



Family Care Partnership

# Formulary

## 2025 List of Covered Drugs FOR PEOPLE ENROLLED IN MEDICARE

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

HPMS approved formulary file submission ID 00025393, Version 13

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

This formulary was updated on 6/1/2025.



For help or information:

[www.communitycareinc.org](http://www.communitycareinc.org)

Call toll free: 866-992-6600

TTY, the Wisconsin Relay System at 711

## Introduction

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

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## A. Disclaimers

This is a list of drugs that members can get in Community Care.

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.
- ❖ 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. This call is free.

**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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-

992-6600 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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

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

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

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

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

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

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

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

Irà encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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

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

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

### **Community Care:**

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

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

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

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## B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts in section C, page 14 are the drugs covered by Community Care. 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.”

- Community Care 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 agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a Community Care 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 are 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 is not 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 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 will send you information about the specific change we made once it happens.
  - We can make these changes only if the drug we are 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 will 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.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off



the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will 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 will 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 is not 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 will:

- 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 is 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 may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Community Care limits the amount of a drug you can get.
- **Step therapy:** Sometimes Community Care requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You

might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

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

**You can ask for an exception from these limits.** This will give you time to talk to your doctor or other prescriber. They can help you decide if there is 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 List of Drugs by Drug Type in section C, page 14 has a column labeled "Necessary actions, restrictions, or limits on use."

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

In some cases, we will 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 79. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search by drug type, find the section C, page 14 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 is not 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 will not 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 to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

### **B9. What if I am a new Community Care 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 are a member of Community Care. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is 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 will allow multiple refills to provide up to a maximum of 34 days of medication.

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

- you are taking a drug that is not on our *Drug List*, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Community Care, **or**
- you are taking a drug that is part of a step therapy restriction

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

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

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 to make an exception to cover a drug that is not on the *Drug List*.

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

- For example, Community Care may limit the amount of a drug we will 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 provider to help you ask for an exception. You can also read **Chapter 8** section 7.2 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 will 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 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 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. What is my copay?**

Community Care members have \$0 for prescription as long as the member follows the plan’s rules. Refer to questions B15 for more information about OTC drugs.

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

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

### **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, ENTRESTO). The information in the “Necessary actions, restrictions, or limits on use” column tells you if Community Care has any rules for covering your drug.

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## LEGEND

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

# List of Drugs by Drug Type

| DRUG                                                                                                                                                                                               | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>ANALGESICS</b>                                                                                                                                                                                  |                                                         |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>                                                                                                                                                        |                                                         |
| <i>celecoxib cap 50 mg, cap 100 mg, cap 200 mg, cap 400 mg</i>                                                                                                                                     |                                                         |
| DICLOFENAC EPOLAMINE                                                                                                                                                                               | PA                                                      |
| <i>diclofenac potassium tab 25 mg, tab 50 mg</i>                                                                                                                                                   |                                                         |
| <i>diclofenac sodium (topical) soln 1.5%</i>                                                                                                                                                       |                                                         |
| <i>diclofenac sodium tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg</i>                                                                       |                                                         |
| <i>etodolac</i>                                                                                                                                                                                    |                                                         |
| <i>ibuprofen susp 100 mg/5ml, tab 400 mg, tab 600 mg, tab 800 mg</i>                                                                                                                               |                                                         |
| <i>indomethacin cap 25 mg, cap 50 mg, cap er 75 mg</i>                                                                                                                                             |                                                         |
| <i>meloxicam tab 7.5 mg, tab 15 mg</i>                                                                                                                                                             |                                                         |
| <i>nabumetone tab 500 mg, tab 750 mg</i>                                                                                                                                                           |                                                         |
| <i>naproxen susp 125 mg/5ml, tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg</i>                                                                                                  |                                                         |
| <i>sulindac tab 150 mg, tab 200 mg</i>                                                                                                                                                             |                                                         |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>                                                                                                                                                              |                                                         |
| <i>fentanyl</i>                                                                                                                                                                                    |                                                         |
| <i>methadone hcl methadone hcl 5 mg/5ml solution, methadone hcl 10 mg/5ml solution, methadone hcl soln 5 mg/5ml, methadone hcl soln 10 mg/5ml, methadone hcl tab 5 mg, methadone hcl tab 10 mg</i> |                                                         |
| <i>morphine sulfate tab er 15 mg, tab er 30 mg, tab er 60 mg, tab er 100 mg, tab er 200 mg</i>                                                                                                     |                                                         |
| OXYCONTIN                                                                                                                                                                                          |                                                         |
| TRAMADOL HCL ER                                                                                                                                                                                    |                                                         |
| <i>tramadol hcl er (biphasic)</i>                                                                                                                                                                  |                                                         |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                                                                                                                                                             |                                                         |
| <i>acetaminophen w/ codeine</i>                                                                                                                                                                    |                                                         |
| ACETAMINOPHEN-CODEINE                                                                                                                                                                              |                                                         |
| CODEINE SULFATE CODEINE SULFATE 15 MG TAB, CODEINE SULFATE 30 MG TAB, CODEINE SULFATE 60 MG TAB, CODEINE SULFATE TAB 30 MG                                                                         |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                                                                      | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>hydrocodone-acetaminophen -soln 7.5-325 mg/15ml, -tab 5-325 mg, -<br/>tab 7.5-325 mg, -tab 10-325 mg</i>                                                                                                                                                                                                                                               |                                                         |
| HYDROMORPHONE HCL PF 10 MG/ML SOLUTION                                                                                                                                                                                                                                                                                                                    |                                                         |
| <i>hydromorphone hcl preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4<br/>mg, tab 8 mg</i>                                                                                                                                                                                                                                                            |                                                         |
| MORPHINE SULFATE (CONCENTRATE)                                                                                                                                                                                                                                                                                                                            |                                                         |
| MORPHINE SULFATE MORPHINE SULFATE 10 MG/5ML<br>SOLUTION, MORPHINE SULFATE 15 MG TAB, MORPHINE<br>SULFATE 20 MG/5ML SOLUTION, MORPHINE SULFATE 30 MG<br>TAB, MORPHINE SULFATE ORAL SOLN 10 MG/5ML, MORPHINE<br>SULFATE ORAL SOLN 20 MG/5ML, MORPHINE SULFATE ORAL<br>SOLN 100 MG/5ML (20 MG/ML), MORPHINE SULFATE TAB 15 MG,<br>MORPHINE SULFATE TAB 30 MG |                                                         |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml), soln 5 mg/5ml, tab 5 mg,<br/>tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg</i>                                                                                                                                                                                                                                  |                                                         |
| <i>oxycodone w/ acetaminophen</i>                                                                                                                                                                                                                                                                                                                         |                                                         |
| OXYCODONE-ACETAMINOPHEN -5-325 MG/5ML SOLUTION                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>tramadol hcl tab 50 mg, tab 100 mg</i>                                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>tramadol-acetaminophen</i>                                                                                                                                                                                                                                                                                                                             |                                                         |
| <b>ANESTHETICS</b>                                                                                                                                                                                                                                                                                                                                        |                                                         |
| <b>LOCAL ANESTHETICS</b>                                                                                                                                                                                                                                                                                                                                  |                                                         |
| <i>lidocaine hcl (mouth-throat)</i>                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>lidocaine hcl soln 4%</i>                                                                                                                                                                                                                                                                                                                              |                                                         |
| <i>lidocaine oint 5%</i>                                                                                                                                                                                                                                                                                                                                  |                                                         |
| <i>lidocaine patch 5%</i>                                                                                                                                                                                                                                                                                                                                 | PA                                                      |
| <i>lidocaine-prilocaine</i>                                                                                                                                                                                                                                                                                                                               |                                                         |
| <b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>                                                                                                                                                                                                                                                                                                    |                                                         |
| <b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>                                                                                                                                                                                                                                                                                                                    |                                                         |
| <i>acamprosate calcium</i>                                                                                                                                                                                                                                                                                                                                |                                                         |
| <i>disulfiram tab 250 mg, tab 500 mg</i>                                                                                                                                                                                                                                                                                                                  |                                                         |
| <b>OPIOID DEPENDENCE</b>                                                                                                                                                                                                                                                                                                                                  |                                                         |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i>                                                                                                                                                                                                                                                                                                         |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.



| DRUG                                                                                                                                                                                                                    | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i>                                                                                                                                                                       |                                                         |
| <i>buprenorphine hcl-naloxone hcl dihydrate</i>                                                                                                                                                                         |                                                         |
| <i>naltrexone hcl tab 50 mg</i>                                                                                                                                                                                         |                                                         |
| <b>OPIOID REVERSAL AGENTS</b>                                                                                                                                                                                           |                                                         |
| NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL INJ 0.4 MG/ML, NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML                                                              |                                                         |
| OPVEE                                                                                                                                                                                                                   |                                                         |
| <b>SMOKING CESSATION AGENTS</b>                                                                                                                                                                                         |                                                         |
| <i>bupropion hcl (smoking deterrent)</i>                                                                                                                                                                                |                                                         |
| <i>varenicline tartrate</i>                                                                                                                                                                                             | PA                                                      |
| <b>ANTIBACTERIALS</b>                                                                                                                                                                                                   |                                                         |
| <b>AMINOGLYCOSIDES</b>                                                                                                                                                                                                  |                                                         |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>                                                                                                                                                                      |                                                         |
| ARIKAYCE                                                                                                                                                                                                                |                                                         |
| <i>gentamicin in saline gentamicin in saline 0.8-0.9 mg/ml-% solution, gentamicin in saline 1-0.9 mg/ml-% solution, gentamicin in saline 1.6-0.9 mg/ml-% solution, gentamicin in saline inj 1.2 mg/ml</i>               |                                                         |
| <i>gentamicin sulfate (topical)</i>                                                                                                                                                                                     |                                                         |
| <i>gentamicin sulfate inj 40 mg/ml</i>                                                                                                                                                                                  |                                                         |
| <i>neomycin sulfate tab 500 mg</i>                                                                                                                                                                                      |                                                         |
| STREPTOMYCIN SULFATE 1 GM RECON SOLN                                                                                                                                                                                    |                                                         |
| <i>tobramycin sulfate tobramycin sulfate 10 mg/ml solution, tobramycin sulfate for inj 1.2 gm, tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv), tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i> |                                                         |
| <b>ANTIBACTERIALS, OTHER</b>                                                                                                                                                                                            |                                                         |
| <i>acetic acid (otic)</i>                                                                                                                                                                                               |                                                         |
| <i>aztreonam</i>                                                                                                                                                                                                        |                                                         |
| CLEOCIN 100 MG SUPPOS                                                                                                                                                                                                   |                                                         |
| <i>clindamycin hcl cap 75 mg, cap 150 mg, cap 300 mg</i>                                                                                                                                                                |                                                         |
| <i>clindamycin palmitate hydrochloride</i>                                                                                                                                                                              |                                                         |
| <i>clindamycin phosphate 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>                                                                                                                                                         |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                       | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>clindamycin phosphate in d5w</i>                                                                                                                                        |                                                         |
| <i>clindamycin phosphate vaginal</i>                                                                                                                                       |                                                         |
| <i>colistimethate sodium for inj 150 mg (colistin base activity)</i>                                                                                                       |                                                         |
| <i>daptomycin daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin for iv soln 350 mg, daptomycin for iv soln 500 mg</i>                                 |                                                         |
| <i>fosfomycin tromethamine</i>                                                                                                                                             |                                                         |
| <i>linezolid</i>                                                                                                                                                           |                                                         |
| <i>methenamine hippurate</i>                                                                                                                                               |                                                         |
| <i>metronidazole (topical)</i>                                                                                                                                             |                                                         |
| <i>metronidazole metronidazole 500 mg/100ml solution, metronidazole cap 375 mg, metronidazole iv soln 500 mg/100ml, metronidazole tab 250 mg, metronidazole tab 500 mg</i> |                                                         |
| <i>metronidazole vaginal</i>                                                                                                                                               |                                                         |
| <i>nitrofurantoin macrocrystal</i>                                                                                                                                         |                                                         |
| <i>nitrofurantoin monohyd macro</i>                                                                                                                                        |                                                         |
| <i>polymyxin b sulfate for inj 500000 unit</i>                                                                                                                             |                                                         |
| SIVEXTRO                                                                                                                                                                   |                                                         |
| <i>tigecycline tigecycline 50 mg recon soln, tigecycline for iv soln 50 mg</i>                                                                                             |                                                         |
| <i>tinidazole tab 250 mg, tab 500 mg</i>                                                                                                                                   |                                                         |
| TRIMETHOPRIM TRIMETHOPRIM 100 MG TAB, TRIMETHOPRIM TAB 100 MG                                                                                                              |                                                         |
| VANCOMYCIN HCL IN DEXTROSE                                                                                                                                                 |                                                         |
| VANCOMYCIN HCL IN NACL                                                                                                                                                     |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

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

VANCOMYCIN HCL VANCOMYCIN HCL 1 GM RECON SOLN, VANCOMYCIN HCL 1.25 GM RECON SOLN, VANCOMYCIN HCL 1.5 GM RECON SOLN, VANCOMYCIN HCL 5 GM RECON SOLN, VANCOMYCIN HCL 10 GM RECON SOLN, VANCOMYCIN HCL 100 GM RECON SOLN, VANCOMYCIN HCL 250 MG RECON SOLN, VANCOMYCIN HCL 500 MG RECON SOLN, VANCOMYCIN HCL 500 MG/100ML SOLUTION, VANCOMYCIN HCL 750 MG RECON SOLN, VANCOMYCIN HCL 750 MG/150ML SOLUTION, VANCOMYCIN HCL 1000 MG/200ML SOLUTION, VANCOMYCIN HCL 1250 MG/250ML SOLUTION, VANCOMYCIN HCL 1500 MG/300ML SOLUTION, VANCOMYCIN HCL 1750 MG/350ML SOLUTION, VANCOMYCIN HCL 2000 MG/400ML SOLUTION, VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT), VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 1 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 1.25 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 1.5 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 5 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 10 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 500 MG (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 750 MG (BASE EQUIVALENT), VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT), VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)

XIFAXAN

**BETA-LACTAM, CEPHALOSPORINS**

*cefadroxil cefadroxil 1 gm tab, cefadroxil cap 500 mg, cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml*

CEFAZOLIN SODIUM CEFAZOLIN SODIUM 1 GM RECON SOLN, CEFAZOLIN SODIUM FOR INJ 1 GM, CEFAZOLIN SODIUM FOR INJ 10 GM, CEFAZOLIN SODIUM FOR INJ 500 MG

