



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 10

This formulary was updated on 3/1/2026.



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

Introduction

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

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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。

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

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

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

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

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

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

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

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

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

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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.

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



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

B. Frequently Asked Questions (FAQ)

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

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

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

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

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

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

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



B2. Does the *Drug List* ever change?

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

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

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

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

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

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

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

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

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

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

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

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



- We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
- We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
- You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. If you receive notice that a drug is taken off the market, contact your prescriber to discuss treatment alternatives.

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

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

When these changes happen, we'll:

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

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

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

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

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

There are two ways to find a drug:

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

B11. How can I ask for an exception?

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

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



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

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

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

B13. What are generic drugs?

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

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

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

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

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

B15. What are OTC drugs?

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

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

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



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

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

B17. What is my copay?

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

C. Overview of the *List of Covered Drugs*

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

C1. List of Drugs by Drug Type

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

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

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

LEGEND

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

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

List of Drugs by Drug Type

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

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

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

OPIOID ANALGESICS, SHORT-ACTING

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

CODEINE SULFATE (CODEINE SULFATE, CODEINE SULFATE)

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

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

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

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

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

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

*oxycodone-acetaminophen (oxycodone-acetaminophen, oxycodone-
acetaminophen 5-325 mg/5ml solution)*

tramadol hcl

tramadol-acetaminophen

ANESTHETICS

LOCAL ANESTHETICS

AGONEAZE

lidocaine 5 % ointment

lidocaine 5 % patch

PA1

lidocaine hcl 4 % solution

lidocaine viscous hcl

lidocaine-prilocaine

LIVIXIL PAK

PREMIUM LIDOCAINE

PRILOVIX

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

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

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

acamprosate calcium

disulfiram

OPIOID DEPENDENCE

buprenorphine hcl (2 mg tab, 8 mg tab)

buprenorphine hcl-naloxone hcl

naltrexone hcl

OPIOID REVERSAL AGENTS

KLOXXADO

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

OPVEE

SMOKING CESSATION AGENTS

bupropion hcl er (smoking det)

NICOTROL NS

varenicline tartrate

varenicline tartrate (starter)

varenicline tartrate(continue)

ANTIBACTERIALS

AMINOGLYCOSIDES

amikacin sulfate 500 mg/2ml solution

ARIKAYCE

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

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

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

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

neomycin sulfate

STREPTOMYCIN SULFATE

tobramycin sulfate (tobramycin sulfate, tobramycin sulfate 10 mg/ml solution)

ANTIBACTERIALS, OTHER

acetic acid 2 % solution

aztreonam

CLEOCIN 100 MG SUPPOS

clindamycin hcl

clindamycin palmitate hcl

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

clindamycin phosphate in d5w

colistimethate sodium (cba)

daptomycin (daptomycin, daptomycin)

fosfomicin tromethamine

linezolid

methenamine hippurate

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

nitrofurantoin macrocrystal

nitrofurantoin monohyd macro

polymyxin b sulfate

SIVEXTRO

TIGECYCLINE (TIGECYCLINE, TIGECYCLINE)

tinidazole

trimethoprim (trimethoprim, trimethoprim)

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

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

VANCOMYCIN HCL (VANCOMYCIN HCL, VANCOMYCIN HCL 1 GM RECON SOLN, VANCOMYCIN HCL 1.25 GM RECON SOLN, VANCOMYCIN HCL 1.5 GM RECON SOLN, VANCOMYCIN HCL 5 GM RECON SOLN, VANCOMYCIN HCL 10 GM RECON SOLN, VANCOMYCIN HCL 100 GM RECON SOLN, VANCOMYCIN HCL 250 MG RECON SOLN, VANCOMYCIN HCL 500 MG RECON SOLN, VANCOMYCIN HCL 500 MG/100ML SOLUTION, VANCOMYCIN HCL 750 MG RECON SOLN, VANCOMYCIN HCL 750 MG/150ML SOLUTION, VANCOMYCIN HCL 1000 MG/200ML SOLUTION, VANCOMYCIN HCL 1250 MG/250ML SOLUTION, VANCOMYCIN HCL 1500 MG/300ML SOLUTION, VANCOMYCIN HCL 1750 MG/350ML SOLUTION, VANCOMYCIN HCL 2000 MG/400ML SOLUTION)

VANCOMYCIN HCL IN DEXTROSE

VANCOMYCIN HCL IN NACL

XIFAXAN

BETA-LACTAM, CEPHALOSPORINS

cefadroxil (cefadroxil, cefadroxil)

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

cefдинир

cefepime hcl

cefіxime

cefoxitin sodium

CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL, CEFPODOXIME PROXETIL)

cefprozil

ceftazidime (ceftazidime, ceftazidime)

ceftriaxone sodium

cefuroxime axetil

cefuroxime sodium

cephalexin

TEFLARO

BETA-LACTAM, PENICILLINS

AMOXICILLIN (AMOXICILLIN, AMOXICILLIN)

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

amoxicillin-pot clavulanate er

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

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

AMPICILLIN (AMPICILLIN, AMPICILLIN)

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

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

BICILLIN L-A

dicloxacillin sodium

nafcillin sodium (nafcillin sodium, nafcillin sodium)

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

penicillin g potassium

PENICILLIN G SODIUM

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

piperacillin sod-tazobactam so

CARBAPENEMS

ertapenem sodium

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

meropenem (1 gm soln, 500 mg soln)

MACROLIDES

azithromycin

clarithromycin (clarithromycin, clarithromycin)

clarithromycin er

erythrocin lactobionate (erythrocin lactobionate, erythrocin lactobionate)

ERYTHROCIN STEARATE

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

ERYTHROMYCIN BASE (ERYTHROMYCIN BASE, ERYTHROMYCIN BASE)

