Community Care

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 14

This formulary was updated on 7/1/2026.

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

Community Care Health Plan, Inc. | 205 Bishops Way | Brookfield, WI 53005

Material ID: H2034_Form26_C Accepted

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

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-Croation. 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。

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 quí vị cần thông dịch viên xin gọi 1-866-992-6600 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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 1-866-992-6600 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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

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

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

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

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

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

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

Community Care:

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

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

- ❖ *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.

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.

- 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**

- 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 explains 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

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.

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.

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.

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.

LEGEND

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

List of Drugs by Drug Type

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)	
DICLOFENAC EPOLAMINE	PA1
diclofenac potassium (25 mg tab, 50 mg tab)	
diclofenac sodium (tab dr 25 mg, tab dr 50 mg, tab dr 75 mg, tab er 24hr 100 mg)	
diclofenac sodium 1.5 % solution	
ec-naproxen (375 mg tab dr, 500 mg tab dr)	
etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)	
etodolac er (er 400 mg tab er, er 500 mg tab er, er 600 mg tab er)	
ibu 400 mg tab	
ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)	
indomethacin (25 mg cap, 50 mg cap)	
indomethacin er	
meloxicam (7.5 mg tab, 15 mg tab)	
nabumetone (500 mg tab, 750 mg tab)	
naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)	
naproxen dr	
sulindac (150 mg tab, 200 mg tab)	
OPIOID ANALGESICS, LONG-ACTING	
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)	
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)	
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)	

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)	
tramadol hcl er (er 100 mg tab er, er 200 mg tab er, er 300 mg tab er)	
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)	
codeine sulfate (codeine sulfate, codeine sulfate 15 mg tab, codeine sulfate 30 mg tab, codeine sulfate 60 mg tab)	
hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-325 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-325 mg tab)	
hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)	
hydromorphone hcl pf (hydromorphone hcl pf 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)	
MORPHINE SULFATE (CONCENTRATE) (MORPHINE SULFATE (CONCENTRATE), MORPHINE SULFATE (CONCENTRATE) 20 MG/ML SOLUTION, MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION)	
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)	
oxycodone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)	
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	
tramadol hcl (50 mg tab, 100 mg tab)	
tramadol-acetaminophen	

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	
lidocaine 5 % ointment	
lidocaine 5 % patch	PA1
lidocaine hcl 4 % solution	
lidocaine viscous hcl	
lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)	
LIVIXIL PAK	
PREMIUM LIDOCAINE	
PRILOVIX	
prilovix lite	
prilovix lite plus	
PRILOVIX PLUS	
prilovix ultralite	
prilovix ultralite plus	
tridacaine	PA1
tridacaine ii	PA1
tridacaine iii	PA1
tridacaine xl	PA1
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENTS/ANTI-CRAVING	
acamprosate calcium	
disulfiram (250 mg tab, 500 mg tab)	
OPIOID DEPENDENCE	
buprenorphine hcl (2 mg tab, 8 mg tab)	
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)	
naltrexone 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
OPIOID REVERSAL AGENTS	
KLOXXADO	
naloxone hcl (naloxone hcl, naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr)	
OPVEE	
SMOKING CESSATION AGENTS	
bupropion hcl er (smoking det)	
NICOTROL NS	
varenicline tartrate (0.5 mg tab, 1 mg tab)	
varenicline tartrate (starter)	
varenicline tartrate(continue)	
ANTIBACTERIALS	
AMINOGLYCOSIDES	
amikacin sulfate 500 mg/2ml solution	
ARIKAYCE	
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION)	
gentamicin sulfate (0.1 % cream, 0.1 % ointment, 40 mg/ml solution)	
neomycin sulfate	
STREPTOMYCIN SULFATE	
tobramycin sulfate (tobramycin sulfate 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)	
ANTIBACTERIALS, OTHER	
acetic acid 2 % solution	
aztreonam (1 gm soln, 2 gm soln)	
CLEOCIN 100 MG SUPPOS	
clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)	
clindamycin palmitate hcl	
clindamycin phosphate (2 % cream, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml 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
clindamycin phosphate in d5w (300 mg/50ml, 600 mg/50ml, 900 mg/50ml)	
colistimethate sodium (cba)	
daptomycin (daptomycin 350 mg recon soln, daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin 500 mg recon soln)	
fosfomycin tromethamine	
linezolid (100 mg/5ml recon susp, 600 mg tab, 600 mg/300ml solution)	
methenamine hippurate	
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)	
nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)	
nitrofurantoin monohyd macro	
polymyxin b sulfate	
SIVEXTRO	
TIGECYCLINE (TIGECYCLINE, TIGECYCLINE)	
tinidazole (250 mg tab, 500 mg tab)	
trimethoprim (trimethoprim, trimethoprim)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VANCOMYCIN HCL (VANCOMYCIN HCL 1.5 GM RECON SOLN, VANCOMYCIN HCL 5 GM RECON SOLN, VANCOMYCIN HCL 50 MG/ML RECON SOLN, VANCOMYCIN HCL 125 MG CAP, VANCOMYCIN HCL 1 GM RECON SOLN, VANCOMYCIN HCL 1.25 GM RECON SOLN, VANCOMYCIN HCL 1.5 GM RECON SOLN, VANCOMYCIN HCL 5 GM RECON SOLN, VANCOMYCIN HCL 10 GM RECON SOLN, VANCOMYCIN HCL 100 GM RECON SOLN, VANCOMYCIN HCL 500 MG RECON SOLN, VANCOMYCIN HCL 500 MG/100ML SOLUTION, VANCOMYCIN HCL 750 MG RECON SOLN, VANCOMYCIN HCL 750 MG/150ML SOLUTION, VANCOMYCIN HCL 1000 MG/200ML SOLUTION, VANCOMYCIN HCL 1 GM RECON SOLN, VANCOMYCIN HCL 1.25 GM RECON SOLN, VANCOMYCIN HCL 10 GM RECON SOLN, VANCOMYCIN HCL 25 MG/ML RECON SOLN, VANCOMYCIN HCL 250 MG CAP, VANCOMYCIN HCL 250 MG/5ML RECON SOLN, VANCOMYCIN HCL 500 MG RECON SOLN, VANCOMYCIN HCL 1250 MG/250ML SOLUTION, VANCOMYCIN HCL 1500 MG/300ML SOLUTION, VANCOMYCIN HCL 1750 MG/350ML SOLUTION, VANCOMYCIN HCL 2000 MG/400ML SOLUTION, VANCOMYCIN HCL 750 MG RECON SOLN)	
VANCOMYCIN HCL IN DEXTROSE (IN 1-5 GM/200ML-% SOLUTION, IN 1.25-5 GM/250ML-% SOLUTION, IN 1.5-5 GM/250ML-% SOLUTION, IN 1.5-5 GM/300ML-% SOLUTION, IN 500-5 MG/100ML-% SOLUTION, IN 750-5 MG/150ML-% SOLUTION)	
VANCOMYCIN HCL IN NACL (IN 1-0.9 GM/200ML-% SOLUTION, IN 1-0.9 GM/250ML-% SOLUTION, IN 1.25-0.9 GM/250ML-% SOLUTION, IN 1.5-0.9 GM/250ML-% SOLUTION, IN 1.5-0.9 GM/500ML-% SOLUTION, IN 1.75-0.9 GM/250ML-% SOLUTION, IN 1.75-0.9 GM/500ML-% SOLUTION, IN 2-0.9 GM/500ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION, IN 750-0.9 MG/150ML-% SOLUTION, IN 750-0.9 MG/250ML-% SOLUTION)	
XIFAXAN (200 MG TAB, 550 MG TAB)	
BETA-LACTAM, CEPHALOSPORINS	
cefadroxil (cefadroxil, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)	
cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)	
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)	
cefepime hcl (1 gm soln, 2 gm soln)	
cefixime (cefixime 400 mg tab, cefixime 100 mg/5ml recon susp, cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)	
cefoxitin sodium (1 gm soln, 2 gm soln, 10 gm soln)	

