



Program of All-Inclusive Care for the Elderly

Formulary

2026 List of Covered Drugs

THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.
HPMS Approved Formulary File Submission ID 00026398, Version 7

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.

This formulary was updated on 10/1/2025.



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

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

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

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

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

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

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

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

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

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

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

Arabic

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 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 ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-992-6600 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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

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

Community Care:

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

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

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.

When this Drug List (formulary) refers to “we,” “us”, or “our,” it means Community Care Health Plan, Inc. When it refers to “plan” or “our plan,” it means Community Care.

This document includes a Drug List (formulary) for our plan which is current as of 10/1/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Community Care formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Community Care in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Community Care will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Community Care network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but Community Care may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <http://www.communitycareinc.org>.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Community Care formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 34-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Community Care formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/1/2025. To get updated information about the drugs covered by Community Care please contact us. Our contact information appears on the front and back cover pages. Our formulary is updated monthly, and the most current version is always posted on the website. Please contact your team if you want to request a copy of the Formulary.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug.

Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Community Care covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, 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 alternatives 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 discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Community Care requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Community Care before you fill your prescriptions. If you don’t get approval, Community Care may not cover the drug.
- **Quantity Limits:** For certain drugs, Community Care limits the amount of the drug that Community Care will cover. For example, Community Care provides 9 tablets per prescription for sumatriptan succinate. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Community Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Community Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Community Care will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Community Care to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Community Care formulary?” on page vii for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Community Care pays for certain OTC drugs. 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.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. Community Care may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Community Care does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Community Care. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Community Care.
- You can ask Community Care to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Community Care formulary?

You can ask Community Care to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Community Care limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Community Care will only approve your request for an exception if the alternative drugs included on the plan’s formulary or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 34-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 34-day supply of medication. If coverage is not approved, after your first 34-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

For more information

For more detailed information about your Community Care prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Community Care, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

Community Care Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by Community Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., OXYCONTIN) and generic drugs are listed in lower-case italics (e.g., *morphine*).

The information in the Requirements/Limits column tells you if Community Care has any special requirements for coverage of your drug.