*cefdinir*

*cefepime hcl inj 1 gm, iv soln 2 gm*

*cefixime*

*cefoxitin sodium*

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

*cefprozil*

CEFTAZIDIME CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME FOR INJ 1 GM, CEFTAZIDIME FOR IV SOLN 2 GM

*ceftriaxone sodium inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm*

*cefuroxime axetil*

*cefuroxime sodium*

*cephalexin*

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>doxycycline hyclate 80 mg tab dr, doxycycline hyclate cap 50 mg, doxycycline hyclate cap 100 mg, doxycycline hyclate for inj 100 mg, doxycycline hyclate tab 20 mg, doxycycline hyclate tab 50 mg, doxycycline hyclate tab 75 mg, doxycycline hyclate tab 100 mg, doxycycline hyclate tab 150 mg, doxycycline hyclate tab delayed release 50 mg, doxycycline hyclate tab delayed release 75 mg, doxycycline hyclate tab delayed release 100 mg, doxycycline hyclate tab delayed release 150 mg, doxycycline hyclate tab delayed release 200 mg</i> |                                                         |
| <i>minocycline hcl cap 50 mg, cap 75 mg, cap 100 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab er 24hr 105 mg, tab er 24hr 115 mg, tab er 24hr 135 mg, tab er 24hr 45 mg, tab er 24hr 55 mg, tab er 24hr 65 mg, tab er 24hr 80 mg, tab er 24hr 90 mg</i>                                                                                                                                                                                                                                                                                                  |                                                         |
| MINOCYCLINE HCL ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| <i>tetracycline hcl cap 250 mg, cap 500 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |
| <b>ANTICONVULSANTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| <b>ANTICONVULSANTS, OTHER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| BRIVIACT 10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| DIACOMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| <i>divalproex sodium cap delayed release sprinkle 125 mg, tab delayed release 125 mg, tab delayed release 250 mg, tab delayed release 500 mg, tab er 24 hr 250 mg, tab er 24 hr 500 mg</i>                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| EPIDIOLEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PA2                                                     |
| EPRONTIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| <i>felbamate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| FINTEPLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| FYCOMPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                                                                              | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| VALTOCO                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| <i>vigabatrin</i>                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| ZTALMY                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <b>SODIUM CHANNEL AGENTS</b>                                                                                                                                                                                                                                                                                                                                      |                                                         |
| APTIOM                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| CARBAMAZEPINE CARBAMAZEPINE 200 MG CHEW TAB,<br>CARBAMAZEPINE CAP ER 12HR 100 MG, CARBAMAZEPINE CAP<br>ER 12HR 200 MG, CARBAMAZEPINE CAP ER 12HR 300 MG,<br>CARBAMAZEPINE CHEW TAB 100 MG, CARBAMAZEPINE SUSP<br>100 MG/5ML, CARBAMAZEPINE TAB 200 MG, CARBAMAZEPINE<br>TAB ER 12HR 100 MG, CARBAMAZEPINE TAB ER 12HR 200 MG,<br>CARBAMAZEPINE TAB ER 12HR 400 MG |                                                         |
| DILANTIN 30 MG CAP                                                                                                                                                                                                                                                                                                                                                |                                                         |
| <i>lacosamide lacosamide 10 mg/ml solution, lacosamide oral solution 10<br/>mg/ml, lacosamide tab 50 mg, lacosamide tab 100 mg, lacosamide tab<br/>150 mg, lacosamide tab 200 mg</i>                                                                                                                                                                              |                                                         |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg,<br/>tab 600 mg</i>                                                                                                                                                                                                                                                                           |                                                         |
| <i>phenytoin chew tab 50 mg, susp 125 mg/5ml</i>                                                                                                                                                                                                                                                                                                                  |                                                         |
| <i>phenytoin sodium extended cap 100 mg</i>                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>rufinamide</i>                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| XCOPRI                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK                                                                                                                                                                                                                                                                                                                     |                                                         |
| XCOPRI (350 MG DAILY DOSE)                                                                                                                                                                                                                                                                                                                                        |                                                         |
| ZONISADE                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| <i>zonisamide cap 25 mg, cap 50 mg, cap 100 mg</i>                                                                                                                                                                                                                                                                                                                |                                                         |
| <b>ANTIDEMENTIA AGENTS</b>                                                                                                                                                                                                                                                                                                                                        |                                                         |
| <b>ANTIDEMENTIA AGENTS, OTHER</b>                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>memantine hcl-donepezil hcl</i>                                                                                                                                                                                                                                                                                                                                |                                                         |
| NAMZARIC 7 14 21 28 -10 MG CP24 THPK, 7-10 MG CAP ER 24H                                                                                                                                                                                                                                                                                                          |                                                         |
| <b>CHOLINESTERASE INHIBITORS</b>                                                                                                                                                                                                                                                                                                                                  |                                                         |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg, orally<br/>disintegrating tab 10 mg, tab 5 mg, tab 10 mg</i>                                                                                                                                                                                                                                           |                                                         |
| <i>galantamine hydrobromide cap er 24hr 16 mg, cap er 24hr 24 mg, cap<br/>er 24hr 8 mg, tab 4 mg, tab 8 mg, tab 12 mg</i>                                                                                                                                                                                                                                         |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.



| DRUG                                                                                                                                                               | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>rivastigmine</i>                                                                                                                                                |                                                         |
| <i>rivastigmine tartrate</i>                                                                                                                                       |                                                         |
| <b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>                                                                                                             |                                                         |
| <i>memantine hcl cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg, tab 5 mg, tab 10 mg, tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> |                                                         |
| <b>ANTIDEPRESSANTS</b>                                                                                                                                             |                                                         |
| <b>ANTIDEPRESSANTS, OTHER</b>                                                                                                                                      |                                                         |
| AUVELITY                                                                                                                                                           |                                                         |
| BUPROPION HCL ER (XL)                                                                                                                                              |                                                         |
| <i>bupropion hcl tab 75 mg, tab 100 mg, tab er 12hr 100 mg, tab er 12hr 150 mg, tab er 12hr 200 mg, tab er 24hr 150 mg, tab er 24hr 300 mg</i>                     |                                                         |
| <i>mirtazapine orally disintegrating tab 15 mg, orally disintegrating tab 30 mg, orally disintegrating tab 45 mg, tab 7.5 mg, tab 15 mg, tab 30 mg, tab 45 mg</i>  |                                                         |
| ZURZUVAE                                                                                                                                                           |                                                         |
| <b>MONOAMINE OXIDASE INHIBITORS</b>                                                                                                                                |                                                         |
| EMSAM                                                                                                                                                              |                                                         |
| MARPLAN                                                                                                                                                            |                                                         |
| PHENELZINE SULFATE PHENELZINE SULFATE 15 MG TAB,<br>PHENELZINE SULFATE TAB 15 MG                                                                                   |                                                         |
| <i>tranylcypromine sulfate</i>                                                                                                                                     |                                                         |
| <b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>                                                        |                                                         |
| <i>citalopram hydrobromide oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv)</i>                                         |                                                         |
| DESVENLAFAXINE ER                                                                                                                                                  |                                                         |
| <i>desvenlafaxine succinate</i>                                                                                                                                    |                                                         |
| <i>escitalopram oxalate soln 5 mg/5ml equiv), tab 5 mg equiv), tab 10 mg equiv), tab 20 mg equiv)</i>                                                              |                                                         |
| FETZIMA                                                                                                                                                            |                                                         |
| FETZIMA TITRATION                                                                                                                                                  |                                                         |
| FLUOXETINE HCL (PMDD)                                                                                                                                              |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                       | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>fluoxetine hcl fluoxetine hcl 60 mg tab, fluoxetine hcl 90 mg cap dr, fluoxetine hcl cap 10 mg, fluoxetine hcl cap 20 mg, fluoxetine hcl cap 40 mg, fluoxetine hcl solution 20 mg/5ml, fluoxetine hcl tab 10 mg, fluoxetine hcl tab 20 mg, fluoxetine hcl tab 60 mg</i> |                                                         |
| <i>fluvoxamine maleate</i>                                                                                                                                                                                                                                                 |                                                         |
| NEFAZODONE HCL                                                                                                                                                                                                                                                             |                                                         |
| RALDESY                                                                                                                                                                                                                                                                    |                                                         |
| <i>sertraline hcl sertraline hcl 150 mg cap, sertraline hcl 200 mg cap, sertraline hcl oral concentrate for solution 20 mg/ml, sertraline hcl tab 25 mg, sertraline hcl tab 50 mg, sertraline hcl tab 100 mg</i>                                                           |                                                         |
| <i>trazodone hcl tab 50 mg, tab 100 mg, tab 150 mg, tab 300 mg</i>                                                                                                                                                                                                         |                                                         |
| TRINTELLIX                                                                                                                                                                                                                                                                 |                                                         |
| <i>venlafaxine hcl cap er 24hr 37.5 mg equivalent), cap er 24hr 75 mg equivalent), tab 37.5 mg equivalent)</i>                                                                                                                                                             |                                                         |
| <i>vilazodone hcl</i>                                                                                                                                                                                                                                                      |                                                         |
| <b>TRICYCLICS</b>                                                                                                                                                                                                                                                          |                                                         |
| <i>amitriptyline hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg</i>                                                                                                                                                                                |                                                         |
| <i>amoxapine</i>                                                                                                                                                                                                                                                           |                                                         |
| <i>clomipramine hcl cap 25 mg, cap 50 mg, cap 75 mg</i>                                                                                                                                                                                                                    |                                                         |
| <i>desipramine hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg</i>                                                                                                                                                                                  |                                                         |
| <i>doxepin hcl cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml</i>                                                                                                                                                                       |                                                         |
| <i>imipramine hcl tab 10 mg, tab 25 mg, tab 50 mg</i>                                                                                                                                                                                                                      |                                                         |
| <i>imipramine pamoate</i>                                                                                                                                                                                                                                                  |                                                         |
| <i>nortriptyline hcl cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, soln 10 mg/5ml</i>                                                                                                                                                                                        |                                                         |
| <i>protriptyline hcl</i>                                                                                                                                                                                                                                                   |                                                         |
| <i>trimipramine maleate cap 25 mg, cap 50 mg, cap 100 mg</i>                                                                                                                                                                                                               |                                                         |
| <b>ANTIEMETICS</b>                                                                                                                                                                                                                                                         |                                                         |
| <b>ANTIEMETICS, OTHER</b>                                                                                                                                                                                                                                                  |                                                         |
| <i>meclizine hcl tab 12.5 mg, tab 25 mg</i>                                                                                                                                                                                                                                |                                                         |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) equiv), tab 5 mg equivalent), tab 10 mg equivalent)</i>                                                                                                                                                                   |                                                         |
| <i>perphenazine tab 2 mg, tab 4 mg, tab 8 mg, tab 16 mg</i>                                                                                                                                                                                                                |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>prochlorperazine</i>                                                                                                                                                             |                                                         |
| <i>prochlorperazine maleate tab 5 mg equivalent), tab 10 mg equivalent)</i>                                                                                                         |                                                         |
| <i>promethazine hcl oral soln 6.25 mg/5ml, suppos 12.5 mg, suppos 25 mg, tab 12.5 mg, tab 25 mg, tab 50 mg</i>                                                                      |                                                         |
| <i>scopolamine</i>                                                                                                                                                                  |                                                         |
| <b>EMETOGENIC THERAPY ADJUNCTS</b>                                                                                                                                                  |                                                         |
| <i>aprepitant</i>                                                                                                                                                                   | PA3                                                     |
| <i>dronabinol</i>                                                                                                                                                                   | PA                                                      |
| <i>ondansetron hcl oral soln 4 mg/5ml, tab 4 mg, tab 8 mg</i>                                                                                                                       | PA3                                                     |
| <i>ondansetron tab 4 mg, tab 8 mg</i>                                                                                                                                               | PA3                                                     |
| <b>ANTIFUNGALS</b>                                                                                                                                                                  |                                                         |
| ABELCET                                                                                                                                                                             | PA3                                                     |
| AMPHOTERICIN B 50 MG RECON SOLN                                                                                                                                                     | PA3                                                     |
| <i>amphotericin b liposome</i>                                                                                                                                                      | PA3                                                     |
| <i>caspofungin acetate caspofungin acetate 50 mg recon soln, caspofungin acetate 70 mg recon soln, caspofungin acetate for iv soln 50 mg, caspofungin acetate for iv soln 70 mg</i> |                                                         |
| <i>clotrimazole (topical)</i>                                                                                                                                                       |                                                         |
| <i>clotrimazole troche 10 mg</i>                                                                                                                                                    |                                                         |
| <i>fluconazole for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg</i>                                                                              |                                                         |
| <i>fluconazole in nacl</i>                                                                                                                                                          |                                                         |
| <i>flucytosine cap 250 mg, cap 500 mg</i>                                                                                                                                           |                                                         |
| <i>griseofulvin microsize susp 125 mg/5ml, tab 500 mg</i>                                                                                                                           |                                                         |
| <i>griseofulvin ultramicrosize tab 125 mg, tab 250 mg</i>                                                                                                                           |                                                         |
| <i>itraconazole cap 100 mg</i>                                                                                                                                                      |                                                         |
| <i>ketoconazole (topical) cream 2%, foam 2%, shampoo 2%</i>                                                                                                                         |                                                         |
| <i>ketoconazole tab 200 mg</i>                                                                                                                                                      |                                                         |
| <i>micafungin sodium micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln, micafungin sodium for iv soln 50 mg, micafungin sodium for iv soln 100 mg</i>         |                                                         |
| MICONAZOLE 3                                                                                                                                                                        |                                                         |
| <i>nystatin (mouth-throat)</i>                                                                                                                                                      |                                                         |
| <i>nystatin (topical)</i>                                                                                                                                                           |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                        | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------|---------------------------------------------------------|
| <i>nystatin tab 500000 unit</i>                                             |                                                         |
| <i>posaconazole susp 40 mg/ml, tab delayed release 100 mg</i>               |                                                         |
| <i>terbinafine hcl tab 250 mg</i>                                           |                                                         |
| <i>terconazole vaginal</i>                                                  |                                                         |
| <i>voriconazole for susp 40 mg/ml, tab 50 mg, tab 200 mg</i>                |                                                         |
| VORICONAZOLE VORICONAZOLE 200 MG RECON SOLN,<br>VORICONAZOLE FOR INJ 200 MG | PA3                                                     |

## ANTIGOUT AGENTS

|                                                       |
|-------------------------------------------------------|
| <i>allopurinol tab 100 mg, tab 200 mg, tab 300 mg</i> |
| <i>colchicine cap 0.6 mg, tab 0.6 mg</i>              |
| <i>colchicine w/ probenecid</i>                       |
| <i>febuxostat</i>                                     |
| <i>probenecid</i>                                     |

## ANTIMIGRAINE AGENTS

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

|         |                          |
|---------|--------------------------|
| AJOVY   | PA                       |
| NURTEC  | QL (18 PER 30 OVER TIME) |
| QULIPTA |                          |
| UBRELVY | QL (16 PER 30 OVER TIME) |

## ERGOT ALKALOIDS

|                                                       |
|-------------------------------------------------------|
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml</i> |
| ERGOTAMINE-CAFFEINE                                   |

## PROPHYLACTIC

|                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>propranolol hcl cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg</i> |
| <i>timolol maleate tab 5 mg, tab 10 mg, tab 20 mg</i>                                                                                                      |

