



Family Care Partnership
Formulary
2026 List of Covered Drugs
FOR PEOPLE ENROLLED IN MEDICARE

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

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

HPMS approved formulary file submission ID 00026398, Version 24

This formulary was updated on 10/1/2026.



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

Introduction

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

Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ)	6
B1. What drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the " <i>Drug List</i> " for short.)	6
B2. Does the <i>Drug List</i> ever change?	7
B3. What happens when there is a change to the <i>Drug List</i> ?	7
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	9
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	9
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)?	9
B7. How can I find a drug on the <i>Drug List</i> ?.....	10
B8. What if the drug I want to take isn't on the <i>Drug List</i> ?	10
B9. What if I'm a new Community Care Family Care Partnership Program member and can't find my drug on the <i>Drug List</i> or have a problem getting my drug?	10
B10. Can I ask for an exception to cover my drug?	11
B11. How can I ask for an exception?	11
B12. How long does it take to get an exception?	12

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>.



B13. What are generic drugs?.....	12
B14. What are original biological products and how are they related to biosimilars?	12
B15. What are OTC drugs?.....	12
B16. Can I get prescriptions delivered to my home from my local pharmacy?.....	13
B17. What is my copay?.....	13
C. Overview of the <i>List of Covered Drugs</i>	13
C1. List of Drugs by Drug Type	13
D. Index of Covered Drugs	89

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A. Disclaimers

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

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

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

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

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

Interpreter Services

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

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

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

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



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

Tagalog: Mayroon kaming libreng serbisyo sa 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 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-992-6600 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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

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

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

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

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

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

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

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

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

Community Care:

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

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

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



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

B. Frequently Asked Questions (FAQ)

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

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

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

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

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

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

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



B2. Does the *Drug List* ever change?

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

When these changes happen, we'll:

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

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

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

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables in section C1. You can also get more information by visiting our website at <http://www.communitycareinc.org>. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

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

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

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find the Index that begins on page 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. If you learn that Community Care’s Family Care Partnership Program won’t cover the drug, you can do one of these things:

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

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

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

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

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



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

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

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

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

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

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

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

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

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

B11. How can I ask for an exception?

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

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



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

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

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

B13. What are generic drugs?

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

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

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

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

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

B15. What are OTC drugs?

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

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

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



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

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

B17. What is my copay?

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

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Community Care's Family Care Partnership Program. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D, page 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 by type. For example, if you are taking a medicine for migraines, you should look in the "Antimigraine Agents" category. That is where you will find drugs that treat migraines.

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

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



LEGEND

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

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

List of Drugs by Drug Type

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
<i>celecoxib (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>	
OPIOID ANALGESICS, LONG-ACTING	
<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, RESTRICTIONS, OR LIMITS ON 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>	
OPIOID ANALGESICS, SHORT-ACTING	
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>	

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
ANESTHETICS	
LOCAL ANESTHETICS	
AGONEAZE	
<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>	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENTS/ANTI-CRAVING	
<i>acamprosate calcium</i>	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	
OPIOID DEPENDENCE	
<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>	
OPIOID REVERSAL AGENTS	
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	

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
SMOKING CESSATION AGENTS	
<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>	
<i>varenicline tartrate(continue)</i>	
ANTIBACTERIALS	
AMINOGLYCOSIDES	
<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>	
ANTIBACTERIALS, OTHER	
<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>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>linezolid (100 mg/5ml recon susp, 600 mg tab, 600 mg/300ml solution)</i>	
<i>methenamine hippurate</i>	
<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	
<i>cefadroxil (cefadroxil, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)</i>	
<i>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)</i>	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	
<i>cefepime hcl (1 gm soln, 2 gm soln)</i>	
<i>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)</i>	
<i>cefoxitin sodium (1 gm soln, 2 gm soln, 10 gm soln)</i>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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)</i>	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	
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)	
BETA-LACTAM, PENICILLINS	
<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>	
AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN-POT CLAVULANATE 200-28.5 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 250-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 250-62.5 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 400-57 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 500-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 600-42.9 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 875-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB)	
<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>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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	
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>	
CARBAPENEMS	
<i>ertapenem sodium</i>	
<i>imipenem-cilastatin (imipenem-cilastatin, imipenem-cilastatin)</i>	
<i>meropenem (1 gm soln, 500 mg soln)</i>	
MACROLIDES	
<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>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
QUINOLONES	
<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)	
MOXIFLOXACIN HCL IN NAACL	
OFLOXACIN (OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB, OFLOXACIN 400 MG TAB)	
SULFONAMIDES	
<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>	
TETRACYCLINES	
<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>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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)	
ANTICONVULSANTS	
ANTICONVULSANTS, OTHER	
<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)	
<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	PA2
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	
FINTEPLA	
<i>lamotrigine (5 mg chew tab, 21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 42 x 50 mg & 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 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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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>	
CALCIUM CHANNEL MODIFYING AGENTS	
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	
<i>methsuximide</i>	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS	
<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>	
<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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SODIUM CHANNEL AGENTS	
<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>	
<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, 200 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>	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, OTHER	
<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	

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
CHOLINESTERASE INHIBITORS	
<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>	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	
<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>	
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
AUVELITY	
<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)	
MONOAMINE OXIDASE INHIBITORS	
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>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<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)	
FETZIMA TITRATION	
<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)	
RALDESY	
<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>	
TRICYCLICS	
<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>	

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
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>	
ANTIEMETICS	
ANTIEMETICS, OTHER	
<i>meclizine hcl (12.5 mg tab, 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>	
EMETOGENIC THERAPY ADJUNCTS	
<i>aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)</i>	PA3
<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>	PA3
<i>ondansetron hcl (2 mg/2.5ml solution, 4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>	PA3
ANTIFUNGALS	
AMPHOTERICIN B	PA3
<i>amphotericin b liposome</i>	PA3

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
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)	
clotrimazole (1 % cream, 1 % solution, 10 mg troche)	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	PA1
fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	
fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)	
flucytosine (250 mg cap, 500 mg cap)	
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	
itraconazole 100 mg cap	
ketoconazole (2 % cream, 2 % foam, 2 % shampoo, 200 mg tab)	
klayesta	
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)	
MICONAZOLE 3	
nyamyc	
nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab)	
nystop	
posaconazole (40 mg/ml suspension, 100 mg tab dr)	
terbinafine hcl 250 mg tab	
terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)	
voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)	
VORICONAZOLE (VORICONAZOLE, VORICONAZOLE 200 MG RECON SOLN)	PA3

ANTIGOUT AGENTS

allopurinol (100 mg tab, 200 mg tab, 300 mg tab)
colchicine (0.6 mg cap, 0.6 mg tab)
colchicine-probenecid
febuxostat (40 mg tab, 80 mg tab)

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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)
ERGOT ALKALOIDS	
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	
ERGOTAMINE-CAFFEINE	
PROPHYLACTIC	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	
<i>propranolol hcl er (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>	
SEROTONIN (5-HT) RECEPTOR AGONIST	
<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>	
ANTIMYASTHENIC AGENTS	
PARASYMPATHOMIMETICS	
PYRIDOSTIGMINE BROMIDE (PYRIDOSTIGMINE BROMIDE, PYRIDOSTIGMINE BROMIDE 60 MG TAB, PYRIDOSTIGMINE BROMIDE 60 MG/5ML SOLUTION)	
<i>pyridostigmine bromide er</i>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
<i>dapsone (25 mg tab, 100 mg tab)</i>	
<i>rifabutin</i>	
ANTITUBERCULARS	
<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	
PRIFTIN	
<i>pyrazinamide</i>	
<i>rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)</i>	
SIRTURO (20 MG TAB, 100 MG TAB)	
ANTINEOPLASTICS	
ALKYLATING AGENTS	
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	PA3
LEUKERAN	
<i>lomustine (10 mg cap, 40 mg cap, 100 mg cap)</i>	
MATULANE	
VALCHLOR	
ANTIANDROGENS	
<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)	

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
YONSA	
ANTIANGIOGENIC AGENTS	
<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>	
THALOMID (50 MG CAP, 100 MG CAP)	
ANTIESTROGENS/MODIFIERS	
INLURIYO	
ORSERDU (86 MG TAB, 345 MG TAB)	
SOLTAMOX	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	
<i>toremifene citrate</i>	
ANTIMETABOLITES	
<i>mercaptopurine (50 mg tab, 2000 mg/100ml suspension)</i>	
ONUREG (200 MG TAB, 300 MG TAB)	
TABLOID	
ANTINEOPLASTICS, OTHER	
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	
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole</i>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>exemestane</i>	
<i>letrozole</i>	
ENZYME INHIBITORS	
AVMAPKI FAKZYNJA CO-PACK	
ENSACOVE (25 MG CAP, 100 MG CAP)	
MOLECULAR TARGET INHIBITORS	
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)	
BALVERSA (3 MG TAB, 4 MG TAB, 5 MG TAB)	
BOSULIF (50 MG CAP, 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>	

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
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	
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)	
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	
JAYPIRCA (50 MG TAB, 100 MG TAB)	
KISQALI	
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	

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
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)	
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)	
TAGRISSO (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	

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
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)	
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	
RETINOIDS	
<i>bexarotene 1 % gel</i>	PA2
<i>bexarotene 75 mg cap</i>	
PANRETIN	
<i>tretinoin 10 mg cap</i>	
TREATMENT ADJUNCTS	
LEDERLE LEUCOVORIN	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	
<i>mesna 400 mg tab</i>	
VONJO	
ANTIPARASITICS	
ANTHELMINTICS	
<i>albendazole</i>	
IVERMECTIN (IVERMECTIN 3 MG TAB, IVERMECTIN 6 MG TAB)	
<i>praziquantel</i>	
ANTIPROTOZOALS	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	
<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>	PA3
<i>primaquine phosphate (primaquine phosphate, primaquine phosphate)</i>	
<i>pyrimethamine</i>	
<i>quinine sulfate</i>	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	