ERYTHROMYCIN ETHYLSUCCINATE (ERYTHROMYCIN ETHYLSUCCINATE, ERYTHROMYCIN ETHYLSUCCINATE)

ERYTHROMYCIN STEARATE

fidaxomicin

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

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

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

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

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

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

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

MOXIFLOXACIN HCL IN 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 HYCLATE,
DOXYCYCLINE HYCLATE)**

doxycycline monohydrate

minocycline hcl

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

tetracycline hcl

ANTICONVULSANTS**ANTICONVULSANTS, OTHER**

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

DIACOMIT

divalproex sodium

divalproex sodium er

EPIDIOLEX

PA2

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

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

FINTEPLA

FYCOMPA 0.5 MG/ML SUSPENSION

*lamotrigine**lamotrigine er**lamotrigine starter kit-blue**lamotrigine starter kit-green**lamotrigine starter kit-orange**levetiracetam**levetiracetam er**perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)*

SPRITAM (250 MG TAB, 500 MG TAB)

SUBVENITE

*topiramate**topiramate er (er 25 mg cp24 sprnk, er 50 mg cp24 sprnk, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cap er 24h, er 200 mg cp24 sprnk)**valproic acid***CALCIUM CHANNEL MODIFYING AGENTS***ethosuximide**methsuximide***GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS***clobazam*

DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)

gabapentin

NAYZILAM

*phenobarbital (phenobarbital, phenobarbital)**primidone (primidone, primidone)*

SYMPAZAN

tiagabine hcl

VALTOCO 10 MG DOSE

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 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 10 mg/ml solution, lacosamide 50 mg tab, lacosamide 50 mg/5ml solution, lacosamide 100 mg tab, lacosamide 100 mg/10ml solution, lacosamide 150 mg tab, lacosamide 200 mg tab)**oxcarbazepine**phenytoin**phenytoin infatabs**phenytoin sodium extended**rufinamide*

XCOPRI

XCOPRI (250 MG DAILY DOSE)

XCOPRI (350 MG DAILY DOSE)

ZONISADE

zonisamide

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

NAMZARIC 7-10 MG CAP ER 24H

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

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

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

rivastigmine

rivastigmine tartrate

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

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

memantine hcl er

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY

bupropion hcl

bupropion hcl er (sr)

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

EXXUA

mirtazapine

ZURZUVAE

MONOAMINE OXIDASE INHIBITORS

EMSAM

MARPLAN

phenelzine sulfate (phenelzine sulfate, phenelzine sulfate)

tranylcypromine sulfate

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

citalopram hydrobromide

DESVENLAFAXINE ER

desvenlafaxine succinate er

escitalopram oxalate

FETZIMA

FETZIMA TITRATION

fluoxetine hcl (fluoxetine hcl, fluoxetine hcl)

FLUOXETINE HCL (PMDD)

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***fluvoxamine maleate**fluvoxamine maleate er*

NEFAZODONE HCL

RALDESY

SERTRALINE HCL (SERTRALINE HCL, SERTRALINE HCL)

trazodone hcl

TRINTELLIX

*vilazodone hcl***TRICYCLICS***amitriptyline hcl**amoxapine**clomipramine hcl**desipramine hcl**doxepin hcl (doxepin hcl, doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)**imipramine hcl**imipramine pamoate**nortriptyline hcl**protriptyline hcl**trimipramine maleate***ANTIEMETICS****ANTIEMETICS, OTHER***meclizine hcl (12.5 mg tab, 25 mg tab)**metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)**perphenazine**prochlorperazine**prochlorperazine maleate**promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)**scopolamine*

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
EMETOGENIC THERAPY ADJUNCTS	
<i>aprepitant</i>	PA3
<i>dronabinol</i>	PA1
<i>ondansetron</i>	PA3
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>	PA3
ANTIFUNGALS	
AMPHOTERICIN B	PA3
<i>amphotericin b liposome</i>	PA3
<i>casprofungin acetate (casprofungin acetate, casprofungin 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***allopurinol**colchicine**colchicine-probenecid**febuxostat**probenecid***ANTIMIGRAINE AGENTS****CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS**

AJOVY

PA1

NURTEC

QL (18 PER 30 OVER TIME)

QULIPTA

UBRELVY

QL (16 PER 30 OVER TIME)

ERGOT ALKALOIDS*dihydroergotamine mesylate 4 mg/ml solution*

ERGOTAMINE-CAFFEINE

PROPHYLACTIC*propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)**propranolol hcl er**timolol maleate (timolol maleate, timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)***SEROTONIN (5-HT) RECEPTOR AGONIST***naratriptan hcl*

QL (9 PER 30 OVER TIME)

rizatriptan benzoate

QL (12 PER 30 OVER TIME)

*sumatriptan**sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)*

QL (9 PER 30 OVER TIME)

sumatriptan succinate (6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)

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**

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

PYRIDOSTIGMINE BROMIDE (PYRIDOSTIGMINE BROMIDE,
PYRIDOSTIGMINE BROMIDE)

pyridostigmine bromide er

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

dapsone (25 mg tab, 100 mg tab)

rifabutin

ANTITUBERCULARS

ethambutol hcl

ISONIAZID (ISONIAZID, ISONIAZID 100 MG TAB)

PRETOMANID

PRIFTIN

pyrazinamide

rifampin

SIRTURO

ANTINEOPLASTICS

ALKYLATING AGENTS

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

PA3

LEUKERAN

lomustine

MATULANE

VALCHLOR

ANTIANDROGENS

abiraterone acetate

bicalutamide

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

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	
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	
ENZYME INHIBITORS	
AVMAPKI FAKZYNJA CO-PACK	
ENSACOVE	
MOLECULAR TARGET INHIBITORS	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI	
BRUKINSA 160 MG TAB	
CABOMETYX	
CALQUENCE 100 MG TAB	
CAPRELSA	
COMETRIQ	
COPIKTRA	
COTELLIC	
DANZITEN	
<i>dasatinib</i>	
DAURISMO	
ERIVEDGE	
<i>erlotinib hcl</i>	
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	
FOTIVDA	
GAVRETO	

