



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 13

This formulary was updated on 6/1/2026.



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じます。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</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

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</i>	PA1
<i>tridacaine ii</i>	PA1
<i>tridacaine iii</i>	PA1
<i>tridacaine xl</i>	PA1

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

acamprosate calcium
disulfiram

OPIOID DEPENDENCE

buprenorphine hcl (2 mg tab, 8 mg tab)
buprenorphine hcl-naloxone hcl
naltrexone hcl

OPIOID REVERSAL AGENTS

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

SMOKING CESSATION AGENTS

bupropion hcl er (smoking det)
NICOTROL NS
varenicline tartrate
varenicline tartrate (starter)
varenicline tartrate(continue)

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

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

ANTIBACTERIALS

AMINOGLYCOSIDES

amikacin sulfate 500 mg/2ml solution

ARIKAYCE

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

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

neomycin sulfate

STREPTOMYCIN SULFATE

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

ANTIBACTERIALS, OTHER

acetic acid 2 % solution

aztreonam

CLEOCIN 100 MG SUPPOS

clindamycin hcl

clindamycin palmitate hcl

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

clindamycin phosphate in d5w

colistimethate sodium (cba)

daptomycin (daptomycin, daptomycin)

fosfomycin tromethamine

linezolid

methenamine hippurate

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

nitrofurantoin macrocrystal

nitrofurantoin monohyd macro

polymyxin b sulfate

SIVEXTRO

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

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

TIGECYCLINE (TIGECYCLINE, TIGECYCLINE)

tinidazole

trimethoprim (trimethoprim, trimethoprim)

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

VANCOMYCIN HCL IN DEXTROSE

VANCOMYCIN HCL IN NACL

XIFAXAN

BETA-LACTAM, CEPHALOSPORINS

cefadroxil (cefadroxil, cefadroxil)

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

cefdinir

cefepime hcl

CEFIXIME (CEFIXIME, CEFIXIME)

cefoxitin sodium

CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL, CEFPODOXIME PROXETIL)

cefprozil

ceftazidime (ceftazidime, ceftazidime)

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

cefuroxime axetil

cefuroxime sodium

cephalexin

TEFLARO

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****BETA-LACTAM, PENICILLINS**

AMOXICILLIN (AMOXICILLIN, AMOXICILLIN)

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

amoxicillin-pot clavulanate er

AMPICILLIN (AMPICILLIN, AMPICILLIN)

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

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

BICILLIN L-A

dicloxacillin sodium

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)

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**

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

ERYTHROMYCIN STEARATE

fidaxomicin

QUINOLONES

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

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

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

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

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

MOXIFLOXACIN HCL IN NAACL

ofloxacin (ofloxacin, ofloxacin 400 mg tab)

SULFONAMIDES

sulfacetamide sodium (acne)

sulfadiazine

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

TETRACYCLINES

coremino

demeclocycline hcl

doxy 100

doxycycline hyclate

doxycycline monohydrate

minocycline hcl

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

TETRACYCLINE HCL (TETRACYCLINE HCL, TETRACYCLINE HCL)

ANTICONVULSANTS**ANTICONVULSANTS, OTHER**

*brivaracetam (10 mg tab, 10 mg/ml solution, 25 mg tab, 50 mg tab, 75
mg tab, 100 mg tab)*

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIACOMIT	
<i>divalproex sodium</i>	
<i>divalproex sodium er</i>	
EPIDIOLEX	PA2
<i>felbamate</i>	
FINTEPLA	
<i>lamotrigine</i>	
<i>lamotrigine er</i>	
<i>lamotrigine starter kit-blue</i>	
<i>lamotrigine starter kit-green</i>	
<i>lamotrigine starter kit-orange</i>	
<i>levetiracetam</i>	
<i>levetiracetam er</i>	
<i>perampanel</i>	
SPRITAM (250 MG TAB, 500 MG TAB)	
SUBVENITE	
<i>topiramate</i>	
<i>topiramate er (er 25 mg cp24 sprnk, er 50 mg cp24 sprnk, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cap er 24h, er 200 mg cp24 sprnk)</i>	
<i>valproic acid</i>	
CALCIUM CHANNEL MODIFYING AGENTS	
<i>ethosuximide</i>	
<i>methsuximide</i>	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS	
<i>clobazam</i>	
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	
<i>gabapentin</i>	
NAYZILAM	
<i>phenobarbital (phenobarbital, phenobarbital)</i>	
<i>primidone (primidone, primidone)</i>	
SYMPAZAN	
<i>tiagabine hcl (tiagabine hcl, tiagabine hcl)</i>	

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

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

VALTOCO 10 MG DOSE

VALTOCO 15 MG DOSE

VALTOCO 20 MG DOSE

VALTOCO 5 MG DOSE

vigabatrin

ZTALMY

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

DILANTIN 30 MG CAP

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

XCOPRI

XCOPRI (250 MG DAILY DOSE)

XCOPRI (350 MG DAILY DOSE)

ZONISADE

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

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

EXXUA TITRATION PACK

mirtazapine

ZURZUVAE

MONOAMINE OXIDASE INHIBITORS

EMSAM

MARPLAN

PHENELZINE SULFATE

tranylcypromine sulfate

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

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

DESVENLAFAXINE ER

desvenlafaxine succinate er

escitalopram oxalate

FETZIMA

FETZIMA TITRATION

fluoxetine hcl (fluoxetine hcl, fluoxetine hcl)

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

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

FLUOXETINE HCL (PMDD)

*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 (2 mg/2.5ml solution, 4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>	PA3
ANTIFUNGALS	
AMPHOTERICIN B	PA3
<i>amphotericin b liposome</i>	PA3
<i>casposfungin acetate (casposfungin acetate, casposfungin 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 200 MG RECON SOLN, 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 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 (nilutamide, nilutamide)</i>	
NUBEQA	
XTANDI	
YONSA	
ANTIANGIOGENIC AGENTS	
<i>lenalidomide</i>	
<i>pomalidomide</i>	
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	
HYRNUO	
IBRANCE (75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB)	
IBTROZI	
ICLUSIG	
IDHIFA	
<i>imatinib mesylate</i>	
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	
IMKELDI	
INLYTA	
INREBIC	
ITOVEBI	
JAKAFI	
JAYPIRCA	
KISQALI	
KISQALI FEMARA	
KOSELUGO	
KRAZATI	
<i>lapatinib ditosylate</i>	
LAZCLUZE	
LENVIMA	
LORBRENA	
LUMAKRAS	
LYNPARZA	
LYTGOBI	
MEKINIST	
MEKTOVI	
NERLYNX	
NILOTINIB D-TARTRATE	

