

• FAMILY CARE PARTNERSHIP •

Community Care Family Care Partnership Program (HMO SNP)

Formulary

(2024 LIST OF COVERED DRUGS)

PLEASE READ:

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

HPMS Approved Formulary File Submission ID 00024336, Version 12

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 4/1/2024.

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 24 hours a day, 7 days a week, or visit www.communitycareinc.org.



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

English

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-866-992-6600 (TTY: 711).

Spanish

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-866-992-6600 (TTY: 711).

Hmong

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-866-992-6600 (TTY:711).

Chinese

注：如果您说中文，您可获得免费的语言协助服务。请致电1-866-992-6600 (TTY 文字电话: 711)。

Serbo-Croatian

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-866-992-6600 (telefon za gluhe: 711).

Arabic

تنويه: إذا كنتم تتحدثون بالعربية، تتوفر لكم من اعدة لغوية مجانية. تواصلوا بالرقم 1-866-992-6600 (مكفون صي: 711).

Community Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters

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

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

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 4/1/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Community Care Formulary?

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

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Community Care may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Community Care Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 34-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Community Care Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 4/1/2024. To get updated information about the drugs covered by Community Care please contact us. Our contact information appears on the front and back cover pages. Our formulary is updated monthly, and the most current version is always posted on the website. Please contact your team if you want to request a copy of the Formulary.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 77. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Community Care covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

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

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

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

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Community Care pays for certain OTC drugs. A list of OTC drugs covered by Community Care is at the end of this booklet. Community Care will provide these OTC drugs at no cost to you. The cost to Community Care of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact customer service and ask if your drug is covered.

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

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

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

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

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

Generally, Community Care will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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.

For more information

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

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

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

Community Care Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by Community Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 77.

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

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

Community Care has a Medicare Advantage Special Needs Plan contract with the Centers for Medicare and Medicaid Services (CMS) and a contract with the Wisconsin Department of Health Services (DHS) for the Medicaid Program. Enrollment in Community Care depends on contact renewal. 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.

LEGEND

TIER	NAME	
1	Covered	

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

2024 CCO (List of Covered Drugs)

DRUG NAME	REQUIREMENTS/LIMITS
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
<i>celecoxib</i>	
DICLOFENAC EPOLAMINE	PA
<i>diclofenac potassium (tab 25 mg, tab 50 mg)</i>	
<i>diclofenac sodium</i>	
<i>diclofenac sodium (topical) (gel, gel (1.16% diethylamine equiv))</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</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</i>	
OPIOID ANALGESICS, LONG-ACTING	
<i>fentanyl</i>	
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	
<i>methadone hcl (5 mg/5ml solution, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, 10 mg/5ml solution, 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>	
OXYCODONE HCL ER (10 MG, 20 MG)	
OXYCONTIN (15 MG, 30 MG, 40 MG, 60 MG, 80 MG)	
TRAMADOL HCL (ER BIPHASIC)	
<i>tramadol hcl (tab er 100 mg, tab er 200 mg, tab er 300 mg, tab er biphasic release 100 mg, tab er biphasic release 200 mg, tab er biphasic release 300 mg)</i>	
TRAMADOL HCL ER (100 MG CAP ER, 200 MG CAP ER, 300 MG CAP ER)	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
TRAMADOL HCL ER (BIPHASIC)	
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen w/ codeine (soln 120-12 mg/5ml, tab 300-15 mg, tab 300-30 mg, tab 300-60 mg)</i>	
ACETAMINOPHEN-CODEINE	
CODEINE SULFATE (15 MG TAB, 30 MG TAB, TAB 30 MG, 60 MG TAB)	
<i>fentanyl citrate (a 200 mcg, a 400 mcg, a 600 mcg, a 800 mcg, a 1200 mcg, a 1600 mcg)</i>	PA
<i>hydrocodone-acetaminophen (soln 7.5-325 mg/15ml, tab 7.5-325 mg, tab 10-325 mg)</i>	
<i>hydromorphone hcl (preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg)</i>	
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION	
<i>morphine sulfate (10 mg/5ml solution, oral soln 10 mg/5ml, 15 mg tab, 20 mg/5ml solution, oral soln 20 mg/5ml, 30 mg tab, oral soln 100 mg/5ml (20 mg/ml), tab 15 mg, tab 30 mg)</i>	
<i>oxycodone hcl (conc 100 mg/5ml (20 mg/ml), soln 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
<i>oxycodone w/ acetaminophen</i>	
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	
<i>tramadol hcl (tab 50 mg, tab 100 mg)</i>	
<i>tramadol-acetaminophen</i>	
ANESTHETICS	
LOCAL ANESTHETICS	
<i>lidocaine hcl (mouth-throat)</i>	
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine oint 5%</i>	
<i>lidocaine patch 5%</i>	PA
<i>lidocaine-prilocaine (cream 2.5-2.5%, cream kit 2.5-2.5%)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENTS/ANTI-CRAVING	
<i>acamprosate calcium</i>	
<i>disulfiram</i>	
OPIOID DEPENDENCE	
<i>buprenorphine hcl (tab 2 mg (base equiv), tab 8 mg (base equiv))</i>	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	
<i>naltrexone hcl</i>	
OPIOID REVERSAL AGENTS	
<i>naloxone hcl (0.4 mg/ml soln cart, inj 0.4 mg/ml, nasal spray 4 mg/0.1ml, soln prefilled syringe 2 mg/2ml)</i>	
SMOKING CESSATION AGENTS	
<i>bupropion hcl (smoking deterrent)</i>	
NICOTROL	
<i>varenicline tartrate</i>	PA
ANTIBACTERIALS	
AMINOGLYCOSIDES	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
<i>gentamicin in saline (0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, inj 1.2 mg/ml, 1.6-0.9 mg/ml-% solution)</i>	
<i>gentamicin sulfate (topical)</i>	
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>neomycin sulfate</i>	
STREPTOMYCIN SULFATE	
<i>tobramycin sulfate (for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), 10 mg/ml solution, inj 80 mg/2ml (40 mg/ml) (base equiv))</i>	
ANTIBACTERIALS, OTHER	
<i>acetic acid (otic)</i>	
<i>aztreonam</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
CLEOCIN 100 MG SUPPOS	
<i>clindamycin hcl</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate (600 mg/4ml, 900 mg/6ml)</i>	
<i>clindamycin phosphate (topical) (lotion, swab)</i>	
<i>clindamycin phosphate in d5w</i>	
<i>clindamycin phosphate vaginal</i>	
<i>colistimethate sodium</i>	
<i>daptomycin (350 mg recon soln, for iv soln 350 mg, 500 mg recon soln, for iv soln 500 mg)</i>	
<i>fosfomycin tromethamine</i>	
<i>linezolid (for susp 100 mg/5ml, iv soln 600 mg/300ml (2 mg/ml), tab 600 mg)</i>	
<i>methenamine hippurate</i>	
<i>metronidazole (cap 375 mg, tab 250 mg, 500 mg/100ml solution, iv soln 500 mg/100ml, tab 500 mg)</i>	
<i>metronidazole (topical) (cream 0.75%, gel 0.75%, gel 1%, lotion 0.75%)</i>	
<i>metronidazole vaginal</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohyd macro</i>	
<i>polymyxin b sulfate</i>	
SIVEXTRO	
<i>tigecycline (50 mg recon soln, for iv soln 50 mg)</i>	
<i>trimethoprim (100 mg tab, tab 100 mg)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
VANCOMYCIN HCL (1 GM RECON SOLN, FOR IV SOLN 1 GM (BASE EQUIVALENT), 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 5 GM RECON SOLN, 10 GM RECON SOLN, CAP 125 MG (BASE EQUIVALENT), CAP 250 MG (BASE EQUIVALENT), FOR IV SOLN 5 GM (BASE EQUIVALENT), FOR IV SOLN 10 GM (BASE EQUIVALENT), FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT), FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT), 100 GM RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 500 MG/100ML SOLUTION, FOR IV SOLN 500 MG (BASE EQUIVALENT), 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 750 MG/7.5ML SOLUTION, FOR IV SOLN 750 MG (BASE EQUIVALENT), 1000 MG/10ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/12.5ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/15ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/17.5ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/20ML SOLUTION, 2000 MG/400ML SOLUTION)	
VANCOMYCIN HCL IN DEXTROSE	
VANCOMYCIN HCL IN NACL	
XIFAXAN	
BETA-LACTAM, CEPHALOSPORINS	
<i>cefadroxil (1 gm tab, cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml, tab 1 gm)</i>	
<i>cefazolin sodium (1 gm recon soln, for inj 1 gm, for inj 10 gm, for inj 500 mg)</i>	
<i>cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>	
<i>cefepime hcl (inj 1 gm, inj 2 gm, iv soln 2 gm)</i>	
<i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</i>	
<i>cefoxitin sodium</i>	
<i>cefopodoxime proxetil (for susp 50 mg/5ml, for susp 100 mg/5ml, tab 100 mg, tab 200 mg)</i>	
<i>cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)</i>	
<i>ceftazidime</i>	
<i>ceftriaxone sodium (inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)</i>	
<i>cefuroxime axetil</i>	
<i>cefuroxime sodium (inj 750 mg, iv soln 1.5 gm)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>cephalexin (250 mg tab, cap 250 mg, cap 500 mg, cap 750 mg, for susp 125 mg/5ml, for susp 250 mg/5ml, 500 mg tab)</i>	
TEFLARO	
BETA-LACTAM, PENICILLINS	
<i>amoxicillin & pot clavulanate (k for susp 200-28.5 mg/5ml, k for susp 250-62.5 mg/5ml, k for susp 400-57 mg/5ml, k for susp 600-42.9 mg/5ml, k tab 250-125 mg, k tab 500-125 mg, k tab 875-125 mg)</i>	
<i>amoxicillin (125 mg chew tab, (trihydrate) cap 250 mg, (trihydrate) cap 500 mg, (trihydrate) for susp 125 mg/5ml, (trihydrate) for susp 200 mg/5ml, (trihydrate) for susp 250 mg/5ml, 250 mg chew tab, (trihydrate) for susp 400 mg/5ml, (trihydrate) tab 500 mg, (trihydrate) tab 875 mg)</i>	
AMOXICILLIN-POT CLAVULANATE	
AMOXICILLIN-POT CLAVULANATE ER	
<i>ampicillin & sulbactam sodium</i>	
<i>ampicillin (500 mg cap, cap 500 mg)</i>	
<i>ampicillin sodium (1 gm recon soln, for inj 1 gm, for iv soln 10 gm, 125 mg recon soln)</i>	
AMPICILLIN-SULBACTAM SODIUM	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium (1 gm recon soln, for inj 1 gm, 2 gm recon soln, for inj 2 gm, 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 (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
CARBAPENEMS	
<i>ertapenem sodium</i>	
<i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 250 mg, intravenous for soln 500 mg)</i>	
<i>meropenem (soln 1 gm, soln 500 mg)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
MACROLIDES	
<i>azithromycin (1 gm packet, 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>	
<i>clarithromycin (125 mg/5ml recon susp, tab 250 mg, tab 500 mg, tab er 24hr 500 mg, 250 mg/5ml recon susp)</i>	
DIFICID 200 MG TAB	
ERYTHROCIN LACTOBIONATE	
ERYTHROCIN STEARATE	
<i>erythromycin base (250 mg cp dr part, tab 250 mg, tab 500 mg, tab delayed release 250 mg, tab delayed release 333 mg, tab delayed release 500 mg, w/ delayed release particles cap 250 mg)</i>	
<i>erythromycin ethylsuccinate (for susp 200 mg/5ml, 400 mg tab, for susp 400 mg/5ml)</i>	
<i>erythromycin lactobionate</i>	
ERYTHROMYCIN STEARATE	
QUINOLONES	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	
<i>ciprofloxacin hcl (ophth)</i>	
<i>ciprofloxacin hcl (tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))</i>	
<i>levofloxacin (oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)</i>	
<i>levofloxacin in d5w (soln 500 mg/100ml, soln 750 mg/150ml)</i>	
<i>moxifloxacin hcl (400 mg/250ml solution, tab 400 mg (base equiv))</i>	
MOXIFLOXACIN HCL IN NAACL	
<i>ofloxacin (300 mg tab, tab 400 mg)</i>	
SULFONAMIDES	
<i>sulfacetamide sodium (acne)</i>	
<i>sulfadiazine (500 mg tab, tab 500 mg)</i>	
<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
TETRACYCLINES	
<i>demeclocycline hcl</i>	
<i>doxycycline (monohydrate) (cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, for susp 25 mg/5ml, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i>	
<i>doxycycline hyclate (cap 50 mg, tab 50 mg, tab delayed release 50 mg, tab delayed release 75 mg, 80 mg tab dr, cap 100 mg, for inj 100 mg, tab 20 mg, tab 75 mg, tab 100 mg, tab 150 mg, tab delayed release 100 mg, tab delayed release 150 mg, tab delayed release 200 mg)</i>	
<i>minocycline hcl</i>	
<i>tetracycline hcl (cap 250 mg, cap 500 mg)</i>	
VIBRAMYCIN 50 MG/5ML SYRUP	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)

