOVOLIN R RELION	43	OLUMIANT	66
NOVOLOG	43	omega-3-acid ethyl esters	48
NOVOLOG 70/30 FLEXPEN RELION	43	omeprazole	60
NOVOLOG FLEXPEN	43	OMNITROPE	63
NOVOLOG FLEXPEN RELION	43	ondansetron	26

ondansetron hcl	26	peg 3350-kcl-na bicarb-nacl	60
ONE VITE WOMENS PLUS	56	peg-3350/electrolytes	60
ONGENTYS	34	peg-3350/electrolytes/ascorbat	60
ONUREG	29	peg-kcl-nacl-nasulf-na asc-c	60
OPIPZA	36	PEGASYS	67
OPSUMIT	75	PEMAZYRE	31
OPVEE	17	PENBRAYA	69
ORENCIA	66	penicillamine	62
ORENCIA CLICKJECT	66	PENICILLIN G POT IN DEXTROSE	20
ORGOVYX	65	penicillin g potassium	20
ORKAMBI	75	PENICILLIN G SODIUM	20
ORSERDU	29	penicillin v potassium	20
oseltamivir phosphate	39	PENMENVY	69
OTEZLA	52	PENTACEL	69
OTEZLA XR	52	pentamidine isethionate	34
OTEZLA/OTEZLA XR INITIATION PK	52	PENTASA	70
oxazepam	40	pentoxifylline er	46
oxcarbazepine	23	perampanel	22
oxybutynin chloride	61	permethrin	52
oxybutynin chloride er	61	perphenazine	25
oxycodone hcl	16	PERSERIS	36
oxycodone-acetaminophen	16	phenelzine sulfate	24
OXYCONTIN	15	phenobarbital	22
OXYTROL	61	phenytoin	23
OZEMPIC (0.25 OR 0.5 MG/DOSE)	41	phenytoin infatabs	23
OZEMPIC (1 MG/DOSE)	41	phenytoin sodium extended	23
OZEMPIC (2 MG/DOSE)	41	PIFELTRO	38
P		pilocarpine hcl	50,73
paliperidone er	36	pimecrolimus	51
PANRETIN	33	PIMOZIDE	35
pantoprazole sodium	60	pindolol	45
PAROXETINE HCL	40	pioglitazone hcl	41
paroxetine hcl er	40	pioglitazone hcl-metformin hcl	41
paroxetine mesylate	40	piperacillin sod-tazobactam so	20
PAXLOVID (150/100)	39	PIQRAY (200 MG DAILY DOSE)	31
PAXLOVID (300/100 & 150/100)	40	PIQRAY (250 MG DAILY DOSE)	31
PAXLOVID (300/100)	40	PIQRAY (300 MG DAILY DOSE)	31
pazopanib hcl	31	PIRFENIDONE	76
PEDIARIX	69	PNV PRENATAL PLUS MULTIVIT+DHA	56
PEDVAX HIB	69	PNV PRENATAL PLUS MULTIVITAMIN	56
		PNV TABS 20-1	56