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

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

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
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VIJOICE	
VITRAKVI	
VIZIMPRO	
VORANIGO	
XALKORI	
XOSPATA	
XPOVIO (100 MG ONCE WEEKLY)	
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	
XPOVIO (40 MG TWICE WEEKLY)	
XPOVIO (60 MG ONCE WEEKLY)	
XPOVIO (60 MG TWICE WEEKLY)	
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	
XPOVIO (80 MG TWICE WEEKLY)	
ZEJULA	
ZELBORAF	
ZYKADIA	
RETINOIDS	
<i>bexarotene 1 % gel</i>	PA2
<i>bexarotene 75 mg cap</i>	
PANRETIN	
<i>tretinoin 10 mg cap</i>	
TREATMENT ADJUNCTS	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	
<i>mesna 400 mg tab</i>	
VONJO	

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**

ANTIPARASITICS

ANTHELMINTICS

albendazole

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

praziquantel

ANTIPROTOZOALS

atovaquone

atovaquone-proguanil hcl

chloroquine phosphate (chloroquine phosphate, chloroquine phosphate)

COARTEM

hydroxychloroquine sulfate (hydroxychloroquine sulfate, hydroxychloroquine sulfate)

IMPAVIDO

mefloquine hcl

nitazoxanide

pentamidine isethionate

PA3

primaquine phosphate (primaquine phosphate, primaquine phosphate)

pyrimethamine

quinine sulfate

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)

trihexyphenidyl hcl

ANTIPARKINSON AGENTS, OTHER

amantadine hcl

carbidopa-levodopa-entacapone

entacapone

ONGENTYS

tolcapone

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**

DOPAMINE AGONISTS

*apomorphine hcl**bromocriptine mesylate*

NEUPRO

*pramipexole dihydrochloride**ropinirole hcl**ropinirole hcl er*

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

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

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*

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****2ND GENERATION/ATYPICAL**

ABILIFY ASIMTUFI	
ABILIFY MAINTENA	
<i>aripiprazole</i>	
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate</i>	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK A	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
<i>lurasidone hcl</i>	
LYBALVI	
NUPLAZID	PA2
<i>olanzapine</i>	
OPIPZA	
<i>paliperidone er</i>	
PERSERIS	
QUETIAPINE FUMARATE (QUETIAPINE FUMARATE, QUETIAPINE FUMARATE)	
<i>quetiapine fumarate er</i>	
REXULTI	
<i>risperidone (risperidone, risperidone)</i>	
<i>risperidone microspheres er</i>	
SECUADO	
UZEDY	
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	
<i>ziprasidone hcl</i>	
<i>ziprasidone mesylate</i>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIPSYCHOTICS, OTHER	
COBENFY	
COBENFY STARTER PACK	
TREATMENT-RESISTANT	
<i>clozapine (clozapine, clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>	
VERSACLOZ	
ANTISPASTICITY AGENTS	
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	
<i>tizanidine hcl</i>	
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
LIVTENCITY	
PREVYMIS (240 MG TAB, 480 MG TAB)	
<i>valganciclovir hcl</i>	
ANTI-HEPATITIS B (HBV) AGENTS	
<i>adefovir dipivoxil</i>	
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine 100 mg tab</i>	
ANTI-HEPATITIS C (HCV) AGENTS	
LEDIPASVIR-SOFOSBUVIR	PA1
MAVYRET 100-40 MG TAB	PA1
RIBAVIRIN	
SOFOSBUVIR-VELPATASVIR	PA1
SOVALDI 400 MG TAB	PA1
VOSEVI	PA1

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

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY

DOVATO

GENVOYA

ISENTRESS

ISENTRESS HD

JULUCA

STRIBILD

TIVICAY 50 MG TAB

TIVICAY PD

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

DELSTRIGO

EDURANT

EDURANT PED

EFAVIRENZ (EFAVIRENZ, EFAVIRENZ)

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

INTELENCE 25 MG TAB

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

ODEFSEY

PIFELTRO

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

CIMDUO

DESCOVY

emtricitabine

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>emtricitabine-tenofovir df</i>	
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)</i>	
<i>lamivudine-zidovudine</i>	
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	
TRIUMEQ PD	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	
<i>zidovudine</i>	
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)	
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>	
SYM TUZA	
VIRACEPT	

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

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

ANTI-INFLUENZA AGENTS

*oseltamivir phosphate*RELENZA DISKHALER

ANTIHERPETIC AGENTS

*acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)**acyclovir sodium*PA3

*famciclovir**valacyclovir hcl*

ANTIVIRAL, CORONAVIRUS AGENTS

LAGEVRIO

PAXLOVID (150/100)

PAXLOVID (300/100 & 150/100)

PAXLOVID (300/100)

ANXIOLYTICS

ANXIOLYTICS, OTHER

*bupirone 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)*

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**

lorazepam intensol

oxazepam

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

PAROXETINE HCL (PAROXETINE HCL, PAROXETINE HCL)

paroxetine hcl er

paroxetine mesylate

VENLAFAXINE BESYLATE ER

venlafaxine hcl

venlafaxine hcl er

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 2.5 MG TAB)

glipizide er

glipizide xl

glipizide-metformin hcl

JANUVIA

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

metformin hcl er

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>metformin hcl er (mod)</i>	
<i>metformin hcl er (osm)</i>	
MOUNJARO	PA1
<i>nateglinide</i>	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN)	PA1
OZEMPIC (1 MG/DOSE)	PA1
OZEMPIC (2 MG/DOSE)	PA1
<i>pioglitazone hcl</i>	
<i>pioglitazone hcl-metformin hcl</i>	
<i>repaglinide</i>	
<i>saxagliptin-metformin er</i>	
TRULICITY	PA1
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