### SEROTONIN (5-HT) RECEPTOR AGONIST

|                                        |                          |
|----------------------------------------|--------------------------|
| <i>naratriptan hcl</i>                 | QL (9 PER 30 OVER TIME)  |
| <i>rizatriptan benzoate</i>            | QL (12 PER 30 OVER TIME) |
| <i>sumatriptan 5 mg/act, 20 mg/act</i> |                          |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                    | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>sumatriptan succinate inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution auto-injector 6 mg/0.5ml, solution cartridge 4 mg/0.5ml, solution cartridge 6 mg/0.5ml</i>         |                                                         |
| <i>sumatriptan succinate tab 25 mg, tab 50 mg, tab 100 mg</i>                                                                                                                           | QL (9 PER 30 OVER TIME)                                 |
| <b>ANTIMYASTHENIC AGENTS</b>                                                                                                                                                            |                                                         |
| <b>PARASYMPATHOMIMETICS</b>                                                                                                                                                             |                                                         |
| <i>pyridostigmine bromide pyridostigmine bromide 30 mg tab, pyridostigmine bromide oral soln 60 mg/5ml, pyridostigmine bromide tab 60 mg, pyridostigmine bromide tab er 180 mg</i>      |                                                         |
| <b>ANTIMYCOBACTERIALS</b>                                                                                                                                                               |                                                         |
| <b>ANTIMYCOBACTERIALS, OTHER</b>                                                                                                                                                        |                                                         |
| <i>dapsone tab 25 mg, tab 100 mg</i>                                                                                                                                                    |                                                         |
| <i>rifabutin</i>                                                                                                                                                                        |                                                         |
| <b>ANTITUBERCULARS</b>                                                                                                                                                                  |                                                         |
| <i>ethambutol hcl tab 100 mg, tab 400 mg</i>                                                                                                                                            |                                                         |
| ISONIAZID ISONIAZID 100 MG TAB, ISONIAZID SYRUP 50 MG/5ML, ISONIAZID TAB 100 MG, ISONIAZID TAB 300 MG                                                                                   |                                                         |
| PRETOMANID                                                                                                                                                                              |                                                         |
| PRIFTIN                                                                                                                                                                                 |                                                         |
| <i>pyrazinamide tab 500 mg</i>                                                                                                                                                          |                                                         |
| <i>rifampin cap 150 mg, cap 300 mg, for inj 600 mg</i>                                                                                                                                  |                                                         |
| SIRTURO                                                                                                                                                                                 |                                                         |
| TRECATOR                                                                                                                                                                                |                                                         |
| <b>ANTINEOPLASTICS</b>                                                                                                                                                                  |                                                         |
| <b>ALKYLATING AGENTS</b>                                                                                                                                                                |                                                         |
| CYCLOPHOSPHAMIDE CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB, CYCLOPHOSPHAMIDE CAP 25 MG, CYCLOPHOSPHAMIDE CAP 50 MG | PA3                                                     |
| GLEOSTINE                                                                                                                                                                               |                                                         |
| LEUKERAN                                                                                                                                                                                |                                                         |
| MATULANE                                                                                                                                                                                |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                           | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------|---------------------------------------------------------|
| VALCHLOR                                                       |                                                         |
| <b>ANTIANDROGENS</b>                                           |                                                         |
| <i>abiraterone acetate</i>                                     |                                                         |
| <i>bicalutamide</i>                                            |                                                         |
| ERLEADA                                                        |                                                         |
| EULEXIN                                                        |                                                         |
| <i>nilutamide</i>                                              |                                                         |
| NUBEQA                                                         |                                                         |
| XTANDI                                                         |                                                         |
| YONSA                                                          |                                                         |
| <b>ANTIANGIOGENIC AGENTS</b>                                   |                                                         |
| <i>lenalidomide</i>                                            |                                                         |
| POMALYST                                                       | LA                                                      |
| THALOMID                                                       |                                                         |
| <b>ANTIESTROGENS/MODIFIERS</b>                                 |                                                         |
| ORSERDU                                                        |                                                         |
| SOLTAMOX                                                       |                                                         |
| <i>tamoxifen citrate tab (10 mg equivalent)</i>                |                                                         |
| <i>tamoxifen citrate tab (20 mg equivalent)</i>                |                                                         |
| <i>toremifene citrate</i>                                      |                                                         |
| <b>ANTIMETABOLITES</b>                                         |                                                         |
| <i>mercaptopurine susp 2000 mg/100ml (20 mg/ml), tab 50 mg</i> |                                                         |
| ONUREG                                                         |                                                         |
| TABLOID                                                        |                                                         |
| <b>ANTINEOPLASTICS, OTHER</b>                                  |                                                         |
| AKEEGA                                                         |                                                         |
| AUGTYRO                                                        |                                                         |
| FRUZAQLA                                                       |                                                         |
| <i>hydroxyurea cap 500 mg</i>                                  |                                                         |
| INQOVI                                                         |                                                         |
| IWILFIN                                                        |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                        | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------|---------------------------------------------------------|
| LONSURF                                     |                                                         |
| LYSODREN                                    |                                                         |
| OGSIVEO                                     |                                                         |
| OJJAARA                                     |                                                         |
| ZOLINZA                                     |                                                         |
| <b>AROMATASE INHIBITORS, 3RD GENERATION</b> |                                                         |
| <i>anastrozole tab 1 mg</i>                 |                                                         |
| <i>exemestane</i>                           |                                                         |
| <i>letrozole tab 2.5 mg</i>                 |                                                         |
| <b>ENZYME INHIBITORS</b>                    |                                                         |
| TRUQAP 160 MG TAB THPK, 200 MG TAB THPK     |                                                         |
| <b>MOLECULAR TARGET INHIBITORS</b>          |                                                         |
| ALECENSA                                    |                                                         |
| ALUNBRIG                                    |                                                         |
| AYVAKIT                                     |                                                         |
| BALVERSA                                    |                                                         |
| BOSULIF                                     |                                                         |
| BRAFTOVI                                    |                                                         |
| BRUKINSA                                    |                                                         |
| CABOMETYX                                   |                                                         |
| CALQUENCE                                   |                                                         |
| CAPRELSA                                    |                                                         |
| COMETRIQ                                    |                                                         |
| COPIKTRA                                    |                                                         |
| COTELLIC                                    |                                                         |
| DANZITEN                                    |                                                         |
| <i>dasatinib</i>                            |                                                         |
| DAURISMO                                    |                                                         |
| ERIVEDGE                                    |                                                         |
| <i>erlotinib hcl</i>                        |                                                         |
| <i>everolimus</i>                           |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                        | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------|
| FOTIVDA                                                                                     |                                                         |
| GAVRETO                                                                                     |                                                         |
| <i>gefitinib</i>                                                                            |                                                         |
| GILOTRIF                                                                                    |                                                         |
| GOMEKLI                                                                                     |                                                         |
| IBRANCE                                                                                     |                                                         |
| ICLUSIG                                                                                     |                                                         |
| IDHIFA                                                                                      |                                                         |
| <i>imatinib mesylate</i>                                                                    |                                                         |
| IMBRUVICA 70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP,<br>140 MG TAB, 280 MG TAB, 420 MG TAB |                                                         |
| IMKELDI                                                                                     |                                                         |
| INLYTA                                                                                      |                                                         |
| INREBIC                                                                                     |                                                         |
| ITOVEBI                                                                                     |                                                         |
| JAKAFI                                                                                      |                                                         |
| JAYPIRCA                                                                                    |                                                         |
| KISQALI                                                                                     |                                                         |
| KISQALI FEMARA                                                                              |                                                         |
| KOSELUGO                                                                                    |                                                         |
| KRAZATI                                                                                     |                                                         |
| <i>lapatinib ditosylate</i>                                                                 |                                                         |
| LAZCLUZE                                                                                    |                                                         |
| LENVIMA                                                                                     |                                                         |
| LORBRENA                                                                                    |                                                         |
| LUMAKRAS                                                                                    |                                                         |
| LYNPARZA                                                                                    |                                                         |
| LYTGOBI                                                                                     |                                                         |
| MEKINIST                                                                                    |                                                         |
| MEKTOVI                                                                                     |                                                         |
| NERLYNX                                                                                     |                                                         |
| NINLARO                                                                                     |                                                         |
| ODOMZO                                                                                      |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.



| DRUG                          | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------|---------------------------------------------------------|
| OJEMDA                        |                                                         |
| <i>pazopanib hcl</i>          |                                                         |
| PEMAZYRE                      |                                                         |
| PIQRAY                        |                                                         |
| QINLOCK                       |                                                         |
| RETEVMO                       |                                                         |
| REVUFORJ                      |                                                         |
| REZLIDHIA                     |                                                         |
| ROMVIMZA                      |                                                         |
| ROZLYTREK                     |                                                         |
| RUBRACA                       |                                                         |
| RYDAPT                        |                                                         |
| SCEMBLIX                      |                                                         |
| <i>sorafenib tosylate</i>     |                                                         |
| STIVARGA                      |                                                         |
| <i>sunitinib malate</i>       |                                                         |
| TABRECTA                      |                                                         |
| TAFINLAR                      |                                                         |
| TAGRISO                       |                                                         |
| TALZENNA                      |                                                         |
| TASIGNA                       |                                                         |
| TAZVERIK                      |                                                         |
| TEPMETKO                      |                                                         |
| TIBSOVO                       |                                                         |
| TRUQAP 160 MG TAB, 200 MG TAB |                                                         |
| TUKYSA                        |                                                         |
| TURALIO 125 MG CAP            |                                                         |
| VANFLYTA                      |                                                         |
| VENCLEXTA                     |                                                         |
| VENCLEXTA STARTING PACK       |                                                         |
| VERZENIO                      |                                                         |
| VIJOICE                       |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                             | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------|---------------------------------------------------------|
| VITRAKVI                                                                         |                                                         |
| VIZIMPRO                                                                         |                                                         |
| VORANIGO                                                                         |                                                         |
| XALKORI                                                                          |                                                         |
| XOSPATA                                                                          |                                                         |
| XPOVIO                                                                           |                                                         |
| ZEJULA                                                                           |                                                         |
| ZELBORAF                                                                         |                                                         |
| ZYDELIG                                                                          |                                                         |
| ZYKADIA                                                                          |                                                         |
| <b>RETINOIDS</b>                                                                 |                                                         |
| <i>bexarotene</i>                                                                |                                                         |
| <i>bexarotene (topical)</i>                                                      | PA2                                                     |
| PANRETIN                                                                         |                                                         |
| <i>tretinoin (chemotherapy)</i>                                                  |                                                         |
| <b>TREATMENT ADJUNCTS</b>                                                        |                                                         |
| <i>leucovorin calcium tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg</i>              |                                                         |
| <i>mesna tab 400 mg</i>                                                          |                                                         |
| VONJO                                                                            |                                                         |
| <b>ANTIPARASITICS</b>                                                            |                                                         |
| <b>ANTHELMINTICS</b>                                                             |                                                         |
| <i>albendazole tab 200 mg</i>                                                    |                                                         |
| <i>ivermectin tab 3 mg</i>                                                       |                                                         |
| <i>praziquantel tab 600 mg</i>                                                   |                                                         |
| <b>ANTIPROTOZOALS</b>                                                            |                                                         |
| <i>atovaquone susp 750 mg/5ml</i>                                                |                                                         |
| <i>atovaquone-proguanil hcl</i>                                                  |                                                         |
| <i>chloroquine phosphate tab 250 mg, tab 500 mg</i>                              |                                                         |
| COARTEM                                                                          |                                                         |
| <i>hydroxychloroquine sulfate tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg</i> |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| IMPAVIDO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| mefloquine hcl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| nitazoxanide tab 500 mg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |
| pentamidine isethionate for nebulization soln 300 mg                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PA3                                                     |
| pentamidine isethionate inj soln 300 mg, soln 300 mg                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| primaquine phosphate primaquine phosphate 26.3 base) mg tab, primaquine phosphate tab 26.3 mg mg base)                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| pyrimethamine tab 25 mg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |
| quinine sulfate cap 324 mg                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| ANTIPARKINSON AGENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| ANTICHOLINERGICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| benztropine mesylate tab 0.5 mg, tab 1 mg, tab 2 mg                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| trihexyphenidyl hcl tab 2 mg, tab 5 mg                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| ANTIPARKINSON AGENTS, OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| amantadine hcl cap 100 mg, soln 50 mg/5ml, tab 100 mg                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| CARBIDOPA-LEVODOPA-ENTACAPONE CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG |                                                         |
| entacapone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| ONGENTYS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| tolcapone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| DOPAMINE AGONISTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |
| apomorphine hydrochloride                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| bromocriptine mesylate cap 5 mg equivalent), tab 2.5 mg equivalent)                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| NEUPRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| pramipexole dihydrochloride tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| ropinirole hydrochloride                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| <i>carbidopa tab 25 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>carbidopa-levodopa carbidopa &amp; levodopa orally disintegrating tab 10-100 mg, carbidopa &amp; levodopa orally disintegrating tab 25-100 mg, carbidopa &amp; levodopa orally disintegrating tab 25-250 mg, carbidopa &amp; levodopa tab 10-100 mg, carbidopa &amp; levodopa tab 25-100 mg, carbidopa &amp; levodopa tab 25-250 mg, carbidopa &amp; levodopa tab er 25-100 mg, carbidopa &amp; levodopa tab er 50-200 mg, carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp</i> |                                                         |
| RYTARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| <b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>rasagiline mesylate tab 0.5 mg equiv), tab 1 mg equiv)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>selegiline hcl cap 5 mg, tab 5 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| <b>ANTIPSYCHOTICS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <b>1ST GENERATION/TYPICAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>chlorpromazine hcl chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl tab 10 mg, chlorpromazine hcl tab 25 mg, chlorpromazine hcl tab 50 mg, chlorpromazine hcl tab 100 mg, chlorpromazine hcl tab 200 mg</i>                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>fluphenazine decanoate inj 25 mg/ml</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>fluphenazine hcl fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl tab 1 mg, fluphenazine hcl tab 2.5 mg, fluphenazine hcl tab 5 mg, fluphenazine hcl tab 10 mg</i>                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>haloperidol decanoate soln 50 mg/ml, soln 100 mg/ml</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>haloperidol lactate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>haloperidol tab 0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 20 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| <i>loxapine succinate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| MOLINDONE HCL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| PIMOZIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| <i>thioridazine hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>thiothixene</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| <i>trifluoperazine hcl</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>2ND GENERATION/ATYPICAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| ABILIFY ASIMTUFII                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| ABILIFY MAINTENA                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| <i>aripiprazole</i>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| ARISTADA                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| ARISTADA INITIO                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| <i>asenapine maleate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| CAPLYTA                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |
| FANAPT                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| FANAPT TITRATION PACK                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| INVEGA HAFYERA                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| INVEGA SUSTENNA                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| INVEGA TRINZA                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |
| <i>lurasidone hcl</i>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| LYBALVI                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |
| NUPLAZID                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PA2                                                     |
| <i>olanzapine</i>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| OPIPZA                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>paliperidone</i>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| PERSERIS                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>quetiapine fumarate quetiapine fumarate 150 mg tab, quetiapine fumarate tab 25 mg, quetiapine fumarate tab 50 mg, quetiapine fumarate tab 100 mg, quetiapine fumarate tab 200 mg, quetiapine fumarate tab 300 mg, quetiapine fumarate tab 400 mg, quetiapine fumarate tab er 24hr 150 mg, quetiapine fumarate tab er 24hr 200 mg, quetiapine fumarate tab er 24hr 300 mg, quetiapine fumarate tab er 24hr 400 mg, quetiapine fumarate tab er 24hr 50 mg</i> |                                                         |
| REXULTI                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |
| <i>risperidone microspheres</i>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                 | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>risperidone 0.25 mg tab disp, risperidone orally disintegrating tab 0.5 mg, risperidone orally disintegrating tab 1 mg, risperidone orally disintegrating tab 2 mg, risperidone orally disintegrating tab 3 mg, risperidone orally disintegrating tab 4 mg, risperidone soln 1 mg/ml, risperidone tab 0.25 mg, risperidone tab 0.5 mg, risperidone tab 1 mg, risperidone tab 2 mg, risperidone tab 3 mg, risperidone tab 4 mg</i> |                                                         |
| SECUADO                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| UZEDY                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| VRAYLAR                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| <i>ziprasidone hcl</i>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| <i>ziprasidone mesylate</i>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| <b>ANTIPSYCHOTICS, OTHER</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| COBENFY                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| COBENFY STARTER PACK                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <b>TREATMENT-RESISTANT</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| <i>clozapine 12.5 mg tab disp, clozapine 150 mg tab disp, clozapine orally disintegrating tab 25 mg, clozapine orally disintegrating tab 100 mg, clozapine orally disintegrating tab 150 mg, clozapine orally disintegrating tab 200 mg, clozapine tab 25 mg, clozapine tab 50 mg, clozapine tab 100 mg, clozapine tab 200 mg</i>                                                                                                    |                                                         |
| VERSACLOZ                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <b>ANTISPASTICITY AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>baclofen tab 5 mg, tab 10 mg, tab 20 mg</i>                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>tizanidine hcl cap 2 mg equivalent), cap 4 mg equivalent), cap 6 mg equivalent), tab 2 mg equivalent), tab 4 mg equivalent)</i>                                                                                                                                                                                                                                                                                                   |                                                         |
| <b>ANTIVIRALS</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| <b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| LIVTENCITY                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| PREVYMIS 240 MG TAB, 480 MG TAB                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| <i>valganciclovir hcl</i>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <b>ANTI-HEPATITIS B (HBV) AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>adefovir dipivoxil</i>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| BARACLUDE 0.05 MG/ML SOLUTION                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                    | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>entecavir</i>                                                                                        |                                                         |
| <i>lamivudine (hbv)</i>                                                                                 |                                                         |
| <b>ANTI-HEPATITIS C (HCV) AGENTS</b>                                                                    |                                                         |
| LEDIPASVIR-SOFOSBUVIR                                                                                   | PA                                                      |
| MAVYRET 100-40 MG TAB                                                                                   | PA                                                      |
| <i>ribavirin (hepatitis c)</i>                                                                          |                                                         |
| RIBAVIRIN 200 MG CAP, 200 MG TAB                                                                        |                                                         |
| SOFOSBUVIR-VELPATASVIR                                                                                  | PA                                                      |
| SOVALDI 400 MG TAB                                                                                      | PA                                                      |
| VOSEVI                                                                                                  | PA                                                      |
| ZEPATIER                                                                                                | PA                                                      |
| <b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>                                                    |                                                         |
| BIKTARVY                                                                                                |                                                         |
| DOVATO                                                                                                  |                                                         |
| GENVOYA                                                                                                 |                                                         |
| ISENTRESS                                                                                               |                                                         |
| ISENTRESS HD                                                                                            |                                                         |
| JULUCA                                                                                                  |                                                         |
| STRIBILD                                                                                                |                                                         |
| TIVICAY                                                                                                 |                                                         |
| TIVICAY PD                                                                                              |                                                         |
| <b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>                         |                                                         |
| COMPLERA                                                                                                |                                                         |
| DELSTRIGO                                                                                               |                                                         |
| EDURANT                                                                                                 |                                                         |
| <i>efavirenz</i>                                                                                        |                                                         |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>                                            |                                                         |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                                               |                                                         |
| <i>etravirine</i>                                                                                       |                                                         |
| INTELENCE 25 MG TAB                                                                                     |                                                         |
| <i>nevirapine nevirapine 50 mg/5ml suspension, nevirapine tab 200 mg, nevirapine tab er 24hr 400 mg</i> |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                      | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------|
| ODEFSEY                                                                                   |                                                         |
| PIFELTRO                                                                                  |                                                         |
| <b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b> |                                                         |
| <i>abacavir sulfate</i>                                                                   |                                                         |
| <i>abacavir sulfate-lamivudine</i>                                                        |                                                         |
| CIMDUO                                                                                    |                                                         |
| DESCOVY                                                                                   |                                                         |
| <i>emtricitabine</i>                                                                      |                                                         |
| <i>emtricitabine-tenofovir disoproxil fumarate</i>                                        |                                                         |
| EMTRIVA 10 MG/ML SOLUTION                                                                 |                                                         |
| <i>lamivudine</i>                                                                         |                                                         |
| <i>lamivudine-zidovudine</i>                                                              |                                                         |
| <i>tenofovir disoproxil fumarate</i>                                                      |                                                         |
| TRIUMEQ                                                                                   |                                                         |
| TRIUMEQ PD                                                                                |                                                         |
| VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB                                |                                                         |
| <i>zidovudine</i>                                                                         |                                                         |
| <b>ANTI-HIV AGENTS, OTHER</b>                                                             |                                                         |
| FUZEON                                                                                    |                                                         |
| <i>maraviroc</i>                                                                          |                                                         |
| RUKOBIA                                                                                   |                                                         |
| SELZENTRY 20 MG/ML SOLUTION                                                               |                                                         |
| SUNLENCA 4 300 MG TAB THPK, 5 300 MG TAB THPK                                             |                                                         |
| TYBOST                                                                                    |                                                         |
| <b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>                                          |                                                         |
| APTIVUS 250 MG CAP                                                                        |                                                         |
| <i>atazanavir sulfate</i>                                                                 |                                                         |
| <i>darunavir</i>                                                                          |                                                         |
| EVOTAZ                                                                                    |                                                         |
| <i>fosamprenavir calcium</i>                                                              |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.