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
cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 200 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp)	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	
CEFTAZIDIME (CEFTAZIDIME, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)	
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)	
cefuroxime axetil (250 mg tab, 500 mg tab)	
cefuroxime sodium (1.5 gm soln, 750 mg soln)	
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)	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	
BETA-LACTAM, PENICILLINS	
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)	
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)	
amoxicillin-pot clavulanate er	
AMPICILLIN (AMPICILLIN, AMPICILLIN)	
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)	
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)	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	
dicloxacillin sodium (250 mg cap, 500 mg cap)	

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
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)	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	
penicillin g potassium (5000000 soln, 20000000 soln)	
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)	
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)	
CARBAPENEMS	
ertapenem sodium	
imipenem-cilastatin (imipenem-cilastatin, imipenem-cilastatin)	
meropenem (1 gm soln, 500 mg soln)	
MACROLIDES	
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab)	
CLARITHROMYCIN (CLARITHROMYCIN 250 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG TAB, CLARITHROMYCIN 500 MG TAB, CLARITHROMYCIN 125 MG/5ML RECON SUSP)	
clarithromycin er	
ery-tab 333 mg dr	
erythrocin lactobionate (erythrocin lactobionate, erythrocin lactobionate)	
ERYTHROCIN STEARATE	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	
erythromycin base (erythromycin base 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)	
erythromycin ethylsuccinate (200 mg/5ml, 400 mg/5ml)	
ERYTHROMYCIN STEARATE	
fidaxomicin	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
QUINOLONES	
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	
ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)	
levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)	
levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	
MOXIFLOXACIN HCL IN NACL	
OFLOXACIN (OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB, OFLOXACIN 400 MG TAB)	
SULFONAMIDES	
sulfacetamide sodium (acne)	
sulfadiazine	
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)	
TETRACYCLINES	
coremino (45 mg tab er, 90 mg tab er, 135 mg tab er)	
demeclocycline hcl (150 mg tab, 300 mg tab)	
doxy 100	
doxycycline hyclate (20 mg tab, 50 mg cap, 50 mg tab, 50 mg tab dr, 75 mg tab, 75 mg tab dr, 100 mg cap, 100 mg recon soln, 100 mg tab, 100 mg tab dr, 150 mg tab, 150 mg tab dr, 200 mg tab dr)	
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)	
minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
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	
brivaracetam (10 mg tab, 10 mg/ml solution, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	
divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	
divalproex sodium er (er 250 mg tab er, er 500 mg tab er)	
EPIDIOLEX	PA2
felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)	
FINTEPLA	
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)	
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)	
lamotrigine starter kit-blue	
lamotrigine starter kit-green	
lamotrigine starter kit-orange	
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)	
levetiracetam er (er 500 mg tab er, er 750 mg tab er)	
perampanel (0.5 mg/ml suspension, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	
SPRITAM (250 MG TAB, 500 MG TAB)	
SUBVENITE	

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
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)	
topiramate er (er 25 mg cp24 sprnk, er 50 mg cp24 sprnk, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cap er 24h, er 200 mg cp24 sprnk)	
valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)	
CALCIUM CHANNEL MODIFYING AGENTS	
ethosuximide (250 mg cap, 250 mg/5ml solution)	
methsuximide	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS	
clobazam (2.5 mg/ml suspension, 10 mg tab, 10 mg/4ml suspension, 20 mg tab)	
diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)	
gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)	
NAYZILAM	
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 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)	
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	
vigabatrin (500 mg packet, 500 mg tab)	
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	
carbamazepine (carbamazepine, carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab, carbamazepine 200 mg/10ml suspension)	
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)	
DILANTIN 30 MG CAP	
eslicarbazepine acetate (200 mg tab, 400 mg tab, 600 mg tab, 800 mg tab)	
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)	
oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)	
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	
phenytoin infatabs	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	
rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab, 400 mg/10ml suspension)	
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	
zonisamide (25 mg cap, 50 mg cap, 100 mg cap)	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, OTHER	
memantine hcl-donepezil hcl (14-10 mg cap er, 21-10 mg cap er, 28-10 mg cap er)	
memantine hcl-donepezil hcl er (er 14-10 mg cap er, er 28-10 mg cap er)	
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	
donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	
galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)	
rivastigmine (4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch)	
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	
memantine hcl (memantine hcl, memantine hcl 5 mg tab, memantine hcl 10 mg tab)	
memantine hcl er (er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er)	
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
AUVELITY	
bupropion hcl (75 mg tab, 100 mg tab)	
bupropion hcl er (sr) (er 100 mg tab er, er 150 mg tab er, er 200 mg tab er)	
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)	
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	
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)	
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	
tranylcypromine sulfate	