DIACOMIT

divalproex sodium

EPIDIOLEX

PA2

EPRONTIA

felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)

FINTEPLA

FYCOMPA (0.5 MG/ML SUSPENSION, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)

lamotrigine

levetiracetam (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)

quetiapine fumarate tab 400 mg

SPRITAM

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>topiramate (cap er 24hr 200 mg, cap er 24hr sprinkle 100 mg, cap er 24hr sprinkle 150 mg, cap er 24hr sprinkle 200 mg, cap er 24hr sprinkle 25 mg, cap er 24hr sprinkle 50 mg, sprinkle cap 15 mg, sprinkle cap 25 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
<i>valproic acid</i>	
XCOPRI	
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	
XCOPRI (350 MG DAILY DOSE)	
ZTALMY	
CALCIUM CHANNEL MODIFYING AGENTS	
<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	
<i>methsuximide</i>	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS	
<i>clobazam (suspension 2.5 mg/ml, tab 10 mg, tab 20 mg)</i>	
<i>diazepam (anticonvulsant)</i>	
DIAZEPAM 2.5 MG GEL	
<i>gabapentin (cap 100 mg, cap 300 mg, cap 400 mg, oral soln 250 mg/5ml, tab 600 mg, tab 800 mg)</i>	
NAYZILAM	
<i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg)</i>	
<i>primidone (tab 50 mg, 125 mg tab, tab 250 mg)</i>	
SYMPAZAN	
<i>tiagabine hcl</i>	
VALTOCO 10 MG DOSE	
VALTOCO 15 MG DOSE	
VALTOCO 20 MG DOSE	
VALTOCO 5 MG DOSE	
<i>vigabatrin</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
SODIUM CHANNEL AGENTS	
APTIOM	
<i>carbamazepine (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, chew tab 100 mg, susp 100 mg/5ml, tab 200 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)</i>	
DILANTIN 30 MG CAP	
<i>lacosamide (10 mg/ml solution, oral solution 10 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	
<i>oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)</i>	
<i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>	
<i>phenytoin sodium extended</i>	
<i>rufinamide (susp 40 mg/ml, tab 200 mg, tab 400 mg)</i>	
ZONISADE	
<i>zonisamide</i>	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, OTHER	
ERGOLOID MESYLATES	
NAMZARIC	
CHOLINESTERASE INHIBITORS	
<i>donepezil hydrochloride (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg)</i>	
<i>galantamine hydrobromide (cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg, tab 4 mg, tab 8 mg, tab 12 mg)</i>	
<i>rivastigmine</i>	
<i>rivastigmine tartrate</i>	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	
<i>memantine hcl (cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg, tab 5 mg, tab 10 mg, tab 28 x 5 mg & 21 x 10 mg titration pack)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
AUVELITY	
<i>bupropion hcl</i>	
BUPROPION HCL ER (XL)	
LYBALVI	
<i>mirtazapine</i>	
ZURZUVAE	
MONOAMINE OXIDASE INHIBITORS	
EMSAM	
MARPLAN	
<i>phenelzine sulfate (15 mg tab, tab 15 mg)</i>	
<i>tranylcypromine sulfate</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	
DESVENLAFAXINE ER	
<i>desvenlafaxine succinate</i>	
<i>escitalopram oxalate (soln 5 mg/5ml (base equiv), tab 5 mg (base equiv), tab 10 mg (base equiv), tab 20 mg (base equiv))</i>	
FETZIMA	
FETZIMA TITRATION	
<i>fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml, tab 10 mg, tab 20 mg, 60 mg tab, tab 60 mg, 90 mg cap dr)</i>	
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	
<i>fluvoxamine maleate</i>	
NEFAZODONE HCL	
<i>paroxetine hcl (oral susp 10 mg/5ml (base equiv), tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg, tab er 24hr 12.5 mg, tab er 24hr 25 mg, tab er 24hr 37.5 mg)</i>	
<i>paroxetine mesylate (vasomotor)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>sertraline hcl (oral concentrate for solution 20 mg/ml, tab 25 mg, tab 50 mg, tab 100 mg, 150 mg cap, 200 mg cap)</i>	
<i>trazodone hcl</i>	
TRINTELLIX	
VENLAFAXINE BESYLATE ER	
<i>venlafaxine hcl</i>	
<i>vilazodone hcl</i>	

TRICYCLICS

<i>amitriptyline hcl</i>	
<i>amoxapine</i>	
<i>clomipramine hcl</i>	
<i>desipramine hcl</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</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</i>	

