



Family Care Partnership  
**Formulary**  
2027 List of Covered Drugs  
FOR PEOPLE ENROLLED IN MEDICARE

THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN.

Note to existing members: This formulary has changed  
since last year. Please review this document to make sure  
that it still contains the drugs you take.

HPMS approved formulary file submission ID 00027148, Version 18

This formulary was updated on 10/1/2026.



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

## Introduction

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

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



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## A. Disclaimers

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

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

Benefits, premiums, deductibles, and/or copayments/coinsurance may change on January 1, 2027.

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

- ❖ You can always check Community Care's Family Care Partnership Program's up-to-date *List of Covered Drugs* online at [www.communitycareinc.org](http://www.communitycareinc.org) or by calling Member Services toll free at 1-866-992-6600. TTY users should call 711. This call is free.
- ❖ This document is available for free in Chinese, Hmong, Spanish, Lao, Russian, and Serbo-Croatian. Please contact Member Services at 866-992-6600 (TTY users should call 711) for assistance.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services toll free at 1-866-992-6600. TTY users should call 711. You may call us 24 hours a day, 7 days a week. This call is free.

### Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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numero 1-866-992-6600 (TTY: 711) . Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-992-6600 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-992-6600 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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

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

## Community Care:

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

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

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

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## B. Frequently Asked Questions (FAQ)

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

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

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

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

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

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

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## B2. Does the *Drug List* ever change?

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

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

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

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

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

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

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

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

## B3. What happens when there's a change to the *Drug List*?

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

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

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

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

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

When these changes happen, we'll:

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

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

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

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- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

#### **B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Community Care's Family Care Partnership Program based on specific criteria before you fill your prescription. Prior authorization is different from a referral. Community Care's Family Care Partnership Program may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Community Care's Family Care Partnership Program limits the amount of a drug you can get.
- **Step therapy:** Sometimes Community Care's Family Care Partnership Program requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at [www.communitycareinc.org](http://www.communitycareinc.org). You may also ask us to send you a copy.

**You can ask for an exception from these limits.** This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

#### **B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?**

The table in the section titled "List of Drugs by Drug Type" in **Section C**, page 15 has a column labeled "Necessary actions, restrictions, or limits on use."

#### **B6. What happens if Community Care's Family Care Partnership Program changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?**

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this

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

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

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by <medical condition *or* drug type>.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it that begins on page 89. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

### **B11. How can I ask for an exception?**

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

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

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

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

## **B13. What are generic drugs?**

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

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

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

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

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

## **B15. What are OTC drugs?**

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

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

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



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

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

### **B17. What is my copay?**

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

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## **C. Overview of the *List of Covered Drugs***

The *List of Covered Drugs* gives you information about the drugs covered by Community Care's Family Care Partnership Program. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**, page 89. The index alphabetically lists all drugs covered by Community Care's Family Care Partnership Program.

### **C1. List of Drugs by Drug Type**

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, "Antimigraine Agents". That's where you'll find drugs that treat migraines.

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

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



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## LEGEND

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

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

# List of Drugs by Drug Type

| DRUG                                                                                                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>ANALGESICS</b>                                                                                                                                                                                            |                                                         |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>                                                                                                                                                                  |                                                         |
| <i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>                                                                                                                                             |                                                         |
| DICLOFENAC EPOLAMINE                                                                                                                                                                                         | PA1                                                     |
| <i>diclofenac potassium (25 mg tab, 50 mg tab)</i>                                                                                                                                                           |                                                         |
| <i>diclofenac sodium (tab dr 25 mg, tab dr 50 mg, tab dr 75 mg, tab er 24hr 100 mg)</i>                                                                                                                      |                                                         |
| <i>diclofenac sodium 1.5 % solution</i>                                                                                                                                                                      |                                                         |
| <i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>                                                                                                                                                            |                                                         |
| <i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>                                                                                                                                             |                                                         |
| <i>etodolac er (er 400 mg tab er, er 500 mg tab er, er 600 mg tab er)</i>                                                                                                                                    |                                                         |
| <i>ibu 400 mg tab</i>                                                                                                                                                                                        |                                                         |
| <i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>                                                                                                         |                                                         |
| <i>indomethacin (25 mg cap, 50 mg cap)</i>                                                                                                                                                                   |                                                         |
| <i>indomethacin er</i>                                                                                                                                                                                       |                                                         |
| <i>meloxicam (7.5 mg tab, 15 mg tab)</i>                                                                                                                                                                     |                                                         |
| <i>nabumetone (500 mg tab, 750 mg tab)</i>                                                                                                                                                                   |                                                         |
| <i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>                                                                                                    |                                                         |
| <i>naproxen dr</i>                                                                                                                                                                                           |                                                         |
| <i>sulindac (150 mg tab, 200 mg tab)</i>                                                                                                                                                                     |                                                         |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>                                                                                                                                                                        |                                                         |
| <i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 37.5 mcg/hr patch, 50 mcg/hr patch, 62.5 mcg/hr patch, 75 mcg/hr patch, 87.5 mcg/hr patch, 100 mcg/hr patch)</i>                                              |                                                         |
| <i>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 5 mg tab, methadone hcl 5 mg/5ml solution, methadone hcl 10 mg/5ml solution, methadone hcl 5 mg/5ml solution, methadone hcl 10 mg tab)</i> |                                                         |
| <i>morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>                                                                                           |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| OXYCONTIN (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER)                                                                                                                                                     |                                                         |
| TRAMADOL HCL ER (BIPHASIC)                                                                                                                                                                                                                                                                   |                                                         |
| <i>tramadol hcl er (er 100 mg tab er, er 200 mg tab er, er 300 mg tab er)</i>                                                                                                                                                                                                                |                                                         |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                                                                                                                                                                                                                                                       |                                                         |
| ACETAMINOPHEN-CODEINE (ACETAMINOPHEN-CODEINE, ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION, ACETAMINOPHEN-CODEINE 300-15 MG TAB, ACETAMINOPHEN-CODEINE 300-30 MG TAB, ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION, ACETAMINOPHEN-CODEINE 300-60 MG TAB)                                  |                                                         |
| <i>codeine sulfate (codeine sulfate, codeine sulfate 15 mg tab, codeine sulfate 30 mg tab, codeine sulfate 60 mg tab)</i>                                                                                                                                                                    |                                                         |
| <i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-325 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-325 mg tab)</i>                                                                                                                                    |                                                         |
| <i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>                                                                                                                                                                                                                                      |                                                         |
| <i>hydromorphone hcl pf (hydromorphone hcl pf 10 mg/ml solution, hydromorphone hcl pf 50 mg/5ml solution, hydromorphone hcl pf 500 mg/50ml solution, hydromorphone hcl pf 10 mg/ml solution)</i>                                                                                             |                                                         |
| MORPHINE SULFATE (CONCENTRATE) (MORPHINE SULFATE (CONCENTRATE), MORPHINE SULFATE (CONCENTRATE) 20 MG/ML SOLUTION, MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION)                                                                                                                        |                                                         |
| <i>morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 20 mg/5ml solution, morphine sulfate 30 mg tab, morphine sulfate 10 mg/5ml solution, morphine sulfate 15 mg tab, morphine sulfate 20 mg/5ml solution)</i> |                                                         |
| <i>oxycodone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>                                                                                                                                                            |                                                         |
| <i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>                                                                                                                                                                                                 |                                                         |
| <i>tramadol hcl (50 mg tab, 100 mg tab)</i>                                                                                                                                                                                                                                                  |                                                         |
| <i>tramadol-acetaminophen</i>                                                                                                                                                                                                                                                                |                                                         |
| <b>ANESTHETICS</b>                                                                                                                                                                                                                                                                           |                                                         |
| <b>LOCAL ANESTHETICS</b>                                                                                                                                                                                                                                                                     |                                                         |
| AGONEAZE                                                                                                                                                                                                                                                                                     |                                                         |

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

| DRUG                                                                                                                                     | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>lidocaine 5 % ointment</i>                                                                                                            |                                                         |
| <i>lidocaine 5 % patch</i>                                                                                                               | PA1                                                     |
| <i>lidocaine hcl 4 % solution</i>                                                                                                        |                                                         |
| <i>lidocaine viscous hcl</i>                                                                                                             |                                                         |
| <i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i>                                                                             |                                                         |
| LIVIXIL PAK                                                                                                                              |                                                         |
| PREMIUM LIDOCAINE                                                                                                                        |                                                         |
| PRILOVIX                                                                                                                                 |                                                         |
| <i>prilovix lite</i>                                                                                                                     |                                                         |
| <i>prilovix lite plus</i>                                                                                                                |                                                         |
| PRILOVIX PLUS                                                                                                                            |                                                         |
| <i>prilovix ultralite</i>                                                                                                                |                                                         |
| <i>prilovix ultralite plus</i>                                                                                                           |                                                         |
| <b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>                                                                                   |                                                         |
| <b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>                                                                                                   |                                                         |
| <i>acamprosate calcium</i>                                                                                                               |                                                         |
| <i>disulfiram (250 mg tab, 500 mg tab)</i>                                                                                               |                                                         |
| <b>OPIOID DEPENDENCE</b>                                                                                                                 |                                                         |
| <i>buprenorphine hcl (2 mg tab, 8 mg tab)</i>                                                                                            |                                                         |
| <i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)</i>            |                                                         |
| <i>naltrexone hcl</i>                                                                                                                    |                                                         |
| <b>OPIOID REVERSAL AGENTS</b>                                                                                                            |                                                         |
| KLOXXADO                                                                                                                                 |                                                         |
| <i>naloxone hcl (naloxone hcl, naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr)</i> |                                                         |
| OPVEE                                                                                                                                    |                                                         |
| <b>SMOKING CESSATION AGENTS</b>                                                                                                          |                                                         |
| <i>bupropion hcl er (smoking det)</i>                                                                                                    |                                                         |
| NICOTROL NS                                                                                                                              |                                                         |
| <i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>                                                                                       |                                                         |
| <i>varenicline tartrate (starter)</i>                                                                                                    |                                                         |

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

| DRUG                                                                                                                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>varenicline tartrate(continue)</i>                                                                                                                                                                                        |                                                         |
| <b>ANTIBACTERIALS</b>                                                                                                                                                                                                        |                                                         |
| <b>AMINOGLYCOSIDES</b>                                                                                                                                                                                                       |                                                         |
| <i>amikacin sulfate 500 mg/2ml solution</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 (0.1 % cream, 0.1 % ointment, 40 mg/ml solution)</i>                                                                                                                                                   |                                                         |
| <i>neomycin sulfate</i>                                                                                                                                                                                                      |                                                         |
| STREPTOMYCIN SULFATE                                                                                                                                                                                                         |                                                         |
| <i>tobramycin sulfate (tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 10 mg/ml solution, tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 80 mg/2ml solution)</i> |                                                         |
| <b>ANTIBACTERIALS, OTHER</b>                                                                                                                                                                                                 |                                                         |
| <i>acetic acid 2 % solution</i>                                                                                                                                                                                              |                                                         |
| <i>aztreonam (1 gm soln, 2 gm soln)</i>                                                                                                                                                                                      |                                                         |
| CLEOCIN 100 MG SUPPOS                                                                                                                                                                                                        |                                                         |
| <i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>                                                                                                                                                                   |                                                         |
| <i>clindamycin palmitate hcl</i>                                                                                                                                                                                             |                                                         |
| <i>clindamycin phosphate (2 % cream, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)</i>                                                                                                                      |                                                         |
| <i>clindamycin phosphate in d5w (300 mg/50ml, 600 mg/50ml, 900 mg/50ml)</i>                                                                                                                                                  |                                                         |
| <i>colistimethate sodium (cba)</i>                                                                                                                                                                                           |                                                         |
| <i>daptomycin (daptomycin 350 mg recon soln, daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin 500 mg recon soln)</i>                                                                                   |                                                         |
| <i>fosfomycin tromethamine</i>                                                                                                                                                                                               |                                                         |
| <i>linezolid (100 mg/5ml recon susp, 600 mg tab, 600 mg/300ml solution)</i>                                                                                                                                                  |                                                         |
| <i>methenamine hippurate</i>                                                                                                                                                                                                 |                                                         |

| DRUG                                                                                                                                                                                                                                                                                    | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>metronidazole (metronidazole 500 mg/100ml solution, metronidazole 0.75 % cream, metronidazole 0.75 % gel, metronidazole 0.75 % lotion, metronidazole 1 % gel, metronidazole 250 mg tab, metronidazole 375 mg cap, metronidazole 500 mg tab, metronidazole 500 mg/100ml solution)</i> |                                                         |
| <i>nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)</i>                                                                                                                                                                                                                   |                                                         |
| <i>nitrofurantoin monohyd macro</i>                                                                                                                                                                                                                                                     |                                                         |
| <i>polymyxin b sulfate</i>                                                                                                                                                                                                                                                              |                                                         |
| SIVEXTRO                                                                                                                                                                                                                                                                                |                                                         |
| TIGECYCLINE (TIGECYCLINE, TIGECYCLINE)                                                                                                                                                                                                                                                  |                                                         |
| <i>tinidazole (250 mg tab, 500 mg tab)</i>                                                                                                                                                                                                                                              |                                                         |
| <i>trimethoprim (trimethoprim, trimethoprim)</i>                                                                                                                                                                                                                                        |                                                         |

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

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

VANCOMYCIN HCL (VANCOMYCIN HCL 1.5 GM RECON SOLN, VANCOMYCIN HCL 5 GM RECON SOLN, VANCOMYCIN HCL 50 MG/ML RECON SOLN, VANCOMYCIN HCL 125 MG CAP, VANCOMYCIN HCL 1 GM RECON SOLN, VANCOMYCIN HCL 1.25 GM RECON SOLN, VANCOMYCIN HCL 1.5 GM RECON SOLN, VANCOMYCIN HCL 5 GM RECON SOLN, VANCOMYCIN HCL 10 GM RECON SOLN, VANCOMYCIN HCL 100 GM RECON SOLN, VANCOMYCIN HCL 500 MG RECON SOLN, VANCOMYCIN HCL 500 MG/100ML SOLUTION, VANCOMYCIN HCL 750 MG RECON SOLN, VANCOMYCIN HCL 750 MG/150ML SOLUTION, VANCOMYCIN HCL 1000 MG/200ML SOLUTION, VANCOMYCIN HCL 1 GM RECON SOLN, VANCOMYCIN HCL 1.25 GM RECON SOLN, VANCOMYCIN HCL 10 GM RECON SOLN, VANCOMYCIN HCL 25 MG/ML RECON SOLN, VANCOMYCIN HCL 250 MG CAP, VANCOMYCIN HCL 250 MG/5ML RECON SOLN, VANCOMYCIN HCL 500 MG RECON SOLN, 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 750 MG RECON SOLN)

VANCOMYCIN HCL IN DEXTROSE (IN 1-5 GM/200ML-% SOLUTION, IN 1.25-5 GM/250ML-% SOLUTION, IN 1.5-5 GM/250ML-% SOLUTION, IN 1.5-5 GM/300ML-% SOLUTION, IN 500-5 MG/100ML-% SOLUTION, IN 750-5 MG/150ML-% SOLUTION)

VANCOMYCIN HCL IN NACL (IN 1-0.9 GM/200ML-% SOLUTION, IN 1-0.9 GM/250ML-% SOLUTION, IN 1.25-0.9 GM/250ML-% SOLUTION, IN 1.5-0.9 GM/250ML-% SOLUTION, IN 1.5-0.9 GM/500ML-% SOLUTION, IN 1.75-0.9 GM/250ML-% SOLUTION, IN 1.75-0.9 GM/500ML-% SOLUTION, IN 2-0.9 GM/500ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION, IN 750-0.9 MG/150ML-% SOLUTION, IN 750-0.9 MG/250ML-% SOLUTION)

XIFAXAN (200 MG TAB, 550 MG TAB)

**BETA-LACTAM, CEPHALOSPORINS**

*cefadroxil (cefadroxil, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)*

*cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)*

*cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)*

*cefepime hcl (1 gm soln, 2 gm soln)*

*cefixime (cefixime 400 mg tab, cefixime 100 mg/5ml recon susp, cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)*

*cefoxitin sodium (1 gm soln, 2 gm soln, 10 gm soln)*

*cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 200 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp)*

*cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)*

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

| DRUG                                                                                                                                                                                                                                                                                                                      | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| CEFTAZIDIME (CEFTAZIDIME, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)                                                                                                                                                                                                                                       |                                                         |
| <i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 500 mg recon soln)</i>                               |                                                         |
| <i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>                                                                                                                                                                                                                                                                         |                                                         |
| <i>cefuroxime sodium (1.5 gm soln, 750 mg soln)</i>                                                                                                                                                                                                                                                                       |                                                         |
| <i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab, 750 mg cap)</i>                                                                                                                                                                                              |                                                         |
| TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)                                                                                                                                                                                                                                                                            |                                                         |
| <b>BETA-LACTAM, PENICILLINS</b>                                                                                                                                                                                                                                                                                           |                                                         |
| <i>amoxicillin (amoxicillin 125 mg/5ml recon susp, amoxicillin 125 mg chew tab, amoxicillin 200 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i> |                                                         |
| <i>amoxicillin trihydrate</i>                                                                                                                                                                                                                                                                                             |                                                         |
| <i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>                                                                                                                         |                                                         |
| <i>amoxicillin-pot clavulanate er</i>                                                                                                                                                                                                                                                                                     |                                                         |
| AMPICILLIN (AMPICILLIN, AMPICILLIN)                                                                                                                                                                                                                                                                                       |                                                         |
| <i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium 1 gm recon soln, ampicillin sodium 10 gm recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 2 gm recon soln)</i>                                                                                                                 |                                                         |
| <i>ampicillin-sulbactam sodium (ampicillin-sulbactam sodium, ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 3 (2-1) gm recon soln, ampicillin-sulbactam sodium 15 (10-5) gm recon soln)</i>                                                                                           |                                                         |
| BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)                                                                                                                                                                                                                        |                                                         |
| <i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>                                                                                                                                                                                                                                                                      |                                                         |
| <i>nafcillin sodium (nafcillin sodium 2 gm recon soln, nafcillin sodium 10 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>                                                                                                                       |                                                         |
| PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)                                                                                                                                                                                                                                             |                                                         |
| <i>penicillin g potassium (5000000 soln, 20000000 soln)</i>                                                                                                                                                                                                                                                               |                                                         |
| PENICILLIN G SODIUM                                                                                                                                                                                                                                                                                                       |                                                         |

