



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 12

This formulary was updated on 5/1/2026.



For help or information:  
[www.communitycareinc.org](http://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*.

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**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>.



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## A. Disclaimers

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

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

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

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

- ❖ You can always check Community Care's up-to-date *List of Covered Drugs* online at <http://www.communitycareinc.org> or by calling Member Services toll free at 1-866-992-6600. TTY users should call 711. This call is free.
- ❖ This document is available for free in Chinese, Hmong, Spanish, Lao, Russian, and Serbo-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。

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

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

**Arabic:** 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

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**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ごございます。通訳をご用命になるには、1-866-992-6600 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

## Community Care:

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

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

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**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.*

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## 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](http://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.

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## 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.

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- 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**

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- 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

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**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.

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**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.

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**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.

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**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.

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## **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.

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## LEGEND

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<b>QL</b>	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
<b>PA</b>	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.
<b>PA2</b>	New Starts Only	Required for new starts only.
<b>PA3</b>	B vs D	To confirm Part D coverage.
<b>ST</b>	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.
<b>LA</b>	Limited Access	This prescription drug is limited to certain pharmacies.

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**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>.

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## 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.

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**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
<b>ANALGESICS</b>	
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>	
<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>	
<b>OPIOID ANALGESICS, LONG-ACTING</b>	
<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</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.

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**DRUG****NECESSARY ACTIONS,  
RESTRICTIONS, OR LIMITS ON  
USE**

---

**OPIOID ANALGESICS, SHORT-ACTING**

ACETAMINOPHEN-CODEINE (ACETAMINOPHEN-CODEINE,  
ACETAMINOPHEN-CODEINE)

CODEINE SULFATE (CODEINE SULFATE, CODEINE SULFATE)

*hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217  
mg/10ml solution, 5-325 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml  
solution, 10-325 mg tab)*

*hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)*

HYDROMORPHONE HCL PF (HYDROMORPHONE HCL PF,  
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION)

MORPHINE SULFATE (CONCENTRATE) (MORPHINE SULFATE  
(CONCENTRATE), MORPHINE SULFATE (CONCENTRATE))

MORPHINE SULFATE (MORPHINE SULFATE 30 MG TAB,  
MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE  
SULFATE 15 MG TAB, MORPHINE SULFATE 20 MG/5ML  
SOLUTION, MORPHINE SULFATE 30 MG TAB, MORPHINE  
SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 15 MG  
TAB, MORPHINE SULFATE 20 MG/5ML SOLUTION)

*oxycodone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/0.5ml  
conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)*

*oxycodone-acetaminophen*

*tramadol hcl*

*tramadol-acetaminophen*

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**ANESTHETICS****LOCAL ANESTHETICS**

AGONEAZE

*lidocaine 5 % ointment*

*lidocaine 5 % patch*

PA1

*lidocaine hcl 4 % solution*

*lidocaine viscous hcl*

*lidocaine-prilocaine*

LIVIXIL PAK

PREMIUM LIDOCAINE

PRILOVIX

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>prilovix lite</i>	
<i>prilovix lite plus</i>	
PRILOVIX PLUS	
<i>prilovix ultralite</i>	
<i>prilovix ultralite plus</i>	
<i>tridacaine</i>	PA1
<i>tridacaine ii</i>	PA1
<i>tridacaine iii</i>	PA1
<i>tridacaine xl</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)*

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

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**DRUG****NECESSARY ACTIONS,  
RESTRICTIONS, OR LIMITS ON  
USE**

---

---

**ANTIBACTERIALS**

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**AMINOGLYCOSIDES**

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*amikacin sulfate 500 mg/2ml solution*

ARIKAYCE

GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION)

*gentamicin sulfate (0.1 % cream, 0.1 % ointment, 40 mg/ml solution)*

*neomycin sulfate*

STREPTOMYCIN SULFATE

TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE, TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION)

**ANTIBACTERIALS, OTHER**

---

*acetic acid 2 % solution*

*aztreonam*

CLEOCIN 100 MG SUPPOS

*clindamycin hcl*

*clindamycin palmitate hcl*

*clindamycin phosphate (2 % cream, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)*

*clindamycin phosphate in d5w*

*colistimethate sodium (cba)*

*daptomycin (daptomycin, daptomycin)*

*fosfomycin tromethamine*

*linezolid*

*methenamine hippurate*

METRONIDAZOLE (METRONIDAZOLE, METRONIDAZOLE 500 MG/100ML SOLUTION)

*nitrofurantoin macrocrystal*

*nitrofurantoin monohyd macro*

*polymyxin b sulfate*

SIVEXTRO

---

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**

---

TIGECYCLINE (TIGECYCLINE, TIGECYCLINE)

---

*tinidazole*

---

*trimethoprim (trimethoprim, trimethoprim)*

---

VANCOMYCIN HCL (VANCOMYCIN HCL, VANCOMYCIN HCL 1 GM RECON SOLN, VANCOMYCIN HCL 1.25 GM RECON SOLN, VANCOMYCIN HCL 1.5 GM RECON SOLN, VANCOMYCIN HCL 5 GM RECON SOLN, VANCOMYCIN HCL 10 GM RECON SOLN, VANCOMYCIN HCL 100 GM RECON SOLN, VANCOMYCIN HCL 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)

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VANCOMYCIN HCL IN DEXTROSE

---

VANCOMYCIN HCL IN NACL

---

XIFAXAN

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**BETA-LACTAM, CEPHALOSPORINS**

*cefadroxil (cefadroxil, cefadroxil)*

---

CEFAZOLIN SODIUM (CEFAZOLIN SODIUM, CEFAZOLIN SODIUM 1 GM RECON SOLN)

---

*cefdinir*

---

*cefepime hcl*

---

CEFIXIME (CEFIXIME, CEFIXIME)

---

*cefoxitin sodium*

---

CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL, CEFPODOXIME PROXETIL)

---

*cefprozil*

---

*ceftazidime (ceftazidime, ceftazidime)*

---

CEFTRIAZONE SODIUM (CEFTRIAZONE SODIUM, CEFTRIAZONE SODIUM 1 GM RECON SOLN, CEFTRIAZONE SODIUM 2 GM RECON SOLN)

---

*cefuroxime axetil*

---

*cefuroxime sodium*

---

*cephalexin*

---

TEFLARO

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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****BETA-LACTAM, PENICILLINS**

AMOXICILLIN (AMOXICILLIN, AMOXICILLIN)

AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN-POT  
CLAVULANATE, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG  
CHEW TAB)

*amoxicillin-pot clavulanate er*

AMPICILLIN (AMPICILLIN, AMPICILLIN)

AMPICILLIN SODIUM (AMPICILLIN SODIUM 1 GM RECON SOLN,  
AMPICILLIN SODIUM 10 GM RECON SOLN, AMPICILLIN SODIUM 1  
GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN,  
AMPICILLIN SODIUM 2 GM RECON SOLN)

*ampicillin-sulbactam sodium (ampicillin-sulbactam sodium, ampicillin-  
sulbactam sodium)*

BICILLIN L-A

*dicloxacillin sodium*

*nafticillin sodium (nafticillin sodium, nafticillin sodium)*

PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION,  
60000 UNIT/ML SOLUTION)

*penicillin g potassium*

PENICILLIN G SODIUM

*penicillin v potassium (penicillin v potassium, penicillin v potassium)*

*piperacillin sod-tazobactam so*

**CARBAPENEMS**

*ertapenem sodium*

*imipenem-cilastatin (imipenem-cilastatin, imipenem-cilastatin)*

*meropenem (1 gm soln, 500 mg soln)*

**MACROLIDES**

*azithromycin*

*clarithromycin (clarithromycin, clarithromycin)*

*clarithromycin er*

*erythrocin lactobionate (erythrocin lactobionate, erythrocin  
lactobionate)*

ERYTHROCIN STEARATE

*erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)*

ERYTHROMYCIN BASE (ERYTHROMYCIN BASE,  
ERYTHROMYCIN BASE)

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

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**DRUG****NECESSARY ACTIONS,  
RESTRICTIONS, OR LIMITS ON  
USE**

---

*erythromycin ethylsuccinate (erythromycin ethylsuccinate,  
erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin  
ethylsuccinate 400 mg/5ml recon susp)*

ERYTHROMYCIN STEARATE

*fidaxomicin*

**QUINOLONES**

*ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)*

*ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution,  
ciprofloxacin in d5w 200 mg/100ml solution)*

*levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)*

*levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)*

MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB,  
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)

MOXIFLOXACIN HCL IN NAACL

*ofloxacin (ofloxacin, ofloxacin 400 mg tab)*

**SULFONAMIDES**

*sulfacetamide sodium (acne)*

*sulfadiazine*

*sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80  
mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)*