LEGEND

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

List of Drugs by Drug Type

DRUG	REQUIREMENTS/LIMITS
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
<i>celecoxib (cap 50 mg, cap 100 mg, cap 200 mg, cap 400 mg)</i>	
DICLOFENAC EPOLAMINE	PA
<i>diclofenac potassium (tab 25 mg, tab 50 mg)</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 (topical) soln 1.5%</i>	
<i>etodolac</i>	
<i>ibuprofen (susp 100 mg/5ml, tab 400 mg, tab 600 mg, tab 800 mg)</i>	
<i>indomethacin (cap 25 mg, cap 50 mg, cap er 75 mg)</i>	
<i>meloxicam (tab 7.5 mg, tab 15 mg)</i>	
<i>nabumetone (tab 500 mg, tab 750 mg)</i>	
<i>naproxen (susp 125 mg/5ml, tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg)</i>	
<i>sulindac (tab 150 mg, tab 200 mg)</i>	
OPIOID ANALGESICS, LONG-ACTING	
<i>fentanyl</i>	
<i>methadone hcl (methadone hcl 5 mg/5ml solution, methadone hcl 10 mg/5ml solution, methadone hcl soln 5 mg/5ml, methadone hcl soln 10 mg/5ml, methadone hcl tab 5 mg, methadone hcl tab 10 mg)</i>	
<i>morphine sulfate (tab er 15 mg, tab er 30 mg, tab er 60 mg, tab er 100 mg, tab er 200 mg)</i>	
OXYCONTIN	
<i>tramadol hcl (tab er 100 mg, tab er 200 mg, tab er 300 mg)</i>	
TRAMADOL HCL ER (BIPHASIC)	
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen w/ codeine</i>	
ACETAMINOPHEN-CODEINE	
CODEINE SULFATE (CODEINE SULFATE 15 MG TAB, CODEINE SULFATE 30 MG TAB, CODEINE SULFATE 60 MG TAB, CODEINE SULFATE TAB 30 MG)	
<i>hydrocodone-acetaminophen (soln 7.5-325 mg/15ml, tab 5-325 mg, tab 7.5-325 mg, tab 10-325 mg)</i>	
<i>hydromorphone hcl (preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION	
MORPHINE SULFATE (CONCENTRATE)	
MORPHINE SULFATE (MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 15 MG TAB, MORPHINE SULFATE 20 MG/5ML SOLUTION, MORPHINE SULFATE 30 MG TAB, MORPHINE SULFATE ORAL SOLN 10 MG/5ML, MORPHINE SULFATE ORAL SOLN 20 MG/5ML, MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML), MORPHINE SULFATE TAB 15 MG, MORPHINE SULFATE TAB 30 MG)	
<i>oxycodone hcl (conc 100 mg/5ml (20 mg/ml), soln 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
<i>oxycodone w/ acetaminophen</i>	
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	
<i>tramadol hcl (tab 50 mg, tab 100 mg)</i>	
<i>tramadol-acetaminophen</i>	
ANESTHETICS	
LOCAL ANESTHETICS	
<i>lidocaine hcl (mouth-throat)</i>	
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine oint 5%</i>	
<i>lidocaine patch 5%</i>	PA
<i>lidocaine-prilocaine</i>	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENTS/ANTI-CRAVING	
<i>acamprosate calcium</i>	
<i>disulfiram (tab 250 mg, tab 500 mg)</i>	
OPIOID DEPENDENCE	
<i>buprenorphine hcl (tab 2 mg equiv, tab 8 mg equiv)</i>	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	
<i>naltrexone hcl tab 50 mg</i>	
OPIOID REVERSAL AGENTS	
KLOXXADO	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL INJ 0.4 MG/ML, NALOXONE HCL SOLN PREFILLED SYRINGE 0.4 MG/ML, NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML)	
OPVEE	
SMOKING CESSATION AGENTS	
<i>bupropion hcl (smoking deterrent)</i>	
NICOTROL NS	
<i>varenicline tartrate</i>	
ANTIBACTERIALS	
AMINOGLYCOSIDES	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
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)	
<i>gentamicin sulfate (topical)</i>	
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>neomycin sulfate tab 500 mg</i>	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	
<i>tobramycin sulfate (tobramycin sulfate 10 mg/ml solution, tobramycin sulfate for inj 1.2 gm, tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv), tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv))</i>	
ANTIBACTERIALS, OTHER	
<i>acetic acid (otic)</i>	
<i>aztreonam</i>	
CLEOCIN 100 MG SUPPOS	
<i>clindamycin hcl (cap 75 mg, cap 150 mg, cap 300 mg)</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate (300 mg/2ml, 600 mg/4ml, 900 mg/6ml)</i>	
<i>clindamycin phosphate in d5w</i>	
<i>clindamycin phosphate vaginal</i>	
<i>colistimethate sodium for inj 150 mg (colistin base activity)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>daptomycin (daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin for iv soln 350 mg, daptomycin for iv soln 500 mg)</i>	
<i>fosfomycin tromethamine</i>	
<i>linezolid</i>	
<i>methenamine hippurate</i>	
<i>metronidazole (metronidazole 500 mg/100ml solution, metronidazole cap 375 mg, metronidazole iv soln 500 mg/100ml, metronidazole tab 250 mg, metronidazole tab 500 mg)</i>	
<i>metronidazole (topical)</i>	
<i>metronidazole vaginal</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohyd macro</i>	
<i>polymyxin b sulfate for inj 500000 unit</i>	
SIVEXTRO	
<i>tigecycline (tigecycline 50 mg recon soln, tigecycline for iv soln 50 mg)</i>	
<i>tinidazole (tab 250 mg, tab 500 mg)</i>	
TRIMETHOPRIM (TRIMETHOPRIM 100 MG TAB, TRIMETHOPRIM TAB 100 MG)	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
VANCOMYCIN HCL (VANCOMYCIN HCL 1 GM RECON SOLN, VANCOMYCIN HCL 1.25 GM RECON SOLN, VANCOMYCIN HCL 1.5 GM RECON SOLN, VANCOMYCIN HCL 5 GM RECON SOLN, VANCOMYCIN HCL 10 GM RECON SOLN, VANCOMYCIN HCL 100 GM RECON SOLN, VANCOMYCIN HCL 250 MG RECON SOLN, VANCOMYCIN HCL 500 MG RECON SOLN, VANCOMYCIN HCL 500 MG/100ML SOLUTION, VANCOMYCIN HCL 750 MG RECON SOLN, VANCOMYCIN HCL 750 MG/150ML SOLUTION, VANCOMYCIN HCL 1000 MG/200ML SOLUTION, VANCOMYCIN HCL 1250 MG/250ML SOLUTION, VANCOMYCIN HCL 1500 MG/300ML SOLUTION, VANCOMYCIN HCL 1750 MG/350ML SOLUTION, VANCOMYCIN HCL 2000 MG/400ML SOLUTION, VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT), VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 1 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 1.25 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 1.5 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 5 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 10 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 500 MG (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 750 MG (BASE EQUIVALENT), VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT), VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT))	
VANCOMYCIN HCL IN DEXTROSE	
VANCOMYCIN HCL IN NACL	
XIFAXAN	
BETA-LACTAM, CEPHALOSPORINS	
<i>cefadroxil (cefadroxil 1 gm tab, cefadroxil cap 500 mg, cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml)</i>	
CEFAZOLIN SODIUM (CEFAZOLIN SODIUM 1 GM RECON SOLN, CEFAZOLIN SODIUM FOR INJ 1 GM, CEFAZOLIN SODIUM FOR INJ 10 GM, CEFAZOLIN SODIUM FOR INJ 500 MG)	
<i>cefдинир</i>	
<i>cefepime hcl (inj 1 gm, iv soln 2 gm)</i>	
<i>cefixime</i>	
<i>cefoxitin sodium</i>	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil tab 100 mg, cefpodoxime proxetil tab 200 mg)</i>	
<i>cefprozil</i>	
CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME FOR INJ 1 GM, CEFTAZIDIME FOR IV SOLN 2 GM)	
<i>ceftriaxone sodium (inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)</i>	
<i>cefuroxime axetil</i>	
<i>cefuroxime sodium</i>	
<i>cephalexin</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
TEFLARO	
BETA-LACTAM, PENICILLINS	
<i>amoxicillin & pot clavulanate</i>	
<i>amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 250 mg chew tab, amoxicillin (trihydrate) cap 250 mg, amoxicillin (trihydrate) cap 500 mg, amoxicillin (trihydrate) for susp 125 mg/5ml, amoxicillin (trihydrate) for susp 200 mg/5ml, amoxicillin (trihydrate) for susp 250 mg/5ml, amoxicillin (trihydrate) for susp 400 mg/5ml, amoxicillin (trihydrate) tab 500 mg, amoxicillin (trihydrate) tab 875 mg)</i>	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	
AMOXICILLIN-POT CLAVULANATE ER	
<i>ampicillin & sulbactam sodium</i>	
AMPICILLIN (AMPICILLIN 500 MG CAP, AMPICILLIN CAP 500 MG)	
<i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium for inj 1 gm, ampicillin sodium for iv soln 10 gm)</i>	
AMPICILLIN-SULBACTAM SODIUM	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium (nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln, nafcillin sodium for inj 1 gm, nafcillin sodium for inj 2 gm, nafcillin sodium for iv soln 10 gm)</i>	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	
<i>penicillin g potassium</i>	
PENICILLIN G SODIUM	
<i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium tab 250 mg, penicillin v potassium tab 500 mg)</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
CARBAPENEMS	
<i>ertapenem sodium</i>	
IMIPENEM-CILASTATIN (IMIPENEM-CILASTATIN 250 MG RECON SOLN, IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 500 MG)	
<i>meropenem (soln 1 gm, soln 500 mg)</i>	
MACROLIDES	
<i>azithromycin (for susp 100 mg/5ml, for susp 200 mg/5ml, iv for soln 500 mg, tab 250 mg, tab 500 mg, tab 600 mg)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>clarithromycin (clarithromycin 125 mg/5ml recon susp, clarithromycin 250 mg/5ml recon susp, clarithromycin tab 250 mg, clarithromycin tab 500 mg, clarithromycin tab er 24hr 500 mg)</i>	
DIFICID 200 MG TAB	
ERYTHROCIN LACTOBIONATE	
ERYTHROCIN STEARATE	
<i>erythromycin base (erythromycin base 250 mg cp dr part, erythromycin tab 250 mg, erythromycin tab 500 mg, erythromycin tab delayed release 250 mg, erythromycin tab delayed release 333 mg, erythromycin tab delayed release 500 mg)</i>	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate for susp 200 mg/5ml, erythromycin ethylsuccinate for susp 400 mg/5ml, erythromycin ethylsuccinate tab 400 mg)</i>	
<i>erythromycin lactobionate</i>	
ERYTHROMYCIN STEARATE	
QUINOLONES	
<i>ciprofloxacin hcl (tab 250 mg equiv, tab 500 mg equiv, tab 750 mg equiv)</i>	
CIPROFLOXACIN IN D5W (CIPROFLOXACIN 200 MG/100ML IN D5W, CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION)	
<i>levofloxacin (oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)</i>	
<i>levofloxacin in d5w (in soln 500 mg/100ml, in soln 750 mg/150ml)</i>	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG/250ML SOLUTION, MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV))	
MOXIFLOXACIN HCL IN NACL	
OFLOXACIN (OFLOXACIN 300 MG TAB, OFLOXACIN 400 MG TAB, OFLOXACIN TAB 400 MG)	
SULFONAMIDES	
<i>sulfacetamide sodium (acne)</i>	
<i>sulfadiazine tab 500 mg</i>	
<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	
TETRACYCLINES	
<i>demeclocycline hcl</i>	
<i>doxycycline (monohydrate)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>doxycycline hyclate (doxycycline hyclate 80 mg tab dr, doxycycline hyclate cap 50 mg, doxycycline hyclate cap 100 mg, doxycycline hyclate for inj 100 mg, doxycycline hyclate tab 20 mg, doxycycline hyclate tab 50 mg, doxycycline hyclate tab 75 mg, doxycycline hyclate tab 100 mg, doxycycline hyclate tab 150 mg, doxycycline hyclate tab delayed release 50 mg, doxycycline hyclate tab delayed release 75 mg, doxycycline hyclate tab delayed release 100 mg, doxycycline hyclate tab delayed release 150 mg, doxycycline hyclate tab delayed release 200 mg)</i>	
<i>minocycline hcl (cap 50 mg, cap 75 mg, cap 100 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab er 24hr 105 mg, tab er 24hr 115 mg, tab er 24hr 135 mg, tab er 24hr 45 mg, tab er 24hr 55 mg, tab er 24hr 65 mg, tab er 24hr 80 mg, tab er 24hr 90 mg)</i>	
MINOCYCLINE HCL ER	
<i>tetracycline hcl (cap 250 mg, cap 500 mg)</i>	
ANTICONVULSANTS	
ANTICONVULSANTS, OTHER	
BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	
DIACOMIT	
<i>divalproex sodium (cap delayed release sprinkle 125 mg, tab delayed release 125 mg, tab delayed release 250 mg, tab delayed release 500 mg, tab er 24 hr 250 mg, tab er 24 hr 500 mg)</i>	
EPIDIOLEX	PA2
<i>felbamate</i>	
FINTEPLA	
FYCOMPA 0.5 MG/ML SUSPENSION	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>lamotrigine (orally disintegrating tab 25 mg, orally disintegrating tab 50 mg, orally disintegrating tab 100 mg, orally disintegrating tab 200 mg, tab 25 mg, tab 25 mg (42) & 100 mg (7) starter kit, tab 35 x 25 mg starter kit, tab 84 x 25 mg & 14 x 100 mg starter kit, tab 100 mg, tab 150 mg, tab 200 mg, tab chewable dispersible 5 mg, tab chewable dispersible 25 mg, tab disint 21 x 25 mg & 7 x 50 mg titration kit, tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit, tab disint 42 x 50mg & 14 x 100mg titration kit, tab er 24hr 100 mg, tab er 24hr 200 mg, tab er 24hr 25 mg, tab er 24hr 250 mg, tab er 24hr 300 mg, tab er 24hr 50 mg)</i>	
<i>levetiracetam (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)</i>	
<i>perampanel</i>	
SPRITAM	
<i>topiramate (cap er 24hr 200 mg, cap er 24hr sprinkle 100 mg, cap er 24hr sprinkle 150 mg, cap er 24hr sprinkle 200 mg, cap er 24hr sprinkle 25 mg, cap er 24hr sprinkle 50 mg, oral soln 25 mg/ml, sprinkle cap 15 mg, sprinkle cap 25 mg, sprinkle cap 50 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
<i>valproic acid cap 250 mg</i>	
CALCIUM CHANNEL MODIFYING AGENTS	
<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	
<i>methsuximide</i>	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS	
<i>clobazam</i>	
<i>diazepam (anticonvulsant)</i>	
DIAZEPAM 2.5 MG GEL	
<i>gabapentin (cap 100 mg, cap 300 mg, cap 400 mg, oral soln 250 mg/5ml, tab 600 mg, tab 800 mg)</i>	
NAYZILAM	
<i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg)</i>	
PRIMIDONE (PRIMIDONE 125 MG TAB, PRIMIDONE TAB 50 MG, PRIMIDONE TAB 250 MG)	
SYMPAZAN	
<i>tiagabine hcl</i>	
VALTOCO 10 MG DOSE	
VALTOCO 15 MG DOSE	
VALTOCO 20 MG DOSE	
VALTOCO 5 MG DOSE	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>vigabatrin</i>	
ZTALMY	
SODIUM CHANNEL AGENTS	
CARBAMAZEPINE (CARBAMAZEPINE 200 MG CHEW TAB, CARBAMAZEPINE CAP ER 12HR 100 MG, CARBAMAZEPINE CAP ER 12HR 200 MG, CARBAMAZEPINE CAP ER 12HR 300 MG, CARBAMAZEPINE CHEW TAB 100 MG, CARBAMAZEPINE SUSP 100 MG/5ML, CARBAMAZEPINE TAB 200 MG, CARBAMAZEPINE TAB ER 12HR 100 MG, CARBAMAZEPINE TAB ER 12HR 200 MG, CARBAMAZEPINE TAB ER 12HR 400 MG)	
DILANTIN 30 MG CAP	
<i>eslicarbazepine acetate</i>	
<i>lacosamide (lacosamide 10 mg/ml solution, lacosamide oral solution 10 mg/ml, lacosamide tab 50 mg, lacosamide tab 100 mg, lacosamide tab 150 mg, lacosamide tab 200 mg)</i>	
<i>oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)</i>	
<i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>	
<i>phenytoin sodium extended</i>	
<i>rufinamide</i>	
XCOPRI	
XCOPRI (250 MG DAILY DOSE)	
XCOPRI (350 MG DAILY DOSE)	
ZONISADE	
<i>zonisamide (cap 25 mg, cap 50 mg, cap 100 mg)</i>	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, OTHER	
<i>memantine hcl-donepezil hcl</i>	
NAMZARIC 7-10 MG CAP ER 24H	
CHOLINESTERASE INHIBITORS	
<i>donepezil hydrochloride (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg)</i>	
<i>galantamine hydrobromide (cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg, tab 4 mg, tab 8 mg, tab 12 mg)</i>	
<i>rivastigmine</i>	
<i>rivastigmine tartrate</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	
<i>memantine hcl (cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg, tab 5 mg, tab 10 mg, tab 28 x 5 mg & 21 x 10 mg titration pack)</i>	
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
AUVELITY	
<i>bupropion hcl (tab 75 mg, tab 100 mg, tab er 12hr 100 mg, tab er 12hr 150 mg, tab er 12hr 200 mg, tab er 24hr 150 mg, tab er 24hr 300 mg)</i>	
<i>mirtazapine (orally disintegrating tab 15 mg, orally disintegrating tab 30 mg, orally disintegrating tab 45 mg, tab 7.5 mg, tab 15 mg, tab 30 mg, tab 45 mg)</i>	
ZURZUVAE	
MONOAMINE OXIDASE INHIBITORS	
EMSAM	
MARPLAN	
PHENELZINE SULFATE (PHENELZINE SULFATE 15 MG TAB, PHENELZINE SULFATE TAB 15 MG)	
<i>tranylcypromine sulfate</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	
DESVENLAFAXINE ER	
<i>desvenlafaxine succinate</i>	
<i>escitalopram oxalate (soln 5 mg/5ml equiv, tab 5 mg equiv, tab 10 mg equiv, tab 20 mg equiv)</i>	
FETZIMA	
FETZIMA TITRATION	
<i>fluoxetine hcl (fluoxetine hcl 60 mg tab, fluoxetine hcl 90 mg cap dr, fluoxetine hcl cap 10 mg, fluoxetine hcl cap 20 mg, fluoxetine hcl cap 40 mg, fluoxetine hcl solution 20 mg/5ml, fluoxetine hcl tab 10 mg, fluoxetine hcl tab 20 mg, fluoxetine hcl tab 60 mg)</i>	
FLUOXETINE HCL (PMDD)	
<i>fluvoxamine maleate</i>	
NEFAZODONE HCL	
<i>paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
RALDESY	
<i>sertraline hcl (sertraline hcl 150 mg cap, sertraline hcl 200 mg cap, sertraline hcl cap 150 mg, sertraline hcl cap 200 mg, sertraline hcl oral concentrate for solution 20 mg/ml, sertraline hcl tab 25 mg, sertraline hcl tab 50 mg, sertraline hcl tab 100 mg)</i>	
<i>trazodone hcl (tab 50 mg, tab 100 mg, tab 150 mg, tab 300 mg)</i>	
TRINTELLIX	
<i>venlafaxine hcl (cap er 24hr 37.5 mg equivalent, cap er 24hr 75 mg equivalent, tab 37.5 mg equivalent, tab er 24hr 150 mg equivalent, tab er 24hr 225 mg equivalent, tab er 24hr 75 mg equivalent)</i>	
<i>vilazodone hcl</i>	
TRICYCLICS	
<i>amitriptyline hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i>	
<i>amoxapine</i>	
<i>clomipramine hcl (cap 25 mg, cap 50 mg, cap 75 mg)</i>	
<i>desipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i>	
<i>doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml)</i>	
<i>imipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i>	
<i>imipramine pamoate</i>	
<i>nortriptyline hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, soln 10 mg/5ml)</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate (cap 25 mg, cap 50 mg, cap 100 mg)</i>	
ANTIEMETICS	
ANTIEMETICS, OTHER	
<i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>	
<i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml) equiv), tab 5 mg equivalent, tab 10 mg equivalent)</i>	
<i>perphenazine (tab 2 mg, tab 4 mg, tab 8 mg, tab 16 mg)</i>	
<i>prochlorperazine</i>	
<i>prochlorperazine maleate (tab 5 mg equivalent, tab 10 mg equivalent)</i>	
<i>promethazine hcl (oral soln 6.25 mg/5ml, suppos 12.5 mg, suppos 25 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	
<i>scopolamine</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
EMETOGENIC THERAPY ADJUNCTS	
<i>aprepitant</i>	PA3
<i>dronabinol</i>	PA
<i>ondansetron (tab 4 mg, tab 8 mg)</i>	PA3
<i>ondansetron hcl (oral soln 4 mg/5ml, tab 4 mg, tab 8 mg)</i>	PA3
ANTIFUNGALS	
AMPHOTERICIN B 50 MG RECON SOLN	PA3
<i>amphotericin b liposome</i>	PA3
<i>caspofungin acetate (caspofungin acetate 50 mg recon soln, caspofungin acetate 70 mg recon soln, caspofungin acetate for iv soln 50 mg, caspofungin acetate for iv soln 70 mg)</i>	
<i>clotrimazole (topical)</i>	
<i>clotrimazole troche 10 mg</i>	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	PA
<i>fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	
<i>fluconazole in nacl</i>	
<i>flucytosine (cap 250 mg, cap 500 mg)</i>	
<i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>	
<i>griseofulvin ultramicrosize (tab 125 mg, tab 250 mg)</i>	
<i>itraconazole cap 100 mg</i>	
<i>ketoconazole (topical)</i>	
<i>ketoconazole tab 200 mg</i>	
<i>micafungin sodium (micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln, micafungin sodium for iv soln 50 mg, micafungin sodium for iv soln 100 mg)</i>	
MICONAZOLE 3	
<i>nystatin (mouth-throat)</i>	
<i>nystatin (topical)</i>	
<i>nystatin tab 500000 unit</i>	
<i>posaconazole (susp 40 mg/ml, tab delayed release 100 mg)</i>	
<i>terbinafine hcl tab 250 mg</i>	
<i>terconazole vaginal</i>	
<i>voriconazole (for susp 40 mg/ml, tab 50 mg, tab 200 mg)</i>	
VORICONAZOLE (VORICONAZOLE 200 MG RECON SOLN, VORICONAZOLE FOR INJ 200 MG)	PA3