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

| DRUG                                                                                                                                                                                                                          | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG TAB, PENICILLIN V POTASSIUM 500 MG TAB)                                     |                                                         |
| <i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm ln, 3-0.375 gm ln, 3.375 (3-0.375) gm ln, 4-0.5 gm ln, 4.5 (4-0.5) gm ln, 13.5 (12-1.5) gm ln, 40.5 (36-4.5) gm ln)</i>                                                   |                                                         |
| <b>CARBAPENEMS</b>                                                                                                                                                                                                            |                                                         |
| <i>ertapenem sodium</i>                                                                                                                                                                                                       |                                                         |
| <i>imipenem-cilastatin (imipenem-cilastatin, imipenem-cilastatin)</i>                                                                                                                                                         |                                                         |
| <i>meropenem (1 gm soln, 500 mg soln)</i>                                                                                                                                                                                     |                                                         |
| <b>MACROLIDES</b>                                                                                                                                                                                                             |                                                         |
| <i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab)</i>                                                                                                     |                                                         |
| CLARITHROMYCIN (CLARITHROMYCIN 250 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG TAB, CLARITHROMYCIN 500 MG TAB, CLARITHROMYCIN 125 MG/5ML RECON SUSP)                                                                             |                                                         |
| <i>clarithromycin er</i>                                                                                                                                                                                                      |                                                         |
| <i>ery-tab 333 mg dr</i>                                                                                                                                                                                                      |                                                         |
| <i>erythrocin lactobionate (erythrocin lactobionate, erythrocin lactobionate)</i>                                                                                                                                             |                                                         |
| ERYTHROCIN STEARATE                                                                                                                                                                                                           |                                                         |
| <i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>                                                                                                                                                             |                                                         |
| <i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 500 mg tab dr, erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab)</i> |                                                         |
| <i>erythromycin ethylsuccinate (200 mg/5ml, 400 mg/5ml)</i>                                                                                                                                                                   |                                                         |
| ERYTHROMYCIN STEARATE                                                                                                                                                                                                         |                                                         |
| <i>fidaxomicin</i>                                                                                                                                                                                                            |                                                         |
| <b>QUINOLONES</b>                                                                                                                                                                                                             |                                                         |
| <i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>                                                                                                                                                                 |                                                         |
| <i>ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)</i>                                                                                                          |                                                         |
| <i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>                                                                                                                                                   |                                                         |
| <i>levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)</i>                                                                                                                                                                 |                                                         |
| MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)                                                                                                                                        |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| MOXIFLOXACIN HCL IN NAACL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| <i>ofloxacin (ofloxacin, ofloxacin 400 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <b>SULFONAMIDES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| <i>sulfacetamide sodium (acne)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>sulfadiazine</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| <i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| <b>TETRACYCLINES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| <i>coremino (45 mg tab er, 90 mg tab er, 135 mg tab er)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>doxy 100</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| <i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 50 mg tab, doxycycline hyclate 50 mg tab dr, doxycycline hyclate 75 mg tab, doxycycline hyclate 75 mg tab dr, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg recon soln, doxycycline hyclate 100 mg tab, doxycycline hyclate 100 mg tab dr, doxycycline hyclate 150 mg tab, doxycycline hyclate 50 mg tab dr, doxycycline hyclate 150 mg tab dr, doxycycline hyclate 200 mg tab dr)</i> |                                                         |
| <i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg cap, 150 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>minocycline hcl er (minocycline hcl er 90 mg tab er 24h, minocycline hcl er 135 mg tab er 24h, minocycline hcl er 45 mg tab er 24h, minocycline hcl er 55 mg tab er 24h, minocycline hcl er 65 mg tab er 24h, minocycline hcl er 80 mg tab er 24h, minocycline hcl er 105 mg tab er 24h, minocycline hcl er 115 mg tab er 24h, minocycline hcl er 45 mg tab er 24h, minocycline hcl er 90 mg tab er 24h, minocycline hcl er 135 mg tab er 24h)</i>                                                         |                                                         |
| TETRACYCLINE HCL (TETRACYCLINE HCL 250 MG TAB, TETRACYCLINE HCL 500 MG TAB, TETRACYCLINE HCL 250 MG CAP, TETRACYCLINE HCL 500 MG CAP)                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <b>ANTICONSULSANTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |
| <b>ANTICONSULSANTS, OTHER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>brivaracetam (10 mg tab, 10 mg/ml solution, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |

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

| DRUG                                                                                                                                                                                                                                                              | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>                                                                                                                                                                             |                                                         |
| <i>divalproex sodium er (er 250 mg tab er, er 500 mg tab er)</i>                                                                                                                                                                                                  |                                                         |
| EPIDIOLEX                                                                                                                                                                                                                                                         | PA                                                      |
| <i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>                                                                                                                                                                                                  |                                                         |
| FINTEPLA                                                                                                                                                                                                                                                          |                                                         |
| <i>lamotrigine (5 mg chew tab, 21 x 25 mg &amp; 7 x 50 mg kit, 25 &amp; 50 &amp; 100 mg kit, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 42 x 50 mg &amp; 14x100 mg kit, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)</i> |                                                         |
| <i>lamotrigine er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er, er 250 mg tab er, er 300 mg tab er)</i>                                                                                                                                  |                                                         |
| <i>lamotrigine odt (odt 25 mg tab disp, odt 50 mg tab disp, odt 100 mg tab disp, odt 200 mg tab disp)</i>                                                                                                                                                         |                                                         |
| <i>lamotrigine starter kit-blue</i>                                                                                                                                                                                                                               |                                                         |
| <i>lamotrigine starter kit-green</i>                                                                                                                                                                                                                              |                                                         |
| <i>lamotrigine starter kit-orange</i>                                                                                                                                                                                                                             |                                                         |
| <i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>                                                                                                                                                   |                                                         |
| <i>levetiracetam er (er 500 mg tab er, er 750 mg tab er)</i>                                                                                                                                                                                                      |                                                         |
| <i>perampanel (0.5 mg/ml suspension, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>                                                                                                                                                            |                                                         |
| SPRITAM (250 MG TAB, 500 MG TAB)                                                                                                                                                                                                                                  |                                                         |
| SUBVENITE                                                                                                                                                                                                                                                         |                                                         |
| <i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 25 mg/ml solution, 50 mg cap sprink, 50 mg tab, 100 mg tab, 100 mg/4ml solution, 150 mg/6ml solution, 200 mg tab, 200 mg/8ml solution)</i>                                                          |                                                         |
| <i>topiramate er (er 25 mg cp24 sprnk, er 50 mg cp24 sprnk, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cap er 24h, er 200 mg cp24 sprnk)</i>                                                                                                           |                                                         |
| <i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>                                                                                                                                                                                      |                                                         |
| <b>CALCIUM CHANNEL MODIFYING AGENTS</b>                                                                                                                                                                                                                           |                                                         |
| <i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>                                                                                                                                                                                                             |                                                         |
| <i>methsuximide</i>                                                                                                                                                                                                                                               |                                                         |
| <b>GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS</b>                                                                                                                                                                                                           |                                                         |
| <i>clobazam (2.5 mg/ml suspension, 10 mg tab, 10 mg/4ml suspension, 20 mg tab)</i>                                                                                                                                                                                |                                                         |
| <i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>                                                                                                                                                                                                                |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| NAYZILAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| <i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 97.2 mg tab, phenobarbital 60 mg/15ml elixir, phenobarbital 64.8 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 100 mg tab, phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 30 mg/7.5ml elixir, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i> |                                                         |
| PRIMIDONE (PRIMIDONE, PRIMIDONE 50 MG TAB, PRIMIDONE 250 MG TAB)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| TIAGABINE HCL (TIAGABINE HCL 12 MG TAB, TIAGABINE HCL 4 MG TAB, TIAGABINE HCL 16 MG TAB, TIAGABINE HCL 2 MG TAB, TIAGABINE HCL 12 MG TAB, TIAGABINE HCL 16 MG TAB)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| VALTOCO 10 MG DOSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| VALTOCO 15 MG DOSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| VALTOCO 20 MG DOSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| VALTOCO 5 MG DOSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>vigabatrin (500 mg packet, 500 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| ZTALMY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <b>SODIUM CHANNEL AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>carbamazepine (carbamazepine, carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab, carbamazepine 200 mg/10ml suspension)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| <i>carbamazepine er (er 100 mg cap er, er 100 mg tab er, er 200 mg cap er, er 200 mg tab er, er 300 mg cap er, er 400 mg tab er)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| DILANTIN 30 MG CAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| <i>eslicarbazepine acetate (200 mg tab, 400 mg tab, 600 mg tab, 800 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                      | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>lacosamide (lacosamide, lacosamide 10 mg/ml solution, lacosamide 50 mg tab, lacosamide 50 mg/5ml solution, lacosamide 100 mg tab, lacosamide 100 mg/10ml solution, lacosamide 150 mg tab, lacosamide 150 mg/15ml solution, lacosamide 200 mg tab, lacosamide 200 mg/20ml solution)</i> |                                                         |
| <i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>                                                                                                                                                                                                          |                                                         |
| <i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>                                                                                                                                                                                                           |                                                         |
| <i>phenytoin infatabs</i>                                                                                                                                                                                                                                                                 |                                                         |
| <i>phenytoin sodium extended (100 mg cap, 300 mg cap)</i>                                                                                                                                                                                                                                 |                                                         |
| <i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab, 400 mg/10ml suspension)</i>                                                                                                                                                                                                   |                                                         |
| XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK, 25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)                                                                                                                |                                                         |
| XCOPRI (250 MG DAILY DOSE)                                                                                                                                                                                                                                                                |                                                         |
| XCOPRI (350 MG DAILY DOSE)                                                                                                                                                                                                                                                                |                                                         |
| ZONISADE                                                                                                                                                                                                                                                                                  |                                                         |
| <i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>                                                                                                                                                                                                                                      |                                                         |
| <b>ANTIDEMENTIA AGENTS</b>                                                                                                                                                                                                                                                                |                                                         |
| <b>ANTIDEMENTIA AGENTS, OTHER</b>                                                                                                                                                                                                                                                         |                                                         |
| LEQEMBI IQLIK                                                                                                                                                                                                                                                                             | PA1                                                     |
| LEQEMBI IQLIK (500 MG DOSE)                                                                                                                                                                                                                                                               | PA1                                                     |
| <i>memantine hcl-donepezil hcl (14-10 mg cap er, 21-10 mg cap er, 28-10 mg cap er)</i>                                                                                                                                                                                                    |                                                         |
| <i>memantine hcl-donepezil hcl er (er 14-10 mg cap er, er 28-10 mg cap er)</i>                                                                                                                                                                                                            |                                                         |
| NAMZARIC 7-10 MG CAP ER 24H                                                                                                                                                                                                                                                               |                                                         |
| <b>CHOLINESTERASE INHIBITORS</b>                                                                                                                                                                                                                                                          |                                                         |
| <i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>                                                                                                                                                                                                                 |                                                         |
| <i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>                                                                                                                                                                                                                           |                                                         |
| <i>galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)</i>                                                                                                                                                                                                     |                                                         |
| <i>rivastigmine (4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch)</i>                                                                                                                                                                                                                           |                                                         |
| <i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>                                                                                                                                                                                                                 |                                                         |

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

| DRUG                                                                                                                                   | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>                                                                                 |                                                         |
| <i>memantine hcl (5 mg tab, 10 mg tab)</i>                                                                                             |                                                         |
| <i>memantine hcl er (er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er)</i>                                            |                                                         |
| <b>ANTIDEPRESSANTS</b>                                                                                                                 |                                                         |
| <b>ANTIDEPRESSANTS, OTHER</b>                                                                                                          |                                                         |
| AUVELITY 45-105 MG TAB ER                                                                                                              |                                                         |
| <i>bupropion hcl (75 mg tab, 100 mg tab)</i>                                                                                           |                                                         |
| <i>bupropion hcl er (sr) (er 100 mg tab er, er 150 mg tab er, er 200 mg tab er)</i>                                                    |                                                         |
| <i>bupropion hcl er (xl) (bupropion hcl er (xl), bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)</i> |                                                         |
| EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)                                                 |                                                         |
| EXXUA TITRATION PACK                                                                                                                   |                                                         |
| <i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>                       |                                                         |
| ZURZUVAE (20 MG CAP, 25 MG CAP, 30 MG CAP)                                                                                             |                                                         |
| <b>MONOAMINE OXIDASE INHIBITORS</b>                                                                                                    |                                                         |
| EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)                                                              |                                                         |
| MARPLAN 10 MG TAB                                                                                                                      |                                                         |
| PHENELZINE SULFATE                                                                                                                     |                                                         |
| <i>tranylcypromine sulfate</i>                                                                                                         |                                                         |
| <b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>                            |                                                         |
| <i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>                              |                                                         |
| DESVENLAFAXINE ER (ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H)                                                                          |                                                         |
| <i>desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er)</i>                                                |                                                         |
| <i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>                                   |                                                         |
| FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)                                                      |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>FETZIMA TITRATION</b>                                                                                                                                                                                                                                                     |                                                         |
| <i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 10 mg tab, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg tab, fluoxetine hcl 40 mg cap, fluoxetine hcl 60 mg tab, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 60 mg tab, fluoxetine hcl 90 mg cap dr)</i> |                                                         |
| FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)                                                                                                                                                                                                                                 |                                                         |
| <i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>                                                                                                                                                                                                                |                                                         |
| <i>fluvoxamine maleate er (er 100 mg cap er, er 150 mg cap er)</i>                                                                                                                                                                                                           |                                                         |
| NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)                                                                                                                                                                                                   |                                                         |
| <b>RALDESY</b>                                                                                                                                                                                                                                                               |                                                         |
| <i>sertraline hcl (sertraline hcl 20 mg/ml conc, sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab, sertraline hcl 150 mg cap, sertraline hcl 200 mg cap, sertraline hcl 150 mg cap, sertraline hcl 200 mg cap)</i>                              |                                                         |
| <i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>                                                                                                                                                                                                         |                                                         |
| TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)                                                                                                                                                                                                                                  |                                                         |
| <i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>                                                                                                                                                                                                                      |                                                         |
| <b>TRICYCLICS</b>                                                                                                                                                                                                                                                            |                                                         |
| <i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>                                                                                                                                                                                |                                                         |
| <i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>                                                                                                                                                                                                              |                                                         |
| <i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>                                                                                                                                                                                                                    |                                                         |
| <i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>                                                                                                                                                                                  |                                                         |
| DOXEPIN HCL (DOXEPIN HCL 150 MG CAP, DOXEPIN HCL 10 MG CAP, DOXEPIN HCL 10 MG/ML CONC, DOXEPIN HCL 25 MG CAP, DOXEPIN HCL 50 MG CAP, DOXEPIN HCL 75 MG CAP, DOXEPIN HCL 100 MG CAP, DOXEPIN HCL 150 MG CAP, DOXEPIN HCL 10 MG/ML CONC)                                       |                                                         |
| <i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>                                                                                                                                                                                                                      |                                                         |
| <i>imipramine pamoate (75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap)</i>                                                                                                                                                                                                    |                                                         |
| <i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>                                                                                                                                                                                    |                                                         |
| <i>protriptyline hcl (5 mg tab, 10 mg tab)</i>                                                                                                                                                                                                                               |                                                         |
| <i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>                                                                                                                                                                                                               |                                                         |

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

| DRUG                                                                                                                                                                                | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>ANTIEMETICS</b>                                                                                                                                                                  |                                                         |
| <b>ANTIEMETICS, OTHER</b>                                                                                                                                                           |                                                         |
| <i>meclizine hcl (meclizine hcl, meclizine hcl 12.5 mg tab, meclizine hcl 25 mg chew tab, meclizine hcl 25 mg tab)</i>                                                              |                                                         |
| <i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>                                                                                             |                                                         |
| <i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>                                                                                                                       |                                                         |
| <i>prochlorperazine</i>                                                                                                                                                             |                                                         |
| <i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>                                                                                                                               |                                                         |
| <i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)</i>                                              |                                                         |
| <i>scopolamine</i>                                                                                                                                                                  |                                                         |
| <b>EMETOGENIC THERAPY ADJUNCTS</b>                                                                                                                                                  |                                                         |
| <i>aprepitant (40 mg cap, 80 &amp; 125 mg cap thpk, 80 mg cap, 125 mg cap)</i>                                                                                                      | PA                                                      |
| <i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>                                                                                                                                 | PA1                                                     |
| <i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>                                                                                                                                   | PA                                                      |
| <i>ondansetron hcl (2 mg/2.5ml solution, 4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>                                                                                                 | PA                                                      |
| <b>ANTIFUNGALS</b>                                                                                                                                                                  |                                                         |
| <i>AMPHOTERICIN B</i>                                                                                                                                                               | PA                                                      |
| <i>amphotericin b liposome</i>                                                                                                                                                      | PA                                                      |
| <i>CASPOFUNGIN ACETATE (CASPOFUNGIN ACETATE 50 MG RECON SOLN, CASPOFUNGIN ACETATE 50 MG RECON SOLN, CASPOFUNGIN ACETATE 70 MG RECON SOLN, CASPOFUNGIN ACETATE 70 MG RECON SOLN)</i> |                                                         |
| <i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>                                                                                                                         |                                                         |
| <i>CRESEMBA (74.5 MG CAP, 186 MG CAP)</i>                                                                                                                                           | PA1                                                     |
| <i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>                                                                        |                                                         |
| <i>fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)</i>                                                                                                |                                                         |
| <i>flucytosine (250 mg cap, 500 mg cap)</i>                                                                                                                                         |                                                         |
| <i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>                                                                                                                   |                                                         |

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

| DRUG                                                                                                                                                                        | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>griseofulvin ultramicrosize (griseofulvin ultramicrosize, griseofulvin ultramicrosize 125 mg tab, griseofulvin ultramicrosize 250 mg tab)</i>                            |                                                         |
| <i>itraconazole 100 mg cap</i>                                                                                                                                              |                                                         |
| <i>ketoconazole (2 % cream, 2 % foam, 2 % shampoo, 200 mg tab)</i>                                                                                                          |                                                         |
| <i>klayesta</i>                                                                                                                                                             |                                                         |
| <i>micafungin sodium (micafungin sodium 50 mg recon soln, micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln, micafungin sodium 100 mg recon soln)</i> |                                                         |
| MICONAZOLE 3                                                                                                                                                                |                                                         |
| <i>nyamyc</i>                                                                                                                                                               |                                                         |
| <i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab)</i>                                          |                                                         |
| <i>nystop</i>                                                                                                                                                               |                                                         |
| <i>posaconazole (40 mg/ml suspension, 100 mg tab dr)</i>                                                                                                                    |                                                         |
| <i>terbinafine hcl 250 mg tab</i>                                                                                                                                           |                                                         |
| <i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>                                                                                                                 |                                                         |
| <i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>                                                                                                            |                                                         |
| VORICONAZOLE (VORICONAZOLE, VORICONAZOLE 200 MG RECON SOLN)                                                                                                                 | PA                                                      |

## ANTIGOUT AGENTS

|                                                         |
|---------------------------------------------------------|
| <i>allopurinol (100 mg tab, 200 mg tab, 300 mg tab)</i> |
| <i>colchicine (0.6 mg cap, 0.6 mg tab)</i>              |
| <i>colchicine-probenecid</i>                            |
| <i>febuxostat (40 mg tab, 80 mg tab)</i>                |
| <i>probenecid</i>                                       |

## ANTIMIGRAINE AGENTS

### CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

|                                                          |                          |
|----------------------------------------------------------|--------------------------|
| AJOVY (225 MG/1.5ML SOLN A-INJ, 225 MG/1.5ML SOLN PRSYR) | PA1                      |
| NURTEC                                                   | QL (18 PER 30 OVER TIME) |
| QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)                |                          |
| UBRELVY (50 MG TAB, 100 MG TAB)                          | QL (16 PER 30 OVER TIME) |