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INSULIN GLARGINE	
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	
INSULIN GLARGINE-YFGN	
INSULIN LISPRO	
INSULIN LISPRO (1 UNIT DIAL)	
INSULIN LISPRO JUNIOR KWIKPEN	
INSULIN LISPRO PROT & LISPRO	
NOVOLIN 70/30	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN 70/30 FLEXPEN RELION	
NOVOLIN 70/30 RELION	
NOVOLIN N	
NOVOLIN N FLEXPEN	
NOVOLIN N FLEXPEN RELION	
NOVOLIN N RELION	
NOVOLIN R	
NOVOLIN R FLEXPEN	
NOVOLIN R FLEXPEN RELION	
NOVOLIN R RELION	
NOVOLOG	
NOVOLOG 70/30 FLEXPEN RELION	
NOVOLOG FLEXPEN	
NOVOLOG FLEXPEN RELION	
NOVOLOG MIX 70/30	
NOVOLOG MIX 70/30 FLEXPEN	
NOVOLOG MIX 70/30 RELION	
NOVOLOG PENFILL	
NOVOLOG RELION	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

dabigatran etexilate mesylate

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ELIQUIS (2.5 MG TAB, 5 MG TAB)	
ELIQUIS DVT/PE STARTER PACK	
<i>enoxaparin sodium (30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln)</i>	
<i>fondaparinux sodium</i>	
<i>heparin sodium (porcine) (1000 unit/ml, 10000 unit/ml)</i>	PA3
<i>heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)</i>	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	PA3
<i>warfarin sodium</i>	
XARELTO	
XARELTO STARTER PACK	
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>	

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE***guanfacine hcl**midodrine hcl***ALPHA-ADRENERGIC BLOCKING AGENTS***doxazosin mesylate**prazosin hcl**terazosin hcl***ANGIOTENSIN II RECEPTOR ANTAGONISTS***candesartan cilexetil**irbesartan**losartan potassium**valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)***ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS***enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)**lisinopril**ramipril***ANTIARRHYTHMICS***amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)**digox**digoxin (digoxin, digoxin 0.05 mg/ml solution, digoxin 125 mcg tab, digoxin 250 mcg tab)**dofetilide**flecainide acetate**mexiletine hcl**propafenone hcl**propafenone hcl er**quinidine gluconate er***QUINIDINE SULFATE***sotalol hcl**sotalol hcl (af)***BETA-ADRENERGIC BLOCKING AGENTS***atenolol*

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

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

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE***irbesartan-hydrochlorothiazide**ivabradine hcl**lisinopril-hydrochlorothiazide**losartan potassium-hctz**metoprolol-hydrochlorothiazide**metyrosine**pentoxifylline er**ranolazine er**spironolactone-hctz**triamterene-hctz**valsartan-hydrochlorothiazide***DIURETICS, LOOP***bumetanide*

FUROSEMIDE (FUROSEMIDE, FUROSEMIDE)

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

FENOFIBRATE (FENOFIBRATE, FENOFIBRATE)

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

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>rosuvastatin calcium</i>	
<i>simvastatin</i>	
DYSLIPIDEMICS, OTHER	
<i>cholestyramine</i>	
<i>cholestyramine light</i>	
<i>colesevelam hcl</i>	
<i>ezetimibe</i>	
<i>icosapent ethyl</i>	
JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP)	PA1
NEXLETOL	PA1
<i>niacin er (antihyperlipidemic)</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	
REPATHA SURECLICK	
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)	
<i>dapagliflozin</i>	
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>	
<i>isosorbide mononitrate</i>	
<i>isosorbide mononitrate er</i>	
<i>nitro-bid</i>	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	

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

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

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

VERQUVO

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

amphetamine-dextroamphet er

amphetamine-dextroamphetamine

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

dextroamphetamine sulfate er

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

atomoxetine hcl

dexmethylphenidate hcl

dexmethylphenidate hcl er

guanfacine hcl er

methylphenidate hcl

methylphenidate hcl er (cd)

methylphenidate hcl er (la)

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

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

methylphenidate hcl er (xr)

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

CENTRAL NERVOUS SYSTEM, OTHER

NUEDEXTA

PA1

riluzole

tetrabenazine

VEOZAH

FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE

PA2

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>duloxetine hcl</i>	
<i>pregabalin</i>	
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>	

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

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

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

TRETINOIN MICROSPHERE PUMP

DERMATITIS AND PRURITUS AGENTS

ammonium lactate

betamethasone dipropionate

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

*betamethasone valerate (betamethasone valerate, betamethasone
valerate)*

clobetasol prop emollient base

clobetasol propionate (clobetasol propionate, clobetasol propionate)

clobetasol propionate e

clobetasol propionate emulsion

desonide (0.05 % cream, 0.05 % ointment)

doxepin hcl 5 % cream

EUCRISA

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

fluocinonide emulsified base

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

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

hydrocortisone (perianal)

hydrocortisone valerate

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

pimecrolimus

procto-med hc

proctosol hc

proctozone-hc

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

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE***tacrolimus (0.03 %, 0.1 %)**triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream, triamcinolone acetonide 0.5 % ointment, triamcinolone acetonide 0.025 % lotion)***DERMATOLOGICAL AGENTS, OTHER**

CALCIPOTRIENE (CALCIPOTRIENE, CALCIPOTRIENE 0.005 % SOLUTION)

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

PA1

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

*imiquimod**imiquimod pump*

METHOXSALEN RAPID

nystatin-triamcinolone

OTEZLA

PA1

OTEZLA XR

PA1

OTEZLA/OTEZLA XR INITIATION PK

PA1

PODOFILOX (PODOFILOX, PODOFILOX 0.5 % SOLUTION)

SANTYL

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

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clindamycin phos (twice-daily)</i>	
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)</i>	
ERY	
ERYTHROMYCIN (ERYTHROMYCIN 2 % GEL, ERYTHROMYCIN 2 % GEL, ERYTHROMYCIN 2 % SOLUTION)	
<i>mupirocin</i>	
<i>mupirocin calcium</i>	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>carglumic acid</i>	
CLINIMIX E/DEXTROSE (2.75/5)	PA3
CLINIMIX E/DEXTROSE (4.25/10)	PA3
CLINIMIX E/DEXTROSE (4.25/5)	PA3
CLINIMIX E/DEXTROSE (5/15)	PA3
CLINIMIX E/DEXTROSE (5/20)	PA3
CLINIMIX/DEXTROSE (4.25/10)	PA3
CLINIMIX/DEXTROSE (4.25/5)	PA3
CLINIMIX/DEXTROSE (5/15)	PA3
CLINIMIX/DEXTROSE (5/20)	PA3
<i>clinisol sf</i>	PA3
<i>dextrose (dextrose 10 % solution, dextrose 5 % solution, dextrose 5 % solution, dextrose 10 % solution)</i>	
DEXTROSE-NACL	

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

DRUG

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

DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION)

INTRALIPID

PA3

ISOLYTE-P IN D5W

kcl in dextrose-nacl (kcl in dextrose-nacl, kcl in dextrose-nacl)