ANTIEMETICS

ANTIEMETICS, OTHER

<i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>	
<i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml) (base equiv), tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	
<i>perphenazine</i>	
<i>prochlorperazine</i>	
<i>prochlorperazine maleate</i>	
<i>promethazine hcl (suppos 12.5 mg, suppos 25 mg, syrup 6.25 mg/5ml, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	
<i>scopolamine</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
EMETOGENIC THERAPY ADJUNCTS	
<i>aprepitant</i>	PA3
<i>dronabinol</i>	PA
<i>ondansetron</i>	PA3
<i>ondansetron hcl (oral soln 4 mg/5ml, tab 4 mg, tab 8 mg)</i>	PA3
ANTIFUNGALS	
ABELCET	PA3
AMPHOTERICIN B	PA3
<i>amphotericin b liposome</i>	PA3
<i>casprofungin acetate (50 mg recon soln, for iv soln 50 mg, 70 mg recon soln, for iv soln 70 mg)</i>	
<i>ciclopirox olamine (cream (base equiv), susp (base equiv))</i>	
<i>clotrimazole</i>	
<i>clotrimazole (topical) (cream, soln)</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</i>	
<i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>	
<i>griseofulvin ultramicrosize</i>	
<i>itraconazole cap 100 mg</i>	
<i>ketoconazole</i>	
<i>ketoconazole (topical) (cream, foam, shampoo)</i>	
<i>micafungin sodium (50 mg recon soln, for iv soln 50 mg, 100 mg recon soln, for iv soln 100 mg)</i>	
MICONAZOLE 3	
<i>nystatin</i>	
<i>nystatin (mouth-throat)</i>	
<i>nystatin (topical)</i>	
<i>posaconazole (susp 40 mg/ml, tab delayed release 100 mg)</i>	
<i>terbinafine hcl</i>	
TERCONAZOLE	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)</i>	
<i>voriconazole (200 mg recon soln, for inj 200 mg)</i>	PA3
<i>voriconazole (for susp 40 mg/ml, tab 50 mg, tab 200 mg)</i>	
ANTIGOUT AGENTS	
<i>allopurinol (tab 100 mg, 200 mg tab, tab 300 mg)</i>	
<i>colchicine</i>	
<i>colchicine w/ probenecid</i>	
<i>febuxostat</i>	
<i>probenecid</i>	
ANTIMIGRAINE AGENTS	
ANTIMIGRAINE AGENTS, OTHER	
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>	
<i>ergotamine w/ caffeine</i>	
PROPHYLACTIC	
AJOVY	PA
<i>timolol maleate</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</i>	
<i>sumatriptan succinate (inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution auto-injector 6 mg/0.5ml, solution cartridge 4 mg/0.5ml)</i>	
<i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	QL (9 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ANTIMYASTHENIC AGENTS	
PARASYMPATHOMIMETICS	
<i>pyridostigmine bromide (30 mg tab, oral soln 60 mg/5ml, tab 60 mg, tab er 180 mg)</i>	
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
<i>dapsone</i>	
<i>rifabutin</i>	
ANTITUBERCULARS	
<i>ethambutol hcl</i>	
<i>isoniazid (syrup 50 mg/5ml, 100 mg tab, tab 100 mg, tab 300 mg)</i>	
PRETOMANID	
PRIFTIN	
<i>pyrazinamide</i>	
<i>rifampin</i>	
SIRTURO	
TRECATOR	
ANTINEOPLASTICS	
ALKYLATING AGENTS	
<i>cyclophosphamide (25 mg cap, 25 mg tab, cap 25 mg, 50 mg cap, 50 mg tab, cap 50 mg)</i>	PA3
GLEOSTINE	
LEUKERAN	
MATULANE	
VALCHLOR	
ANTIANDROGENS	
<i>abiraterone acetate</i>	
<i>bicalutamide</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ERLEADA	
<i>nilutamide</i>	
NUBEQA	
ORSERDU	
XTANDI	
YONSA	
ANTIANGIOGENIC AGENTS	
<i>lenalidomide</i>	
POMALYST	LA
THALOMID	
ANTIESTROGENS/MODIFIERS	
EMCYT	
SOLTAMOX	
<i>tamoxifen citrate</i>	
<i>toremifene citrate</i>	
ANTIMETABOLITES	
<i>hydroxyurea</i>	
INQOVI	
<i>mercaptopurine</i>	
PURIXAN	
TABLOID	
ANTINEOPLASTICS, OTHER	
AKEEGA	
AUGTYRO	
BESREMI	
BRUKINSA	
EXKIVITY	
FOTIVDA	
IDHIFA	
INREBIC	
IWILFIN	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
JAYPIRCA	
KISQALI FEMARA (400 MG DOSE)	
KISQALI FEMARA (600 MG DOSE)	
KISQALI FEMARA(200 MG DOSE)	
KOSELUGO	
KRAZATI	
LONSURF	
LUMAKRAS	
NINLARO	
OGSIVEO	
ONUREG	
QINLOCK	
RETEVMO	
ROZLYTREK (100 MG CAP, 200 MG CAP)	
TABRECTA	
TAZVERIK	
VANFLYTA	
WELIREG	
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	
XPOVIO (60 MG TWICE WEEKLY)	
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	
XPOVIO (80 MG TWICE WEEKLY)	
ZOLINZA	
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
MOLECULAR TARGET INHIBITORS	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI 75 MG CAP	
CABOMETYX	
CALQUENCE	
CAPRELSA	
COMETRIQ (100 MG DAILY DOSE)	
COMETRIQ (140 MG DAILY DOSE)	
COMETRIQ (60 MG DAILY DOSE)	
COPIKTRA	
COTELIC	
DAURISMO	
ERIVEDGE	
<i>erlotinib hcl</i>	
<i>everolimus</i>	
FRUZAQLA	
GAVRETO	
<i>gefitinib</i>	
GILOTRIF	
IBRANCE	
ICLUSIG	
<i>imatinib mesylate</i>	
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	
INLYTA	
JAKAFI	
KISQALI (200 MG DOSE)	
KISQALI (400 MG DOSE)	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
KISQALI (600 MG DOSE)	
<i>lapatinib ditosylate</i>	
LENVIMA (10 MG DAILY DOSE)	
LENVIMA (12 MG DAILY DOSE)	
LENVIMA (14 MG DAILY DOSE)	
LENVIMA (18 MG DAILY DOSE)	
LENVIMA (20 MG DAILY DOSE)	
LENVIMA (24 MG DAILY DOSE)	
LENVIMA (4 MG DAILY DOSE)	
LENVIMA (8 MG DAILY DOSE)	
LORBRENA	
LYNPARZA	
LYTGOBI (12 MG DAILY DOSE)	
LYTGOBI (16 MG DAILY DOSE)	
LYTGOBI (20 MG DAILY DOSE)	
MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)	
MEKTOVI	
NERLYNX	
ODOMZO	
OJJAARA	
<i>pazopanib hcl</i>	
PEMAZYRE	
PIQRAY (200 MG DAILY DOSE)	
PIQRAY (250 MG DAILY DOSE)	
PIQRAY (300 MG DAILY DOSE)	
REZLIDHIA	
RUBRACA	
RYDAPT	
SCEMBLIX	
<i>sorafenib tosylate</i>	
SPRYCEL	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
STIVARGA	
<i>sunitinib malate</i>	
TAFINLAR	
TAGRISSO	
TALZENNA	
TASIGNA	
TEPMETKO	
TIBSOVO	
TRUQAP	
TUKYSA	
TURALIO	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	
VIZIMPRO	
XALKORI	
XOSPATA	
ZEJULA	
ZELBORAF	
ZYDELIG	
ZYKADIA 150 MG TAB	
RETINOIDS	
<i>bexarotene</i>	
<i>bexarotene (topical)</i>	PA2
PANRETIN	
<i>tretinoin (chemotherapy)</i>	
TREATMENT ADJUNCTS	
<i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i>	
MESNEX 400 MG TAB	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
VONJO	
ANTIPARASITICS	
ANTHELMINTHICS	
<i>albendazole</i>	
<i>hydroxychloroquine sulfate tab 200 mg</i>	
<i>ivermectin tab 3 mg</i>	
<i>praziquantel</i>	
ANTIPROTOZOALS	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate</i>	
COARTEM	
<i>hydroxychloroquine sulfate (tab 100 mg, tab 300 mg, tab 400 mg)</i>	
<i>mefloquine hcl tab 250 mg</i>	
<i>nitazoxanide</i>	
<i>pentamidine isethionate (inj soln 300 mg, soln 300 mg)</i>	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	PA3
<i>primaquine phosphate (26.3 (15 base) mg tab, tab 26.3 mg (15 mg base))</i>	
<i>pyrimethamine</i>	
<i>quinine sulfate</i>	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>trihexyphenidyl hcl (tab 2 mg, tab 5 mg)</i>	
ANTIPARKINSON AGENTS, OTHER	
<i>amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, tabs 12.5-50-200 mg, 18.75-75-200 mg tab, tabs 18.75-75-200 mg, tabs 25-100-200 mg, tabs 31.25-125-200 mg, 37.5-150-200 mg tab, tabs 37.5-150-200 mg, tabs 50-200-200 mg)</i>	
<i>entacapone</i>	
ONGENTYS	
<i>tolcapone</i>	
DOPAMINE AGONISTS	
<i>apomorphine hydrochloride</i>	
<i>bromocriptine mesylate</i>	
NEUPRO	
<i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i>	
<i>ropinirole hydrochloride</i>	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
<i>carbidopa</i>	
<i>carbidopa-levodopa (carbidopa & levodopa orally disintegrating tab 10-100 mg, carbidopa & levodopa orally disintegrating tab 25-100 mg, carbidopa & levodopa orally disintegrating tab 25-250 mg, carbidopa & levodopa tab 10-100 mg, carbidopa & levodopa tab 25-100 mg, carbidopa & levodopa tab 25-250 mg, carbidopa & levodopa tab er 25-100 mg, carbidopa & 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	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
<i>rasagiline mesylate</i>	
<i>selegiline hcl</i>	
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
<i>chlorpromazine hcl (tab 10 mg, tab 25 mg, 30 mg/ml conc, tab 50 mg, 100 mg/ml conc, tab 100 mg, tab 200 mg)</i>	
<i>fluphenazine decanoate</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>fluphenazine hcl (tab 1 mg, 2.5 mg/5ml elixir, 2.5 mg/ml solution, tab 2.5 mg, 5 mg/ml conc, tab 5 mg, tab 10 mg)</i>	
<i>haloperidol</i>	
<i>haloperidol decanoate</i>	
<i>haloperidol lactate</i>	
<i>loxapine succinate</i>	
MOLINDONE HCL	
PIMOZIDE	
<i>thioridazine hcl</i>	
<i>thiothixene</i>	
<i>trifluoperazine hcl</i>	
2ND GENERATION/ATYPICAL	
ABILIFY ASIMTUFII	
ABILIFY MAINTENA	
<i>aripiprazole (oral solution 1 mg/ml, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate</i>	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
<i>lurasidone hcl</i>	
NUPLAZID	PA2
<i>olanzapine</i>	
<i>paliperidone</i>	
PERSERIS	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>quetiapine fumarate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg, tab 300 mg, tab er 24hr 150 mg, tab er 24hr 200 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg, 150 mg tab)</i>	
REXULTI	
<i>risperidone (0.25 mg tab disp, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg, orally disintegrating tab 4 mg, soln 1 mg/ml, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)</i>	
<i>risperidone microspheres</i>	
SECUADO	
UZEDY	
VRAYLAR	
<i>ziprasidone hcl</i>	
<i>ziprasidone mesylate</i>	
ZYPREXA RELPREVV 210 MG RECON SUSP	
TREATMENT-RESISTANT	
<i>clozapine (12.5 mg tab disp, orally disintegrating tab 25 mg, orally disintegrating tab 100 mg, orally disintegrating tab 150 mg, orally disintegrating tab 200 mg, tab 25 mg, tab 50 mg, tab 100 mg, 150 mg tab disp, 200 mg tab disp, tab 200 mg)</i>	
VERSACLOZ	
ANTISPASTICITY AGENTS	
<i>baclofen (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>tizanidine hcl</i>	
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
PREVYMIS (240 MG TAB, 480 MG TAB)	
<i>valganciclovir hcl (for soln 50 mg/ml (base equiv), tab 450 mg (base equivalent))</i>	
ZIRGAN	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ANTI-HEPATITIS B (HBV) AGENTS	
<i>adefovir dipivoxil</i>	
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine (hbv)</i>	
ANTI-HEPATITIS C (HCV) AGENTS	
LEDIPASVIR-SOFOSBUVIR	PA
MAVYRET 100-40 MG TAB	PA
RIBAVIRIN (200 MG CAP, 200 MG TAB)	
<i>ribavirin (hepatitis c)</i>	
SOFOSBUVIR-VELPATASVIR	PA
SOVALDI 400 MG TAB	PA
VOSEVI	PA
ZEPATIER	PA
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)	
BIKTARVY	
DOVATO	
GENVOYA	
ISENTRESS	
ISENTRESS HD	
JULUCA	
STRIBILD	
TIVICAY	
TIVICAY PD	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
COMPLERA	
DELSTRIGO	
EDURANT	
<i>efavirenz (50 mg cap, 200 mg cap, tab 600 mg)</i>	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>etravirine</i>	
INTELENCE 25 MG TAB	
<i>nevirapine (tab er 24hr 400 mg, 50 mg/5ml suspension, tab 200 mg)</i>	
ODEFSEY	
PIFELTRO	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
<i>abacavir sulfate (soln 20 mg/ml (base equiv), tab 300 mg (base equiv))</i>	
<i>abacavir sulfate-lamivudine</i>	
CIMDUO	
DESCOVY	
<i>emtricitabine</i>	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine (oral soln 10 mg/ml, tab 150 mg, tab 300 mg)</i>	
<i>lamivudine-zidovudine</i>	
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	
TRIUMEQ PD	
TRIZIVIR	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	
<i>zidovudine (cap 100 mg, syrup 10 mg/ml, tab 300 mg)</i>	
ANTI-HIV AGENTS, OTHER	
FUZEON	
<i>maraviroc</i>	
RUKOBIA	
SELZENTRY (20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB)	
SUNLENCA (4 X 300 MG TAB, 5 X 300 MG TAB)	
TYBOST	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS 250 MG CAP	
<i>atazanavir sulfate</i>	
<i>darunavir</i>	
EVOTAZ	
<i>fosamprenavir calcium</i>	
LEXIVA 50 MG/ML SUSPENSION	
<i>lopinavir-ritonavir (soln 400-100 mg/5ml (80-20 mg/ml), tab 100-25 mg, tab 200-50 mg)</i>	
NORVIR 100 MG PACKET	
PREZCOBIX	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	
REYATAZ 50 MG PACKET	
<i>ritonavir</i>	
SYMTUZA	
VIRACEPT	
ANTI-INFLUENZA AGENTS	
<i>oseltamivir phosphate (cap 30 mg (base equiv), cap 45 mg (base equiv), cap 75 mg (base equiv), for susp 6 mg/ml (base equiv))</i>	
RELENZA DISKHALER	
ANTIHERPETIC AGENTS	
<i>acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)</i>	
<i>acyclovir sodium</i>	PA3
<i>acyclovir topical</i>	
<i>famciclovir</i>	
TRIFLURIDINE	
<i>valacyclovir hcl</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
<i>bupirone hcl</i>	
<i>hydroxyzine hcl (syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg)</i>	
<i>hydroxyzine pamoate (cap 25 mg, cap 50 mg, 100 mg cap)</i>	
BENZODIAZEPINES	
<i>alprazolam</i>	
ALPRAZOLAM INTENSOL	
<i>clonazepam</i>	
<i>clorazepate dipotassium</i>	
<i>diazepam (5 mg/5ml solution, 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>	
BIPOLAR AGENTS	
MOOD STABILIZERS	
<i>lithium (8 meq/5ml solution, oral solution 8 meq/5ml)</i>	
<i>lithium carbonate (150 mg cap, cap 150 mg, 300 mg cap, cap 300 mg, cap 600 mg, tab 300 mg, tab er 300 mg, tab er 450 mg, 600 mg cap)</i>	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
<i>acarbose</i>	
ALOGLIPTIN BENZOATE	
ALOGLIPTIN-METFORMIN HCL	
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	
CYCLOSET	
DAPAGLIFLOZIN PROPANEDIOL	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
FARXIGA	
<i>glimepiride</i>	
<i>glipizide (2.5 mg tab, tab 5 mg, tab 10 mg, tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)</i>	
<i>glipizide-metformin hcl</i>	
JARDIANCE	
<i>metformin hcl (tab 500 mg, tab 850 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg, tab er 24hr modified release 1000 mg, tab er 24hr modified release 500 mg, tab er 24hr osmotic 1000 mg, tab er 24hr osmotic 500 mg, 625 mg tab)</i>	
<i>nateglinide</i>	
<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	
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide</i>	
GLUCAGEN HYPOKIT	
GLUCAGON EMERGENCY 1 MG KIT	
INSULINS	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
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	
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	
INSULIN GLARGINE-YFGN	
INSULIN LISPRO	
INSULIN LISPRO (1 UNIT DIAL)	
INSULIN LISPRO JUNIOR KWIKPEN	
INSULIN LISPRO PROT & LISPRO	
NOVOLIN 70/30	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN 70/30 FLEXPEN RELION	
NOVOLIN 70/30 RELION	
NOVOLIN N	
NOVOLIN N FLEXPEN	
NOVOLIN N FLEXPEN RELION	
NOVOLIN N RELION	
NOVOLIN R	
NOVOLIN R FLEXPEN	
NOVOLIN R FLEXPEN RELION	
NOVOLIN R RELION	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

dabigatran etexilate mesylate (cap 75 mg (eq), cap 150 mg (eq))