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
ANTIPARKINSON AGENTS, OTHER	
<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>	
DOPAMINE AGONISTS	
<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)	
<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>	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
<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>	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	
<i>selegiline hcl (5 mg cap, 5 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, RESTRICTIONS, OR LIMITS ON USE
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
<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>	
MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB)	
<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>	
<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>	
2ND GENERATION/ATYPICAL	
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	

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
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)	PA2
<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>	
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)	

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
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>	
ANTIPSYCHOTICS, OTHER	
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	
COBENFY STARTER PACK	
TREATMENT-RESISTANT	
<i>clozapine (clozapine, clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>	
VERSACLOZ	
ANTISPASTICITY AGENTS	
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
LIVTENCITY	
PREVYMIS (240 MG TAB, 480 MG TAB)	
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	
ANTI-HEPATITIS B (HBV) AGENTS	
<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>	
ANTI-HEPATITIS C (HCV) AGENTS	
LEDIPASVIR-SOFOSBUVIR	PA1

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
MAVYRET 100-40 MG TAB	PA1
RIBAVIRIN (200 MG CAP, 200 MG TAB)	
SOFOSBUVIR-VELPATASVIR	PA1
SOVALDI 400 MG TAB	PA1
VOSEVI	PA1
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)	
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	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
DELSTRIGO	
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>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
<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>	
ANTI-HIV AGENTS, OTHER	
IDVYNZO	
<i>maraviroc (150 mg tab, 300 mg tab)</i>	
RUKOBIA	
SELZENTRY 20 MG/ML SOLUTION	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB)	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS	
<i>atazanavir sulfate (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)	

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
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	
REYATAZ 50 MG PACKET	
<i>ritonavir</i>	
SYMTUZA	
VIRACEPT (250 MG TAB, 625 MG TAB)	
ANTI-INFLUENZA AGENTS	
<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	
RELENZA DISKHALER	
ANTIHERPETIC AGENTS	
<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>	PA3
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	
ANTIVIRAL, CORONAVIRUS AGENTS	
LAGEVRIO	
PAXLOVID (150/100)	
PAXLOVID (300/100 & 150/100)	
PAXLOVID (300/100)	
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
<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)	
BENZODIAZEPINES	
<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>	

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
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>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>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>	
<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>	
<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>	
BIPOLAR AGENTS	
MOOD STABILIZERS	
<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>	

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
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
<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 (1 mg tab, 2 mg tab, 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>	
<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>	
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 (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, 50 mg tab, 100 mg tab)</i>	
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

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
GLYCEMIC AGENTS	
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)	
INSULINS	
FIASP	
FIASP FLEXTOUCH	
FIASP PENFILL	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTRATED)	
HUMULIN R U-500 KWIKPEN	
INSULIN GLARGINE	
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	
INSULIN GLARGINE-YFGN (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	

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
NOVOLIN N	I
NOVOLIN N FLEXPEN	I
NOVOLIN N FLEXPEN RELION	I
NOVOLIN N RELION	I
NOVOLIN R	I
NOVOLIN R FLEXPEN	I
NOVOLIN R FLEXPEN RELION	I
NOVOLIN R RELION	I
NOVOLOG	I
NOVOLOG 70/30 FLEXPEN RELION	I
NOVOLOG FLEXPEN	I
NOVOLOG FLEXPEN RELION	I
NOVOLOG MIX 70/30	I
NOVOLOG MIX 70/30 FLEXPEN	I
NOVOLOG MIX 70/30 RELION	I
NOVOLOG PENFILL	I
NOVOLOG RELION	I

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>	
ELIQUIS (2.5 MG TAB, 5 MG TAB)	
ELIQUIS DVT/PE STARTER PACK	
<i>enoxaparin sodium (30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln)</i>	
<i>fondaparinux sodium (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>	PA3
<i>heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)</i>	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	PA3
<i>warfarin sodium (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, 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XARELTO STARTER PACK	
BLOOD PRODUCTS AND MODIFIERS, OTHER	
<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
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
HEMOSTASIS AGENTS	
<i>tranexamic acid 650 mg tab</i>	
PLATELET MODIFYING AGENTS	
<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
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
<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>	

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
ALPHA-ADRENERGIC BLOCKING AGENTS	
<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>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<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>	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
<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>	
ANTIARRHYTHMICS	
<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>	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	
<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>	
BETA-ADRENERGIC BLOCKING AGENTS	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	
<i>bisoprolol fumarate (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, RESTRICTIONS, OR LIMITS ON USE
<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)</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>	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
<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>	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	
<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>	
CARDIOVASCULAR AGENTS, OTHER	
<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>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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>	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK, 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	
<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>	
<i>pentoxifylline er</i>	
<i>ranolazine er (er 500 mg tab er, er 1000 mg tab er)</i>	
<i>spironolactone-hctz</i>	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	
<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>	
DIURETICS, LOOP	
<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>	
DIURETICS, POTASSIUM-SPARING	
<i>amiloride hcl</i>	
<i>triamterene (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, RESTRICTIONS, OR LIMITS ON USE
DIURETICS, THIAZIDE	
<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>	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
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>	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
<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>	
<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>	
DYSLIPIDEMICS, OTHER	
<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	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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MINERALOCORTICOID RECEPTOR ANTAGONISTS

eplerenone (25 mg tab, 50 mg tab)

KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)

spironolactone (25 mg tab, 50 mg tab, 100 mg tab)

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

dapagliflozin (5 mg tab, 10 mg tab)

FARXIGA (5 MG TAB, 10 MG TAB)

JARDIANCE (10 MG TAB, 25 MG TAB)

VASODILATORS, DIRECT-ACTING ARTERIAL

hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)

minoxidil (2.5 mg tab, 10 mg tab)

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)

isosorbide mononitrate (10 mg tab, 20 mg tab)

isosorbide mononitrate er (er 30 mg tab er, er 60 mg tab er, er 120 mg tab er)

nitro-bid

NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)

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

VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

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)

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)

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

dextroamphetamine sulfate er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er)

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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>	
<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>	
CENTRAL NERVOUS SYSTEM, OTHER	
NUDEXTA 20-10 MG CAP	PA1
<i>riluzole</i>	
<i>tetrabenazine (12.5 mg tab, 25 mg tab)</i>	
VEOZAH	
FIBROMYALGIA AGENTS	
DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR)	PA2
<i>duloxetine hcl (20 mg dr, 30 mg dr, 40 mg dr, 60 mg dr)</i>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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>	
MULTIPLE SCLEROSIS AGENTS	
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)	
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	
DENTAL AND ORAL AGENTS	
<i>chlorhexidine gluconate 0.12 % solution</i>	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	
<i>triamcinolone acetonide 0.1 % paste</i>	
DERMATOLOGICAL AGENTS	
ACNE AND ROSACEA AGENTS	
<i>acitretin (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>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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)	
DERMATITIS AND PRURITUS AGENTS	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	
<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 e</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)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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>	
<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>	
DERMATOLOGICAL AGENTS, OTHER	
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)	

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
SANTYL	
<i>silver sulfadiazine</i>	
<i>ssd</i>	
<i>ssd (silver sulfadiazine)</i>	
PEDICULICIDES/SCABICIDES	
<i>malathion</i>	
<i>permethrin</i>	
TOPICAL ANTI-INFECTIVES	
<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>	
<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)	PA3
CLINIMIX E/DEXTROSE (4.25/10)	PA3
CLINIMIX E/DEXTROSE (4.25/5)	PA3
CLINIMIX E/DEXTROSE (5/15)	PA3
CLINIMIX E/DEXTROSE (5/20)	PA3
CLINIMIX/DEXTROSE (4.25/10)	PA3
CLINIMIX/DEXTROSE (4.25/5)	PA3
CLINIMIX/DEXTROSE (5/15)	PA3
CLINIMIX/DEXTROSE (5/20)	PA3

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clinisol sf</i>	PA3
<i>dextrose (dextrose 10 % solution, dextrose 5 % solution, dextrose 5 % solution, dextrose 10 % solution)</i>	
DEXTROSE-NACL	
DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION)	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	PA3
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	PA3

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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>	
<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	PA3
PROSOL	PA3
<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	PA3
TROPHAMINE	PA3

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ELECTROLYTE/MINERAL/METAL MODIFIERS	
<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>	
<i>trientine hcl (trientine hcl, trientine hcl)</i>	
POTASSIUM BINDERS	
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)	
VITAMINS	
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	

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
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
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	
MATRONEX	
MULTI-MAC	
NATACHEW	
NATAL PNV	
NATALCHEW	
NATALVIT	
NEEVO DHA	
NEO-VITAL RX	
NEOMATERNA	
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE (27-1 MG TAB, 29-1 MG TAB)	
NEONATAL FE	

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
NEONATAL PLUS	
NESTABS	
NESTABS DHA	
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	
PRENAISSANCE	
PRENAISSANCE PLUS	
PRENATAL (27-0.8 MG TAB, 27-1 MG TAB)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PRENATAL 19 (19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB)	
PRENATAL PLUS	
PRENATAL PLUS VITAMIN/MINERAL	
PRENATAL VITAMIN PLUS LOW IRON	
PRENATAL-U	
PRENATE	
PRENATE AM	
PRENATE DHA	
PRENATE ELITE	
PRENATE ENHANCE	
PRENATE ESSENTIAL	
PRENATE MINI	
PRENATE PIXIE	
PRENATE RESTORE	
PRENATOL-M	
PRENATRIX	
PRENATRYL	
PRENATVITE COMPLETE	
PRENATVITE PLUS	
PRENATVITE RX	
PRENOVA	
PRENYRA	
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	

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
TRICARE	
TRINATAL RX 1	
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	