KCL-LACTATED RINGERS-D5W

MAGNESIUM SULFATE (MAGNESIUM SULFATE 50 % SOLUTION, MAGNESIUM SULFATE 50 % SOLUTION)

nafrinse

NUTRILIPID

PA3

POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 2 MEQ/ML SOLUTION, POTASSIUM CHLORIDE 10 % SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ PACKET, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/15ML (10%) SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/15ML (20%) SOLUTION)

potassium chloride crys er

potassium chloride er (potassium chloride er, potassium chloride er)

potassium chloride in dextrose

POTASSIUM CHLORIDE IN 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)

potassium citrate er

POTASSIUM CL IN DEXTROSE 5%

PREMASOL

PA3

PROSOL

PA3

sodium chloride (pf)

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

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

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

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

TRAVASOL

PA3

TROPHAMINE

PA3

ELECTROLYTE/MINERAL/METAL MODIFIERS

deferasirox

deferasirox granules

deferiprone

FERRIPROX 100 MG/ML SOLUTION

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

tolvaptan (15 mg tab, 30 mg tab)

tolvaptan (hyponatremia)

trientine hcl (trientine hcl, trientine hcl)

POTASSIUM BINDERS

LOKELMA

sodium polystyrene sulfonate powder

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

VELTASSA

VITAMINS

ATABEX EC

ATABEX OB

AZESCO

C-NATE DHA

CITRANATAL 90 DHA

CITRANATAL ASSURE

CITRANATAL B-CALM

CITRANATAL BLOOM

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

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

CITRANATAL DHA	
CITRANATAL HARMONY	
CITRANATAL MEDLEY	
CO-NATAL FA	
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DERMACINRX PRETRATE	
DUET DHA 400	
DUET DHA BALANCED	
ELITE-OB	
ENBRACE HR	
FOLIVANE-OB	
INATAL GT	
JENLIVA PRENATAL/POSTNATAL	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
MATERNACEL	
MULTI-MAC	
NATACHEW	
NATAL PNV	
NATALVIT	
NEEVO DHA	
NEO-VITAL RX	
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE	
NEONATAL FE	
NEONATAL PLUS	
NESTABS	
NESTABS 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**

NESTABS ONE	
NIVA-PLUS	
OB COMPLETE	
OB COMPLETE ONE	
OB COMPLETE PETITE	
OB COMPLETE PREMIER	
OB COMPLETE/DHA	
OBSTETRIX EC (WITH DOCUSATE)	
OBSTETRIX ONE (WITH DOCUSATE)	
ONE VITE WOMENS PLUS	
PNV PRENATAL PLUS MULTIVIT+DHA	
PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 20-1	
PNV-DHA	
PNV-DHA+DOCUSATE	
PNV-OMEGA	
PNV-SELECT	
PREGEN DHA	
PREGENNA	
PREMESISRX	
PRENA 1 TRUE	
PRENA1	
PRENA1 PEARL	
PRENAISSANCE	
PRENAISSANCE PLUS	
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	

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**

PRENATE AM	
PRENATE DHA	
PRENATE ELITE	
PRENATE ENHANCE	
PRENATE ESSENTIAL	
PRENATE MINI	
PRENATE PIXIE	
PRENATE RESTORE	
PRENATOL-M	
PRENATRIX	
PRENATRYL	
PRENATVITE COMPLETE	
PRENATVITE PLUS	
PRENATVITE RX	
PREPLUS	
PRIMACARE	
PROVIDA OB	
RELNATE DHA	
SE-NATAL 19	
SELECT-OB	
SELECT-OB+DHA	
TARON-C DHA	
THRIVITE RX	
TPN ELECTROLYTES	
TRICARE	
TRINATAL RX 1	
TRINATE	
TRISTART DHA	
TRISTART FREE	
TRISTART ONE	
VINATE DHA RF	
VINATE II	

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**

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

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****GASTROINTESTINAL AGENTS****ANTI-CONSTIPATION AGENTS***constulose**enulose**generlac**lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)**lactulose encephalopathy*

LINZESS

lubiprostone

RELISTOR

PA1

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

XERMELO

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

GATTEX

PA1

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

URSODIOL (URSODIOL, URSODIOL)

VOQUEZNA

VOWST

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****HISTAMINE2 (H2) RECEPTOR ANTAGONISTS***famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)*

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

PROTECTANTS*sucralfate 1 gm tab***PROTON PUMP INHIBITORS***esomeprazole magnesium (10 mg packet, 20 mg cap dr, 20 mg packet, 40 mg cap dr, 40 mg packet)**lansoprazole**omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)**pantoprazole sodium (20 mg tab dr, 40 mg packet, 40 mg tab dr)***GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT**

ARALAST NP	PA3
<i>betaine</i>	
CERDELGA	
CREON	
<i>cromolyn sodium 100 mg/5ml conc</i>	
CYSTAGON	
CYSTARAN	
GLASSIA	PA3
<i>glycerol phenylbutyrate</i>	
<i>L-glutamine 5 gm packet</i>	
<i>miglustat</i>	
PROLASTIN-C	PA3
REVCOVI	
<i>sapropterin dihydrochloride</i>	
<i>sodium phenylbutyrate</i>	
SUCRAID	
WELIREG	
ZEMAIRA	PA3

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ZENPEP	
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GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

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

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er</i>	
<i>dutasteride</i>	
<i>dutasteride-tamsulosin hcl</i>	
<i>finasteride 5 mg tab</i>	
<i>tadalafil 5 mg tab</i>	PA2
<i>tamsulosin hcl</i>	

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride</i>	
ELMIRON	
<i>penicillamine</i>	

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)**

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

fludrocortisone acetate

HEMADY

methylprednisolone

prednisolone 15 mg/5ml solution

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

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

PREDNISONE INTENSOL

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

desmopressin ace spray refrig

desmopressin acetate (0.1 mg tab, 0.2 mg tab)

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

GENOTROPIN

PA1

GENOTROPIN MINIQUICK

PA1

HUMATROPE

PA1

INCRELEX

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

PA1

OMNITROPE

PA1

SEROSTIM

PA1

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

misoprostol

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

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

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

TESTOSTERONE CYPIONATE (TESTOSTERONE CYPIONATE, TESTOSTERONE CYPIONATE)