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ELIQUIS	
ELIQUIS DVT/PE STARTER PACK	
<i>enoxaparin sodium (soln syr 30 mg/0.3ml, soln syr 40 mg/0.4ml, soln syr 60 mg/0.6ml, soln syr 80 mg/0.8ml, soln syr 100 mg/ml, soln syr 120 mg/0.8ml, soln syr 150 mg/ml)</i>	
<i>fondaparinux sodium</i>	
<i>heparin sodium (porcine) (1000 unit/ml, 10000 unit/ml)</i>	PA3
<i>heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)</i>	
PRADAXA 110 MG CAP	
<i>warfarin sodium</i>	
XARELTO (2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	
XARELTO STARTER PACK	
BLOOD PRODUCTS AND MODIFIERS, OTHER	
<i>anagrelide hcl</i>	
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	PA
LEUKINE	PA
NIVESTYM	PA
PROMACTA	
RETACRIT	PA
HEMOSTASIS AGENTS	
<i>tranexamic acid tab 650 mg</i>	
PLATELET MODIFYING AGENTS	
<i>aspirin-dipyridamole</i>	
BRILINTA	ST
<i>cilostazol</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
<i>clonidine</i>	
<i>clonidine hcl</i>	
<i>droxidopa</i>	
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	
ALPHA-ADRENERGIC BLOCKING AGENTS	
<i>doxazosin mesylate</i>	
<i>prazosin hcl</i>	
<i>terazosin hcl (cap 1 mg (base equivalent), cap 2 mg (base equivalent), cap 5 mg (base equivalent))</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil</i>	
<i>irbesartan</i>	
<i>losartan potassium</i>	
<i>valsartan (tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg)</i>	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>lisinopril</i>	
<i>ramipril</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl</i>	
<i>propafenone hcl</i>	
<i>quinidine gluconate</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>quinidine sulfate (200 mg tab, tab 200 mg, 300 mg tab, tab 300 mg)</i>	
<i>sotalol hcl (afib/af)</i>	
<i>sotalol hcl (tab 80 mg, tab 120 mg, tab 160 mg, tab 240 mg)</i>	
BETA-ADRENERGIC BLOCKING AGENTS	
<i>atenolol</i>	
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	
<i>metoprolol succinate</i>	
<i>metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	
<i>nadolol</i>	
<i>pindolol</i>	
<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>	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
<i>amlodipine besylate</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</i>	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
<i>diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg, tab er 24hr 120 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg)</i>	
<i>diltiazem hcl coated beads</i>	
<i>diltiazem hcl extended release beads</i>	
<i>verapamil hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 200 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	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
CARDIOVASCULAR AGENTS, OTHER	
<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	
<i>aliskiren fumarate</i>	
<i>amiloride & hydrochlorothiazide</i>	
AMILORIDE-HYDROCHLOROTHIAZIDE	
<i>amlodipine besylate-benazepril hcl</i>	
<i>amlodipine besylate-valsartan</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>atenolol & chlorthalidone</i>	
<i>bisoprolol & hydrochlorothiazide</i>	
CORLANOR (5 MG TAB, 7.5 MG TAB)	
<i>digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml, tab 125 mcg (0.125 mg), tab 250 mcg (0.25 mg))</i>	
<i>enalapril maleate & hydrochlorothiazide</i>	
ENTRESTO	
<i>irbesartan-hydrochlorothiazide</i>	
<i>lisinopril & hydrochlorothiazide</i>	
<i>losartan potassium & hydrochlorothiazide</i>	
<i>metoprolol & hydrochlorothiazide</i>	
<i>metyrosine</i>	
<i>pentoxifylline</i>	
<i>ranolazine</i>	
<i>spironolactone & hydrochlorothiazide</i>	
<i>triamterene & hydrochlorothiazide</i>	
<i>valsartan-hydrochlorothiazide</i>	
VERQUVO	
DIURETICS, LOOP	
<i>bumetanide (inj 0.25 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>furosemide (8 mg/ml solution, inj 10 mg/ml, oral soln 10 mg/ml, tab 20 mg, tab 40 mg, tab 80 mg)</i>	
<i>toremide</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
DIURETICS, POTASSIUM-SPARING	
<i>amiloride hcl</i>	
<i>eplerenone</i>	
KERENDIA	
<i>spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
DIURETICS, THIAZIDE	
<i>chlorthalidone</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>metolazone</i>	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
<i>choline fenofibrate</i>	
<i>fenofibrate (tab 40 mg, tab 48 mg, 50 mg cap, tab 54 mg, tab 120 mg, tab 145 mg, 150 mg cap, tab 160 mg)</i>	
<i>fenofibrate micronized (cap 43 mg, cap 67 mg, cap 130 mg, cap 134 mg, cap 200 mg)</i>	
<i>gemfibrozil</i>	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium</i>	
<i>simvastatin (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</i>	
DYSLIPIDEMICS, OTHER	
<i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i>	
<i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i>	
<i>colesevelam hcl</i>	
<i>ezetimibe</i>	
<i>icosapent ethyl</i>	
JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>niacin (antihyperlipidemic) (tab er 500 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic), tab er 1000 mg (antihyperlipidemic))</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	
REPATHA PUSHTRONEX SYSTEM	
REPATHA SURECLICK	
VASODILATORS, DIRECT-ACTING ARTERIAL	
<i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>minoxidil</i>	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate (10 mg tab, tab 10 mg, 20 mg tab, tab 20 mg, tab er 24hr 120 mg, tab er 24hr 30 mg, tab er 24hr 60 mg)</i>	
NITRO-BID	
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	
<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>	
RECTIV	
CENTRAL NERVOUS SYSTEM AGENTS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
<i>amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 12.5 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
<i>dextroamphetamine sulfate (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 5 mg, oral solution 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
<i>atomoxetine hcl</i>	
<i>dexmethylphenidate hcl</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>guanfacine hcl (adhd)</i>	
<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 24hr 27 mg, tab er 24hr 36 mg, tab er 24hr 54 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)</i>	
METHYLPHENIDATE HCL ER	
METHYLPHENIDATE HCL ER (OSM)	
CENTRAL NERVOUS SYSTEM, OTHER	
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	
FIBROMYALGIA AGENTS	
<i>duloxetine hcl</i>	
<i>pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, cap 200 mg, cap 225 mg, cap 300 mg, soln 20 mg/ml)</i>	
MULTIPLE SCLEROSIS AGENTS	
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
<i>dalfampridine</i>	PA
<i>dimethyl fumarate</i>	
<i>glatiramer acetate</i>	
REBIF	
REBIF REBIDOSE	
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>teriflunomide</i>	
ZEPOSIA	
ZEPOSIA 7-DAY STARTER PACK	
ZEPOSIA STARTER KIT	

DENTAL AND ORAL AGENTS

<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>pilocarpine hcl (oral)</i>	
<i>triamcinolone acetonide (mouth)</i>	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>acitretin</i>	
<i>benzoyl peroxide-erythromycin</i>	
<i>isotretinoin</i>	
<i>tazarotene (gel 0.05%, 0.1 % foam, cream 0.1%, gel 0.1%)</i>	
TAZORAC 0.05 % CREAM	
<i>tretinoin</i>	
<i>tretinoin microsphere (gel 0.04%, gel 0.1%)</i>	

DERMATITIS AND PRURITUS AGENTS

<i>betamethasone dipropionate (topical) (cream, lotion, oint)</i>	
BETAMETHASONE DIPROPIONATE AUG	
<i>betamethasone dipropionate augmented (cream, lotion, oint)</i>	
<i>betamethasone valerate (aerosol foam 0.12%, cream 0.1% (base equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent))</i>	
<i>clobetasol propionate (cream, foam, gel, lotion, oint, shampoo, soln, spray)</i>	
<i>clobetasol propionate emollient base</i>	
<i>clobetasol propionate emulsion</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 on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>fluocinonide (oint, soln)</i>	
<i>fluticasone propionate (0.05 % lotion, cream 0.05%, lotion 0.05%, oint 0.005%)</i>	
<i>hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>	
<i>hydrocortisone perianal cream 2.5%</i>	
<i>lactic acid (ammonium lactate) (cream, lotion)</i>	
<i>mometasone furoate (cream, oint, solution (lotion))</i>	
<i>selenium sulfide lotion 2.5%</i>	
<i>tacrolimus (topical)</i>	
<i>triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)</i>	
DERMATOLOGICAL AGENTS, OTHER	
<i>calcipotriene (cream, oint, soln (50 mcg/ml))</i>	
<i>clotrimazole w/ betamethasone (cream 1-0.05%, lotion 1-0.05%)</i>	
<i>diclofenac sodium (actinic keratoses)</i>	PA
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION)	
<i>fluorouracil (topical) (cream, soln)</i>	
<i>imiquimod (cream 3.75%, cream 5%)</i>	
<i>methoxsalen rapid (10 mg cap, cap 10 mg)</i>	
<i>nystatin-triamcinolone</i>	
OTEZLA	PA
<i>podofilox (0.5 % solution, soln 0.5%)</i>	
SANTYL	
<i>silver sulfadiazine</i>	
PEDICULICIDES/SCABICIDES	
<i>malathion</i>	
<i>permethrin cream 5%</i>	
TOPICAL ANTI-INFECTIVES	
<i>ciclopirox (gel 0.77%, shampoo 1%, solution 8%)</i>	
<i>clindamycin phosphate (topical) (foam, gel, soln)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ERY	
<i>erythromycin (acne aid) (gel, soln)</i>	
<i>mupirocin</i>	
<i>mupirocin calcium (topical)</i>	
ELECTROLYTES/MINERALS/METALS/VITAMINS	
ELECTROLYTE/MINERAL REPLACEMENT	
<i>amino acid infusion</i>	PA3
<i>carglumic acid</i>	
CLINIMIX E/DEXTROSE (2.75/5)	PA3
CLINIMIX E/DEXTROSE (4.25/10)	PA3
CLINIMIX E/DEXTROSE (4.25/5)	PA3
CLINIMIX E/DEXTROSE (5/15)	PA3
CLINIMIX E/DEXTROSE (5/20)	PA3
CLINIMIX/DEXTROSE (4.25/10)	PA3
CLINIMIX/DEXTROSE (4.25/5)	PA3
CLINIMIX/DEXTROSE (5/15)	PA3
CLINIMIX/DEXTROSE (5/20)	PA3
<i>dextrose (5%, 10%)</i>	
<i>dextrose w/ sodium chloride (w/ 0.2%, w/ 0.4, w/ 0.9%)</i>	
DEXTROSE-NACL (2.5-0.45 % SOLUTION, 10-0.2 % SOLUTION, 10-0.45 % SOLUTION)	
INTRALIPID	PA3
ISOLYTE-P IN D5W	
KCL (0.149%) IN NACL	
KCL (0.298%) IN NACL	
KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION	
KCL-LACTATED RINGERS-D5W	
<i>magnesium sulfate inj 50%</i>	
NUTRALIPID	PA3