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
ZALVIT	
ZATEAN-PN DHA	
ZIPHEX	
GASTROINTESTINAL AGENTS	
ANTI-CONSTIPATION AGENTS	
<i>constulose</i>	
<i>enulose</i>	
<i>generlac</i>	
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)</i>	
<i>lactulose encephalopathy</i>	
LINZESS (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
ANTI-DIARRHEAL AGENTS	
<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	
ANTISPASMODICS, GASTROINTESTINAL	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution)</i>	
<i>glycopyrrolate (glycopyrrolate 1.5 mg tab, glycopyrrolate 0.5 mg/2.5ml solution, glycopyrrolate 1 mg tab, glycopyrrolate 1 mg/5ml solution, glycopyrrolate 2 mg tab)</i>	
GASTROINTESTINAL AGENTS, OTHER	
GATTEX	PA1
<i>peg 3350-kcl-na bicarb-nacl</i>	
<i>peg-3350/electrolytes</i>	
<i>peg-3350/electrolytes/ascorbat</i>	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	

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
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)	
VOWST	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	
NIZATIDINE (NIZATIDINE, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	
PROTECTANTS	
<i>sucralfate 1 gm tab</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium (10 mg packet, 20 mg cap dr, 20 mg packet, 40 mg cap dr, 40 mg packet)</i>	
<i>lansoprazole (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>	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	PA3
<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 (4 GM/200ML SOLUTION, 5 GM/250ML SOLUTION, 1000 MG/50ML SOLUTION)	PA3
<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, RESTRICTIONS, OR LIMITS ON USE
PROLASTIN-C	PA3
REVCOVI	
sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)	
sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)	
SUCRAID	
WELIREG	
ZEMAIRA (1000 MG RECON SOLN, 4000 MG RECON SOLN, 5000 MG RECON SOLN)	PA3
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)	
GENITOURINARY AGENTS	
ANTISPASMODICS, URINARY	
darifenacin hydrobromide er (er 7.5 mg tab er, er 15 mg tab er)	
mirabegron er (er 8 mg/ml srer, er 25 mg tab er 24h, er 50 mg tab er 24h)	
oxybutynin chloride (5 mg tab, 5 mg/5ml solution)	
oxybutynin chloride er (er 5 mg tab er, er 10 mg tab er, er 15 mg tab er)	
OXYTROL	
solifenacin succinate (5 mg tab, 10 mg tab)	
tolterodine tartrate (1 mg tab, 2 mg tab)	
tolterodine tartrate er (er 2 mg cap er, er 4 mg cap er)	
trospium chloride	
trospium chloride er	
BENIGN PROSTATIC HYPERTROPHY AGENTS	
alfuzosin hcl er	
dutasteride	
dutasteride-tamsulosin hcl	
finasteride 5 mg tab	
tadalafil 5 mg tab	PA2
tamsulosin hcl	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GENITOURINARY AGENTS, OTHER	
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	
ELMIRON	
<i>penicillamine (250 mg cap, 250 mg tab)</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	
<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	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	
<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, RESTRICTIONS, OR LIMITS ON USE
GENOTROPIN MINISYN (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	
NORDITROPIN FLEXPRO (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
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	
ANDROGENS	
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	
<i>testosterone (testosterone 1.62 % gel, testosterone 12.5 mg/act (1%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 30 mg/act solution, testosterone 40.5 mg/2.5gm (1.62%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 50 mg/5gm (1%) gel)</i>	
<i>testosterone cypionate (testosterone cypionate, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)</i>	
TESTOSTERONE ENANTHATE	
ESTROGENS	
<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, RESTRICTIONS, OR LIMITS ON 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>ethynodiol diac-eth estradiol (1-35 tab, 1-50 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 est & eth est</i>	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 & 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, 90-20 mcg tab)</i>	
<i>norelgestromin-eth estradiol</i>	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab)</i>	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	
<i>norethindron-ethinyl estrad-fe</i>	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	
<i>norethindrone-eth estradiol (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>	
PROGESTINS	
DEPO-SUBQ PROVERA 104	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	
MIRENA (52 MG)	
NEXPLANON	
<i>norethindrone</i>	
<i>progesterone (100 mg cap, 200 mg cap)</i>	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	
<i>raloxifene hcl</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	
<i>cabergoline</i>	
ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT)	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
<i>leuprolide acetate</i>	
LUPRON DEPOT	PA3
<i>mifepristone 300 mg tab</i>	PA1
<i>octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml)</i>	
ORGOVYX	
RECORLEV	
SIGNIFOR (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)	

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
SYNAREL	
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
<i>methimazole (5 mg tab, 10 mg tab)</i>	
<i>propylthiouracil</i>	
IMMUNOLOGICAL AGENTS	
ANGIOEDEMA AGENTS	
CINRYZE	PA1
<i>icatibant acetate</i>	
IMMUNOGLOBULINS	
GAMMAGARD 2.5 GM/25ML SOLUTION	PA3
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	PA3
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	PA3
GAMUNEX-C 1 GM/10ML SOLUTION	PA3
PRIVIGEN 20 GM/200ML SOLUTION	PA3
IMMUNOLOGICAL AGENTS, OTHER	
ARCALYST	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	PA1
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	PA1
KINERET	
OLUMIANT (1 MG TAB, 2 MG TAB)	
ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)	
ORENCIA CLICKJECT	
SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	
SKYRIZI PEN	

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
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
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 (1 mg/ml solution, 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)	
IMMUNOSTIMULANTS	
ACTIMMUNE	
BESREMI	
PEGASYS (180 MCG/0.5ML SOLN PRSYR, 180 MCG/ML SOLUTION)	
IMMUNOSUPPRESSANTS	
ADALIMUMAB-AACF (2 PEN)	
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-AATY CD/UC/HS START	
ADALIMUMAB-ADAZ (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	
ADALIMUMAB-ADBM (2 PEN) 40 MG/0.8ML AUT-IJ KIT	

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
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>	PA3
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	PA3
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	PA3
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	
ENBREL MINI	
ENBREL SURECLICK	
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	PA3
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	PA3
<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>	PA3
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	PA3
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	PA3
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>	PA3
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	PA3
<i>tacrolimus er (er 0.5 mg cap er, er 1 mg cap er, er 5 mg cap er)</i>	PA3
XATMEP	
VACCINES	
ABRYSVO	V
ACTHIB	V

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	V
AREXVY	V
BCG VACCINE	V
BEXSERO	V
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	V
DAPTACEL	
ENERGIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	PA3, V
GARDASIL 9 (9 SUSPENSION, 9 0.5 ML SUSP PRSYR)	V
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION, 1440 U/ML SUSP PRSYR)	V
HEPLISAV-B	PA3
HIBERIX	V
IMOVAX RABIES	V
INFANRIX	
IPOL	V
IXIARO	V
JYNNEOS	
KINRIX	
M-M-R II	V
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	V
MENVEO (RECON SOLN, SOLUTION)	V
MRESVIA	V
PEDIARIX	
PEDVAXHIB	V
PENBRAYA	V
PENMENVY	V
PENTACEL	
PRIORIX	V
PROQUAD	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	
RABAVERT	V

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	PA3, V
ROTARIX SUSPENSION	
ROTATEQ	
SHINGRIX (50 MCG/0.5ML RECON SUSP, 50 MCG/0.5ML SUSP PRSYR)	V
TENIVAC	V
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	
TRUMENBA	V
TWINRIX	V
TYPHIM VI 25 MCG/0.5ML SOLN PRSYR	V
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	V
VARIVAX	V
VAXCHORA	
VIMKUNYA	
VIVOTIF	V
YF-VAX	V

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>

GLUCOCORTICOIDS

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

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>budesonide er</i>	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i>	
METABOLIC BONE DISEASE AGENTS	
<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>	PA3
DOXERCALCIFEROL (DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 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
MISCELLANEOUS THERAPEUTIC AGENTS	
<i>alcohol swabs</i>	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	
BRONCHITOL	
BRONCHITOL TOLERANCE TEST	
<i>gauze pads & dressings</i>	
<i>insulin pen needle</i>	
<i>insulin syringe, safety or non-safety (disp) u-100 0.3 ml</i>	
<i>insulin syringe, safety or non-safety (disp) u-100 1 ml</i>	
<i>insulin syringe, safety or non-safety (disp) u-100 1/2 ml</i>	
<i>insulin syringe, safety or non-safety (disp) u-500 1/2 ml</i>	
<i>needles, insulin disp., safety</i>	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OPHTHALMIC AGENTS	
OPHTHALMIC AGENTS, OTHER	
<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>	
XDEMVA	
OPHTHALMIC ANTI-ALLERGY AGENTS	
<i>azelastine hcl 0.05 % solution</i>	
CROMOLYN SODIUM (CROMOLYN SODIUM, CROMOLYN SODIUM 4 % SOLUTION)	
OPHTHALMIC ANTI-INFECTIVES	
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, RESTRICTIONS, OR LIMITS ON 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 % solution, sulfacetamide sodium 10 % solution)</i>	
<i>tobramycin 0.3 % solution</i>	
TRIFLURIDINE	
ZIRGAN	
OPHTHALMIC ANTI-INFLAMMATORIES	
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	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
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, RESTRICTIONS, OR LIMITS ON USE
<i>timolol maleate ocudose</i>	
<i>timolol maleate pf (0.25 %, 0.5 %)</i>	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
<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	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>bimatoprost 0.03 % solution</i>	
<i>latanoprost</i>	
<i>travoprost (bak free)</i>	
OTIC AGENTS	
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>	
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	PA3
<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, RESTRICTIONS, OR LIMITS ON USE
ANTI-HISTAMINES	
<i>azelastine hcl (0.1 %, 137 mcg/spray)</i>	
CLEMASTINE FUMARATE	
<i>desloratadine</i>	
<i>levocetirizine dihydrochloride 5 mg tab</i>	
ANTILEUKOTRIENES	
<i>montelukast sodium 10 mg tab</i>	
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	
<i>zileuton er</i>	
BRONCHODILATORS, ANTICHOLINERGIC	
INCRUSE ELLIPTA	
<i>ipratropium bromide (0.03 %, 0.06 %)</i>	
<i>ipratropium bromide 0.02 % solution</i>	PA3
<i>ipratropium bromide hfa</i>	
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	
<i>tiotropium bromide</i>	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	
<i>albuterol sulfate (albuterol sulfate, albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	PA3
<i>albuterol sulfate hfa (albuterol sulfate hfa, albuterol sulfate hfa)</i>	
<i>epinephrine (epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj)</i>	QL (2 PER 30 OVER TIME)
<i>levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)</i>	PA3
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	