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)	
citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)	
DESVENLAFAXINE ER (ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H)	
desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er)	
escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	
FETZIMA TITRATION	
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)	
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	
fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)	
fluvoxamine maleate er (er 100 mg cap er, er 150 mg cap er)	
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	
RALDESY	
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)	
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	
vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)	
TRICYCLICS	
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	
amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)	
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DOXEPIN HCL (DOXEPIN HCL, DOXEPIN HCL 10 MG CAP, DOXEPIN HCL 10 MG/ML CONC, DOXEPIN HCL 25 MG CAP, DOXEPIN HCL 50 MG CAP, DOXEPIN HCL 75 MG CAP, DOXEPIN HCL 100 MG CAP, DOXEPIN HCL 150 MG CAP)	
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	
imipramine pamoate (75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap)	
nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)	
protriptyline hcl (5 mg tab, 10 mg tab)	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	
ANTIEMETICS	
ANTIEMETICS, OTHER	
meclizine hcl (12.5 mg tab, 25 mg tab)	
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	
prochlorperazine	
prochlorperazine maleate (5 mg tab, 10 mg tab)	
promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)	
scopolamine	
EMETOGENIC THERAPY ADJUNCTS	
aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)	PA3
dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)	PA1
ondansetron (4 mg tab disp, 8 mg tab disp)	PA3
ondansetron hcl (2 mg/2.5ml solution, 4 mg tab, 4 mg/5ml solution, 8 mg tab)	PA3
ANTIFUNGALS	
AMPHOTERICIN B	PA3
amphotericin b liposome	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
probenecid	

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

dihydroergotamine mesylate 4 mg/ml solution	
ERGOTAMINE-CAFFEINE	

PROPHYLACTIC

propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)	
propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)	
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)	

SEROTONIN (5-HT) RECEPTOR AGONIST

naratriptan hcl (1 mg tab, 2.5 mg tab)	QL (9 PER 30 OVER TIME)
rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	QL (12 PER 30 OVER TIME)
sumatriptan (5 mg/act, 20 mg/act)	
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	QL (9 PER 30 OVER TIME)
sumatriptan succinate (6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

PYRIDOSTIGMINE BROMIDE (PYRIDOSTIGMINE BROMIDE, PYRIDOSTIGMINE BROMIDE 60 MG TAB, PYRIDOSTIGMINE BROMIDE 60 MG/5ML SOLUTION)	
pyridostigmine bromide 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
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
dapsone (25 mg tab, 100 mg tab)	
rifabutin	
ANTITUBERCULARS	
ethambutol hcl (100 mg tab, 400 mg tab)	
ISONIAZID (ISONIAZID 50 MG/5ML SYRUP, ISONIAZID 100 MG TAB, ISONIAZID 300 MG TAB, ISONIAZID 100 MG TAB)	
PRETOMANID	
PRIFTIN	
pyrazinamide	
rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)	
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	
lomustine (10 mg cap, 40 mg cap, 100 mg cap)	
MATULANE	
VALCHLOR	
ANTIANDROGENS	
abiraterone acetate (250 mg tab, 500 mg tab)	
bicalutamide	
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	
lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)	
pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	
THALOMID (50 MG CAP, 100 MG CAP)	
ANTIESTROGENS/MODIFIERS	
INLURIYO	
ORSERDU (86 MG TAB, 345 MG TAB)	
SOLTAMOX	
tamoxifen citrate (10 mg tab, 20 mg tab)	
toremifene citrate	
ANTIMETABOLITES	
mercaptopurine (50 mg tab, 2000 mg/100ml suspension)	
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)	
hydroxyurea	
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	
anastrozole	

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
exemestane	
letrozole	
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)	
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)	
dasatinib (20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)	
DAURISMO (25 MG TAB, 100 MG TAB)	
ERIVEDGE	
erlotinib hcl (25 mg tab, 100 mg tab, 150 mg tab)	
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)	
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	
GAVRETO 100 MG CAP	
gefitinib	
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
imatinib mesylate (100 mg tab, 400 mg tab)	
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)	
JAYPIRCA (50 MG TAB, 100 MG TAB)	
KISQALI	
KISQALI FEMARA	
KOMZIFTI	
KOSELUGO (5 MG CAP SPRINK, 7.5 MG CAP SPRINK, 10 MG CAP, 25 MG CAP)	
KRAZATI	
lapatinib ditosylate	
LAZCLUZE (80 MG TAB, 240 MG TAB)	
LENVIMA	
LORBRENA (25 MG TAB, 100 MG TAB)	
LUMAKRAS (120 MG TAB, 240 MG TAB, 320 MG TAB)	
LYNPARZA (100 MG TAB, 150 MG TAB)	
LYTGOBI	
MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)	
MEKTOVI	
NERLYNX	
NILOTINIB D-TARTRATE (50 MG CAP, 150 MG CAP, 200 MG CAP)	

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
nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)	
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	
ODOMZO	
OJEMDA (25 MG/ML RECON SUSP, 100 MG TAB)	
pazopanib hcl	
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)	
sorafenib tosylate	
STIVARGA	
sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)	
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	
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	