| DRUG                                                                                                                    | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>lopinavir-ritonavir</i>                                                                                              |                                                         |
| NORVIR 100 MG PACKET                                                                                                    |                                                         |
| PREZCOBIX                                                                                                               |                                                         |
| PREZISTA 75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB                                                                    |                                                         |
| REYATAZ 50 MG PACKET                                                                                                    |                                                         |
| <i>ritonavir</i>                                                                                                        |                                                         |
| SYMITUZA                                                                                                                |                                                         |
| VIRACEPT                                                                                                                |                                                         |
| <b>ANTI-INFLUENZA AGENTS</b>                                                                                            |                                                         |
| <i>oseltamivir phosphate cap 30 mg equiv), cap 45 mg equiv), cap 75 mg equiv), for susp 6 mg/ml equiv)</i>              |                                                         |
| RELENZA DISKHALER                                                                                                       |                                                         |
| <b>ANTIHERPETIC AGENTS</b>                                                                                              |                                                         |
| <i>acyclovir cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg</i>                                                    |                                                         |
| <i>acyclovir sodium</i>                                                                                                 | PA3                                                     |
| <i>famciclovir tab 125 mg, tab 250 mg, tab 500 mg</i>                                                                   |                                                         |
| <i>valacyclovir hcl tab 1 gm, tab 500 mg</i>                                                                            |                                                         |
| <b>ANTIVIRAL, CORONAVIRUS AGENTS</b>                                                                                    |                                                         |
| LAGEVRIO                                                                                                                |                                                         |
| PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK                                                                    |                                                         |
| PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK                                                                    |                                                         |
| <b>ANXIOLYTICS</b>                                                                                                      |                                                         |
| <b>ANXIOLYTICS, OTHER</b>                                                                                               |                                                         |
| <i>buspirone hcl tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 30 mg</i>                                              |                                                         |
| <i>hydroxyzine hcl syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg</i>                                                 |                                                         |
| <i>hydroxyzine pamoate hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate cap 25 mg, hydroxyzine pamoate cap 50 mg</i> |                                                         |
| <b>BENZODIAZEPINES</b>                                                                                                  |                                                         |
| ALPRAZOLAM INTENSOL                                                                                                     |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                        | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>alprazolam orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab er 24hr 0.5 mg, tab er 24hr 1 mg, tab er 24hr 2 mg, tab er 24hr 3 mg</i>                                |                                                         |
| <i>clonazepam orally disintegrating tab 0.125 mg, orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.5 mg, tab 1 mg, tab 2 mg</i>                                                                                   |                                                         |
| <i>clorazepate dipotassium</i>                                                                                                                                                                                                                                                                              |                                                         |
| <i>diazepam conc 5 mg/ml, oral soln 1 mg/ml, tab 2 mg, tab 5 mg, tab 10 mg</i>                                                                                                                                                                                                                              |                                                         |
| <i>lorazepam conc 2 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg</i>                                                                                                                                                                                                                                               |                                                         |
| <i>oxazepam</i>                                                                                                                                                                                                                                                                                             |                                                         |
| <b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>                                                                                                                                                                                                 |                                                         |
| <i>paroxetine hcl</i>                                                                                                                                                                                                                                                                                       |                                                         |
| <i>paroxetine mesylate (vasomotor)</i>                                                                                                                                                                                                                                                                      |                                                         |
| <b>VENLAFAXINE BESYLATE ER</b>                                                                                                                                                                                                                                                                              |                                                         |
| <i>venlafaxine hcl cap er 24hr 150 mg equivalent), tab 25 mg equivalent), tab 50 mg equivalent), tab 75 mg equivalent), tab 100 mg equivalent), tab er 24hr 150 mg equivalent), tab er 24hr 225 mg equivalent), tab er 24hr 37.5 mg equivalent), tab er 24hr 75 mg equivalent)</i>                          |                                                         |
| <b>BIPOLAR AGENTS</b>                                                                                                                                                                                                                                                                                       |                                                         |
| <b>MOOD STABILIZERS</b>                                                                                                                                                                                                                                                                                     |                                                         |
| <i>lithium</i>                                                                                                                                                                                                                                                                                              |                                                         |
| <i>lithium carbonate lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap, lithium carbonate cap 150 mg, lithium carbonate cap 300 mg, lithium carbonate cap 600 mg, lithium carbonate tab 300 mg, lithium carbonate tab er 300 mg, lithium carbonate tab er 450 mg</i> |                                                         |
| <b>BLOOD GLUCOSE REGULATORS</b>                                                                                                                                                                                                                                                                             |                                                         |
| <b>ANTIDIABETIC AGENTS</b>                                                                                                                                                                                                                                                                                  |                                                         |
| <i>acarbose tab 25 mg, tab 50 mg, tab 100 mg</i>                                                                                                                                                                                                                                                            |                                                         |
| <b>ALOGLIPTIN BENZOATE</b>                                                                                                                                                                                                                                                                                  |                                                         |
| <b>ALOGLIPTIN-METFORMIN HCL</b>                                                                                                                                                                                                                                                                             |                                                         |
| <b>ALOGLIPTIN-PIOGLITAZONE -12.5-30 MG TAB, -25-15 MG TAB, -25-30 MG TAB, -25-45 MG TAB</b>                                                                                                                                                                                                                 |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                             | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| CYCLOSET                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>glimepiride tab 1 mg, tab 2 mg, tab 4 mg</i>                                                                                                                                                                                                                                                                                                                                                                  |                                                         |
| GLIPIZIDE GLIPIZIDE 2.5 MG TAB, GLIPIZIDE TAB 5 MG,<br>GLIPIZIDE TAB 10 MG, GLIPIZIDE TAB ER 24HR 10 MG, GLIPIZIDE<br>TAB ER 24HR 2.5 MG, GLIPIZIDE TAB ER 24HR 5 MG                                                                                                                                                                                                                                             |                                                         |
| <i>glipizide-metformin hcl</i>                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>metformin hcl metformin hcl 625 mg tab, metformin hcl tab 500 mg,<br/>metformin hcl tab 850 mg, metformin hcl tab 1000 mg, metformin hcl<br/>tab er 24hr 500 mg, metformin hcl tab er 24hr 750 mg, metformin hcl<br/>tab er 24hr modified release 1000 mg, metformin hcl tab er 24hr<br/>modified release 500 mg, metformin hcl tab er 24hr osmotic 1000 mg,<br/>metformin hcl tab er 24hr osmotic 500 mg</i> |                                                         |
| MOUNJARO                                                                                                                                                                                                                                                                                                                                                                                                         | PA                                                      |
| <i>nateglinide</i>                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN                                                                                                                                                                                                                                                                                                                                                                  | PA                                                      |
| OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN                                                                                                                                                                                                                                                                                                                                                                            | PA                                                      |
| OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN                                                                                                                                                                                                                                                                                                                                                                            | PA                                                      |
| <i>pioglitazone hcl</i>                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| <i>pioglitazone hcl-metformin hcl</i>                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>repaglinide</i>                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| <i>saxagliptin hcl</i>                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| <i>saxagliptin-metformin hcl</i>                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| SYMLINPEN 120                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| SYMLINPEN 60                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| TRULICITY                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |
| <b>GLYCEMIC AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| BAQSIMI ONE PACK                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| BAQSIMI TWO PACK                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>diazoxide susp 50 mg/ml</i>                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>glucagon (rdna)</i>                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| GLUCAGON EMERGENCY                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| <b>INSULINS</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |
| HUMALOG MIX 50/50 KWIKPEN                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |
| HUMALOG MIX 75/25                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| HUMULIN 70/30                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                           | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------|---------------------------------------------------------|
| HUMULIN 70/30 KWIKPEN          |                                                         |
| HUMULIN N                      |                                                         |
| HUMULIN N KWIKPEN              |                                                         |
| HUMULIN R                      |                                                         |
| HUMULIN R U-500 (CONCENTRATED) |                                                         |
| HUMULIN R U-500 KWIKPEN        |                                                         |
| INSULIN ASP PROT & ASP FLEXPEN |                                                         |
| INSULIN ASPART                 |                                                         |
| INSULIN ASPART FLEXPEN         |                                                         |
| INSULIN ASPART PENFILL         |                                                         |
| INSULIN ASPART PROT & ASPART   |                                                         |
| INSULIN GLARGINE-YFGN          |                                                         |
| INSULIN LISPRO                 |                                                         |
| INSULIN LISPRO (1 UNIT DIAL)   |                                                         |
| INSULIN LISPRO JUNIOR KWIKPEN  |                                                         |
| INSULIN LISPRO PROT & LISPRO   |                                                         |
| NOVOLIN 70/30                  |                                                         |
| NOVOLIN 70/30 FLEXPEN          |                                                         |
| NOVOLIN N                      |                                                         |
| NOVOLIN N FLEXPEN              |                                                         |
| NOVOLIN R                      |                                                         |
| NOVOLIN R FLEXPEN              |                                                         |
| NOVOLIN R FLEXPEN RELION       |                                                         |