PNV TABS 29-1.....	57	PRENATAL.....	57
PNV-DHA.....	57	PRENATAL 19.....	57
PNV-DHA+DOCUSATE.....	57	PRENATAL PLUS.....	57
PNV-OMEGA.....	57	PRENATAL PLUS VITAMIN/MINERAL.....	57
PNV-SELECT.....	57	PRENATAL VITAMIN PLUS LOW IRON.....	57
PODOFILOX.....	52	PRENATAL-U.....	57
polymyxin b sulfate.....	18	PRENATE.....	57
polymyxin b-trimethoprim.....	72	PRENATE AM.....	57
POMALYST.....	29	PRENATE DHA.....	57
posaconazole.....	26	PRENATE ELITE.....	57
POTASSIUM CHLORIDE.....	54	PRENATE ENHANCE.....	57
potassium chloride crys er.....	54	PRENATE ESSENTIAL.....	57
potassium chloride er.....	54	PRENATE MINI.....	57
potassium chloride in dextrose.....	54	PRENATE PIXIE.....	57
POTASSIUM CHLORIDE IN NACL.....	54	PRENATE RESTORE.....	57
potassium citrate er.....	54	PRENATOL-M.....	57
POTASSIUM CL IN DEXTROSE 5%.....	54	PRENATRIX.....	57
pramipexole dihydrochloride.....	34	PRENATRYL.....	57
pravastatin sodium.....	47	PRENATVITE COMPLETE.....	58
praziquantel.....	33	PRENATVITE PLUS.....	58
prazosin hcl.....	44	PRENATVITE RX.....	58
PRED MILD.....	72	PREPLUS.....	58
prednisolone.....	62	PRETAB.....	58
prednisolone acetate.....	72	PRETOMANID.....	28
PREDNISOLONE SODIUM PHOSPHATE.....	62,72	PREVYMIS.....	37
prednisone.....	62	PREZCOBIX.....	39
PREDNISONONE INTENSOL.....	62	PREZISTA.....	39
pregabalin.....	49	PRIFTIN.....	28
PREGEN DHA.....	57	PRILOVIX.....	16
PREGENNA.....	57	prilovix lite.....	17
PREMARIN.....	64	prilovix lite plus.....	17
PREMASOL.....	54	PRILOVIX PLUS.....	17
PREMESISRX.....	57	prilovix ultralite.....	17
PREMIUM LIDOCAINE.....	16	prilovix ultralite plus.....	17
PREMPRO.....	64	PRIMACARE.....	58
PRENA 1 TRUE.....	57	primaquine phosphate.....	34
PRENA1.....	57	primidone.....	22
PRENA1 PEARL.....	57	PRIORIX.....	69
PRENAISSANCE.....	57	PRIVIGEN.....	66
PRENAISSANCE PLUS.....	57	probenecid.....	27
PRENARA.....	57	prochlorperazine.....	25

prochlorperazine maleate	25	rasagiline mesylate	35
procto-med hc	51	REBIF	49
proctosol hc	51	REBIF REBIDOSE	49
proctozone-hc	51	REBIF REBIDOSE TITRATION PACK	50
progesterone	65	REBIF TITRATION PACK	50
PROGRAF	68	RECOMBIVAX HB	69
PROLASTIN-C	61	RECORLEV	65
promethazine hcl	25	RELENZA DISKHALER	39
propafenone hcl	45	RELISTOR	59
propafenone hcl er	45	RELNATE DHA	58
propranolol hcl	27	repaglinide	42
propranolol hcl er	27	REPATHA	48
propylthiouracil	66	REPATHA SURECLICK	48
PROQUAD	69	RESTASIS MULTIDOSE	71
PROSOL	54	RETACRIT	44
protriptyline hcl	25	RETEVMO	32
PROVIDA OB	58	REVCovi	61
PULMICORT FLEXHALER	74	REVUFORJ	32
PULMOZYME	75	REXULTI	36
pyrazinamide	28	REYATAZ	39
PYRIDOSTIGMINE BROMIDE	27	REZDIFFRA	65
pyridostigmine bromide er	27	REZLIDHIA	32
pyrimethamine	34	REZUROCK	68
Q		RHOPRESSA	73
QINLOCK	32	RIBAVIRIN	37
QUADRACEL	69	rifabutin	28
QUETIAPINE FUMARATE	36	rifampin	28
quetiapine fumarate er	36	riluzole	49
quinidine gluconate er	45	risperidone	36
QUINIDINE SULFATE	45	risperidone microspheres er	36
quinine sulfate	34	ritonavir	39
QULIPTA	27	rivastigmine	23
R		rivastigmine tartrate	24
RABAVERT	69	rizatriptan benzoate	27
RALDESY	25	roflumilast	75
raloxifene hcl	65	ROMVIMZA	32
ramelteon	76	ropinirole hcl	34
ramipril	45	ropinirole hcl er	34
ranolazine er	46	rosuvastatin calcium	47
		ROTARIX	69
		ROTATEQ	69