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
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)	
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	
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	
bexarotene 1 % gel	PA2
bexarotene 75 mg cap	
PANRETIN	
tretinoin 10 mg cap	
TREATMENT ADJUNCTS	
LEDERLE LEUCOVORIN	
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	
mesna 400 mg tab	
VONJO	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIPARASITICS	
ANTHELMINTICS	
albendazole	
IVERMECTIN (IVERMECTIN 3 MG TAB, IVERMECTIN 6 MG TAB)	
praziquantel	
ANTIPROTOZOALS	
atovaquone	
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	
chloroquine phosphate (chloroquine phosphate, chloroquine phosphate 250 mg tab, chloroquine phosphate 500 mg tab)	
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)	
IMPAVIDO	
mefloquine hcl	
nitazoxanide	
pentamidine isethionate	PA3
primaquine phosphate (primaquine phosphate, primaquine phosphate)	
pyrimethamine	
quinine sulfate	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	
trihexyphenidyl hcl (2 mg tab, 5 mg tab)	
ANTIPARKINSON AGENTS, OTHER	
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml 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
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)	
entacapone	
ONGENTYS (25 MG CAP, 50 MG CAP)	
tolcapone	
DOPAMINE AGONISTS	
apomorphine hcl	
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	
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)	
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)	
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)	
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)	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
carbidopa	
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)	
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)	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
rasagiline mesylate (0.5 mg tab, 1 mg tab)	
selegiline hcl (5 mg cap, 5 mg tab)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
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)	
fluphenazine decanoate	
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)	
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	
haloperidol decanoate (50 mg/ml, 100 mg/ml)	
haloperidol lactate (2 mg/ml conc, 5 mg/ml solution, 10 mg/5ml conc)	
loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)	
MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB)	
pimozide (1 mg tab, 2 mg tab)	
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	
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)	
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)	
ARISTADA (441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR, 1064 MG/3.9ML PRSYR)	
ARISTADA INITIO	
asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg tab)	
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
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)	
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)	
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
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)	
OPIPZA (2 MG FILM, 5 MG FILM, 10 MG FILM)	
paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 6 mg tab er, er 9 mg tab er)	
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	
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)	
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)	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	
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 3 mg tab, risperidone 3 mg tab disp, risperidone 4 mg tab, risperidone 4 mg tab disp)	
risperidone microspheres er (er 12.5 mg, er 25 mg, er 37.5 mg, er 50 mg)	
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	
UZEDY (50 MG/0.14ML SUSP PRSYR, 75 MG/0.21ML SUSP PRSYR, 100 MG/0.28ML SUSP PRSYR, 125 MG/0.35ML SUSP PRSYR, 150 MG/0.42ML SUSP PRSYR, 200 MG/0.56ML SUSP PRSYR, 250 MG/0.7ML SUSP PRSYR)	
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	

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
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	
ziprasidone mesylate	
ANTIPSYCHOTICS, OTHER	
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	
COBENFY STARTER PACK	
TREATMENT-RESISTANT	
clozapine (clozapine, clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)	
VERSACLOZ	
ANTISPASTICITY AGENTS	
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	
tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)	
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
LIVTENCITY	
PREVYMIS (240 MG TAB, 480 MG TAB)	
valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)	
ANTI-HEPATITIS B (HBV) AGENTS	
adefovir dipivoxil	
BARACLUDE 0.05 MG/ML SOLUTION	
entecavir (0.5 mg tab, 1 mg tab)	
lamivudine 100 mg tab	
ANTI-HEPATITIS C (HCV) AGENTS	
LEDIPASVIR-SOFOSBUVIR	PA1
MAVYRET 100-40 MG TAB	PA1
RIBAVIRIN (200 MG CAP, 200 MG TAB)	
SOFOSBUVIR-VELPATASVIR	PA1
SOVALDI 400 MG TAB	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
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	
EDURANT PED	
EFAVIRENZ (EFAVIRENZ, EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP)	
efavirenz-emtricitab-tenofo df	
efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir, efavirenz-lamivudine-tenofovir)	
emtricitab-rilpivir-tenofov df	
etravirine (100 mg tab, 200 mg tab)	
INTELENCE 25 MG TAB	
nevirapine (nevirapine, nevirapine)	
nevirapine er	
ODEFSEY	
PIFELTRO	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
abacavir sulfate (20 mg/ml solution, 300 mg tab)	
abacavir sulfate-lamivudine	

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
CIMDUO	
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	
emtricitabine	
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)	
EMTRIVA 10 MG/ML SOLUTION	
lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)	
lamivudine-zidovudine	
tenofovir disoproxil fumarate	
TRIUMEQ	
TRIUMEQ PD	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	
zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)	
ANTI-HIV AGENTS, OTHER	
maraviroc (150 mg tab, 300 mg tab)	
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	
atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)	
darunavir (600 mg tab, 800 mg tab)	
EVOTAZ	
fosamprenavir calcium	
KALETRA 400-100 MG/5ML SOLUTION	
lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab)	
NORVIR 100 MG PACKET	
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	
REYATAZ 50 MG PACKET	

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
ritonavir	
SYMTUZA	
VIRACEPT (250 MG TAB, 625 MG TAB)	
ANTI-INFLUENZA AGENTS	
oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)	
RELENZA DISKHALER	
ANTIHERPETIC AGENTS	
acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 400 mg/10ml suspension, 800 mg tab, 800 mg/20ml suspension)	
acyclovir sodium	PA3
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	
valacyclovir hcl (1 gm tab, 500 mg tab)	
ANTIVIRAL, CORONAVIRUS AGENTS	
LAGEVRIO	
PAXLOVID (150/100)	
PAXLOVID (300/100 & 150/100)	
PAXLOVID (300/100)	
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	
hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/12.5ml syrup, 50 mg tab, 50 mg/25ml syrup)	
HYDROXYZINE PAMOATE (HYDROXYZINE PAMOATE, HYDROXYZINE PAMOATE 25 MG CAP, HYDROXYZINE PAMOATE 50 MG CAP)	
BENZODIAZEPINES	
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)	
alprazolam er (er 0.5 mg tab er, er 1 mg tab er, er 2 mg tab er, er 3 mg tab er)	
ALPRAZOLAM INTENSOL	
alprazolam xr (0.5 mg tab er, 1 mg tab er, 2 mg tab er, 3 mg tab 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
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)	
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)	
diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)	
diazepam intensol	
lorazepam (0.5 mg tab, 1 mg tab, 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc)	
lorazepam intensol	
oxazepam (10 mg cap, 15 mg cap, 30 mg cap)	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
PAROXETINE HCL (PAROXETINE HCL, PAROXETINE HCL 10 MG TAB, PAROXETINE HCL 20 MG TAB, PAROXETINE HCL 30 MG TAB, PAROXETINE HCL 40 MG TAB)	
paroxetine hcl er (er 12.5 mg tab er, er 25 mg tab er, er 37.5 mg tab er)	
paroxetine mesylate	
VENLAFAXINE BESYLATE ER	
venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	
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)	
BIPOLAR AGENTS	
MOOD STABILIZERS	
lithium	
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)	
lithium carbonate er (er 300 mg tab er, er 450 mg tab er)	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	
GLIPIZIDE (GLIPIZIDE 2.5 MG TAB, GLIPIZIDE 5 MG TAB, GLIPIZIDE 10 MG TAB)	
glipizide er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)	
glipizide xl (2.5 mg tab er, 5 mg tab er, 10 mg tab er)	
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	
JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB)	
metformin hcl (500 mg tab, 625 mg tab, 850 mg tab, 1000 mg tab)	
metformin hcl er (er 500 mg tab er, er 750 mg tab er)	
metformin hcl er (mod) (er 500 mg tab er, er 1000 mg tab er)	
metformin hcl er (osm) (er 500 mg tab er, er 1000 mg tab er)	
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
nateglinide (60 mg tab, 120 mg tab)	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN	PA1
OZEMPIC (1 MG/DOSE)	PA1
OZEMPIC (2 MG/DOSE)	PA1
pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)	
pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)	
repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)	
saxagliptin-metformin er (er 2.5-1000 mg tab er, er 5-1000 mg tab er, er 5-500 mg tab er)	
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