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

| DRUG                                                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>ERGOT ALKALOIDS</b>                                                                                                                                       |                                                         |
| <i>dihydroergotamine mesylate 4 mg/ml solution</i>                                                                                                           |                                                         |
| ERGOTAMINE-CAFFEINE                                                                                                                                          |                                                         |
| <b>PROPHYLACTIC</b>                                                                                                                                          |                                                         |
| <i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>                                                                               |                                                         |
| <i>propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)</i>                                                             |                                                         |
| <i>timolol maleate (timolol maleate 20 mg tab, timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab, timolol maleate 5 mg tab)</i> |                                                         |
| <b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>                                                                                                                     |                                                         |
| <i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>                                                                                                                | QL (9 PER 30 OVER TIME)                                 |
| <i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>                                                                             | QL (12 PER 30 OVER TIME)                                |
| <i>sumatriptan (5 mg/act, 20 mg/act)</i>                                                                                                                     |                                                         |
| <i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>                                                                                              | QL (9 PER 30 OVER TIME)                                 |
| <i>sumatriptan succinate (6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>                                                                                    |                                                         |
| <b>ANTIMYASTHENIC AGENTS</b>                                                                                                                                 |                                                         |
| <b>PARASYMPATHOMIMETICS</b>                                                                                                                                  |                                                         |
| PYRIDOSTIGMINE BROMIDE (PYRIDOSTIGMINE BROMIDE, PYRIDOSTIGMINE BROMIDE 60 MG TAB, PYRIDOSTIGMINE BROMIDE 60 MG/5ML SOLUTION)                                 |                                                         |
| <i>pyridostigmine bromide er</i>                                                                                                                             |                                                         |
| <b>ANTIMYCOBACTERIALS</b>                                                                                                                                    |                                                         |
| <b>ANTIMYCOBACTERIALS, OTHER</b>                                                                                                                             |                                                         |
| <i>dapsone (25 mg tab, 100 mg tab)</i>                                                                                                                       |                                                         |
| <i>rifabutin</i>                                                                                                                                             |                                                         |
| <b>ANTITUBERCULARS</b>                                                                                                                                       |                                                         |
| <i>ethambutol hcl (100 mg tab, 400 mg tab)</i>                                                                                                               |                                                         |
| ISONIAZID (ISONIAZID 50 MG/5ML SYRUP, ISONIAZID 100 MG TAB, ISONIAZID 300 MG TAB, ISONIAZID 100 MG TAB)                                                      |                                                         |
| PRETOMANID                                                                                                                                                   |                                                         |

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

| DRUG                                                                                                                                                          | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| PRIFTIN                                                                                                                                                       |                                                         |
| <i>pyrazinamide</i>                                                                                                                                           |                                                         |
| <i>rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)</i>                                                                                                   |                                                         |
| <i>rifapentine</i>                                                                                                                                            |                                                         |
| SIRTURO (20 MG TAB, 100 MG TAB)                                                                                                                               |                                                         |
| <b>ANTINEOPLASTICS</b>                                                                                                                                        |                                                         |
| <b>ALKYLATING AGENTS</b>                                                                                                                                      |                                                         |
| CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB) | PA                                                      |
| LEUKERAN                                                                                                                                                      |                                                         |
| <i>lomustine (10 mg cap, 40 mg cap, 100 mg cap)</i>                                                                                                           |                                                         |
| MATULANE                                                                                                                                                      |                                                         |
| VALCHLOR                                                                                                                                                      |                                                         |
| <b>ANTIANDROGENS</b>                                                                                                                                          |                                                         |
| <i>abiraterone acetate (250 mg tab, 500 mg tab)</i>                                                                                                           |                                                         |
| <i>bicalutamide</i>                                                                                                                                           |                                                         |
| ERLEADA (60 MG TAB, 240 MG TAB)                                                                                                                               |                                                         |
| EULEXIN                                                                                                                                                       |                                                         |
| NILUTAMIDE (NILUTAMIDE, NILUTAMIDE)                                                                                                                           |                                                         |
| NUBEQA                                                                                                                                                        |                                                         |
| XTANDI (40 MG CAP, 40 MG TAB, 80 MG TAB)                                                                                                                      |                                                         |
| YONSA                                                                                                                                                         |                                                         |
| <b>ANTIANGIOGENIC AGENTS</b>                                                                                                                                  |                                                         |
| <i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>                                                                        |                                                         |
| <i>pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)</i>                                                                                                  |                                                         |
| POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)                                                                                                             |                                                         |
| THALOMID (50 MG CAP, 100 MG CAP)                                                                                                                              |                                                         |
| <b>ANTIESTROGENS/MODIFIERS</b>                                                                                                                                |                                                         |
| INLURIYO                                                                                                                                                      |                                                         |
| ORSERDU (86 MG TAB, 345 MG TAB)                                                                                                                               |                                                         |

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

| DRUG                                                               | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------|---------------------------------------------------------|
| SOLTAMOX                                                           |                                                         |
| <i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>                    |                                                         |
| <i>toremifene citrate</i>                                          |                                                         |
| <b>ANTIMETABOLITES</b>                                             |                                                         |
| <i>mercaptopurine (50 mg tab, 2000 mg/100ml suspension)</i>        |                                                         |
| ONUREG (200 MG TAB, 300 MG TAB)                                    |                                                         |
| TABLOID                                                            |                                                         |
| <b>ANTINEOPLASTICS, OTHER</b>                                      |                                                         |
| AKEEGA (50-500 MG TAB, 100-500 MG TAB)                             |                                                         |
| AUGTYRO (40 MG CAP, 160 MG CAP)                                    |                                                         |
| FRUZAQLA (1 MG CAP, 5 MG CAP)                                      |                                                         |
| <i>hydroxyurea</i>                                                 |                                                         |
| INQOVI                                                             |                                                         |
| IWILFIN                                                            |                                                         |
| LONSURF (15-6.14 MG TAB, 20-8.19 MG TAB)                           |                                                         |
| LYSODREN                                                           |                                                         |
| MODEYSO                                                            |                                                         |
| OGSIVEO (100 MG TAB, 150 MG TAB)                                   |                                                         |
| OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)                       |                                                         |
| ZOLINZA                                                            |                                                         |
| <b>AROMATASE INHIBITORS, 3RD GENERATION</b>                        |                                                         |
| <i>anastrozole</i>                                                 |                                                         |
| <i>exemestane</i>                                                  |                                                         |
| <i>letrozole</i>                                                   |                                                         |
| <b>ENZYME INHIBITORS</b>                                           |                                                         |
| AVMAPKI FAKZYNJA CO-PACK                                           |                                                         |
| ENSACOVE (25 MG CAP, 100 MG CAP)                                   |                                                         |
| <b>MOLECULAR TARGET INHIBITORS</b>                                 |                                                         |
| ALECENSA                                                           |                                                         |
| ALUNBRIG (30 MG TAB, 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)  |                                                         |
| AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB) |                                                         |

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

| DRUG                                                                                                      | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| BALVERSA (3 MG TAB, 4 MG TAB, 5 MG TAB)                                                                   |                                                         |
| BOSULIF (100 MG CAP, 100 MG TAB, 400 MG TAB, 500 MG TAB)                                                  |                                                         |
| <i>bosutinib 400 mg tab</i>                                                                               |                                                         |
| BRAFTOVI                                                                                                  |                                                         |
| BRUKINSA 160 MG TAB                                                                                       |                                                         |
| CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)                                                               |                                                         |
| CALQUENCE 100 MG TAB                                                                                      |                                                         |
| CAPRELSA (100 MG TAB, 300 MG TAB)                                                                         |                                                         |
| COMETRIQ                                                                                                  |                                                         |
| COPIKTRA (15 MG CAP, 25 MG CAP)                                                                           |                                                         |
| COTELLIC                                                                                                  |                                                         |
| DANZITEN (71 MG TAB, 95 MG TAB)                                                                           |                                                         |
| <i>dasatinib (20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)</i>                     |                                                         |
| DAURISMO (25 MG TAB, 100 MG TAB)                                                                          |                                                         |
| ERIVEDGE                                                                                                  |                                                         |
| <i>erlotinib hcl (25 mg tab, 100 mg tab, 150 mg tab)</i>                                                  |                                                         |
| <i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i> |                                                         |
| FOTIVDA (0.89 MG CAP, 1.34 MG CAP)                                                                        |                                                         |
| GAVRETO 100 MG CAP                                                                                        |                                                         |
| <i>gefitinib</i>                                                                                          |                                                         |
| GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)                                                                |                                                         |
| GOMEKLI (1 MG CAP, 1 MG TAB SOL, 2 MG CAP)                                                                |                                                         |
| HERNEXEOS                                                                                                 |                                                         |
| HYRNUO                                                                                                    |                                                         |
| IBRANCE (75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB)                                                   |                                                         |
| IBTROZI                                                                                                   |                                                         |
| ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)                                                      |                                                         |
| IDHIFA (50 MG TAB, 100 MG TAB)                                                                            |                                                         |
| <i>imatinib mesylate (100 mg tab, 400 mg tab)</i>                                                         |                                                         |
| IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)                |                                                         |
| IMKELDI                                                                                                   |                                                         |

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

| DRUG                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------|---------------------------------------------------------|
| INLYTA (1 MG TAB, 5 MG TAB)                                                  |                                                         |
| INREBIC                                                                      |                                                         |
| ITOVEBI (3 MG TAB, 9 MG TAB)                                                 |                                                         |
| JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)                |                                                         |
| JAYPIRCA (50 MG TAB, 100 MG TAB)                                             |                                                         |
| JIDEYTRO (25 MG TAB, 100 MG TAB)                                             |                                                         |
| KISQALI                                                                      |                                                         |
| KISQALI FEMARA                                                               |                                                         |
| KOMZIFTI                                                                     |                                                         |
| KOSELUGO (5 MG CAP SPRINK, 7.5 MG CAP SPRINK, 10 MG CAP, 25 MG CAP)          |                                                         |
| KRAZATI                                                                      |                                                         |
| <i>lapatinib ditosylate</i>                                                  |                                                         |
| LAZCLUZE (80 MG TAB, 240 MG TAB)                                             |                                                         |
| LENVIMA                                                                      |                                                         |
| LIFYORLI (125 MG DOSE)                                                       |                                                         |
| LIFYORLI (150 MG DOSE)                                                       |                                                         |
| LORBRENA (25 MG TAB, 100 MG TAB)                                             |                                                         |
| LUMAKRAS (120 MG TAB, 240 MG TAB, 320 MG TAB)                                |                                                         |
| LYNPARZA (100 MG TAB, 150 MG TAB)                                            |                                                         |
| LYTGOBI                                                                      |                                                         |
| MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)                       |                                                         |
| MEKTOVI                                                                      |                                                         |
| NERLYNX                                                                      |                                                         |
| NILOTINIB D-TARTRATE (50 MG CAP, 150 MG CAP, 200 MG CAP)                     |                                                         |
| <i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i>                     |                                                         |
| NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)                                     |                                                         |
| ODOMZO                                                                       |                                                         |
| OJEMDA (25 MG/ML RECON SUSP, 100 MG TAB)                                     |                                                         |
| <i>pazopanib hcl</i>                                                         |                                                         |
| PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)                                 |                                                         |
| PHYRAGO (20 MG TAB, 50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB) |                                                         |

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

| DRUG                                                                               | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------|---------------------------------------------------------|
| PIQRAY (200 MG DAILY DOSE)                                                         |                                                         |
| PIQRAY (250 MG DAILY DOSE)                                                         |                                                         |
| PIQRAY (300 MG DAILY DOSE)                                                         |                                                         |
| QINLOCK                                                                            |                                                         |
| RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)                             |                                                         |
| REVUFORJ (25 MG TAB, 110 MG TAB, 160 MG TAB)                                       |                                                         |
| REZLIDHIA                                                                          |                                                         |
| ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)                                         |                                                         |
| ROZLYTREK (50 MG PACKET, 100 MG CAP, 200 MG CAP)                                   |                                                         |
| RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)                                       |                                                         |
| RYDAPT                                                                             |                                                         |
| SCEMBLIX (20 MG TAB, 40 MG TAB, 100 MG TAB)                                        |                                                         |
| <i>sorafenib tosylate</i>                                                          |                                                         |
| STIVARGA                                                                           |                                                         |
| <i>sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)</i>           |                                                         |
| TABRECTA (150 MG TAB, 200 MG TAB)                                                  |                                                         |
| TAFINLAR (10 MG TAB SOL, 50 MG CAP, 75 MG CAP)                                     |                                                         |
| TAGRISSE (40 MG TAB, 80 MG TAB)                                                    |                                                         |
| TALZENNA (0.1 MG CAP, 0.25 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP) |                                                         |
| TEPMETKO                                                                           |                                                         |
| TIBSOVO                                                                            |                                                         |
| TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)                  |                                                         |
| TUKYSA (50 MG TAB, 150 MG TAB)                                                     |                                                         |
| TURALIO 125 MG CAP                                                                 |                                                         |
| VANFLYTA (17.7 MG TAB, 26.5 MG TAB)                                                |                                                         |
| VENCLEXTA (10 MG TAB, 50 MG TAB, 100 MG TAB)                                       |                                                         |
| VENCLEXTA STARTING PACK                                                            |                                                         |
| VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)                           |                                                         |
| VIJOICE (50 MG PACKET, 50 MG TAB THPK, 125 MG TAB THPK, 200 & 50 MG TAB THPK)      |                                                         |
| VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)                                |                                                         |
| VORANIGO (10 MG TAB, 40 MG TAB)                                                    |                                                         |

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

| DRUG                                                                                    | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------|
| XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 150 MG CAP SPRINK, 200 MG CAP, 250 MG CAP) |                                                         |
| XOSPATA                                                                                 |                                                         |
| XPOVIO (100 MG ONCE WEEKLY)                                                             |                                                         |
| XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK                                                  |                                                         |
| XPOVIO (40 MG TWICE WEEKLY)                                                             |                                                         |
| XPOVIO (60 MG ONCE WEEKLY)                                                              |                                                         |
| XPOVIO (60 MG TWICE WEEKLY)                                                             |                                                         |
| XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK                                                  |                                                         |
| XPOVIO (80 MG TWICE WEEKLY)                                                             |                                                         |
| ZEJULA (100 MG CAP, 100 MG TAB, 200 MG TAB, 300 MG TAB)                                 |                                                         |
| ZELBORAF                                                                                |                                                         |
| ZYKADIA                                                                                 |                                                         |
| <b>RETINOIDS</b>                                                                        |                                                         |
| <i>bexarotene 1 % gel</i>                                                               | PA                                                      |
| <i>bexarotene 75 mg cap</i>                                                             |                                                         |
| PANRETIN                                                                                |                                                         |
| <i>tretinoin 10 mg cap</i>                                                              |                                                         |
| <b>TREATMENT ADJUNCTS</b>                                                               |                                                         |
| <i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>                   |                                                         |
| <i>mesna 400 mg tab</i>                                                                 |                                                         |
| VONJO                                                                                   |                                                         |
| <b>ANTIPARASITICS</b>                                                                   |                                                         |
| <b>ANTHELMINTICS</b>                                                                    |                                                         |
| <i>albendazole</i>                                                                      |                                                         |
| <i>ivermectin (ivermectin, ivermectin 3 mg tab)</i>                                     |                                                         |
| <i>praziquantel</i>                                                                     |                                                         |
| <b>ANTIPROTOZOALS</b>                                                                   |                                                         |
| <i>atovaquone</i>                                                                       |                                                         |
| <i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>                        |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>chloroquine phosphate (chloroquine phosphate, chloroquine phosphate 250 mg tab, chloroquine phosphate 500 mg tab)</i>                                                                                                                                                                                     |                                                         |
| COARTEM                                                                                                                                                                                                                                                                                                      |                                                         |
| HYDROXYCHLOROQUINE SULFATE (HYDROXYCHLOROQUINE SULFATE 100 MG TAB, HYDROXYCHLOROQUINE SULFATE 200 MG TAB, HYDROXYCHLOROQUINE SULFATE 300 MG TAB, HYDROXYCHLOROQUINE SULFATE 400 MG TAB, HYDROXYCHLOROQUINE SULFATE 100 MG TAB, HYDROXYCHLOROQUINE SULFATE 300 MG TAB, HYDROXYCHLOROQUINE SULFATE 400 MG TAB) |                                                         |
| <i>mefloquine hcl</i>                                                                                                                                                                                                                                                                                        |                                                         |
| <i>nitazoxanide</i>                                                                                                                                                                                                                                                                                          |                                                         |
| <i>pentamidine isethionate</i>                                                                                                                                                                                                                                                                               | PA                                                      |
| <i>primaquine phosphate (primaquine phosphate, primaquine phosphate)</i>                                                                                                                                                                                                                                     |                                                         |
| <i>pyrimethamine</i>                                                                                                                                                                                                                                                                                         |                                                         |
| <i>quinine sulfate</i>                                                                                                                                                                                                                                                                                       |                                                         |
| <b>ANTIPARKINSON AGENTS</b>                                                                                                                                                                                                                                                                                  |                                                         |
| <b>ANTICHOLINERGICS</b>                                                                                                                                                                                                                                                                                      |                                                         |
| <i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>                                                                                                                                                                                                                                                 |                                                         |
| <i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>                                                                                                                                                                                                                                                              |                                                         |
| <b>ANTIPARKINSON AGENTS, OTHER</b>                                                                                                                                                                                                                                                                           |                                                         |
| <i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>                                                                                                                                                                                                                     |                                                         |
| <i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>                                                                                                                                              |                                                         |
| <i>entacapone</i>                                                                                                                                                                                                                                                                                            |                                                         |
| ONGENTYS (25 MG CAP, 50 MG CAP)                                                                                                                                                                                                                                                                              |                                                         |
| <i>tolcapone</i>                                                                                                                                                                                                                                                                                             |                                                         |
| <b>DOPAMINE AGONISTS</b>                                                                                                                                                                                                                                                                                     |                                                         |
| <i>apomorphine hcl</i>                                                                                                                                                                                                                                                                                       |                                                         |
| <i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>                                                                                                                                                                                                                                                         |                                                         |
| NEUPRO (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR)                                                                                                                                                                  |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>                                                                                                                                                                                                                |                                                         |
| <i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>                                                                                                                                                                                                                            |                                                         |
| <i>ropinirole hcl er (er 2 mg tab er, er 4 mg tab er, er 6 mg tab er, er 8 mg tab er, er 12 mg tab er)</i>                                                                                                                                                                                                                   |                                                         |
| <b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>                                                                                                                                                                                                                                                      |                                                         |
| <i>carbidopa</i>                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i>                                                                                                                                                                                          |                                                         |
| <i>carbidopa-levodopa er (carbidopa-levodopa er 23.75-95 mg cap er, carbidopa-levodopa er 25-100 mg tab er, carbidopa-levodopa er 50-200 mg tab er, carbidopa-levodopa er 36.25-145 mg cap er, carbidopa-levodopa er 48.75-195 mg cap er, carbidopa-levodopa er 61.25-245 mg cap er)</i>                                     |                                                         |
| <b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>                                                                                                                                                                                                                                                                                |                                                         |
| <i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>                                                                                                                                                                                                                                                                            |                                                         |
| <i>selegiline hcl (5 mg cap, 5 mg tab)</i>                                                                                                                                                                                                                                                                                   |                                                         |
| <b>ANTIPSYCHOTICS</b>                                                                                                                                                                                                                                                                                                        |                                                         |
| <b>1ST GENERATION/TYPICAL</b>                                                                                                                                                                                                                                                                                                |                                                         |
| <i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc)</i> |                                                         |
| <i>fluphenazine decanoate</i>                                                                                                                                                                                                                                                                                                |                                                         |
| <i>fluphenazine hcl (fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg tab)</i>                                                                              |                                                         |
| <i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>                                                                                                                                                                                                                                          |                                                         |
| <i>haloperidol decanoate (50 mg/ml, 100 mg/ml)</i>                                                                                                                                                                                                                                                                           |                                                         |
| <i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution, 10 mg/5ml conc)</i>                                                                                                                                                                                                                                                  |                                                         |
| <i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>                                                                                                                                                                                                                                                        |                                                         |
| <b>MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB)</b>                                                                                                                                                                                                                                                                        |                                                         |
| <i>pimozide (1 mg tab, 2 mg tab)</i>                                                                                                                                                                                                                                                                                         |                                                         |
| <i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>                                                                                                                                                                                                                                                        |                                                         |