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	
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	
<i>nilotinib hcl</i>	
NINLARO	

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
ODOMZO	
OJEMDA	
<i>pazopanib hcl</i>	
PEMAZYRE	
PIQRAY (200 MG DAILY DOSE)	
PIQRAY (250 MG DAILY DOSE)	
PIQRAY (300 MG DAILY DOSE)	
QINLOCK	
RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)	
REVUFORJ	
REZLIDHIA	
ROMVIMZA	
ROZLYTREK	
RUBRACA	
RYDAPT	
SCEMBLIX	
<i>sorafenib tosylate</i>	
STIVARGA	
<i>sunitinib malate</i>	
TABRECTA	
TAFINLAR	
TAGRISSE	
TALZENNA	
TAZVERIK	
TEPMETKO	
TIBSOVO	
TRUQAP	
TUKYSA	
TURALIO 125 MG CAP	
VANFLYTA	
VENCLEXTA	
VENCLEXTA STARTING PACK	

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**

VERZENIO

VIJOICE

VITRAKVI

VIZIMPRO

VORANIGO

XALKORI

XOSPATA

XPOVIO (100 MG ONCE WEEKLY)

XPOVIO (40 MG ONCE WEEKLY)

XPOVIO (40 MG TWICE WEEKLY)

XPOVIO (60 MG ONCE WEEKLY)

XPOVIO (60 MG TWICE WEEKLY)

XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK

XPOVIO (80 MG TWICE WEEKLY)

ZEJULA

ZELBORAF

ZYDELIG

ZYKADIA

RETINOIDS*bexarotene 1 % gel*

PA2

bexarotene 75 mg cap

PANRETIN

*tretinoin 10 mg cap***TREATMENT ADJUNCTS***leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)**mesna 400 mg tab*

VONJO

ANTIPARASITICS**ANTHELMINTICS***albendazole*

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

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>praziquantel</i>	
ANTIPROTOZOALS	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate (chloroquine phosphate, chloroquine phosphate)</i>	
COARTEM	
<i>hydroxychloroquine sulfate</i>	
IMPAVIDO	
<i>mefloquine hcl</i>	
<i>nitazoxanide</i>	
<i>pentamidine isethionate</i>	PA3
<i>primaquine phosphate (primaquine phosphate, primaquine phosphate)</i>	
<i>pyrimethamine</i>	
<i>quinine sulfate</i>	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	
ANTIPARKINSON AGENTS, OTHER	
<i>amantadine hcl</i>	
<i>carbidopa-levodopa-entacapone</i>	
<i>entacapone</i>	
ONGENTYS	
<i>tolcapone</i>	
DOPAMINE AGONISTS	
<i>apomorphine hcl</i>	
<i>bromocriptine mesylate</i>	
NEUPRO	
<i>pramipexole dihydrochloride</i>	
<i>ropinirole hcl</i>	

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**

ropinirole hcl er

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

carbidopa

carbidopa-levodopa

CARBIDOPA-LEVODOPA ER (CARBIDOPA-LEVODOPA ER,
CARBIDOPA-LEVODOPA ER)

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

rasagiline mesylate

selegiline hcl

ANTIPSYCHOTICS

1ST GENERATION/TYPICAL

*chlorpromazine hcl (chlorpromazine hcl, chlorpromazine hcl 10 mg tab,
chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc,
chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab,
chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab)*

fluphenazine decanoate

FLUPHENAZINE HCL (FLUPHENAZINE HCL, FLUPHENAZINE HCL)

haloperidol

haloperidol decanoate

haloperidol lactate

loxapine succinate

MOLINDONE HCL

PIMOZIDE

thioridazine hcl

thiothixene

trifluoperazine hcl

2ND GENERATION/ATYPICAL

ABILIFY ASIMTUFII

ABILIFY MAINTENA

aripiprazole

ARISTADA

ARISTADA INITIO

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>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 (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	
<i>ziprasidone hcl</i>	
<i>ziprasidone mesylate</i>	
ANTIPSYCHOTICS, OTHER	
COBENFY	
COBENFY STARTER PACK	

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****TREATMENT-RESISTANT**

clozapine (clozapine, clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)

VERSACLOZ

ANTISPASTICITY AGENTS

baclofen (5 mg tab, 10 mg tab, 20 mg tab)

tizanidine hcl

ANTIVIRALS**ANTI-CYTOMEGALOVIRUS (CMV) AGENTS**

LIVTENCITY

PREVYMIS (240 MG TAB, 480 MG TAB)

valganciclovir hcl

ANTI-HEPATITIS B (HBV) AGENTS

adefovir dipivoxil

BARACLUDE 0.05 MG/ML SOLUTION

entecavir

lamivudine 100 mg tab

ANTI-HEPATITIS C (HCV) AGENTS

LEDIPASVIR-SOFOSBUVIR

PA1

MAVYRET 100-40 MG TAB

PA1

RIBAVIRIN

SOFOSBUVIR-VELPATASVIR

PA1

SOVALDI 400 MG TAB

PA1

VOSEVI

PA1

ZEPATIER

PA1

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY

DOVATO

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
GENVOYA	
ISENTRESS	
ISENTRESS HD	
JULUCA	
STRIBILD	
TIVICAY 50 MG TAB	
TIVICAY PD	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
DELSTRIGO	
EDURANT	
EDURANT PED	
EFAVIRENZ (EFAVIRENZ, EFAVIRENZ)	
<i>efavirenz-emtricitab-tenofo df</i>	
<i>efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir, efavirenz-lamivudine-tenofovir)</i>	
<i>emtricitab- rilpivir-tenofov df</i>	
<i>etravirine</i>	
INTELENCE 25 MG TAB	
<i>nevirapine (nevirapine, nevirapine)</i>	
<i>nevirapine er</i>	
ODEFSEY	
PIFELTRO	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
<i>abacavir sulfate</i>	
<i>abacavir sulfate-lamivudine</i>	
CIMDUO	
DESCOVY	
<i>emtricitabine</i>	
<i>emtricitabine-tenofovir df</i>	
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)</i>	