GLYCEMIC AGENTS

BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
diazoxide	
GLUCAGEN HYPOKIT	

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
GLUCAGON EMERGENCY (GLUCAGON EMERGENCY, GLUCAGON EMERGENCY 1 MG RECON SOLN, GLUCAGON EMERGENCY 1 MG/ML RECON SOLN)	

INSULINS

FIASP	I
FIASP FLEXTOUCH	I
FIASP PENFILL	I
HUMALOG MIX 50/50 KWIKPEN	I
HUMALOG MIX 75/25	I
HUMULIN 70/30	I
HUMULIN 70/30 KWIKPEN	I
HUMULIN N	I
HUMULIN N KWIKPEN	I
HUMULIN R	I
HUMULIN R U-500 (CONCENTRATED)	I
HUMULIN R U-500 KWIKPEN	I
INSULIN GLARGINE	I
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	I
INSULIN LISPRO	I
INSULIN LISPRO (1 UNIT DIAL)	I
INSULIN LISPRO JUNIOR KWIKPEN	I
INSULIN LISPRO PROT & LISPRO	I
NOVOLIN 70/30	I
NOVOLIN 70/30 FLEXPEN	I
NOVOLIN 70/30 FLEXPEN RELION	I
NOVOLIN 70/30 RELION	I
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

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 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
INSULINS, LONG-ACTING	
INSULIN GLARGINE-YFGN (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	I
BLOOD PRODUCTS AND MODIFIERS	
ANTICOAGULANTS	
dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)	
ELIQUIS (2.5 MG TAB, 5 MG TAB)	
ELIQUIS DVT/PE STARTER PACK	
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)	
fondaparinux sodium (2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml)	
heparin sodium (porcine) (1000 unit/ml, 10000 unit/ml)	PA3
heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)	
heparin sodium (porcine) pf 1000 unit/ml solution	PA3
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)	
XARELTO (1 MG/ML RECON SUSP, 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	
XARELTO STARTER PACK	
BLOOD PRODUCTS AND MODIFIERS, OTHER	
anagrelide hcl (0.5 mg cap, 1 mg cap)	

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
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
eltrombopag olamine (12.5 mg packet, 12.5 mg tab, 25 mg packet, 25 mg tab, 50 mg tab, 75 mg tab)	
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	
tranexamic acid 650 mg tab	
PLATELET MODIFYING AGENTS	
aspirin-dipyridamole er	
cilostazol (50 mg tab, 100 mg tab)	
clopidogrel bisulfate 75 mg tab	
ticagrelor (60 mg tab, 90 mg tab)	ST
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	
droxidopa (100 mg cap, 200 mg cap, 300 mg cap)	
guanfacine hcl (1 mg tab, 2 mg tab)	
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	
ALPHA-ADRENERGIC BLOCKING AGENTS	
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	

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
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	
ANTIARRHYTHMICS	
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	
digox (125 mcg tab, 250 mcg tab)	
digoxin (digoxin, digoxin 0.05 mg/ml solution, digoxin 125 mcg tab, digoxin 250 mcg tab)	
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	
propafenone hcl er (er 225 mg cap er, er 325 mg cap er, er 425 mg cap er)	
quinidine gluconate er	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	
sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)	
BETA-ADRENERGIC BLOCKING AGENTS	
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	
bisoprolol fumarate (5 mg tab, 10 mg tab)	
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	
metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)	
metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	
pindolol (5 mg tab, 10 mg tab)	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	
nifedipine er (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)	
nifedipine er osmotic release (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)	
nimodipine	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	
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)	
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)	
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)	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	
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)	
CARDIOVASCULAR AGENTS, OTHER	
acetazolamide (125 mg tab, 250 mg tab)	
aliskiren fumarate (150 mg tab, 300 mg tab)	
AMILORIDE-HYDROCHLOROTHIAZIDE (AMILORIDE-HYDROCHLOROTHIAZIDE, AMILORIDE-HYDROCHLOROTHIAZIDE)	
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)	
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	
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)	
atenolol-chlorthalidone (50-25 mg tab, 100-25 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
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK, 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	
ivabradine hcl (5 mg tab, 7.5 mg tab)	
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	
losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	
metyrosine	
pentoxifylline er	
ranolazine er (er 500 mg tab er, er 1000 mg tab er)	
spironolactone-hctz	
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	
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)	
DIURETICS, LOOP	
bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)	
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)	
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	
DIURETICS, POTASSIUM-SPARING	
amiloride hcl	
triamterene (50 mg cap, 100 mg cap)	
DIURETICS, THIAZIDE	
chlorthalidone (25 mg tab, 50 mg tab)	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	
indapamide (1.25 mg tab, 2.5 mg tab)	
metolazone (2.5 mg tab, 5 mg tab, 10 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
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)	
fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)	
fenofibric acid (45 mg cap dr, 135 mg cap dr)	
gemfibrozil	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	
simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	
DYSLIPIDEMICS, OTHER	
cholestyramine (4 gm packet, 4 gm/dose powder)	
cholestyramine light (4 gm packet, 4 gm/dose powder)	
colesevelam hcl (3.75 gm packet, 625 mg tab)	
ezetimibe	
icosapent ethyl (0.5 gm cap, 1 gm cap)	
JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP)	PA1
NEXLETOL	PA1
niacin er (antihyperlipidemic) (er 500 mg tab er, er 750 mg tab er, er 1000 mg tab er)	
omega-3-acid ethyl esters	
REPATHA	
REPATHA SURECLICK	
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)	