**TETRACYCLINES**

*coremino*

*demeclocycline hcl*

*doxy 100*

*doxycycline hyclate*

*doxycycline monohydrate*

*minocycline hcl*

*minocycline hcl er (minocycline hcl er, minocycline hcl er)*

TETRACYCLINE HCL (TETRACYCLINE HCL, TETRACYCLINE HCL)

---

**ANTICONSULSANTS****ANTICONSULSANTS, OTHER**

BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG  
TAB, 75 MG TAB, 100 MG TAB)

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIACOMIT	
<i>divalproex sodium</i>	
<i>divalproex sodium er</i>	
EPIDIOLEX	PA2
<i>felbamate</i>	
FINTEPLA	
<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</i>	
SPRITAM (250 MG TAB, 500 MG TAB)	
SUBVENITE	
<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>	
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>	
<i>ethosuximide</i>	
<i>methsuximide</i>	
<b>GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS</b>	
<i>clobazam</i>	
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	
<i>gabapentin</i>	
NAYZILAM	
<i>phenobarbital (phenobarbital, phenobarbital)</i>	
<i>primidone (primidone, primidone)</i>	
SYMPAZAN	
<i>tiagabine hcl (tiagabine hcl, tiagabine 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**

VALTOCO 10 MG DOSE

VALTOCO 15 MG DOSE

VALTOCO 20 MG DOSE

VALTOCO 5 MG DOSE

*vigabatrin*

ZTALMY

**SODIUM CHANNEL AGENTS***carbamazepine (carbamazepine, carbamazepine)**carbamazepine er*

DILANTIN 30 MG CAP

*eslicarbazepine acetate**lacosamide (lacosamide, lacosamide)**oxcarbazepine**phenytoin**phenytoin infatabs**phenytoin sodium extended**rufinamide*

XCOPRI

XCOPRI (250 MG DAILY DOSE)

XCOPRI (350 MG DAILY DOSE)

ZONISADE

*zonisamide***ANTIDEMENTIA AGENTS****ANTIDEMENTIA AGENTS, OTHER***memantine hcl-donepezil hcl*

NAMZARIC 7-10 MG CAP ER 24H

**CHOLINESTERASE INHIBITORS***donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)**galantamine hydrobromide**galantamine hydrobromide er**rivastigmine*

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

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**DRUG****NECESSARY ACTIONS,  
RESTRICTIONS, OR LIMITS ON  
USE**

---

*rivastigmine tartrate*

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**N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST**

MEMANTINE HCL (MEMANTINE HCL, MEMANTINE HCL 5 MG TAB,  
MEMANTINE HCL 10 MG TAB)

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*memantine hcl er*

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**ANTIDEPRESSANTS**

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**ANTIDEPRESSANTS, OTHER**

AUVELITY

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*bupropion hcl*

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*bupropion hcl er (sr)*

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BUPROPION HCL ER (XL) (BUPROPION HCL ER (XL),  
BUPROPION HCL ER (XL))

---

EXXUA

---

EXXUA TITRATION PACK

---

*mirtazapine*

---

ZURZUVAE

---

**MONOAMINE OXIDASE INHIBITORS**

EMSAM

---

MARPLAN

---

PHENELZINE SULFATE

---

*tranylcypromine sulfate*

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

*citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab,  
20 mg/10ml solution, 40 mg tab)*

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DESVENLAFAXINE ER

---

*desvenlafaxine succinate er*

---

*escitalopram oxalate*

---

FETZIMA

---

FETZIMA TITRATION

---

*fluoxetine hcl (fluoxetine hcl, fluoxetine hcl)*

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FLUOXETINE HCL (PMDD)

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

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**DRUG****NECESSARY ACTIONS,  
RESTRICTIONS, OR LIMITS ON  
USE**

---

*fluvoxamine maleate*

*fluvoxamine maleate er*

NEFAZODONE HCL

RALDESY

SERTRALINE HCL (SERTRALINE HCL, SERTRALINE HCL)

*trazodone hcl*

TRINTELLIX

*vilazodone hcl*

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**TRICYCLICS**

*amitriptyline hcl*

*amoxapine*

*clomipramine hcl*

*desipramine hcl*

*doxepin hcl (doxepin hcl, doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)*

*imipramine hcl*

*imipramine pamoate*

*nortriptyline hcl*

*protriptyline hcl*

*trimipramine maleate*

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**ANTIEMETICS**

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**ANTIEMETICS, OTHER**

*meclizine hcl (12.5 mg tab, 25 mg tab)*

*metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)*

*perphenazine*

*prochlorperazine*

*prochlorperazine maleate*

*promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)*

*scopolamine*

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
<b>EMETOGENIC THERAPY ADJUNCTS</b>	
<i>aprepitant</i>	PA3
<i>dronabinol</i>	PA1
<i>ondansetron</i>	PA3
<i>ondansetron hcl (2 mg/2.5ml solution, 4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>	PA3
<b>ANTIFUNGALS</b>	
AMPHOTERICIN B	PA3
<i>amphotericin b liposome</i>	PA3
<i>caspofungin acetate (casopfungin 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

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
------	---

## ANTIGOUT AGENTS

<i>allopurinol</i>	
<i>colchicine</i>	
<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>	

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

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**DRUG****NECESSARY ACTIONS,  
RESTRICTIONS, OR LIMITS ON  
USE**

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**ANTIMYASTHENIC AGENTS**

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**PARASYMPATHOMIMETICS**

PYRIDOSTIGMINE BROMIDE (PYRIDOSTIGMINE BROMIDE,  
PYRIDOSTIGMINE BROMIDE)

*pyridostigmine bromide er*

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**ANTIMYCOBACTERIALS**

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**ANTIMYCOBACTERIALS, OTHER**

*dapsone (25 mg tab, 100 mg tab)*

*rifabutin*

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**ANTITUBERCULARS**

*ethambutol hcl*

ISONIAZID (ISONIAZID, ISONIAZID 100 MG TAB)

PRETOMANID

PRIFTIN

*pyrazinamide*

*rifampin*

SIRTURO

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**ANTINEOPLASTICS**

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**ALKYLATING AGENTS**

CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP,  
CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG  
CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE  
50 MG TAB)

PA3

LEUKERAN

*lomustine*

MATULANE

VALCHLOR

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**ANTIANDROGENS**

*abiraterone acetate*

*bicalutamide*

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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
ERLEADA	
EULEXIN	
<i>nilutamide (nilutamide, nilutamide)</i>	
NUBEQA	
XTANDI	
YONSA	
<b>ANTIANGIOGENIC AGENTS</b>	
<i>lenalidomide</i>	
<i>pomalidomide</i>	
THALOMID (50 MG CAP, 100 MG CAP)	
<b>ANTIESTROGENS/MODIFIERS</b>	
INLURIYO	
ORSERDU	
SOLTAMOX	
<i>tamoxifen citrate</i>	
<i>toremifene citrate</i>	
<b>ANTIMETABOLITES</b>	
<i>mercaptopurine</i>	
ONUREG	
TABLOID	
<b>ANTINEOPLASTICS, OTHER</b>	
AKEEGA	
AUGTYRO	
FRUZAQLA	
<i>hydroxyurea</i>	
INQOVI	
IWILFIN	
LONSURF	
LYSODREN	
MODEYSO	
OGSIVEO (100 MG TAB, 150 MG TAB)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OJJAARA	
ZOLINZA	
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	
<b>ENZYME INHIBITORS</b>	
AVMAPKI FAKZYNJA CO-PACK	
ENSACOVE	
<b>MOLECULAR TARGET INHIBITORS</b>	
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	

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>gefitinib</i>	
GILOTRIF	
GOMEKLI	
HERNEXEOS	
HYRNUO	
IBRANCE	
IBTROZI	
ICLUSIG	
IDHIFA	
<i>imatinib mesylate</i>	
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	
IMKELDI	
INLYTA	
INREBIC	
ITOVEBI	
JAKAFI	
JAYPIRCA	
KISQALI	
KISQALI FEMARA	
KOSELUGO	
KRAZATI	
<i>lapatinib ditosylate</i>	
LAZCLUZE	
LENVIMA	
LORBRENA	
LUMAKRAS	
LYNPARZA	
LYTGOBI	
MEKINIST	
MEKTOVI	
NERLYNX	
NILOTINIB D-TARTRATE	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nilotinib hcl</i>	
NINLARO	
ODOMZO	
OJEMDA	
<i>pazopanib hcl</i>	
PEMAZYRE	
PHYRAGO	
PIQRAY (200 MG DAILY DOSE)	
PIQRAY (250 MG DAILY DOSE)	
PIQRAY (300 MG DAILY DOSE)	
QINLOCK	
RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)	
REVUFORJ	
REZLIDHIA	
ROMVIMZA	
ROZLYTREK	
RUBRACA	
RYDAPT	
SCEMBLIX	
<i>sorafenib tosylate</i>	
STIVARGA	
<i>sunitinib malate</i>	
TABRECTA	
TAFINLAR	
TAGRISSE	
TALZENNA	
TAZVERIK	
TEPMETKO	
TIBSOVO	
TRUQAP (200 MG TAB, 200 MG TAB THPK)	
TUKYSA	
TURALIO 125 MG CAP	