TESTOSTERONE ENANTHATE

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

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

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

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>levonorgest-eth estradiol-iron</i>	
<i>levonorgestrel-ethinyl estrad</i>	
<i>norelgestromin-eth estradiol</i>	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab)</i>	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	
<i>norethindron-ethinyl estrad-fe</i>	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	
<i>norethindrone-eth estradiol</i>	
<i>norgestim-eth estrad triphasic</i>	
<i>norgestimate-eth estradiol</i>	
PREMARIN 0.625 MG/GM CREAM	
PREMPRO	
<i>tri-legest fe</i>	
<i>viorele</i>	
PROGESTINS	
DEPO-SUBQ PROVERA 104	
<i>medroxyprogesterone acetate</i>	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	
MIRENA (52 MG)	
NEXPLANON	
<i>norethindrone</i>	
<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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HORMONAL AGENTS, 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>	
<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

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GAMUNEX-C 1 GM/10ML SOLUTION	PA3
PRIVIGEN 20 GM/200ML SOLUTION	PA3
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	
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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BESREMI	
PEGASYS	
IMMUNOSUPPRESSANTS	
ADALIMUMAB-AACF (2 PEN)	
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-AATY CD/UC/HS START	
ADALIMUMAB-ADAZ (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	
ADALIMUMAB-ADBIM (2 PEN) 40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-ADBIM (2 SYRINGE) (10 MG/0.2ML PEF SY KT, 20 MG/0.4ML PEF SY KT, 40 MG/0.8ML PEF SY KT)	
ADALIMUMAB-FKJP (2 PEN)	
ADALIMUMAB-FKJP (2 SYRINGE)	
ASTAGRAF XL	PA3
<i>azathioprine</i>	PA3
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	PA3
<i>cyclosporine modified</i>	PA3
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	
ENBREL MINI	
ENBREL SURECLICK	
ENVARUSUS XR	PA3
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	PA3
<i>leflunomide</i>	
METHOTREXATE SODIUM (METHOTREXATE SODIUM, METHOTREXATE SODIUM 2.5 MG TAB)	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	PA3
<i>mycophenolate sodium</i>	PA3
<i>mycophenolic acid</i>	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	PA3
REZUROCK	
SIMPONI	

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

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

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PRIORIX	V
PROQUAD	
QUADRACEL	
RABAVERT	V
RECOMBIVAX HB	PA3, V
ROTARIX SUSPENSION	
ROTATEQ	
SHINGRIX	V
TENIVAC	V
TICOVAC	
TRUMENBA	V
TWINRIX	V
TYPHIM VI	V
VAQTA	V
VARIVAX	V
VAXCHORA	
VIMKUNYA	
VIVOTIF	
YF-VAX	V

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium</i>
DIPENTUM
MESALAMINE (MESALAMINE, MESALAMINE)
<i>mesalamine er</i>
<i>mesalamine-cleanser</i>
PENTASA 250 MG CAP ER
<i>sulfasalazine</i>

GLUCOCORTICOIDS

<i>budesonide 3 mg cp dr part</i>
<i>budesonide er</i>

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE***hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)***METABOLIC BONE DISEASE AGENTS***alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)*

BILDYOS

BILPREVDA

PA1

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

PA3

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

JUBBONTI

TERIPARATIDE (TERIPARATIDE, TERIPARATIDE)

PA1

TYMLOS

PA1

WYOST

PA1

MISCELLANEOUS THERAPEUTIC AGENTS*alcohol swabs*

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

BRONCHITOL

BRONCHITOL TOLERANCE TEST

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

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****OPHTHALMIC AGENTS****OPHTHALMIC AGENTS, OTHER**

ak-poly-bac

atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)

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

bacitracin-polymyxin b (bacitracin-polymyxin b, bacitracin-polymyxin b)

brimonidine tartrate-timolol

cyclosporine (pf)

dorzolamide hcl-timolol mal

dorzolamide hcl-timolol mal pf

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

neomycin-polymyxin-dexameth

NEOMYCIN-POLYMYXIN-HC

RESTASIS MULTIDOSE

SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION

TOBRADEX 0.3-0.1 % OINTMENT

tobramycin-dexamethasone

XDEMZY

OPHTHALMIC ANTI-ALLERGY AGENTS

azelastine hcl 0.05 % solution

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

OPHTHALMIC ANTI-INFECTIVES

AZASITE

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)

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**

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-INFLAMMATORIESDEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION

diclofenac sodium 0.1 % solution

difluprednate

fluorometholone

FLURBIPROFEN SODIUM

FML FORTE

KETOROLAC TROMETHAMINE (KETOROLAC TROMETHAMINE
0.4 % SOLUTION, KETOROLAC TROMETHAMINE 0.5 %
SOLUTION)

LOTEMAX 0.5 % OINTMENT

loteprednol etabonate

PRED MILD

prednisolone acetate

PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTSBETAXOLOL HCL (BETAXOLOL HCL, BETAXOLOL HCL 0.5 %
SOLUTION)

BETOPTIC-S

CARTEOLOL HCL

LEVOBUNOLOL HCL

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

timolol maleate (once-daily)

timolol maleate ocudose

timolol maleate pf

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER***acetazolamide er**brimonidine tartrate (0.1 %, 0.15 %, 0.2 %)**dorzolamide hcl**methazolamide**pilocarpine hcl (1 %, 2 %, 4 %)*

RHOPRESSA

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

CIPRO HC

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

PA3

flunisolide

FLUTICASONE FUROATE ELLIPTA

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

PULMICORT FLEXHALER

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

CLEMASTINE FUMARATE 2.68 MG TAB

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>desloratadine</i>	
<i>levocetirizine dihydrochloride 5 mg tab</i>	
ANTILEUKOTRIENES	
<i>montelukast sodium 10 mg tab</i>	
<i>zafirlukast</i>	
<i>zileuton er</i>	
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA	
INCRUSE ELLIPTA	
<i>ipratropium bromide (0.03 %, 0.06 %)</i>	
<i>ipratropium bromide 0.02 % solution</i>	PA3
SPIRIVA RESPIMAT	
<i>tiotropium bromide</i>	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	
<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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tobramycin (300 mg/4ml soln, 300 mg/5ml soln)</i>	PA3
TRIKAFTA	
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
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	

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

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****SKELETAL MUSCLE RELAXANTS***cyclobenzaprine hcl**methocarbamol (500 mg tab, 750 mg tab)***SLEEP DISORDER AGENTS****SLEEP PROMOTING AGENTS***doxepin hcl (3 mg tab, 6 mg tab)*

HETLIOZ LQ

PA1

*ramelteon**tasimelteon*

PA1

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

PA1


SODIUM OXYBATE (SODIUM OXYBATE, SODIUM OXYBATE)