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-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)	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)	
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 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
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)	
guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)	
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)	
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)	
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)	
METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER 20 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 24H, METHYLPHENIDATE HCL ER 36 MG TAB ER 24H, METHYLPHENIDATE HCL ER 54 MG TAB ER 24H, METHYLPHENIDATE HCL ER 10 MG TAB ER, METHYLPHENIDATE HCL ER 18 MG TAB ER, METHYLPHENIDATE HCL ER 27 MG TAB ER, METHYLPHENIDATE HCL ER 36 MG TAB ER)	
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)	
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)	
METHYLPHENIDATE HCL ER(DIFFUS) (METHYLPHENIDATE HCL ER(DIFFUS) 27 MG TAB ER, METHYLPHENIDATE HCL ER(DIFFUS) 27 MG TAB ER, METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB ER, METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB ER, METHYLPHENIDATE HCL ER(DIFFUS) 54 MG TAB ER, METHYLPHENIDATE HCL ER(DIFFUS) 54 MG TAB ER)	
CENTRAL NERVOUS SYSTEM, OTHER	
NUEDEXTA	PA1
riluzole	
tetrabenazine (12.5 mg tab, 25 mg tab)	
VEOZAH	
FIBROMYALGIA AGENTS	
DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR)	PA2

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
duloxetine hcl (20 mg dr, 30 mg dr, 40 mg dr, 60 mg dr)	
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)	
MULTIPLE SCLEROSIS AGENTS	
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
dalfampridine er	PA1
dimethyl fumarate (120 mg cap dr, 240 mg cap dr)	
dimethyl fumarate starter pack	
glatiramer acetate (20 mg/ml soln, 40 mg/ml soln)	
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	
teriflunomide (7 mg tab, 14 mg tab)	
ZEPOSIA	
ZEPOSIA 7-DAY STARTER PACK	
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	
DENTAL AND ORAL AGENTS	
chlorhexidine gluconate 0.12 % solution	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	
triamcinolone acetonide 0.1 % paste	
DERMATOLOGICAL AGENTS	
ACNE AND ROSACEA AGENTS	
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	
benzoyl peroxide-erythromycin	
isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)	

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
tazarotene (tazarotene, tazarotene 0.05 % cream, tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)	
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)	
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	
ammonium lactate (12 % cream, 12 % lotion)	
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	
betamethasone dipropionate aug (betamethasone dipropionate aug, betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % ointment)	
betamethasone valerate (betamethasone valerate, betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.12 % foam)	
clobetasol prop emollient base	
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)	
clobetasol propionate e	
clobetasol propionate emulsion	
desonide (0.05 % cream, 0.05 % ointment)	
doxepin hcl 5 % cream	
EUCRISA	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)	
fluocinonide emulsified base	
FLUTICASONE PROPIONATE (FLUTICASONE PROPIONATE, FLUTICASONE PROPIONATE 0.005 % OINTMENT, FLUTICASONE PROPIONATE 0.05 % CREAM, FLUTICASONE PROPIONATE 0.05 % LOTION)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)	
hydrocortisone (perianal)	
hydrocortisone valerate (0.2 % cream, 0.2 % ointment)	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	
pimecrolimus	
procto-med hc	
proctosol hc	
proctozone-hc	
selenium sulfide (selenium sulfide 2.5 % lotion, selenium sulfide 2.5 % lotion)	
tacrolimus (0.03 %, 0.1 %)	
triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream, triamcinolone acetonide 0.5 % ointment, triamcinolone acetonide 0.025 % lotion)	
DERMATOLOGICAL AGENTS, OTHER	
CALCIPOTRIENE (CALCIPOTRIENE 0.005 % OINTMENT, CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE 0.005 % CREAM, CALCIPOTRIENE 0.005 % SOLUTION)	
clotrimazole-betamethasone (clotrimazole-betamethasone, clotrimazole-betamethasone 1-0.05 % cream, clotrimazole-betamethasone 1-0.05 % lotion)	
diclofenac sodium 3 % gel	PA1
FLUOROURACIL (FLUOROURACIL, FLUOROURACIL 5 % CREAM, FLUOROURACIL 5 % SOLUTION)	
imiquimod (3.75 %, 5 %)	
imiquimod pump	
METHOXSALEN RAPID	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	
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	
silver sulfadiazine	
ssd	
ssd (silver sulfadiazine)	
PEDICULICIDES/SCABICIDES	
malathion	
PERMETHRIN (PERMETHRIN, PERMETHRIN)	
TOPICAL ANTI-INFECTIVES	
acyclovir (5 % cream, 5 % ointment)	
ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)	
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	
clindamycin phos (once-daily)	
clindamycin phos (twice-daily)	
clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)	
ERY	
ERYTHROMYCIN (ERYTHROMYCIN 2 % GEL, ERYTHROMYCIN 2 % GEL, ERYTHROMYCIN 2 % SOLUTION)	
mupirocin	
mupirocin calcium	
ELECTROLYTES/MINERALS/METALS/VITAMINS	
ELECTROLYTE/MINERAL REPLACEMENT	
carglumic acid	
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
clinisol sf	PA3
dextrose (dextrose 10 % solution, dextrose 5 % solution, dextrose 5 % solution, dextrose 10 % solution)	
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	
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)	
KCL-LACTATED RINGERS-D5W	
magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)	
nafrinse	
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)	
potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)	
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)	
potassium chloride in dextrose	
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)	
potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	
PREMASOL	PA3
PROSOL	PA3
sodium chloride (pf)	
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	
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)	
deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)	
deferiprone (500 mg tab, 1000 mg tab)	
FERRIPROX 100 MG/ML SOLUTION	
JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	
tolvaptan (15 mg tab, 30 mg tab)	
tolvaptan (hyponatremia) (15 mg tab, 30 mg tab)	
trientine hcl (trientine hcl, trientine hcl)	
POTASSIUM BINDERS	
LOKELMA (5 GM PACKET, 10 GM PACKET)	
sodium polystyrene sulfonate powder	
sps (sodium polystyrene sulf) (sps (sodium polystyrene sulf), sps (sodium polystyrene sulf))	
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-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITALARA	
VITAMEDMD ONE RX/QUATREFOLIC	
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATHELY WITH GINGER	
VITATRUE	
VIVA DHA	
VP-PNV-DHA	
WESCAP-C DHA	
WESCAP-PN DHA	
WESNATAL DHA COMPLETE	
WESNATE DHA	