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
VANFLYTA	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VIJOICE	
VITRAKVI	
VIZIMPRO	
VORANIGO	
XALKORI	
XOSPATA	
XPOVIO (100 MG ONCE WEEKLY)	
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	
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	
<b>RETINOIDS</b>	
<i>bexarotene 1 % gel</i>	PA2
<i>bexarotene 75 mg cap</i>	
PANRETIN	
<i>tretinoin 10 mg cap</i>	
<b>TREATMENT ADJUNCTS</b>	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	
<i>mesna 400 mg tab</i>	
VONJO	

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

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**DRUG****NECESSARY ACTIONS,  
RESTRICTIONS, OR LIMITS ON  
USE**

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**ANTIPARASITICS**

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**ANTHELMINTICS***albendazole*

IVERMECTIN (IVERMECTIN 3 MG TAB, IVERMECTIN 6 MG TAB)

*praziquantel***ANTIPROTOZOALS***atovaquone**atovaquone-proguanil hcl**chloroquine phosphate (chloroquine phosphate, chloroquine phosphate)*

COARTEM

*hydroxychloroquine sulfate*

IMPAVIDO

*mefloquine hcl**nitazoxanide**pentamidine isethionate*

PA3

*primaquine phosphate (primaquine phosphate, primaquine phosphate)**pyrimethamine**quinine sulfate*

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**ANTIPARKINSON AGENTS**

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**ANTICHOLINERGICS***benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)**trihexyphenidyl hcl***ANTIPARKINSON AGENTS, OTHER***amantadine hcl**carbidopa-levodopa-entacapone**entacapone*

ONGENTYS

*tolcapone*

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

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**DRUG****NECESSARY ACTIONS,  
RESTRICTIONS, OR LIMITS ON  
USE**

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**DOPAMINE AGONISTS**

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*apomorphine hcl**bromocriptine mesylate***NEUPRO***pramipexole dihydrochloride**ropinirole hcl**ropinirole hcl er*

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**DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS**

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*carbidopa**carbidopa-levodopa***CARBIDOPA-LEVODOPA ER (CARBIDOPA-LEVODOPA ER,  
CARBIDOPA-LEVODOPA ER)**

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**MONOAMINE OXIDASE B (MAO-B) INHIBITORS**

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*rasagiline mesylate**selegiline hcl*

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**ANTIPSYCHOTICS**

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**1ST GENERATION/TYPICAL**

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*chlorpromazine hcl (chlorpromazine hcl, chlorpromazine hcl 10 mg tab,  
chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc,  
chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab,  
chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab)**fluphenazine decanoate***FLUPHENAZINE HCL (FLUPHENAZINE HCL, FLUPHENAZINE HCL)***haloperidol**haloperidol decanoate**haloperidol lactate**loxapine succinate***MOLINDONE HCL***pimozide**thioridazine hcl**thiothixene**trifluoperazine hcl*

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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****2ND GENERATION/ATYPICAL**

ABILIFY ASIMTUFII	
ABILIFY MAINTENA	
<i>aripiprazole</i>	
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate</i>	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK A	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
<i>lurasidone hcl</i>	
LYBALVI	
NUPLAZID	PA2
<i>olanzapine</i>	
OPIPZA	
<i>paliperidone er</i>	
PERSERIS	
QUETIAPINE FUMARATE (QUETIAPINE FUMARATE, QUETIAPINE FUMARATE)	
<i>quetiapine fumarate er</i>	
REXULTI	
<i>risperidone (risperidone, risperidone)</i>	
<i>risperidone microspheres er</i>	
SECUADO	
UZEDY	
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	
<i>ziprasidone hcl</i>	
<i>ziprasidone mesylate</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
<b>ANTIPSYCHOTICS, OTHER</b>	
COBENFY	
COBENFY STARTER PACK	
<b>TREATMENT-RESISTANT</b>	
<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	
<b>ANTISPASTICITY AGENTS</b>	
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	
<i>tizanidine hcl</i>	
<b>ANTIVIRALS</b>	
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>	
LIVTENCITY	
PREVYMIS (240 MG TAB, 480 MG TAB)	
<i>valganciclovir hcl</i>	
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>	
<i>adefovir dipivoxil</i>	
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine 100 mg tab</i>	
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>	
LEDIPASVIR-SOFOSBUVIR	PA1
MAVYRET 100-40 MG TAB	PA1
RIBAVIRIN	
SOFOSBUVIR-VELPATASVIR	PA1
SOVALDI 400 MG TAB	PA1
VOSEVI	PA1

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

**ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)**

BIKTARVY

DOVATO

GENVOYA

ISENTRESS

ISENTRESS HD

JULUCA

STRIBILD

TIVICAY 50 MG TAB

TIVICAY PD

**ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)**

DELSTRIGO

EDURANT

EDURANT PED

EFAVIRENZ (EFAVIRENZ, EFAVIRENZ)

*efavirenz-emtricitab-tenofo df**efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir, efavirenz-lamivudine-tenofovir)**emtricitab- rilpivir-tenofov df**etravirine*

INTELENCE 25 MG TAB

*nevirapine (nevirapine, nevirapine)**nevirapine er*

ODEFSEY

PIFELTRO

**ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)***abacavir sulfate**abacavir sulfate-lamivudine*

CIMDUO

DESCOVY

*emtricitabine*

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>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	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	
<i>zidovudine</i>	
<b>ANTI-HIV AGENTS, OTHER</b>	
<i>maraviroc</i>	
RUKOBIA	
SELZENTRY 20 MG/ML SOLUTION	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB)	
TYBOST	
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>	
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	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	
REYATAZ 50 MG PACKET	
<i>ritonavir</i>	
SYMTUZA	
VIRACEPT	

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

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**DRUG****NECESSARY ACTIONS,  
RESTRICTIONS, OR LIMITS ON  
USE**

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**ANTI-INFLUENZA AGENTS***oseltamivir phosphate*

RELENZA DISKHALER

**ANTIHERPETIC AGENTS***acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)**acyclovir sodium*

PA3

*famciclovir**valacyclovir hcl***ANTIVIRAL, CORONAVIRUS AGENTS**

LAGEVRIO

PAXLOVID (150/100)

PAXLOVID (300/100 &amp; 150/100)

PAXLOVID (300/100)

**ANXIOLYTICS****ANXIOLYTICS, OTHER***bupirone hcl**hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)*HYDROXYZINE PAMOATE (HYDROXYZINE PAMOATE,  
HYDROXYZINE PAMOATE)**BENZODIAZEPINES***alprazolam**alprazolam er*

ALPRAZOLAM INTENSOL

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

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

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**DRUG****NECESSARY ACTIONS,  
RESTRICTIONS, OR LIMITS ON  
USE**

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*lorazepam intensol*

*oxazepam*

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

PAROXETINE HCL (PAROXETINE HCL, PAROXETINE HCL)

*paroxetine hcl er*

*paroxetine mesylate*

VENLAFAXINE BESYLATE ER

*venlafaxine hcl*

*venlafaxine hcl er*

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**BIPOLAR AGENTS**

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**MOOD STABILIZERS**

*lithium*

LITHIUM CARBONATE (LITHIUM CARBONATE, LITHIUM  
CARBONATE)

*lithium carbonate er*

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**BLOOD GLUCOSE REGULATORS**

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**ANTIDIABETIC AGENTS**

*acarbose*

ALOGLIPTIN-METFORMIN HCL

ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-  
30 MG TAB, 25-45 MG TAB)

CYCLOSET

*glimepiride*

*glipizide (glipizide, glipizide)*

*glipizide er*

*glipizide xl*

*glipizide-metformin hcl*

JANUVIA

*metformin hcl (500 mg tab, 625 mg tab, 850 mg tab, 1000 mg tab)*

*metformin hcl er*

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

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

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
INSULIN GLARGINE	
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	
INSULIN GLARGINE-YFGN	
INSULIN LISPRO	
INSULIN LISPRO (1 UNIT DIAL)	
INSULIN LISPRO JUNIOR KWIKPEN	
INSULIN LISPRO PROT & LISPRO	
NOVOLIN 70/30	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN 70/30 FLEXPEN RELION	
NOVOLIN 70/30 RELION	
NOVOLIN N	
NOVOLIN N FLEXPEN	
NOVOLIN N FLEXPEN RELION	
NOVOLIN N RELION	
NOVOLIN R	
NOVOLIN R FLEXPEN	
NOVOLIN R FLEXPEN RELION	
NOVOLIN R RELION	
NOVOLOG	
NOVOLOG 70/30 FLEXPEN RELION	
NOVOLOG FLEXPEN	
NOVOLOG FLEXPEN RELION	
NOVOLOG MIX 70/30	
NOVOLOG MIX 70/30 FLEXPEN	
NOVOLOG MIX 70/30 RELION	
NOVOLOG PENFILL	
NOVOLOG RELION	