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

| DRUG                                                                                                                                                                   | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>                                                                                                           |                                                         |
| <i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>                                                                                                   |                                                         |
| <b>2ND GENERATION/ATYPICAL</b>                                                                                                                                         |                                                         |
| ABILIFY ASIMTUFII (720 MG/2.4ML PRSYR, 960 MG/3.2ML PRSYR)                                                                                                             |                                                         |
| ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)                                                                                                |                                                         |
| <i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 30 mg tab)</i>                                 |                                                         |
| ARISTADA (441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR, 1064 MG/3.9ML PRSYR)                                                                             |                                                         |
| ARISTADA INITIO                                                                                                                                                        |                                                         |
| <i>asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>                                                                                                             |                                                         |
| CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)                                                                                                                            |                                                         |
| FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)                                                                                        |                                                         |
| FANAPT TITRATION PACK A                                                                                                                                                |                                                         |
| FANAPT TITRATION PACK B                                                                                                                                                |                                                         |
| FANAPT TITRATION PACK C                                                                                                                                                |                                                         |
| INVEGA HAFYERA (1092 MG/3.5ML SUSP PRSYR, 1560 MG/5ML SUSP PRSYR)                                                                                                      |                                                         |
| INVEGA SUSTENNA (39 MG/0.25ML SUSP PRSYR, 78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR)                             |                                                         |
| INVEGA TRINZA (273 MG/0.88ML SUSP PRSYR, 410 MG/1.32ML SUSP PRSYR, 546 MG/1.75ML SUSP PRSYR, 819 MG/2.63ML SUSP PRSYR)                                                 |                                                         |
| <i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)</i>                                                                                         |                                                         |
| LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)                                                                                                        |                                                         |
| NUPLAZID (10 MG TAB, 34 MG CAP)                                                                                                                                        |                                                         |
| <i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg recon soln, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i> |                                                         |
| OPIPZA (2 MG FILM, 5 MG FILM, 10 MG FILM)                                                                                                                              |                                                         |
| <i>paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 6 mg tab er, er 9 mg tab er)</i>                                                                              |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                                                                                                            | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| QUETIAPINE FUMARATE (QUETIAPINE FUMARATE, QUETIAPINE FUMARATE 25 MG TAB, QUETIAPINE FUMARATE 50 MG TAB, QUETIAPINE FUMARATE 100 MG TAB, QUETIAPINE FUMARATE 200 MG TAB, QUETIAPINE FUMARATE 300 MG TAB, QUETIAPINE FUMARATE 400 MG TAB)                                                                                                                                         |                                                         |
| <i>quetiapine fumarate er (er 50 mg tab er, er 150 mg tab er, er 200 mg tab er, er 300 mg tab er, er 400 mg tab er)</i>                                                                                                                                                                                                                                                         |                                                         |
| REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>risperidone (risperidone, risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 0.5 mg tab disp, risperidone 1 mg tab, risperidone 1 mg tab disp, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 2 mg tab disp, risperidone 2 mg/2ml solution, risperidone 3 mg tab, risperidone 3 mg tab disp, risperidone 4 mg tab, risperidone 4 mg tab disp)</i> |                                                         |
| <i>risperidone microspheres er (er 12.5 mg, er 25 mg, er 37.5 mg, er 50 mg)</i>                                                                                                                                                                                                                                                                                                 |                                                         |
| SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)                                                                                                                                                                                                                                                                                                |                                                         |
| UZEDY (50 MG/0.14ML SUSP PRSYR, 75 MG/0.21ML SUSP PRSYR, 100 MG/0.28ML SUSP PRSYR, 125 MG/0.35ML SUSP PRSYR, 150 MG/0.42ML SUSP PRSYR, 200 MG/0.56ML SUSP PRSYR, 250 MG/0.7ML SUSP PRSYR)                                                                                                                                                                                       |                                                         |
| VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>ziprasidone mesylate</i>                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| <b>ANTIPSYCHOTICS, OTHER</b>                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)                                                                                                                                                                                                                                                                                                                            |                                                         |
| COBENFY STARTER PACK                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <b>TREATMENT-RESISTANT</b>                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| <i>clozapine (clozapine, clozapine 12.5 mg tab disp, clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>                                                                                                                       |                                                         |
| VERSACLOZ                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <b>ANTISPASTICITY AGENTS</b>                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| <i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>                                                                                                                                                                                                                                                                                                                                |                                                         |
| <i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>                                                                                                                                                                                                                                                                                                        |                                                         |

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

| DRUG                                                                            | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>ANTIVIRALS</b>                                                               |                                                         |
| <b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>                                        |                                                         |
| LIVTENCITY                                                                      |                                                         |
| PREVYMIS (240 MG TAB, 480 MG TAB)                                               |                                                         |
| <i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>                     |                                                         |
| <b>ANTI-HEPATITIS B (HBV) AGENTS</b>                                            |                                                         |
| <i>adefovir dipivoxil</i>                                                       |                                                         |
| BARACLUDE 0.05 MG/ML SOLUTION                                                   |                                                         |
| <i>entecavir (0.5 mg tab, 1 mg tab)</i>                                         |                                                         |
| <i>lamivudine 100 mg tab</i>                                                    |                                                         |
| <b>ANTI-HEPATITIS C (HCV) AGENTS</b>                                            |                                                         |
| LEDIPASVIR-SOFOSBUVIR                                                           | PA1                                                     |
| MAVYRET 100-40 MG TAB                                                           | PA1                                                     |
| RIBAVIRIN (200 MG CAP, 200 MG TAB)                                              |                                                         |
| SOFOSBUVIR-VELPATASVIR                                                          | PA1                                                     |
| SOVALDI 400 MG TAB                                                              | PA1                                                     |
| VOSEVI                                                                          | PA1                                                     |
| <b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>                            |                                                         |
| BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)                                   |                                                         |
| DOVATO                                                                          |                                                         |
| GENVOYA                                                                         |                                                         |
| ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB)          |                                                         |
| ISENTRESS HD                                                                    |                                                         |
| JULUCA                                                                          |                                                         |
| STRIBILD                                                                        |                                                         |
| TIVICAY 50 MG TAB                                                               |                                                         |
| TIVICAY PD                                                                      |                                                         |
| <b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b> |                                                         |
| DELSTRIGO                                                                       |                                                         |

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

| DRUG                                                                                                   | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| EDURANT PED                                                                                            |                                                         |
| EFAVIRENZ (EFAVIRENZ, EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP)                                       |                                                         |
| <i>efavirenz-emtricitab-tenofo df</i>                                                                  |                                                         |
| <i>efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir, efavirenz-lamivudine-tenofovir)</i> |                                                         |
| <i>emtricitab-rilpivir-tenofov df</i>                                                                  |                                                         |
| <i>etravirine (100 mg tab, 200 mg tab)</i>                                                             |                                                         |
| INTELENCE 25 MG TAB                                                                                    |                                                         |
| <i>nevirapine (nevirapine, nevirapine)</i>                                                             |                                                         |
| <i>nevirapine er</i>                                                                                   |                                                         |
| ODEFSEY                                                                                                |                                                         |
| PIFELTRO                                                                                               |                                                         |
| <i>rilpivirine hcl</i>                                                                                 |                                                         |
| <b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>              |                                                         |
| <i>abacavir sulfate (20 mg/ml solution, 300 mg tab)</i>                                                |                                                         |
| <i>abacavir sulfate-lamivudine</i>                                                                     |                                                         |
| CIMDUO                                                                                                 |                                                         |
| DESCOVY (120-15 MG TAB, 200-25 MG TAB)                                                                 |                                                         |
| <i>emtricitabine</i>                                                                                   |                                                         |
| <i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i>     |                                                         |
| EMTRIVA 10 MG/ML SOLUTION                                                                              |                                                         |
| <i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)</i>                    |                                                         |
| <i>lamivudine-zidovudine</i>                                                                           |                                                         |
| <i>tenofovir disoproxil fumarate</i>                                                                   |                                                         |
| TRIUMEQ                                                                                                |                                                         |
| TRIUMEQ PD                                                                                             |                                                         |
| VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)                                           |                                                         |
| <i>zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)</i>                                            |                                                         |

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

| DRUG                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>ANTI-HIV AGENTS, OTHER</b>                                                                                                |                                                         |
| <i>maraviroc (150 mg tab, 300 mg tab)</i>                                                                                    |                                                         |
| RUKOBIA                                                                                                                      |                                                         |
| SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB)                                                              |                                                         |
| <b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>                                                                             |                                                         |
| APTIVUS                                                                                                                      |                                                         |
| <i>atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)</i>                                                               |                                                         |
| <i>darunavir (600 mg tab, 800 mg tab)</i>                                                                                    |                                                         |
| EVOTAZ                                                                                                                       |                                                         |
| <i>fosamprenavir calcium</i>                                                                                                 |                                                         |
| <i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab)</i>                                                                    |                                                         |
| PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)                                                                                   |                                                         |
| PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)                                                                       |                                                         |
| REYATAZ 50 MG PACKET                                                                                                         |                                                         |
| <i>ritonavir</i>                                                                                                             |                                                         |
| SYM TUZA                                                                                                                     |                                                         |
| VIRACEPT (250 MG TAB, 625 MG TAB)                                                                                            |                                                         |
| <b>ANTI-INFLUENZA AGENTS</b>                                                                                                 |                                                         |
| <i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>                                           |                                                         |
| RELENZA DISKHALER                                                                                                            |                                                         |
| <b>ANTIHERPETIC AGENTS</b>                                                                                                   |                                                         |
| <i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 400 mg/10ml suspension, 800 mg tab, 800 mg/20ml suspension)</i> |                                                         |
| <i>acyclovir sodium</i>                                                                                                      | PA                                                      |
| <i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>                                                                      |                                                         |
| <i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>                                                                               |                                                         |
| <b>ANTIVIRAL, CORONAVIRUS AGENTS</b>                                                                                         |                                                         |
| LAGEVRIO                                                                                                                     |                                                         |
| PAXLOVID (150/100)                                                                                                           |                                                         |
| PAXLOVID (300/100 & 150/100)                                                                                                 |                                                         |
| PAXLOVID (300/100)                                                                                                           |                                                         |

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

| DRUG                                                                                                                                    | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>ANXIOLYTICS</b>                                                                                                                      |                                                         |
| <b>ANXIOLYTICS, OTHER</b>                                                                                                               |                                                         |
| <i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>                                                            |                                                         |
| <i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/12.5ml syrup, 50 mg tab, 50 mg/25ml syrup)</i>                         |                                                         |
| HYDROXYZINE PAMOATE (HYDROXYZINE PAMOATE, HYDROXYZINE PAMOATE 25 MG CAP, HYDROXYZINE PAMOATE 50 MG CAP)                                 |                                                         |
| <b>BENZODIAZEPINES</b>                                                                                                                  |                                                         |
| <i>alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>        |                                                         |
| <i>alprazolam er (er 0.5 mg tab er, er 1 mg tab er, er 2 mg tab er, er 3 mg tab er)</i>                                                 |                                                         |
| ALPRAZOLAM INTENSOL                                                                                                                     |                                                         |
| <i>alprazolam xr (0.5 mg tab er, 1 mg tab er, 2 mg tab er, 3 mg tab er)</i>                                                             |                                                         |
| <i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>  |                                                         |
| <i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)</i>                                                                     |                                                         |
| <i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>                                                        |                                                         |
| <i>diazepam intensol</i>                                                                                                                |                                                         |
| <i>lorazepam (0.5 mg tab, 1 mg tab, 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc)</i>                                                        |                                                         |
| <i>lorazepam intensol</i>                                                                                                               |                                                         |
| <i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i>                                                                                       |                                                         |
| <b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>                             |                                                         |
| PAROXETINE HCL (PAROXETINE HCL, PAROXETINE HCL 10 MG TAB, PAROXETINE HCL 20 MG TAB, PAROXETINE HCL 30 MG TAB, PAROXETINE HCL 40 MG TAB) |                                                         |
| <i>paroxetine hcl er (er 12.5 mg tab er, er 25 mg tab er, er 37.5 mg tab er)</i>                                                        |                                                         |
| <i>paroxetine mesylate</i>                                                                                                              |                                                         |
| VENLAFAXINE BESYLATE ER                                                                                                                 |                                                         |
| <i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>                                                       |                                                         |

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

| DRUG                                                                                                                                                                                                                                        | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>venlafaxine hcl er (er 37.5 mg cap er, er 37.5 mg tab er, er 75 mg cap er, er 75 mg tab er, er 150 mg cap er, er 150 mg tab er, er 225 mg tab er)</i>                                                                                    |                                                         |
| <b>BIPOLAR AGENTS</b>                                                                                                                                                                                                                       |                                                         |
| <b>MOOD STABILIZERS</b>                                                                                                                                                                                                                     |                                                         |
| <i>lithium</i>                                                                                                                                                                                                                              |                                                         |
| <i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)</i> |                                                         |
| <i>lithium carbonate er (er 300 mg tab er, er 450 mg tab er)</i>                                                                                                                                                                            |                                                         |
| <b>BLOOD GLUCOSE REGULATORS</b>                                                                                                                                                                                                             |                                                         |
| <b>ANTIDIABETIC AGENTS</b>                                                                                                                                                                                                                  |                                                         |
| <i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>                                                                                                                                                                                          |                                                         |
| ALOGLIPTIN-METFORMIN HCL (12.5-1000 MG TAB, 12.5-500 MG TAB)                                                                                                                                                                                |                                                         |
| ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)                                                                                                                                                          |                                                         |
| CYCLOSET                                                                                                                                                                                                                                    |                                                         |
| <i>glimepiride (glimepiride, glimepiride 1 mg tab, glimepiride 2 mg tab, glimepiride 4 mg tab)</i>                                                                                                                                          |                                                         |
| GLIPIZIDE (GLIPIZIDE 2.5 MG TAB, GLIPIZIDE 5 MG TAB, GLIPIZIDE 10 MG TAB)                                                                                                                                                                   |                                                         |
| <i>glipizide er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</i>                                                                                                                                                                     |                                                         |
| <i>glipizide xl (2.5 mg tab er, 5 mg tab er, 10 mg tab er)</i>                                                                                                                                                                              |                                                         |
| <i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>                                                                                                                                                               |                                                         |
| JANUMET (50-1000 MG TAB, 50-500 MG TAB)                                                                                                                                                                                                     |                                                         |
| JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)                                                                                                                                                            |                                                         |
| <i>metformin hcl (500 mg tab, 625 mg tab, 850 mg tab, 1000 mg tab)</i>                                                                                                                                                                      |                                                         |
| <i>metformin hcl er (er 500 mg tab er, er 750 mg tab er)</i>                                                                                                                                                                                |                                                         |
| <i>metformin hcl er (mod) (er 500 mg tab er, er 1000 mg tab er)</i>                                                                                                                                                                         |                                                         |
| <i>metformin hcl er (osm) (er 500 mg tab er, er 1000 mg tab er)</i>                                                                                                                                                                         |                                                         |

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

| DRUG                                                                                                                                                                             | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)                     | PA1                                                     |
| <i>nateglinide (60 mg tab, 120 mg tab)</i>                                                                                                                                       |                                                         |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN                                                                                                                                   | PA1                                                     |
| OZEMPIC (1 MG/DOSE)                                                                                                                                                              | PA1                                                     |
| OZEMPIC (1.5 MG TAB, 4 MG TAB, 9 MG TAB)                                                                                                                                         | PA1                                                     |
| OZEMPIC (2 MG/DOSE)                                                                                                                                                              | PA1                                                     |
| <i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>                                                                                                                        |                                                         |
| <i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>                                                                                                             |                                                         |
| <i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>                                                                                                                              |                                                         |
| <i>saxagliptin-metformin er (er 2.5-1000 mg tab er, er 5-1000 mg tab er, er 5-500 mg tab er)</i>                                                                                 |                                                         |
| <i>sitagliptin phosphate (25 mg tab, 100 mg tab)</i>                                                                                                                             |                                                         |
| TRADJENTA                                                                                                                                                                        |                                                         |
| TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)                                                                    | PA1                                                     |
| WEGOVY (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ, 1 MG/0.5ML SOLN A-INJ, 1.5 MG TAB, 1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ, 4 MG TAB, 9 MG TAB, 25 MG TAB) | PA1                                                     |
| <b>GLYCEMIC AGENTS</b>                                                                                                                                                           |                                                         |
| BAQSIMI ONE PACK                                                                                                                                                                 |                                                         |
| BAQSIMI TWO PACK                                                                                                                                                                 |                                                         |
| <i>diazoxide</i>                                                                                                                                                                 |                                                         |
| GLUCAGEN HYPOKIT                                                                                                                                                                 |                                                         |
| GLUCAGON EMERGENCY (GLUCAGON EMERGENCY, GLUCAGON EMERGENCY 1 MG RECON SOLN, GLUCAGON EMERGENCY 1 MG/ML RECON SOLN)                                                               |                                                         |
| <b>INSULINS</b>                                                                                                                                                                  |                                                         |
| FIASP                                                                                                                                                                            |                                                         |
| FIASP FLEXTOUCH                                                                                                                                                                  |                                                         |
| FIASP PENFILL                                                                                                                                                                    |                                                         |
| HUMALOG MIX 50/50 KWIKPEN                                                                                                                                                        |                                                         |
| HUMALOG MIX 75/25                                                                                                                                                                |                                                         |
| HUMULIN 70/30                                                                                                                                                                    |                                                         |
| HUMULIN 70/30 KWIKPEN                                                                                                                                                            |                                                         |

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

| DRUG                                                               | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------|---------------------------------------------------------|
| HUMULIN N                                                          |                                                         |
| HUMULIN N KWIKPEN                                                  |                                                         |
| HUMULIN R                                                          |                                                         |
| HUMULIN R U-500 KWIKPEN                                            |                                                         |
| INSULIN GLARGINE-YFGN (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION) |                                                         |
| INSULIN LISPRO                                                     |                                                         |
| INSULIN LISPRO (1 UNIT DIAL)                                       |                                                         |
| INSULIN LISPRO JUNIOR KWIKPEN                                      |                                                         |
| INSULIN LISPRO PROT & LISPRO                                       |                                                         |
| NOVOLIN 70/30                                                      |                                                         |
| NOVOLIN 70/30 FLEXPEN                                              |                                                         |
| NOVOLIN 70/30 FLEXPEN RELION                                       |                                                         |
| NOVOLIN 70/30 RELION                                               |                                                         |
| NOVOLIN N                                                          |                                                         |
| NOVOLIN N FLEXPEN                                                  |                                                         |
| NOVOLIN N FLEXPEN RELION                                           |                                                         |
| NOVOLIN N RELION                                                   |                                                         |
| NOVOLIN R                                                          |                                                         |
| NOVOLIN R FLEXPEN                                                  |                                                         |
| NOVOLIN R FLEXPEN RELION                                           |                                                         |
| NOVOLIN R RELION                                                   |                                                         |
| NOVOLOG                                                            |                                                         |
| NOVOLOG 70/30 FLEXPEN RELION                                       |                                                         |
| NOVOLOG FLEXPEN                                                    |                                                         |
| NOVOLOG FLEXPEN RELION                                             |                                                         |
| NOVOLOG MIX 70/30                                                  |                                                         |
| NOVOLOG MIX 70/30 FLEXPEN                                          |                                                         |
| NOVOLOG MIX 70/30 RELION                                           |                                                         |
| NOVOLOG PENFILL                                                    |                                                         |
| NOVOLOG RELION                                                     |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                                                                                              | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>BLOOD PRODUCTS AND MODIFIERS</b>                                                                                                                                                                                                                                                                                                                               |                                                         |
| <b>ANTICOAGULANTS</b>                                                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>                                                                                                                                                                                                                                                                                          |                                                         |
| ELIQUIS (0.15 MG CAP SPRINK, 0.5 MG TAB SOL, 2.5 MG TAB, 5 MG TAB)                                                                                                                                                                                                                                                                                                |                                                         |
| ELIQUIS (1.5 MG PACK)                                                                                                                                                                                                                                                                                                                                             |                                                         |
| ELIQUIS (2 MG PACK)                                                                                                                                                                                                                                                                                                                                               |                                                         |
| ELIQUIS DVT/PE STARTER PACK                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>enoxaparin sodium (30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln)</i>                                                                                                                                                                                                              |                                                         |
| <i>fondaparinux sodium (2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml)</i>                                                                                                                                                                                                                                                                                  |                                                         |
| <i>heparin sodium (porcine) (1000 unit/ml, 10000 unit/ml)</i>                                                                                                                                                                                                                                                                                                     | PA                                                      |
| <i>heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)</i>                                                                                                                                                                                                                                                                                                     |                                                         |
| <i>heparin sodium (porcine) +rfid</i>                                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>heparin sodium (porcine) pf 1000 unit/ml solution</i>                                                                                                                                                                                                                                                                                                          | PA                                                      |
| <i>rivaroxaban 2.5 mg tab</i>                                                                                                                                                                                                                                                                                                                                     |                                                         |
| <i>warfarin sodium (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 tab)</i>                                                                                                                                                                                                                                            |                                                         |
| XARELTO (1 MG/ML RECON SUSP, 10 MG TAB, 15 MG TAB, 20 MG TAB)                                                                                                                                                                                                                                                                                                     |                                                         |
| XARELTO STARTER PACK                                                                                                                                                                                                                                                                                                                                              |                                                         |
| <b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>                                                                                                                                                                                                                                                                                                                        |                                                         |
| <i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>                                                                                                                                                                                                                                                                                                                      |                                                         |
| ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR) | PA1                                                     |
| <i>eltrombopag olamine (12.5 mg packet, 12.5 mg tab, 25 mg packet, 25 mg tab, 50 mg tab, 75 mg tab)</i>                                                                                                                                                                                                                                                           |                                                         |
| LEUKINE                                                                                                                                                                                                                                                                                                                                                           | PA1                                                     |
| NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)                                                                                                                                                                                                                                                        | PA1                                                     |