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
CYSTIC FIBROSIS AGENTS	
CAYSTON	
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	PA3
SYMDEKO (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK)	
<i>tobramycin (300 mg/4ml soln, 300 mg/5ml soln)</i>	PA3
TRIKAFTA (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)	
MAST CELL STABILIZERS	
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
<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>	
PULMONARY ANTIHYPERTENSIVES	
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>	PA2
<i>tadalafil (pah)</i>	PA2
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	PA1
PULMONARY FIBROSIS AGENTS	
<i>nintedanib esylate (100 mg cap, 150 mg cap)</i>	
<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, RESTRICTIONS, OR LIMITS ON USE
RESPIRATORY TRACT AGENTS, OTHER	
<i>acetylcysteine (10 %, 20 %)</i>	PA3
<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>	PA3
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	
SKELETAL MUSCLE RELAXANTS	
<i>cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)</i>	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	
HETLIOZ LQ	PA1
<i>ramelteon</i>	
<i>tasimelteon</i>	PA1
<i>temazepam (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>	
<i>zolpidem tartrate er (er 6.25 mg tab er, er 12.5 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, RESTRICTIONS, OR LIMITS ON USE
WAKEFULNESS PROMOTING AGENTS	
<i>modafinil (100 mg tab, 200 mg tab)</i>	PA1
SODIUM OXYBATE (SODIUM OXYBATE, SODIUM OXYBATE)	PA1

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

D. Index of Covered Drugs

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

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

Index of Covered Drugs

A

abacavir sulfate	44	alfuzosin hcl er	70
abacavir sulfate-lamivudine	44	aliskiren fumarate	52
ABILIFY ASIMTUFII	40	allopurinol	30
ABILIFY MAINTENA	40	ALOGLIPTIN-METFORMIN HCL	47
abiraterone acetate	32	ALOGLIPTIN-PIOGLITAZONE	47
ABRYSVO	77	alosetron hcl	68
acamprosate calcium	17	alprazolam	45
acarbose	47	alprazolam er	45
ACETAMINOPHEN-CODEINE	16	ALPRAZOLAM INTENSOL	46
acetazolamide	52	alprazolam xr	46
acetazolamide er	83	ALTRIXA OB	63
acetic acid	18	ALUNBRIG	34
acetylcysteine	86	amantadine hcl	39
acitretin	57	ambrisentan	85
ACTHIB	77	amikacin sulfate	18
ACTIMMUNE	76	amiloride hcl	53
acyclovir	45,60	AMILORIDE-HYDROCHLOROTHIAZIDE	52
acyclovir sodium	45	amiodarone hcl	51
ADACEL	78	amitriptyline hcl	28
ADALIMUMAB-AACF (2 PEN)	76	amlodipine besy-benazepril hcl	53
ADALIMUMAB-AATY (1 PEN)	76	amlodipine besylate	52
ADALIMUMAB-AATY CD/UC/HS START	76	amlodipine besylate-valsartan	53
ADALIMUMAB-ADAZ	76	amlodipine-valsartan-hctz	53
ADALIMUMAB-ADBM (2 PEN)	76	ammonium lactate	58
ADALIMUMAB-ADBM (2 SYRINGE)	77	amoxapine	28
ADALIMUMAB-FKJP (2 PEN)	77	amoxicillin	21
ADALIMUMAB-FKJP (2 SYRINGE)	77	AMOXICILLIN-POT CLAVULANATE	21
adefovir dipivoxil	42	amoxicillin-pot clavulanate er	21
ADEMPAS	85	amphetamine-dextroamphet er	55
AGONEAZE	17	amphetamine-dextroamphetamine	55
AJOVY	31	AMPHOTERICIN B	29
ak-poly-bac	81	amphotericin b liposome	29
AKEEGA	33	AMPICILLIN	21
albendazole	38	ampicillin sodium	21
albuterol sulfate	84	ampicillin-sulbactam sodium	21
albuterol sulfate hfa	84	anagrelide hcl	50
alcohol swabs	80	anastrozole	33
ALECENSA	34	apomorphine hcl	39
alendronate sodium	80	aprepitant	29
		APTIVUS	44
		ARALAST NP	69

ARANESP (ALBUMIN FREE).....	50	BARACLUDE.....	42
ARCALYST.....	75	BCG VACCINE.....	78
AREXVY.....	78	BD INSULIN SYRINGE.....	80
ARIKAYCE.....	18	BENLYSTA.....	75
aripiprazole.....	40	benzoyl peroxide-erythromycin.....	57
ARISTADA.....	40	benztropine mesylate.....	38
ARISTADA INITIO.....	40	BESREMI.....	76
asenapine maleate.....	40	betaine.....	69
aspirin-dipyridamole er.....	50	betamethasone dipropionate.....	58
ATABEX EC.....	63	betamethasone dipropionate aug.....	58
ATABEX OB.....	63	betamethasone valerate.....	58
atazanavir sulfate.....	44	BETASERON.....	57
atenolol.....	51	BETAXOLOL HCL.....	82
atenolol-chlorthalidone.....	53	bethanechol chloride.....	71
atomoxetine hcl.....	56	BETOPTIC-S.....	82
atorvastatin calcium.....	54	bexarotene.....	37
atovaquone.....	38	BEXSERO.....	78
atovaquone-proguanil hcl.....	38	bicalutamide.....	32
atropine sulfate.....	81	BICILLIN L-A.....	21
AUGTYRO.....	33	BIKTARVY.....	43
AUVELITY.....	27	BILDYOS.....	80
AVMAPKI FAKZYNJA CO-PACK.....	34	BILPREVDA.....	80
AVONEX PEN.....	57	bimatoprost.....	83
AVONEX PREFILLED.....	57	bisoprolol fumarate.....	51
AYVAKIT.....	34	bisoprolol-hydrochlorothiazide.....	53
AZASITE.....	81	BOOSTRIX.....	78
azathioprine.....	77	BOSULIF.....	34
azelastine hcl.....	81,84	bosutinib.....	34
AZENTRA.....	63	BRAFTOVI.....	34
AZESCO.....	63	brimonidine tartrate.....	83
azithromycin.....	22	brimonidine tartrate-timolol.....	81
aztreonam.....	18	brivaracetam.....	24
B		bromocriptine mesylate.....	39
BACITRA-NEOMYCIN-POLYMYXIN-HC.....	81	BRONCHITOL.....	80
bacitracin-polymyxin b.....	81	BRONCHITOL TOLERANCE TEST.....	80
baclofen.....	42	BRUKINSA.....	34
balsalazide disodium.....	79	budesonide.....	79,83
BALVERSA.....	34	budesonide er.....	80
BAQSIMI ONE PACK.....	48	budesonide-formoterol fumarate.....	86
BAQSIMI TWO PACK.....	48	bumetanide.....	53
		buprenorphine hcl.....	17

buprenorphine hcl-naloxone hcl	17
bupropion hcl	27
bupropion hcl er (smoking det)	18
bupropion hcl er (sr)	27
bupropion hcl er (xl)	27
buspirone hcl	45

C

C-NATE DHA	63	celecoxib	15
cabergoline	74	cephalexin	21
CABOMETYX	34	CERDELGA	69
CALCIPOTRIENE	59	chlorhexidine gluconate	57
calcitonin (salmon)	80	chloroquine phosphate	38
calcitriol	80	chlorpromazine hcl	40
CALQUENCE	34	chlorthalidone	54
candesartan cilexetil	51	cholestyramine	54
CAPLYTA	40	cholestyramine light	54
CAPRELSA	34	ciclopirox	60
carbamazepine	26	ciclopirox olamine	60
carbamazepine er	26	cilostazol	50
carbidopa	39	CIMDUO	44
carbidopa-levodopa	39	cinacalcet hcl	80
carbidopa-levodopa er	39	CINRYZE	75
carbidopa-levodopa-entacapone	39	CIPRO HC	83
carglumic acid	60	ciprofloxacin hcl	23,81,83
CARTEOLOL HCL	82	ciprofloxacin in d5w	23
carvedilol	52	ciprofloxacin-dexamethasone	83
CASPOFUNGIN ACETATE	30	citalopram hydrobromide	28
CAYSTON	85	CITRANATAL 90 DHA	63
cefadroxil	20	CITRANATAL ASSURE	63
cefazolin sodium	20	CITRANATAL B-CALM	63
cefdinir	20	CITRANATAL BLOOM	63
cefepime hcl	20	CITRANATAL DHA	63
cefixime	20	CITRANATAL HARMONY	63
cefoxitin sodium	20	CITRANATAL MEDLEY	63
cefpodoxime proxetil	21	CLARITHROMYCIN	22
cefprozil	21	clarithromycin er	22
CEFTAZIDIME	21	CLEMASTINE FUMARATE	84
ceftriaxone sodium	21	CLEOCIN	18
cefuroxime axetil	21	clindamycin hcl	18
cefuroxime sodium	21	clindamycin palmitate hcl	18
		clindamycin phos (once-daily)	60
		clindamycin phos (twice-daily)	60
		clindamycin phosphate	18,60
		clindamycin phosphate in d5w	18
		CLINIMIX E/DEXTROSE (2.75/5)	60
		CLINIMIX E/DEXTROSE (4.25/10)	60
		CLINIMIX E/DEXTROSE (4.25/5)	60
		CLINIMIX E/DEXTROSE (5/15)	60