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## BLOOD PRODUCTS AND MODIFIERS

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### ANTICOAGULANTS

*dabigatran etexilate mesylate*

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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
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>	
XARELTO	
XARELTO STARTER PACK	
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>	
<i>anagrelide hcl</i>	
ARANESP (ALBUMIN FREE)	PA1
<i>eltrombopag olamine</i>	
LEUKINE	PA1
NIVESTYM	PA1
RETACRIT	PA1
<b>HEMOSTASIS AGENTS</b>	
<i>tranexamic acid 650 mg tab</i>	
<b>PLATELET MODIFYING AGENTS</b>	
<i>aspirin-dipyridamole er</i>	
<i>cilostazol</i>	
<i>clopidogrel bisulfate 75 mg tab</i>	
<i>ticagrelor</i>	ST
<b>CARDIOVASCULAR AGENTS</b>	
<b>ALPHA-ADRENERGIC AGONISTS</b>	
<i>clonidine</i>	
<i>clonidine hcl</i>	
<i>droxidopa</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***guanfacine hcl**midodrine hcl***ALPHA-ADRENERGIC BLOCKING AGENTS***doxazosin mesylate**prazosin hcl**terazosin hcl***ANGIOTENSIN II RECEPTOR ANTAGONISTS***candesartan cilexetil**irbesartan**losartan potassium**valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)***ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS***enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)**lisinopril**ramipril***ANTIARRHYTHMICS***amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)**digox**digoxin (digoxin, digoxin 0.05 mg/ml solution, digoxin 125 mcg tab, digoxin 250 mcg tab)**dofetilide**flecainide acetate**mexiletine hcl**propafenone hcl**propafenone hcl er**quinidine gluconate er***QUINIDINE SULFATE***sotalol hcl**sotalol hcl (af)***BETA-ADRENERGIC BLOCKING AGENTS***atenolol*

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***bisoprolol fumarate**carvedilol**labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)**metoprolol succinate er**metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)**nadolol**pindolol***CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES***amlodipine besylate**nifedipine er**nifedipine er osmotic release**nimodipine***CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES***diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)**diltiazem hcl er**diltiazem hcl er beads**diltiazem hcl er coated beads**verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)**verapamil hcl er (verapamil hcl er, verapamil hcl er)***CARDIOVASCULAR AGENTS, OTHER***acetazolamide**aliskiren fumarate**amiloride-hydrochlorothiazide (amiloride-hydrochlorothiazide,  
amiloride-hydrochlorothiazide)**amlodipine besy-benazepril hcl**amlodipine besylate-valsartan**amlodipine-valsartan-hctz**atenolol-chlorthalidone**bisoprolol-hydrochlorothiazide**enalapril-hydrochlorothiazide***ENTRESTO**

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***irbesartan-hydrochlorothiazide**ivabradine hcl**lisinopril-hydrochlorothiazide**losartan potassium-hctz**metoprolol-hydrochlorothiazide**metyrosine**pentoxifylline er**ranolazine er**spironolactone-hctz**triamterene-hctz**valsartan-hydrochlorothiazide***DIURETICS, LOOP***bumetanide*

FUROSEMIDE (FUROSEMIDE, FUROSEMIDE)

*toremide***DIURETICS, POTASSIUM-SPARING***amiloride hcl**triamterene***DIURETICS, THIAZIDE***chlorthalidone**hydrochlorothiazide**indapamide**metolazone***DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES**

FENOFIBRATE (FENOFIBRATE, FENOFIBRATE)

*fenofibrate micronized**fenofibric acid**gemfibrozil***DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS***atorvastatin calcium**pravastatin sodium*

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>rosuvastatin calcium</i>	
<i>simvastatin</i>	
<b>DYSLIPIDEMICS, OTHER</b>	
<i>cholestyramine</i>	
<i>cholestyramine light</i>	
<i>colesevelam hcl</i>	
<i>ezetimibe</i>	
<i>icosapent ethyl</i>	
JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP)	PA1
NEXLETOL	PA1
<i>niacin er (antihyperlipidemic)</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	
REPATHA SURECLICK	
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>	
<i>eplerenone</i>	
KERENDIA	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>	
<i>dapagliflozin</i>	
FARXIGA	
JARDIANCE	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>	
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	
<i>minoxidil</i>	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate</i>	
<i>isosorbide mononitrate er</i>	
<i>nitro-bid</i>	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	

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**

*nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 % ointment, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)*

VERQUVO

**CENTRAL NERVOUS SYSTEM AGENTS****ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES**

*amphetamine-dextroamphet er*

*amphetamine-dextroamphetamine*

*dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)*

*dextroamphetamine sulfate er*

**ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES**

*atomoxetine hcl*

*dexmethylphenidate hcl*

*dexmethylphenidate hcl er*

*guanfacine hcl er*

*methylphenidate hcl*

*methylphenidate hcl er (cd)*

*methylphenidate hcl er (la)*

METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER, METHYLPHENIDATE HCL ER)

METHYLPHENIDATE HCL ER (OSM) (METHYLPHENIDATE HCL ER (OSM), METHYLPHENIDATE HCL ER (OSM))

*methylphenidate hcl er (xr)*

*methylphenidate hcl er(diffus) (methylphenidate hcl er(diffus), methylphenidate hcl er(diffus))*

**CENTRAL NERVOUS SYSTEM, OTHER**

NUDEXTA

PA1

*riluzole*

*tetrabenazine*

VEOZAH

**FIBROMYALGIA AGENTS**

DRIZALMA SPRINKLE

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>duloxetine hcl</i>	
<i>pregabalin</i>	
<b>MULTIPLE SCLEROSIS AGENTS</b>	
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	
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	
<b>DENTAL AND ORAL AGENTS</b>	
<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>	
<b>DERMATOLOGICAL AGENTS</b>	
<b>ACNE AND ROSACEA AGENTS</b>	
<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>	

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**

TRETINOIN MICROSPHERE (TRETINOIN MICROSPHERE,  
TRETINOIN MICROSPHERE 0.04 % GEL, TRETINOIN  
MICROSPHERE 0.1 % GEL)

TRETINOIN MICROSPHERE PUMP

**DERMATITIS AND PRURITUS AGENTS**

*ammonium lactate*

*betamethasone dipropionate*

*betamethasone dipropionate aug (betamethasone dipropionate aug,  
betamethasone dipropionate aug)*

*betamethasone valerate (betamethasone valerate, betamethasone  
valerate)*

*clobetasol prop emollient base*

*clobetasol propionate*

*clobetasol propionate e*

*clobetasol propionate emulsion*

*desonide (0.05 % cream, 0.05 % ointment)*

*doxepin hcl 5 % cream*

EUCRISA

*fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 %  
solution)*

*fluocinonide emulsified base*

FLUTICASONE PROPIONATE (FLUTICASONE PROPIONATE,  
FLUTICASONE PROPIONATE 0.005 % OINTMENT, FLUTICASONE  
PROPIONATE 0.05 % CREAM, FLUTICASONE PROPIONATE 0.05  
% LOTION)

*hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 %  
ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment,  
hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)*

*hydrocortisone (perianal)*

*hydrocortisone valerate*

*mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)*

*pimecrolimus*

*procto-med hc*

*proctosol hc*

*proctozone-hc*

*selenium sulfide (selenium sulfide 2.5 % lotion, selenium sulfide 2.5 %  
lotion)*

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***tacrolimus (0.03 %, 0.1 %)**triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream, triamcinolone acetonide 0.5 % ointment, triamcinolone acetonide 0.025 % lotion)***DERMATOLOGICAL AGENTS, OTHER**

CALCIPOTRIENE (CALCIPOTRIENE, CALCIPOTRIENE 0.005 % SOLUTION)

*clotrimazole-betamethasone (clotrimazole-betamethasone, clotrimazole-betamethasone)**diclofenac sodium 3 % gel*

PA1

FLUOROURACIL (FLUOROURACIL, FLUOROURACIL 5 % CREAM, FLUOROURACIL 5 % SOLUTION)

*imiquimod**imiquimod pump*

METHOXSALEN RAPID

*nystatin-triamcinolone*

OTEZLA

PA1

OTEZLA XR

PA1

OTEZLA/OTEZLA XR INITIATION PK

PA1

PODOFILOX (PODOFILOX, PODOFILOX 0.5 % SOLUTION)