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ANTIGOUT AGENTS	
<i>allopurinol (tab 100 mg, tab 200 mg, tab 300 mg)</i>	
<i>colchicine (cap 0.6 mg, tab 0.6 mg)</i>	
<i>colchicine w/ probenecid</i>	
<i>febuxostat</i>	
<i>probenecid</i>	
ANTIMIGRAINE AGENTS	
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS	
AJOVY	PA
NURTEC	QL (18 PER 30 OVER TIME)
QULIPTA	
UBRELVY	QL (16 PER 30 OVER TIME)
ERGOT ALKALOIDS	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	
ERGOTAMINE-CAFFEINE	
PROPHYLACTIC	
<i>propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)</i>	
<i>timolol maleate (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
SEROTONIN (5-HT) RECEPTOR AGONIST	
<i>naratriptan hcl</i>	QL (9 PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	QL (12 PER 30 OVER TIME)
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	
<i>sumatriptan succinate (inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution auto-injector 6 mg/0.5ml, solution cartridge 6 mg/0.5ml)</i>	
<i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	QL (9 PER 30 OVER TIME)

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ANTIMYASTHENIC AGENTS	
PARASYMPATHOMIMETICS	
<i>pyridostigmine bromide (pyridostigmine bromide 30 mg tab, pyridostigmine bromide oral soln 60 mg/5ml, pyridostigmine bromide tab 60 mg, pyridostigmine bromide tab er 180 mg)</i>	
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
<i>dapsone (tab 25 mg, tab 100 mg)</i>	
<i>rifabutin</i>	
ANTITUBERCULARS	
<i>ethambutol hcl (tab 100 mg, tab 400 mg)</i>	
ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID SYRUP 50 MG/5ML, ISONIAZID TAB 100 MG, ISONIAZID TAB 300 MG)	
PRETOMANID	
PRIFTIN	
<i>pyrazinamide tab 500 mg</i>	
<i>rifampin (cap 150 mg, cap 300 mg, for inj 600 mg)</i>	
SIRTURO	
ANTINEOPLASTICS	
ALKYLATING AGENTS	
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB, CYCLOPHOSPHAMIDE CAP 25 MG, CYCLOPHOSPHAMIDE CAP 50 MG)	PA3
GLEOSTINE	
LEUKERAN	
MATULANE	
VALCHLOR	
ANTIANDROGENS	
<i>abiraterone acetate</i>	
<i>bicalutamide</i>	
ERLEADA	
EULEXIN	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>nilutamide</i>	
NUBEQA	
XTANDI	
YONSA	
ANTIANGIOGENIC AGENTS	
<i>lenalidomide</i>	
POMALYST	LA
THALOMID (50 MG CAP, 100 MG CAP)	
ANTIESTROGENS/MODIFIERS	
ORSERDU	
SOLTAMOX	
<i>tamoxifen citrate (tab 10 mg equivalent, tab 20 mg equivalent)</i>	
<i>toremifene citrate</i>	
ANTIMETABOLITES	
<i>mercaptopurine (susp 2000 mg/100ml (20 mg/ml), tab 50 mg)</i>	
ONUREG	
TABLOID	
ANTINEOPLASTICS, OTHER	
AKEEGA	
AUGTYRO	
FRUZAQLA	
<i>hydroxyurea cap 500 mg</i>	
INQOVI	
IWILFIN	
LONSURF	
LYSODREN	
MODEYSO	
OGSIVEO	
OJJAARA	
ZOLINZA	
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole tab 1 mg</i>	
<i>exemestane</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>letrozole tab 2.5 mg</i>	
ENZYME INHIBITORS	
AVMAPKI FAKZYNJA CO-PACK	
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	
MOLECULAR TARGET INHIBITORS	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI	
BRUKINSA 80 MG CAP	
CABOMETYX	
CALQUENCE	
CAPRELSA	
COMETRIQ	
COPIKTRA	
COTELLIC	
DANZITEN	
<i>dasatinib</i>	
DAURISMO	
ERIVEDGE	
<i>erlotinib hcl</i>	
<i>everolimus</i>	
FOTIVDA	
GAVRETO	
<i>gefitinib</i>	
GILOTRIF	
GOMEKLI	
HERNEXEOS	
IBRANCE	
IBTROZI	
ICLUSIG	
IDHIFA	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>imatinib mesylate (tab 100 mg equivalent, tab 400 mg equivalent)</i>	
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	
IMKELDI	
INLYTA	
INREBIC	
ITOVEBI	
JAKAFI	
JAYPIRCA	
KISQALI	
KISQALI FEMARA	
KOSELUGO (10 MG CAP, 25 MG CAP)	
KRAZATI	
<i>lapatinib ditosylate</i>	
LAZCLUZE	
LENVIMA	
LORBRENA	
LUMAKRAS	
LYNPARZA	
LYTGOBI	
MEKINIST	
MEKTOVI	
NERLYNX	
<i>nilotinib hcl</i>	
NINLARO	
ODOMZO	
OJEMDA	
<i>pazopanib hcl</i>	
PEMAZYRE	
PIQRAY (200 MG DAILY DOSE)	
PIQRAY (250 MG DAILY DOSE)	
PIQRAY (300 MG DAILY DOSE)	
QINLOCK	
RETEVMO	
REVUFORJ	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
REZLIDHIA	
ROMVIMZA	
ROZLYTREK	
RUBRACA	
RYDAPT	
SCEMBLIX	
<i>sorafenib tosylate</i>	
STIVARGA	
<i>sunitinib malate</i>	
TABRECTA	
TAFINLAR	
TAGRISSE	
TALZENNA	
TAZVERIK	
TEPMETKO	
TIBSOVO	
TRUQAP (160 MG TAB, 200 MG TAB)	
TUKYSA	
TURALIO 125 MG CAP	
VANFLYTA	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VIJOICE	
VITRAKVI	
VIZIMPRO	
VORANIGO	
XALKORI	
XOSPATA	
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	
XPOVIO (40 MG ONCE WEEKLY) (MG 10 MG TAB THPK, MG 40 MG TAB THPK)	
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	
XPOVIO (60 MG TWICE WEEKLY)	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	
XPOVIO (80 MG TWICE WEEKLY)	
ZEJULA	
ZELBORAF	
ZYDELIG	
ZYKADIA	
RETINOIDS	
<i>bexarotene</i>	
<i>bexarotene (topical)</i>	PA2
PANRETIN	
<i>tretinoin (chemotherapy)</i>	
TREATMENT ADJUNCTS	
<i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i>	
<i>mesna tab 400 mg</i>	
VONJO	
ANTIPARASITICS	
ANTHELMINTICS	
<i>albendazole tab 200 mg</i>	
IVERMECTIN (IVERMECTIN 6 MG TAB, IVERMECTIN TAB 3 MG)	
<i>praziquantel tab 600 mg</i>	
ANTIPROTOZOALS	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl</i>	
CHLOROQUINE PHOSPHATE (CHLOROQUINE PHOSPHATE 250 MG TAB, CHLOROQUINE PHOSPHATE TAB 250 MG, CHLOROQUINE PHOSPHATE TAB 500 MG)	
COARTEM	
<i>hydroxychloroquine sulfate (tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg)</i>	
IMPAVIDO	
<i>mefloquine hcl</i>	
<i>nitazoxanide tab 500 mg</i>	
<i>pentamidine isethionate (inj soln 300 mg, soln 300 mg)</i>	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	PA3