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>potassium chloride (cap er 8 meq, inj 2 meq/ml, 10 meq/100ml solution, cap er 10 meq, inj 10 meq/100ml, 20 meq/100ml solution, inj 20 meq/100ml, inj 40 meq/100ml, oral soln 10% (20 meq/15ml), oral soln 20% (40 meq/15ml), powder packet 20 meq, tab er 8 meq (600 mg), tab er 10 meq, tab er 20 meq (1500 mg), 40 meq/100ml solution)</i>	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	
POTASSIUM CHLORIDE ER	
<i>potassium chloride in dextrose & sodium chloride (10 meq/l (0.07)0.4, 20 meq/l (0.1)0.2%, 20 meq/l (0.1)0.4, 20 meq/l (0.1)0.9%, 30 meq/l (0.224%)0.4, 40 meq/l (0.3%)0.4, 40 meq/l (0.3%)0.9%)</i>	
POTASSIUM CHLORIDE IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, KCL 20 MEQ/L (0.15%)0.45% INJ, KCL 20 MEQ/L (0.15%)0.9% INJ, 40-0.9 MEQ/L-% SOLUTION, KCL 40 MEQ/L (0.3%)0.9% INJ)	
<i>potassium chloride microencapsulated crystals er</i>	
<i>potassium citrate (alkalinizer)</i>	
PREMASOL	PA3
PROSOL	PA3
<i>sodium chloride (gu irrigant)</i>	
<i>sodium chloride (iv soln 0.45%, 0.9 % solution, iv soln 0.9%, iv soln 3%, iv soln 5%, preservative free (pf) inj 0.9%)</i>	
<i>sodium fluoride (tab 0.25 mg f (from 0.55 mg naf), tab 0.5 mg f (from 1.1 mg naf), tab 1 mg f (from 2.2 mg naf))</i>	
TRAVASOL	PA3
TROPHAMINE 10 % SOLUTION	PA3
ELECTROLYTE/MINERAL/METAL MODIFIERS	
<i>deferasirox</i>	
<i>deferiprone</i>	
FERRIPROX 100 MG/ML SOLUTION	
<i>trientine hcl cap 250 mg</i>	
PHOSPHATE BINDERS	
<i>calcium acetate (phosphate binder)</i>	
FOSRENOL (750 MG, 1000 MG)	
<i>lanthanum carbonate</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>sevelamer carbonate</i>	
<i>sevelamer hcl</i>	
POTASSIUM BINDERS	
<i>*sodium polystyrene sulfonate powder**</i>	
LOKELMA	
SPS	
VELTASSA	
VITAMINS	
ATABEX EC	
ATABEX OB	
AZESCHEW PRENATAL/POSTNATAL	
AZESCO	
BAL-CARE DHA	
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	
DOTHELLE DHA	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
DUET DHA 400	
DUET DHA BALANCED	
ELITE-OB	
ENBRACE HR	
FOLET DHA	
FOLET ONE	
FOLIVANE-OB	
INATAL GT	
JENLIVA PRENATAL/POSTNATAL	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
MARNATAL-F	
MULTI-MAC	
MYNATAL	
MYNATAL ADVANCE	
MYNATAL PLUS	
MYNATAL-Z	
MYNATE 90 PLUS	
NATACHEW	
NATALVIT	
NATELLE ONE	
NEEVO DHA	
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE	
NEONATAL FE	
NEONATAL PLUS	
NESTABS	
NESTABS DHA	
NESTABS ONE	
NEXA PLUS	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
NIVA-PLUS	
O-CAL FA	
O-CAL PRENATAL	
OB COMPLETE	
OB COMPLETE ONE	
OB COMPLETE PETITE	
OB COMPLETE PREMIER	
OB COMPLETE/DHA	
OBSTETRIX DHA	
OBSTETRIX EC (WITH DOCUSATE)	
OBSTETRIX ONE (WITH DOCUSATE)	
ONE VITE WOMENS PLUS	
PNV PRENATAL PLUS MULTIVIT+DHA	
PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 20-1	
PNV TABS 29-1	
PNV-DHA	
PNV-DHA+DOCUSATE	
PNV-OMEGA	
PNV-SELECT	
PR NATAL 400	
PR NATAL 400 EC	
PR NATAL 430	
PR NATAL 430 EC	
PREGEN DHA	
PREGENNA	
PREMESISRX	
PRENA 1 TRUE	
PRENA1	
PRENA1 PEARL	
PRENAISSANCE	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
PRENAISSANCE PLUS	
PRENARA	
PRENATAL (27-0.8 MG TAB, 27-1 MG TAB)	
PRENATAL + DHA	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	
PRENATAL LOW IRON 27-1 MG TAB	
PRENATAL PLUS	
PRENATAL PLUS IRON	
PRENATAL PLUS VITAMIN/MINERAL	
PRENATAL PLUS/IRON	
PRENATAL VITAMIN PLUS LOW IRON	
PRENATAL-U	
PRENATAL/FOLIC ACID	
PRENATE	
PRENATE AM	
PRENATE DHA	
PRENATE ELITE	
PRENATE ENHANCE	
PRENATE ESSENTIAL	
PRENATE MINI	
PRENATE PIXIE	
PRENATE RESTORE	
PRENATRIX	
PRENATRYL	
PRENATVITE COMPLETE	
PRENATVITE PLUS	
PRENATVITE RX	
PREPLUS	
PRETAB	
PRIMACARE	
PROVIDA DHA	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
PROVIDA OB	
R-NATAL OB	
RELNATE DHA	
SE-NATAL 19	
SELECT-OB	
SELECT-OB+DHA	
SODIUM FLUORIDE 2.2 (1 F) MG TAB	
TARON-BC	
TARON-C DHA	
TARON-PREX	
THRIVITE RX	
TL FOLATE	
TL-CARE DHA	
TL-SELECT	
TPN ELECTROLYTES	
TRI-TABS DHA	
TRICARE	
TRICARE PRENATAL DHA ONE	
TRINATAL RX 1	
TRINATE	
TRINAZ	
TRISTART DHA	
TRISTART FREE	
TRISTART ONE	
TRIVEEN-DUO DHA	
ULTIMATECARE ONE	
VENA-BAL DHA	
VINATE DHA RF	
VINATE II	
VINATE ONE	
VIRT-C DHA	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
VIRT-NATE DHA	
VIRT-PN DHA	
VIRT-PN PLUS	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITAMEDMD ONE RX/QUATREFOLIC	
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATHELY WITH GINGER	
VITATRUE	
VIVA DHA	
VOL-NATE	
VOL-PLUS	
VOL-TAB RX	
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
GASTROINTESTINAL AGENTS	
ANTI-CONSTIPATION AGENTS	
<i>lactulose (10 gm packet, solution 10 gm/15ml)</i>	
<i>lactulose (encephalopathy)</i>	
LINZESS	
<i>lubiprostone</i>	
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, 150 MG TAB)	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 (oral soln 1 mg/5ml, tab 1 mg, 1.5 mg tab, tab 2 mg)</i>	
GASTROINTESTINAL AGENTS, OTHER	
GATTEX	PA
<i>peg 3350-kcl-na bicarb-nacl-na sulfatate for soln 236 gm</i>	
<i>peg 3350-kcl-nacl-na sulfatate-na ascorbate-ascorbic acid</i>	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
URSODIOL (200 MG CAP, CAP 300 MG, TAB 250 MG, 400 MG CAP, TAB 500 MG)	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
<i>famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)</i>	
NIZATIDINE (150 MG CAP, CAP 150 MG, 300 MG CAP, CAP 300 MG)	
PROTECTANTS	
<i>sucralfate tab 1 gm</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
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</i>	
<i>omeprazole (cap 10 mg, cap 20 mg, cap 40 mg)</i>	
<i>pantoprazole sodium (ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg)</i>	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ARALAST NP	PA3
<i>betaine</i>	
CERDELGA	
CREON	
<i>cromolyn sodium (mastocytosis)</i>	
CYSTAGON	
CYSTARAN	
ENDARI	
GLASSIA	PA3
<i>miglustat</i>	
PROLASTIN-C	PA3
RAVICTI	
<i>sapropterin dihydrochloride</i>	
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	
SUCRAID	
VIJOICE	
ZEMAIRA 1000 MG RECON SOLN	PA3
ZENPEP (3000-10000 DR, 5000-24000 DR, 10000-32000 DR, 15000-47000 DR, 20000-63000 DR, 25000-79000 DR, 40000-126000 DR)	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
GENITOURINARY AGENTS	
ANTISPASMODICS, URINARY	
<i>darifenacin hydrobromide</i>	
MYRBETRIQ (25 MG TAB ER, 50 MG TAB ER)	
<i>oxybutynin chloride (solution 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)</i>	
OXYTROL	
<i>solifenacin succinate</i>	
<i>tolterodine tartrate</i>	
<i>tropium chloride</i>	
BENIGN PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl</i>	
<i>dutasteride</i>	
<i>dutasteride-tamsulosin hcl</i>	
<i>finasteride</i>	
<i>tamsulosin hcl</i>	
GENITOURINARY AGENTS, OTHER	
<i>bethanechol chloride</i>	
ELMIRON	
<i>penicillamine</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	
DEXABLISS	
<i>dexamethasone (0.5 mg/5ml solution, tab 0.5 mg, 0.75 mg tab, tab 0.75 mg, tab 1 mg, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, tab 1.5 mg, 2 mg tab, tab 2 mg, tab 4 mg, tab 6 mg, tab therapy pack 1.5 mg (21))</i>	
<i>fludrocortisone acetate</i>	
HEMADY	
KORLYM	PA
<i>methylprednisolone</i>	
<i>prednisolone (15 mg/5ml solution, soln 15 mg/5ml)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate (oral soln 25 mg/5ml (base eq), sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), sod phosphate oral soln 10 mg/5ml (base equiv), sod phosphate oral soln 15 mg/5ml (base equiv), sod phosphate oral soln 20 mg/5ml (base equiv), 25 mg/5ml solution)</i>	
<i>prednisone (tab 1 mg, tab 2.5 mg, 5 mg/5ml solution, tab 5 mg, 10 mg (21) tab thpk, tab 10 mg, tab 20 mg, tab 50 mg, tab therapy pack 5 mg (21), tab therapy pack 5 mg (48), tab therapy pack 10 mg (21), tab therapy pack 10 mg (48))</i>	
PREDNISONE INTENSOL	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	
<i>desmopressin acetate spray</i>	
<i>desmopressin acetate spray refrigerated</i>	
GENOTROPIN	PA
GENOTROPIN MINIQUICK	PA
HUMATROPE (6 MG, 12 MG, 24 MG)	PA
INCRELEX	
NORDITROPIN FLEXPRO	PA
NUTROPIN AQ NUSPIN 10	PA
NUTROPIN AQ NUSPIN 20	PA
NUTROPIN AQ NUSPIN 5	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	PA
SEROSTIM	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

<i>misoprostol</i>	
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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

ANDROGENS

<i>danazol</i>	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>testosterone (td gel 10mg/act (2%), 12.5 mg/act (1%) gel, td gel 12.5 mg/act (1%), td gel 20.25 mg/1.25gm (1.62%), td gel 20.25 mg/act (1.62%), td gel 25 mg/2.5gm (1%), td gel 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) gel, td gel 50 mg/5gm (1%), td soln 30 mg/act)</i>	
<i>testosterone cypionate (in 100 mg/ml, in 200 mg/ml)</i>	
<i>testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)</i>	
ESTROGENS	
<i>desogestrel & ethinyl estradiol</i>	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	
<i>drospirenone-ethinyl estradiol</i>	
<i>estradiol & norethindrone acetate</i>	
<i>estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg, td patch weekly 0.025 mg/24hr, td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), td patch weekly 0.05 mg/24hr, td patch weekly 0.06 mg/24hr, td patch weekly 0.075 mg/24hr, td patch weekly 0.1 mg/24hr)</i>	
<i>estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)</i>	
ESTRING	
<i>ethynodiol diacet & eth estrad</i>	
<i>etonogestrel-ethinyl estradiol</i>	
<i>levonorgestrel & eth estradiol</i>	
<i>levonorgestrel-eth estradiol (triphasic)</i>	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	
MENEST	
<i>norethin acet & estrad-fe (ace-eth chew tab 1 mcg (24), ace-ethinyl cap 1 mcg (24), aceethinyl tab 1 mcg)</i>	
<i>norethindrone & ethinyl estradiol-fe</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	
<i>norgestimate-ethinyl estradiol</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>norgestrel & ethinyl estradiol</i>	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	
PREMPRO	
PROGESTINS	
DEPO-SUBQ PROVERA 104	
<i>medroxyprogesterone acetate</i>	
<i>medroxyprogesterone acetate (contraceptive)</i>	
<i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i>	
MIRENA (52 MG)	
<i>norethindrone (contraceptive)</i>	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	
<i>raloxifene hcl</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	
<i>levothyroxine sodium (tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg)</i>	
<i>liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)</i>	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	
LYSODREN	
RECORLEV	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	
<i>cabergoline</i>	
ELIGARD	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
<i>leuprolide acetate</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
LEUPROLIDE ACETATE (3 MONTH)	
LUPRON DEPOT (1-MONTH)	PA3
LUPRON DEPOT (3-MONTH)	PA3
LUPRON DEPOT (4-MONTH)	PA3
LUPRON DEPOT (6-MONTH)	PA3
<i>octreotide acetate (inj 50 mcg/ml (0.05 mg/ml), inj 100 mcg/ml (0.1 mg/ml), 200 mcg/ml solution, inj 200 mcg/ml (0.2 mg/ml), inj 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml solution, inj 1000 mcg/ml (1 mg/ml))</i>	
ORGOVYX	
SIGNIFOR	
SOMAVERT	
SYNAREL	
TRELSTAR MIXJECT	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

methimazole

propylthiouracil

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

CINRYZE

PA

icatibant acetate

IMMUNOGLOBULINS

GAMMAGARD 2.5 GM/25ML SOLUTION

PA3

GAMMAGARD S/D LESS IGA

PA3

GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)