SANTYL

*silver sulfadiazine**ssd**ssd (silver sulfadiazine)***PEDICULICIDES/SCABICIDES***malathion**permethrin***TOPICAL ANTI-INFECTIVES***acyclovir (5 % cream, 5 % ointment)**ciclopirox**ciclopirox olamine**clindamycin phos (once-daily)*

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>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
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	

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**

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
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 NAACL (POTASSIUM CHLORIDE IN NAACL, POTASSIUM CHLORIDE IN NAACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NAACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NAACL 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>	

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**

*sodium chloride (sodium chloride 0.45 % solution, sodium chloride 0.9 % solution, sodium chloride 3 % solution, sodium chloride 5 % solution, sodium chloride 0.9 % solution)*

*sodium fluoride (sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab, sodium fluoride 2.2 (1 f) mg tab)*

TRAVASOL

PA3

TROPHAMINE

PA3

**ELECTROLYTE/MINERAL/METAL MODIFIERS**

*deferasirox*

*deferasirox granules*

*deferiprone*

FERRIPROX 100 MG/ML SOLUTION

JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)

*tolvaptan (15 mg tab, 30 mg tab)*

*tolvaptan (hyponatremia)*

*trientine hcl (trientine hcl, trientine hcl)*

**POTASSIUM BINDERS**

LOKELMA

*sodium polystyrene sulfonate powder*

*sps (sodium polystyrene sulf) (sps (sodium polystyrene sulf), sps (sodium polystyrene sulf))*

VELTASSA

**VITAMINS**

ATABEX EC

ATABEX OB

AZESCO

C-NATE DHA

CITRANATAL 90 DHA

CITRANATAL ASSURE

CITRANATAL B-CALM

CITRANATAL BLOOM

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**

CITRANATAL BLOOM DHA	
CITRANATAL DHA	
CITRANATAL ESSENCE	
CITRANATAL HARMONY	
CITRANATAL MEDLEY	
CO-NATAL FA	
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DERMACINRX PRETRATE	
DUET DHA 400	
DUET DHA BALANCED	
ELITE-OB	
ENBRACE HR	
FOLIVANE-OB	
INATAL GT	
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	

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**

NESTABS	
NESTABS DHA	
NESTABS ONE	
NIVA-PLUS	
OB COMPLETE	
OB COMPLETE ONE	
OB COMPLETE PETITE	
OB COMPLETE PREMIER	
OB COMPLETE/DHA	
OBSTETRIX EC (WITH DOCUSATE)	
OBSTETRIX ONE (WITH DOCUSATE)	
ONE VITE WOMENS PLUS	
PNV PRENATAL PLUS MULTIVIT+DHA	
PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 20-1	
PNV-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	

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**

PRENATAL VITAMIN PLUS LOW IRON	
PRENATAL-U	
PRENATE	
PRENATE AM	
PRENATE DHA	
PRENATE ELITE	
PRENATE ENHANCE	
PRENATE ESSENTIAL	
PRENATE MINI	
PRENATE PIXIE	
PRENATE RESTORE	
PRENATOL-M	
PRENATRIX	
PRENATRYL	
PRENATVITE COMPLETE	
PRENATVITE PLUS	
PRENATVITE RX	
PREPLUS	
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	

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**

TRISTART ONE	
VINATE DHA RF	
VINATE II	
VINATE ONE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITALARA	
VITAMEDMD ONE RX/QUATREFOLIC	
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATHELY WITH GINGER	
VITATRUE	
VIVA DHA	
VP-PNV-DHA	
WESCAP-C DHA	
WESCAP-PN DHA	
WESNATAL DHA COMPLETE	
WESNATE DHA	
WESTAB PLUS	
WESTGEL DHA	
ZALVIT	
ZATEAN-PN DHA	
ZIPHEX	

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****GASTROINTESTINAL AGENTS****ANTI-CONSTIPATION AGENTS***constulose**enulose**generlac**lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)**lactulose encephalopathy*

LINZESS

*lubiprostone*

RELISTOR

PA1

**ANTI-DIARRHEAL AGENTS***alosetron hcl**diphenoxylate-atropine (diphenoxylate-atropine, diphenoxylate-atropine)**loperamide hcl 2 mg cap*

XERMELO

**ANTISPASMODICS, GASTROINTESTINAL***dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution)**glycopyrrolate (glycopyrrolate 1.5 mg tab, glycopyrrolate 1 mg tab, glycopyrrolate 1 mg/5ml solution, glycopyrrolate 2 mg tab)***GASTROINTESTINAL AGENTS, OTHER**

GATTEX

PA1

*peg 3350-kcl-na bicarb-nacl**peg-3350/electrolytes**peg-3350/electrolytes/ascorbat**peg-kcl-nacl-nasulf-na asc-c*

URSODIOL (URSODIOL, URSODIOL)

VOQUEZNA

VOWST

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****HISTAMINE2 (H2) RECEPTOR ANTAGONISTS***famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)*

NIZATIDINE (NIZATIDINE, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)

**PROTECTANTS***sucralfate 1 gm tab***PROTON PUMP INHIBITORS***esomeprazole magnesium (10 mg packet, 20 mg cap dr, 20 mg packet, 40 mg cap dr, 40 mg packet)**lansoprazole**omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)**pantoprazole sodium (20 mg tab dr, 40 mg packet, 40 mg tab dr)***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

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
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ZENPEP

**GENITOURINARY AGENTS**

**ANTISPASMODICS, URINARY**

*darifenacin hydrobromide er*

*mirabegron er*

*oxybutynin chloride*

*oxybutynin chloride er*

OXYTROL

*solifenacin succinate*

*tolterodine tartrate*

*tolterodine tartrate er*

*tropium chloride*

*tropium chloride er*

**BENIGN PROSTATIC HYPERTROPHY AGENTS**

*alfuzosin hcl er*

*dutasteride*

*dutasteride-tamsulosin hcl*

*finasteride 5 mg tab*

*tadalafil 5 mg tab* PA2

*tamsulosin hcl*

**GENITOURINARY AGENTS, OTHER**

*bethanechol chloride*

ELMIRON

*penicillamine*

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****HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)**

*dexamethasone (dexamethasone, dexamethasone 0.5 mg tab, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg (21) tab thpk, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)*

*fludrocortisone acetate*

HEMADY

*methylprednisolone*

*prednisolone 15 mg/5ml solution*

PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE, PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION)

*prednisone (prednisone, prednisone 5 mg/5ml solution)*

PREDNISONE INTENSOL

**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)**

*desmopressin ace spray refrig*

*desmopressin acetate (0.1 mg tab, 0.2 mg tab)*

*desmopressin acetate spray (desmopressin acetate spray, desmopressin acetate spray)*

GENOTROPIN

PA1

GENOTROPIN MINIQUICK

PA1

HUMATROPE

PA1

INCRELEX

NORDITROPIN FLEXPPO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)

PA1

OMNITROPE

PA1

SEROSTIM

PA1

**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)**

*misoprostol*

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

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

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

TESTOSTERONE CYPIONATE (TESTOSTERONE CYPIONATE, TESTOSTERONE CYPIONATE)

TESTOSTERONE ENANTHATE

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

*estradiol (0.01 % cream, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)*

*estradiol-norethindrone acet*

ESTRING

*estrogens conjugated**ethynodiol diac-eth estradiol**etonogestrel-ethinyl estradiol**hailey fe 1/20**jaimiess**levonorg-eth estrad triphasic**levonorgest-eth est & eth est**levonorgest-eth estrad 91-day**levonorgest-eth estradiol-iron*

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>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>	
<i>viorele</i>	
<b>PROGESTINS</b>	
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>	
<i>progesterone (100 mg cap, 200 mg cap)</i>	
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>	
DUAVEE	
<i>raloxifene hcl</i>	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>	
<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	

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
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>	
<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	
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>	
<b>ANTITHYROID AGENTS</b>	
<i>methimazole</i>	
<i>propylthiouracil</i>	
<b>IMMUNOLOGICAL AGENTS</b>	
<b>ANGIOEDEMA AGENTS</b>	
CINRYZE	PA1
<i>icatibant acetate</i>	
<b>IMMUNOGLOBULINS</b>	
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

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
GAMUNEX-C 1 GM/10ML SOLUTION	PA3
PRIVIGEN 20 GM/200ML SOLUTION	PA3
<b>IMMUNOLOGICAL AGENTS, OTHER</b>	
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	
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
VELSIPITY	
XELJANZ	PA1
XELJANZ XR	PA1
XOLAIR	PA1
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
<b>IMMUNOSTIMULANTS</b>	
ACTIMMUNE	