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>primaquine phosphate (primaquine phosphate 26.3 base mg tab, primaquine phosphate tab 26.3 mg mg base)</i>	
<i>pyrimethamine tab 25 mg</i>	
<i>quinine sulfate cap 324 mg</i>	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>trihexyphenidyl hcl (tab 2 mg, tab 5 mg)</i>	
ANTIPARKINSON AGENTS, OTHER	
<i>amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)</i>	
<i>carbidopa-levodopa-entacapone</i>	
<i>entacapone</i>	
ONGENTYS	
<i>tolcapone</i>	
DOPAMINE AGONISTS	
<i>apomorphine hydrochloride</i>	
<i>bromocriptine mesylate (cap 5 mg equivalent, tab 2.5 mg equivalent)</i>	
NEUPRO	
<i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i>	
<i>ropinirole hydrochloride</i>	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
<i>carbidopa tab 25 mg</i>	
<i>carbidopa-levodopa</i>	
RYTARY	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
<i>rasagiline mesylate (tab 0.5 mg equiv, tab 1 mg equiv)</i>	
<i>selegiline hcl (cap 5 mg, tab 5 mg)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
<i>chlorpromazine hcl (chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl tab 10 mg, chlorpromazine hcl tab 25 mg, chlorpromazine hcl tab 50 mg, chlorpromazine hcl tab 100 mg, chlorpromazine hcl tab 200 mg)</i>	
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl (fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl tab 1 mg, fluphenazine hcl tab 2.5 mg, fluphenazine hcl tab 5 mg, fluphenazine hcl tab 10 mg)</i>	
<i>haloperidol (tab 0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>haloperidol decanoate (soln 50 mg/ml, soln 100 mg/ml)</i>	
<i>haloperidol lactate</i>	
<i>loxapine succinate</i>	
MOLINDONE HCL	
PIMOZIDE	
<i>thioridazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>thiothixene</i>	
<i>trifluoperazine hcl</i>	
2ND GENERATION/ATYPICAL	
ABILIFY ASIMTUFII	
ABILIFY MAINTENA	
<i>aripiprazole</i>	
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate</i>	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK A	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
<i>lurasidone hcl</i>	
LYBALVI	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
NUPLAZID	PA2
<i>olanzapine</i>	
OPIPZA	
<i>paliperidone</i>	
PERSERIS	
<i>quetiapine fumarate (quetiapine fumarate 150 mg tab, quetiapine fumarate tab 25 mg, quetiapine fumarate tab 50 mg, quetiapine fumarate tab 100 mg, quetiapine fumarate tab 200 mg, quetiapine fumarate tab 300 mg, quetiapine fumarate tab 400 mg, quetiapine fumarate tab er 24hr 150 mg, quetiapine fumarate tab er 24hr 200 mg, quetiapine fumarate tab er 24hr 300 mg, quetiapine fumarate tab er 24hr 400 mg, quetiapine fumarate tab er 24hr 50 mg)</i>	
REXULTI	
<i>risperidone (risperidone 0.25 mg tab disp, risperidone orally disintegrating tab 0.5 mg, risperidone orally disintegrating tab 1 mg, risperidone orally disintegrating tab 2 mg, risperidone orally disintegrating tab 3 mg, risperidone orally disintegrating tab 4 mg, risperidone soln 1 mg/ml, risperidone tab 0.25 mg, risperidone tab 0.5 mg, risperidone tab 1 mg, risperidone tab 2 mg, risperidone tab 3 mg, risperidone tab 4 mg)</i>	
<i>risperidone microspheres</i>	
SECUADO	
UZEDY	
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	
<i>ziprasidone hcl</i>	
<i>ziprasidone mesylate</i>	
ANTIPSYCHOTICS, OTHER	
COBENFY	
COBENFY STARTER PACK	
TREATMENT-RESISTANT	
<i>clozapine (clozapine 12.5 mg tab disp, clozapine orally disintegrating tab 25 mg, clozapine orally disintegrating tab 100 mg, clozapine orally disintegrating tab 150 mg, clozapine orally disintegrating tab 200 mg, clozapine tab 25 mg, clozapine tab 50 mg, clozapine tab 100 mg, clozapine tab 200 mg)</i>	
VERSACLOZ	
ANTISPASTICITY AGENTS	
<i>baclofen (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>tizanidine hcl (cap 2 mg equivalent, cap 4 mg equivalent, cap 6 mg equivalent, tab 2 mg equivalent, tab 4 mg equivalent)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
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 (hbv)</i>	
ANTI-HEPATITIS C (HCV) AGENTS	
LEDIPASVIR-SOFOSBUVIR	PA
MAVYRET 100-40 MG TAB	PA
RIBAVIRIN (200 MG CAP, 200 MG TAB)	
SOFOSBUVIR-VELPATASVIR	PA
SOVALDI 400 MG TAB	PA
VOSEVI	PA
ZEPATIER	PA
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	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
EDURANT PED	
<i>efavirenz (efavirenz 50 mg cap, efavirenz 200 mg cap, efavirenz tab 600 mg)</i>	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	
<i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i>	
<i>etravirine</i>	
INTELENCE 25 MG TAB	
<i>nevirapine (nevirapine 50 mg/5ml suspension, nevirapine tab 200 mg, nevirapine tab er 24hr 400 mg)</i>	
ODEFSEY	
PIFELTRO	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
<i>abacavir sulfate</i>	
<i>abacavir sulfate-lamivudine</i>	
CIMDUO	
DESCOVY	
<i>emtricitabine</i>	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine</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)	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
TYBOST	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS	
<i>atazanavir sulfate</i>	
<i>darunavir</i>	
EVOTAZ	
<i>fosamprenavir calcium</i>	
KALETRA 400-100 MG/5ML SOLUTION	
<i>lopinavir-ritonavir</i>	
NORVIR 100 MG PACKET	
PREZCOBIX 800-150 MG TAB	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	
REYATAZ 50 MG PACKET	
<i>ritonavir</i>	
SYMTUZA	
VIRACEPT	
ANTI-INFLUENZA AGENTS	
<i>oseltamivir phosphate (cap 30 mg equiv, cap 45 mg equiv, cap 75 mg equiv, for susp 6 mg/ml equiv)</i>	
RELENZA DISKHALER	
ANTIHERPETIC AGENTS	
<i>acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)</i>	
<i>acyclovir sodium</i>	PA3
<i>famciclovir (tab 125 mg, tab 250 mg, tab 500 mg)</i>	
<i>valacyclovir hcl (tab 1 gm, tab 500 mg)</i>	
ANTIVIRAL, CORONAVIRUS AGENTS	
LAGEVRIO	
PAXLOVID	
PAXLOVID (150/100)	
PAXLOVID (300/100)	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
<i>buspirone hcl (tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 30 mg)</i>	
<i>hydroxyzine hcl (syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg)</i>	
<i>hydroxyzine pamoate (hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate cap 25 mg, hydroxyzine pamoate cap 50 mg)</i>	
BENZODIAZEPINES	
<i>alprazolam (orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab er 24hr 0.5 mg, tab er 24hr 1 mg, tab er 24hr 2 mg, tab er 24hr 3 mg)</i>	
ALPRAZOLAM INTENSOL	
<i>clonazepam (orally disintegrating tab 0.125 mg, orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>clorazepate dipotassium</i>	
<i>diazepam (conc 5 mg/ml, oral soln 1 mg/ml, tab 2 mg, tab 5 mg, tab 10 mg)</i>	
<i>lorazepam (conc 2 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>oxazepam</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>paroxetine hcl (paroxetine hcl 10 mg/5ml suspension, paroxetine hcl tab er 24hr 12.5 mg, paroxetine hcl tab er 24hr 25 mg, paroxetine hcl tab er 24hr 37.5 mg)</i>	
<i>paroxetine mesylate (vasomotor)</i>	
VENLAFAXINE BESYLATE ER	
<i>venlafaxine hcl (cap er 24hr 150 mg equivalent, tab 25 mg equivalent, tab 50 mg equivalent, tab 75 mg equivalent, tab 100 mg equivalent, tab er 24hr 37.5 mg equivalent)</i>	
BIPOLAR AGENTS	
MOOD STABILIZERS	
<i>lithium</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap, lithium carbonate cap 150 mg, lithium carbonate cap 300 mg, lithium carbonate cap 600 mg, lithium carbonate tab 300 mg, lithium carbonate tab er 300 mg, lithium carbonate tab er 450 mg)</i>	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
<i>acarbose (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
ALOGLIPTIN-METFORMIN HCL	
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	
CYCLOSET	
<i>glimepiride (tab 1 mg, tab 2 mg, tab 4 mg)</i>	
GLIPIZIDE (GLIPIZIDE 2.5 MG TAB, GLIPIZIDE TAB 5 MG, GLIPIZIDE TAB 10 MG, GLIPIZIDE TAB ER 24HR 10 MG, GLIPIZIDE TAB ER 24HR 2.5 MG, GLIPIZIDE TAB ER 24HR 5 MG)	
<i>glipizide-metformin hcl</i>	
JANUVIA	
<i>metformin hcl (metformin hcl 625 mg tab, metformin hcl tab 500 mg, metformin hcl tab 850 mg, metformin hcl tab 1000 mg, metformin hcl tab er 24hr 500 mg, metformin hcl tab er 24hr 750 mg, metformin hcl tab er 24hr modified release 1000 mg, metformin hcl tab er 24hr modified release 500 mg, metformin hcl tab er 24hr osmotic 1000 mg, metformin hcl tab er 24hr osmotic 500 mg)</i>	
MOUNJARO	PA
<i>nateglinide</i>	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN	PA
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	PA
OZEMPIC (2 MG/DOSE)	PA
<i>pioglitazone hcl</i>	
<i>pioglitazone hcl-metformin hcl</i>	
<i>repaglinide</i>	
<i>saxagliptin-metformin hcl</i>	
SYMLINPEN 120	
SYMLINPEN 60	
TRULICITY	PA
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
BAQSIMI TWO PACK	
<i>diazoxide susp 50 mg/ml</i>	
GLUCAGEN HYPOKIT	
<i>glucagon</i>	
GLUCAGON EMERGENCY	
INSULINS	
FIASP	
FIASP FLEXTOUCH	
FIASP PENFILL	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTRATED)	
HUMULIN R U-500 KWIKPEN	
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	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
NOVOLIN R FLEXPEN	
NOVOLIN R FLEXPEN RELION	
NOVOLIN R RELION	
NOVOLOG	
NOVOLOG 70/30 FLEXPEN RELION	
NOVOLOG FLEXPEN	
NOVOLOG FLEXPEN RELION	
NOVOLOG MIX 70/30	
NOVOLOG MIX 70/30 FLEXPEN	
NOVOLOG MIX 70/30 RELION	
NOVOLOG PENFILL	
NOVOLOG RELION	
BLOOD PRODUCTS AND MODIFIERS	
ANTICOAGULANTS	
<i>dabigatran etexilate mesylate</i>	
ELIQUIS (2.5 MG TAB, 5 MG TAB)	
ELIQUIS DVT/PE STARTER PACK	
<i>enoxaparin sodium (soln 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)</i>	
<i>fondaparinux sodium</i>	
<i>heparin sodium (porcine) (1000 unit/ml, pf 1000 unit/ml, 10000 unit/ml)</i>	PA3
<i>heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)</i>	
<i>warfarin sodium (tab 1 mg, tab 2 mg, tab 2.5 mg, tab 3 mg, tab 4 mg, tab 5 mg, tab 6 mg, tab 7.5 mg, tab 10 mg)</i>	
XARELTO	
XARELTO STARTER PACK	
BLOOD PRODUCTS AND MODIFIERS, OTHER	
<i>anagrelide hcl</i>	
ARANESP (ALBUMIN FREE)	PA
<i>eltrombopag olamine</i>	
LEUKINE	PA
NIVESTYM	PA
RETACRIT	PA