PA3

GAMUNEX-C 1 GM/10ML SOLUTION

PA3

PRIVIGEN 20 GM/200ML SOLUTION

PA3

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
IMMUNOLOGICAL AGENTS, OTHER	
ARCALYST	
DUPIXENT	PA
KINERET	
OLUMIANT (1 MG TAB, 2 MG TAB)	
ORENCIA (50 MG/0.4ML SOLN, 87.5 MG/0.7ML SOLN, 125 MG/ML SOLN)	
ORENCIA CLICKJECT	
SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	
SKYRIZI PEN	
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
TALTZ	
TREMFYA	
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	PA
XELJANZ XR	PA
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR)	PA
IMMUNOSTIMULANTS	
ACTIMMUNE	
PEGASYS	
IMMUNOSUPPRESSANTS	
ADALIMUMAB-ADAZ	
ADALIMUMAB-FKJP	
ASTAGRAF XL	PA3
<i>azathioprine</i>	PA3
<i>cyclosporine (cap 25 mg, cap 100 mg)</i>	PA3
<i>cyclosporine modified (for microemulsion) (cap 25 mg, cap 50 mg, cap 100 mg, oral soln 100 mg/ml)</i>	PA3
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	
ENBREL MINI	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ENBREL SURECLICK	
ENVARUSUS XR	PA3
<i>everolimus (immunosuppressant)</i>	PA3
HUMIRA (10 MG/0.1ML, 20 MG/0.2ML)	
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	
HUMIRA PEDIATRIC CROHNS START (80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML)	
HUMIRA PEN-CD/UC/HS STARTER	
HUMIRA PEN-PEDIATRIC UC START	
HUMIRA PEN-PSOR/UEIT STARTER	
HUMIRA-PS/UV/ADOL HS STARTER	
<i>leflunomide</i>	
<i>methotrexate sodium (inj 50 mg/2ml (25 mg/ml), inj pf 50 mg/2ml (25 mg/ml), tab 2.5 mg (base equiv))</i>	PA3
<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, 1 MG)	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	PA3
VACCINES	
ABRYSVO	
ACTHIB	
ADACEL	
AREXVY	
BCG VACCINE	
BEXSERO	
BOOSTRIX	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
DAPTACEL	
DIPHTHERIA-TETANUS TOXOIDS DT	
ENGERIX-B	PA3
GARDASIL 9	
HAVRIX	
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	PA3
HIBERIX	
IMOVAX RABIES	
INFANRIX	
IPOL	
IXIARO	
JYNNEOS	
KINRIX 0.5 ML SUSP PRSYR	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO (RECON SOLN, SOLUTION)	
PEDIARIX	
PEDVAX HIB	
PENTACEL	
PREHEVBRIO	PA3
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	
RECOMBIVAX HB	PA3
ROTARIX	
ROTATEQ	
SHINGRIX	
TDVAX	
TENIVAC	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
YF-VAX	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

balsalazide disodium

DIPENTUM

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, 800 mg tab dr, tab delayed release 800 mg)

mesalamine w/ cleanser

PENTASA 250 MG CAP ER

sulfasalazine

GLUCOCORTICOIDS

budesonide

hydrocortisone

hydrocortisone (intrarectal)

METABOLIC BONE DISEASE AGENTS

alendronate sodium (tab 10 mg, tab 35 mg, tab 70 mg)

calcitonin (salmon) nasal soln 200 unit/act

calcitriol (cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)

cinacalcet hcl

PA3

doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg)

ibandronate sodium tab 150 mg (base equivalent)

NATPARA

PROLIA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	PA
TYMLOS	PA
XGEVA	PA

MISCELLANEOUS THERAPEUTIC AGENTS

1ST TIER UNIFINE PENTIPS
1ST TIER UNIFINE PENTIPS PLUS
ABOUTTIME PEN NEEDLE
ADVOCATE ALCOHOL PREP PADS
ADVOCATE INSULIN PEN NEEDLES
ADVOCATE INSULIN SYRINGE
ALCOH-GLOVE CONTOURED WIPE
ALCOHOL PADS
ALCOHOL PREP
ALCOHOL PREP PADS
ALCOHOL SWABS
ALCOHOL SWABSTICK
APLICARE ALCOHOL SWABSTICK
AQ INSULIN SYRINGE
AQINJECT PEN NEEDLE
ASSURE ID INSULIN SAFETY SYR
ASSURE ID SAFETY PEN NEEDLES
AUM INSULIN SAFETY PEN NEEDLE
AUM MINI INSULIN PEN NEEDLE
AUM PEN NEEDLE
AUM READYGARD DUO PEN NEEDLE
AUM SAFETY PEN NEEDLE
AURORA PEN NEEDLES
AURORA UNIFINE PENTIPS
BAND-AID GAUZE SMALL
BD AUTOSHIELD
BD AUTOSHIELD DUO