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
BESREMI	
PEGASYS	
<b>IMMUNOSUPPRESSANTS</b>	
ADALIMUMAB-AACF (2 PEN)	
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-AATY CD/UC/HS START	
ADALIMUMAB-ADAZ (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	
ADALIMUMAB-ADBIM (2 PEN) 40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-ADBIM (2 SYRINGE) (10 MG/0.2ML PEF SY KT, 20 MG/0.4ML PEF SY KT, 40 MG/0.8ML PEF 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
<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	

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>sirolimus</i>	PA3
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	PA3
XATMEP	
<b>VACCINES</b>	
ABRYSSVO	V
ACTHIB	V
ADACEL	V
AREXVY	V
BCG VACCINE	V
BEXSERO	V
BOOSTRIX	V
DAPTACEL	
ENGERIX-B	PA3, V
GARDASIL 9	V
HAVRIX	V
HEPLISAV-B	PA3
HIBERIX	V
IMOVAX RABIES	V
INFANRIX	
IPOL	V
IXIARO	V
JYNNEOS	
KINRIX	
M-M-R II	V
MENQUADFI	V
MENVEO	V
MRESVIA	V
PEDIARIX	
PEDVAX HIB	V
PENBRAYA	V
PENMENYVY	V
PENTACEL	

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
PRIORIX	V
PROQUAD	
QUADRACEL	
RABAVERT	V
RECOMBIVAX HB	PA3, V
ROTARIX SUSPENSION	
ROTATEQ	
SHINGRIX	V
TENIVAC	V
TICOVAC	
TRUMENBA	V
TWINRIX	V
TYPHIM VI	V
VAQTA	V
VARIVAX	V
VAXCHORA	
VIMKUNYA	
VIVOTIF	
YF-VAX	V

## INFLAMMATORY BOWEL DISEASE AGENTS

### AMINOSALICYLATES

<i>balsalazide disodium</i>
DIPENTUM
MESALAMINE (MESALAMINE, MESALAMINE)
<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>

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***hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)***METABOLIC BONE DISEASE AGENTS***alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)*

BILDYOS

BILPREVDA

PA1

*calcitonin (salmon) 200 unit/act solution**calcitriol**cinacalcet hcl*

PA3

DOXERCALCIFEROL (DOXERCALCIFEROL, DOXERCALCIFEROL  
0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP,  
DOXERCALCIFEROL 2.5 MCG CAP)*ibandronate sodium 150 mg tab*

JUBBONTI

TERIPARATIDE (TERIPARATIDE, TERIPARATIDE)

PA1

TYMLOS

PA1

WYOST

PA1

**MISCELLANEOUS THERAPEUTIC AGENTS***alcohol swabs*

BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC

BRONCHITOL

BRONCHITOL TOLERANCE TEST

*gauze pads & dressings**insulin pen needle**insulin syringe, safety or non-safety (disp) u-100 0.3 ml**insulin syringe, safety or non-safety (disp) u-100 1 ml**insulin syringe, safety or non-safety (disp) u-100 1/2 ml**insulin syringe, safety or non-safety (disp) u-500 1/2 ml**needles, insulin disp., safety*

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

**OPHTHALMIC AGENTS****OPHTHALMIC AGENTS, OTHER***ak-poly-bac**atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)*

BACITRA-NEOMYCIN-POLYMYXIN-HC (BACITRA-NEOMYCIN-POLYMYXIN-HC, BACITRA-NEOMYCIN-POLYMYXIN-HC)

*bacitracin-polymyxin b (bacitracin-polymyxin b, bacitracin-polymyxin b)**brimonidine tartrate-timolol**cyclosporine (pf)**dorzolamide hcl-timolol mal**dorzolamide hcl-timolol mal pf*

NEOMYCIN-BACITRACIN ZN-POLYMYX (NEOMYCIN-BACITRACIN ZN-POLYMYX, NEOMYCIN-BACITRACIN ZN-POLYMYX)

*neomycin-polymyxin-dexameth*

NEOMYCIN-POLYMYXIN-HC

RESTASIS MULTIDOSE

SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION

TOBRADEX 0.3-0.1 % OINTMENT

*tobramycin-dexamethasone*

XDEMZY

**OPHTHALMIC ANTI-ALLERGY AGENTS***azelastine hcl 0.05 % solution*

CROMOLYN SODIUM (CROMOLYN SODIUM, CROMOLYN SODIUM 4 % SOLUTION)

**OPHTHALMIC ANTI-INFECTIVES**

AZASITE

BACITRACIN 500 UNIT/GM OINTMENT

*ciprofloxacin hcl 0.3 % solution*

ERYTHROMYCIN (ERYTHROMYCIN 5 MG/GM OINTMENT, ERYTHROMYCIN 5 MG/GM OINTMENT)

*gatifloxacin**gentamicin sulfate 0.3 % solution*

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**

*levofloxacin (levofloxacin 0.5 % solution, levofloxacin 0.5 % solution)*

*moxifloxacin hcl 0.5 % solution*

*ofloxacin 0.3 % solution*

*polymyxin b-trimethoprim*

*sulfacetamide sodium (sulfacetamide sodium 10 % solution,  
sulfacetamide sodium 10 % solution)*

*tobramycin 0.3 % solution*

TRIFLURIDINE

ZIRGAN

**OPHTHALMIC ANTI-INFLAMMATORIES**

DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION

*diclofenac sodium 0.1 % solution*

*difluprednate*

*fluorometholone*

FLURBIPROFEN SODIUM

FML FORTE

*ketorolac tromethamine (0.4 %, 0.5 %)*

LOTEMAX 0.5 % OINTMENT

*loteprednol etabonate*

PRED MILD

*prednisolone acetate*

PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION

**OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS**

BETAXOLOL HCL (BETAXOLOL HCL, BETAXOLOL HCL 0.5 %  
SOLUTION)

BETOPTIC-S

CARTEOLOL HCL

LEVOBUNOLOL HCL

*timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln,  
0.5 % solution)*

*timolol maleate (once-daily)*

*timolol maleate ocudose*

*timolol maleate pf*

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 INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER***acetazolamide er**brimonidine tartrate (0.1 %, 0.15 %, 0.2 %)**dorzolamide hcl**methazolamide**pilocarpine hcl (1 %, 2 %, 4 %)*

RHOPRESSA

**OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS***bimatoprost 0.03 % solution**latanoprost**travoprost (bak free)***OTIC AGENTS**

CIPRO HC

*ciprofloxacin hcl 0.2 % solution**ciprofloxacin-dexamethasone**hydrocortisone-acetic acid**neomycin-polymyxin-hc***RESPIRATORY TRACT/PULMONARY AGENTS****ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS***budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)*

PA3

*flunisolide*

FLUTICASONE FUROATE ELLIPTA

*fluticasone propionate 50 mcg/act suspension**fluticasone propionate hfa (fluticasone propionate hfa, fluticasone propionate hfa)*

PULMICORT FLEXHALER

**ANTIHISTAMINES***azelastine hcl (0.1 %, 137 mcg/spray)*

CLEMASTINE FUMARATE 2.68 MG TAB

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>desloratadine</i>	
<i>levocetirizine dihydrochloride 5 mg tab</i>	
<b>ANTILEUKOTRIENES</b>	
<i>montelukast sodium 10 mg tab</i>	
<i>zafirlukast</i>	
<i>zileuton er</i>	
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>	
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	
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>	
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	
<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	
<b>CYSTIC FIBROSIS AGENTS</b>	
CAYSTON	
KALYDECO	
ORKAMBI	
PULMOZYME	PA3
SYMDEKO	

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>tobramycin (300 mg/4ml soln, 300 mg/5ml soln)</i>	PA3
TRIKAFTA	
<b>MAST CELL STABILIZERS</b>	
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	PA3
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>	
<i>roflumilast</i>	
THEO-24	
<i>theophylline er (theophylline er, theophylline er)</i>	
<b>PULMONARY ANTIHYPERTENSIVES</b>	
ADEMPAS	PA1
<i>ambrisentan</i>	
OPSUMIT	PA1
<i>sildenafil citrate 20 mg tab</i>	PA2
<i>tadalafil (pah)</i>	PA2
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	
WINREVAIR	PA1
<b>PULMONARY FIBROSIS AGENTS</b>	
OFEV	
PIRFENIDONE (PIRFENIDONE, PIRFENIDONE)	
<b>RESPIRATORY TRACT AGENTS, OTHER</b>	
<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	

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****SKELETAL MUSCLE RELAXANTS***cyclobenzaprine hcl**methocarbamol (500 mg tab, 750 mg tab)***SLEEP DISORDER AGENTS****SLEEP PROMOTING AGENTS***doxepin hcl (3 mg tab, 6 mg tab)*