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
HEMOSTASIS AGENTS	
<i>tranexamic acid tab 650 mg</i>	
PLATELET MODIFYING AGENTS	
<i>aspirin-dipyridamole</i>	
<i>cilostazol</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	
<i>ticagrelor</i>	ST
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
<i>clonidine</i>	
<i>clonidine hcl (tab 0.1 mg, tab 0.2 mg, tab 0.3 mg)</i>	
<i>droxidopa</i>	
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	
ALPHA-ADRENERGIC BLOCKING AGENTS	
<i>doxazosin mesylate (tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg)</i>	
<i>prazosin hcl (cap 1 mg, cap 2 mg, cap 5 mg)</i>	
<i>terazosin hcl</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil</i>	
<i>irbesartan</i>	
<i>losartan potassium (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>valsartan (tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg)</i>	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>lisinopril (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i>	
<i>ramipril</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>	
<i>digoxin (digoxin 0.05 mg/ml solution, digoxin oral soln 0.05 mg/ml, digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg))</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl (cap 150 mg, cap 200 mg, cap 250 mg)</i>	
<i>propafenone hcl</i>	
<i>quinidine gluconate</i>	
<i>quinidine sulfate (quinidine sulfate 200 mg tab, quinidine sulfate 300 mg tab, quinidine sulfate tab 200 mg, quinidine sulfate tab 300 mg)</i>	
<i>sotalol hcl</i>	
<i>sotalol hcl (afib/af)</i>	
BETA-ADRENERGIC BLOCKING AGENTS	
<i>atenolol (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>bisoprolol fumarate (tab 5 mg, tab 10 mg)</i>	
<i>carvedilol</i>	
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	
<i>metoprolol succinate</i>	
<i>metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	
<i>nadolol (tab 20 mg, tab 40 mg, tab 80 mg)</i>	
<i>pindolol</i>	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
<i>amlodipine besylate (tab 2.5 mg equivalent, tab 5 mg equivalent, tab 10 mg equivalent)</i>	
<i>nifedipine (tab er 30 mg, tab er 60 mg, tab er 90 mg, tab er osmotic release 30 mg, tab er osmotic release 60 mg, tab er osmotic release 90 mg)</i>	
<i>nimodipine cap 30 mg</i>	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
<i>diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg, tab er 24hr 120 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg)</i>	
<i>diltiazem hcl coated beads</i>	
<i>diltiazem hcl extended release beads</i>	
<i>verapamil hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)</i>	
VERAPAMIL HCL ER	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
CARDIOVASCULAR AGENTS, OTHER	
<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	
<i>aliskiren fumarate</i>	
<i>amiloride & hydrochlorothiazide</i>	
AMILORIDE-HYDROCHLOROTHIAZIDE	
<i>amlodipine besylate-benazepril hcl</i>	
<i>amlodipine besylate-valsartan</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>atenolol & chlorthalidone</i>	
<i>bisoprolol & hydrochlorothiazide</i>	
<i>enalapril maleate & hydrochlorothiazide</i>	
ENTRESTO	
<i>irbesartan-hydrochlorothiazide</i>	
<i>ivabradine hcl</i>	
<i>lisinopril & hydrochlorothiazide</i>	
<i>losartan potassium & hydrochlorothiazide</i>	
<i>metoprolol & hydrochlorothiazide</i>	
<i>metyrosine</i>	
<i>pentoxifylline tab er 400 mg</i>	
<i>ranolazine</i>	
<i>spironolactone & hydrochlorothiazide</i>	
<i>triamterene & hydrochlorothiazide</i>	
<i>valsartan-hydrochlorothiazide</i>	
DIURETICS, LOOP	
<i>bumetanide</i>	
<i>furosemide (furosemide 8 mg/ml solution, furosemide inj 10 mg/ml, furosemide oral soln 10 mg/ml, furosemide tab 20 mg, furosemide tab 40 mg, furosemide tab 80 mg)</i>	
<i>torsemide</i>	
DIURETICS, POTASSIUM-SPARING	
<i>amiloride hcl tab 5 mg</i>	
<i>triamterene (cap 50 mg, cap 100 mg)</i>	
DIURETICS, THIAZIDE	
<i>chlorthalidone</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>hydrochlorothiazide (cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	
<i>indapamide</i>	
<i>metolazone</i>	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
<i>choline fenofibrate</i>	
<i>fenofibrate (fenofibrate 50 mg cap, fenofibrate 150 mg cap, fenofibrate tab 40 mg, fenofibrate tab 48 mg, fenofibrate tab 54 mg, fenofibrate tab 120 mg, fenofibrate tab 145 mg, fenofibrate tab 160 mg)</i>	
<i>fenofibrate micronized (cap 43 mg, cap 67 mg, cap 130 mg, cap 134 mg, cap 200 mg)</i>	
<i>gemfibrozil tab 600 mg</i>	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium (tab 10 mg equivalent, tab 20 mg equivalent, tab 40 mg equivalent, tab 80 mg equivalent)</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)</i>	
<i>simvastatin (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</i>	
DYSLIPIDEMICS, OTHER	
<i>cholestyramine (4 gm/dose, packets 4 gm)</i>	
<i>cholestyramine light</i>	
<i>colesevelam hcl</i>	
<i>ezetimibe</i>	
<i>icosapent ethyl</i>	
JUXTAPID	PA
NEXLETOL	PA
<i>niacin (antihyperlipidemic) (tab er 500 mg, tab er 750 mg, tab er 1000 mg)</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	
REPATHA SURECLICK	
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
<i>eplerenone</i>	
KERENDIA	
<i>spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)	
DAPAGLIFLOZIN PROPANEDIOL	
FARXIGA	
JARDIANCE	
VASODILATORS, DIRECT-ACTING ARTERIAL	
<i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>minoxidil (tab 2.5 mg, tab 10 mg)</i>	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate (isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab, isosorbide mononitrate tab 10 mg, isosorbide mononitrate tab 20 mg, isosorbide mononitrate tab er 24hr 120 mg, isosorbide mononitrate tab er 24hr 30 mg, isosorbide mononitrate tab er 24hr 60 mg)</i>	
NITRO-BID	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	
<i>nitroglycerin (intra-anal)</i>	
<i>nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr, tl soln 0.4 mg/spray (400 mcg/spray))</i>	
VERQUVO	
CENTRAL NERVOUS SYSTEM AGENTS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
<i>amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 12.5 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
<i>dextroamphetamine sulfate (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 5 mg, oral solution 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
<i>atomoxetine hcl</i>	
<i>dexmethylphenidate hcl</i>	
<i>guanfacine hcl (adhd)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>methylphenidate hcl (cap er 10 mg (cd), cap er 20 mg (cd), cap er 24hr 10 mg (la), cap er 24hr 10 mg (xr), cap er 24hr 15 mg (xr), cap er 24hr 20 mg (la), cap er 24hr 20 mg (xr), cap er 24hr 30 mg (la), cap er 24hr 30 mg (xr), cap er 24hr 40 mg (la), cap er 24hr 40 mg (xr), cap er 24hr 50 mg (xr), cap er 24hr 60 mg (la), cap er 24hr 60 mg (xr), cap er 30 mg (cd), cap er 40 mg (cd), cap er 50 mg (cd), cap er 60 mg (cd), chew tab 2.5 mg, chew tab 5 mg, chew tab 10 mg, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, tab 10 mg, tab 20 mg, tab er 10 mg, tab er 20 mg, tab er osmotic release (osm) 18 mg, tab er osmotic release (osm) 27 mg, tab er osmotic release (osm) 36 mg, tab er osmotic release (osm) 54 mg, tab er osmotic release (osm) 72 mg)</i>	
METHYLPHENIDATE HCL ER	
METHYLPHENIDATE HCL ER (OSM)	
CENTRAL NERVOUS SYSTEM, OTHER	
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	
VEOZAH	
FIBROMYALGIA AGENTS	
DRIZALMA SPRINKLE	PA2
<i>duloxetine hcl (cap 20 mg eq, cap 30 mg eq, cap 40 mg eq, cap 60 mg eq)</i>	
<i>pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, cap 200 mg, cap 225 mg, cap 300 mg, soln 20 mg/ml)</i>	
MULTIPLE SCLEROSIS AGENTS	
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
<i>dalfampridine tab er 12hr 10 mg</i>	PA
<i>dimethyl fumarate (capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg & 240 mg)</i>	
<i>glatiramer acetate</i>	
REBIF	
REBIF REBIDOSE	
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	
<i>teriflunomide</i>	
ZEPOSIA	
ZEPOSIA 7-DAY STARTER PACK	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	
DENTAL AND ORAL AGENTS	
<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>pilocarpine hcl (oral)</i>	
<i>triamcinolone acetonide (mouth)</i>	
DERMATOLOGICAL AGENTS	
ACNE AND ROSACEA AGENTS	
<i>acitretin</i>	
<i>benzoyl peroxide-erythromycin</i>	
<i>isotretinoin (cap 10 mg, cap 20 mg, cap 25 mg, cap 30 mg, cap 35 mg, cap 40 mg)</i>	
<i>tazarotene (tazarotene 0.1 % foam, tazarotene cream 0.05%, tazarotene cream 0.1%, tazarotene gel 0.05%, tazarotene gel 0.1%)</i>	
<i>tretinoin (cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%, gel 0.05%)</i>	
<i>tretinoin microsphere (tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.1 % gel, tretinoin microsphere gel 0.04%, tretinoin microsphere gel 0.1%)</i>	
TRETINOIN MICROSPHERE PUMP	
DERMATITIS AND PRURITUS AGENTS	
<i>betamethasone dipropionate (topical)</i>	
BETAMETHASONE DIPROPIONATE AUG	
<i>betamethasone dipropionate augmented</i>	
<i>betamethasone valerate (betamethasone valerate 0.1 % lotion, betamethasone valerate aerosol foam 0.12%, betamethasone valerate cream 0.1% (base equivalent), betamethasone valerate lotion 0.1% (base equivalent), betamethasone valerate oint 0.1% (base equivalent))</i>	
<i>clobetasol propionate (cream 0.05%, foam 0.05%, gel 0.05%, lotion 0.05%, oint 0.05%, shampoo 0.05%, soln 0.05%, spray 0.05%)</i>	
<i>clobetasol propionate emollient base</i>	
<i>clobetasol propionate emulsion</i>	
<i>desonide (cream 0.05%, oint 0.05%)</i>	
<i>doxepin hcl (antipruritic)</i>	
EUCRISA	
<i>fluocinonide (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>fluocinonide emulsified base</i>	
<i>fluticasone propionate (fluticasone propionate 0.05 % lotion, fluticasone propionate cream 0.05%, fluticasone propionate lotion 0.05%, fluticasone propionate oint 0.005%)</i>	
<i>hydrocortisone (rectal) perianal cream 2.5%</i>	
<i>hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>	
HYDROCORTISONE 2.5 % LOTION	
<i>hydrocortisone valerate</i>	
<i>lactic acid (ammonium lactate)</i>	
<i>mometasone furoate (cream 0.1%, oint 0.1%, solution 0.1% (lotion))</i>	
<i>pimecrolimus</i>	
<i>selenium sulfide lotion 2.5%</i>	
<i>tacrolimus (topical)</i>	
<i>triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)</i>	
DERMATOLOGICAL AGENTS, OTHER	
CALCIPOTRIENE (CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE CREAM 0.005%, CALCIPOTRIENE OINT 0.005%, CALCIPOTRIENE SOLN 0.005% (50 MCG/ML))	
<i>clotrimazole w/ betamethasone</i>	
CLOTRIMAZOLE-BETAMETHASONE	
<i>diclofenac sodium (actinic keratoses)</i>	PA
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION)	
<i>fluorouracil (topical)</i>	
<i>imiquimod (3.75%, 5%)</i>	
METHOXSALEN RAPID	
<i>nystatin-triamcinolone</i>	
OTEZLA	PA
<i>podofilox (podofilox 0.5 % solution, podofilox soln 0.5%)</i>	
SANTYL	
<i>silver sulfadiazine cream 1%</i>	
PEDICULICIDES/SCABICIDES	
<i>malathion</i>	
<i>permethrin cream 5%</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
TOPICAL ANTI-INFECTIVES	
<i>acyclovir topical</i>	
<i>ciclopirox (gel 0.77%, shampoo 1%, solution 8%)</i>	
<i>ciclopirox olamine (cream 0.77% equiv, susp 0.77% equiv)</i>	
<i>clindamycin phosphate (topical)</i>	
ERY	
<i>erythromycin (acne aid)</i>	
ERYTHROMYCIN 2 % GEL	
<i>mupirocin calcium (topical)</i>	
<i>mupirocin oint 2%</i>	
ELECTROLYTES/MINERALS/METALS/VITAMINS	
ELECTROLYTE/MINERAL REPLACEMENT	
<i>amino acid infusion</i>	PA3
<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>dextrose (dextrose 5 % solution, dextrose 10 % solution, dextrose inj 5%, dextrose inj 10%)</i>	
<i>dextrose w/ sodium chloride (2.5% 0.45%, 5% 0.45%, 5% 0.9%)</i>	
DEXTROSE-NACL	
DEXTROSE-SODIUM CHLORIDE (2.5-0.45 % SOLUTION, 5-0.2 % SOLUTION, 5-0.45 % SOLUTION, 5-0.9 % SOLUTION, 10-0.2 % SOLUTION, 10-0.45 % SOLUTION)	
INTRALIPID	PA3
ISOLYTE-P IN D5W	
KCL IN DEXTROSE-NACL	
KCL-LACTATED RINGERS-D5W	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate inj 50%)</i>	
NUTRILIPID	PA3
<i>potassium chloride (potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride cap er 8 meq, potassium chloride cap er 10 meq, potassium chloride inj 2 meq/ml, potassium chloride inj 10 meq/100ml, potassium chloride inj 20 meq/100ml, potassium chloride inj 40 meq/100ml, potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride powder packet 20 meq, potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg))</i>	
POTASSIUM CHLORIDE ER	
<i>potassium chloride in dextrose & sodium chloride</i>	
<i>potassium chloride in dextrose 20 meq/l (0.15%)5% inj</i>	
POTASSIUM CHLORIDE IN NACL (KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ, KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ, KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ, POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION)	
<i>potassium chloride microencapsulated crystals er</i>	
<i>potassium citrate (alkalinizer)</i>	
POTASSIUM CL IN DEXTROSE 5%	
PREMASOL	PA3
PROSOL	PA3
<i>sodium chloride (gu irrigant)</i>	
<i>sodium chloride (sodium chloride 0.9 % solution, sodium chloride iv soln 0.45%, sodium chloride iv soln 0.9%, sodium chloride iv soln 3%, sodium chloride iv soln 5%, sodium chloride preservative free (pf) inj 0.9%)</i>	
SODIUM FLUORIDE (SODIUM FLUORIDE 2.2 (1 F) MG TAB, SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF), SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF), SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF))	
TRAVASOL	PA3
TROPHAMINE	PA3
ELECTROLYTE/MINERAL/METAL MODIFIERS	
<i>deferasirox</i>	
<i>deferiprone</i>	
FERRIPROX 100 MG/ML SOLUTION	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	
<i>tolvaptan (tolvaptan 15 mg tab, tolvaptan tab 15 mg, tolvaptan tab 30 mg)</i>	
<i>trientine hcl (trientine hcl 500 mg cap, trientine hcl cap 250 mg)</i>	
POTASSIUM BINDERS	
LOKELMA	
<i>sodium polystyrene sulfonate</i>	
SPS (SODIUM POLYSTYRENE SULF)	
VELTASSA	
VITAMINS	
ATABEX EC	
ATABEX OB	
AZESCO	
C-NATE DHA	
CITRANATAL 90 DHA	
CITRANATAL ASSURE	
CITRANATAL B-CALM	
CITRANATAL BLOOM	
CITRANATAL BLOOM DHA	
CITRANATAL DHA	
CITRANATAL ESSENCE	
CITRANATAL HARMONY	
CITRANATAL MEDLEY	
CITRANATAL RX	
CO-NATAL FA	
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DERMACINRX PRETRATE	
DUET DHA 400	
DUET DHA BALANCED	
ELITE-OB	
ENBRACE HR	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
FOLIVANE-OB	
INATAL GT	
JENLIVA PRENATAL/POSTNATAL	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
MATERNACEL	
MULTI-MAC	
NATACHEW	
NATAL PNV	
NATALVIT	
NEEVO DHA	
NEO-VITAL RX	
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE	
NEONATAL FE	
NEONATAL PLUS	
NESTABS	
NESTABS DHA	
NESTABS ONE	
NIVA-PLUS	
OB COMPLETE	
OB COMPLETE ONE	
OB COMPLETE PETITE	
OB COMPLETE PREMIER	
OB COMPLETE/DHA	
OBSTETRIX EC (WITH DOCUSATE)	
OBSTETRIX ONE (WITH DOCUSATE)	
ONE VITE WOMENS PLUS	
PNV PRENATAL PLUS MULTIVIT+DHA	
PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 20-1	
PNV TABS 29-1	
PNV-DHA	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