CLINIMIX E/DEXTROSE (5/20)	60	cromolyn sodium	69,85
CLINIMIX/DEXTROSE (4.25/10)	60	CROMOLYN SODIUM	81
CLINIMIX/DEXTROSE (4.25/5)	60	cryselle	72
CLINIMIX/DEXTROSE (5/15)	60	cryselle-28	72
CLINIMIX/DEXTROSE (5/20)	60	cyclobenzaprine hcl	86
clinisol sf	61	CYCLOPHOSPHAMIDE	32
clobazam	25	CYCLOSET	47
clobetasol prop emollient base	58	cyclosporine	77
clobetasol propionate	58	cyclosporine (pf)	81
clobetasol propionate e	58	cyclosporine modified	77
clobetasol propionate emulsion	58	CYSTAGON	69
clomipramine hcl	28	CYSTARAN	69
clonazepam	46		
clonidine	50	D	
clonidine hcl	50	dabigatran etexilate mesylate	49
clopidogrel bisulfate	50	dalfampridine er	57
clorazepate dipotassium	46	danazol	72
clotrimazole	30	DANZITEN	34
clotrimazole-betamethasone	59	dapagliflozin	55
clozapine	42	dapsone	32
CO-NATAL FA	63	DAPTACEL	78
COARTEM	38	daptomycin	18
COBENFY	42	darifenacin hydrobromide er	70
COBENFY STARTER PACK	42	darunavir	44
codeine sulfate	16	dasatinib	34
colchicine	30	DAURISMO	34
colchicine-probenecid	30	deferasirox	63
colesevelam hcl	54	deferasirox granules	63
colistimethate sodium (cba)	18	deferiprone	63
COMBIVENT RESPIMAT	86	DELSTRIGO	43
COMETRIQ	34	demeclocycline hcl	23
COMPLETE NATAL DHA	64	DEPO-SUBQ PROVERA 104	73
COMPLETENATE	64	DERMACINRX PRETRATE	64
CONCEPT DHA	64	DESCOVY	44
CONCEPT OB	64	desipramine hcl	28
constulose	68	desloratadine	84
COPIKTRA	34	desmopressin ace spray refrig	71
coremino	23	desmopressin acetate	71
COTELLIC	34	desmopressin acetate spray	71
CREON	69	desogestrel-ethinyl estradiol	72
CRESEMBA	30	desonide	58

DESVENLAFAXINE ER	28	dorzolamide hcl-timolol mal	81
desvenlafaxine succinate er	28	dorzolamide hcl-timolol mal pf	81
dexamethasone	71	DOVATO	43
DEXAMETHASONE SODIUM PHOSPHATE	82	doxazosin mesylate	51
dexmethylphenidate hcl	56	DOXEPIN HCL	29
dexmethylphenidate hcl er	56	doxepin hcl	58,86
dextroamphetamine sulfate	55	DOXERCALCIFEROL	80
dextroamphetamine sulfate er	55	doxy 100	23
dextrose	61	doxycycline hyclate	23
DEXTROSE-NACL	61	doxycycline monohydrate	23
DEXTROSE-SODIUM CHLORIDE	61	DRIZALMA SPRINKLE	56
DIACOMIT	24	dronabinol	29
diazepam	25,46	drospiren-eth estrad-levomefol	72
diazepam intensol	46	drospirenone-ethinyl estradiol	72
diazoxide	48	droxidopa	50
DICLOFENAC EPOLAMINE	15	DUAVEE	74
diclofenac potassium	15	DUET DHA 400	64
diclofenac sodium	15,59,82	DUET DHA BALANCED	64
diclofenac sodium (tab dr 25 mg, tab dr 50 mg, tab dr 75 mg, tab er 24hr 100 mg)	15	duloxetine hcl	56
dicloxacillin sodium	21	DUPIXENT	75
dicyclomine hcl	68	dutasteride	70
difluprednate	82	dutasteride-tamsulosin hcl	70
digox	51		
digoxin	51	E	
dihydroergotamine mesylate	31	ec-naproxen	15
DILANTIN	26	EDURANT PED	43
diltiazem hcl	52	EFAVIRENZ	43
diltiazem hcl er	52	efavirenz-emtricitab-tenofo df	43
diltiazem hcl er beads	52	efavirenz-lamivudine-tenofovir	43
diltiazem hcl er coated beads	52	ELIGARD	74
dimethyl fumarate	57	ELIQUIS	49
dimethyl fumarate starter pack	57	ELIQUIS DVT/PE STARTER PACK	49
DIPENTUM	79	ELITE-OB	64
diphenoxylate-atropine	68	ELMIRON	71
disulfiram	17	eltrombopag olamine	50
divalproex sodium	24	EMBRIVA	64
divalproex sodium er	24	EMSAM	27
dofetilide	51	emtricitab-rilpivir-tenofov df	43
donepezil hcl	27	emtricitabine	44
dorzolamide hcl	83	emtricitabine-tenofovir df	44
		EMTRIVA	44

enalapril maleate	51	etodolac	15
enalapril-hydrochlorothiazide	53	etodolac er	15
ENBRACE HR	64	etonogestrel-ethinyl estradiol	73
ENBREL	77	etravirine	43
ENBREL MINI	77	EUCRISA	58
ENBREL SURECLICK	77	EULEXIN	32
ENGERIX-B	78	everolimus	34,77
enoxaparin sodium	49	EVOTAZ	44
ENSACOVE	34	exemestane	34
entacapone	39	EXXUA	27
entecavir	42	EXXUA TITRATION PACK	27
ENTRESTO	53	ezetimibe	54
enulose	68		
ENVARUS XR	77	F	
EPIDIOLEX	24	famciclovir	45
epinephrine	84	famotidine	69
eplerenone	55	FANAPT	40
ERGOTAMINE-CAFFEINE	31	FANAPT TITRATION PACK A	40
ERIVEDGE	34	FANAPT TITRATION PACK B	41
ERLEADA	32	FANAPT TITRATION PACK C	41
erlotinib hcl	34	FARXIGA	55
ertapenem sodium	22	febuxostat	30
ERY	60	felbamate	24
ery-tab	22	FENOFIBRATE	54
erythrocine lactobionate	22	fenofibrate micronized	54
ERYTHROCIN STEARATE	22	fenofibric acid	54
erythromycin	22	fentanyl	15
ERYTHROMYCIN	60,81	FERRIPROX	63
erythromycin base	22	FETZIMA	28
erythromycin ethylsuccinate	22	FETZIMA TITRATION	28
ERYTHROMYCIN STEARATE	22	FIASP	48
escitalopram oxalate	28	FIASP FLEXTOUCH	48
eslicarbazepine acetate	26	FIASP PENFILL	48
esomeprazole magnesium	69	fidaxomicin	22
estradiol	73	finasteride	70
estradiol-norethindrone acet	73	FINTEPLA	24
ESTRING	73	FIRMAGON	74
estrogens conjugated	73	FIRMAGON (240 MG DOSE)	74
ethambutol hcl	32	flecainide acetate	51
ethosuximide	25	fluconazole	30
ethynodiol diac-eth estradiol	73	fluconazole in sodium chloride	30

flucytosine	30
fludrocortisone acetate	71
flunisolide	83
fluocinonide	58
fluocinonide emulsified base	58
fluorometholone	82
FLUOROURACIL	59
fluoxetine hcl	28
FLUOXETINE HCL (PMDD)	28
fluphenazine decanoate	40
fluphenazine hcl	40
FLURBIPROFEN SODIUM	82
FLUTICASONE FUROATE ELLIPTA	83
FLUTICASONE FUROATE-VILANTEROL	86
FLUTICASONE PROPIONATE	58
fluticasone propionate	83
FLUTICASONE PROPIONATE HFA	83
fluticasone-salmeterol	86
fluvoxamine maleate	28
fluvoxamine maleate er	28
FML FORTE	82
FOLATEXCEL	64
FOLIVANE-OB	64
fondaparinux sodium	49
fosamprenavir calcium	44
fosfomycin tromethamine	18
FOTIVDA	34
FRUZAQLA	33
furosemide	53

G

gabapentin	25
galantamine hydrobromide	27
galantamine hydrobromide er	27
GAMMAGARD	75
GAMMAGARD S/D LESS IGA	75
GAMMAPLEX	75
GAMUNEX-C	75
GARDASIL 9	78
gatifloxacin	81
GATTEX	68

gauze pads & dressings	80
GAVRETO	34
gefitinib	34
gemfibrozil	54
generlac	68
GENOTROPIN	71
GENOTROPIN MINIQUEL	72
GENTAMICIN IN SALINE	18
gentamicin sulfate	18,81
GENVOYA	43
GESTYRA	64
GILOTRIF	35
GLASSIA	69
glatiramer acetate	57
glimepiride	47
GLIPIZIDE	47
glipizide er	47
glipizide xl	47
glipizide-metformin hcl	47
GLUCAGEN HYPOKIT	48
GLUCAGON EMERGENCY	48
glycerol phenylbutyrate	69
glycopyrrolate	68
GOMEKLI	35
griseofulvin microsize	30
griseofulvin ultramicrosize	30
guanfacine hcl	50
guanfacine hcl er	56

H

hailey fe 1/20	73
haloperidol	40
haloperidol decanoate	40
haloperidol lactate	40
HAVRIX	78
HEMADY	71
heparin sodium (porcine)	49
heparin sodium (porcine) pf	49
HEPLISAV-B	78
HERNEXEOS	35
HETLIOZ LQ	86