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>lamivudine-zidovudine</i>	
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	
TRIUMEQ PD	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	
<i>zidovudine</i>	
ANTI-HIV AGENTS, OTHER	
<i>maraviroc</i>	
RUKOBIA	
SELZENTRY 20 MG/ML SOLUTION	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB)	
TYBOST	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS	
<i>atazanavir sulfate</i>	
<i>darunavir</i>	
EVOTAZ	
<i>fosamprenavir calcium</i>	
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	
ANTI-INFLUENZA AGENTS	
<i>oseltamivir phosphate</i>	
RELENZA DISKHALER	

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****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 & 150/100)

PAXLOVID (300/100)

ANXIOLYTICS**ANXIOLYTICS, OTHER**

buspirone hcl

hydroxyzine hcl

HYDROXYZINE PAMOATE (HYDROXYZINE PAMOATE,
HYDROXYZINE PAMOATE)

BENZODIAZEPINES

alprazolam

alprazolam er

ALPRAZOLAM INTENSOL

alprazolam xr

clonazepam

clorazepate dipotassium

diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)

diazepam intensol

lorazepam (0.5 mg tab, 1 mg tab, 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc)

lorazepam intensol

oxazepam

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**

**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*

BIPOLAR AGENTS

MOOD STABILIZERS*lithium*LITHIUM CARBONATE (LITHIUM CARBONATE, LITHIUM
CARBONATE)*lithium carbonate er*

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS*acarbose*

ALOGLIPTIN-METFORMIN HCL

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

CYCLOSET

*glimepiride**glipizide (glipizide, glipizide)**glipizide er**glipizide xl**glipizide-metformin hcl*

JANUVIA

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

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 (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
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide</i>	
GLUCAGEN HYPOKIT	
GLUCAGON EMERGENCY (GLUCAGON EMERGENCY, GLUCAGON EMERGENCY)	
INSULINS	
FIASP	I
FIASP FLEXTOUCH	I
FIASP PENFILL	I
HUMALOG MIX 50/50 KWIKPEN	I
HUMALOG MIX 75/25	I
HUMULIN 70/30	I
HUMULIN 70/30 KWIKPEN	I
HUMULIN N	I
HUMULIN N KWIKPEN	I
HUMULIN R	I
HUMULIN R U-500 (CONCENTRATED)	I
HUMULIN R U-500 KWIKPEN	I
INSULIN GLARGINE	I

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 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	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i>	
ELIQUIS (2.5 MG TAB, 5 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
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	
BLOOD PRODUCTS AND MODIFIERS, OTHER	
<i>anagrelide hcl</i>	
ARANESP (ALBUMIN FREE)	PA1
<i>eltrombopag olamine</i>	
LEUKINE	PA1
NIVESTYM	PA1
RETACRIT	PA1
HEMOSTASIS AGENTS	
<i>tranexamic acid 650 mg tab</i>	
PLATELET MODIFYING AGENTS	
<i>aspirin-dipyridamole er</i>	
<i>cilostazol</i>	
<i>clopidogrel bisulfate 75 mg tab</i>	
<i>ticagrelor</i>	ST
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
<i>clonidine</i>	
<i>clonidine hcl</i>	
<i>droxidopa</i>	
<i>guanfacine hcl</i>	

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**

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 (QUINIDINE SULFATE, QUINIDINE SULFATE)

sotalol hcl

sotalol hcl (af)

BETA-ADRENERGIC BLOCKING AGENTS

atenolol

bisoprolol fumarate

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**

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

irbesartan-hydrochlorothiazide

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***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**rosuvastatin calcium*

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

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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<i>nitroglycerin</i>	
VERQUVO	

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine-dextroamphet er</i>	
<i>amphetamine-dextroamphetamine</i>	
<i>dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	
<i>dextroamphetamine sulfate er</i>	

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl</i>	
<i>dexmethylphenidate hcl</i>	
<i>dexmethylphenidate hcl er</i>	
<i>guanfacine hcl er</i>	
<i>methylphenidate hcl</i>	
<i>methylphenidate hcl er (cd)</i>	
<i>methylphenidate hcl er (la)</i>	
METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER, METHYLPHENIDATE HCL ER)	
METHYLPHENIDATE HCL ER (OSM) (METHYLPHENIDATE HCL ER (OSM), METHYLPHENIDATE HCL ER (OSM))	
<i>methylphenidate hcl er (xr)</i>	

CENTRAL NERVOUS SYSTEM, OTHER

NUEDEXTA	PA1
<i>riluzole</i>	
<i>tetrabenazine</i>	
VEOZAH	

FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE	PA2
<i>duloxetine hcl</i>	
<i>pregabalin</i>	

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****MULTIPLE SCLEROSIS AGENTS**

AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
<i>dalfampridine er</i>	PA1
<i>dimethyl fumarate</i>	
<i>dimethyl fumarate starter pack</i>	
<i>glatiramer acetate</i>	
REBIF	
REBIF REBIDOSE	
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	
<i>teriflunomide</i>	
ZEPOSIA	
ZEPOSIA 7-DAY STARTER PACK	
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	