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

| DRUG                                                                                                                                                   | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION) | PA1                                                     |
| <b>HEMOSTASIS AGENTS</b>                                                                                                                               |                                                         |
| <i>tranexamic acid 650 mg tab</i>                                                                                                                      |                                                         |
| <b>PLATELET MODIFYING AGENTS</b>                                                                                                                       |                                                         |
| <i>aspirin-dipyridamole er</i>                                                                                                                         |                                                         |
| <i>cilostazol (50 mg tab, 100 mg tab)</i>                                                                                                              |                                                         |
| <i>clopidogrel bisulfate 75 mg tab</i>                                                                                                                 |                                                         |
| <i>ticagrelor (60 mg tab, 90 mg tab)</i>                                                                                                               | ST                                                      |
| <b>CARDIOVASCULAR AGENTS</b>                                                                                                                           |                                                         |
| <b>ALPHA-ADRENERGIC AGONISTS</b>                                                                                                                       |                                                         |
| <i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>                                                                    |                                                         |
| <i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>                                                                                              |                                                         |
| <i>droxidopa (100 mg cap, 200 mg cap, 300 mg cap)</i>                                                                                                  |                                                         |
| <i>guanfacine hcl (1 mg tab, 2 mg tab)</i>                                                                                                             |                                                         |
| <i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>                                                                                                 |                                                         |
| <b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>                                                                                                                |                                                         |
| <i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>                                                                                     |                                                         |
| <i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>                                                                                                     |                                                         |
| <i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>                                                                                         |                                                         |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                                                                                                             |                                                         |
| <i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>                                                                                |                                                         |
| <i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>                                                                                                  |                                                         |
| <i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>                                                                                           |                                                         |
| <i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>                                                                                        |                                                         |
| <b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>                                                                                                  |                                                         |
| <i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>                                                                                  |                                                         |
| <i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>                                                                   |                                                         |
| <i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>                                                                                         |                                                         |

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

| DRUG                                                                                                  | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>ANTIARRHYTHMICS</b>                                                                                |                                                         |
| <i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>                                            |                                                         |
| <i>digox (125 mcg tab, 250 mcg tab)</i>                                                               |                                                         |
| <i>digoxin (digoxin, digoxin 0.05 mg/ml solution, digoxin 125 mcg tab, digoxin 250 mcg tab)</i>       |                                                         |
| <i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>                                             |                                                         |
| <i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>                                         |                                                         |
| <i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>                                            |                                                         |
| <i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>                                           |                                                         |
| <i>propafenone hcl er (er 225 mg cap er, er 325 mg cap er, er 425 mg cap er)</i>                      |                                                         |
| <i>quinidine gluconate er</i>                                                                         |                                                         |
| <b>QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)</b>                                                     |                                                         |
| <i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>                                    |                                                         |
| <i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>                                           |                                                         |
| <b>BETA-ADRENERGIC BLOCKING AGENTS</b>                                                                |                                                         |
| <i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>                                                    |                                                         |
| <i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>                                                      |                                                         |
| <i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>                                 |                                                         |
| <i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>                                 |                                                         |
| <i>metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)</i> |                                                         |
| <i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>                 |                                                         |
| <i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>                                                      |                                                         |
| <i>pindolol (5 mg tab, 10 mg tab)</i>                                                                 |                                                         |
| <b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>                                              |                                                         |
| <i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>                                          |                                                         |
| <i>nifedipine er (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)</i>                              |                                                         |
| <i>nifedipine er osmotic release (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)</i>              |                                                         |
| <i>nimodipine</i>                                                                                     |                                                         |
| <b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>                                           |                                                         |
| <i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>                                    |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                                                                                                                 | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i>                                                                                       |                                                         |
| <i>diltiazem hcl er beads (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)</i>                                                                                                                                                                                                                                           |                                                         |
| <i>diltiazem hcl er coated beads (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er)</i>                                                                                                                                                                                                                                                      |                                                         |
| <i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>                                                                                                                                                                                                                                                                                                                              |                                                         |
| <i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg tab er, verapamil hcl er 100 mg cap er 24h, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 300 mg cap er 24h, verapamil hcl er 360 mg cap er 24h, verapamil hcl er 240 mg cap er 24h)</i> |                                                         |
| <b>CARDIOVASCULAR AGENTS, OTHER</b>                                                                                                                                                                                                                                                                                                                                                  |                                                         |
| <i>acetazolamide (125 mg tab, 250 mg tab)</i>                                                                                                                                                                                                                                                                                                                                        |                                                         |
| <i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>                                                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>AMILORIDE-HYDROCHLOROTHIAZIDE (AMILORIDE-HYDROCHLOROTHIAZIDE, AMILORIDE-HYDROCHLOROTHIAZIDE)</i>                                                                                                                                                                                                                                                                                  |                                                         |
| <i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>                                                                                                                                                                                                                                                             |                                                         |
| <i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>                                                                                                                                                                                                                                                                                      |                                                         |
| <i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>                                                                                                                                                                                                                                                        |                                                         |
| <i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>                                                                                                                                                                                                                                                                                               |                                                         |
| <i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>                                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>                                                                                                                                                                                                                                                                                                      |                                                         |
| <i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>metyrosine</i>                                                                                                                                                                                                                                                                                                                                                                    |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                            | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>pentoxifylline er</i>                                                                                                                                                                                                                                                        |                                                         |
| <i>ranolazine er (er 500 mg tab er, er 1000 mg tab er)</i>                                                                                                                                                                                                                      |                                                         |
| <i>sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)</i>                                                                                                                                                                                                         |                                                         |
| <i>spironolactone-hctz</i>                                                                                                                                                                                                                                                      |                                                         |
| <i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>                                                                                                                                                                                                          |                                                         |
| TRYNGOLZA 80 MG/0.8ML SOLN A-INJ                                                                                                                                                                                                                                                |                                                         |
| <i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>                                                                                                                                                           |                                                         |
| <b>DIURETICS, LOOP</b>                                                                                                                                                                                                                                                          |                                                         |
| <i>bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>                                                                                                                                                                                                         |                                                         |
| <i>furosemide (furosemide 10 mg/ml solution, furosemide 8 mg/ml solution, furosemide 40 mg tab, furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 80 mg tab)</i>                                                                                                   |                                                         |
| <i>torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>                                                                                                                                                                                                                   |                                                         |
| <b>DIURETICS, POTASSIUM-SPARING</b>                                                                                                                                                                                                                                             |                                                         |
| <i>amiloride hcl</i>                                                                                                                                                                                                                                                            |                                                         |
| <i>triamterene (50 mg cap, 100 mg cap)</i>                                                                                                                                                                                                                                      |                                                         |
| <b>DIURETICS, THIAZIDE</b>                                                                                                                                                                                                                                                      |                                                         |
| <i>chlorthalidone (25 mg tab, 50 mg tab)</i>                                                                                                                                                                                                                                    |                                                         |
| <i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>                                                                                                                                                                                                     |                                                         |
| <i>indapamide (1.25 mg tab, 2.5 mg tab)</i>                                                                                                                                                                                                                                     |                                                         |
| <i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>                                                                                                                                                                                                                             |                                                         |
| <b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>                                                                                                                                                                                                                                   |                                                         |
| FENOFIBRATE (FENOFIBRATE 120 MG TAB, FENOFIBRATE 50 MG CAP, FENOFIBRATE 48 MG TAB, FENOFIBRATE 54 MG TAB, FENOFIBRATE 67 MG CAP, FENOFIBRATE 134 MG CAP, FENOFIBRATE 145 MG TAB, FENOFIBRATE 150 MG CAP, FENOFIBRATE 40 MG TAB, FENOFIBRATE 160 MG TAB, FENOFIBRATE 200 MG CAP) |                                                         |
| <i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>                                                                                                                                                                                        |                                                         |
| <i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>                                                                                                                                                                                                                            |                                                         |
| <i>gemfibrozil</i>                                                                                                                                                                                                                                                              |                                                         |
| <b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>                                                                                                                                                                                                                              |                                                         |
| <i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>                                                                                                                                                                                                        |                                                         |
| <i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>                                                                                                                                                                                                          |                                                         |

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

| DRUG                                                                                          | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>                       |                                                         |
| <i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>                     |                                                         |
| <b>DYSLIPIDEMICS, OTHER</b>                                                                   |                                                         |
| <i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>                                         |                                                         |
| <i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>                                   |                                                         |
| <i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>                                           |                                                         |
| <i>ezetimibe</i>                                                                              |                                                         |
| <i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>                                                 |                                                         |
| JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP)                                          | PA1                                                     |
| NEXLETOL                                                                                      | PA1                                                     |
| <i>niacin er (antihyperlipidemic) (er 500 mg tab er, er 750 mg tab er, er 1000 mg tab er)</i> |                                                         |
| <i>omega-3-acid ethyl esters</i>                                                              |                                                         |
| REPATHA                                                                                       |                                                         |
| REPATHA SURECLICK                                                                             |                                                         |
| <b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>                                                 |                                                         |
| <i>eplerenone (25 mg tab, 50 mg tab)</i>                                                      |                                                         |
| KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)                                                    |                                                         |
| <i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>                                      |                                                         |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>                                    |                                                         |
| <i>dapagliflozin (5 mg tab, 10 mg tab)</i>                                                    |                                                         |
| FARXIGA (5 MG TAB, 10 MG TAB)                                                                 |                                                         |
| JARDIANCE (10 MG TAB, 25 MG TAB)                                                              |                                                         |
| <b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>                                                   |                                                         |
| <i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>                          |                                                         |
| <i>minoxidil (2.5 mg tab, 10 mg tab)</i>                                                      |                                                         |
| <b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>                                            |                                                         |
| <i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>            |                                                         |
| <i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>                                          |                                                         |
| <i>isosorbide mononitrate er (er 30 mg tab er, er 60 mg tab er, er 120 mg tab er)</i>         |                                                         |
| <i>nitro-bid</i>                                                                              |                                                         |

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

| DRUG | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------|---------------------------------------------------------|
|------|---------------------------------------------------------|

|                                                                                                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)                                                                                                                                            |  |
| <i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 % ointment, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i> |  |
| VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)                                                                                                                                                         |  |

## CENTRAL NERVOUS SYSTEM AGENTS

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

|                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|
| <i>amphetamine-dextroamphet er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er)</i> |  |
| <i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>                     |  |
| <i>dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>                               |  |
| <i>dextroamphetamine sulfate er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er)</i>                                                   |  |

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

|                                                                                                                                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)</i>                                                                                                                                                                                                 |  |
| <i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>                                                                                                                                                                                                                                       |  |
| <i>dexmethylphenidate hcl er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er, er 35 mg cap er, er 40 mg cap er)</i>                                                                                                                              |  |
| <i>guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)</i>                                                                                                                                                                                                             |  |
| <i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>                                                                                                                                                    |  |
| <i>methylphenidate hcl er (cd) (er 10 mg cap er, er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 50 mg cap er, er 60 mg cap er)</i>                                                                                                                                                             |  |
| <i>methylphenidate hcl er (la) (er 10 mg cap er, er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 60 mg cap er)</i>                                                                                                                                                                              |  |
| <i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 20 mg tab er, methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 18 mg tab er 24h, methylphenidate hcl er 27 mg tab er)</i> |  |

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

| DRUG                                                                                                                                                                                                                                                                                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>methylphenidate hcl er (osm) (methylphenidate hcl er (osm) 72 mg tab er, methylphenidate hcl er (osm) 18 mg tab er, methylphenidate hcl er (osm) 27 mg tab er, methylphenidate hcl er (osm) 36 mg tab er, methylphenidate hcl er (osm) 54 mg tab er, methylphenidate hcl er (osm) 45 mg tab er, methylphenidate hcl er (osm) 63 mg tab er, methylphenidate hcl er (osm) 72 mg tab er)</i> |                                                         |
| <i>methylphenidate hcl er (xr) (er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 50 mg cap er, er 60 mg cap er)</i>                                                                                                                                                                                                                                   |                                                         |
| <i>methylphenidate hcl er(diffus) (27 mg tab er, 36 mg tab er, 54 mg tab er)</i>                                                                                                                                                                                                                                                                                                             |                                                         |
| <b>CENTRAL NERVOUS SYSTEM, OTHER</b>                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| AUSTEDO (6 MG TAB, 9 MG TAB, 12 MG TAB)                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H, 18 MG TAB ER 24H, 24 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)                                                                                                                                                                                                                                   |                                                         |
| AUSTEDO XR PATIENT TITRATION (6 12 24 MG TBER THPK, 12 18 24 30 MG TBER THPK)                                                                                                                                                                                                                                                                                                                |                                                         |
| <i>dextromethorphan-quinidine</i>                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| NUEDEXTA 20-10 MG CAP                                                                                                                                                                                                                                                                                                                                                                        | PA1                                                     |
| <i>riluzole</i>                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| <i>tetrabenazine (12.5 mg tab, 25 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                |                                                         |
| VEOZAH                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <b>FIBROMYALGIA AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR)                                                                                                                                                                                                                                                                                                                   | PA                                                      |
| <i>duloxetine hcl (20 mg dr, 30 mg dr, 40 mg dr, 60 mg dr)</i>                                                                                                                                                                                                                                                                                                                               |                                                         |
| <i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>                                                                                                                                                                                                                                                           |                                                         |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| AVONEX PEN                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| AVONEX PREFILLED                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| BETASERON                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| <i>dalfampridine er</i>                                                                                                                                                                                                                                                                                                                                                                      | PA1                                                     |
| <i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>                                                                                                                                                                                                                                                                                                                                      |                                                         |
| <i>dimethyl fumarate starter pack</i>                                                                                                                                                                                                                                                                                                                                                        |                                                         |
| <i>glatiramer acetate (20 mg/ml soln, 40 mg/ml soln)</i>                                                                                                                                                                                                                                                                                                                                     |                                                         |
| REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)                                                                                                                                                                                                                                                                                                                                     |                                                         |

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

| DRUG                                                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)                                                                                            |                                                         |
| REBIF REBIDOSE TITRATION PACK                                                                                                                                |                                                         |
| REBIF TITRATION PACK                                                                                                                                         |                                                         |
| <i>teriflunomide (7 mg tab, 14 mg tab)</i>                                                                                                                   |                                                         |
| ZEPOSIA                                                                                                                                                      |                                                         |
| ZEPOSIA 7-DAY STARTER PACK                                                                                                                                   |                                                         |
| ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK                                                                                                       |                                                         |
| <b>DENTAL AND ORAL AGENTS</b>                                                                                                                                |                                                         |
| <i>chlorhexidine gluconate 0.12 % solution</i>                                                                                                               |                                                         |
| <i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>                                                                                                                |                                                         |
| <i>triamcinolone acetonide 0.1 % paste</i>                                                                                                                   |                                                         |
| <b>DERMATOLOGICAL AGENTS</b>                                                                                                                                 |                                                         |
| <b>ACNE AND ROSACEA AGENTS</b>                                                                                                                               |                                                         |
| <i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>                                                                                                         |                                                         |
| <i>benzoyl peroxide-erythromycin</i>                                                                                                                         |                                                         |
| <i>isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)</i>                                                                       |                                                         |
| <i>tazarotene (tazarotene, tazarotene 0.05 % cream, tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>                                 |                                                         |
| <i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>                                                             |                                                         |
| TRETINOIN MICROSPHERE (TRETINOIN MICROSPHERE 0.04 % GEL, TRETINOIN MICROSPHERE 0.04 % GEL, TRETINOIN MICROSPHERE 0.1 % GEL, TRETINOIN MICROSPHERE 0.1 % GEL) |                                                         |
| TRETINOIN MICROSPHERE PUMP (PUMP 0.04 % GEL, PUMP 0.1 % GEL)                                                                                                 |                                                         |
| <b>DERMATITIS AND PRURITUS AGENTS</b>                                                                                                                        |                                                         |
| <i>ammonium lactate (12 % cream, 12 % lotion)</i>                                                                                                            |                                                         |
| <i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>                                                                             |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                                                                                        | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>betamethasone dipropionate aug (betamethasone dipropionate aug, betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % ointment)</i>                                                                                                                                           |                                                         |
| <i>betamethasone valerate (betamethasone valerate, betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.12 % foam)</i>                                                                                                                                                  |                                                         |
| <i>clobetasol prop emollient base</i>                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>clobetasol propionate (clobetasol propionate, clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % foam, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % liquid, clobetasol propionate 0.05 % lotion, clobetasol propionate 0.05 % ointment, clobetasol propionate 0.05 % shampoo, clobetasol propionate 0.05 % solution)</i> |                                                         |
| <i>clobetasol propionate emulsion</i>                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>desonide (0.05 % cream, 0.05 % ointment)</i>                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>doxepin hcl 5 % cream</i>                                                                                                                                                                                                                                                                                                                                |                                                         |
| EUCRISA                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| <i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>                                                                                                                                                                                                                                                                            |                                                         |
| <i>fluocinonide emulsified base</i>                                                                                                                                                                                                                                                                                                                         |                                                         |
| FLUTICASONE PROPIONATE (FLUTICASONE PROPIONATE, FLUTICASONE PROPIONATE 0.005 % OINTMENT, FLUTICASONE PROPIONATE 0.05 % CREAM, FLUTICASONE PROPIONATE 0.05 % LOTION)                                                                                                                                                                                         |                                                         |
| <i>hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)</i>                                                                                                                                                          |                                                         |
| <i>hydrocortisone (perianal)</i>                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>hydrocortisone valerate (0.2 % cream, 0.2 % ointment)</i>                                                                                                                                                                                                                                                                                                |                                                         |
| <i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>                                                                                                                                                                                                                                                                                     |                                                         |
| <i>pimecrolimus</i>                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>procto-med hc</i>                                                                                                                                                                                                                                                                                                                                        |                                                         |
| <i>proctosol hc</i>                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>proctozone-hc</i>                                                                                                                                                                                                                                                                                                                                        |                                                         |
| <i>selenium sulfide (selenium sulfide 2.5 % lotion, selenium sulfide 2.5 % lotion)</i>                                                                                                                                                                                                                                                                      |                                                         |
| <i>tacrolimus (0.03 %, 0.1 %)</i>                                                                                                                                                                                                                                                                                                                           |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                                                                                                                             | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream, triamcinolone acetonide 0.5 % ointment, triamcinolone acetonide 0.025 % lotion)</i> |                                                         |
| <b>DERMATOLOGICAL AGENTS, OTHER</b>                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| CALCIPOTRIENE (CALCIPOTRIENE 0.005 % OINTMENT, CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE 0.005 % CREAM, CALCIPOTRIENE 0.005 % SOLUTION)                                                                                                                                                                                                                                                      |                                                         |
| <i>clotrimazole-betamethasone (clotrimazole-betamethasone, clotrimazole-betamethasone 1-0.05 % cream, clotrimazole-betamethasone 1-0.05 % lotion)</i>                                                                                                                                                                                                                                            |                                                         |
| <i>diclofenac sodium 3 % gel</i>                                                                                                                                                                                                                                                                                                                                                                 | PA1                                                     |
| FLUOROURACIL (FLUOROURACIL, FLUOROURACIL 5 % CREAM, FLUOROURACIL 5 % SOLUTION)                                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>imiquimod (3.75 %, 5 %)</i>                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>imiquimod pump</i>                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| METHOXSALEN RAPID                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| <i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>                                                                                                                                                                                                                                                                                                        |                                                         |
| OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK, 20 MG TAB, 30 MG TAB)                                                                                                                                                                                                                                                                                                             | PA1                                                     |
| OTEZLA XR                                                                                                                                                                                                                                                                                                                                                                                        | PA1                                                     |
| OTEZLA/OTEZLA XR INITIATION PK                                                                                                                                                                                                                                                                                                                                                                   | PA1                                                     |
| PODOFILOX (PODOFILOX, PODOFILOX 0.5 % SOLUTION)                                                                                                                                                                                                                                                                                                                                                  |                                                         |
| SANTYL                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| <i>silver sulfadiazine</i>                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>ssd</i>                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>ssd (silver sulfadiazine)</i>                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <b>PEDICULICIDES/SCABICIDES</b>                                                                                                                                                                                                                                                                                                                                                                  |                                                         |
| <i>malathion</i>                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>permethrin</i>                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| <b>TOPICAL ANTI-INFECTIVES</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>acyclovir (5 % cream, 5 % ointment)</i>                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>                                                                                                                                                                                                                                                                                                                                        |                                                         |
| <i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>                                                                                                                                                                                                                                                                                                                                      |                                                         |