HIBERIX.....	78	imipramine pamoate.....	29
HUMALOG MIX 50/50 KWIKPEN.....	48	imiquimod.....	59
HUMALOG MIX 75/25.....	48	imiquimod pump.....	59
HUMATROPE.....	72	IMKELDI.....	35
HUMULIN 70/30.....	48	IMOVAX RABIES.....	78
HUMULIN 70/30 KWIKPEN.....	48	INATAL GT.....	64
HUMULIN N.....	48	INCRELEX.....	72
HUMULIN N KWIKPEN.....	48	INCRUSE ELLIPTA.....	84
HUMULIN R.....	48	indapamide.....	54
HUMULIN R U-500 (CONCENTRATED).....	48	indomethacin.....	15
HUMULIN R U-500 KWIKPEN.....	48	indomethacin er.....	15
hydralazine hcl.....	55	INFANRIX.....	78
hydrochlorothiazide.....	54	INLURIYO.....	33
hydrocodone-acetaminophen.....	16	INLYTA.....	35
hydrocortisone.....	59,80	INQOVI.....	33
hydrocortisone (perianal).....	59	INREBIC.....	35
hydrocortisone valerate.....	59	INSULIN GLARGINE.....	48
hydrocortisone-acetic acid.....	83	INSULIN GLARGINE SOLOSTAR.....	48
hydromorphone hcl.....	16	INSULIN GLARGINE-YFGN.....	48
hydromorphone hcl pf.....	16	INSULIN LISPRO.....	48
HYDROXYCHLOROQUINE SULFATE.....	38	INSULIN LISPRO (1 UNIT DIAL).....	48
hydroxyurea.....	33	INSULIN LISPRO JUNIOR KWIKPEN.....	48
hydroxyzine hcl.....	45	INSULIN LISPRO PROT & LISPRO.....	48
HYDROXYZINE PAMOATE.....	45	insulin pen needle.....	80
HYRNUO.....	35	insulin syringe, safety or non-safety (disp) u-100 0.3 ml.....	80
I		insulin syringe, safety or non-safety (disp) u-100 1 ml.....	80
ibandronate sodium.....	80	insulin syringe, safety or non-safety (disp) u-100 1/2 ml.....	80
IBRANCE.....	35	Insulin syringe, safety or non-safety (disp) u-500 1/2 ml.....	80
IBTROZI.....	35	INTELENCE.....	43
ibu.....	15	INTRALIPID.....	61
ibuprofen.....	15	INVEGA HAFYERA.....	41
icatibant acetate.....	75	INVEGA SUSTENNA.....	41
ICLUSIG.....	35	INVEGA TRINZA.....	41
icosapent ethyl.....	54	IPOL.....	78
IDHIFA.....	35	ipratropium bromide.....	84
IDVYNZO.....	44	ipratropium bromide hfa.....	84
imatinib mesylate.....	35	ipratropium-albuterol.....	86
IMBRUVICA.....	35		
imipenem-cilastatin.....	22		
imipramine hcl.....	29		

irbesartan	51
irbesartan-hydrochlorothiazide	53
ISENTRESS	43
ISENTRESS HD	43
ISOLYTE-P IN D5W	61
ISONIAZID	32
isosorbide dinitrate	55
isosorbide mononitrate	55
isosorbide mononitrate er	55
isotretinoin	57
ITOVEBI	35
itraconazole	30
ivabradine hcl	53
IVERMECTIN	38
IWILFIN	33
IXIARO	78

J

jaimiess	73
JAKAFI	35
JAKAFI XR	35
JARDIANCE	55
JAYPIRCA	35
JENLIVA PRENATAL/POSTNATAL	64
JUBBONTI	80
JULUCA	43
JUXTAPID	54
JYNARQUE	63
JYNNEOS	78

K

KALYDECO	85
kcl in dextrose-nacl	61
KCL-LACTATED RINGERS-D5W	61
KERENDIA	55
ketoconazole	30
KETOROLAC TROMETHAMINE	82
KINERET	75
KINRIX	78
Kisqali	35
klayesta	30

KLOXXADO	17
KOMZIFTI	35
KOSELUGO	35
KOSHER PRENATAL PLUS IRON	64
KRAZATI	35

L

l-glutamine	69
labetalol hcl	52
lacosamide	26
lactulose	68
lactulose encephalopathy	68
LAGEVRIO	45
lamivudine	42,44
lamivudine-zidovudine	44
lamotrigine	24
lamotrigine er	24
lamotrigine starter kit-blue	24
lamotrigine starter kit-green	24
lamotrigine starter kit-orange	24
lansoprazole	69
lapatinib ditosylate	35
latanoprost	83
LAZCLUZE	35
LEDERLE LEUCOVORIN	37
LEDIPASVIR-SOFOSBUVIR	42
leflunomide	77
lenalidomide	33
Lenvima	35
letrozole	34
leucovorin calcium	38
LEUKERAN	32
LEUKINE	50
leuprolide acetate	74
levalbuterol hcl	84
LEVALBUTEROL TARTRATE	84
levetiracetam	24
levetiracetam er	24
LEVOBUNOLOL HCL	82
levocetirizine dihydrochloride	84
levofloxacin	23,82

levofloxacin in d5w	23
levonorg-eth estrad triphasic	73
levonorgest-eth est & eth est	73
levonorgest-eth estrad 91-day	73
levonorgest-eth estradiol-iron	73
levonorgestrel-ethinyl estrad	73
levothyroxine sodium	74
lidocaine	17
lidocaine hcl	17
lidocaine viscous hcl	17
lidocaine-prilocaine	17
LIFYORLI (125 MG DOSE)	35
LIFYORLI (150 MG DOSE)	35
linezolid	19
LINZESS	68
liothyronine sodium	74
lisinopril	51
lisinopril-hydrochlorothiazide	53
lithium	46
lithium carbonate	46
lithium carbonate er	46
LIVIXIL PAK	17
LIVTENCITY	42
LOKELMA	63
lomustine	32
LONSURF	33
loperamide hcl	68
lopinavir-ritonavir	44
lorazepam	46
lorazepam intensol	46
LORBRENA	35
losartan potassium	51
losartan potassium-hctz	53
LOTEMAX	82
loteprednol etabonate	82
loxapine succinate	40
lubiprostone	68
LUMAKRAS	35
LUPRON DEPOT	74
lurasidone hcl	41
LYBALVI	41

LYNPARZA	35
LYSODREN	33
Lytgobi	35

M

M-M-R II	78
M-NATAL PLUS	64
macitentan	85
magnesium sulfate	61
malathion	60
maraviroc	44
MARPLAN	27
MATERNACEL	64
MATERVIA	64
MATRONEX	64
MATULANE	32
MAVYRET	43
meclizine hcl	29
medroxyprogesterone acetate	74
mefloquine hcl	38
megestrol acetate	74
MEKINIST	36
MEKTOVI	36
meloxicam	15
memantine hcl	27
memantine hcl er	27
memantine hcl-donepezil hcl	26
memantine hcl-donepezil hcl er	26
MENQUADFI	78
MENVEO	78
mercaptopurine	33
meropenem	22
MESALAMINE	79
mesalamine er	79
mesalamine-cleanser	79
mesna	38
metformin hcl	47
metformin hcl er	47
metformin hcl er (mod)	47
metformin hcl er (osm)	47
methadone hcl	15

methazolamide	83	morphine sulfate	16
methenamine hippurate	19	MORPHINE SULFATE (CONCENTRATE)	16
methimazole	75	morphine sulfate er	15
methocarbamol	86	MOUNJARO	47
METHOTREXATE SODIUM	77	MOXIFLOXACIN HCL	23
methotrexate sodium (pf)	77	moxifloxacin hcl	82
METHOXSALEN RAPID	59	MOXIFLOXACIN HCL IN NACL	23
methsuximide	25	MRESVIA	78
methylphenidate hcl	56	MULTI-MAC	64
methylphenidate hcl er	56	mupirocin	60
methylphenidate hcl er (cd)	56	mupirocin calcium	60
methylphenidate hcl er (la)	56	mycophenolate mofetil	77
methylphenidate hcl er (osm)	56	mycophenolate sodium	77
methylphenidate hcl er (xr)	56	mycophenolic acid	77
methylphenidate hcl er(diffus)	56		
methylprednisolone	71	N	
metoclopramide hcl	29	nabumetone	15
metolazone	54	nadolol	52
metoprolol succinate er	52	nafacillin sodium	22
metoprolol tartrate	52	nafrinse	61
metoprolol-hydrochlorothiazide	53	naloxone hcl	17
metronidazole	19	naltrexone hcl	17
metyrosine	53	NAMZARIC	26
mexiletine hcl	51	naproxen	15
micafungin sodium	30	naproxen dr	15
MICONAZOLE 3	30	naratriptan hcl	31
midodrine hcl	50	NATACHEW	64
mifepristone	74	NATAL PNV	64
miglustat	69	NATALCHEW	64
minocycline hcl	23	NATALVIT	64
minocycline hcl er	24	nateglinide	47
minoxidil	55	NAYZILAM	25
mirabegron er	70	needles, insulin disp., safety	80
MIRENA (52 MG)	74	NEEVO DHA	64
mirtazapine	27	NEFAZODONE HCL	28
misoprostol	72	NEO-VITAL RX	64
modafinil	87	NEOMATERNA	64
MODEYSO	33	neomycin sulfate	18
MOLINDONE HCL	40	neomycin-bacitracin zn-polymyx	81
mometasone furoate	59	neomycin-polymyxin-dexameth	81
montelukast sodium	84	NEOMYCIN-POLYMYXIN-HC	81