DENTAL AND ORAL AGENTS

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

DERMATOLOGICAL AGENTS**ACNE AND ROSACEA AGENTS**

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

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 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)*

tacrolimus (0.03 %, 0.1 %)

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

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

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 (silver sulfadiazine)

PEDICULICIDES/SCABICIDES

malathion

permethrin

TOPICAL ANTI-INFECTIVES

acyclovir (5 % cream, 5 % ointment)

ciclopirox

ciclopirox olamine

clindamycin phos (once-daily)

clindamycin phos (twice-daily)

clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)

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
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	
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)	

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>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>	
<i>sodium chloride (sodium chloride 0.45 % solution, sodium chloride 0.9 % solution, sodium chloride 3 % solution, sodium chloride 5 % solution, sodium chloride 0.9 % solution)</i>	
<i>sodium fluoride (sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab, sodium fluoride 2.2 (1 f) mg tab)</i>	
TRAVASOL	PA3
TROPHAMINE	PA3
ELECTROLYTE/MINERAL/METAL MODIFIERS	
<i>deferasirox</i>	
<i>deferasirox granules</i>	
<i>deferiprone</i>	
FERRIPROX 100 MG/ML SOLUTION	

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**

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)

trientine hcl (trientine hcl, trientine hcl)

POTASSIUM BINDERS

LOKELMA

sodium polystyrene sulfonate powder

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

VELTASSA

VITAMINS

ATABEX EC

ATABEX OB

AZESCO

C-NATE DHA

CITRANATAL 90 DHA

CITRANATAL ASSURE

CITRANATAL B-CALM

CITRANATAL BLOOM

CITRANATAL BLOOM DHA

CITRANATAL DHA

CITRANATAL ESSENCE

CITRANATAL HARMONY

CITRANATAL MEDLEY

CITRANATAL RX

CO-NATAL FA

COMPLETE NATAL DHA

COMPLETENATE

CONCEPT DHA

CONCEPT OB

DERMACINRX PRETRATE

DUET DHA 400

DUET DHA BALANCED

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**

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	
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	

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

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

PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 20-1	
PNV TABS 29-1	
PNV-DHA	
PNV-DHA+DOCUSATE	
PNV-OMEGA	
PNV-SELECT	
PREGEN DHA	
PREGENNA	
PREMESISRX	
PRENA 1 TRUE	
PRENA1	
PRENA1 PEARL	
PRENAISSANCE	
PRENAISSANCE PLUS	
PRENARA	
PRENATAL (27-0.8 MG TAB, 27-1 MG TAB)	
PRENATAL 19 (19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB)	
PRENATAL PLUS	
PRENATAL PLUS VITAMIN/MINERAL	
PRENATAL VITAMIN PLUS LOW IRON	
PRENATAL-U	
PRENATE	
PRENATE AM	
PRENATE DHA	
PRENATE ELITE	
PRENATE ENHANCE	
PRENATE ESSENTIAL	
PRENATE MINI	
PRENATE PIXIE	
PRENATE RESTORE	
PRENATOL-M	

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**

PRENATRIX	
PRENATRYL	
PRENATVITE COMPLETE	
PRENATVITE PLUS	
PRENATVITE RX	
PREPLUS	
PRETAB	
PRIMACARE	
PROVIDA OB	
RELNATE DHA	
SE-NATAL 19	
SELECT-OB	
SELECT-OB+DHA	
TARON-C DHA	
THRIVITE RX	
TPN ELECTROLYTES	
TRICARE	
TRINATAL RX 1	
TRINATE	
TRISTART DHA	
TRISTART FREE	
TRISTART ONE	
VINATE DHA RF	
VINATE II	
VINATE ONE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VIRT-PN PLUS	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VITAFOL 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	
ZATEAN-PN PLUS	
ZIPHEX	

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

<i>constulose</i>
<i>enulose</i>
<i>generlac</i>
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)</i>
<i>lactulose encephalopathy</i>
LINZESS

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

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***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
ZENPEP	

GENITOURINARY AGENTS**ANTISPASMODICS, URINARY**

<i>darifenacin hydrobromide er</i>	
<i>mirabegron er</i>	
<i>oxybutynin chloride</i>	
<i>oxybutynin chloride er</i>	
OXYTROL	
<i>solifenacin succinate</i>	

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

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

tolterodine tartrate

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

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)

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>desmopressin acetate spray (desmopressin acetate spray, desmopressin acetate spray)</i>	
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

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

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

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

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

estradiol-norethindrone acet

ESTRING

estrogens conjugated

ethynodiol diac-eth estradiol

etonogestrel-ethinyl estradiol

levonorg-eth estrad triphasic

levonorgest-eth est & eth est

levonorgest-eth estrad 91-day

levonorgest-eth estradiol-iron

levonorgestrel-ethinyl estrad

norelgestromin-eth estradiol

norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab)

norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab

norethindron-ethinyl estrad-fe

norethindrone acet-ethinyl est 1-20 mg-mcg tab

norethindrone-eth estradiol

norgestim-eth estrad triphasic

norgestimate-eth estradiol

PREMARIN 0.625 MG/GM CREAM

PREMPRO

tri-legest fe

PROGESTINS

DEPO-SUBQ PROVERA 104

medroxyprogesterone acetate

megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)

MIRENA (52 MG)