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

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
PREPLUS	
PRETAB	
PRIMACARE	
PROVIDA OB	
RELNATE DHA	
SE-NATAL 19	
SELECT-OB	
SELECT-OB+DHA	
TARON-C DHA	
TARON-PREX	
THRIVITE RX	
TPN ELECTROLYTES	
TRICARE	
TRINATAL RX 1	
TRINATE	
TRINAZ	
TRISTART DHA	
TRISTART FREE	
TRISTART ONE	
VINATE DHA RF	
VINATE II	
VINATE ONE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VIRT-PN PLUS	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
VITALARA	
VITAMEDMD ONE RX/QUATREFOLIC	
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATHELY WITH GINGER	
VITATRUE	
VIVA DHA	
VP-PNV-DHA	
WESCAP-C DHA	
WESCAP-PN DHA	
WESNATAL DHA COMPLETE	
WESNATE DHA	
WESTAB PLUS	
WESTGEL DHA	
ZALVIT	
ZATEAN-PN DHA	
ZATEAN-PN PLUS	
ZIPHEX	

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

<i>lactulose (encephalopathy)</i>	
<i>lactulose (oral crystal packet 10 gm, solution 10 gm/15ml)</i>	
LINZESS	
<i>lubiprostone</i>	
RELISTOR	PA