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
WESTAB PLUS	
WESTGEL DHA	
ZALVIT	
ZATEAN-PN DHA	
ZIPHEX	

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

constulose	
enulose	
generlac	
lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)	
lactulose encephalopathy	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	
lubiprostone (8 mcg cap, 24 mcg cap)	
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

alosetron hcl (0.5 mg tab, 1 mg tab)	
diphenoxylate-atropine (diphenoxylate-atropine, diphenoxylate-atropine)	
loperamide hcl 2 mg cap	
XERMELO	

ANTISPASMODICS, GASTROINTESTINAL

dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution)	
glycopyrrolate (glycopyrrolate 1.5 mg tab, glycopyrrolate 0.5 mg/2.5ml solution, glycopyrrolate 1 mg tab, glycopyrrolate 1 mg/5ml solution, glycopyrrolate 2 mg tab)	

GASTROINTESTINAL AGENTS, OTHER

GATTEX	PA1
peg 3350-kcl-na bicarb-nacl	
peg-3350/electrolytes	
peg-3350/electrolytes/ascorbat	

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
peg-kcl-nacl-nasulf-na asc-c	
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	
famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)	
NIZATIDINE (NIZATIDINE, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	
PROTECTANTS	
sucralfate 1 gm tab	
PROTON PUMP INHIBITORS	
esomeprazole magnesium (10 mg packet, 20 mg cap dr, 20 mg packet, 40 mg cap dr, 40 mg packet)	
lansoprazole (15 mg cap dr, 15 mg tab dr disp, 30 mg cap dr, 30 mg tab dr disp)	
omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)	
pantoprazole sodium (20 mg tab dr, 40 mg packet, 40 mg tab dr)	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	PA3
betaine	
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)	
cromolyn sodium 100 mg/5ml conc	
CYSTAGON (50 MG CAP, 150 MG CAP)	
CYSTARAN	
GLASSIA (4 GM/200ML SOLUTION, 5 GM/250ML SOLUTION, 1000 MG/50ML SOLUTION)	PA3
glycerol phenylbutyrate	
l-glutamine 5 gm packet	

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
miglustat	
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 25 mg tab er, er 50 mg tab er)	
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

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
tamsulosin hcl	
GENITOURINARY AGENTS, OTHER	
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	
ELMIRON	
penicillamine (250 mg cap, 250 mg tab)	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	
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)	
fludrocortisone acetate	
HEMADY 20 MG TAB	
methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)	
prednisolone 15 mg/5ml solution	
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)	
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)	
desmopressin ace spray refrig	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	
desmopressin acetate spray (desmopressin acetate spray, desmopressin acetate spray)	
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 MINIQUICK (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)	
misoprostol (100 mcg tab, 200 mcg tab)	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	
ANDROGENS	
danazol (50 mg cap, 100 mg cap, 200 mg cap)	
testosterone (testosterone 1.62 % gel, testosterone 12.5 mg/act (1%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 30 mg/act solution, testosterone 40.5 mg/2.5gm (1.62%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 50 mg/5gm (1%) gel)	
testosterone cypionate (testosterone cypionate, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)	
TESTOSTERONE ENANTHATE	
ESTROGENS	
cryselle	
cryselle-28	
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 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
estradiol (0.01 % cream, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)	
estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	
estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)	
ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)	
etonogestrel-ethinyl estradiol	
hailey fe 1/20	
jaimiess	
levonorg-eth estrad triphasic	
levonorgest-eth est & eth est	
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)	
levonorgest-eth estradiol-iron	
levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 90-20 mcg tab)	
norelgestromin-eth estradiol	
norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab)	
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	
norethindron-ethinyl estrad-fe	
norethindrone acet-ethinyl est 1-20 mg-mcg tab	
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	
norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)	
norgestimate-eth estradiol (0.18/0.215/0.25 mg-25 mcg tab, 0.25-35 mg-mcg tab)	
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)	
tri-legest fe	
viorele	
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
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)	
megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	
MIRENA (52 MG)	
NEXPLANON	
norethindrone	
progesterone (100 mg cap, 200 mg cap)	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	
raloxifene hcl	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	
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)	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	
cabergoline	
ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT)	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
leuprolide acetate	
LEUPROLIDE ACETATE (3 MONTH)	
LUPRON DEPOT	PA3
mifepristone 300 mg tab	PA1
octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml)	
ORGOVYX	
RECORLEV	
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	
SYNAREL	
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
methimazole (5 mg tab, 10 mg tab)	
propylthiouracil	
IMMUNOLOGICAL AGENTS	
ANGIOEDEMA AGENTS	
CINRYZE	PA1
icatibant acetate	
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)	

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
SKYRIZI PEN	
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	
TREMFYA (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN PRSYR)	
TREMFYA ONE-PRESS	
TREMFYA PEN (PEN 100 MG/ML SOLN A-INJ, PEN 200 MG/2ML SOLN A-INJ)	
TREMFYA-CD/UC INDUCTION	
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
VELSIPITY	
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	PA1
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	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)	
ASTAGRAF XL (0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H)	PA3
azathioprine (50 mg tab, 75 mg tab, 100 mg tab)	PA3
cyclosporine (25 mg cap, 100 mg cap)	PA3
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	PA3
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	
ENBREL MINI	
ENBREL SURECLICK	
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	PA3
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)	PA3
leflunomide (10 mg tab, 20 mg tab)	
METHOTREXATE SODIUM (METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 250 MG/10ML SOLUTION, METHOTREXATE SODIUM 2.5 MG TAB)	
methotrexate sodium (pf) 50 mg/2ml solution	
mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)	PA3
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	PA3
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	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)	
sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)	PA3
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	PA3
XATMEP	

VACCINES

ABRYSVO	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
ACTHIB	V
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, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	V
DAPTACEL	
ENGERIX-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	
PEDVAX HIB	V
PENBRAYA	V
PENMENVY	V
PENTACEL	
PRIORIX	V
PROQUAD	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	

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
RABAVERT	V
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	
YF-VAX	V