PA1

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

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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CONCEPT DHA	56	DESCOVY	38
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COPIKTRA	30	desmopressin ace spray refrig	63
coremino	21	desmopressin acetate	63
COTELLIC	30	desmopressin acetate spray	63
CREON	61	desogestrel-ethinyl estradiol	64
CRESEMBA	26	desonide	51

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dicloxacillin sodium	20	dutasteride	62
dicyclomine hcl	60	dutasteride-tamsulosin hcl	62
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digox	45	E	
digoxin	45	ec-naproxen	15
dihydroergotamine mesylate	27	EDURANT	38
DILANTIN	23	EDURANT PED	38
diltiazem hcl	46	EFAVIRENZ	38
diltiazem hcl er	46	efavirenz-emtricitab-tenofo df	38
diltiazem hcl er beads	46	efavirenz-lamivudine-tenofovir	38
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dimethyl fumarate starter pack	50	ELIQUIS DVT/PE STARTER PACK	44
DIPENTUM	70	ELITE-OB	56
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divalproex sodium er	22	emtricitab-rilpivir-tenofov df	38
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dorzolamide hcl	74	EMTRIVA	39
		enalapril maleate	45

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ENBREL MINI	68	EULEXIN	29
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enulose	60	F	
ENVARUS XR	68	famciclovir	40
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epinephrine	75	FANAPT	36
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ERIVEDGE	30	febuxostat	27
ERLEADA	29	felbamate	22
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ertapenem sodium	20	fenofibrate micronized	47
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erythrocin lactobionate	20	fentanyl	15
ERYTHROCIN STEARATE	20	FERRIPROX	55
erythromycin	20	FETZIMA	24
ERYTHROMYCIN	53,72	FETZIMA TITRATION	24
ERYTHROMYCIN BASE	20	FIASP	42
erythromycin ethylsuccinate	21	FIASP FLEXTOUCH	42
ERYTHROMYCIN STEARATE	21	FIASP PENFILL	42
escitalopram oxalate	24	fidaxomicin	21
eslicarbazepine acetate	23	finasteride	62
esomeprazole magnesium	61	FINTEPLA	22
estradiol	64	FIRMAGON	66
estradiol-norethindrone acet	64	FIRMAGON (240 MG DOSE)	66
ESTRING	64	flecainide acetate	45
estrogens conjugated	64	fluconazole	26
ethambutol hcl	28	fluconazole in sodium chloride	26
ethosuximide	22	flucytosine	26
ethynodiol diac-eth estradiol	64	fludrocortisone acetate	63
etodolac	15	flunisolide	74
etodolac er	15	fluocinonide	51

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fluorometholone	73	GENOTROPIN MINIQUICK	63
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fluphenazine decanoate	35	GILOTRIF	31
FLUPHENAZINE HCL	35	GLASSIA	61
FLURBIPROFEN SODIUM	73	glatiramer acetate	50
FLUTICASONE FUROATE ELLIPTA	74	glimepiride	41
FLUTICASONE FUROATE-VILANTEROL	76	GLIPIZIDE	41
FLUTICASONE PROPIONATE	51	glipizide er	41
fluticasone propionate	74	glipizide xl	41
fluticasone propionate hfa	74	glipizide-metformin hcl	41
fluticasone-salmeterol	76	GLUCAGEN HYPOKIT	42
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FML FORTE	73	glycopyrrolate	60
FOLIVANE-OB	56	GOMEKLI	31
fondaparinux sodium	44	griseofulvin microsize	26
fosamprenavir calcium	39	griseofulvin ultramicrosize	26
fosfomycin tromethamine	18	guanfacine hcl	45
FOTIVDA	30	guanfacine hcl er	49
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G		hailey fe 1/20	64
gabapentin	22	haloperidol	35
galantamine hydrobromide	23	haloperidol decanoate	35
galantamine hydrobromide er	23	haloperidol lactate	35
GAMMAGARD	66	HAVRIX	69
GAMMAGARD S/D LESS IGA	66	HEMADY	63
GAMMAPLEX	66	heparin sodium (porcine)	44
GAMUNEX-C	67	heparin sodium (porcine) pf	44
GARDASIL 9	69	HEPLISAV-B	69
gatifloxacin	72	HERNEXEOS	31
GATTEX	60	HETLIOZ LQ	77
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GAVRETO	30	HUMALOG MIX 50/50 KWIKPEN	42
gefitinib	31	HUMALOG MIX 75/25	42
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		HUMULIN 70/30 KWIKPEN	42

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HUMULIN N KWIKPEN	42	INCRUSE ELLIPTA	75
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HUMULIN R U-500 KWIKPEN	42	indomethacin er	15
hydralazine hcl	48	INFANRIX	69
hydrochlorothiazide	47	INLURIYO	29
hydrocodone-acetaminophen	16	INLYTA	31
hydrocortisone	51,71	INQOVI	29
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hydrocortisone valerate	51	INSULIN GLARGINE	43
hydrocortisone-acetic acid	74	INSULIN GLARGINE SOLOSTAR	43
hydromorphone hcl	16	INSULIN GLARGINE-YFGN	43
HYDROMORPHONE HCL PF	16	INSULIN LISPRO	43
hydroxychloroquine sulfate	34	INSULIN LISPRO (1 UNIT DIAL)	43
hydroxyurea	29	INSULIN LISPRO JUNIOR KWIKPEN	43
hydroxyzine hcl	40	INSULIN LISPRO PROT & LISPRO	43
HYDROXYZINE PAMOATE	40	insulin pen needle	71
HYRNUO	31	insulin syringe, safety or non-safety (disp) u-100 0.3 ml	71
		insulin syringe, safety or non-safety (disp) u-100 1 ml	71
		insulin syringe, safety or non-safety (disp) u-100 1/2 ml	71
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		INTRALIPID	54
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		INVEGA SUSTENNA	36
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		ipratropium-albuterol	76
		irbesartan	45
		irbesartan-hydrochlorothiazide	47
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		isosorbide dinitrate	48
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IBTROZI	31		
ibu	15		
ibuprofen	15		
icatibant acetate	66		
ICLUSIG	31		
icosapent ethyl	48		
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imatinib mesylate	31		
IMBRUVICA	31		
imipenem-cilastatin	20		
imipramine hcl	25		
imipramine pamoate	25		
imiquimod	52		
imiquimod pump	52		
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ITOVEBI	31
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ivabradine hcl	47
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JANUVIA	41
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klayesta	26
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KOSHER PRENATAL PLUS IRON	56
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lacosamide	23
lactulose	60
lactulose encephalopathy	60
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lamivudine	37,39
lamivudine-zidovudine	39
lamotrigine	22
lamotrigine er	22
lamotrigine starter kit-blue	22
lamotrigine starter kit-green	22
lamotrigine starter kit-orange	22
lansoprazole	61
lapatinib ditosylate	31
latanoprost	74
LAZCLUZE	31
LEDIPASVIR-SOFOSBUVIR	37
leflunomide	68
lenalidomide	29
Lenvima	31
letrozole	30
leucovorin calcium	33
LEUKERAN	28
LEUKINE	44
leuprolide acetate	66
LEUPROLIDE ACETATE (3 MONTH)	66
levalbuterol hcl	75
LEVALBUTEROL TARTRATE	75
levetiracetam	22
levetiracetam er	22
LEVOBUNOLOL HCL	73
levocetirizine dihydrochloride	75
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levofloxacin in d5w	21
levonorg-eth estrad triphasic	64
levonorgest-eth est & eth est	64
levonorgest-eth estrad 91-day	64
levonorgest-eth estradiol-iron	65