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
BD INSULIN SYR ULTRAFINE II	
BD INSULIN SYRINGE (25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML)	
BD INSULIN SYRINGE HALF-UNIT	
BD INSULIN SYRINGE MICROFINE	
BD INSULIN SYRINGE U-500	
BD INSULIN SYRINGE U/F	
BD INSULIN SYRINGE U/F 1/2UNIT	
BD INSULIN SYRINGE ULTRAFINE	
BD PEN NEEDLE MICRO U/F	
BD PEN NEEDLE MINI U/F	
BD PEN NEEDLE NANO 2ND GEN	
BD PEN NEEDLE NANO U/F	
BD PEN NEEDLE ORIGINAL U/F	
BD PEN NEEDLE SHORT U/F	
BD SAFETY-LOK INSULIN SYRINGE	
BD SAFETYGLIDE INSULIN SYRINGE	
BD SWAB SINGLE USE REGULAR	
BD SWABS SINGLE USE BUTTERFLY	
BD VEO INSULIN SYR U/F 1/2UNIT	
BD VEO INSULIN SYRINGE U/F	
BRONCHITOL	
BRONCHITOL TOLERANCE TEST	
CAREFINE PEN NEEDLES	
CAREONE INSULIN SYRINGE	
CAREONE UNIFINE PENTIPS	
CAREONE UNIFINE PENTIPS PLUS	
CARETOUCH ALCOHOL PREP	
CARETOUCH INSULIN SYRINGE	
CARETOUCH PEN NEEDLES	
CLEVER CHOICE COMFORT EZ (29G X 12MM, 33G X 4 MM)	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
CLICKFINE PEN NEEDLES	
COMFORT ASSIST INSULIN SYRINGE	
COMFORT EZ INSULIN SYRINGE	
COMFORT EZ MICRO PEN NEEDLES	
COMFORT EZ PEN NEEDLES	
COMFORT EZ SHORT PEN NEEDLES	
COMFORT TOUCH ALCOHOL PREP	
COMFORT TOUCH INSULIN PEN NEED	
CURITY ALCOHOL PREPS	
CURITY ALCOHOL SWABS	
CURITY ALL PURPOSE SPONGES 2"X2" PAD	
CURITY AMD ANTIMICROBIAL SPNGE 2"X2" PAD	
CURITY GAUZE 2"X2" PAD	
CURITY GAUZE SPONGE 2"X2" PAD	
CURITY SPONGES 2"X2" PAD	
CVS ALCOHOL PREP PADS	
CVS GAUZE 2"X2" PAD	
CVS PREP	
DERMACEA GAUZE SPONGE 2"X2" PAD	
DERMACEA IV DRAIN SPONGES 2"X2" PAD	
DERMACEA IV SPONGES	
DERMACEA NON-WOVEN SPONGES 2"X2" PAD	
DERMACEA TYPE VII GAUZE 2"X2" PAD	
DIATHRIVE PEN NEEDLE	
DROPLET INSULIN SYRINGE	
DROPLET MICRON	
DROPLET PEN NEEDLES	
DROPSAFE ALCOHOL PREP	
DROPSAFE SAFETY PEN NEEDLES	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML, 31G X 15/64" 1 ML, 31G X 5/16" 1 ML)	
DRUG MART UNIFINE PENTIPS	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
DRUG MART UNIFINE PENTIPS PLUS	
EASY COMFORT ALCOHOL PADS	
EASY COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML)	
EASY COMFORT PEN NEEDLES	
EASY GLIDE PEN NEEDLES	
EASY TOUCH ALCOHOL PREP MEDIUM	
EASY TOUCH FLIPLOCK INSULIN SY	
EASY TOUCH INSULIN SAFETY SYR	
EASY TOUCH INSULIN SYRINGE	
EASY TOUCH PEN NEEDLES	
EASY TOUCH SAFETY PEN NEEDLES	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML)	
ELITE-THIN INSULIN SYRINGE	
EMBRACE PEN NEEDLES	
EQL ALCOHOL SWABS	
EQL GAUZE 2"X2" PAD	
EQL INSULIN SYRINGE	
EXCILON IV SPONGES	
EXEL COMFORT POINT INSULIN SYR	
EXEL COMFORT POINT PEN NEEDLE	
FIFTY50 ALCOHOL PREP	
FIFTY50 PEN NEEDLES	
FIFTY50 SUPERIOR COMFORT SYR	
FREDS PHARMACY UNIFINE PENTIP+	
FREDS PHARMACY UNIFINE PENTIPS	
FREESTYLE PRECISION INS SYR	
GAUZE PADS 2"X2" PAD	
GAUZE TYPE VII MEDI-PAK	
GLOBAL ALCOHOL PREP EASE	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
GLOBAL EASE INJECT PEN NEEDLES	
GLOBAL EASY GLIDE INSULIN SYR	
GLOBAL EASY GLIDE PEN NEEDLES	
GLOBAL INJECT EASE INSULIN SYR	
GLOBAL INSULIN SYRINGES	
GLUCOPRO INSULIN SYRINGE	
GNP ALCOHOL SWABS	
GNP CLICKFINE PEN NEEDLES	
GNP INSULIN SYRINGE	
GNP INSULIN SYRINGES	
GNP INSULIN SYRINGES 28GX1/2"	
GNP INSULIN SYRINGES 29GX1/2"	
GNP INSULIN SYRINGES 30GX5/16"	
GNP INSULIN SYRINGES 31GX5/16"	
GNP STERILE GAUZE 2"X2" PAD	
GNP ULTICARE PEN NEEDLES	
GNP ULTIGUARD SAFEPACK NEEDLE	
GNP ULTRA COM INSULIN SYRINGE	
GOODSENSE CLICKFINE PEN NEEDLE	
GOODSENSE PEN NEEDLE PENFINE	
H-E-B INCONTROL ALCOHOL	
H-E-B INCONTROL PEN NEEDLES	
H-E-B INCONTROL UNIFINE PENTIP	
HEALTHWISE INSULIN SYR/NEEDLE	
HEALTHWISE MICRON PEN NEEDLES	
HEALTHWISE MINI PEN NEEDLES	
HEALTHWISE PEN NEEDLES	
HEALTHWISE SHORT PEN NEEDLES	
HEALTHWISE UNIFINE PENTIPS	
HEALTHY ACCENTS UNIFINE PENTIP	
HM STERILE ALCOHOL PREP	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
HM STERILE PADS 2"X2" PAD	
HM ULTICARE INSULIN SYRINGE	
HM ULTICARE MINI PEN NEEDLES	
HM ULTICARE SHORT PEN NEEDLES	
INCONTROL ULTICARE PEN NEEDLES	
INSULIN SYRINGE	
INSULIN SYRINGE-NEEDLE U-100	
INSULIN SYRINGE/NEEDLE	
INSUPEN PEN NEEDLES	
INSUPEN SENSITIVE	
INSUPEN ULTRAFIN	
J & J GAUZE 2"X2" PAD	
KENDALL HYDROPHILIC FOAM DRESS 2"X2" PAD	
KENDALL HYDROPHILIC FOAM PLUS 2"X2" PAD	
KINRAY INSULIN SYRINGE	
KMART VALU INSULIN SYRINGE 29G	
KMART VALU INSULIN SYRINGE 30G	
KROGER INSULIN SYRINGE	
KROGER PEN NEEDLES	
LAGEVRIO	
LEADER INSULIN SYRINGE	
LEADER UNIFINE PENTIPS	
LEADER UNIFINE PENTIPS PLUS	
LITETOUCH INSULIN SYRINGE	
LITETOUCH PEN NEEDLES	
LONGS INSULIN SYRINGE	
MAGELLAN INSULIN SAFETY SYR	
MARATHON MEDICAL PENTIPS	
MAXI-COMFORT INSULIN SYRINGE	
MAXI-COMFORT SAFETY PEN NEEDLE	
MAXICOMFORT II PEN NEEDLE	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
MAXICOMFORT SYR 27G X 1/2"	
MEDIC INSULIN SYRINGE	
MEDICINE SHOPPE PEN NEEDLES	
MEIJER ALCOHOL SWABS	
MEIJER PEN NEEDLES	
MICRODOT PEN NEEDLE	
MIRASORB SPONGES 2"X2" MISC	
MM INSULIN SYRINGE/NEEDLE	
MM PEN NEEDLES	
MONOJECT INSULIN SYRINGE	
MONOJECT ULTRA COMFORT SYRINGE	
MS INSULIN SYRINGE	
NOVOFINE AUTOCOVER PEN NEEDLE	
NOVOFINE PEN NEEDLE	
NOVOFINE PLUS PEN NEEDLE	
NOVOTWIST PEN NEEDLE	
PAXLOVID (150/100)	
PAXLOVID (300/100)	
PC UNIFINE PENTIPS	
PEN NEEDLES	
PEN NEEDLES 1/2"	
PEN NEEDLES 3/16"	
PEN NEEDLES 5/16"	
PENTIPS	
PHARMACIST CHOICE ALCOHOL	
PIP PEN NEEDLES 31G X 5MM	
PIP PEN NEEDLES 32G X 4MM	
PRECISION SURE-DOSE SYRINGE	
PRECISION SUREDOSE PLUS SYR	
PREFERRED PLUS INSULIN SYRINGE	
PREFERRED PLUS UNIFINE PENTIPS	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
PREVENT DROPSAFE PEN NEEDLES	
PREVENT SAFETY PEN NEEDLES	
PRO COMFORT ALCOHOL	
PRO COMFORT INSULIN SYRINGE	
PRO COMFORT PEN NEEDLES	
PRODIGY INSULIN SYRINGE	
PURE COMFORT ALCOHOL PREP	
PURE COMFORT PEN NEEDLE	
PX EXTRA SHORT PEN NEEDLES	
PX INSULIN SYRINGE	
PX MINI PEN NEEDLES	
PX PEN NEEDLE	
PX SHORTLENGTH PEN NEEDLES	
QC ALCOHOL SWABS	
QC BORDER ISLAND GAUZE	
QC PEN NEEDLES	
QC STERILE PADS 2"X2" PAD	
QC UNIFINE PENTIPS	
RA ALCOHOL SWABS	
RA INSULIN SYRINGE	
RA PEN NEEDLES	
RA STERILE 2"X2" PAD	
RAYA SURE PEN NEEDLE	
REALITY INSULIN SYRINGE	
REALITY SWABS	
RELION ALCOHOL SWABS	
RELION INSULIN SYRINGE	
RELION MINI PEN NEEDLES	
RELION PEN NEEDLES	
RELION SHORT PEN NEEDLES	
RESTORE CONTACT LAYER 2"X2" PAD	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
SAFESNAP INSULIN SYRINGE	
SAFETY INSULIN SYRINGES	
SAFETY PEN NEEDLES	
SAPS CARE ALCOHOL PREP	
SAPS HEALTH ALCOHOL PREP	
SAPS HEALTH CARE ALCOHOL PREP	
SB ALCOHOL PREP	
SB INSULIN SYRINGE	
SECURESAFE INSULIN SYRINGE	
SECURESAFE SAFETY PEN NEEDLES	
SHOPKO ALCOHOL SWABS	
SHOPKO UNIFINE PENTIPS	
SHOPKO UNIFINE PENTIPS PLUS	
SM ALCOHOL PREP	
SM GAUZE 2"X2" PAD	
SM STERILE 2"X2" PAD	
STERILE 2"X2" PAD	
STERILE GAUZE 2"X2" PAD	
SURE COMFORT ALCOHOL PREP	
SURE COMFORT INSULIN SYRINGE	
SURE COMFORT PEN NEEDLES	
SURE-FINE PEN NEEDLES	
SURE-JECT INSULIN SYRINGE	
SURE-PREP ALCOHOL PREP	
SURGICAL GAUZE SPONGE	
TECHLITE INSULIN SYRINGE	
TECHLITE PEN NEEDLES	
TEGADERM FOAM 2"X2" PAD	
TGT ALCOHOL SWABS	
THERAGAUZE 2"X2" PAD	
TODAYS HEALTH MINI PEN NEEDLES	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
TODAYS HEALTH PEN NEEDLES	
TODAYS HEALTH SHORT PEN NEEDLE	
TOPCARE CLICKFINE PEN NEEDLES	
TOPCARE ULTRA COMFORT INS SYR	
TRUE COMFORT ALCOHOL PREP PADS	
TRUE COMFORT INSULIN SYRINGE (X 5/16" 0.5 ML, X 5/16" 1 ML)	
TRUE COMFORT PEN NEEDLES	
TRUE COMFORT PRO ALCOHOL PREP	
TRUE COMFORT PRO INSULIN SYR	
TRUE COMFORT PRO PEN NEEDLES	
TRUEPLUS 5-BEVEL PEN NEEDLES	
TRUEPLUS INSULIN SYRINGE	
TRUEPLUS PEN NEEDLES	
ULTICARE ALCOHOL SWABS	
ULTICARE INSULIN SAFETY SYR	
ULTICARE INSULIN SYR 1/2 UNIT	
ULTICARE INSULIN SYRINGE	
ULTICARE MICRO PEN NEEDLES	
ULTICARE MINI PEN NEEDLES	
ULTICARE PEN NEEDLES	
ULTICARE SHORT PEN NEEDLES	
ULTIGUARD SAFEPACK PEN NEEDLE	
ULTIGUARD SAFEPACK SYR/NEEDLE	
ULTILET ALCOHOL SWABS	
ULTILET INSULIN SYRINGE	
ULTILET INSULIN SYRINGE SHORT	
ULTILET PEN NEEDLE	
ULTRA COMFORT INSULIN SYRINGE	
ULTRA FLO INSULIN PEN NEEDLES	
ULTRA FLO INSULIN SYR 1/2 UNIT	
ULTRA FLO INSULIN SYRINGE	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ULTRA THIN PEN NEEDLES	
ULTRA-CARE ALCOHOL PREP PADS	
ULTRA-COMFORT INSULIN SYRINGE	
ULTRA-THIN II INS SYR SHORT	
ULTRA-THIN II INSULIN SYRINGE	
ULTRA-THIN II MINI PEN NEEDLE	
ULTRA-THIN II PEN NEEDLE SHORT	
ULTRA-THIN II PEN NEEDLES	
ULTRACARE INSULIN SYRINGE	
ULTRACARE PEN NEEDLES	
UNIFINE PEN NEEDLES	
UNIFINE PENTIPS	
UNIFINE PENTIPS PLUS	
UNIFINE SAFECONTROL PEN NEEDLE	
UNIFINE ULTRA PEN NEEDLE	
VALUE HEALTH INSULIN SYRINGE	
VALUMARK PEN NEEDLES	
VANISHPOINT INSULIN SYRINGE	
VERIFINE INSULIN PEN NEEDLE 32G X 4 MM MISC	
VIDA MIA UNIFINE PENTIPS	
VP INSULIN SYRINGE	
WEBCOL ALCOHOL PREP LARGE	
WEBCOL ALCOHOL PREP MEDIUM	
WEGMANS UNIFINE PENTIPS PLUS	
ZEV RX INSULIN SYRINGE	
ZEV RX PEN NEEDLES	
ZEV RX STERILE ALCOHOL PREP PAD	
OPHTHALMIC AGENTS	
OPHTHALMIC AGENTS, OTHER	
ATROPINE SULFATE 1 % SOLUTION	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>atropine sulfate ophth soln 1%</i>	
<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 (pf soln 2-0.5%, sol 22.3-6.8 mg/ml pf, soln 2-0.5%, soln 22.3-6.8 mg/ml)</i>	
LACRISERT	
<i>neomycin-bacitracin zn-polymyxin</i>	
<i>neomycin-polymy-dexameth (oint, susp)</i>	
NEOMYCIN-POLYMYXIN-HC	
RESTASIS MULTIDOSE	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	
TOBRADEX 0.3-0.1 % OINTMENT	
<i>tobramycin-dexamethasone</i>	
OPHTHALMIC ANTI-ALLERGY AGENTS	
<i>azelastine hcl (ophth)</i>	
<i>cromolyn sodium (ophth)</i>	
CROMOLYN SODIUM 4 % SOLUTION	
OPHTHALMIC ANTI-INFECTIVES	
AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
<i>erythromycin (ophth)</i>	
<i>gatifloxacin (ophth)</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	
<i>levofloxacin (ophth)</i>	
LEVOFLOXACIN 0.5 % SOLUTION	
<i>moxifloxacin hcl (ophth)</i>	
NATACYN	
<i>ofloxacin (ophth)</i>	
<i>polymyxin b-trimethoprim</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>sulfacetamide sodium (ophth)</i>	
SULFACETAMIDE SODIUM 10 % OINTMENT	
<i>tobramycin (ophth)</i>	
OPHTHALMIC ANTI-INFLAMMATORIES	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
<i>diclofenac sodium (ophth)</i>	
<i>difluprednate</i>	
<i>fluorometholone (ophth)</i>	
FLURBIPROFEN SODIUM	
FML FORTE	
<i>ketorolac tromethamine (ophth)</i>	
LOTEMAX 0.5 % OINTMENT	
<i>loteprednol etabonate (0.5 % gel, ophth gel 0.5%, ophth susp 0.5%)</i>	
PRED MILD	
PREDNISOLONE ACETATE	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
<i>betaxolol hcl (ophth)</i>	
BETAXOLOL HCL 0.5 % SOLUTION	
BETOPTIC-S	
CARTEOLOL HCL	
<i>levobunolol hcl (0.5 % solution, ophth soln 0.5%)</i>	
<i>timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, preservative free soln 0.25%, preservative free soln 0.5%, soln 0.25%, soln 0.5%, soln 0.5% (once-daily))</i>	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
<i>acetazolamide cap er 12hr 500 mg</i>	
<i>brimonidine tartrate</i>	
<i>dorzolamide hcl ophth soln 2%</i>	
<i>methazolamide</i>	
<i>pilocarpine hcl</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
RHOPRESSA	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>bimatoprost</i>	
<i>latanoprost ophth soln 0.005%</i>	
<i>travoprost</i>	
OTIC AGENTS	
CIPRO HC	
CIPROFLOXACIN HCL 0.2 % SOLUTION	
<i>ciprofloxacin-dexamethasone</i>	
<i>hydrocortisone w/acetic acid</i>	
<i>neomycin-polymyxin-hc (otic)</i>	
<i>ofloxacin (otic)</i>	
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
ARNUIITY ELLIPTA	
<i>budesonide (inhalation)</i>	PA3
<i>flunisolide (nasal)</i>	
<i>fluticasone propionate (nasal)</i>	
FLUTICASONE PROPIONATE HFA	
PULMICORT FLEXHALER	
ANTIHISTAMINES	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
CLEMASTINE FUMARATE 2.68 MG TAB	
<i>desloratadine tab 5 mg</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	
ANTILEUKOTRIENES	
<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>zafirlukast</i>	
<i>zileuton</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA	
INCRUSE ELLIPTA	
<i>ipratropium bromide</i>	PA3
<i>ipratropium bromide (nasal)</i>	
SPIRIVA RESPIMAT	
<i>tiotropium bromide monohydrate</i>	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
<i>albuterol sulfate (inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg)</i>	
<i>albuterol sulfate (soln 0.083% (2.5 mg/3ml), soln 0.5% (5 mg/ml), soln 0.63 mg/3ml (base equiv), soln 1.25 mg/3ml (base equiv), (5 mg/ml) 0.5% soln)</i>	PA3
ALBUTEROL SULFATE HFA	
EPINEPHRINE (0.15 MG/0.15ML SOLN, 0.3 MG/0.3ML SOLN)	QL (2 PER 30 OVER TIME)
<i>epinephrine (anaphylaxis) (solution 0.15 mg/0.3ml (1:2000), solution 0.3 mg/0.3ml (1:1000))</i>	QL (2 PER 30 OVER TIME)
<i>levalbuterol hcl (soln 0.31 mg/3ml (base equiv), soln 0.63 mg/3ml (base equiv), soln 1.25 mg/3ml (base equiv), soln conc 1.25 mg/0.5ml (base equiv))</i>	PA3
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	
CYSTIC FIBROSIS AGENTS	
CAYSTON	
KALYDECO	
ORKAMBI	
PULMOZYME	PA3
SYMDEKO	
<i>tobramycin (soln 300 mg/4ml, soln 300 mg/5ml)</i>	PA3
TRIKAFTA	
MAST CELL STABILIZERS	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	PA3