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

balsalazide disodium	
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)	
mesalamine er (er 0.375 gm cap er 24h, er 500 mg cap er)	
mesalamine-cleanser	
PENTASA 250 MG CAP ER	
sulfasalazine (500 mg tab, 500 mg tab dr)	

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
GLUCOCORTICOIDS	
budesonide 3 mg cp dr part	
budesonide er	
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)	
METABOLIC BONE DISEASE AGENTS	
alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)	
BILDYOS	
BILPREVDA	PA1
calcitonin (salmon) 200 unit/act solution	
calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)	
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	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)	
ibandronate sodium 150 mg tab	
JUBBONTI	
teriparatide (teriparatide, teriparatide)	PA1
TYMLOS	PA1
WYOST	PA1
MISCELLANEOUS THERAPEUTIC AGENTS	
alcohol swabs	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	
BRONCHITOL	
BRONCHITOL TOLERANCE TEST	
gauze pads & dressings	
insulin pen needle	
insulin syringe, safety or non-safety (disp) u-100 0.3 ml	
insulin syringe, safety or non-safety (disp) u-100 1 ml	
insulin syringe, safety or non-safety (disp) u-100 1/2 ml	
insulin syringe, safety or non-safety (disp) u-500 1/2 ml	

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
needles, insulin disp., safety	
OPHTHALMIC AGENTS	
OPHTHALMIC AGENTS, OTHER	
ak-poly-bac	
atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)	
BACITRA-NEOMYCIN-POLYMYXIN-HC (BACITRA-NEOMYCIN-POLYMYXIN-HC, BACITRA-NEOMYCIN-POLYMYXIN-HC)	
bacitracin-polymyxin b (bacitracin-polymyxin b, bacitracin-polymyxin b)	
brimonidine tartrate-timolol	
cyclosporine (pf)	
dorzolamide hcl-timolol mal (2, 22.3-6.8 mg/ml)	
dorzolamide hcl-timolol mal pf	
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)	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	
NEOMYCIN-POLYMYXIN-HC	
RESTASIS MULTIDOSE	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	
TOBRADEX 0.3-0.1 % OINTMENT	
tobramycin-dexamethasone	
XDEMVY	
OPHTHALMIC ANTI-ALLERGY AGENTS	
azelastine hcl 0.05 % solution	
CROMOLYN SODIUM (CROMOLYN SODIUM, CROMOLYN SODIUM 4 % SOLUTION)	
OPHTHALMIC ANTI-INFECTIVES	
AZASITE	
ciprofloxacin hcl 0.3 % solution	
ERYTHROMYCIN (ERYTHROMYCIN 5 MG/GM OINTMENT, ERYTHROMYCIN 5 MG/GM OINTMENT)	
gatifloxacin	

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

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

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
timolol maleate (once-daily)	
timolol maleate ocudose	
timolol maleate pf (0.25 %, 0.5 %)	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
acetazolamide er	
brimonidine tartrate (0.1 %, 0.15 %, 0.2 %)	
dorzolamide hcl	
methazolamide (25 mg tab, 50 mg tab)	
pilocarpine hcl (1 %, 2 %, 4 %)	
RHOPRESSA	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
bimatoprost 0.03 % solution	
latanoprost	
travoprost (bak free)	
OTIC AGENTS	
CIPRO HC 0.2-1 % SUSPENSION	
ciprofloxacin hcl 0.2 % solution	
ciprofloxacin-dexamethasone	
hydrocortisone-acetic acid	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)	
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	PA3
flunisolide	
FLUTICASONE FUROATE ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	
fluticasone propionate 50 mcg/act suspension	

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
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA, FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	
PULMICORT FLEXHALER	
ANTIHISTAMINES	
azelastine hcl (0.1 %, 137 mcg/spray)	
CLEMASTINE FUMARATE	
desloratadine	
levocetirizine dihydrochloride 5 mg tab	
ANTILEUKOTRIENES	
montelukast sodium 10 mg tab	
zafirlukast (10 mg tab, 20 mg tab)	
zileuton er	
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA	
INCRUSE ELLIPTA	
ipratropium bromide (0.03 %, 0.06 %)	
ipratropium bromide 0.02 % solution	PA3
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	
tiotropium bromide	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)	
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)	PA3
albuterol sulfate hfa (albuterol sulfate hfa, albuterol sulfate hfa)	
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)	QL (2 PER 30 OVER TIME)
levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)	PA3
LEVALBUTEROL TARTRATE	

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

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SEREVENT DISKUS	
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)	
tobramycin (300 mg/4ml soln, 300 mg/5ml soln)	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	
cromolyn sodium 20 mg/2ml nebu soln	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
roflumilast (250 mcg tab, 500 mcg tab)	
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	
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)	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	PA1
ambrisentan (5 mg tab, 10 mg tab)	
OPSUMIT	PA1
sildenafil citrate 20 mg tab	PA2
tadalafil (pah)	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

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
PULMONARY FIBROSIS AGENTS	
nintedanib esylate (100 mg cap, 150 mg cap)	
pirfenidone (pirfenidone, pirfenidone 267 mg cap, pirfenidone 267 mg tab, pirfenidone 801 mg tab)	
RESPIRATORY TRACT AGENTS, OTHER	
acetylcysteine (10 %, 20 %)	PA3
budesonide-formoterol fumarate (80-4.5 mcg/act, 160-4.5 mcg/act)	
COMBIVENT RESPIMAT	
FLUTICASONE FUROATE-VILANTEROL (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	
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)	
ipratropium-albuterol	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	
cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)	
methocarbamol (500 mg tab, 750 mg tab)	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
doxepin hcl (3 mg tab, 6 mg tab)	
HETLIOZ LQ	PA1
ramelteon	
tasimelteon	PA1
temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)	

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
triazolam (0.125 mg tab, 0.25 mg tab)	
zaleplon (5 mg cap, 10 mg cap)	
zolpidem tartrate (5 mg tab, 10 mg tab)	
zolpidem tartrate er (er 6.25 mg tab er, er 12.5 mg tab er)	
WAKEFULNESS PROMOTING AGENTS	
modafinil (100 mg tab, 200 mg tab)	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.

Index of Covered Drugs

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

2026 List of Additional Covered Products

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

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

This formulary was updated on 7/1/2026.

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.

Community Care