neomycin-polymyxin-hc	83	norethindrone-eth estradiol	73
NEONATAL + DHA	64	norgestim-eth estrad triphasic	73
NEONATAL 19	64	norgestimate-eth estradiol	73
NEONATAL COMPLETE	64	nortriptyline hcl	29
NEONATAL FE	64	NOVOLIN 70/30	48
NEONATAL PLUS	65	NOVOLIN 70/30 FLEXPEN	48
NERLYNX	36	NOVOLIN 70/30 FLEXPEN RELION	48
NESTABS	65	NOVOLIN 70/30 RELION	48
NESTABS DHA	65	NOVOLIN N	49
NESTABS ONE	65	NOVOLIN N FLEXPEN	49
NEUPRO	39	NOVOLIN N FLEXPEN RELION	49
nevirapine	43	NOVOLIN N RELION	49
nevirapine er	43	NOVOLIN R	49
NEXLETOL	54	NOVOLIN R FLEXPEN	49
NEXPLANON	74	NOVOLIN R FLEXPEN RELION	49
niacin er (antihyperlipidemic)	54	NOVOLIN R RELION	49
NICOTROL NS	18	NOVOLOG	49
nifedipine er	52	NOVOLOG 70/30 FLEXPEN RELION	49
nifedipine er osmotic release	52	NOVOLOG FLEXPEN	49
NILOTINIB D-TARTRATE	36	NOVOLOG FLEXPEN RELION	49
nilotinib hcl	36	NOVOLOG MIX 70/30	49
NILUTAMIDE	32	NOVOLOG MIX 70/30 FLEXPEN	49
nimodipine	52	NOVOLOG MIX 70/30 RELION	49
NINLARO	36	NOVOLOG PENFILL	49
nintedanib esylate	85	NOVOLOG RELION	49
nitazoxanide	38	NOVYRA	65
nitro-bid	55	NUBEQA	32
NITRO-DUR	55	NUCALA	86
nitrofurantoin macrocrystal	19	NUEDEXTA	56
nitrofurantoin monohyd macro	19	NUPLAZID	41
nitroglycerin	55	NURTEC	31
NIVA-PLUS	65	NUTRILIPID	61
NIVESTYM	50	nyamyc	30
NIZATIDINE	69	nystatin	30
NORDITROPIN FLEXPEN	72	nystatin-triamcinolone	59
norelgestromin-eth estradiol	73	nystop	30
norethin ace-eth estrad-fe	73		
norethin-eth estradiol-fe	73	O	
norethindron-ethinyl estrad-fe	73	OB COMPLETE	65
norethindrone	74	OB COMPLETE ONE	65
norethindrone acet-ethinyl est	73	OB COMPLETE PETITE	65

OB COMPLETE PREMIER	65
OB COMPLETE/DHA	65
OBSTETRIX EC (WITH DOCUSATE)	65
OBSTETRIX ONE (WITH DOCUSATE)	65
octreotide acetate	74
ODEFSEY	43
ODOMZO	36
OFLOXACIN	23
ofloxacin	82
OGSIVEO	33
OJEMDA	36
OJJAARA	33
olanzapine	41
OLUMIANT	75
omega-3-acid ethyl esters	54
omeprazole	69
OMNITROPE	72
ondansetron	29
ondansetron hcl	29
ONE VITE WOMENS PLUS	65
ONENATAL RX	65
ONGENTYS	39
ONUREG	33
OPIPZA	41
OPVEE	17
ORENCIA	75
ORENCIA CLICKJECT	75
ORGOVYX	74
ORKAMBI	85
ORSERDU	33
oseltamivir phosphate	45
OTEZLA	59
OTEZLA XR	59
OTEZLA/OTEZLA XR INITIATION PK	59
oxazepam	46
oxcarbazepine	26
oxybutynin chloride	70
oxybutynin chloride er	70
oxycodone hcl	16
oxycodone-acetaminophen	16
OXYCONTIN	16

OXYTROL	70
OZEMPIC (0.25 OR 0.5 MG/DOSE)	47
OZEMPIC (1 MG/DOSE)	47
OZEMPIC (2 MG/DOSE)	47

P

paliperidone er	41
PANRETIN	37
pantoprazole sodium	69
PAROXETINE HCL	46
paroxetine hcl er	46
paroxetine mesylate	46
PAXLOVID (150/100)	45
PAXLOVID (300/100 & 150/100)	45
PAXLOVID (300/100)	45
pazopanib hcl	36
PEDIARIX	78
PEDVAXHIB	78
peg 3350-kcl-na bicarb-nacl	68
peg-3350/electrolytes	68
peg-3350/electrolytes/ascorbat	68
peg-kcl-nacl-nasulf-na asc-c	68
PEGASYS	76
PEMAZYRE	36
PENBRAYA	78
penicillamine	71
PENICILLIN G POT IN DEXTROSE	22
penicillin g potassium	22
PENICILLIN G SODIUM	22
PENICILLIN V POTASSIUM	22
PENMENVY	78
PENTACEL	78
pentamidine isethionate	38
PENTASA	79
pentoxifylline er	53
perampanel	24
permethrin	60
perphenazine	29
PHENELZINE SULFATE	27
phenobarbital	25
phenytoin	26

phenytoin infatabs	26	prednisolone acetate	82
phenytoin sodium extended	26	prednisolone sodium phosphate	71
PHYRAGO	36	PREDNISOLONE SODIUM PHOSPHATE	82
PIFELTRO	43	PREDNISON	71
pilocarpine hcl	57,83	PREDNISON INTENSOL	71
pimecrolimus	59	pregabalin	57
pimozide	40	PREGEN DHA	65
pindolol	52	PREGENNA	65
pioglitazone hcl	47	PREMARIN	73
pioglitazone hcl-metformin hcl	47	PREMASOL	62
piperacillin sod-tazobactam so	22	PREMESISRX	65
PIQRAY (200 MG DAILY DOSE)	36	PREMIUM LIDOCAINE	17
PIQRAY (250 MG DAILY DOSE)	36	PREMPRO	73
PIQRAY (300 MG DAILY DOSE)	36	PRENA 1 TRUE	65
pirfenidone	85	PRENA1	65
PNV 27-CA/FE/FA	65	PRENA1 PEARL	65
PNV PRENATAL PLUS MULTIVIT+DHA	65	PRENAISSANCE	65
PNV PRENATAL PLUS MULTIVITAMIN	65	PRENAISSANCE PLUS	65
PNV TABS 20-1	65	PRENATAL	65
PNV-DHA	65	PRENATAL 19	66
PNV-DHA+DOCUSATE	65	PRENATAL PLUS	66
PNV-OMEGA	65	PRENATAL PLUS VITAMIN/MINERAL	66
PNV-SELECT	65	PRENATAL VITAMIN PLUS LOW IRON	66
PODOFILOX	59	PRENATAL-U	66
polymyxin b sulfate	19	PRENATE	66
polymyxin b-trimethoprim	82	PRENATE AM	66
pomalidomide	33	PRENATE DHA	66
posaconazole	30	PRENATE ELITE	66
POTASSIUM CHLORIDE	62	PRENATE ENHANCE	66
potassium chloride crys er	62	PRENATE ESSENTIAL	66
potassium chloride er	62	PRENATE MINI	66
potassium chloride in dextrose	62	PRENATE PIXIE	66
POTASSIUM CHLORIDE IN NACL	62	PRENATE RESTORE	66
potassium citrate er	62	PRENATOL-M	66
POTASSIUM CL IN DEXTROSE 5%	62	PRENATRIX	66
pramipexole dihydrochloride	39	PRENATRYL	66
pravastatin sodium	54	PRENATVITE COMPLETE	66
praziquantel	38	PRENATVITE PLUS	66
prazosin hcl	51	PRENATVITE RX	66
PRED MILD	82	PRENOVA	66
prednisolone	71	PRENYRA	66

PRETOMANID	32
PREVYMIS	42
PREZCOBIX	44
PREZISTA	45
PRIFTIN	32
PRILOVIX	17
prilovix lite	17
prilovix lite plus	17
PRILOVIX PLUS	17
prilovix ultralite	17
prilovix ultralite plus	17
PRIMACARE	66
primaquine phosphate	38
PRIMIDONE	25
PRIORIX	78
PRIVIGEN	75
probenecid	31
prochlorperazine	29
prochlorperazine maleate	29
procto-med hc	59
proctosol hc	59
proctozone-hc	59
progesterone	74
PROGRAF	77
PROLASTIN-C	70
promethazine hcl	29
propafenone hcl	51
propafenone hcl er	51
propranolol hcl	31
propranolol hcl er	31
propylthiouracil	75
PROQUAD	78
PROSOL	62
protriptyline hcl	29
PROVIDA OB	66
PULMICORT FLEXHALER	83
PULMOZYME	85
pyrazinamide	32
PYRIDOSTIGMINE BROMIDE	31
pyridostigmine bromide er	31
pyrimethamine	38

Q

QINLOCK	36
QUADRACEL	78
QUETIAPINE FUMARATE	41
quetiapine fumarate er	41
quinidine gluconate er	51
QUINIDINE SULFATE	51
quinine sulfate	38
QULIPTA	31

R

RABAVERT	78
RALDESY	28
raloxifene hcl	74
ramelteon	86
ramipril	51
ranolazine er	53
rasagiline mesylate	39
REBIF	57
REBIF REBIDOSE	57
REBIF REBIDOSE TITRATION PACK	57
REBIF TITRATION PACK	57
RECOMBIVAX HB	79
RECORLEV	74
RELENZA DISKHALER	45
RELEVIA	66
RELISTOR	68
RELNATE DHA	66
repaglinide	47
REPATHA	54
REPATHA SURECLICK	54
RESTASIS MULTIDOSE	81
RETACRIT	50
RETEVMO	36
REVCovi	70
REVUFORJ	36
REXULTI	41
REYATAZ	45
REZDIFFRA	74
REZLIDHIA	36