ANTI-DIARRHEAL AGENTS

<i>alosetron hcl</i>	
<i>diphenoxylate w/ atropine</i>	
DIPHENOXYLATE-ATROPINE	
<i>loperamide hcl cap 2 mg</i>	
XERMELO	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ANTISPASMODICS, GASTROINTESTINAL	
<i>dicyclomine hcl (cap 10 mg, oral soln 10 mg/5ml, tab 20 mg)</i>	
<i>glycopyrrolate (glycopyrrolate 1.5 mg tab, glycopyrrolate oral soln 1 mg/5ml, glycopyrrolate tab 1 mg, glycopyrrolate tab 2 mg)</i>	
GASTROINTESTINAL AGENTS, OTHER	
GATTEX	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
URSODIOL (URSODIOL 200 MG CAP, URSODIOL 400 MG CAP, URSODIOL CAP 300 MG, URSODIOL TAB 250 MG, URSODIOL TAB 500 MG)	
VOQUEZNA	
VOWST	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
<i>famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)</i>	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP, NIZATIDINE CAP 150 MG)	
PROTECTANTS	
<i>sucralfate tab 1 gm</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium (cap 20 mg (base eq), cap 40 mg (base eq), for susp packet 10 mg, for susp packet 20 mg, for susp packet 40 mg)</i>	
<i>lansoprazole (cap 15 mg, cap 30 mg, tab orally disintegrating 15 mg, tab orally disintegrating 30 mg)</i>	
<i>omeprazole (cap 10 mg, cap 20 mg, cap 40 mg)</i>	
<i>pantoprazole sodium (ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg)</i>	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ARALAST NP	PA3
<i>betaine</i>	
CERDELGA	
CREON	
<i>cromolyn sodium (mastocytosis)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
CYSTAGON	
CYSTARAN	
GLASSIA 1000 MG/50ML SOLUTION	PA3
<i>glutamine (sickle cell)</i>	
<i>miglustat</i>	
PROLASTIN-C	PA3
RAVICTI	
REVCOVI	
<i>sapropterin dihydrochloride</i>	
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	
SUCRAID	
WELIREG	
ZEMAIRA	PA3
ZENPEP	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide</i>
<i>mirabegron</i>
<i>oxybutynin chloride (solution 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)</i>
OXYTROL
<i>solifenacin succinate</i>
<i>tolterodine tartrate</i>
<i>trospium chloride</i>

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl</i>	
<i>dutasteride cap 0.5 mg</i>	
<i>dutasteride-tamsulosin hcl</i>	
<i>finasteride tab 5 mg</i>	
<i>tadalafil tab 5 mg</i>	PA2
<i>tamsulosin hcl</i>	

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride (tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg)</i>

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ELMIRON	
<i>penicillamine (cap 250 mg, tab 250 mg)</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	
DEXAMETHASONE (DEXAMETHASONE 0.5 MG/5ML SOLUTION, DEXAMETHASONE 0.75 MG TAB, DEXAMETHASONE 1.5 MG (35) TAB THPK, DEXAMETHASONE 1.5 MG (51) TAB THPK, DEXAMETHASONE TAB 0.5 MG, DEXAMETHASONE TAB 0.75 MG, DEXAMETHASONE TAB 1 MG, DEXAMETHASONE TAB 1.5 MG, DEXAMETHASONE TAB 2 MG, DEXAMETHASONE TAB 4 MG, DEXAMETHASONE TAB 6 MG, DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21))	
<i>fludrocortisone acetate tab 0.1 mg</i>	
HEMADY	
<i>methylprednisolone (tab 4 mg, tab 8 mg, tab 16 mg, tab 32 mg, tab therapy pack 4 mg (21))</i>	
<i>prednisolone sodium phosphate (prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), prednisolone sod phosphate oral soln 10 mg/5ml (base equiv), prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), prednisolone sod phosphate oral soln 20 mg/5ml (base equiv), prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate oral soln 25 mg/5ml (base eq))</i>	
<i>prednisolone soln 15 mg/5ml</i>	
<i>prednisone (prednisone 5 mg/5ml solution, prednisone tab 1 mg, prednisone tab 2.5 mg, prednisone tab 5 mg, prednisone tab 10 mg, prednisone tab 20 mg, prednisone tab 50 mg, prednisone tab therapy pack 5 mg (21), prednisone tab therapy pack 5 mg (48), prednisone tab therapy pack 10 mg (21), prednisone tab therapy pack 10 mg (48))</i>	
PREDNISONE INTENSOL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	
<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	
<i>desmopressin acetate spray (desmopressin acetate nasal spray soln 0.01%, desmopressin acetate spray 0.01 % solution)</i>	
<i>desmopressin acetate spray refrigerated</i>	
GENOTROPIN	PA
GENOTROPIN MINIQUEICK	PA
HUMATROPE	PA
INCRELEX	
NORDITROPIN FLEXPPO	PA
NUTROPIN AQ NUSPIN 10	PA
NUTROPIN AQ NUSPIN 20	PA

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
NUTROPIN AQ NUSPIN 5	PA
OMNITROPE	PA
SEROSTIM	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

misoprostol (tab 100 mcg, tab 200 mcg)

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

ANDROGENS

danazol (cap 50 mg, cap 100 mg, cap 200 mg)

testosterone (testosterone 10 mg/act (2%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 50 mg/5gm (1%) gel, testosterone td gel 10mg/act (2%), testosterone td gel 12.5 mg/act (1%), testosterone td gel 20.25 mg/1.25gm (1.62%), testosterone td gel 20.25 mg/act (1.62%), testosterone td gel 25 mg/2.5gm (1%), testosterone td gel 40.5 mg/2.5gm (1.62%), testosterone td gel 50 mg/5gm (1%), testosterone td soln 30 mg/act)

TESTOSTERONE CYPIONATE (TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION, TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML, TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML)

TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION

ESTROGENS

desogestrel-ethinyl estradiol (biphasic)

drospirenone-ethinyl estradiol

drospirenone-ethinyl estradiol-levomefolate calcium estrad-levomefolate tab 3-0.02-0.451 mg

estradiol & norethindrone acetate

estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg, td patch weekly 0.025 mg/24hr, td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), td patch weekly 0.05 mg/24hr, td patch weekly 0.06 mg/24hr, td patch weekly 0.075 mg/24hr, td patch weekly 0.1 mg/24hr)

estradiol vaginal

ESTRING

ethynodiol diacet & eth estrad

etonogestrel-ethinyl estradiol

levonorgestrel & eth estradiol

levonorgestrel-eth estradiol (triphasic)

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	
<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>	
<i>norelgestromin-ethinyl estradiol</i>	
<i>norethin acet & estrad-fe (ace & ethinyl tab 1 mcg, ace-eth chew tab 1 mcg (24), ace-ethinyl cap 1 mcg (24))</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	
<i>norethindrone acet & eth estra ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>norgestrel & ethinyl estradiol</i>	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	
PREMPRO	
PROGESTINS	
DEPO-SUBQ PROVERA 104	
<i>medroxyprogesterone acetate (contraceptive)</i>	
<i>medroxyprogesterone acetate (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	
<i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i>	
MIRENA (52 MG)	
NEXPLANON	
<i>norethindrone (contraceptive)</i>	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	
<i>raloxifene hcl</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	
<i>levothyroxine sodium (tab 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)</i>	
<i>liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)</i>	
REZDIFFRA	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	
<i>cabergoline</i>	
ELIGARD	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
<i>leuprolide acetate (1 mg/0.2ml (5 mg/ml), 5 mg/ml)</i>	
LEUPROLIDE ACETATE (3 MONTH)	
LUPRON DEPOT	PA3
<i>mifepristone (hyperglycemia)</i>	PA
<i>octreotide acetate (50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml))</i>	
ORGOVYX	
RECORLEV	
SIGNIFOR	
SOMAVERT	
SYNAREL	
TRELSTAR MIXJECT	
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
<i>methimazole (tab 5 mg, tab 10 mg)</i>	
<i>propylthiouracil tab 50 mg</i>	
IMMUNOLOGICAL AGENTS	
ANGIOEDEMA AGENTS	
CINRYZE	PA
<i>icatibant acetate</i>	
IMMUNOGLOBULINS	
GAMMAGARD 2.5 GM/25ML SOLUTION	PA3
GAMMAGARD S/D LESS IGA	PA3
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	PA3
GAMUNEX-C 1 GM/10ML SOLUTION	PA3

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
PRIVIGEN 20 GM/200ML SOLUTION	PA3
IMMUNOLOGICAL AGENTS, OTHER	
ARCALYST	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	PA
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)	PA
KINERET	
OLUMIANT (1 MG TAB, 2 MG TAB)	
ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)	
ORENCIA CLICKJECT	
SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	
SKYRIZI PEN	
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
TALTZ	
TAVNEOS	
TREMFYA (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN PRSYR)	
TREMFYA ONE-PRESS	
TREMFYA PEN 200 MG/2ML SOLN A-INJ	
TREMFYA-CD/UC INDUCTION	
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	PA
XELJANZ XR	PA
XOLAIR	PA
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
IMMUNOSTIMULANTS	
ACTIMMUNE	
BESREMI	
PEGASYS	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
IMMUNOSUPPRESSANTS	
ADALIMUMAB-AACF (2 PEN)	
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-AATY CD/UC/HS START	
ADALIMUMAB-ADAZ (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	
ADALIMUMAB-ADBM (2 PEN) 40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-ADBM (2 SYRINGE) (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	
ADALIMUMAB-FKJP (2 PEN)	
ADALIMUMAB-FKJP (2 SYRINGE)	
ASTAGRAF XL	PA3
<i>azathioprine (tab 50 mg, tab 75 mg, tab 100 mg)</i>	PA3
<i>cyclosporine (cap 25 mg, cap 100 mg)</i>	PA3
<i>cyclosporine modified (for microemulsion)</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 (immunosuppressant)</i>	PA3
<i>leflunomide (tab 10 mg, tab 20 mg)</i>	
METHOTREXATE SODIUM (METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 250 MG/10ML SOLUTION, METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML), METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV))	
<i>mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)</i>	PA3
<i>mycophenolate sodium</i>	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	PA3
REZUROCK	
SIMPONI	
<i>sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	PA3
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	PA3
XATMEP	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
VACCINES	
ABRYSVO	
ACTHIB	
ADACEL	
AREXVY	
BCG VACCINE	
BEXSERO	
BOOSTRIX	
DAPTACEL	
ENGRIX-B	PA3
GARDASIL 9	
HAVRIX	
HEPLISAV-B	PA3
HIBERIX	
IMOVAX RABIES	
INFANRIX	
IPOL	
IXIARO	
JYNNEOS	
KINRIX	
M-M-R II	
MENQUADFI	
MENVEO	
MRESVIA	
PEDIARIX	
PEDVAX HIB	
PENBRAYA	
PENMENVY	
PENTACEL	
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	
RECOMBIVAX HB	PA3