## BLOOD PRODUCTS AND MODIFIERS

### ANTICOAGULANTS

|                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>dabigatran etexilate mesylate</i>                                                                                                               |
| ELIQUIS                                                                                                                                            |
| ELIQUIS DVT/PE STARTER PACK                                                                                                                        |
| <i>enoxaparin sodium soln 30 mg/0.3ml, soln 40 mg/0.4ml, soln 60 mg/0.6ml, soln 80 mg/0.8ml, soln 100 mg/ml, soln 120 mg/0.8ml, soln 150 mg/ml</i> |
| <i>fondaparinux sodium</i>                                                                                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                     | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>heparin sodium (porcine) 1000 unit/ml, pf 1000 unit/ml, 10000 unit/ml</i>                                             | PA3                                                     |
| <i>heparin sodium (porcine) 5000 unit/ml, 20000 unit/ml</i>                                                              |                                                         |
| <i>rivaroxaban</i>                                                                                                       |                                                         |
| <i>warfarin sodium tab 1 mg, tab 2 mg, tab 2.5 mg, tab 3 mg, tab 4 mg,<br/>tab 5 mg, tab 6 mg, tab 7.5 mg, tab 10 mg</i> |                                                         |
| XARELTO 10 MG TAB, 15 MG TAB, 20 MG TAB                                                                                  |                                                         |
| XARELTO STARTER PACK                                                                                                     |                                                         |
| <b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>                                                                               |                                                         |
| <i>anagrelide hcl</i>                                                                                                    |                                                         |
| ARANESP (ALBUMIN FREE)                                                                                                   | PA                                                      |
| LEUKINE                                                                                                                  | PA                                                      |
| NIVESTYM                                                                                                                 | PA                                                      |
| PROMACTA                                                                                                                 |                                                         |
| RETACRIT                                                                                                                 | PA                                                      |
| <b>HEMOSTASIS AGENTS</b>                                                                                                 |                                                         |
| <i>tranexamic acid tab 650 mg</i>                                                                                        |                                                         |
| <b>PLATELET MODIFYING AGENTS</b>                                                                                         |                                                         |
| <i>aspirin-dipyridamole</i>                                                                                              |                                                         |
| BRILINTA                                                                                                                 | ST                                                      |
| <i>cilostazol</i>                                                                                                        |                                                         |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i>                                                                      |                                                         |
| <b>CARDIOVASCULAR AGENTS</b>                                                                                             |                                                         |
| <b>ALPHA-ADRENERGIC AGONISTS</b>                                                                                         |                                                         |
| <i>clonidine</i>                                                                                                         |                                                         |
| <i>clonidine hcl tab 0.1 mg, tab 0.2 mg, tab 0.3 mg</i>                                                                  |                                                         |
| <i>droxidopa</i>                                                                                                         |                                                         |
| <i>guanfacine hcl</i>                                                                                                    |                                                         |
| <i>midodrine hcl</i>                                                                                                     |                                                         |
| <b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>                                                                                  |                                                         |
| <i>doxazosin mesylate tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg</i>                                                         |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                            | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>prazosin hcl cap 1 mg, cap 2 mg, cap 5 mg</i>                                                                                                |                                                         |
| <i>terazosin hcl</i>                                                                                                                            |                                                         |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                                                                                                      |                                                         |
| <i>candesartan cilexetil</i>                                                                                                                    |                                                         |
| <i>irbesartan</i>                                                                                                                               |                                                         |
| <i>losartan potassium tab 25 mg, tab 50 mg, tab 100 mg</i>                                                                                      |                                                         |
| <i>valsartan tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg</i>                                                                                   |                                                         |
| <b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>                                                                                           |                                                         |
| <i>enalapril maleate tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg</i>                                                                             |                                                         |
| <i>lisinopril tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg</i>                                                              |                                                         |
| <i>ramipril</i>                                                                                                                                 |                                                         |
| <b>ANTIARRHYTHMICS</b>                                                                                                                          |                                                         |
| <i>amiodarone hcl tab 100 mg, tab 200 mg, tab 400 mg</i>                                                                                        |                                                         |
| <i>digoxin digoxin 0.05 mg/ml solution, digoxin oral soln 0.05 mg/ml, digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg)</i>         |                                                         |
| <i>dofetilide</i>                                                                                                                               |                                                         |
| <i>flecainide acetate</i>                                                                                                                       |                                                         |
| <i>mexiletine hcl cap 150 mg, cap 200 mg, cap 250 mg</i>                                                                                        |                                                         |
| <i>propafenone hcl</i>                                                                                                                          |                                                         |
| <i>quinidine gluconate</i>                                                                                                                      |                                                         |
| <i>quinidine sulfate quinidine sulfate 200 mg tab, quinidine sulfate 300 mg tab, quinidine sulfate tab 200 mg, quinidine sulfate tab 300 mg</i> |                                                         |
| <i>sotalol hcl</i>                                                                                                                              |                                                         |
| <i>sotalol hcl (afib/af)</i>                                                                                                                    |                                                         |
| <b>BETA-ADRENERGIC BLOCKING AGENTS</b>                                                                                                          |                                                         |
| <i>atenolol tab 25 mg, tab 50 mg, tab 100 mg</i>                                                                                                |                                                         |
| <i>bisoprolol fumarate tab 5 mg, tab 10 mg</i>                                                                                                  |                                                         |
| <i>carvedilol</i>                                                                                                                               |                                                         |
| <i>labetalol hcl tab 100 mg, tab 200 mg, tab 300 mg</i>                                                                                         |                                                         |
| <i>metoprolol succinate</i>                                                                                                                     |                                                         |
| <i>metoprolol tartrate tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg</i>                                                             |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                           | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>nadolol tab 20 mg, tab 40 mg, tab 80 mg</i>                                                                                                                                                                                                                                                                 |                                                         |
| <i>pindolol</i>                                                                                                                                                                                                                                                                                                |                                                         |
| <b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>                                                                                                                                                                                                                                                       |                                                         |
| <i>amlodipine besylate tab 2.5 mg equivalent), tab 5 mg equivalent), tab 10 mg equivalent)</i>                                                                                                                                                                                                                 |                                                         |
| <i>nifedipine tab er 30 mg, tab er 60 mg, tab er 90 mg, tab er osmotic release 30 mg, tab er osmotic release 60 mg, tab er osmotic release 90 mg</i>                                                                                                                                                           |                                                         |
| <i>nimodipine cap 30 mg</i>                                                                                                                                                                                                                                                                                    |                                                         |
| <b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>                                                                                                                                                                                                                                                    |                                                         |
| <i>diltiazem hcl cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg, tab er 24hr 120 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg</i> |                                                         |
| <i>diltiazem hcl coated beads</i>                                                                                                                                                                                                                                                                              |                                                         |
| <i>diltiazem hcl extended release beads</i>                                                                                                                                                                                                                                                                    |                                                         |
| <i>verapamil hcl cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg</i>                                                                                                                                                 |                                                         |
| VERAPAMIL HCL ER                                                                                                                                                                                                                                                                                               |                                                         |
| <b>CARDIOVASCULAR AGENTS, OTHER</b>                                                                                                                                                                                                                                                                            |                                                         |
| <i>acetazolamide tab 125 mg, tab 250 mg</i>                                                                                                                                                                                                                                                                    |                                                         |
| <i>aliskiren fumarate</i>                                                                                                                                                                                                                                                                                      |                                                         |
| <i>amiloride &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                                                                     |                                                         |
| AMILORIDE-HYDROCHLOROTHIAZIDE                                                                                                                                                                                                                                                                                  |                                                         |
| <i>amlodipine besylate-benazepril hcl</i>                                                                                                                                                                                                                                                                      |                                                         |
| <i>amlodipine besylate-valsartan</i>                                                                                                                                                                                                                                                                           |                                                         |
| <i>amlodipine-valsartan-hydrochlorothiazide</i>                                                                                                                                                                                                                                                                |                                                         |
| <i>atenolol &amp; chlorthalidone</i>                                                                                                                                                                                                                                                                           |                                                         |
| <i>bisoprolol &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                                                                    |                                                         |
| <i>enalapril maleate &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                                                             |                                                         |
| ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB                                                                                                                                                                                                                                                             |                                                         |
| <i>irbesartan-hydrochlorothiazide</i>                                                                                                                                                                                                                                                                          |                                                         |
| <i>ivabradine hcl</i>                                                                                                                                                                                                                                                                                          |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                  | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>lisinopril &amp; hydrochlorothiazide</i>                                                                                                                                                                           |                                                         |
| <i>losartan potassium &amp; hydrochlorothiazide</i>                                                                                                                                                                   |                                                         |
| <i>metoprolol &amp; hydrochlorothiazide</i>                                                                                                                                                                           |                                                         |
| <i>metyrosine</i>                                                                                                                                                                                                     |                                                         |
| <i>pentoxifylline tab er 400 mg</i>                                                                                                                                                                                   |                                                         |
| <i>ranolazine</i>                                                                                                                                                                                                     |                                                         |
| <i>spironolactone &amp; hydrochlorothiazide</i>                                                                                                                                                                       |                                                         |
| <i>triamterene &amp; hydrochlorothiazide</i>                                                                                                                                                                          |                                                         |
| <i>valsartan-hydrochlorothiazide</i>                                                                                                                                                                                  |                                                         |
| <b>DIURETICS, LOOP</b>                                                                                                                                                                                                |                                                         |
| <i>bumetanide</i>                                                                                                                                                                                                     |                                                         |
| <i>furosemide furosemide 8 mg/ml solution, furosemide inj 10 mg/ml,<br/>furosemide oral soln 10 mg/ml, furosemide tab 20 mg, furosemide tab<br/>40 mg, furosemide tab 80 mg</i>                                       |                                                         |
| <i>torsemide</i>                                                                                                                                                                                                      |                                                         |
| <b>DIURETICS, POTASSIUM-SPARING</b>                                                                                                                                                                                   |                                                         |
| <i>amiloride hcl tab 5 mg</i>                                                                                                                                                                                         |                                                         |
| <i>triamterene cap 50 mg, cap 100 mg</i>                                                                                                                                                                              |                                                         |
| <b>DIURETICS, THIAZIDE</b>                                                                                                                                                                                            |                                                         |
| <i>chlorthalidone</i>                                                                                                                                                                                                 |                                                         |
| <i>hydrochlorothiazide cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg</i>                                                                                                                                             |                                                         |
| <i>indapamide</i>                                                                                                                                                                                                     |                                                         |
| <i>metolazone</i>                                                                                                                                                                                                     |                                                         |
| <b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>                                                                                                                                                                         |                                                         |
| <i>choline fenofibrate</i>                                                                                                                                                                                            |                                                         |
| <i>fenofibrate fenofibrate 50 mg cap, fenofibrate 150 mg cap, fenofibrate<br/>tab 40 mg, fenofibrate tab 48 mg, fenofibrate tab 54 mg, fenofibrate<br/>tab 120 mg, fenofibrate tab 145 mg, fenofibrate tab 160 mg</i> |                                                         |
| <i>fenofibrate micronized cap 43 mg, cap 67 mg, cap 130 mg, cap 134<br/>mg, cap 200 mg</i>                                                                                                                            |                                                         |
| <i>gemfibrozil tab 600 mg</i>                                                                                                                                                                                         |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.



| DRUG                                                                                                                   | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>                                                                     |                                                         |
| <i>atorvastatin calcium tab 10 mg equivalent), tab 20 mg equivalent), tab 40 mg equivalent), tab 80 mg equivalent)</i> |                                                         |
| <i>pravastatin sodium</i>                                                                                              |                                                         |
| <i>rosuvastatin calcium tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg</i>                                                  |                                                         |
| <i>simvastatin tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg</i>                                                |                                                         |
| <b>DYSLIPIDEMICS, OTHER</b>                                                                                            |                                                         |
| <i>cholestyramine 4 gm/dose, packets 4 gm</i>                                                                          |                                                         |
| <i>cholestyramine light</i>                                                                                            |                                                         |
| <i>colesevelam hcl</i>                                                                                                 |                                                         |
| <i>ezetimibe</i>                                                                                                       |                                                         |
| <i>icosapent ethyl</i>                                                                                                 |                                                         |
| JUXTAPID                                                                                                               | PA                                                      |
| <i>niacin (antihyperlipidemic) tab er 500 mg, tab er 750 mg, tab er 1000 mg</i>                                        |                                                         |
| <i>omega-3-acid ethyl esters</i>                                                                                       |                                                         |
| REPATHA                                                                                                                |                                                         |
| REPATHA PUSHTRONEX SYSTEM                                                                                              |                                                         |
| REPATHA SURECLICK                                                                                                      |                                                         |
| <b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>                                                                          |                                                         |
| <i>eplerenone</i>                                                                                                      |                                                         |
| KERENDIA                                                                                                               |                                                         |
| <i>spironolactone tab 25 mg, tab 50 mg, tab 100 mg</i>                                                                 |                                                         |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>                                                             |                                                         |
| DAPAGLIFLOZIN PROPANEDIOL                                                                                              |                                                         |
| JARDIANCE                                                                                                              |                                                         |
| <b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>                                                                            |                                                         |
| <i>hydralazine hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg</i>                                                     |                                                         |
| <i>minoxidil tab 2.5 mg, tab 10 mg</i>                                                                                 |                                                         |
| <b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>                                                                     |                                                         |
| <i>isosorbide dinitrate</i>                                                                                            |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>isosorbide mononitrate isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab, isosorbide mononitrate tab 10 mg, isosorbide mononitrate tab 20 mg, isosorbide mononitrate tab er 24hr 120 mg, isosorbide mononitrate tab er 24hr 30 mg, isosorbide mononitrate tab er 24hr 60 mg</i> |                                                         |
| NITRO-BID                                                                                                                                                                                                                                                                                           |                                                         |
| NITRO-DUR -0.3 MG/HR PATCH 24HR, -0.8 MG/HR PATCH 24HR                                                                                                                                                                                                                                              |                                                         |
| <i>nitroglycerin (intra-anal)</i>                                                                                                                                                                                                                                                                   |                                                         |
| <i>nitroglycerin sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr, tl soln 0.4 mg/spray (400 mcg/spray)</i>                                                                                          |                                                         |
| VERQUVO                                                                                                                                                                                                                                                                                             |                                                         |

## CENTRAL NERVOUS SYSTEM AGENTS

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

|                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>amphetamine-dextroamphetamine -dextrocap er 24hr 10 mg, -dextrocap er 24hr 15 mg, -dextrocap er 24hr 20 mg, -dextrocap er 24hr 25 mg, -dextrocap er 24hr 30 mg, -dextrocap er 24hr 5 mg, -dextrotab 5 mg, -dextrotab 7.5 mg, -dextrotab 10 mg, -dextrotab 12.5 mg, -dextrotab 15 mg, -dextrotab 20 mg, -dextrotab 30 mg</i> |
| <i>dextroamphetamine sulfate cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 5 mg, oral solution 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg</i>                                                                                                                                                          |

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

|                               |
|-------------------------------|
| <i>atomoxetine hcl</i>        |
| <i>dexmethylphenidate hcl</i> |
| <i>guanfacine hcl (adhd)</i>  |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                        | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| ZEPOSIA                                                                                                                                                                                                                                                                     |                                                         |
| ZEPOSIA 7-DAY STARTER PACK                                                                                                                                                                                                                                                  |                                                         |
| ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK                                                                                                                                                                                                                     |                                                         |
| <b>DENTAL AND ORAL AGENTS</b>                                                                                                                                                                                                                                               |                                                         |
| <i>chlorhexidine gluconate (mouth-throat)</i>                                                                                                                                                                                                                               |                                                         |
| <i>pilocarpine hcl (oral)</i>                                                                                                                                                                                                                                               |                                                         |
| <i>triamcinolone acetonide (mouth)</i>                                                                                                                                                                                                                                      |                                                         |
| <b>DERMATOLOGICAL AGENTS</b>                                                                                                                                                                                                                                                |                                                         |
| <b>ACNE AND ROSACEA AGENTS</b>                                                                                                                                                                                                                                              |                                                         |
| <i>acitretin</i>                                                                                                                                                                                                                                                            |                                                         |
| <i>benzoyl peroxide-erythromycin</i>                                                                                                                                                                                                                                        |                                                         |
| <i>isotretinoin cap 10 mg, cap 20 mg, cap 25 mg, cap 30 mg, cap 35 mg, cap 40 mg</i>                                                                                                                                                                                        |                                                         |
| <i>tazarotene tazarotene 0.1 % foam, tazarotene cream 0.05%, tazarotene cream 0.1%, tazarotene gel 0.05%, tazarotene gel 0.1%</i>                                                                                                                                           |                                                         |
| <i>tretinoin cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%, gel 0.05%</i>                                                                                                                                                                                    |                                                         |
| <i>tretinoin microsphere gel 0.04%, gel 0.1%</i>                                                                                                                                                                                                                            |                                                         |
| <b>DERMATITIS AND PRURITUS AGENTS</b>                                                                                                                                                                                                                                       |                                                         |
| <i>betamethasone dipropionate (topical)</i>                                                                                                                                                                                                                                 |                                                         |
| BETAMETHASONE DIPROPIONATE AUG                                                                                                                                                                                                                                              |                                                         |
| <i>betamethasone dipropionate augmented</i>                                                                                                                                                                                                                                 |                                                         |
| <i>betamethasone valerate betamethasone valerate 0.1 % lotion, betamethasone valerate aerosol foam 0.12%, betamethasone valerate cream 0.1% (base equivalent), betamethasone valerate lotion 0.1% (base equivalent), betamethasone valerate oint 0.1% (base equivalent)</i> |                                                         |
| <i>clobetasol propionate cream 0.05%, foam 0.05%, gel 0.05%, lotion 0.05%, oint 0.05%, shampoo 0.05%, soln 0.05%, spray 0.05%</i>                                                                                                                                           |                                                         |
| <i>clobetasol propionate emollient base</i>                                                                                                                                                                                                                                 |                                                         |
| <i>clobetasol propionate emulsion</i>                                                                                                                                                                                                                                       |                                                         |
| <i>desonide cream 0.05%, oint 0.05%</i>                                                                                                                                                                                                                                     |                                                         |
| <i>doxepin hcl (antipruritic)</i>                                                                                                                                                                                                                                           |                                                         |
| <i>fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%)</i>                                                                                                                                                                   |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                             | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>TOPICAL ANTI-INFECTIVES</b>                                                                                                                   |                                                         |
| <i>acyclovir topical</i>                                                                                                                         |                                                         |
| <i>ciclopirox gel 0.77%, shampoo 1%, solution 8%</i>                                                                                             |                                                         |
| <i>ciclopirox olamine cream 0.77% equiv), susp 0.77% equiv)</i>                                                                                  |                                                         |
| <i>clindamycin phosphate (topical)</i>                                                                                                           |                                                         |
| ERY                                                                                                                                              |                                                         |
| <i>erythromycin (acne aid)</i>                                                                                                                   |                                                         |
| <i>mupirocin calcium (topical)</i>                                                                                                               |                                                         |
| <i>mupirocin oint 2%</i>                                                                                                                         |                                                         |
| <b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>                                                                                                     |                                                         |
| <b>ELECTROLYTE/MINERAL REPLACEMENT</b>                                                                                                           |                                                         |
| <i>amino acid infusion</i>                                                                                                                       | PA3                                                     |
| <i>carglumic acid</i>                                                                                                                            |                                                         |
| CLINIMIX E/DEXTROSE (2.75/5)                                                                                                                     | PA3                                                     |
| CLINIMIX E/DEXTROSE (4.25/10)                                                                                                                    | PA3                                                     |
| CLINIMIX E/DEXTROSE (4.25/5)                                                                                                                     | PA3                                                     |
| CLINIMIX E/DEXTROSE (5/15)                                                                                                                       | PA3                                                     |
| CLINIMIX E/DEXTROSE (5/20)                                                                                                                       | PA3                                                     |
| CLINIMIX/DEXTROSE (4.25/10)                                                                                                                      | PA3                                                     |
| CLINIMIX/DEXTROSE (4.25/5)                                                                                                                       | PA3                                                     |
| CLINIMIX/DEXTROSE (5/15)                                                                                                                         | PA3                                                     |
| CLINIMIX/DEXTROSE (5/20)                                                                                                                         | PA3                                                     |
| <i>dextrose dextrose 5 % solution, dextrose 10 % solution, dextrose inj 5%, dextrose inj 10%</i>                                                 |                                                         |
| <i>dextrose w/ sodium chloride 2.5% 0.45%, 5% 0.45%, 5% 0.9%</i>                                                                                 |                                                         |
| DEXTROSE-NACL                                                                                                                                    |                                                         |
| DEXTROSE-SODIUM CHLORIDE -2.5-0.45 % SOLUTION, -5-0.2 % SOLUTION, -5-0.45 % SOLUTION, -5-0.9 % SOLUTION, -10-0.2 % SOLUTION, -10-0.45 % SOLUTION |                                                         |
| INTRALIPID                                                                                                                                       | PA3                                                     |
| ISOLYTE-P IN D5W                                                                                                                                 |                                                         |
| KCL IN DEXTROSE-NACL                                                                                                                             |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| KCL-LACTATED RINGERS-D5W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>magnesium sulfate inj 50%</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| NUTRILIPID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PA3                                                     |
| POTASSIUM CHLORIDE ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| <i>potassium chloride in dextrose &amp; sodium chloride</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| <i>potassium chloride in dextrose 20 meq/l (0.15%)5% inj</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| POTASSIUM CHLORIDE IN NACL KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ, KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ, KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ, POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION                                                                                                                                                                                                                                                                                                                                |                                                         |
| <i>potassium chloride microencapsulated crystals er</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| <i>potassium chloride potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride cap er 8 meq, potassium chloride cap er 10 meq, potassium chloride inj 2 meq/ml, potassium chloride inj 10 meq/100ml, potassium chloride inj 20 meq/100ml, potassium chloride inj 40 meq/100ml, potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride powder packet 20 meq, potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg)</i> |                                                         |
| <i>potassium citrate (alkalinizer)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| PREMASOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PA3                                                     |
| PROSOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PA3                                                     |
| <i>sodium chloride (gu irrigant)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>sodium chloride sodium chloride 0.9 % solution, sodium chloride iv soln 0.45%, sodium chloride iv soln 0.9%, sodium chloride iv soln 3%, sodium chloride iv soln 5%, sodium chloride preservative free (pf) inj 0.9%</i>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| SODIUM FLUORIDE SODIUM FLUORIDE 2.2 (1 F) MG TAB, SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF), SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF), SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| TRAVASOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PA3                                                     |
| TROPHAMINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PA3                                                     |