HETLIOZ LQ

PA1

*ramelteon**tasimelteon*

PA1

*temazepam**triazolam**zaleplon**zolpidem tartrate**zolpidem tartrate er***WAKEFULNESS PROMOTING AGENTS***modafinil*

PA1

SODIUM OXYBATE (SODIUM OXYBATE, SODIUM OXYBATE)

PA1

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

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ALECENSA . . . . .	30	aprepitant . . . . .	26
alendronate sodium . . . . .	71	APTIVUS . . . . .	39
		ARALAST NP . . . . .	61
		ARANESP (ALBUMIN FREE) . . . . .	44

ARCALYST	67	BAQSIMI TWO PACK	42
AREXVY	69	BARACLUDE	37
ARIKAYCE	18	BCG VACCINE	69
aripiprazole	36	BD INSULIN SYRINGE	71
ARISTADA	36	BENLYSTA	67
ARISTADA INITIO	36	benzoyl peroxide-erythromycin	50
asenapine maleate	36	benztropine mesylate	34
aspirin-dipyridamole er	44	BESREMI	68
ASTAGRAF XL	68	betaine	61
ATABEX EC	55	betamethasone dipropionate	51
ATABEX OB	55	betamethasone dipropionate aug	51
atazanavir sulfate	39	betamethasone valerate	51
atenolol	45	BETASERON	50
atenolol-chlorthalidone	46	BETAXOLOL HCL	73
atomoxetine hcl	49	bethanechol chloride	62
atorvastatin calcium	47	BETOPTIC-S	73
atovaquone	34	bexarotene	33
atovaquone-proguanil hcl	34	BEXSERO	69
atropine sulfate	72	bicalutamide	28
ATROVENT HFA	75	BICILLIN L-A	20
AUGTYRO	29	BIKTARVY	38
AUVELITY	24	BILDYOS	71
AVMAPKI FAKZYNJA CO-PACK	30	BILPREVDA	71
AVONEX PEN	50	bimatoprost	74
AVONEX PREFILLED	50	bisoprolol fumarate	46
AYVAKIT	30	bisoprolol-hydrochlorothiazide	46
AZASITE	72	BOOSTRIX	69
azathioprine	68	BOSULIF	30
azelastine hcl	72,74	BRAFTOVI	30
AZESCO	55	brimonidine tartrate	74
azithromycin	20	brimonidine tartrate-timolol	72
aztreonam	18	BRIVIACT	21
<b>B</b>		bromocriptine mesylate	35
BACITRA-NEOMYCIN-POLYMYXIN-HC	72	BRONCHITOL	71
BACITRACIN	72	BRONCHITOL TOLERANCE TEST	71
bacitracin-polymyxin b	72	BRUKINSA	30
baclofen	37	budesonide	70,74
balsalazide disodium	70	budesonide er	70
BALVERSA	30	budesonide-formoterol fumarate	76
BAQSIMI ONE PACK	42	bumetanide	47
		buprenorphine hcl	17

buprenorphine hcl-naloxone hcl . . . . .	17	celecoxib . . . . .	15
bupropion hcl . . . . .	24	cephalexin . . . . .	19
bupropion hcl er (smoking det) . . . . .	17	CERDELGA . . . . .	61
bupropion hcl er (sr) . . . . .	24	chlorhexidine gluconate . . . . .	50
BUPROPION HCL ER (XL) . . . . .	24	chloroquine phosphate . . . . .	34
bupirone hcl . . . . .	40	chlorpromazine hcl . . . . .	35
<b>C</b>		chlorthalidone . . . . .	47
C-NATE DHA . . . . .	55	cholestyramine . . . . .	48
cabergoline . . . . .	66	cholestyramine light . . . . .	48
CABOMETYX . . . . .	30	ciclopirox . . . . .	52
CALCIPOTRIENE . . . . .	52	ciclopirox olamine . . . . .	52
calcitonin (salmon) . . . . .	71	cilostazol . . . . .	44
calcitriol . . . . .	71	CIMDUO . . . . .	38
CALQUENCE . . . . .	30	cinacalcet hcl . . . . .	71
candesartan cilexetil . . . . .	45	CINRYZE . . . . .	66
CAPLYTA . . . . .	36	CIPRO HC . . . . .	74
CAPRELSA . . . . .	30	ciprofloxacin hcl . . . . .	21,72,74
carbamazepine . . . . .	23	ciprofloxacin in d5w . . . . .	21
carbamazepine er . . . . .	23	ciprofloxacin-dexamethasone . . . . .	74
carbidopa . . . . .	35	citalopram hydrobromide . . . . .	24
carbidopa-levodopa . . . . .	35	CITRANATAL 90 DHA . . . . .	55
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carglumic acid . . . . .	53	CITRANATAL BLOOM . . . . .	55
CARTEOLOL HCL . . . . .	73	CITRANATAL BLOOM DHA . . . . .	56
carvedilol . . . . .	46	CITRANATAL DHA . . . . .	56
caspofungin acetate . . . . .	26	CITRANATAL ESSENCE . . . . .	56
CAYSTON . . . . .	75	CITRANATAL HARMONY . . . . .	56
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cefdinir . . . . .	19	clarithromycin er . . . . .	20
cefepime hcl . . . . .	19	CLEMASTINE FUMARATE . . . . .	74
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cefoxitin sodium . . . . .	19	clindamycin hcl . . . . .	18
CEFPODOXIME PROXETIL . . . . .	19	clindamycin palmitate hcl . . . . .	18
cefprozil . . . . .	19	clindamycin phos (once-daily) . . . . .	52
ceftazidime . . . . .	19	clindamycin phos (twice-daily) . . . . .	53
CEFTRIAZONE SODIUM . . . . .	19	clindamycin phosphate . . . . .	18,53
cefuroxime axetil . . . . .	19	clindamycin phosphate in d5w . . . . .	18
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		CLINIMIX E/DEXTROSE (4.25/10) . . . . .	53

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CLINIMIX E/DEXTROSE (5/20)	53	cromolyn sodium	61,76
CLINIMIX/DEXTROSE (4.25/10)	53	CROMOLYN SODIUM	72
CLINIMIX/DEXTROSE (4.25/5)	53	cryselle	64
CLINIMIX/DEXTROSE (5/15)	53	cryselle-28	64
CLINIMIX/DEXTROSE (5/20)	53	cyclobenzaprine hcl	77
clinisol sf	53	CYCLOPHOSPHAMIDE	28
clobazam	22	CYCLOSET	41
clobetasol prop emollient base	51	cyclosporine	68
clobetasol propionate	51	cyclosporine (pf)	72
clobetasol propionate e	51	cyclosporine modified	68
clobetasol propionate emulsion	51	CYSTAGON	61
clomipramine hcl	25	CYSTARAN	61
clonazepam	40		
clonidine	44	<b>D</b>	
clonidine hcl	44	dabigatran etexilate mesylate	43
clopidogrel bisulfate	44	dalfampridine er	50
clorazepate dipotassium	40	danazol	64
clotrimazole	26	DANZITEN	30
clotrimazole-betamethasone	52	dapagliflozin	48
clozapine	37	dapsone	28
CO-NATAL FA	56	DAPTACEL	69
COARTEM	34	daptomycin	18
COBENFY	37	darifenacin hydrobromide er	62
COBENFY STARTER PACK	37	darunavir	39
CODEINE SULFATE	16	dasatinib	30
colchicine	27	DAURISMO	30
colchicine-probenecid	27	deferasirox	55
colesevelam hcl	48	deferasirox granules	55
colistimethate sodium (cba)	18	deferiprone	55
COMBIVENT RESPIMAT	76	DELSTRIGO	38
COMETRIQ	30	demeclocycline hcl	21
COMPLETE NATAL DHA	56	DEPO-SUBQ PROVERA 104	65
COMPLETENATE	56	DERMACINRX PRETRATE	56
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CONCEPT OB	56	desipramine hcl	25
constulose	60	desloratadine	75
COPIKTRA	30	desmopressin ace spray refrig	63
coremino	21	desmopressin acetate	63
COTELLIC	30	desmopressin acetate spray	63