ROZLYTREK	32
RUBRACA	32
rufinamide	23
RUKOBIA	39
RYDAPT	32

S

SANTYL	52
sapropterin dihydrochloride	61
saxagliptin-metformin er	42
SCEMBLIX	32
scopolamine	25
SE-NATAL 19	58
SECUADO	36
SELECT-OB	58
SELECT-OB+DHA	58
selegiline hcl	35
selenium sulfide	51
SELZENTRY	39
SEREVENT DISKUS	75
SEROSTIM	63
SERTRALINE HCL	25
SHINGRIX	69
SIGNIFOR	65
sildenafil citrate	75
silver sulfadiazine	52
SIMPONI	68
simvastatin	47
sirolimus	68
SIRTURO	28
SIVEXTRO	18
SKYRIZI	66
SKYRIZI PEN	66
sodium chloride	54
sodium chloride (pf)	54
sodium fluoride	54
SODIUM OXYBATE	77
sodium phenylbutyrate	61
sodium polystyrene sulfonate	55
SOFOSBUVIR-VELPATASVIR	37
solifenacin succinate	61

SOLTAMOX	29
SOMAVERT	65
sorafenib tosylate	32
sotalol hcl	45
sotalol hcl (af)	45
SOVALDI	37
SPIRIVA RESPIMAT	74
spironolactone	48
spironolactone-hctz	46
SPRITAM	22
sps (sodium polystyrene sulf)	55
ssd (silver sulfadiazine)	52
STELARA	66
STIVARGA	32
STREPTOMYCIN SULFATE	18
STRIBILD	37
SUCRAID	61
sucralfate	60
sulfacetamide sodium	72
sulfacetamide sodium (acne)	21
SULFACETAMIDE-PREDNISOLONE	71
sulfadiazine	21
sulfamethoxazole-trimethoprim	21
sulfasalazine	70
sulindac	15
sumatriptan	27
sumatriptan succinate	27
sunitinib malate	32
SUNLENCA	39
SYMDEKO	75
SYMPAZAN	22
SYMTUZA	39
SYNAREL	65

T

TABLOID	29
TABRECTA	32
tacrolimus	51,68
tadalafil	62
tadalafil (pah)	75
TAFINLAR	32

TAGRISSO	32	tiotropium bromide	74
TALTZ	66	TIVICAY	37
TALZENNA	32	TIVICAY PD	37
tamoxifen citrate	29	tizanidine hcl	36
tamsulosin hcl	62	TOBRADEX	71
TARON-C DHA	58	tobramycin	72,75
tasimelteon	76	tobramycin sulfate	18
TAVNEOS	66	tobramycin-dexamethasone	71
TAZAROTENE	50	tolcapone	34
TAZVERIK	32	tolterodine tartrate	61
TEFLARO	19	tolterodine tartrate er	62
temazepam	76	tolvaptan	54
TENIVAC	69	topiramate	22
tenofovir disoproxil fumarate	38	topiramate er	22
TEPMETKO	32	toremifene citrate	29
terazosin hcl	44	torsemide	47
terbinafine hcl	26	TPN ELECTROLYTES	58
terconazole	26	tramadol hcl	16
teriflunomide	50	tramadol hcl er	15
TERIPARATIDE	70	tramadol hcl er (biphasic)	15
TESTOSTERONE	63	tramadol-acetaminophen	16
TESTOSTERONE CYPIONATE	63	tranexamic acid	44
TESTOSTERONE ENANTHATE	63	tranylcypromine sulfate	24
tetrabenazine	49	TRAVASOL	54
tetracycline hcl	21	travoprost (bak free)	73
THALOMID	29	trazodone hcl	25
THEO-24	75	TRELEGY ELLIPTA	76
theophylline er	75	TRELSTAR MIXJECT	65
thioridazine hcl	35	TREMFYA	66
thiothixene	35	TREMFYA ONE-PRESS	66
THRIVITE RX	58	TREMFYA PEN	66
tiagabine hcl	22	TREMFYA-CD/UC INDUCTION	66
TIBSOVO	32	tretinoin	33,50
ticagrelor	44	TRETINOIN MICROSPHERE	50
TICOVAC	69	TRETINOIN MICROSPHERE PUMP	50
TIGECYCLINE	18	tri-legest fe	64
timolol maleate	27,73	triamcinolone acetonide	50,51
timolol maleate (once-daily)	73	triamterene	47
timolol maleate ocudose	73	triamterene-hctz	46
timolol maleate pf	73	triazolam	76
tinidazole	18	TRICARE	58