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ROTARIX SUSPENSION	
ROTATEQ	
SHINGRIX	
TENIVAC	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
VAXCHORA	
VIMKUNYA	
VIVOTIF	
YF-VAX	
INFLAMMATORY BOWEL DISEASE AGENTS	
AMINOSALICYLATES	
<i>balsalazide disodium</i>	
DIPENTUM	
<i>mesalamine (cap dr 400 mg, cap er 24hr 0.375 gm, cap er 500 mg, enema 4 gm, suppos 1000 mg, tab delayed release 1.2 gm, tab delayed release 800 mg)</i>	
<i>mesalamine w/ cleanser</i>	
PENTASA 250 MG CAP ER	
<i>sulfasalazine (tab 500 mg, tab delayed release 500 mg)</i>	
GLUCOCORTICOIDS	
<i>budesonide (delayed release particles cap 3 mg, tab er 24hr 9 mg)</i>	
<i>hydrocortisone (intrarectal)</i>	
<i>hydrocortisone (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
METABOLIC BONE DISEASE AGENTS	
<i>alendronate sodium (tab 10 mg, tab 35 mg, tab 70 mg)</i>	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
<i>calcitriol (cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)</i>	
<i>cinacalcet hcl</i>	PA3

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap, doxercalciferol cap 0.5 mcg, doxercalciferol cap 1 mcg, doxercalciferol cap 2.5 mcg)</i>	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	
JUBBONTI	
TERIPARATIDE 560 MCG/2.24ML SOLN PEN	PA
TYMLOS	PA
WYOST	PA

MISCELLANEOUS THERAPEUTIC AGENTS

<i>alcohol swabs</i>
BRONCHITOL
BRONCHITOL TOLERANCE TEST
<i>gauze pads & dressings</i>
<i>insulin pen needle</i>
<i>insulin syringe, safety or non-safety (disp) u-100 0.3 ml</i>
<i>insulin syringe, safety or non-safety (disp) u-100 1 ml</i>
<i>insulin syringe, safety or non-safety (disp) u-100 1/2 ml</i>
<i>insulin syringe, safety or non-safety (disp) u-500 1/2 ml</i>
<i>needles, insulin disp., safety</i>

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>atropine sulfate (ophthalmic) soln 1%</i>
ATROPINE SULFATE 1 % SOLUTION
<i>bacitracin-poly-neomycin-hc</i>
<i>bacitracin-polymyxin b (ophth)</i>
<i>brimonidine tartrate-timolol maleate</i>
<i>cyclosporine (ophth)</i>
<i>dorzolamide hcl-timolol maleate</i>
<i>neomycin-bacitracin zn-polymyxin</i>
<i>neomycin-polymy-dexameth</i>
NEOMYCIN-POLYMYXIN-HC
RESTASIS MULTIDOSE
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
TOBRADEX 0.3-0.1 % OINTMENT	
<i>tobramycin-dexamethasone</i>	
XDEMZY	
OPHTHALMIC ANTI-ALLERGY AGENTS	
<i>azelastine hcl (ophth)</i>	
<i>cromolyn sodium (ophth)</i>	
CROMOLYN SODIUM 4 % SOLUTION	
OPHTHALMIC ANTI-INFECTIVES	
AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
<i>ciprofloxacin hcl (ophth)</i>	
<i>erythromycin (ophth)</i>	
ERYTHROMYCIN 5 MG/GM OINTMENT	
<i>gatifloxacin (ophth)</i>	
<i>gentamicin sulfate (ophth)</i>	
<i>levofloxacin (ophth)</i>	
LEVOFLOXACIN 0.5 % SOLUTION	
<i>moxifloxacin hcl (ophth)</i>	
<i>ofloxacin (ophth)</i>	
<i>polymyxin b-trimethoprim</i>	
SULFACETAMIDE SODIUM (10 % OINTMENT, 10 % SOLUTION)	
<i>sulfacetamide sodium (ophth)</i>	
<i>tobramycin (ophth)</i>	
TRIFLURIDINE	
ZIRGAN	
OPHTHALMIC ANTI-INFLAMMATORIES	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
<i>diclofenac sodium (ophth)</i>	
<i>difluprednate</i>	
<i>fluorometholone (ophth)</i>	
FLURBIPROFEN SODIUM	
FML FORTE	
<i>ketorolac tromethamine (ophth)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
LOTEMAX 0.5 % OINTMENT	
<i>loteprednol etabonate</i>	
PRED MILD	
<i>prednisolone acetate (ophth)</i>	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
<i>betaxolol hcl (ophth)</i>	
BETAXOLOL HCL 0.5 % SOLUTION	
BETOPTIC-S	
CARTEOLOL HCL	
LEVOBUNOLOL HCL	
<i>timolol maleate (ophth)</i>	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
<i>acetazolamide cap er 12hr 500 mg</i>	
<i>brimonidine tartrate (soln 0.1%, soln 0.15%, soln 0.2%)</i>	
<i>dorzolamide hcl ophth soln 2%</i>	
<i>methazolamide (tab 25 mg, tab 50 mg)</i>	
<i>pilocarpine hcl (soln 1%, soln 2%, soln 4%)</i>	
RHOPRESSA	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>bimatoprost ophth soln 0.03%</i>	
<i>latanoprost ophth soln 0.005%</i>	
<i>travoprost</i>	
OTIC AGENTS	
CIPRO HC	
<i>ciprofloxacin hcl (otic)</i>	
<i>ciprofloxacin-dexamethasone</i>	
<i>hydrocortisone w/acetic acid</i>	
<i>neomycin-polymyxin-hc (otic)</i>	
<i>ofloxacin (otic)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
<i>budesonide (inhalation)</i>	PA3
<i>flunisolide (nasal)</i>	
FLUTICASONE FUROATE ELLIPTA	
<i>fluticasone propionate (nasal)</i>	
FLUTICASONE PROPIONATE HFA	
PULMICORT FLEXHALER	
ANTI-HISTAMINES	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
CLEMASTINE FUMARATE 2.68 MG TAB	
<i>desloratadine tab 5 mg</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	
ANTILEUKOTRIENES	
<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>zafirlukast</i>	
<i>zileuton</i>	
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA	
INCRUSE ELLIPTA	
<i>ipratropium bromide (nasal)</i>	
<i>ipratropium bromide inhal soln 0.02%</i>	PA3
SPIRIVA RESPIMAT	
<i>tiotropium bromide</i>	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
<i>albuterol sulfate (albuterol sulfate (5 mg/ml) 0.5% nebu soln, albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate soln nebu 0.5% (5 mg/ml), albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), albuterol sulfate soln nebu 1.25 mg/3ml (base equiv))</i>	PA3
<i>albuterol sulfate (inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg)</i>	
ALBUTEROL SULFATE HFA	
EPINEPHRINE (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	QL (2 PER 30 OVER TIME)

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>epinephrine (anaphylaxis) (0.15 mg/0.3ml (1:2000), 0.3 mg/0.3ml (1:1000))</i>	QL (2 PER 30 OVER TIME)
<i>levalbuterol hcl (soln 0.31 mg/3ml equiv, soln 0.63 mg/3ml equiv, soln 1.25 mg/3ml equiv, soln conc 1.25 mg/0.5ml equiv)</i>	PA3
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	
CYSTIC FIBROSIS AGENTS	
CAYSTON	
KALYDECO	
ORKAMBI	
PULMOZYME	PA3
SYMDEKO	
<i>tobramycin (soln 300 mg/4ml, soln 300 mg/5ml)</i>	PA3
TRIKAFTA	
MAST CELL STABILIZERS	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
<i>roflumilast</i>	
THEO-24	
<i>theophylline (tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)</i>	
THEOPHYLLINE ER	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS	PA
<i>ambrisentan</i>	
OPSUMIT	PA
<i>sildenafil citrate (pulmonary hypertension) tab 20 mg</i>	PA2
<i>tadalafil (pulmonary hypertension)</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	PA
PULMONARY FIBROSIS AGENTS	
OFEV	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>pirfenidone (pirfenidone 534 mg tab, pirfenidone cap 267 mg, pirfenidone tab 267 mg, pirfenidone tab 801 mg)</i>	
RESPIRATORY TRACT AGENTS, OTHER	
<i>acetylcysteine (soln 10%, soln 20%)</i>	PA3
<i>budesonide-formoterol fumarate dihydrate</i>	
COMBIVENT RESPIMAT	
FLUTICASONE FUROATE-VILANTEROL	
<i>fluticasone-salmeterol (fluticasone-salmeterol 45-21 mcg/act aerosol, fluticasone-salmeterol 55-14 mcg/act aer pow ba, fluticasone-salmeterol 113-14 mcg/act aer pow ba, fluticasone-salmeterol 115-21 mcg/act aerosol, fluticasone-salmeterol 230-21 mcg/act aerosol, fluticasone-salmeterol 232-14 mcg/act aer pow ba, fluticasone-salmeterol aer powder ba 100-50 mcg/act, fluticasone-salmeterol aer powder ba 250-50 mcg/act, fluticasone-salmeterol aer powder ba 500-50 mcg/act)</i>	
<i>ipratropium-albuterol</i>	PA3
NUCALA	PA
TRELEGY ELLIPTA	
UMECLIDINIUM-VILANTEROL	
Wixela Inhub	
SKELETAL MUSCLE RELAXANTS	
<i>cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
<i>doxepin hcl (sleep)</i>	
HETLIOZ LQ	PA
<i>ramelteon</i>	
<i>tasimelteon</i>	PA
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem tartrate (tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg)</i>	
WAKEFULNESS PROMOTING AGENTS	
<i>modafinil (tab 100 mg, tab 200 mg)</i>	PA

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
SODIUM OXYBATE	PA

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

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XPOVIO (60 MG TWICE WEEKLY).....	20
XPOVIO (80 MG ONCE WEEKLY).....	21
XPOVIO (80 MG TWICE WEEKLY).....	21
XTANDI.....	17

Y

YESINTEK.....	53
YF-VAX.....	56
YONSA.....	17

Z

zafirlukast.....	60
zaleplon.....	62
ZALVIT.....	46
ZATEAN-PN DHA.....	46
ZATEAN-PN PLUS.....	46
ZEJULA.....	21
ZELBORAF.....	21
ZEMAIRA.....	48
ZENPEP.....	48
ZEPATIER.....	25
ZEPOSIA.....	37
ZEPOSIA 7-DAY STARTER PACK.....	37
ZEPOSIA STARTER KIT.....	38
zidovudine.....	26
zileuton.....	60
ZIPHEX.....	46
ziprasidone hcl.....	24
ziprasidone mesylate.....	24
ZIRGAN.....	58
ZOLINZA.....	17
zolpidem tartrate.....	62
ZONISADE.....	11
zonisamide.....	11
ZTALMY.....	11
ZURZUVAE.....	12
ZYDELIG.....	21
ZYKADIA.....	21

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)
DICLOFENAC SODIUM GEL 1%
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 10/1/2025.

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.

Community Care contracts with the Centers for Medicare and Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS) to offer this Program of All-Inclusive Care for the Elderly (PACE).