desogestrel-ethinyl estradiol . . . . .	64	donepezil hcl . . . . .	23
desonide . . . . .	51	dorzolamide hcl . . . . .	74
DESVENLAFAXINE ER . . . . .	24	dorzolamide hcl-timolol mal . . . . .	72
desvenlafaxine succinate er . . . . .	24	dorzolamide hcl-timolol mal pf . . . . .	72
dexamethasone . . . . .	63	DOVATO . . . . .	38
DEXAMETHASONE SODIUM PHOSPHATE . . . . .	73	doxazosin mesylate . . . . .	45
dexmethylphenidate hcl . . . . .	49	doxepin hcl . . . . .	25,51,77
dexmethylphenidate hcl er . . . . .	49	DOXERCALCIFEROL . . . . .	71
dextroamphetamine sulfate . . . . .	49	doxy 100 . . . . .	21
dextroamphetamine sulfate er . . . . .	49	doxycycline hyclate . . . . .	21
dextrose . . . . .	53	doxycycline monohydrate . . . . .	21
DEXTROSE-NACL . . . . .	53	DRIZALMA SPRINKLE . . . . .	49
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DIACOMIT . . . . .	22	drospiren-eth estrad-levomefol . . . . .	64
diazepam . . . . .	22,40	drospirenone-ethinyl estradiol . . . . .	64
diazepam intensol . . . . .	40	droxidopa . . . . .	44
diazoxide . . . . .	42	DUAVEE . . . . .	65
DICLOFENAC EPOLAMINE . . . . .	15	DUET DHA 400 . . . . .	56
diclofenac potassium . . . . .	15	DUET DHA BALANCED . . . . .	56
diclofenac sodium . . . . .	15,52,73	duloxetine hcl . . . . .	50
diclofenac sodium (tab dr 25 mg, tab dr 50 mg, tab dr 75 mg, tab er 24hr 100 mg) . . . . .	15	DUPIXENT . . . . .	67
dicloxacillin sodium . . . . .	20	dutasteride . . . . .	62
dicyclomine hcl . . . . .	60	dutasteride-tamsulosin hcl . . . . .	62
difluprednate . . . . .	73		
digox . . . . .	45	<b>E</b>	
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 . . . . .	66
dimethyl fumarate . . . . .	50	ELIQUIS . . . . .	44
dimethyl fumarate starter pack . . . . .	50	ELIQUIS DVT/PE STARTER PACK . . . . .	44
DIPENTUM . . . . .	70	ELITE-OB . . . . .	56
diphenoxylate-atropine . . . . .	60	ELMIRON . . . . .	62
disulfiram . . . . .	17	eltrombopag olamine . . . . .	44
divalproex sodium . . . . .	22	EMSAM . . . . .	24
divalproex sodium er . . . . .	22	emtricitab-rilpivir-tenofov df . . . . .	38
dofetilide . . . . .	45	emtricitabine . . . . .	38
		emtricitabine-tenofovir df . . . . .	39

EMTRIVA . . . . .	39	etodolac . . . . .	15
enalapril maleate . . . . .	45	etodolac er . . . . .	15
enalapril-hydrochlorothiazide . . . . .	46	etonogestrel-ethinyl estradiol . . . . .	64
ENBRACE HR . . . . .	56	etravirine . . . . .	38
ENBREL . . . . .	68	EUCRISA . . . . .	51
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ENBREL SURECLICK . . . . .	68	everolimus . . . . .	30,68
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enoxaparin sodium . . . . .	44	exemestane . . . . .	30
ENSACOVE . . . . .	30	EXXUA . . . . .	24
entacapone . . . . .	34	EXXUA TITRATION PACK . . . . .	24
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enulose . . . . .	60	<b>F</b>	
ENVARBUS XR . . . . .	68	famciclovir . . . . .	40
EPIDIOLEX . . . . .	22	famotidine . . . . .	61
epinephrine . . . . .	75	FANAPT . . . . .	36
eplerenone . . . . .	48	FANAPT TITRATION PACK A . . . . .	36
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ERLEADA . . . . .	29	felbamate . . . . .	22
erlotinib hcl . . . . .	30	FENOFIBRATE . . . . .	47
ertapenem sodium . . . . .	20	fenofibrate micronized . . . . .	47
ERY . . . . .	53	fenofibric acid . . . . .	47
erythrocine lactobionate . . . . .	20	fentanyl . . . . .	15
ERYTHROCIN STEARATE . . . . .	20	FERRIPROX . . . . .	55
erythromycin . . . . .	20	FETZIMA . . . . .	24
ERYTHROMYCIN . . . . .	53,72	FETZIMA TITRATION . . . . .	24
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eslicarbazepine acetate . . . . .	23	finasteride . . . . .	62
esomeprazole magnesium . . . . .	61	FINTEPLA . . . . .	22
estradiol . . . . .	64	FIRMAGON . . . . .	66
estradiol-norethindrone acet . . . . .	64	FIRMAGON (240 MG DOSE) . . . . .	66
ESTRING . . . . .	64	flecainide acetate . . . . .	45
estrogens conjugated . . . . .	64	fluconazole . . . . .	26
ethambutol hcl . . . . .	28	fluconazole in sodium chloride . . . . .	26
ethosuximide . . . . .	22	flucytosine . . . . .	26
ethynodiol diac-eth estradiol . . . . .	64	fludrocortisone acetate . . . . .	63

flunisolide . . . . .	74	gemfibrozil . . . . .	47
fluocinonide . . . . .	51	generlac . . . . .	60
fluocinonide emulsified base . . . . .	51	GENOTROPIN . . . . .	63
fluorometholone . . . . .	73	GENOTROPIN MINIQUICK . . . . .	63
FLUOROURACIL . . . . .	52	GENTAMICIN IN SALINE . . . . .	18
fluoxetine hcl . . . . .	24	gentamicin sulfate . . . . .	18,72
FLUOXETINE HCL (PMDD) . . . . .	24	GENVOYA . . . . .	38
fluphenazine decanoate . . . . .	35	GILOTRIF . . . . .	31
FLUPHENAZINE HCL . . . . .	35	GLASSIA . . . . .	61
FLURBIPROFEN SODIUM . . . . .	73	glatiramer acetate . . . . .	50
FLUTICASONE FUROATE ELLIPTA . . . . .	74	glimepiride . . . . .	41
FLUTICASONE FUROATE-VILANTEROL . . . . .	76	glipizide . . . . .	41
FLUTICASONE PROPIONATE . . . . .	51	glipizide er . . . . .	41
fluticasone propionate . . . . .	74	glipizide xl . . . . .	41
fluticasone propionate hfa . . . . .	74	glipizide-metformin hcl . . . . .	41
fluticasone-salmeterol . . . . .	76	GLUCAGEN HYPOKIT . . . . .	42
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FML FORTE . . . . .	73	glycopyrrolate . . . . .	60
FOLIVANE-OB . . . . .	56	GOMEKLI . . . . .	31
fondaparinux sodium . . . . .	44	griseofulvin microsize . . . . .	26
fosamprenavir calcium . . . . .	39	griseofulvin ultramicrosize . . . . .	26
fosfomycin tromethamine . . . . .	18	guanfacine hcl . . . . .	45
FOTIVDA . . . . .	30	guanfacine hcl er . . . . .	49
FRUZAQLA . . . . .	29		
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GAMMAGARD S/D LESS IGA . . . . .	66	HAVRIX . . . . .	69
GAMMAPLEX . . . . .	66	HEMADY . . . . .	63
GAMUNEX-C . . . . .	67	heparin sodium (porcine) . . . . .	44
GARDASIL 9 . . . . .	69	heparin sodium (porcine) pf . . . . .	44
gatifloxacin . . . . .	72	HEPLISAV-B . . . . .	69
GATTEX . . . . .	60	HERNEXEOS . . . . .	31
gauze pads & dressings . . . . .	71	HETLIOZ LQ . . . . .	77
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lisinopril . . . . .	45	mefloquine hcl . . . . .	34
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LOKELMA . . . . .	55	memantine hcl-donepezil hcl . . . . .	23
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LONSURF . . . . .	29	MENVEO . . . . .	69
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lorazepam . . . . .	40	MESALAMINE . . . . .	70
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VALCHLOR . . . . .	28
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VALTOCO 20 MG DOSE . . . . .	23
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VANCOMYCIN HCL . . . . .	19
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VIJOICE	33	warfarin sodium	44
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VITAFOL GUMMIES	59	XALKORI	33
VITAFOL STRIPS	59	XARELTO	44
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VITALARA	59	XDEMVY	72
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VITAMEDMD REDICHEW RX	59	XELJANZ XR	67
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VITRAKVI	33	XOSPATA	33
VIVA DHA	59	XPOVIO (100 MG ONCE WEEKLY)	33
VIVOTIF	70	XPOVIO (40 MG ONCE WEEKLY)	33
VIZIMPRO	33	XPOVIO (40 MG TWICE WEEKLY)	33
VONJO	33	XPOVIO (60 MG ONCE WEEKLY)	33
VOQUEZNA	60	XPOVIO (60 MG TWICE WEEKLY)	33
VORANIGO	33	XPOVIO (80 MG ONCE WEEKLY)	33
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## 2026 List of Additional Covered Products

### \*INFANT CARE PRODUCTS - SHAMPOO\*\*

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

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

This formulary was updated on 5/1/2026.

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](http://www.communitycareinc.org).

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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.

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*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.*