levonorgestrel-ethinyl estrad	65	MAGNESIUM SULFATE	54
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lidocaine	16	maraviroc	39
lidocaine hcl	16	MARPLAN	24
lidocaine viscous hcl	16	MATERNACEL	56
lidocaine-prilocaine	16	MATULANE	28
linezolid	18	MAVYRET	37
LINZESS	60	meclizine hcl	25
liothyronine sodium	65	medroxyprogesterone acetate	65
lisinopril	45	mefloquine hcl	34
lisinopril-hydrochlorothiazide	47	megestrol acetate	65
lithium	41	MEKINIST	31
LITHIUM CARBONATE	41	MEKTOVI	31
lithium carbonate er	41	meloxicam	15
LIVIXIL PAK	16	MEMANTINE HCL	24
LIVTENCITY	37	memantine hcl er	24
LOKELMA	55	memantine hcl-donepezil hcl	23
lomustine	28	memantine hcl-donepezil hcl er	23
LONSURF	29	MENQUADFI	69
loperamide hcl	60	MENVEO	69
lopinavir-ritonavir	39	mercaptopurine	29
lorazepam	40	meropenem	20
lorazepam intensol	41	MESALAMINE	70
LORBRENA	31	mesalamine er	70
losartan potassium	45	mesalamine-cleanser	70
losartan potassium-hctz	47	mesna	33
LOTEMAX	73	metformin hcl	41
loteprednol etabonate	73	metformin hcl er	41
loxapine succinate	35	metformin hcl er (mod)	42
lubiprostone	60	metformin hcl er (osm)	42
LUMAKRAS	31	methadone hcl	15
LUPRON DEPOT	66	methazolamide	74
lurasidone hcl	36	methenamine hippurate	18
LYBALVI	36	methimazole	66
LYNPARZA	31	methocarbamol	77
LYSODREN	29	METHOTREXATE SODIUM	68
Lytgobi	31	methotrexate sodium (pf)	68
		METHOXSALEN RAPID	52
		methsuximide	22
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methylphenidate hcl er (la)	49	mycophenolate mofetil	68
METHYLPHENIDATE HCL ER (OSM)	49	mycophenolate sodium	68
methylphenidate hcl er (xr)	49	mycophenolic acid	68
methylphenidate hcl er(diffus)	49		
methylprednisolone	63	N	
metoclopramide hcl	25	nabumetone	15
metolazone	47	nadolol	46
metoprolol succinate er	46	nafcillin sodium	20
metoprolol tartrate	46	nafrinse	54
metoprolol-hydrochlorothiazide	47	naloxone hcl	17
METRONIDAZOLE	18	naltrexone hcl	17
metyrosine	47	NAMZARIC	23
mexiletine hcl	45	naproxen	15
micafungin sodium	26	naproxen dr	15
MICONAZOLE 3	26	naratriptan hcl	27
midodrine hcl	45	NATACHEW	56
mifepristone	66	NATAL PNV	56
miglustat	61	NATALVIT	56
minocycline hcl	21	nateglinide	42
minocycline hcl er	21	NAYZILAM	22
minoxidil	48	needles, insulin disp., safety	71
mirabegron er	62	NEEVO DHA	56
MIRENA (52 MG)	65	NEFAZODONE HCL	25
mirtazapine	24	NEO-VITAL RX	56
misoprostol	63	neomycin sulfate	18
modafinil	77	NEOMYCIN-BACITRACIN ZN-POLYMYX	72
MODEYSO	29	neomycin-polymyxin-dexameth	72
MOLINDONE HCL	35	NEOMYCIN-POLYMYXIN-HC	72
mometasone furoate	51	neomycin-polymyxin-hc	74
montelukast sodium	75	NEONATAL + DHA	56
MORPHINE SULFATE	16	NEONATAL 19	56
MORPHINE SULFATE (CONCENTRATE)	16	NEONATAL COMPLETE	56
morphine sulfate er	15	NEONATAL FE	56
MOUNJARO	42	NEONATAL PLUS	56
MOXIFLOXACIN HCL	21	NERLYNX	31
moxifloxacin hcl	73	NESTABS	56
MOXIFLOXACIN HCL IN NACL	21	NESTABS DHA	56
MRESVIA	69	NESTABS ONE	57
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mupirocin	53	nevirapine	38