NEXPLANON

norethindrone

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>progesterone (100 mg cap, 200 mg cap)</i>	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	
<i>raloxifene hcl</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	
<i>liothyronine sodium</i>	
REZDIFFRA	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	
<i>cabergoline</i>	
ELIGARD	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
<i>leuprolide acetate</i>	
LEUPROLIDE ACETATE (3 MONTH)	
LUPRON DEPOT	PA3
<i>mifepristone 300 mg tab</i>	PA1
<i>octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml)</i>	
ORGOVYX	
RECORLEV	
SIGNIFOR	
SOMAVERT	
SYNAREL	
TRELSTAR MIXJECT	
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
<i>methimazole</i>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>propylthiouracil</i>	
IMMUNOLOGICAL AGENTS	
ANGIOEDEMA AGENTS	
CINRYZE	PA1
<i>icatibant acetate</i>	
IMMUNOGLOBULINS	
GAMMAGARD 2.5 GM/25ML SOLUTION	PA3
GAMMAGARD S/D LESS IGA	PA3
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	PA3
GAMUNEX-C 1 GM/10ML SOLUTION	PA3
PRIVIGEN 20 GM/200ML SOLUTION	PA3
IMMUNOLOGICAL AGENTS, OTHER	
ARCALYST	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	PA1
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	PA1
KINERET	
OLUMIANT (1 MG TAB, 2 MG TAB)	
ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)	
ORENCIA CLICKJECT	
SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	
SKYRIZI PEN	
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
TALTZ	
TAVNEOS	
TREMIFYA (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN PRSYR)	
TREMIFYA ONE-PRESS	
TREMIFYA PEN 200 MG/2ML SOLN A-INJ	
TREMIFYA-CD/UC INDUCTION	

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

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

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	PA3
<i>leflunomide</i>	
METHOTREXATE SODIUM (METHOTREXATE SODIUM, METHOTREXATE SODIUM 2.5 MG TAB)	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	PA3
<i>mycophenolate sodium</i>	PA3
<i>mycophenolic acid</i>	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	PA3
REZUROCK	
SIMPONI	
<i>sirolimus</i>	PA3
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	PA3
XATMEP	
VACCINES	
ABRYSVO	V
ACTHIB	V
ADACEL	V
AREXVY	V
BCG VACCINE	V
BEXSERO	V
BOOSTRIX	V
DAPTACEL	
ENGERIX-B	PA3, V
GARDASIL 9	V
HAVRIX	V
HEPLISAV-B	PA3
HIBERIX	V
IMOVAX RABIES	V
INFANRIX	
IPOL	V
IXIARO	V

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JYNNEOS	
KINRIX	
M-M-R II	V
MENQUADFI	V
MENVEO	V
MRESVIA	V
PEDIARIX	
PEDVAX HIB	V
PENBRAYA	V
PENMENVY	V
PENTACEL	
PRIORIX	V
PROQUAD	
QUADRACEL	
RABAVERT	V
RECOMBIVAX HB	PA3, V
ROTARIX SUSPENSION	
ROTATEQ	
SHINGRIX 50 MCG/0.5ML RECON SUSP	V
TENIVAC	V
TICOVAC	
TRUMENBA	V
TWINRIX	V
TYPHIM VI	V
VAQTA	V
VARIVAX	V
VAXCHORA	
VIMKUNYA	
VIVOTIF	
YF-VAX	V

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****INFLAMMATORY BOWEL DISEASE AGENTS****AMINOSALICYLATES***balsalazide disodium*

DIPENTUM

*mesalamine**mesalamine er**mesalamine-cleanser*

PENTASA 250 MG CAP ER

*sulfasalazine***GLUCOCORTICOIDS***budesonide 3 mg cp dr part**budesonide er**hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)***METABOLIC BONE DISEASE AGENTS***alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)*

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*

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**

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

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

*bacitracin-polymyxin b (bacitracin-polymyxin b, bacitracin-polymyxin b)**brimonidine tartrate-timolol**cyclosporine 0.05 % emulsion**dorzolamide hcl-timolol mal**dorzolamide hcl-timolol mal pf*

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

neomycin-polymyxin-dexameth

NEOMYCIN-POLYMYXIN-HC

RESTASIS MULTIDOSE

SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION

TOBRADEX 0.3-0.1 % OINTMENT

tobramycin-dexamethasone

XDEMYV

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****OPHTHALMIC ANTI-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

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

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**

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

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

acetazolamide er

brimonidine tartrate (0.1 %, 0.15 %, 0.2 %)

dorzolamide hcl

methazolamide

pilocarpine hcl (1 %, 2 %, 4 %)

RHOPRESSA

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

bimatoprost

latanoprost

travoprost (bak free)

OTIC AGENTS

CIPRO HC

ciprofloxacin hcl 0.2 % solution

ciprofloxacin-dexamethasone

hydrocortisone-acetic acid

neomycin-polymyxin-hc

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

RESPIRATORY TRACT/PULMONARY AGENTS**ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS***budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)*

PA3

flunisolide

FLUTICASONE FUROATE ELLIPTA

fluticasone propionate 50 mcg/act suspension

FLUTICASONE PROPIONATE HFA

PULMICORT FLEXHALER

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

CLEMASTINE FUMARATE 2.68 MG TAB

*desloratadine**levocetirizine dihydrochloride 5 mg tab***ANTILEUKOTRIENES***montelukast sodium 10 mg tab**zafirlukast**zileuton er***BRONCHODILATORS, ANTICHOLINERGIC**

ATROVENT HFA

INCRUSE ELLIPTA

*ipratropium bromide (0.03 %, 0.06 %)**ipratropium bromide 0.02 % solution*

PA3

SPIRIVA RESPIMAT

tiotropium bromide

TUDORZA PRESSAIR

BRONCHODILATORS, SYMPATHOMIMETIC*albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)*

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

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

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

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

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

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

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.