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

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

## ELECTROLYTES/MINERALS/METALS/VITAMINS

### ELECTROLYTE/MINERAL REPLACEMENT

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

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

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION)                                                                                                                                                                                                                                                                                                |                                                         |
| INTRALIPID (20 % EMULSION, 30 % EMULSION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PA                                                      |
| ISOLYTE-P IN D5W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>kcl in dextrose-nacl (kcl in dextrose-nacl 10-5-0.45 meq/l-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-% solution, kcl in dextrose-nacl 10-5-0.45 meq/l-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-% solution, kcl in dextrose-nacl 20-5-0.225 meq/l-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-% solution)</i> |                                                         |
| KCL-LACTATED RINGERS-D5W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| <i>magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>nafrinse</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |
| NUTRILIPID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PA                                                      |
| POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 2 MEQ/ML SOLUTION, POTASSIUM CHLORIDE 10 % SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ PACKET, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/15ML (10%) SOLUTION, POTASSIUM CHLORIDE 40 MEQ/15ML (20%) SOLUTION)                                                                                                                                                                                                                                                |                                                         |
| <i>potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                                                                                  | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 15 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er, potassium chloride er 10 meq tab er)</i>                    |                                                         |
| <i>potassium chloride in dextrose</i>                                                                                                                                                                                                                                                                                                                 |                                                         |
| POTASSIUM CHLORIDE IN NACL (POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION) |                                                         |
| <i>potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)</i>                                                                                                                                                                                                                                                    |                                                         |
| POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION                                                                                                                                                                                                                                                                                                         |                                                         |
| PREMASOL                                                                                                                                                                                                                                                                                                                                              | PA                                                      |
| PROSOL                                                                                                                                                                                                                                                                                                                                                | PA                                                      |
| <i>sodium chloride (pf)</i>                                                                                                                                                                                                                                                                                                                           |                                                         |
| SODIUM CHLORIDE (SODIUM CHLORIDE 0.45 % SOLUTION, SODIUM CHLORIDE 0.9 % SOLUTION, SODIUM CHLORIDE 3 % SOLUTION, SODIUM CHLORIDE 5 % SOLUTION, SODIUM CHLORIDE 0.9 % SOLUTION)                                                                                                                                                                         |                                                         |
| SODIUM FLUORIDE (SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB, SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB, SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB, SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB, SODIUM FLUORIDE 2.2 (1 F) MG TAB)                                              |                                                         |
| TRAVASOL                                                                                                                                                                                                                                                                                                                                              | PA                                                      |
| TROPHAMINE                                                                                                                                                                                                                                                                                                                                            | PA                                                      |
| <b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>deferasirox (90 mg packet, 90 mg tab, 125 mg tab sol, 180 mg packet, 180 mg tab, 250 mg tab sol, 360 mg packet, 360 mg tab, 500 mg tab sol)</i>                                                                                                                                                                                                    |                                                         |
| <i>deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)</i>                                                                                                                                                                                                                                                                              |                                                         |
| <i>deferiprone (500 mg tab, 1000 mg tab)</i>                                                                                                                                                                                                                                                                                                          |                                                         |
| FERRIPROX 100 MG/ML SOLUTION                                                                                                                                                                                                                                                                                                                          |                                                         |
| JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)                                                                                                                                                                                                                                         |                                                         |
| <i>tolvaptan (15 mg tab, 30 mg tab)</i>                                                                                                                                                                                                                                                                                                               |                                                         |
| <i>tolvaptan (hyponatremia) (15 mg tab, 30 mg tab)</i>                                                                                                                                                                                                                                                                                                |                                                         |

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

| DRUG                                                                                                | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>trientine hcl (trientine hcl, trientine hcl)</i>                                                 |                                                         |
| <b>PHOSPHATE BINDERS</b>                                                                            |                                                         |
| <i>calcium acetate</i>                                                                              | PA                                                      |
| <i>calcium acetate (phos binder) (667 mg cap, 667 mg tab)</i>                                       | PA                                                      |
| <i>sevelamer carbonate (0.8 gm packet, 800 mg tab)</i>                                              | PA                                                      |
| <i>sevelamer hcl (400 mg tab, 800 mg tab)</i>                                                       | PA                                                      |
| <b>POTASSIUM BINDERS</b>                                                                            |                                                         |
| LOKELMA (5 GM PACKET, 10 GM PACKET)                                                                 |                                                         |
| <i>sodium polystyrene sulfonate powder</i>                                                          |                                                         |
| <i>sps (sodium polystyrene sulf) (sps (sodium polystyrene sulf), sps (sodium polystyrene sulf))</i> |                                                         |
| VELTASSA (1 GM PACKET, 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)                               |                                                         |
| <b>VITAMINS</b>                                                                                     |                                                         |
| ALTRIXA OB                                                                                          |                                                         |
| ATABEX EC                                                                                           |                                                         |
| ATABEX OB                                                                                           |                                                         |
| AZENTRA                                                                                             |                                                         |
| AZESCO                                                                                              |                                                         |
| C-NATE DHA                                                                                          |                                                         |
| CITRANATAL 90 DHA                                                                                   |                                                         |
| CITRANATAL ASSURE                                                                                   |                                                         |
| CITRANATAL B-CALM                                                                                   |                                                         |
| CITRANATAL BLOOM                                                                                    |                                                         |
| CITRANATAL DHA                                                                                      |                                                         |
| CITRANATAL HARMONY                                                                                  |                                                         |
| CITRANATAL MEDLEY                                                                                   |                                                         |
| CO-NATAL FA                                                                                         |                                                         |
| COMPLETE NATAL DHA                                                                                  |                                                         |
| COMPLETENATE                                                                                        |                                                         |
| CONCEPT DHA                                                                                         |                                                         |
| CONCEPT OB                                                                                          |                                                         |
| DERMACINRX PNV PRENATOL                                                                             |                                                         |

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

| DRUG                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------|---------------------------------------------------------|
| DERMACINRX PRETRATE                          |                                                         |
| DUET DHA 400                                 |                                                         |
| DUET DHA BALANCED                            |                                                         |
| ELITE-OB                                     |                                                         |
| EMBRIVA                                      |                                                         |
| ENBRACE HR                                   |                                                         |
| FOLATEXCEL                                   |                                                         |
| FOLIVANE-OB                                  |                                                         |
| GESTYRA                                      |                                                         |
| INATAL GT                                    |                                                         |
| JENLIVA PRENATAL/POSTNATAL                   |                                                         |
| KOSHER PRENATAL PLUS IRON                    |                                                         |
| M-NATAL PLUS                                 |                                                         |
| MATERNACEL                                   |                                                         |
| MATERVIA                                     |                                                         |
| MATRIAPRO                                    |                                                         |
| MATRONEX                                     |                                                         |
| MULTI-MAC                                    |                                                         |
| NATACHEW                                     |                                                         |
| NATAL PNV                                    |                                                         |
| NATALCHEW                                    |                                                         |
| NATACORE                                     |                                                         |
| NATALVIT                                     |                                                         |
| NEEVO DHA                                    |                                                         |
| NEO-VITAL RX                                 |                                                         |
| NEOMATERNA                                   |                                                         |
| NEONATAL + DHA                               |                                                         |
| NEONATAL 19                                  |                                                         |
| NEONATAL COMPLETE (27-1 MG TAB, 29-1 MG TAB) |                                                         |
| NEONATAL FE                                  |                                                         |
| NEONATAL PLUS                                |                                                         |
| NESTABS                                      |                                                         |
| NESTABS DHA                                  |                                                         |

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

| DRUG                                                           | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------|---------------------------------------------------------|
| NESTABS ONE                                                    |                                                         |
| NIVA-PLUS                                                      |                                                         |
| NOVYRA                                                         |                                                         |
| 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                                           |                                                         |
| ONENATAL RX                                                    |                                                         |
| PNV 27-CA/FE/FA                                                |                                                         |
| PNV PRENATAL PLUS MULTIVIT+DHA                                 |                                                         |
| PNV PRENATAL PLUS MULTIVITAMIN                                 |                                                         |
| PNV TABS 20-1                                                  |                                                         |
| PNV-DHA                                                        |                                                         |
| PNV-DHA+DOCUSATE                                               |                                                         |
| PNV-OMEGA                                                      |                                                         |
| PNV-SELECT                                                     |                                                         |
| PREGEN DHA                                                     |                                                         |
| PREGENNA                                                       |                                                         |
| PREMESISRX                                                     |                                                         |
| PRENA 1 TRUE                                                   |                                                         |
| PRENA1                                                         |                                                         |
| PRENA1 PEARL                                                   |                                                         |
| PRENACORE                                                      |                                                         |
| PRENAISSANCE                                                   |                                                         |
| PRENAISSANCE PLUS                                              |                                                         |
| PRENATAL (27-0.8 MG TAB, 27-1 MG TAB)                          |                                                         |
| PRENATAL 19 (19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB) |                                                         |
| PRENATAL PLUS                                                  |                                                         |

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

| DRUG                                                 | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------|---------------------------------------------------------|
| 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                                        |                                                         |
| PRENOVA                                              |                                                         |
| PRENYRA                                              |                                                         |
| PRENYVIA                                             |                                                         |
| PRIMACARE                                            |                                                         |
| PROVIDA OB                                           |                                                         |
| RELEVIA                                              |                                                         |
| RELNATE DHA                                          |                                                         |
| SE-NATAL 19 (19 29-1 MG CHEW TAB, 19 29-1 MG TAB)    |                                                         |
| SELECT-OB (29-0.6-0.4 MG CHEW TAB, 29-1 MG CHEW TAB) |                                                         |
| SELECT-OB+DHA                                        |                                                         |
| TARON-C DHA                                          |                                                         |
| THRIVITE RX                                          |                                                         |
| TPN ELECTROLYTES                                     |                                                         |
| TRICARE                                              |                                                         |
| TRINATAL RX 1                                        |                                                         |

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

| DRUG                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------|---------------------------------------------------------|
| TRINATE                      |                                                         |
| TRISTART DHA                 |                                                         |
| TRISTART FREE                |                                                         |
| TRISTART ONE                 |                                                         |
| VINATE DHA RF                |                                                         |
| VINATE II                    |                                                         |
| VINATE ONE                   |                                                         |
| VIRT-NATE DHA                |                                                         |
| VIRT-PN DHA                  |                                                         |
| VITAFOL FE+                  |                                                         |
| VITAFOL GUMMIES              |                                                         |
| VITAFOL STRIPS               |                                                         |
| VITAFOL ULTRA                |                                                         |
| VITAFOL-NANO                 |                                                         |
| VITAFOL-OB                   |                                                         |
| VITAFOL-OB+DHA               |                                                         |
| VITAFOL-ONE                  |                                                         |
| VITALARA                     |                                                         |
| VITAMEDMD ONE RX/QUATREFOLIC |                                                         |
| VITAMEDMD REDICHEW RX        |                                                         |
| VITAPEARL                    |                                                         |
| VITATHELY WITH GINGER        |                                                         |
| VITATRUE                     |                                                         |
| VIVA DHA                     |                                                         |
| WESCAP-C DHA                 |                                                         |
| WESCAP-PN DHA                |                                                         |
| WESNATAL DHA COMPLETE        |                                                         |
| WESNATE DHA                  |                                                         |
| WESTAB PLUS                  |                                                         |
| WESTGEL DHA                  |                                                         |
| ZALVIT                       |                                                         |
| ZATEAN-PN DHA                |                                                         |
| ZIPHEX                       |                                                         |

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

| DRUG                                                                                                                                                                        | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>GASTROINTESTINAL AGENTS</b>                                                                                                                                              |                                                         |
| <b>ANTI-CONSTIPATION AGENTS</b>                                                                                                                                             |                                                         |
| <i>constulose</i>                                                                                                                                                           |                                                         |
| <i>enulose</i>                                                                                                                                                              |                                                         |
| <i>generlac</i>                                                                                                                                                             |                                                         |
| <i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)</i>                                                                                                   |                                                         |
| <i>lactulose encephalopathy</i>                                                                                                                                             |                                                         |
| LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)                                                                                                                              |                                                         |
| <i>lubiprostone (8 mcg cap, 24 mcg cap)</i>                                                                                                                                 |                                                         |
| RELISTOR (8 MG/0.4ML SOLN PRSYR, 12 MG/0.6ML SOLN PRSYR, 12 MG/0.6ML SOLUTION, 150 MG TAB)                                                                                  | PA1                                                     |
| <b>ANTI-DIARRHEAL AGENTS</b>                                                                                                                                                |                                                         |
| <i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>                                                                                                                                 |                                                         |
| <i>diphenoxylate-atropine (diphenoxylate-atropine, diphenoxylate-atropine)</i>                                                                                              |                                                         |
| <i>loperamide hcl 2 mg cap</i>                                                                                                                                              |                                                         |
| XERMELO                                                                                                                                                                     |                                                         |
| <b>ANTISPASMODICS, GASTROINTESTINAL</b>                                                                                                                                     |                                                         |
| <i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution)</i>                                                                                      |                                                         |
| <i>glycopyrrolate (glycopyrrolate 1.5 mg tab, glycopyrrolate 0.5 mg/2.5ml solution, glycopyrrolate 1 mg tab, glycopyrrolate 1 mg/5ml solution, glycopyrrolate 2 mg tab)</i> |                                                         |
| <b>GASTROINTESTINAL AGENTS, OTHER</b>                                                                                                                                       |                                                         |
| AMOXICILL-CLARITHRO-LANSOPRAZ                                                                                                                                               |                                                         |
| <i>bis subcit-metronid-tetracyc</i>                                                                                                                                         |                                                         |
| <i>bismuth/metronidaz/tetracyclin</i>                                                                                                                                       |                                                         |
| GATTEX                                                                                                                                                                      | PA1                                                     |
| <i>peg 3350-kcl-na bicarb-nacl</i>                                                                                                                                          |                                                         |
| <i>peg-3350/electrolytes</i>                                                                                                                                                |                                                         |
| <i>peg-3350/electrolytes/ascorbat</i>                                                                                                                                       |                                                         |
| <i>peg-kcl-nacl-nasulf-na asc-c</i>                                                                                                                                         |                                                         |
| TALICIA                                                                                                                                                                     |                                                         |

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

| DRUG                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| URSODIOL (URSODIOL 250 MG TAB, URSODIOL 500 MG TAB, URSODIOL 400 MG CAP, URSODIOL 300 MG CAP, URSODIOL 200 MG CAP)           |                                                         |
| VOQUEZNA (10 MG TAB, 20 MG TAB)                                                                                              |                                                         |
| VOQUEZNA DUAL PAK                                                                                                            |                                                         |
| VOQUEZNA TRIPLE PAK                                                                                                          |                                                         |
| VOWST                                                                                                                        |                                                         |
| <b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>                                                                                  |                                                         |
| <i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>                                                               |                                                         |
| NIZATIDINE (NIZATIDINE, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)                                                        |                                                         |
| <b>PROTECTANTS</b>                                                                                                           |                                                         |
| <i>sucralfate 1 gm tab</i>                                                                                                   |                                                         |
| <b>PROTON PUMP INHIBITORS</b>                                                                                                |                                                         |
| <i>esomeprazole magnesium (10 mg packet, 20 mg cap dr, 20 mg packet, 40 mg cap dr, 40 mg packet)</i>                         |                                                         |
| <i>lansoprazole (15 mg cap dr, 15 mg tab dr disp, 30 mg cap dr, 30 mg tab dr disp)</i>                                       |                                                         |
| <i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>                                                                 |                                                         |
| <i>pantoprazole sodium (20 mg tab dr, 40 mg packet, 40 mg tab dr)</i>                                                        |                                                         |
| <b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>                                              |                                                         |
| ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)                                                                           | PA                                                      |
| <i>betaine</i>                                                                                                               |                                                         |
| CERDELGA                                                                                                                     |                                                         |
| CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART) |                                                         |
| <i>cromolyn sodium 100 mg/5ml conc</i>                                                                                       |                                                         |
| CYSTAGON (50 MG CAP, 150 MG CAP)                                                                                             |                                                         |
| CYSTARAN                                                                                                                     |                                                         |
| GLASSIA 1000 MG/50ML SOLUTION                                                                                                | PA                                                      |
| <i>glycerol phenylbutyrate</i>                                                                                               |                                                         |
| <i>L-glutamine 5 gm packet</i>                                                                                               |                                                         |
| <i>miglustat</i>                                                                                                             |                                                         |