VIRT-C DHA	58
VIRT-NATE DHA	58
VIRT-PN DHA	58
VIRT-PN PLUS	58
VITAFOL FE+	58
VITAFOL GUMMIES	58
VITAFOL STRIPS	58
VITAFOL ULTRA	58
VITAFOL-NANO	58
VITAFOL-OB	59
VITAFOL-OB+DHA	59
VITAFOL-ONE	59
VITALARA	59
VITAMEDMD ONE RX/QUATREFOLIC	59
VITAMEDMD REDICHEW RX	59
VITAPEARL	59
VITATHELY WITH GINGER	59
VITATRUE	59
VITRAKVI	32
VIVA DHA	59
VIVOTIF	69
VIZIMPRO	32
VONJO	33
VOQUEZNA	60
VORANIGO	32
voriconazole	26
VORICONAZOLE	26
VOSEVI	37
VOWST	60
VP-PNV-DHA	59
VRAYLAR	36

W

warfarin sodium	43
WELIREG	61
WESCAP-C DHA	59
WESCAP-PN DHA	59
WESNATAL DHA COMPLETE	59
WESNATE DHA	59
WESTAB PLUS	59
WESTGEL DHA	59

WINREVAIR	76
Wixela Inhub	76
WYOST	70

X

XALKORI	32
XARELTO	44
XARELTO STARTER PACK	44
XATMEP	68
XCOPRI	23
XCOPRI (250 MG DAILY DOSE)	23
XCOPRI (350 MG DAILY DOSE)	23
XDEMVI	71
XELJANZ	67
XELJANZ XR	67
XERMELO	60
XIFAXAN	19
XOLAIR	67
XOSPATA	32
XPOVIO (100 MG ONCE WEEKLY)	33
XPOVIO (40 MG ONCE WEEKLY)	33
XPOVIO (40 MG TWICE WEEKLY)	33
XPOVIO (60 MG ONCE WEEKLY)	33
XPOVIO (60 MG TWICE WEEKLY)	33
XPOVIO (80 MG ONCE WEEKLY)	33
XPOVIO (80 MG TWICE WEEKLY)	33
XTANDI	28

Y

YESINTEK	67
YF-VAX	69
YONSA	28

Z

zafirlukast	74
zaleplon	76
ZALVIT	59
ZATEAN-PN DHA	59
ZATEAN-PN PLUS	59
ZEJULA	33
ZELBORAF	33

ZEMAIRA.....	61
ZENPEP.....	61
ZEPATIER.....	37
ZEPOSIA.....	50
ZEPOSIA 7-DAY STARTER PACK.....	50
ZEPOSIA STARTER KIT.....	50
zidovudine.....	38
zileuton er.....	74
ZIPHEX.....	59
ziprasidone hcl.....	36
ziprasidone mesylate.....	36
ZIRGAN.....	72
ZOLINZA.....	29
zolpidem tartrate.....	76
zolpidem tartrate er.....	77
ZONISADE.....	23
zonisamide.....	23
ZTALMY.....	23
ZURZUVAE.....	24
ZYDELIG.....	33
ZYKADIA.....	33

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 OPTH OINT 5%	
SODIUM CHLORIDE HYPERTONIC OPTH SOLN	
SORBITOL	
THIAMINE HCL	
TROLAMINE SALICYLATE	
UREA (EMOLLIENT)	
VAGINAL LUBRICANT	
VITAMIN A	
VITAMIN D	
VITAMINS A & D (TOPICAL)	
WHITE PETROLATUM	
WITCH HAZEL-GLYCERIN	

This formulary was updated on 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.