D. Index of Covered Drugs

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

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

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		emtricitabine	38

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FLUTICASONE PROPIONATE	51	glipizide	41
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lopinavir-ritonavir	39	meropenem	20
lorazepam	40	mesalamine	70
lorazepam intensol	40	mesalamine er	70
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losartan potassium	45	mesna	33
losartan potassium-hctz	47	metformin hcl	41
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loteprednol etabonate	72	metformin hcl er (mod)	41
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metoprolol tartrate	46	nafrinse	54
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metyrosine	47	NAMZARIC	23
mexiletine hcl	45	naproxen	15
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mifepristone	65	NATAL PNV	56
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minocycline hcl er	21	NAYZILAM	22
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moxifloxacin hcl	72	NESTABS	56
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norethindrone	64	OB COMPLETE ONE	56
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ondansetron	26	PEDVAX HIB	69
ondansetron hcl	26	peg 3350-kcl-na bicarb-nacl	60
ONE VITE WOMENS PLUS	56	peg-3350/electrolytes	60
ONGENTYS	34	peg-3350/electrolytes/ascorbat	60
ONUREG	29	peg-kcl-nacl-nasulf-na asc-c	60
OPIPZA	36	PEGASYS	67
OPSUMIT	75	PEMAZYRE	32
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ORENCIA	66	penicillamine	62
ORENCIA CLICKJECT	66	PENICILLIN G POT IN DEXTROSE	20
ORGOVYX	65	penicillin g potassium	20
ORKAMBI	75	PENICILLIN G SODIUM	20
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oseltamivir phosphate	39	PENMENVY	69
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oxcarbazepine	23	perampanel	22
oxybutynin chloride	61	permethrin	52
oxybutynin chloride er	61	perphenazine	25
oxycodone hcl	16	PERSERIS	36
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OXYCONTIN	15	phenobarbital	22
OXYTROL	61	phenytoin	23
OZEMPIC (0.25 OR 0.5 MG/DOSE)	42	phenytoin infatabs	23
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prochlorperazine	25	ranolazine er	47
prochlorperazine maleate	25	rasagiline mesylate	35
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proctosol hc	51	REBIF REBIDOSE	50
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selegiline hcl	35	STRIBILD	38
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SELZENTRY	39	SUCRAID	61
SEREVENT DISKUS	75	sucralfate	60
SEROSTIM	63	sulfacetamide sodium	72
SERTRALINE HCL	25	sulfacetamide sodium (acne)	21
SHINGRIX	69	SULFACETAMIDE-PREDNISOLONE	71
SIGNIFOR	65	sulfadiazine	21
sildenafil citrate	75	sulfamethoxazole-trimethoprim	21
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SIRTURO	28	sunitinib malate	32
SIVEXTRO	18	SUNLENCA	39
SKYRIZI	66	SYMDEKO	75
SKYRIZI PEN	66	SYMPAZAN	22
sodium chloride	54	SYMTUZA	39
sodium chloride (pf)	54	SYNAREL	65
sodium fluoride	54	T	
SODIUM OXYBATE	77	TABLOID	29
sodium phenylbutyrate	61	TABRECTA	32
sodium polystyrene sulfonate	55	tacrolimus	51,68

tadalafil	62	timolol maleate ocudose	73
tadalafil (pah)	75	timolol maleate pf	73
TAFINLAR	32	tinidazole	18
TAGRISSO	32	tiotropium bromide	74
TALTZ	66	TIVICAY	38
TALZENNA	32	TIVICAY PD	38
tamoxifen citrate	29	tizanidine hcl	37
tamsulosin hcl	62	TOBRADEX	71
TARON-C DHA	58	tobramycin	72,75
tasimelteon	76	tobramycin sulfate	18
TAVNEOS	66	tobramycin-dexamethasone	71
TAZAROTENE	50	tolcapone	34
TAZVERIK	32	tolterodine tartrate	62
TEFLARO	19	tolterodine tartrate er	62
temazepam	76	tolvaptan	55
TENIVAC	69	topiramate	22
tenofovir disoproxil fumarate	39	topiramate er	22
TEPMETKO	32	toremifene citrate	29
terazosin hcl	45	torsemid	47
terbinafine hcl	26	TPN ELECTROLYTES	58
terconazole	26	tramadol hcl	16
teriflunomide	50	tramadol hcl er	15
TERIPARATIDE	70	tramadol hcl er (biphasic)	15
TESTOSTERONE	63	tramadol-acetaminophen	16
TESTOSTERONE CYPIONATE	63	tranexamic acid	44
TESTOSTERONE ENANTHATE	63	tranylcypromine sulfate	24
tetrabenazine	49	TRAVASOL	54
tetracycline hcl	21	travoprost (bak free)	73
THALOMID	29	trazodone hcl	25
THEO-24	75	TRELEGY ELLIPTA	76
theophylline er	75	TRELSTAR MIXJECT	65
thioridazine hcl	35	TREMFYA	66
thiothixene	35	TREMFYA ONE-PRESS	66
THRIVITE RX	58	TREMFYA PEN	66
tiagabine hcl	22	TREMFYA-CD/UC INDUCTION	66
TIBSOVO	32	tretinoin	33,50
ticagrelor	44	TRETINOIN MICROSPHERE	50
TICOVAC	69	TRETINOIN MICROSPHERE PUMP	51
TIGECYCLINE	18	tri-legest fe	64
timolol maleate	27,73	triamcinolone acetonide	50,52
timolol maleate (once-daily)	73	triamterene	47

triamterene-hctz	47
triazolam	76
TRICARE	58
tridacaine iii	17
trientine hcl	55
trifluoperazine hcl	35
TRIFLURIDINE	72
trihexyphenidyl hcl	34
TRIKAFTA	75
trimethoprim	18
trimipramine maleate	25
TRINATAL RX 1	58
TRINATE	58
TRINTELLIX	25
TRISTART DHA	58
TRISTART FREE	58
TRISTART ONE	58
TRIUMEQ	39
TRIUMEQ PD	39
TROPHAMINE	54
tropium chloride	62
tropium chloride er	62
TRULICITY	42
TRUMENBA	69
TRUQAP	32
TUDORZA PRESSAIR	74
TUKYSA	32
TURALIO	32
TWINRIX	69
TYBOST	39
TYENNE	67
TYMLOS	70
TYPHIM VI	69