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

| DRUG                                                                                                                                                                                                    | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| PROLASTIN-C                                                                                                                                                                                             | PA                                                      |
| REVCovi                                                                                                                                                                                                 |                                                         |
| <i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>                                                                                                                           |                                                         |
| <i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>                                                                                                                                              |                                                         |
| SUCRAID                                                                                                                                                                                                 |                                                         |
| WELIREG                                                                                                                                                                                                 |                                                         |
| ZEMAIRA (1000 MG RECON SOLN, 4000 MG RECON SOLN, 5000 MG RECON SOLN)                                                                                                                                    | PA                                                      |
| ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART) |                                                         |
| <b>GENITOURINARY AGENTS</b>                                                                                                                                                                             |                                                         |
| <b>ANTISPASMODICS, URINARY</b>                                                                                                                                                                          |                                                         |
| <i>darifenacin hydrobromide er (er 7.5 mg tab er, er 15 mg tab er)</i>                                                                                                                                  |                                                         |
| <i>mirabegron er (er 8 mg/ml srer, er 25 mg tab er 24h, er 50 mg tab er 24h)</i>                                                                                                                        |                                                         |
| <i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>                                                                                                                                                |                                                         |
| <i>oxybutynin chloride er (er 5 mg tab er, er 10 mg tab er, er 15 mg tab er)</i>                                                                                                                        |                                                         |
| OXYTROL                                                                                                                                                                                                 |                                                         |
| <i>solifenacin succinate (5 mg tab, 10 mg tab)</i>                                                                                                                                                      |                                                         |
| <i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>                                                                                                                                                        |                                                         |
| <i>tolterodine tartrate er (er 2 mg cap er, er 4 mg cap er)</i>                                                                                                                                         |                                                         |
| <i>trospium chloride</i>                                                                                                                                                                                |                                                         |
| <i>trospium chloride er</i>                                                                                                                                                                             |                                                         |
| <b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>                                                                                                                                                              |                                                         |
| <i>alfuzosin hcl er</i>                                                                                                                                                                                 |                                                         |
| <i>dutasteride</i>                                                                                                                                                                                      |                                                         |
| <i>dutasteride-tamsulosin hcl</i>                                                                                                                                                                       |                                                         |
| <i>finasteride 5 mg tab</i>                                                                                                                                                                             |                                                         |
| <i>tadalafil 5 mg tab</i>                                                                                                                                                                               | PA                                                      |
| <i>tamsulosin hcl</i>                                                                                                                                                                                   |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>GENITOURINARY AGENTS, OTHER</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| <i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>                                                                                                                                                                                                                                                                                                                                      |                                                         |
| ELMIRON                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| FILSPARI (200 MG TAB, 400 MG TAB)                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>penicillamine (250 mg cap, 250 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>dexamethasone (dexamethasone 1.5 mg (35) tab thpk, dexamethasone 0.5 mg tab, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg (21) tab thpk, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 6 mg tab, dexamethasone 0.5 mg/5ml solution, dexamethasone 1.5 mg (51) tab thpk, dexamethasone 4 mg tab)</i>                                                          |                                                         |
| <i>fludrocortisone acetate</i>                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| HEMADY 20 MG TAB                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>                                                                                                                                                                                                                                                                                                                          |                                                         |
| <i>prednisolone 15 mg/5ml solution</i>                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>prednisolone sodium phosphate (prednisolone sodium phosphate 5 mg/5ml solution, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 15 mg/5ml solution, prednisolone sodium phosphate 20 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i> |                                                         |
| PREDNISONE (PREDNISONE 5 MG/5ML SOLUTION, PREDNISONE 1 MG TAB, PREDNISONE 2.5 MG TAB, PREDNISONE 5 MG (21) TAB THPK, PREDNISONE 5 MG (48) TAB THPK, PREDNISONE 5 MG TAB, PREDNISONE 10 MG (21) TAB THPK, PREDNISONE 10 MG (48) TAB THPK, PREDNISONE 10 MG TAB, PREDNISONE 20 MG TAB, PREDNISONE 50 MG TAB)                                                                                                   |                                                         |
| PREDNISONE INTENSOL                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| TARPEYO                                                                                                                                                                                                                                                                                                                                                                                                      | PA1                                                     |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>                                                                                                                                                                                                                                                                                                                                          |                                                         |
| <i>desmopressin ace spray refrig</i>                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>desmopressin acetate spray (desmopressin acetate spray, desmopressin acetate spray)</i>                                                                                                                                                                                                                                                                                                                   |                                                         |
| GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)                                                                                                                                                                                                                                                                                                                                                                 | PA1                                                     |

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

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| GENOTROPIN MINIQUE (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)                                                                                                                                                                                                                                         | PA1                                                     |
| HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)                                                                                                                                                                                                                                                                                                                                        | PA1                                                     |
| INCRELEX                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| ISTURISA (1 MG TAB, 5 MG TAB)                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| NORDITROPIN FLEXP (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)                                                                                                                                                                                                                                                                                                                 | PA1                                                     |
| OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)                                                                                                                                                                                                                                                                                                                          | PA1                                                     |
| SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)                                                                                                                                                                                                                                                                                                                                        | PA1                                                     |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)</b>                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>misoprostol (100 mcg tab, 200 mcg tab)</i>                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)</b>                                                                                                                                                                                                                                                                                                                    |                                                         |
| <b>ANDROGENS</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| <i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>                                                                                                                                                                                                                                                                                                                                                  |                                                         |
| <i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 30 mg/act solution, testosterone 40.5 mg/2.5gm (1.62%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 50 mg/5gm (1%) gel)</i> |                                                         |
| <i>testosterone cypionate (testosterone cypionate, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)</i>                                                                                                                                                                                                                                                        |                                                         |
| TESTOSTERONE ENANTHATE                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| <b>ESTROGENS</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| <i>altavera</i>                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| <i>cryselle</i>                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| <i>cryselle-28</i>                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |
| <i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>                                                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>                                                                                                                                                                                                                                                                                                                                           |                                                         |
| <i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>                                                                                                                                                                                                                                                                                                                                |                                                         |

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

| DRUG                                                                                                                                                                                                                     | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>estradiol (0.01 % cream, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)</i> |                                                         |
| <i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>                                                                                                                                                       |                                                         |
| ESTRING (2 MG RING, 7.5 MCG/24HR RING)                                                                                                                                                                                   |                                                         |
| <i>estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)</i>                                                                                                                             |                                                         |
| <i>etonogestrel-ethinyl estradiol</i>                                                                                                                                                                                    |                                                         |
| <i>hailey fe 1/20</i>                                                                                                                                                                                                    |                                                         |
| <i>jaimiess</i>                                                                                                                                                                                                          |                                                         |
| <i>levonorg-eth estrad triphasic</i>                                                                                                                                                                                     |                                                         |
| <i>levonorgest-eth estrad 91-day (0.1-0.02 &amp; 0.01 mg tab, 0.15-0.03 &amp; 0.01 mg tab, 0.15-0.03 mg tab)</i>                                                                                                         |                                                         |
| <i>levonorgest-eth estradiol-iron</i>                                                                                                                                                                                    |                                                         |
| <i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</i>                                                                                                                              |                                                         |
| <i>mono-lynyah</i>                                                                                                                                                                                                       |                                                         |
| <i>norelgestromin-eth estradiol</i>                                                                                                                                                                                      |                                                         |
| <i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab)</i>                                                                                                                       |                                                         |
| <i>norethindron-ethinyl estrad-fe</i>                                                                                                                                                                                    |                                                         |
| <i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>                                                                                                                                                                    |                                                         |
| <i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>                                                                                                                                                                |                                                         |
| <i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>                                                                                                                     |                                                         |
| <i>norgestimate-eth estradiol (0.18/0.215/0.25 mg-25 mcg tab, 0.25-35 mg-mcg tab)</i>                                                                                                                                    |                                                         |
| PREMARIN 0.625 MG/GM CREAM                                                                                                                                                                                               |                                                         |
| PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)                                                                                                                                              |                                                         |
| <i>tri-legest fe</i>                                                                                                                                                                                                     |                                                         |
| <i>viorele</i>                                                                                                                                                                                                           |                                                         |
| <b>PROGESTINS</b>                                                                                                                                                                                                        |                                                         |
| DEPO-SUBQ PROVERA 104                                                                                                                                                                                                    |                                                         |
| <i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)</i>                                                                                                         |                                                         |

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

| DRUG                                                                                                                                                                                 | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>                                                                 |                                                         |
| MIRENA (52 MG)                                                                                                                                                                       |                                                         |
| NEXPLANON                                                                                                                                                                            |                                                         |
| <i>norethindrone</i>                                                                                                                                                                 |                                                         |
| <i>progesterone (100 mg cap, 200 mg cap)</i>                                                                                                                                         |                                                         |
| <b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>                                                                                                                                  |                                                         |
| DUAVEE                                                                                                                                                                               |                                                         |
| <i>raloxifene hcl</i>                                                                                                                                                                |                                                         |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>                                                                                                                    |                                                         |
| <i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i> |                                                         |
| <i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>                                                                                                                       |                                                         |
| REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)                                                                                                                                         |                                                         |
| <b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>                                                                                                                           |                                                         |
| <i>cabergoline</i>                                                                                                                                                                   |                                                         |
| ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT)                                                                                                                              | PA                                                      |
| FIRMAGON                                                                                                                                                                             |                                                         |
| FIRMAGON (240 MG DOSE)                                                                                                                                                               |                                                         |
| <i>leuprolide acetate</i>                                                                                                                                                            |                                                         |
| LUPRON DEPOT                                                                                                                                                                         | PA                                                      |
| <i>mifepristone 300 mg tab</i>                                                                                                                                                       | PA1                                                     |
| <i>octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml)</i>                                                                                               |                                                         |
| ORGOVYX                                                                                                                                                                              |                                                         |
| RECORLEV                                                                                                                                                                             |                                                         |
| SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)                                                                                                                |                                                         |
| SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)                                                                                  |                                                         |
| SYNAREL                                                                                                                                                                              |                                                         |
| TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)                                                                                                       |                                                         |

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

| DRUG                                                                                                        | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>                                                               |                                                         |
| <b>ANTITHYROID AGENTS</b>                                                                                   |                                                         |
| <i>methimazole (5 mg tab, 10 mg tab)</i>                                                                    |                                                         |
| <i>propylthiouracil</i>                                                                                     |                                                         |
| <b>IMMUNOLOGICAL AGENTS</b>                                                                                 |                                                         |
| <b>ANGIOEDEMA AGENTS</b>                                                                                    |                                                         |
| CINRYZE                                                                                                     | PA1                                                     |
| <i>icatibant acetate</i>                                                                                    |                                                         |
| <b>IMMUNOGLOBULINS</b>                                                                                      |                                                         |
| GAMMAGARD 2.5 GM/25ML SOLUTION                                                                              | PA                                                      |
| GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)                                                  | PA                                                      |
| GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)            | PA                                                      |
| GAMUNEX-C 1 GM/10ML SOLUTION                                                                                | PA                                                      |
| PRIVIGEN 20 GM/200ML SOLUTION                                                                               | PA                                                      |
| <b>IMMUNOLOGICAL AGENTS, OTHER</b>                                                                          |                                                         |
| ARCALYST                                                                                                    |                                                         |
| BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)                                                       | PA1                                                     |
| DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) | PA1                                                     |
| ENTYVIO PEN                                                                                                 |                                                         |
| KEVZARA (150 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)                      | PA1                                                     |
| KINERET                                                                                                     |                                                         |
| OLUMIANT (1 MG TAB, 2 MG TAB)                                                                               |                                                         |
| ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)                            |                                                         |
| ORENCIA CLICKJECT                                                                                           |                                                         |
| RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H, 45 MG TAB ER 24H)                                               | PA1                                                     |
| RINVOQ LQ                                                                                                   | PA1                                                     |

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

| DRUG                                                                                                                                                                 | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| SKYRIZI (55 MG/0.37ML SOLN PRSYR, 150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)                                                              |                                                         |
| SKYRIZI PEN                                                                                                                                                          |                                                         |
| TALTZ (20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR, 80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR)                                                                    |                                                         |
| TAVNEOS                                                                                                                                                              |                                                         |
| <i>tofacitinib citrate (5 mg tab, 10 mg tab)</i>                                                                                                                     | PA1                                                     |
| <i>tofacitinib citrate er (er 11 mg tab er, er 22 mg tab er)</i>                                                                                                     | PA1                                                     |
| TREMIFYA (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN PRSYR)                                                                                                               |                                                         |
| TREMIFYA ONE-PRESS                                                                                                                                                   |                                                         |
| TREMIFYA PEN (PEN 100 MG/ML SOLN A-INJ, PEN 200 MG/2ML SOLN A-INJ)                                                                                                   |                                                         |
| TREMIFYA-CD/UC INDUCTION                                                                                                                                             |                                                         |
| TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)                                                                                                            |                                                         |
| USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)                                                                                      |                                                         |
| VELSIPITY                                                                                                                                                            |                                                         |
| XELJANZ 1 MG/ML SOLUTION                                                                                                                                             | PA1                                                     |
| XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) | PA1                                                     |
| YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)                                                                                         |                                                         |
| ZENBEXUS (0.75 MG CAP, 1 MG CAP)                                                                                                                                     |                                                         |
| <b>IMMUNOSTIMULANTS</b>                                                                                                                                              |                                                         |
| ACTIMMUNE                                                                                                                                                            |                                                         |
| BESREMI                                                                                                                                                              |                                                         |
| BESREMI PEN                                                                                                                                                          |                                                         |
| PEGASYS (180 MCG/0.5ML SOLN PRSYR, 180 MCG/ML SOLUTION)                                                                                                              |                                                         |
| <b>IMMUNOSUPPRESSANTS</b>                                                                                                                                            |                                                         |
| ADALIMUMAB-AACF (2 PEN)                                                                                                                                              |                                                         |
| ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT                                                                                                                       |                                                         |
| ADALIMUMAB-AATY CD/UC/HS START                                                                                                                                       |                                                         |
| ADALIMUMAB-ADAZ (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)                                                     |                                                         |

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

| DRUG                                                                                                                                   | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 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) (20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)                                                           |                                                         |
| <i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i>                                                                                 | PA                                                      |
| <i>cyclosporine (25 mg cap, 100 mg cap)</i>                                                                                            | PA                                                      |
| <i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>                                                    | PA                                                      |
| ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)                                                             |                                                         |
| ENBREL MINI                                                                                                                            |                                                         |
| ENBREL SURECLICK                                                                                                                       |                                                         |
| ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)                                                                    | PA                                                      |
| <i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>                                                                     | PA                                                      |
| <i>leflunomide (10 mg tab, 20 mg tab)</i>                                                                                              |                                                         |
| METHOTREXATE SODIUM (METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 250 MG/10ML SOLUTION, METHOTREXATE SODIUM 2.5 MG TAB) |                                                         |
| <i>methotrexate sodium (pf) 50 mg/2ml solution</i>                                                                                     |                                                         |
| <i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>                                                            | PA                                                      |
| <i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>                                                                             | PA                                                      |
| <i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>                                                                                | PA                                                      |
| PROGRAF (0.2 MG PACKET, 1 MG PACKET)                                                                                                   | PA                                                      |
| REZUROCK                                                                                                                               |                                                         |
| SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)                                   |                                                         |
| <i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>                                                                    | PA                                                      |
| <i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>                                                                                     | PA                                                      |
| <i>tacrolimus er (er 0.5 mg cap er, er 1 mg cap er, er 5 mg cap er)</i>                                                                | PA                                                      |
| XATMEP                                                                                                                                 |                                                         |
| ZYMFENTRA (1 PEN)                                                                                                                      |                                                         |
| ZYMFENTRA (2 PEN)                                                                                                                      |                                                         |
| ZYMFENTRA (2 SYRINGE)                                                                                                                  |                                                         |

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

| DRUG                                                                           | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>VACCINES</b>                                                                |                                                         |
| ABRYSVO                                                                        |                                                         |
| ACTHIB                                                                         |                                                         |
| ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)        |                                                         |
| AREXVY                                                                         |                                                         |
| BCG VACCINE                                                                    |                                                         |
| BEXSERO                                                                        |                                                         |
| BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR                                      |                                                         |
| DAPTACEL                                                                       |                                                         |
| ENGRIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION) | PA                                                      |
| GARDASIL 9 (9 SUSPENSION, 9 0.5 ML SUSP PRSYR)                                 |                                                         |
| HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION, 1440 U/ML SUSP PRSYR)  |                                                         |
| HEPLISAV-B                                                                     | PA                                                      |
| HIBERIX                                                                        |                                                         |
| IMOVAX RABIES                                                                  |                                                         |
| INFANRIX                                                                       |                                                         |
| IPOL                                                                           |                                                         |
| IXIARO                                                                         |                                                         |
| JYNNEOS                                                                        |                                                         |
| KINRIX                                                                         |                                                         |
| M-M-R II                                                                       |                                                         |
| MENQUADFI (0.5 ML SOLUTION, SOLUTION)                                          |                                                         |
| MENVEO (RECON SOLN, SOLUTION)                                                  |                                                         |
| MRESVIA                                                                        |                                                         |
| PEDIARIX                                                                       |                                                         |
| PEDVAXHIB                                                                      |                                                         |
| PENBRAYA                                                                       |                                                         |
| PENMENVY                                                                       |                                                         |
| PENTACEL                                                                       |                                                         |
| PRIORIX                                                                        |                                                         |
| PROQUAD                                                                        |                                                         |

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

| DRUG                                                                                                                             | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)                                                                                        |                                                         |
| RABAVERT                                                                                                                         |                                                         |
| RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION) | PA                                                      |
| ROTARIX SUSPENSION                                                                                                               |                                                         |
| ROTATEQ                                                                                                                          |                                                         |
| SHINGRIX (50 MCG/0.5ML RECON SUSP, 50 MCG/0.5ML SUSP PRSYR)                                                                      |                                                         |
| TENIVAC                                                                                                                          |                                                         |
| TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)                                                                    |                                                         |
| TRUMENBA                                                                                                                         |                                                         |
| TWINRIX                                                                                                                          |                                                         |
| TYPHIM VI 25 MCG/0.5ML SOLN PRSYR                                                                                                |                                                         |
| VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)                         |                                                         |
| VARIVAX                                                                                                                          |                                                         |
| VAXCHORA                                                                                                                         |                                                         |
| VIMKUNYA                                                                                                                         |                                                         |
| VIVOTIF                                                                                                                          |                                                         |
| YF-VAX                                                                                                                           |                                                         |

## INFLAMMATORY BOWEL DISEASE AGENTS

### AMINOSALICYLATES

|                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>balsalazide disodium</i>                                                                                                                             |
| DIPENTUM                                                                                                                                                |
| MESALAMINE (MESALAMINE, MESALAMINE 1.2 GM TAB DR, MESALAMINE 4 GM ENEMA, MESALAMINE 400 MG CAP DR, MESALAMINE 800 MG TAB DR, MESALAMINE 1000 MG SUPPOS) |
| <i>mesalamine er (er 0.375 gm cap er 24h, er 500 mg cap er)</i>                                                                                         |
| <i>mesalamine-cleanser</i>                                                                                                                              |
| PENTASA 250 MG CAP ER                                                                                                                                   |
| <i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>                                                                                                        |

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

| DRUG                                                                                                                                                                                                | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>GLUCOCORTICOIDS</b>                                                                                                                                                                              |                                                         |
| <i>budesonide 3 mg cp dr part</i>                                                                                                                                                                   |                                                         |
| <i>budesonide er</i>                                                                                                                                                                                |                                                         |
| <i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i>                                                                                                                           |                                                         |
| <b>METABOLIC BONE DISEASE AGENTS</b>                                                                                                                                                                |                                                         |
| <i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>                                                                                                                                         |                                                         |
| BILDYOS                                                                                                                                                                                             |                                                         |
| BILPREVDA                                                                                                                                                                                           | PA1                                                     |
| <i>calcitonin (salmon) 200 unit/act solution</i>                                                                                                                                                    |                                                         |
| <i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>                                                                                                                                    |                                                         |
| <i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>                                                                                                                                             | PA                                                      |
| DOXERCALCIFEROL (DOXERCALCIFEROL 1 MCG CAP,<br>DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG<br>CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5<br>MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP) |                                                         |
| <i>ibandronate sodium 150 mg tab</i>                                                                                                                                                                |                                                         |
| JUBBONTI                                                                                                                                                                                            |                                                         |
| <i>teriparatide (teriparatide, teriparatide)</i>                                                                                                                                                    | PA1                                                     |
| TYMLOS                                                                                                                                                                                              | PA1                                                     |
| WYOST                                                                                                                                                                                               | PA1                                                     |
| <b>MISCELLANEOUS THERAPEUTIC AGENTS</b>                                                                                                                                                             |                                                         |
| <i>alcohol swabs</i>                                                                                                                                                                                |                                                         |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC                                                                                                                                                           |                                                         |
| BRONCHITOL                                                                                                                                                                                          |                                                         |
| BRONCHITOL TOLERANCE TEST                                                                                                                                                                           |                                                         |
| <i>gauze pads &amp; 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>                                                                                                                                                               |                                                         |