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NEXLETOL	48	NOVOLIN R FLEXPEN	43
NEXPLANON	65	NOVOLIN R FLEXPEN RELION	43
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nifedipine er osmotic release	46	NOVOLOG FLEXPEN	43
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nilotinib hcl	32	NOVOLOG MIX 70/30	43
nilutamide	29	NOVOLOG MIX 70/30 FLEXPEN	43
nimodipine	46	NOVOLOG MIX 70/30 RELION	43
NINLARO	32	NOVOLOG PENFILL	43
nitazoxanide	34	NOVOLOG RELION	43
nitro-bid	48	NUBEQA	29
NITRO-DUR	48	NUCALA	76
nitrofurantoin macrocrystal	18	NUDEXTA	49
nitrofurantoin monohyd macro	18	NUPLAZID	36
nitroglycerin	49	NURTEC	27
NIVA-PLUS	57	NUTRILIPID	54
NIVESTYM	44	nyamyc	26
NIZATIDINE	61	nystatin	26
NORDITROPIN FLEXPRO	63	nystatin-triamcinolone	52
norelgestromin-eth estradiol	65	nystop	26
norethin ace-eth estrad-fe	65		
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norethindron-ethinyl estrad-fe	65	OB COMPLETE	57
norethindrone	65	OB COMPLETE ONE	57
norethindrone acet-ethinyl est	65	OB COMPLETE PETITE	57
norethindrone-eth estradiol	65	OB COMPLETE PREMIER	57
norgestim-eth estrad triphasic	65	OB COMPLETE/DHA	57
norgestimate-eth estradiol	65	OBSTETRIX EC (WITH DOCUSATE)	57
nortriptyline hcl	25	OBSTETRIX ONE (WITH DOCUSATE)	57
NORVIR	39	octreotide acetate	66
NOVOLIN 70/30	43	ODEFSEY	38
NOVOLIN 70/30 FLEXPEN	43	ODOMZO	32
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NOVOLIN N FLEXPEN	43	OJEMDA	32
NOVOLIN N FLEXPEN RELION	43	OJJAARA	30
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OLUMIANT	67	PAXLOVID (300/100 & 150/100)	40
omega-3-acid ethyl esters	48	PAXLOVID (300/100)	40
omeprazole	61	pazopanib hcl	32
OMNITROPE	63	PEDIARIX	69
ondansetron	26	PEDVAX HIB	69
ondansetron hcl	26	peg 3350-kcl-na bicarb-nacl	60
ONE VITE WOMENS PLUS	57	peg-3350/electrolytes	60
ONGENTYS	34	peg-3350/electrolytes/ascorbat	60
ONUREG	29	peg-kcl-nacl-nasulf-na asc-c	60
OPIPZA	36	PEGASYS	68
OPSUMIT	76	PEMAZYRE	32
OPVEE	17	PENBRAYA	69
ORENCIA	67	penicillamine	62
ORENCIA CLICKJECT	67	PENICILLIN G POT IN DEXTROSE	20
ORGOVYX	66	penicillin g potassium	20
ORKAMBI	75	PENICILLIN G SODIUM	20
ORSERDU	29	penicillin v potassium	20
oseltamivir phosphate	40	PENMENVY	69
OTEZLA	52	PENTACEL	69
OTEZLA XR	52	pentamidine isethionate	34
OTEZLA/OTEZLA XR INITIATION PK	52	PENTASA	70
oxazepam	41	pentoxifylline er	47
oxcarbazepine	23	perampanel	22
oxybutynin chloride	62	permethrin	52
oxybutynin chloride er	62	perphenazine	25
oxycodone hcl	16	PERSERIS	36
oxycodone-acetaminophen	16	PHENELZINE SULFATE	24
OXYCONTIN	15	phenobarbital	22
OXYTROL	62	phenytoin	23
OZEMPIC (0.25 OR 0.5 MG/DOSE)	42	phenytoin infatabs	23
OZEMPIC (1 MG/DOSE)	42	phenytoin sodium extended	23
OZEMPIC (2 MG/DOSE)	42	PHYRAGO	32
P		PIFELTRO	38
paliperidone er	36	pilocarpine hcl	50,74
PANRETIN	33	pimecrolimus	51
pantoprazole sodium	61	pimozide	35
PAROXETINE HCL	41	pindolol	46
paroxetine hcl er	41	pioglitazone hcl	42
paroxetine mesylate	41	pioglitazone hcl-metformin hcl	42
PAXLOVID (150/100)	40	piperacillin sod-tazobactam so	20
		PIQRAY (200 MG DAILY DOSE)	32

PIQRAY (250 MG DAILY DOSE)	32	PRENA1	57
PIQRAY (300 MG DAILY DOSE)	32	PRENA1 PEARL	57
PIRFENIDONE	76	PRENAISSANCE	57
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PNV PRENATAL PLUS MULTIVITAMIN	57	PRENATAL	57
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PNV-DHA	57	PRENATAL PLUS	57
PNV-DHA+DOCUSATE	57	PRENATAL PLUS VITAMIN/MINERAL	57
PNV-OMEGA	57	PRENATAL VITAMIN PLUS LOW IRON	57
PNV-SELECT	57	PRENATAL-U	57
PODOFILOX	52	PRENATE	57
polymyxin b sulfate	18	PRENATE AM	58
polymyxin b-trimethoprim	73	PRENATE DHA	58
pomalidomide	29	PRENATE ELITE	58
posaconazole	26	PRENATE ENHANCE	58
POTASSIUM CHLORIDE	54	PRENATE ESSENTIAL	58
potassium chloride crys er	54	PRENATE MINI	58
potassium chloride er	54	PRENATE PIXIE	58
potassium chloride in dextrose	54	PRENATE RESTORE	58
POTASSIUM CHLORIDE IN NACL	54	PRENATOL-M	58
potassium citrate er	54	PRENATRIX	58
POTASSIUM CL IN DEXTROSE 5%	54	PRENATRYL	58
pramipexole dihydrochloride	35	PRENATVITE COMPLETE	58
pravastatin sodium	47	PRENATVITE PLUS	58
praziquantel	34	PRENATVITE RX	58
prazosin hcl	45	PREPLUS	58
PRED MILD	73	PRETOMANID	28
prednisolone	63	PREVYMIS	37
prednisolone acetate	73	PREZCOBIX	39
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prednisone	63	PRIFTIN	28
PREDNISONE INTENSOL	63	PRILOVIX	16
pregabalin	50	prilovix lite	17
PREGEN DHA	57	prilovix lite plus	17
PREGENNA	57	PRILOVIX PLUS	17
PREMARIN	65	prilovix ultralite	17
PREMASOL	54	prilovix ultralite plus	17
PREMESISRX	57	PRIMACARE	58
PREMIUM LIDOCAINE	16	primaquine phosphate	34
PREMPRO	65	primidone	22
PRENA 1 TRUE	57	PRIORIX	70

PRIVIGEN	67	ramelteon	77
probenecid	27	ramipril	45
prochlorperazine	25	ranolazine er	47
prochlorperazine maleate	25	rasagiline mesylate	35
procto-med hc	51	REBIF	50
proctosol hc	51	REBIF REBIDOSE	50
proctozone-hc	51	REBIF REBIDOSE TITRATION PACK	50
progesterone	65	REBIF TITRATION PACK	50
PROGRAF	68	RECOMBIVAX HB	70
PROLASTIN-C	61	RECORLEV	66
promethazine hcl	25	RELENZA DISKHALER	40
propafenone hcl	45	RELISTOR	60
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2026 List of Additional Covered Products

*INFANT CARE PRODUCTS - SHAMPOO**

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

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

This formulary was updated on 6/1/2026.

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.