U

UBRELVY	27
UMECLIDINIUM-VILANTEROL	76
UPTRAVI	76
URSODIOL	60
USTEKINUMAB	67
UZEDY	36

V

valacyclovir hcl	40
VALCHLOR	28
valganciclovir hcl	37
valproic acid	22
valsartan	45
valsartan-hydrochlorothiazide	47
VALTOCO 10 MG DOSE	22
VALTOCO 15 MG DOSE	23
VALTOCO 20 MG DOSE	23
VALTOCO 5 MG DOSE	23
VANCOMYCIN HCL	19
VANCOMYCIN HCL IN DEXTROSE	19
VANCOMYCIN HCL IN NACL	19
VANFLYTA	32
VAQTA	69
varenicline tartrate	17
varenicline tartrate (starter)	17
varenicline tartrate(continue)	17
VARIVAX	69
VAXCHORA	69
VELSIPITY	67
VELTASSA	55
VENCLEXTA	32
VENCLEXTA STARTING PACK	32
VENLAFAXINE BESYLATE ER	41
venlafaxine hcl	41
venlafaxine hcl er	41
VEOZAH	49
verapamil hcl	46
verapamil hcl er	46
VERQUVO	49
VERSACLOZ	37
VERZENIO	33
vigabatrin	23
VIJOICE	33
vilazodone hcl	25
VIMKUNYA	69
VINATE DHA RF	58
VINATE II	58

VINATE ONE	58	WESNATE DHA	59
VIRACEPT	39	WESTAB PLUS	59
VIREAD	39	WESTGEL DHA	59
VIRT-C DHA	58	WINREVAIR	76
VIRT-NATE DHA	58	Wixela Inhub	76
VIRT-PN DHA	58	WYOST	70
VIRT-PN PLUS	58		
VITAFOL FE+	58	X	
VITAFOL GUMMIES	58	XALKORI	33
VITAFOL STRIPS	58	XARELTO	44
VITAFOL ULTRA	59	XARELTO STARTER PACK	44
VITAFOL-NANO	59	XATMEP	68
VITAFOL-OB	59	XCOPRI	23
VITAFOL-OB+DHA	59	XCOPRI (250 MG DAILY DOSE)	23
VITAFOL-ONE	59	XCOPRI (350 MG DAILY DOSE)	23
VITALARA	59	XDEMVY	71
VITAMEDMD ONE RX/QUATREFOLIC	59	XELJANZ	67
VITAMEDMD REDICHEW RX	59	XELJANZ XR	67
VITAPEARL	59	XERMELO	60
VITATHELY WITH GINGER	59	XIFAXAN	19
VITATRUE	59	XOLAIR	67
VITRAKVI	33	XOSPATA	33
VIVA DHA	59	XPOVIO (100 MG ONCE WEEKLY)	33
VIVOTIF	69	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
voriconazole	26	XPOVIO (80 MG TWICE WEEKLY)	33
VORICONAZOLE	26	XTANDI	29
VOSEVI	37		
VOWST	60	Y	
VP-PNV-DHA	59	YESINTEK	67
VRAYLAR	36	YF-VAX	69
		YONSA	29
W			
warfarin sodium	44	Z	
WELIREG	61	zafirlukast	74
WESCAP-C DHA	59	zaleplon	76
WESCAP-PN DHA	59	ZALVIT	59
WESNATAL DHA COMPLETE	59	ZATEAN-PN DHA	59

ZATEAN-PN PLUS	59
ZEJULA	33
ZELBORAF	33
ZEMAIRA	61
ZENPEP	61
ZEPATIER	37
ZEPOSIA	50
ZEPOSIA 7-DAY STARTER PACK	50
ZEPOSIA STARTER KIT	50
zidovudine	39
zileuton er	74
ZIPHEX	59
ziprasidone hcl	36
ziprasidone mesylate	36
ZIRGAN	72
ZOLINZA	30
zolpidem tartrate	76
zolpidem tartrate er	77
ZONISADE	23
zonisamide	23
ZTALMY	23
ZURZUVAE	24
ZYDELIG	33
ZYKADIA	33

2026 List of Additional Covered Products

*INFANT CARE PRODUCTS - SHAMPOO**

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

MICONAZOLE NITRATE 2%
MIDAZOLAM HCL
MOUTHKOTE
NALOXONE HCL NASAL SPRAY
NEOMYCIN-BACITRACIN-POLYMYXIN
NIACIN
NICOTINE GUM, LOZENGE, PATCH PA
OYSTER SHELL
PERMETHRIN
PETROLATUM (EMOLLIENT)
PHENAZOPYRIDINE HCL TAB 200 MG 3 day supply
PHYTONADIONE
POLYETHYLENE GLYCOL 3350 POWDER
POLYVINYL ALCOHOL
PROSIGHT
PSEUDOEPHEDRINE HCL
PSYLLIUM
PYRIDOXINE HCL
SALINE
SALINE, BACTERIOSTATIC
SENNA
SENNOSIDES-DOCUSATE SODIUM
SIMETHICONE
SKIN PROTECTANTS, MISC.
SODIUM BICARBONATE (ANTACID)
SODIUM CHLORIDE HYPERTONIC 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 3/1/2026.

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

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

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