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

| DRUG                                                                                                                                                                               | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>OPHTHALMIC AGENTS</b>                                                                                                                                                           |                                                         |
| <b>OPHTHALMIC AGENTS, OTHER</b>                                                                                                                                                    |                                                         |
| <i>ak-poly-bac</i>                                                                                                                                                                 |                                                         |
| <i>atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)</i>                                                                                             |                                                         |
| BACITRA-NEOMYCIN-POLYMYXIN-HC (BACITRA-NEOMYCIN-POLYMYXIN-HC, BACITRA-NEOMYCIN-POLYMYXIN-HC)                                                                                       |                                                         |
| <i>bacitracin-polymyxin b (bacitracin-polymyxin b, bacitracin-polymyxin b)</i>                                                                                                     |                                                         |
| <i>brimonidine tartrate-timolol</i>                                                                                                                                                |                                                         |
| <i>cyclosporine (pf)</i>                                                                                                                                                           |                                                         |
| <i>dorzolamide hcl-timolol mal (2, 22.3-6.8 mg/ml)</i>                                                                                                                             |                                                         |
| <i>dorzolamide hcl-timolol mal pf</i>                                                                                                                                              |                                                         |
| <i>neomycin-bacitracin zn-polymyx (neomycin-bacitracin zn-polymyx, neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment)</i> |                                                         |
| <i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>                                                                            |                                                         |
| NEOMYCIN-POLYMYXIN-HC                                                                                                                                                              |                                                         |
| RESTASIS MULTIDOSE                                                                                                                                                                 |                                                         |
| SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION                                                                                                                                      |                                                         |
| TOBRADEX 0.3-0.1 % OINTMENT                                                                                                                                                        |                                                         |
| <i>tobramycin-dexamethasone</i>                                                                                                                                                    |                                                         |
| XDEMZY                                                                                                                                                                             |                                                         |
| <b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>                                                                                                                                              |                                                         |
| <i>azelastine hcl 0.05 % solution</i>                                                                                                                                              |                                                         |
| CROMOLYN SODIUM (CROMOLYN SODIUM, CROMOLYN SODIUM 4 % SOLUTION)                                                                                                                    |                                                         |
| <b>OPHTHALMIC ANTI-INFECTIVES</b>                                                                                                                                                  |                                                         |
| AZASITE                                                                                                                                                                            |                                                         |
| <i>ciprofloxacin hcl 0.3 % solution</i>                                                                                                                                            |                                                         |
| ERYTHROMYCIN (ERYTHROMYCIN 5 MG/GM OINTMENT, ERYTHROMYCIN 5 MG/GM OINTMENT)                                                                                                        |                                                         |
| <i>gatifloxacin</i>                                                                                                                                                                |                                                         |
| <i>gentamicin sulfate 0.3 % solution</i>                                                                                                                                           |                                                         |

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

| DRUG                                                                                                                                     | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>levofloxacin (levofloxacin 0.5 % solution, levofloxacin 0.5 % solution)</i>                                                           |                                                         |
| <i>moxifloxacin hcl 0.5 % solution</i>                                                                                                   |                                                         |
| <i>ofloxacin 0.3 % solution</i>                                                                                                          |                                                         |
| <i>polymyxin b-trimethoprim</i>                                                                                                          |                                                         |
| <i>sulfacetamide sodium (sulfacetamide sodium 10 % ointment, sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)</i> |                                                         |
| <i>tobramycin 0.3 % solution</i>                                                                                                         |                                                         |
| TRIFLURIDINE                                                                                                                             |                                                         |
| ZIRGAN                                                                                                                                   |                                                         |
| <b>OPHTHALMIC ANTI-INFLAMMATORIES</b>                                                                                                    |                                                         |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION                                                                                            |                                                         |
| <i>diclofenac sodium 0.1 % solution</i>                                                                                                  |                                                         |
| <i>difluprednate</i>                                                                                                                     |                                                         |
| <i>fluorometholone</i>                                                                                                                   |                                                         |
| FLURBIPROFEN SODIUM                                                                                                                      |                                                         |
| FML FORTE                                                                                                                                |                                                         |
| KETOROLAC TROMETHAMINE (KETOROLAC TROMETHAMINE 0.4 % SOLUTION, KETOROLAC TROMETHAMINE 0.5 % SOLUTION)                                    |                                                         |
| LOTEMAX 0.5 % OINTMENT                                                                                                                   |                                                         |
| <i>loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)</i>                                                             |                                                         |
| PRED MILD                                                                                                                                |                                                         |
| <i>prednisolone acetate</i>                                                                                                              |                                                         |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION                                                                                               |                                                         |
| <b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>                                                                                        |                                                         |
| BETAXOLOL HCL (BETAXOLOL HCL, BETAXOLOL HCL 0.5 % SOLUTION)                                                                              |                                                         |
| BETOPTIC-S                                                                                                                               |                                                         |
| CARTEOLOL HCL                                                                                                                            |                                                         |
| LEVOBUNOLOL HCL                                                                                                                          |                                                         |
| <i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>                                            |                                                         |
| <i>timolol maleate (once-daily)</i>                                                                                                      |                                                         |

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

| DRUG                                                                                                                                                    | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>timolol maleate ocudose</i>                                                                                                                          |                                                         |
| <i>timolol maleate pf (0.25 %, 0.5 %)</i>                                                                                                               |                                                         |
| <b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>                                                                                           |                                                         |
| <i>acetazolamide er</i>                                                                                                                                 |                                                         |
| <i>brimonidine tartrate (0.1 %, 0.15 %, 0.2 %)</i>                                                                                                      |                                                         |
| <i>dorzolamide hcl</i>                                                                                                                                  |                                                         |
| <i>methazolamide (25 mg tab, 50 mg tab)</i>                                                                                                             |                                                         |
| <i>pilocarpine hcl (1 %, 2 %, 4 %)</i>                                                                                                                  |                                                         |
| RHOPRESSA                                                                                                                                               |                                                         |
| <b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>                                                                                                  |                                                         |
| <i>bimatoprost 0.03 % solution</i>                                                                                                                      |                                                         |
| <i>latanoprost</i>                                                                                                                                      |                                                         |
| <i>travoprost (bak free)</i>                                                                                                                            |                                                         |
| <b>OTIC AGENTS</b>                                                                                                                                      |                                                         |
| CIPRO HC 0.2-1 % SUSPENSION                                                                                                                             |                                                         |
| <i>ciprofloxacin hcl 0.2 % solution</i>                                                                                                                 |                                                         |
| <i>ciprofloxacin-dexamethasone</i>                                                                                                                      |                                                         |
| <i>hydrocortisone-acetic acid</i>                                                                                                                       |                                                         |
| <i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>                                                               |                                                         |
| <b>RESPIRATORY TRACT/PULMONARY AGENTS</b>                                                                                                               |                                                         |
| <b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>                                                                                                     |                                                         |
| <i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>                                                                  | PA                                                      |
| <i>flunisolide</i>                                                                                                                                      |                                                         |
| FLUTICASONE FUROATE ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)                                                     |                                                         |
| <i>fluticasone propionate 50 mcg/act suspension</i>                                                                                                     |                                                         |
| FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA, FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL) |                                                         |
| PULMICORT FLEXHALER                                                                                                                                     |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                  | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>ANTI-HISTAMINES</b>                                                                                                                                                                                                                                                |                                                         |
| <i>azelastine hcl (0.1 %, 137 mcg/spray)</i>                                                                                                                                                                                                                          |                                                         |
| CLEMASTINE FUMARATE                                                                                                                                                                                                                                                   |                                                         |
| <i>desloratadine</i>                                                                                                                                                                                                                                                  |                                                         |
| <i>levocetirizine dihydrochloride 5 mg tab</i>                                                                                                                                                                                                                        |                                                         |
| <b>ANTILEUKOTRIENES</b>                                                                                                                                                                                                                                               |                                                         |
| <i>montelukast sodium 10 mg tab</i>                                                                                                                                                                                                                                   |                                                         |
| <i>zafirlukast (10 mg tab, 20 mg tab)</i>                                                                                                                                                                                                                             |                                                         |
| <i>zileuton er</i>                                                                                                                                                                                                                                                    |                                                         |
| <b>BRONCHODILATORS, ANTICHOLINERGIC</b>                                                                                                                                                                                                                               |                                                         |
| ATROVENT HFA                                                                                                                                                                                                                                                          |                                                         |
| <i>ipratropium bromide (0.03 %, 0.06 %)</i>                                                                                                                                                                                                                           |                                                         |
| <i>ipratropium bromide 0.02 % solution</i>                                                                                                                                                                                                                            | PA                                                      |
| SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)                                                                                                                                                                                                      |                                                         |
| <i>tiotropium bromide</i>                                                                                                                                                                                                                                             |                                                         |
| TUDORZA PRESSAIR                                                                                                                                                                                                                                                      |                                                         |
| UMECLIDINIUM ELLIPTA                                                                                                                                                                                                                                                  |                                                         |
| <b>BRONCHODILATORS, SYMPATHOMIMETIC</b>                                                                                                                                                                                                                               |                                                         |
| <i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>                                                                                                                                                                                        |                                                         |
| <i>albuterol sulfate (albuterol sulfate, albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i> | PA                                                      |
| <i>albuterol sulfate hfa (albuterol sulfate hfa, albuterol sulfate hfa)</i>                                                                                                                                                                                           |                                                         |
| <i>epinephrine (epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj)</i>                                                                                            | QL (2 PER 30 OVER TIME)                                 |
| <i>levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)</i>                                                                                                                                                                    | PA                                                      |
| LEVALBUTEROL TARTRATE                                                                                                                                                                                                                                                 |                                                         |
| SEREVENT DISKUS                                                                                                                                                                                                                                                       |                                                         |
| <b>CYSTIC FIBROSIS AGENTS</b>                                                                                                                                                                                                                                         |                                                         |
| CAYSTON                                                                                                                                                                                                                                                               |                                                         |

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

| DRUG                                                                                                                                                                                                                                      | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)                                                                                                                                            |                                                         |
| ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 100-125 MG TAB, 150-188 MG PACKET, 200-125 MG TAB)                                                                                                                                           |                                                         |
| PULMOZYME                                                                                                                                                                                                                                 | PA                                                      |
| SYMDEKO (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK)                                                                                                                                                                                   |                                                         |
| <i>tobramycin (300 mg/4ml soln, 300 mg/5ml soln)</i>                                                                                                                                                                                      | PA                                                      |
| TRIAKTA (50-25-37.5 75 MG TAB THPK, 80-40-60 59.5 MG THER PACK, 100-50-75 150 MG TAB THPK, 100-50-75 75 MG THER PACK)                                                                                                                     |                                                         |
| <b>MAST CELL STABILIZERS</b>                                                                                                                                                                                                              |                                                         |
| <i>cromolyn sodium 20 mg/2ml nebu soln</i>                                                                                                                                                                                                | PA                                                      |
| <b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>                                                                                                                                                                                      |                                                         |
| <i>roflumilast (250 mcg tab, 500 mcg tab)</i>                                                                                                                                                                                             |                                                         |
| THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)                                                                                                                                                      |                                                         |
| <i>theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h)</i> |                                                         |
| <b>PULMONARY ANTIHYPERTENSIVES</b>                                                                                                                                                                                                        |                                                         |
| ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)                                                                                                                                                                          | PA1                                                     |
| <i>ambrisentan (5 mg tab, 10 mg tab)</i>                                                                                                                                                                                                  |                                                         |
| <i>macitentan</i>                                                                                                                                                                                                                         | PA1                                                     |
| <i>sildenafil citrate 20 mg tab</i>                                                                                                                                                                                                       | PA                                                      |
| <i>tadalafil (pah)</i>                                                                                                                                                                                                                    | PA                                                      |
| 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 (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)                                                                                                                                                                            | PA1                                                     |
| <b>PULMONARY FIBROSIS AGENTS</b>                                                                                                                                                                                                          |                                                         |
| <i>nintedanib esylate (100 mg cap, 150 mg cap)</i>                                                                                                                                                                                        |                                                         |
| OFEV (100 MG CAP, 150 MG CAP)                                                                                                                                                                                                             |                                                         |
| <i>pirfenidone (pirfenidone, pirfenidone 267 mg cap, pirfenidone 267 mg tab, pirfenidone 801 mg tab)</i>                                                                                                                                  |                                                         |

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

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>RESPIRATORY TRACT AGENTS, OTHER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| <i>acetylcysteine (10 %, 20 %)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PA                                                      |
| BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>budesonide-formoterol fumarate (80-4.5 mcg/act, 160-4.5 mcg/act)</i>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| COMBIVENT RESPIMAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| FLUTICASONE FUROATE-VILANTEROL (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>fluticasone-salmeterol (fluticasone-salmeterol 232-14 mcg/act aer pow ba, fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 45-21 mcg/act aerosol, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba, 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)</i> |                                                         |
| <i>ipratropium-albuterol</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PA                                                      |
| NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)                                                                                                                                                                                                                                                                                                                                                                                        | PA1                                                     |
| TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| UMECLIDINIUM-VILANTEROL                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| Wixela Inhub                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| <b>SKELETAL MUSCLE RELAXANTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| <i>cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| <i>methocarbamol (500 mg tab, 750 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <b>SLEEP DISORDER AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| <b>SLEEP PROMOTING AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>doxepin hcl (3 mg tab, 6 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| HETLIOZ LQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PA1                                                     |
| <i>ramelteon</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| <i>tasimelteon</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PA1                                                     |
| <i>temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)</i>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| <i>triazolam (0.125 mg tab, 0.25 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| <i>zaleplon (5 mg cap, 10 mg cap)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |

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

| DRUG                                                               | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
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| <b>WAKEFULNESS PROMOTING AGENTS</b>                                |                                                         |
| <i>modafinil (100 mg tab, 200 mg tab)</i>                          | PA1                                                     |
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You can find information on what the symbols and abbreviations in this table mean by going to page 14.

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## D. Index of Covered Drugs

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



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

# Index of Covered Drugs

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| difluprednate . . . . .                                                                    | 69      | dutasteride-tamsulosin hcl . . . . .     | 57    |
| digox . . . . .                                                                            | 38      |                                          |       |
| digoxin . . . . .                                                                          | 38      |                                          |       |
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|                                                                                            |         | ec-naproxen . . . . .                    | 2     |

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| EDURANT PED                      | 30 | ery-tab                        | 9     |
| EFAVIRENZ                        | 30 | erythrocine lactobionate       | 9     |
| efavirenz-emtricitab-tenofo df   | 30 | ERYTHROCIN STEARATE            | 9     |
| efavirenz-lamivudine-tenofovir   | 30 | erythromycin                   | 9     |
| ELIGARD                          | 61 | ERYTHROMYCIN                   | 47,68 |
| ELIQUIS                          | 36 | erythromycin base              | 9     |
| ELIQUIS (1.5 MG PACK)            | 36 | erythromycin ethylsuccinate    | 9     |
| ELIQUIS (2 MG PACK)              | 36 | ERYTHROMYCIN STEARATE          | 9     |
| ELIQUIS DVT/PE STARTER PACK      | 36 | escitalopram oxalate           | 14    |
| ELITE-OB                         | 51 | eslicarbazine acetate          | 12    |
| ELMIRON                          | 58 | esomeprazole magnesium         | 56    |
| eltrombopag olamine              | 36 | estradiol                      | 60    |
| EMBRIVA                          | 51 | estradiol-norethindrone acet   | 60    |
| EMSAM                            | 14 | ESTRING                        | 60    |
| emtricitab-rilpivir-tenofovir df | 30 | estrogens conjugated           | 60    |
| emtricitabine                    | 30 | ethambutol hcl                 | 18    |
| emtricitabine-tenofovir df       | 30 | ethosuximide                   | 11    |
| EMTRIVA                          | 30 | etodolac                       | 2     |
| enalapril maleate                | 37 | etodolac er                    | 2     |
| enalapril-hydrochlorothiazide    | 39 | etonogestrel-ethinyl estradiol | 60    |
| ENBRACE HR                       | 51 | etravirine                     | 30    |
| ENBREL                           | 64 | EUCRISA                        | 45    |
| ENBREL MINI                      | 64 | EULEXIN                        | 19    |
| ENBREL SURECLICK                 | 64 | everolimus                     | 21,64 |
| ENGERIX-B                        | 65 | EVOTAZ                         | 31    |
| enoxaparin sodium                | 36 | exemestane                     | 20    |
| ENSACOVE                         | 20 | EXXUA                          | 14    |
| entacapone                       | 25 | EXXUA TITRATION PACK           | 14    |
| entecavir                        | 29 | ezetimibe                      | 41    |
| ENTYVIO PEN                      | 62 |                                |       |
| enulose                          | 55 | <b>F</b>                       |       |
| ENVARUS XR                       | 64 | famciclovir                    | 31    |
| EPIDIOLEX                        | 11 | famotidine                     | 56    |
| epinephrine                      | 71 | FANAPT                         | 27    |
| eplerenone                       | 41 | FANAPT TITRATION PACK A        | 27    |
| ERGOTAMINE-CAFFEINE              | 18 | FANAPT TITRATION PACK B        | 27    |
| ERIVEDGE                         | 21 | FANAPT TITRATION PACK C        | 27    |
| ERLEADA                          | 19 | FARXIGA                        | 41    |
| erlotinib hcl                    | 21 | febuxostat                     | 17    |
| ertapenem sodium                 | 9  | felbamate                      | 11    |
| ERY                              | 47 | FENOFIBRATE                    | 40    |

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| fenofibrate micronized . . . . .         | 40 |
| fenofibric acid . . . . .                | 40 |
| fentanyl . . . . .                       | 2  |
| FERRIPROX . . . . .                      | 49 |
| FETZIMA . . . . .                        | 14 |
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| fludrocortisone acetate . . . . .        | 58 |
| flunisolide . . . . .                    | 70 |
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| fluorometholone . . . . .                | 69 |
| FLUOROURACIL . . . . .                   | 46 |
| fluoxetine hcl . . . . .                 | 15 |
| FLUOXETINE HCL (PMDD) . . . . .          | 15 |
| fluphenazine decanoate . . . . .         | 26 |
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| mercaptopurine . . . . .                 | 20 | minocycline hcl er . . . . .             | 10 |
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| metformin hcl er (osm) . . . . .         | 33 | mometasone furoate . . . . .             | 45 |
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| methimazole . . . . .                    | 62 | MORPHINE SULFATE (CONCENTRATE) . . . . . | 3  |
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| methylprednisolone . . . . .             | 58 |                                          |    |
| metoclopramide hcl . . . . .             | 16 | <b>N</b>                                 |    |
| metolazone . . . . .                     | 40 | nabumetone . . . . .                     | 2  |
| metoprolol succinate er . . . . .        | 38 | nadolol . . . . .                        | 38 |
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## 2027 List of Additional Covered Products

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

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

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

This formulary was updated on 10/1/2026.

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

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

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