REZUROCK	77	sertraline hcl	28
RHOPRESSA	83	SHINGRIX	79
RIBAVIRIN	43	SIGNIFOR	74
rifabutin	32	sildenafil citrate	85
rifampin	32	silver sulfadiazine	60
rilpivirine hcl	43	SIMPONI	77
riluzole	56	simvastatin	54
risperidone	41	sirolimus	77
risperidone microspheres er	41	SIRTURO	32
ritonavir	45	sitagliptin phosphate	47
rivastigmine	27	SIVEXTRO	19
rivastigmine tartrate	27	SKYRIZI	75
rizatriptan benzoate	31	SKYRIZI PEN	75
roflumilast	85	SODIUM CHLORIDE	62
ROMVIMZA	36	sodium chloride (pf)	62
ropinirole hcl	39	SODIUM FLUORIDE	62
ropinirole hcl er	39	SODIUM OXYBATE	87
rosuvastatin calcium	54	sodium phenylbutyrate	70
ROTARIX	79	sodium polystyrene sulfonate	63
ROTATEQ	79	SOFOSBUVIR-VELPATASVIR	43
ROZLYTREK	36	solifenacin succinate	70
RUBRACA	36	SOLTAMOX	33
rufinamide	26	SOMAVERT	74
RUKOBIA	44	sorafenib tosylate	36
RYDAPT	36	sotalol hcl	51
S		sotalol hcl (af)	51
SANTYL	60	SOVALDI	43
sapropterin dihydrochloride	70	SPIRIVA RESPIMAT	84
saxagliptin-metformin er	47	spironolactone	55
SCEMBLIX	36	spironolactone-hctz	53
scopolamine	29	SPRITAM	24
SE-NATAL 19	66	sps (sodium polystyrene sulf)	63
SECUADO	41	ssd	60
SELECT-OB	66	ssd (silver sulfadiazine)	60
SELECT-OB+DHA	66	STELARA	76
selegiline hcl	39	STIVARGA	36
selenium sulfide	59	STREPTOMYCIN SULFATE	18
SELZENTRY	44	STRIBILD	43
SEREVENT DISKUS	84	SUBVENITE	24
SEROSTIM	72	SUCRAID	70
		sucrafate	69

sulfacetamide sodium	82	teriflunomide	57
sulfacetamide sodium (acne)	23	teriparatide	80
SULFACETAMIDE-PREDNISOLONE	81	testosterone	72
sulfadiazine	23	testosterone cypionate	72
sulfamethoxazole-trimethoprim	23	TESTOSTERONE ENANTHATE	72
sulfasalazine	79	tetrabenazine	56
sulindac	15	TETRACYCLINE HCL	24
sumatriptan	31	THALOMID	33
sumatriptan succinate	31	THEO-24	85
sunitinib malate	36	theophylline er	85
SUNLENCA	44	thioridazine hcl	40
SYMDEKO	85	thiothixene	40
SYMPAZAN	25	THRIVITE RX	66
SYMTUZA	45	TIAGABINE HCL	25
SYNAREL	75	TIBSOVO	37
T		ticagrelor	50
TABLOID	33	TICOVAC	79
TABRECTA	36	TIGECYCLINE	19
tacrolimus	59,77	timolol maleate	31,82
tacrolimus er	77	timolol maleate (once-daily)	82
tadalafil	70	timolol maleate ocudose	83
tadalafil (pah)	85	timolol maleate pf	83
TAFINLAR	36	tinidazole	19
TAGRISSO	36	tiotropium bromide	84
TALTZ	76	TIVICAY	43
TALZENNA	36	TIVICAY PD	43
tamoxifen citrate	33	tizanidine hcl	42
tamsulosin hcl	70	TOBRADEX	81
TARON-C DHA	66	tobramycin	82,85
tasimelteon	86	tobramycin sulfate	18
TAVNEOS	76	tobramycin-dexamethasone	81
tazarotene	57	tofacitinib citrate	76
TEFLARO	21	tofacitinib citrate er	76
temazepam	86	tolcapone	39
TENIVAC	79	tolterodine tartrate	70
tenofovir disoproxil fumarate	44	tolterodine tartrate er	70
TEPMETKO	36	tolvaptan	63
terazosin hcl	51	tolvaptan (hyponatremia)	63
terbinafine hcl	30	topiramate	25
terconazole	30	topiramate er	25
		toremifene citrate	33

torseamide	53
TPN ELECTROLYTES	66
tramadol hcl	16
tramadol hcl er	16
tramadol hcl er (biphasic)	16
tramadol-acetaminophen	16
tranexamic acid	50
tranylcypromine sulfate	27
TRAVASOL	62
travoprost (bak free)	83
trazodone hcl	28
TRELEGY ELLIPTA	86
TRELSTAR MIXJECT	75
TREMFYA	76
TREMFYA ONE-PRESS	76
TREMFYA PEN	76
TREMFYA-CD/UC INDUCTION	76
tretinoin	37,58
TRETINOIN MICROSPHERE	58
TRETINOIN MICROSPHERE PUMP	58
tri-legest fe	73
triamcinolone acetonide	57,59
triamterene	53
triamterene-hctz	53
triazolam	86
TRICARE	67
trientine hcl	63
trifluoperazine hcl	40
TRIFLURIDINE	82
trihexyphenidyl hcl	38
TRIKAFTA	85
trimethoprim	19
trimipramine maleate	29
TRINATAL RX 1	67
TRINATE	67
TRINTELLIX	28
TRISTART DHA	67
TRISTART FREE	67
TRISTART ONE	67
TRIUMEQ	44
TRIUMEQ PD	44

TROPHAMINE	62
trosipium chloride	70
trosipium chloride er	70
TRULICITY	47
TRUMENBA	79
TRUQAP	37
TUDORZA PRESSAIR	84
TUKYSA	37
TURALIO	37
TWINRIX	79
TYENNE	76
TYMLOS	80
TYPHIM VI	79

U

UBRELVY	31
UMECLIDINIUM-VILANTEROL	86
UPTRAVI	85
URSODIOL	69
USTEKINUMAB	76
UZEDY	42

V

valacyclovir hcl	45
VALCHLOR	32
valganciclovir hcl	42
valproic acid	25
valsartan	51
valsartan-hydrochlorothiazide	53
VALTOCO 10 MG DOSE	25
VALTOCO 15 MG DOSE	25
VALTOCO 20 MG DOSE	25
VALTOCO 5 MG DOSE	25
VANCOMYCIN HCL	20
VANCOMYCIN HCL IN DEXTROSE	20
VANCOMYCIN HCL IN NACL	20
VANFLYTA	37
VAQTA	79
varenicline tartrate	18
varenicline tartrate (starter)	18
varenicline tartrate(continue)	18

VARIVAX	79
VAXCHORA	79
VELSIPITY	76
VELTASSA	63
VENCLEXTA	37
VENCLEXTA STARTING PACK	37
VENLAFAXINE BESYLATE ER	46
venlafaxine hcl	46
venlafaxine hcl er	46
VEOZAH	56
verapamil hcl	52
verapamil hcl er	52
VERQUVO	55
VERSACLOZ	42
VERZENIO	37
vigabatrin	25
VIJOICE	37
vilazodone hcl	28
VIMKUNYA	79
VINATE DHA RF	67
VINATE II	67
VINATE ONE	67
viorele	73
VIRACEPT	45
VIREAD	44
VIRT-NATE DHA	67
VIRT-PN DHA	67
VITAFOL FE+	67
VITAFOL GUMMIES	67
VITAFOL STRIPS	67
VITAFOL ULTRA	67
VITAFOL-NANO	67
VITAFOL-OB	67
VITAFOL-OB+DHA	67
VITAFOL-ONE	67
VITALARA	67
VITAMEDMD ONE RX/QUATREFOLIC	67
VITAMEDMD REDICHEW RX	67
VITAPEARL	67
VITATHELY WITH GINGER	67
VITATRUE	67

VITRAKVI	37
VIVA DHA	67
VIVOTIF	79
VONJO	38
VOQUEZNA	69
VORANIGO	37
voriconazole	30
VORICONAZOLE	30
VOSEVI	43
VOWST	69
VRAYLAR	42

W

warfarin sodium	49
WELIREG	70
WESCAP-C DHA	67
WESCAP-PN DHA	67
WESNATAL DHA COMPLETE	67
WESNATE DHA	67
WESTAB PLUS	67
WESTGEL DHA	67
WINREVAIR	85
Wixela Inhub	86
WYOST	80

X

XALKORI	37
XARELTO	49
XARELTO STARTER PACK	50
XATMEP	77
XCOPRI	26
XCOPRI (250 MG DAILY DOSE)	26
XCOPRI (350 MG DAILY DOSE)	26
XDEMVI	81
XELJANZ	76
XERMELO	68
XIFAXAN	20
XOLAIR	76
XOSPATA	37
XPOVIO (100 MG ONCE WEEKLY)	37
XPOVIO (40 MG ONCE WEEKLY)	37

XPOVIO (40 MG TWICE WEEKLY).....	37
XPOVIO (60 MG ONCE WEEKLY).....	37
XPOVIO (60 MG TWICE WEEKLY).....	37
XPOVIO (80 MG ONCE WEEKLY).....	37
XPOVIO (80 MG TWICE WEEKLY).....	37
XTANDI.....	32

Y

YESINTEK.....	76
YF-VAX.....	79
YONSA.....	33

Z

zafirlukast.....	84
zaleplon.....	86
ZALVIT.....	68
ZATEAN-PN DHA.....	68
ZEJULA.....	37
ZELBORAF.....	37
ZEMAIRA.....	70
ZENPEP.....	70
ZEPOSIA.....	57
ZEPOSIA 7-DAY STARTER PACK.....	57
ZEPOSIA STARTER KIT.....	57
zidovudine.....	44
zileuton er.....	84
ZIPHEX.....	68
ziprasidone hcl.....	42
ziprasidone mesylate.....	42
ZIRGAN.....	82
ZOLINZA.....	33
zolpidem tartrate.....	86
zolpidem tartrate er.....	86
ZONISADE.....	26
zonisamide.....	26
ZTALMY.....	25
ZURZUVAE.....	27
ZYKADIA.....	37

2026 List of Additional Covered Products

*INFANT CARE PRODUCTS - SHAMPOO**

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

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

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

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