## ELECTROLYTE/MINERAL/METAL MODIFIERS

|                              |  |
|------------------------------|--|
| <i>deferasirox</i>           |  |
| <i>deferiprone</i>           |  |
| FERRIPROX 100 MG/ML SOLUTION |  |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                    | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------|---------------------------------------------------------|
| <i>trientine hcl trientine hcl 500 mg cap, trientine hcl cap 250 mg</i> |                                                         |
| <b>POTASSIUM BINDERS</b>                                                |                                                         |
| LOKELMA                                                                 |                                                         |
| <i>sodium polystyrene sulfonate</i>                                     |                                                         |
| SPS (SODIUM POLYSTYRENE SULF)                                           |                                                         |
| VELTASSA                                                                |                                                         |
| <b>VITAMINS</b>                                                         |                                                         |
| ATABEX EC                                                               |                                                         |
| ATABEX OB                                                               |                                                         |
| AZESCHEW PRENATAL/POSTNATAL                                             |                                                         |
| AZESCO                                                                  |                                                         |
| C-NATE DHA                                                              |                                                         |
| CITRANATAL 90 DHA                                                       |                                                         |
| CITRANATAL ASSURE                                                       |                                                         |
| CITRANATAL B-CALM                                                       |                                                         |
| CITRANATAL BLOOM                                                        |                                                         |
| CITRANATAL BLOOM DHA                                                    |                                                         |
| CITRANATAL DHA                                                          |                                                         |
| CITRANATAL ESSENCE                                                      |                                                         |
| CITRANATAL HARMONY                                                      |                                                         |
| CITRANATAL MEDLEY                                                       |                                                         |
| CITRANATAL RX                                                           |                                                         |
| CO-NATAL FA                                                             |                                                         |
| COMPLETE NATAL DHA                                                      |                                                         |
| COMPLETENATE                                                            |                                                         |
| CONCEPT DHA                                                             |                                                         |
| CONCEPT OB                                                              |                                                         |
| DERMACINRX PRETRATE                                                     |                                                         |
| DUET DHA 400                                                            |                                                         |
| DUET DHA BALANCED                                                       |                                                         |
| ELITE-OB                                                                |                                                         |
| ENBRACE HR                                                              |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.



| DRUG                           | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------|---------------------------------------------------------|
| FOLIVANE-OB                    |                                                         |
| INATAL GT                      |                                                         |
| JENLIVA PRENATAL/POSTNATAL     |                                                         |
| KOSHER PRENATAL PLUS IRON      |                                                         |
| M-NATAL PLUS                   |                                                         |
| MATERNACEL                     |                                                         |
| MULTI-MAC                      |                                                         |
| NATACHEW                       |                                                         |
| NATAL PNV                      |                                                         |
| NATALVIT                       |                                                         |
| NEEVO DHA                      |                                                         |
| NEO-VITAL RX                   |                                                         |
| NEONATAL + DHA                 |                                                         |
| NEONATAL 19                    |                                                         |
| NEONATAL COMPLETE              |                                                         |
| NEONATAL FE                    |                                                         |
| NEONATAL PLUS                  |                                                         |
| NESTABS                        |                                                         |
| NESTABS DHA                    |                                                         |
| NESTABS ONE                    |                                                         |
| NIVA-PLUS                      |                                                         |
| OB COMPLETE                    |                                                         |
| OB COMPLETE ONE                |                                                         |
| OB COMPLETE PETITE             |                                                         |
| OB COMPLETE PREMIER            |                                                         |
| OB COMPLETE/DHA                |                                                         |
| OBSTETRIX EC (WITH DOCUSATE)   |                                                         |
| OBSTETRIX ONE (WITH DOCUSATE)  |                                                         |
| ONE VITE WOMENS PLUS           |                                                         |
| PNV PRENATAL PLUS MULTIVIT+DHA |                                                         |
| PNV PRENATAL PLUS MULTIVITAMIN |                                                         |
| PNV TABS 20-1                  |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------|---------------------------------------------------------|
| PNV TABS 29-1                                                |                                                         |
| PNV-DHA                                                      |                                                         |
| PNV-DHA+DOCUSATE                                             |                                                         |
| PNV-OMEGA                                                    |                                                         |
| PNV-SELECT                                                   |                                                         |
| PREGEN DHA                                                   |                                                         |
| PREGENNA                                                     |                                                         |
| PREMESISRX                                                   |                                                         |
| PRENA 1 TRUE                                                 |                                                         |
| PRENA1                                                       |                                                         |
| PRENA1 PEARL                                                 |                                                         |
| PRENAISSANCE                                                 |                                                         |
| PRENAISSANCE PLUS                                            |                                                         |
| PRENARA                                                      |                                                         |
| PRENATAL 19 19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB |                                                         |
| PRENATAL 27-0.8 MG TAB, 27-1 MG TAB                          |                                                         |
| PRENATAL PLUS                                                |                                                         |
| PRENATAL PLUS IRON                                           |                                                         |
| PRENATAL PLUS VITAMIN/MINERAL                                |                                                         |
| PRENATAL VITAMIN PLUS LOW IRON                               |                                                         |
| PRENATAL-U                                                   |                                                         |
| PRENATE                                                      |                                                         |
| PRENATE AM                                                   |                                                         |
| PRENATE DHA                                                  |                                                         |
| PRENATE ELITE                                                |                                                         |
| PRENATE ENHANCE                                              |                                                         |
| PRENATE ESSENTIAL                                            |                                                         |
| PRENATE MAX                                                  |                                                         |
| PRENATE MINI                                                 |                                                         |
| PRENATE PIXIE                                                |                                                         |
| PRENATE RESTORE                                              |                                                         |
| PRENATOL-M                                                   |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------|---------------------------------------------------------|
| PRENATRIX           |                                                         |
| PRENATRYL           |                                                         |
| PRENATVITE COMPLETE |                                                         |
| PRENATVITE PLUS     |                                                         |
| PRENATVITE RX       |                                                         |
| PREPLUS             |                                                         |
| PRETAB              |                                                         |
| PRIMACARE           |                                                         |
| PROVIDA OB          |                                                         |
| RELNATE DHA         |                                                         |
| SE-NATAL 19         |                                                         |
| SELECT-OB           |                                                         |
| SELECT-OB+DHA       |                                                         |
| TARON-C DHA         |                                                         |
| TARON-PREX          |                                                         |
| THRIVITE RX         |                                                         |
| TPN ELECTROLYTES    |                                                         |
| TRICARE             |                                                         |
| TRINATAL RX 1       |                                                         |
| TRINATE             |                                                         |
| TRINAZ              |                                                         |
| TRISTART DHA        |                                                         |
| TRISTART FREE       |                                                         |
| TRISTART ONE        |                                                         |
| TRIVEEN-DUO DHA     |                                                         |
| VINATE DHA RF       |                                                         |
| VINATE II           |                                                         |
| VINATE ONE          |                                                         |
| VIRT-C DHA          |                                                         |
| VIRT-NATE DHA       |                                                         |
| VIRT-PN DHA         |                                                         |
| VIRT-PN PLUS        |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

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

## GASTROINTESTINAL AGENTS

### ANTI-CONSTIPATION AGENTS

|                                                                 |
|-----------------------------------------------------------------|
| <i>lactulose (encephalopathy)</i>                               |
| <i>lactulose oral crystal packet 10 gm, solution 10 gm/15ml</i> |
| LINZESS                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                        | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>lubiprostone</i>                                                                                                                         |                                                         |
| RELISTOR                                                                                                                                    | PA                                                      |
| ANTI-DIARRHEAL AGENTS                                                                                                                       |                                                         |
| <i>alosetron hcl</i>                                                                                                                        |                                                         |
| <i>diphenoxylate w/ atropine</i>                                                                                                            |                                                         |
| DIPHENOXYLATE-ATROPINE                                                                                                                      |                                                         |
| <i>loperamide hcl cap 2 mg</i>                                                                                                              |                                                         |
| XERMELO                                                                                                                                     |                                                         |
| ANTISPASMODICS, GASTROINTESTINAL                                                                                                            |                                                         |
| <i>dicyclomine hcl cap 10 mg, oral soln 10 mg/5ml, tab 20 mg</i>                                                                            |                                                         |
| <i>glycopyrrolate glycopyrrolate 1.5 mg tab, glycopyrrolate oral soln 1 mg/5ml, glycopyrrolate tab 1 mg, glycopyrrolate tab 2 mg</i>        |                                                         |
| GASTROINTESTINAL AGENTS, OTHER                                                                                                              |                                                         |
| GATTEX                                                                                                                                      | PA                                                      |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>                                                                              |                                                         |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>                                                                                     |                                                         |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>                                                                             |                                                         |
| URSODIOL URSODIOL 200 MG CAP, URSODIOL 400 MG CAP, URSODIOL CAP 300 MG, URSODIOL TAB 250 MG, URSODIOL TAB 500 MG                            |                                                         |
| VOWST                                                                                                                                       |                                                         |
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS                                                                                                        |                                                         |
| <i>famotidine for susp 40 mg/5ml, tab 20 mg, tab 40 mg</i>                                                                                  |                                                         |
| NIZATIDINE NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP, NIZATIDINE CAP 150 MG                                                              |                                                         |
| PROTECTANTS                                                                                                                                 |                                                         |
| <i>sucralfate tab 1 gm</i>                                                                                                                  |                                                         |
| PROTON PUMP INHIBITORS                                                                                                                      |                                                         |
| <i>esomeprazole magnesium cap 20 mg (base eq), cap 40 mg (base eq), for susp packet 10 mg, for susp packet 20 mg, for susp packet 40 mg</i> |                                                         |
| <i>lansoprazole cap 15 mg, cap 30 mg, tab orally disintegrating 15 mg, tab orally disintegrating 30 mg</i>                                  |                                                         |
| <i>omeprazole cap 10 mg, cap 20 mg, cap 40 mg</i>                                                                                           |                                                         |

| DRUG                                                                                                                   | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>pantoprazole sodium ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg</i> |                                                         |
| <b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>                                        |                                                         |
| ARALAST NP                                                                                                             | PA3                                                     |
| <i>betaine</i>                                                                                                         |                                                         |
| CERDELGA                                                                                                               |                                                         |
| CREON                                                                                                                  |                                                         |
| <i>cromolyn sodium (mastocytosis)</i>                                                                                  |                                                         |
| CYSTAGON                                                                                                               |                                                         |
| CYSTARAN                                                                                                               |                                                         |
| GLASSIA                                                                                                                | PA3                                                     |
| <i>glutamine (sickle cell)</i>                                                                                         |                                                         |
| <i>miglustat</i>                                                                                                       |                                                         |
| PROLASTIN-C                                                                                                            | PA3                                                     |
| RAVICTI                                                                                                                |                                                         |
| <i>sapropterin dihydrochloride</i>                                                                                     |                                                         |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful, tab 500 mg</i>                                                  |                                                         |
| SUCRAID                                                                                                                |                                                         |
| WELIREG                                                                                                                |                                                         |
| ZEMAIRA                                                                                                                | PA3                                                     |
| ZENPEP                                                                                                                 |                                                         |
| <b>GENITOURINARY AGENTS</b>                                                                                            |                                                         |
| <b>ANTISPASMODICS, URINARY</b>                                                                                         |                                                         |
| <i>darifenacin hydrobromide</i>                                                                                        |                                                         |
| <i>mirabegron</i>                                                                                                      |                                                         |
| <i>oxybutynin chloride solution 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg</i>         |                                                         |
| OXYTROL                                                                                                                |                                                         |
| <i>solifenacin succinate</i>                                                                                           |                                                         |
| <i>tolterodine tartrate</i>                                                                                            |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                               | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>tropium chloride</i>                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>alfuzosin hcl</i>                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| <i>dutasteride cap 0.5 mg</i>                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| <i>dutasteride-tamsulosin hcl</i>                                                                                                                                                                                                                                                                                                                                                                  |                                                         |
| <i>finasteride tab 5 mg</i>                                                                                                                                                                                                                                                                                                                                                                        |                                                         |
| <i>tadalafil tab 5 mg</i>                                                                                                                                                                                                                                                                                                                                                                          | PA2                                                     |
| <i>tamsulosin hcl</i>                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| <b>GENITOURINARY AGENTS, OTHER</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>bethanechol chloride tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg</i>                                                                                                                                                                                                                                                                                                                              |                                                         |
| ELMIRON                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>penicillamine cap 250 mg, tab 250 mg</i>                                                                                                                                                                                                                                                                                                                                                        |                                                         |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>                                                                                                                                                                                                                                                                                                                                  |                                                         |
| DEXABLISS                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| DEXAMETHASONE DEXAMETHASONE 0.5 MG/5ML SOLUTION,<br>DEXAMETHASONE 0.75 MG TAB, DEXAMETHASONE 1.5 MG (35)<br>TAB THPK, DEXAMETHASONE 1.5 MG (51) TAB THPK,<br>DEXAMETHASONE TAB 0.5 MG, DEXAMETHASONE TAB 0.75 MG,<br>DEXAMETHASONE TAB 1 MG, DEXAMETHASONE TAB 1.5 MG,<br>DEXAMETHASONE TAB 2 MG, DEXAMETHASONE TAB 4 MG,<br>DEXAMETHASONE TAB 6 MG, DEXAMETHASONE TAB THERAPY<br>PACK 1.5 MG (21) |                                                         |
| <i>fludrocortisone acetate tab 0.1 mg</i>                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| HEMADY                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>methylprednisolone tab 4 mg, tab 8 mg, tab 16 mg, tab 32 mg, tab<br/>therapy pack 4 mg (21)</i>                                                                                                                                                                                                                                                                                                 |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                           | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <p><i>prednisolone sodium phosphate prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), prednisolone sod phosphate oral soln 10 mg/5ml (base equiv), prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), prednisolone sod phosphate oral soln 20 mg/5ml (base equiv), prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i></p> |                                                         |
| <i>prednisolone soln 15 mg/5ml</i>                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| PREDNISONE INTENSOL                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <p><i>prednisone prednisone 5 mg/5ml solution, prednisone tab 1 mg, prednisone tab 2.5 mg, prednisone tab 5 mg, prednisone tab 10 mg, prednisone tab 20 mg, prednisone tab 50 mg, prednisone tab therapy pack 5 mg (21), prednisone tab therapy pack 5 mg (48), prednisone tab therapy pack 10 mg (21), prednisone tab therapy pack 10 mg (48)</i></p>                                                         |                                                         |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <p><i>desmopressin acetate spray desmopressin acetate nasal spray soln 0.01%, desmopressin acetate spray 0.01 % solution</i></p>                                                                                                                                                                                                                                                                               |                                                         |
| <i>desmopressin acetate spray refrigerated</i>                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>desmopressin acetate tab 0.1 mg, tab 0.2 mg</i>                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| GENOTROPIN                                                                                                                                                                                                                                                                                                                                                                                                     | PA                                                      |
| GENOTROPIN MINIQUICK                                                                                                                                                                                                                                                                                                                                                                                           | PA                                                      |
| HUMATROPE                                                                                                                                                                                                                                                                                                                                                                                                      | PA                                                      |
| INCRELEX                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| NORDITROPIN FLEXPRO                                                                                                                                                                                                                                                                                                                                                                                            | PA                                                      |
| NUTROPIN AQ NUSPIN 10                                                                                                                                                                                                                                                                                                                                                                                          | PA                                                      |
| NUTROPIN AQ NUSPIN 20                                                                                                                                                                                                                                                                                                                                                                                          | PA                                                      |
| NUTROPIN AQ NUSPIN 5                                                                                                                                                                                                                                                                                                                                                                                           | PA                                                      |
| OMNITROPE                                                                                                                                                                                                                                                                                                                                                                                                      | PA                                                      |
| SEROSTIM                                                                                                                                                                                                                                                                                                                                                                                                       | PA                                                      |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)</b>                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <p><i>misoprostol tab 100 mcg, tab 200 mcg</i></p>                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)</b>                                                                                                                                                                                                                                                                                                                               |                                                         |
| <b>ANDROGENS</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| <p><i>danazol cap 50 mg, cap 100 mg, cap 200 mg</i></p>                                                                                                                                                                                                                                                                                                                                                        |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.



| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| TESTOSTERONE CYPIONATE TESTOSTERONE CYPIONATE 200<br>MG/ML SOLUTION, TESTOSTERONE CYPIONATE IM INJ IN OIL<br>100 MG/ML, TESTOSTERONE CYPIONATE IM INJ IN OIL 200<br>MG/ML                                                                                                                                                                                                                                                                                            |                                                         |
| TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>testosterone testosterone 10 mg/act (2%) gel, testosterone 12.5<br/>mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone td gel<br/>10mg/act (2%), testosterone td gel 12.5 mg/act (1%), testosterone td<br/>gel 20.25 mg/1.25gm (1.62%), testosterone td gel 20.25 mg/act<br/>(1.62%), testosterone td gel 25 mg/2.5gm (1%), testosterone td gel<br/>40.5 mg/2.5gm (1.62%), testosterone td gel 50 mg/5gm (1%),<br/>testosterone td soln 30 mg/act</i> |                                                         |
| <b>ESTROGENS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| <i>desogestrel-ethinyl estradiol (biphasic)</i>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| <i>drospirenone-ethinyl estradiol</i>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium --tab 3-0.02-0.451<br/>mg</i>                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>estradiol &amp; norethindrone acetate</i>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>estradiol tab 0.5 mg, tab 1 mg, tab 2 mg, td patch weekly 0.025<br/>mg/24hr, td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), td patch<br/>weekly 0.05 mg/24hr, td patch weekly 0.06 mg/24hr, td patch weekly<br/>0.075 mg/24hr, td patch weekly 0.1 mg/24hr</i>                                                                                                                                                                                                   |                                                         |
| <i>estradiol vaginal</i>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| <b>ESTRING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>ethynodiol diacet &amp; eth estrad</i>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>etonogestrel-ethinyl estradiol</i>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| <i>levonorgestrel &amp; eth estradiol</i>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| <i>levonorgestrel-eth estradiol (triphasic)</i>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
| <i>levonorgestrel-ethinyl estradiol (91-day)</i>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| <i>norelgestromin-ethinyl estradiol</i>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| <i>norethin acet &amp; estrad-fe &amp; ethinyl -tab 1 mg-20 mcg, -eth -chew tab 1<br/>mg-20 mcg (24), -ethinyl -cap 1 mg-20 mcg (24)</i>                                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>norethindrone &amp; ethinyl estradiol-fe -chew tab 0.4 mg-35 mcg</i>                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| <i>norethindrone acet &amp; eth estra ethinyl estradiol tab 1 mg-20 mcg</i>                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| <i>norethindrone acetate-ethinyl estradiol</i>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>norethindrone acetate-ethinyl estradiol-fe</i>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                               | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>norgestimate-ethinyl estradiol</i>                                                                                                                                              |                                                         |
| <i>norgestimate-ethinyl estradiol (triphasic)</i>                                                                                                                                  |                                                         |
| <i>norgestrel &amp; ethinyl estradiol</i>                                                                                                                                          |                                                         |
| PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB                                                                                         |                                                         |
| PREMPRO                                                                                                                                                                            |                                                         |
| <b>PROGESTINS</b>                                                                                                                                                                  |                                                         |
| DEPO-SUBQ PROVERA 104                                                                                                                                                              |                                                         |
| <i>medroxyprogesterone acetate (contraceptive)</i>                                                                                                                                 |                                                         |
| <i>medroxyprogesterone acetate tab 2.5 mg, tab 5 mg, tab 10 mg</i>                                                                                                                 |                                                         |
| <i>megestrol acetate susp 40 mg/ml, tab 20 mg, tab 40 mg</i>                                                                                                                       |                                                         |
| MIRENA (52 MG)                                                                                                                                                                     |                                                         |
| NEXPLANON                                                                                                                                                                          |                                                         |
| <i>norethindrone (contraceptive)</i>                                                                                                                                               |                                                         |
| <i>progesterone cap 100 mg, cap 200 mg</i>                                                                                                                                         |                                                         |
| <b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>                                                                                                                                |                                                         |
| DUAVEE                                                                                                                                                                             |                                                         |
| <i>raloxifene hcl</i>                                                                                                                                                              |                                                         |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>                                                                                                                  |                                                         |
| <i>levothyroxine sodium tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg</i> |                                                         |
| <i>liothyronine sodium tab 5 mcg, tab 25 mcg, tab 50 mcg</i>                                                                                                                       |                                                         |
| <b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>                                                                                                                         |                                                         |
| <i>cabergoline</i>                                                                                                                                                                 |                                                         |
| ELIGARD                                                                                                                                                                            | PA3                                                     |
| FIRMAGON                                                                                                                                                                           |                                                         |
| FIRMAGON (240 MG DOSE)                                                                                                                                                             |                                                         |
| LEUPROLIDE ACETATE (3 MONTH)                                                                                                                                                       |                                                         |
| <i>leuprolide acetate 1 mg/0.2ml (5 mg/ml), 5 mg/ml</i>                                                                                                                            |                                                         |
| LUPRON DEPOT                                                                                                                                                                       | PA3                                                     |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                            | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>mifepristone (hyperglycemia)</i>                                                                                                             | PA                                                      |
| <i>octreotide acetate 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml)</i> |                                                         |
| ORGOVYX                                                                                                                                         |                                                         |
| RECORLEV                                                                                                                                        |                                                         |
| SIGNIFOR                                                                                                                                        |                                                         |
| SOMAVERT                                                                                                                                        |                                                         |
| SYNAREL                                                                                                                                         |                                                         |
| TRELSTAR MIXJECT                                                                                                                                |                                                         |
| <b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>                                                                                                   |                                                         |
| <b>ANTITHYROID AGENTS</b>                                                                                                                       |                                                         |
| <i>methimazole tab 5 mg, tab 10 mg</i>                                                                                                          |                                                         |
| <i>propylthiouracil tab 50 mg</i>                                                                                                               |                                                         |
| <b>IMMUNOLOGICAL AGENTS</b>                                                                                                                     |                                                         |
| <b>ANGIOEDEMA AGENTS</b>                                                                                                                        |                                                         |
| CINRYZE                                                                                                                                         | PA                                                      |
| <i>icatibant acetate</i>                                                                                                                        |                                                         |
| <b>IMMUNOGLOBULINS</b>                                                                                                                          |                                                         |
| GAMMAGARD 2.5 GM/25ML SOLUTION                                                                                                                  | PA3                                                     |
| GAMMAGARD S/D LESS IGA                                                                                                                          | PA3                                                     |
| GAMMAPLEX 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION                                                  | PA3                                                     |
| GAMUNEX-C -1 GM/10ML SOLUTION                                                                                                                   | PA3                                                     |
| PRIVIGEN 20 GM/200ML SOLUTION                                                                                                                   | PA3                                                     |
| <b>IMMUNOLOGICAL AGENTS, OTHER</b>                                                                                                              |                                                         |
| ARCALYST                                                                                                                                        |                                                         |
| DUPIXENT                                                                                                                                        | PA                                                      |
| KINERET                                                                                                                                         |                                                         |
| OLUMIANT 1 MG TAB, 2 MG TAB                                                                                                                     |                                                         |
| ORENCIA 50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR                                                                  |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                    | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| ORENCIA CLICKJECT                                                                                       |                                                         |
| SKYRIZI 150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART,<br>360 MG/2.4ML SOLN CART                         |                                                         |
| SKYRIZI PEN                                                                                             |                                                         |
| STELARA 45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90<br>MG/ML SOLN PRSYR                            |                                                         |
| TALTZ                                                                                                   |                                                         |
| TAVNEOS                                                                                                 |                                                         |
| TREMIFYA 100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN PRSYR                                                    |                                                         |
| TREMIFYA ONE-PRESS                                                                                      |                                                         |
| TREMIFYA PEN 200 MG/2ML SOLN -INJ                                                                       |                                                         |
| VELSIPITY                                                                                               |                                                         |
| XELJANZ                                                                                                 | PA                                                      |
| XELJANZ XR                                                                                              | PA                                                      |
| XOLAIR                                                                                                  | PA                                                      |
| <b>IMMUNOSTIMULANTS</b>                                                                                 |                                                         |
| ACTIMMUNE                                                                                               |                                                         |
| BESREMI                                                                                                 |                                                         |
| PEGASYS                                                                                                 |                                                         |
| <b>IMMUNOSUPPRESSANTS</b>                                                                               |                                                         |
| ADALIMUMAB-AACF (2 PEN)                                                                                 |                                                         |
| ADALIMUMAB-ADAZ -20 MG/0.2ML SOLN PRSYR, -40 MG/0.4ML<br>SOLN A-INJ, -40 MG/0.4ML SOLN PRSYR            |                                                         |
| ADALIMUMAB-ADB (2 PEN) -40 MG/0.8ML AUT-IJ KIT                                                          |                                                         |
| ADALIMUMAB-ADB (2 SYRINGE) -10 MG/0.2ML PREF SY KT, -20<br>MG/0.4ML PREF SY KT, -40 MG/0.8ML PREF SY KT |                                                         |
| ADALIMUMAB-ADB(CD/UC/HS STRT) -40 MG/0.8ML AUT-IJ KIT                                                   |                                                         |
| ADALIMUMAB-ADB(PS/UV STARTER) -40 MG/0.8ML AUT-IJ KIT                                                   |                                                         |
| ADALIMUMAB-FKJP (2 PEN)                                                                                 |                                                         |
| ADALIMUMAB-FKJP (2 SYRINGE)                                                                             |                                                         |
| ASTAGRAF XL                                                                                             | PA3                                                     |
| <i>azathioprine tab 50 mg, tab 75 mg, tab 100 mg</i>                                                    | PA3                                                     |
| <i>cyclosporine cap 25 mg, cap 100 mg</i>                                                               | PA3                                                     |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                               | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>cyclosporine modified (for microemulsion)</i>                                                                                                                                                   | PA3                                                     |
| ENBREL 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR                                                                                                                           |                                                         |
| ENBREL MINI                                                                                                                                                                                        |                                                         |
| ENBREL SURECLICK                                                                                                                                                                                   |                                                         |
| ENVARUSUS XR                                                                                                                                                                                       | PA3                                                     |
| <i>everolimus (immunosuppressant)</i>                                                                                                                                                              | PA3                                                     |
| HUMIRA (2 SYRINGE) 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT                                                                                                                                  |                                                         |
| HUMIRA 10 MG/0.1ML PREF SY KT                                                                                                                                                                      |                                                         |
| <i>leflunomide tab 10 mg, tab 20 mg</i>                                                                                                                                                            |                                                         |
| METHOTREXATE SODIUM METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 250 MG/10ML SOLUTION, METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML), METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV) |                                                         |
| <i>mycophenolate mofetil cap 250 mg, for oral susp 200 mg/ml, tab 500 mg</i>                                                                                                                       | PA3                                                     |
| <i>mycophenolate sodium</i>                                                                                                                                                                        | PA3                                                     |
| PROGRAF 0.2 MG PACKET, 1 MG PACKET                                                                                                                                                                 | PA3                                                     |
| REZUROCK                                                                                                                                                                                           |                                                         |
| SIMPONI                                                                                                                                                                                            |                                                         |
| <i>sirolimus oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg</i>                                                                                                                                 | PA3                                                     |
| <i>tacrolimus cap 0.5 mg, cap 1 mg, cap 5 mg</i>                                                                                                                                                   | PA3                                                     |
| XATMEP                                                                                                                                                                                             |                                                         |
| <b>VACCINES</b>                                                                                                                                                                                    |                                                         |
| ABRYSVO                                                                                                                                                                                            |                                                         |
| ACTHIB                                                                                                                                                                                             |                                                         |
| ADACEL                                                                                                                                                                                             |                                                         |
| AREXVY                                                                                                                                                                                             |                                                         |
| BCG VACCINE                                                                                                                                                                                        |                                                         |
| BEXSERO                                                                                                                                                                                            |                                                         |
| BOOSTRIX                                                                                                                                                                                           |                                                         |
| DAPTACEL                                                                                                                                                                                           |                                                         |
| ENGRIX-B                                                                                                                                                                                           | PA3                                                     |
| GARDASIL 9                                                                                                                                                                                         |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                     | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------|---------------------------------------------------------|
| HAVRIX                   |                                                         |
| HEPLISAV-B               | PA3                                                     |
| HIBERIX                  |                                                         |
| IMOVAX RABIES            |                                                         |
| INFANRIX                 |                                                         |
| IPOL                     |                                                         |
| IXCHIQ                   |                                                         |
| IXIARO                   |                                                         |
| JYNNEOS                  |                                                         |
| KINRIX 0.5 ML SUSP PRSYR |                                                         |
| M-M-R II                 |                                                         |
| MENACTRA                 |                                                         |
| MENQUADFI                |                                                         |
| MENVEO                   |                                                         |
| PEDIARIX                 |                                                         |
| PEDVAX HIB               |                                                         |
| PENBRAYA                 |                                                         |
| PENTACEL                 |                                                         |
| PRIORIX                  |                                                         |
| PROQUAD                  |                                                         |
| QUADRACEL                |                                                         |
| RABAVERT                 |                                                         |
| RECOMBIVAX HB            | PA3                                                     |
| ROTARIX                  |                                                         |
| ROTATEQ                  |                                                         |
| SHINGRIX                 |                                                         |
| TENIVAC                  |                                                         |
| TICOVAC                  |                                                         |
| TRUMENBA                 |                                                         |
| TWINRIX                  |                                                         |
| TYPHIM VI                |                                                         |
| VAQTA                    |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                            | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| VARIVAX                                                                                                                                                                                         |                                                         |
| VAXCHORA                                                                                                                                                                                        |                                                         |
| VIMKUNYA                                                                                                                                                                                        |                                                         |
| VIVOTIF                                                                                                                                                                                         |                                                         |
| YF-VAX                                                                                                                                                                                          |                                                         |
| <b>INFLAMMATORY BOWEL DISEASE AGENTS</b>                                                                                                                                                        |                                                         |
| <b>AMINOSALICYLATES</b>                                                                                                                                                                         |                                                         |
| <i>balsalazide disodium</i>                                                                                                                                                                     |                                                         |
| DIPENTUM                                                                                                                                                                                        |                                                         |
| <i>mesalamine cap dr 400 mg, cap er 24hr 0.375 gm, cap er 500 mg, enema 4 gm, suppos 1000 mg, tab delayed release 1.2 gm, tab delayed release 800 mg</i>                                        |                                                         |
| <i>mesalamine w/ cleanser</i>                                                                                                                                                                   |                                                         |
| PENTASA 250 MG CAP ER                                                                                                                                                                           |                                                         |
| <i>sulfasalazine tab 500 mg, tab delayed release 500 mg</i>                                                                                                                                     |                                                         |
| <b>GLUCOCORTICOIDS</b>                                                                                                                                                                          |                                                         |
| <i>budesonide delayed release particles cap 3 mg, tab er 24hr 9 mg</i>                                                                                                                          |                                                         |
| <i>hydrocortisone (intrarectal)</i>                                                                                                                                                             |                                                         |
| <i>hydrocortisone tab 5 mg, tab 10 mg, tab 20 mg</i>                                                                                                                                            |                                                         |
| <b>METABOLIC BONE DISEASE AGENTS</b>                                                                                                                                                            |                                                         |
| <i>alendronate sodium tab 10 mg, tab 35 mg, tab 70 mg</i>                                                                                                                                       |                                                         |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i>                                                                                                                                              |                                                         |
| <i>calcitriol cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml</i>                                                                                                                                 |                                                         |
| <i>cinacalcet hcl</i>                                                                                                                                                                           | PA3                                                     |
| <i>doxercalciferol doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap, doxercalciferol cap 0.5 mcg, doxercalciferol cap 1 mcg, doxercalciferol cap 2.5 mcg</i> |                                                         |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i>                                                                                                                                          |                                                         |
| PROLIA                                                                                                                                                                                          |                                                         |
| TERIPARATIDE (RECOMBINANT)                                                                                                                                                                      | PA                                                      |
| TYMLOS                                                                                                                                                                                          | PA                                                      |
| XGEVA                                                                                                                                                                                           | PA                                                      |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                      | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------------------|---------------------------------------------------------|
| <b>MISCELLANEOUS THERAPEUTIC AGENTS</b>                   |                                                         |
| ALCOHOL SWABS                                             |                                                         |
| BRONCHITOL                                                |                                                         |
| BRONCHITOL TOLERANCE TEST                                 |                                                         |
| DROPLET MICRON                                            |                                                         |
| 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 |                                                         |
| INSUPEN PEN NEEDLES                                       |                                                         |
| NEEDLES, INSULIN DISP., SAFETY                            |                                                         |
| <b>OPHTHALMIC AGENTS</b>                                  |                                                         |
| <b>OPHTHALMIC AGENTS, OTHER</b>                           |                                                         |
| <i>atropine sulfate (ophthalmic) soln 1%</i>              |                                                         |
| ATROPINE SULFATE 1 % SOLUTION                             |                                                         |
| <i>bacitracin-poly-neomycin-hc</i>                        |                                                         |
| <i>bacitracin-polymyxin b (ophth)</i>                     |                                                         |
| <i>brimonidine tartrate-timolol maleate</i>               |                                                         |
| <i>cyclosporine (ophth)</i>                               |                                                         |
| <i>dorzolamide hcl-timolol maleate</i>                    |                                                         |
| <i>neomycin-bacitracin zn-polymyxin</i>                   |                                                         |
| <i>neomycin-polymyx-dexameth</i>                          |                                                         |
| NEOMYCIN-POLYMYXIN-HC                                     |                                                         |
| RESTASIS MULTIDOSE                                        |                                                         |
| SULFACETAMIDE-PREDNISOLONE -10-0.23 % SOLUTION            |                                                         |
| TOBRADEX 0.3-0.1 % OINTMENT                               |                                                         |
| <i>tobramycin-dexamethasone</i>                           |                                                         |
| XDEMY                                                     |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.



| DRUG                                          | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------------|---------------------------------------------------------|
| <b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>         |                                                         |
| <i>azelastine hcl (ophth)</i>                 |                                                         |
| <i>cromolyn sodium (ophth)</i>                |                                                         |
| CROMOLYN SODIUM 4 % SOLUTION                  |                                                         |
| <b>OPHTHALMIC ANTI-INFECTIVES</b>             |                                                         |
| AZASITE                                       |                                                         |
| BACITRACIN 500 UNIT/GM OINTMENT               |                                                         |
| <i>ciprofloxacin hcl (ophth)</i>              |                                                         |
| <i>erythromycin (ophth)</i>                   |                                                         |
| ERYTHROMYCIN 5 MG/GM OINTMENT                 |                                                         |
| <i>gatifloxacin (ophth)</i>                   |                                                         |
| <i>gentamicin sulfate (ophth)</i>             |                                                         |
| <i>moxifloxacin hcl (ophth)</i>               |                                                         |
| <i>ofloxacin (ophth)</i>                      |                                                         |
| <i>polymyxin b-trimethoprim</i>               |                                                         |
| <i>sulfacetamide sodium (ophth)</i>           |                                                         |
| SULFACETAMIDE SODIUM 10 % OINTMENT            |                                                         |
| <i>tobramycin (ophth)</i>                     |                                                         |
| TRIFLURIDINE                                  |                                                         |
| ZIRGAN                                        |                                                         |
| <b>OPHTHALMIC ANTI-INFLAMMATORIES</b>         |                                                         |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION |                                                         |
| <i>diclofenac sodium (ophth)</i>              |                                                         |
| <i>difluprednate</i>                          |                                                         |
| <i>fluorometholone (ophth)</i>                |                                                         |
| FLURBIPROFEN SODIUM                           |                                                         |
| FML FORTE                                     |                                                         |
| <i>ketorolac tromethamine (ophth)</i>         |                                                         |
| LOTEMAX 0.5 % OINTMENT                        |                                                         |
| <i>loteprednol etabonate</i>                  |                                                         |
| PRED MILD                                     |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                          | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|---------------------------------------------------------------|---------------------------------------------------------|
| <i>prednisolone acetate (ophth)</i>                           |                                                         |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION                    |                                                         |
| <b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>             |                                                         |
| <i>betaxolol hcl (ophth)</i>                                  |                                                         |
| BETAXOLOL HCL 0.5 % SOLUTION                                  |                                                         |
| BETOPTIC-S                                                    |                                                         |
| CARTEOLOL HCL                                                 |                                                         |
| LEVOBUNOLOL HCL                                               |                                                         |
| <i>timolol maleate (ophth)</i>                                |                                                         |
| <b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b> |                                                         |
| <i>acetazolamide cap er 12hr 500 mg</i>                       |                                                         |
| <i>brimonidine tartrate soln 0.1%, soln 0.15%, soln 0.2%</i>  |                                                         |
| <i>dorzolamide hcl ophth soln 2%</i>                          |                                                         |
| <i>methazolamide tab 25 mg, tab 50 mg</i>                     |                                                         |
| <i>pilocarpine hcl soln 1%, soln 2%, soln 4%</i>              |                                                         |
| RHOPRESSA                                                     |                                                         |
| <b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>        |                                                         |
| <i>bimatoprost ophth soln 0.03%</i>                           |                                                         |
| <i>latanoprost ophth soln 0.005%</i>                          |                                                         |
| <i>travoprost</i>                                             |                                                         |
| <b>OTIC AGENTS</b>                                            |                                                         |
| CIPRO HC                                                      |                                                         |
| <i>ciprofloxacin-dexamethasone</i>                            |                                                         |
| <i>hydrocortisone w/acetic acid</i>                           |                                                         |
| <i>neomycin-polymyxin-hc (otic)</i>                           |                                                         |
| <i>ofloxacin (otic)</i>                                       |                                                         |
| <b>RESPIRATORY TRACT/PULMONARY AGENTS</b>                     |                                                         |
| <b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>           |                                                         |
| ARNUIITY ELLIPTA                                              |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>budesonide (inhalation)</i>                                                                                                                                                                                                                                               | PA3                                                     |
| <i>flunisolide (nasal)</i>                                                                                                                                                                                                                                                   |                                                         |
| <i>fluticasone propionate (nasal)</i>                                                                                                                                                                                                                                        |                                                         |
| FLUTICASONE PROPIONATE HFA                                                                                                                                                                                                                                                   |                                                         |
| PULMICORT FLEXHALER                                                                                                                                                                                                                                                          |                                                         |
| <b>ANTI-HISTAMINES</b>                                                                                                                                                                                                                                                       |                                                         |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>                                                                                                                                                                                                                       |                                                         |
| CLEMASTINE FUMARATE 2.68 MG TAB                                                                                                                                                                                                                                              |                                                         |
| <i>desloratadine tab 5 mg</i>                                                                                                                                                                                                                                                |                                                         |
| <i>levocetirizine dihydrochloride tab 5 mg</i>                                                                                                                                                                                                                               |                                                         |
| <b>ANTILEUKOTRIENES</b>                                                                                                                                                                                                                                                      |                                                         |
| <i>montelukast sodium tab 10 mg (base equiv)</i>                                                                                                                                                                                                                             |                                                         |
| <i>zafirlukast</i>                                                                                                                                                                                                                                                           |                                                         |
| <i>zileuton</i>                                                                                                                                                                                                                                                              |                                                         |
| <b>BRONCHODILATORS, ANTICHOLINERGIC</b>                                                                                                                                                                                                                                      |                                                         |
| ATROVENT HFA                                                                                                                                                                                                                                                                 |                                                         |
| INCRUSE ELLIPTA                                                                                                                                                                                                                                                              |                                                         |
| <i>ipratropium bromide (nasal)</i>                                                                                                                                                                                                                                           |                                                         |
| <i>ipratropium bromide inhal soln 0.02%</i>                                                                                                                                                                                                                                  | PA3                                                     |
| SPIRIVA RESPIMAT                                                                                                                                                                                                                                                             |                                                         |
| <i>tiotropium bromide monohydrate</i>                                                                                                                                                                                                                                        |                                                         |
| TUDORZA PRESSAIR                                                                                                                                                                                                                                                             |                                                         |
| <b>BRONCHODILATORS, SYMPATHOMIMETIC</b>                                                                                                                                                                                                                                      |                                                         |
| <i>albuterol sulfate albuterol sulfate (5 mg/ml) 0.5% nebu soln, albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate soln nebu 0.5% (5 mg/ml), albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i> | PA3                                                     |
| ALBUTEROL SULFATE HFA                                                                                                                                                                                                                                                        |                                                         |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg</i>                                                                                                                                                                       |                                                         |
| <i>epinephrine (anaphylaxis) -0.15 mg/0.3ml (1:2000), -0.3 mg/0.3ml (1:1000)</i>                                                                                                                                                                                             | QL (2 PER 30 OVER TIME)                                 |
| EPINEPHRINE 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ                                                                                                                                                                                                                 | QL (2 PER 30 OVER TIME)                                 |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                       | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>levalbuterol hcl soln 0.31 mg/3ml equiv), soln 0.63 mg/3ml equiv), soln 1.25 mg/3ml equiv), soln conc 1.25 mg/0.5ml equiv)</i>          | PA3                                                     |
| LEVALBUTEROL TARTRATE                                                                                                                      |                                                         |
| SEREVENT DISKUS                                                                                                                            |                                                         |
| <b>CYSTIC FIBROSIS AGENTS</b>                                                                                                              |                                                         |
| CAYSTON                                                                                                                                    |                                                         |
| KALYDECO                                                                                                                                   |                                                         |
| ORKAMBI                                                                                                                                    |                                                         |
| PULMOZYME                                                                                                                                  | PA3                                                     |
| SYMDEKO                                                                                                                                    |                                                         |
| <i>tobramycin soln 300 mg/4ml, soln 300 mg/5ml</i>                                                                                         | PA3                                                     |
| TRIKAFTA                                                                                                                                   |                                                         |
| <b>MAST CELL STABILIZERS</b>                                                                                                               |                                                         |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i>                                                                                                 | PA3                                                     |
| <b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>                                                                                       |                                                         |
| <i>roflumilast</i>                                                                                                                         |                                                         |
| THEO-24                                                                                                                                    |                                                         |
| THEOPHYLLINE ER                                                                                                                            |                                                         |
| <i>theophylline tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg</i>                                         |                                                         |
| <b>PULMONARY ANTIHYPERTENSIVES</b>                                                                                                         |                                                         |
| ADEMPAS                                                                                                                                    | PA                                                      |
| <i>ambrisentan</i>                                                                                                                         |                                                         |
| OPSUMIT                                                                                                                                    | PA                                                      |
| <i>sildenafil citrate (pulmonary hypertension) tab 20 mg</i>                                                                               | PA2                                                     |
| <i>tadalafil (pulmonary hypertension)</i>                                                                                                  | PA2                                                     |
| UPTRAVI 200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB |                                                         |
| <b>PULMONARY FIBROSIS AGENTS</b>                                                                                                           |                                                         |
| OFEV                                                                                                                                       |                                                         |
| <i>pirfenidone pirfenidone 534 mg tab, pirfenidone cap 267 mg, pirfenidone tab 267 mg, pirfenidone tab 801 mg</i>                          |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>RESPIRATORY TRACT AGENTS, OTHER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| <i>acetylcysteine soln 10%, soln 20%</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PA3                                                     |
| ANORO ELLIPTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| <i>budesonide-formoterol fumarate dihydrate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| COMBIVENT RESPIMAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |
| FLUTICASONE FUROATE-VILANTEROL                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |
| <i>fluticasone-salmeterol fluticasone-salmeterol 45-21 mcg/act aerosol, fluticasone-salmeterol 55-14 mcg/act aer pow ba, fluticasone-salmeterol 113-14 mcg/act aer pow ba, fluticasone-salmeterol 115-21 mcg/act aerosol, fluticasone-salmeterol 230-21 mcg/act aerosol, fluticasone-salmeterol 232-14 mcg/act aer pow ba, fluticasone-salmeterol aer powder ba 100-50 mcg/act, fluticasone-salmeterol aer powder ba 250-50 mcg/act, fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> |                                                         |
| <i>ipratropium-albuterol</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PA3                                                     |
| NUCALA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PA                                                      |
| TRELEGY ELLIPTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| <i>wixela inhub</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |
| <b>SKELETAL MUSCLE RELAXANTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>cyclobenzaprine hcl tab 5 mg, tab 7.5 mg, tab 10 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| <i>methocarbamol tab 500 mg, tab 750 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |
| <b>SLEEP DISORDER AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |
| <b>SLEEP PROMOTING AGENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |
| <i>doxepin hcl (sleep)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| HETLIOZ LQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PA                                                      |
| <i>ramelteon</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>tasimelteon</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PA                                                      |
| <i>temazepam</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>triazolam</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| <i>zaleplon</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| <i>zolpidem tartrate tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

| DRUG                                    | NECESSARY ACTIONS,<br>RESTRICTIONS, OR LIMITS ON<br>USE |
|-----------------------------------------|---------------------------------------------------------|
| <b>WAKEFULNESS PROMOTING AGENTS</b>     |                                                         |
| <i>modafinil tab 100 mg, tab 200 mg</i> | PA                                                      |
| SODIUM OXYBATE                          | PA                                                      |

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

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## **D. Index of Covered Drugs**

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

# Index of Covered Drugs

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## 2025 List of Additional Covered Products

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

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

This formulary was updated on 6/1/2025.

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

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

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