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
<i>roflumilast</i>	
THEO-24	
<i>theophylline (tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)</i>	
THEOPHYLLINE ER 300 MG TAB ER 12H	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS	PA
<i>ambrisentan</i>	
OPSUMIT	PA
<i>sildenafil citrate 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)	
PULMONARY FIBROSIS AGENTS	
OFEV	
<i>pirfenidone (cap 267 mg, tab 267 mg, 534 mg tab, tab 801 mg)</i>	
RESPIRATORY TRACT AGENTS, OTHER	
<i>acetylcysteine</i>	PA3
ANORO ELLIPTA	
BUDESONIDE-FORMOTEROL FUMARATE	
<i>budesonide-formoterol fumarate dihydrate</i>	
COMBIVENT RESPIMAT	
FLUTICASONE FUROATE-VILANTEROL	
<i>fluticasone-salmeterol (45-21 mcg/act aerosol, 55-14 mcg/act aer pow ba, aer powder ba 100-50 mcg/act, 113-14 mcg/act aer pow ba, 115-21 mcg/act aerosol, 230-21 mcg/act aerosol, 232-14 mcg/act aer pow ba, aer powder ba 250-50 mcg/act, aer powder ba 500-50 mcg/act)</i>	
<i>ipratropium-albuterol</i>	PA3
NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
TRELEGY ELLIPTA <i>wixela inhub</i>	
SKELETAL MUSCLE RELAXANTS	
<i>cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
<i>doxepin hcl (sleep)</i>	
HETLIOZ LQ	PA
<i>ramelteon</i>	
<i>tasimelteon</i>	PA
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem tartrate (tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg)</i>	
WAKEFULNESS PROMOTING AGENTS	
<i>modafinil</i>	PA
SODIUM OXYBATE	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

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fluphenazine hcl	24	gemfibrozil	36
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FLUTICASONE FUROATE-VILANTEROL	75	GENOTROPIN MINIQUICK	52
fluticasone propionate	40	gentamicin in saline	4
fluticasone propionate (nasal)	73	gentamicin sulfate	4
FLUTICASONE PROPIONATE HFA	73	gentamicin sulfate (ophth)	71
fluticasone-salmeterol	75	gentamicin sulfate (topical)	4
fluvoxamine maleate	12	GENVOYA	26
FML FORTE	72	GILOTRIF	19
FOLET DHA	44	GLASSIA	50
		glatiramer acetate	38
		GLEOSTINE	16

glimperide	30	HEALTHWISE MICRON PEN NEEDLES	64
GLIPIZIDE	30	HEALTHWISE MINI PEN NEEDLES	64
glipizide-metformin hcl	30	HEALTHWISE PEN NEEDLES	64
GLOBAL ALCOHOL PREP EASE	63	HEALTHWISE SHORT PEN NEEDLES	64
GLOBAL EASE INJECT PEN NEEDLES	64	HEALTHWISE UNIFINE PENTIPS	64
GLOBAL EASY GLIDE INSULIN SYR	64	HEALTHY ACCENTS UNIFINE PENTIP	64
GLOBAL EASY GLIDE PEN NEEDLES	64	HEMADY	51
GLOBAL INJECT EASE INSULIN SYR	64	heparin sodium (porcine)	32
GLOBAL INSULIN SYRINGES	64	HEPLISAV-B	58
GLUCAGEN HYPOKIT	30	HETLIOZ LQ	76
GLUCAGON EMERGENCY	30	HIBERIX	58
GLUCOPRO INSULIN SYRINGE	64	HM STERILE ALCOHOL PREP	64
glycopyrrolate	49	HM STERILE PADS	65
GNP ALCOHOL SWABS	64	HM ULTICARE INSULIN SYRINGE	65
GNP CLICKFINE PEN NEEDLES	64	HM ULTICARE MINI PEN NEEDLES	65
GNP INSULIN SYRINGE	64	HM ULTICARE SHORT PEN NEEDLES	65
GNP INSULIN SYRINGES	64	HUMALOG MIX 50/50 KWIKPEN	30
GNP INSULIN SYRINGES 28GX1/2"	64	HUMALOG MIX 75/25	30
GNP INSULIN SYRINGES 29GX1/2"	64	HUMATROPE	52
GNP INSULIN SYRINGES 30GX5/16"	64	HUMIRA	57
GNP INSULIN SYRINGES 31GX5/16"	64	HUMIRA (2 PEN)	57
GNP STERILE GAUZE	64	HUMIRA (2 SYRINGE)	57
GNP ULTICARE PEN NEEDLES	64	HUMIRA PEDIATRIC CROHNS START	57
GNP ULTIGUARD SAFEPACK NEEDLE	64	HUMIRA PEN-CD/UC/HS STARTER	57
GNP ULTRA COM INSULIN SYRINGE	64	HUMIRA PEN-PEDIATRIC UC START	57
GOODSENSE CLICKFINE PEN NEEDLE	64	HUMIRA PEN-PSOR/UEVIT STARTER	57
GOODSENSE PEN NEEDLE PENFINE	64	HUMIRA-PS/UV/ADOL HS STARTER	57
griseofulvin microsize	14	HUMULIN 70/30	30
griseofulvin ultramicrosize	14	HUMULIN 70/30 KWIKPEN	30
guanfacine hcl	33	HUMULIN N	30
guanfacine hcl (adhd)	38	HUMULIN N KWIKPEN	30
H		HUMULIN R	31
H-E-B INCONTROL ALCOHOL	64	HUMULIN R U-500 (CONCENTRATED)	31
H-E-B INCONTROL PEN NEEDLES	64	HUMULIN R U-500 KWIKPEN	31
H-E-B INCONTROL UNIFINE PENTIP	64	hydralazine hcl	37
haloperidol	24	hydrochlorothiazide	36
haloperidol decanoate	24	hydrocodone-acetaminophen	2
haloperidol lactate	24	hydrocortisone	59
HAVRIX	58	hydrocortisone (intrarectal)	59
HEALTHWISE INSULIN SYR/NEEDLE	64	hydrocortisone (rectal)	40
		hydrocortisone (topical)	40

hydrocortisone w/acetic acid	73	INSULIN LISPRO	31
hydromorphone hcl	3	INSULIN LISPRO (1 UNIT DIAL)	31
HYDROMORPHONE HCL PF	3	INSULIN LISPRO JUNIOR KWIKPEN	31
hydroxychloroquine sulfate	22	INSULIN LISPRO PROT & LISPRO	31
hydroxyurea	17	INSULIN SYRINGE	65
hydroxyzine hcl	29	INSULIN SYRINGE-NEEDLE U-100	65
hydroxyzine pamoate	29	INSULIN SYRINGE/NEEDLE	65
I			
ibandronate sodium	59	INSUPEN PEN NEEDLES	65
IBRANCE	19	INSUPEN SENSITIVE	65
ibuprofen	2	INSUPEN ULTRAFIN	65
icatibant acetate	55	INTELENCE	27
ICLUSIG	19	INTRALIPID	41
icosapent ethyl	36	INVEGA HAFYERA	24
IDHIFA	17	INVEGA SUSTENNA	24
imatinib mesylate	19	INVEGA TRINZA	24
IMBRUVICA	19	IPOL	58
imipenem-cilastatin	7	ipratropium bromide	74
imipramine hcl	13	ipratropium bromide (nasal)	74
imipramine pamoate	13	ipratropium-albuterol	75
imiquimod	40	irbesartan	33
IMOVAX RABIES	58	irbesartan-hydrochlorothiazide	35
INATAL GT	44	ISENTRESS	26
INCONTROL ULTICARE PEN NEEDLES	65	ISENTRESS HD	26
INCRELEX	52	ISOLYTE-P IN D5W	41
INCRUSE ELLIPTA	74	ISONIAZID	16
indapamide	36	isosorbide dinitrate	37
indomethacin	2	isosorbide mononitrate	37
INFANRIX	58	isotretinoin	39
INLYTA	19	itraconazole	14
INQOVI	17	ivermectin	22
INREBIC	17	IWILFIN	17
INSULIN ASP PROT & ASP FLEXPEN	31	IXIARO	58
INSULIN ASPART	31	J	
INSULIN ASPART FLEXPEN	31	J & J GAUZE	65
INSULIN ASPART PENFILL	31	JAKAFI	19
INSULIN ASPART PROT & ASPART	31	JARDIANCE	30
INSULIN GLARGINE	31	JAYPIRCA	18
INSULIN GLARGINE SOLOSTAR	31	JENLIVA PRENATAL/POSTNATAL	44
INSULIN GLARGINE-YFGN	31	JULUCA	26
		JUXTAPID	36

JYNNEOS 58

K

KALYDECO 74
KCL (0.149%) IN NAACL 41
KCL (0.298%) IN NAACL 41
KCL IN DEXTROSE-NAACL 41
KCL-LACTATED RINGERS-D5W 41
KENDALL HYDROPHILIC FOAM DRESS 65
KENDALL HYDROPHILIC FOAM PLUS 65
KERENDIA 36
ketoconazole 14
ketoconazole (topical) 14
ketorolac tromethamine (ophth) 72
KINERET 56
KINRAY INSULIN SYRINGE 65
KINRIX 58
KISQALI (200 MG DOSE) 19
KISQALI (400 MG DOSE) 19
KISQALI (600 MG DOSE) 20
KISQALI FEMARA (400 MG DOSE) 18
KISQALI FEMARA (600 MG DOSE) 18
KISQALI FEMARA(200 MG DOSE) 18
KMART VALU INSULIN SYRINGE 29G 65
KMART VALU INSULIN SYRINGE 30G 65
KORLYM 51
KOSELUGO 18
KOSHER PRENATAL PLUS IRON 44
KRAZATI 18
KROGER INSULIN SYRINGE 65
KROGER PEN NEEDLES 65

L

labetalol hcl 34
lacosamide 11
LACRISERT 71
lactic acid (ammonium lactate) 40
LACTULOSE 49
lactulose (encephalopathy) 49
LAGEVRIO 65
lamivudine 27

lamivudine (hbv) 26
lamivudine-zidovudine 27
lamotrigine 9
lansoprazole 50
lanthanum carbonate 42
lapatinib ditosylate 20
latanoprost 73
LEADER INSULIN SYRINGE 65
LEADER UNIFINE PENTIPS 65
LEADER UNIFINE PENTIPS PLUS 65
LEDIPASVIR-SOFOSBUVIR 26
leflunomide 57
lenalidomide 17
LENVIMA (10 MG DAILY DOSE) 20
LENVIMA (12 MG DAILY DOSE) 20
LENVIMA (14 MG DAILY DOSE) 20
LENVIMA (18 MG DAILY DOSE) 20
LENVIMA (20 MG DAILY DOSE) 20
LENVIMA (24 MG DAILY DOSE) 20
LENVIMA (4 MG DAILY DOSE) 20
LENVIMA (8 MG DAILY DOSE) 20
letrozole 18
leucovorin calcium 21
LEUKERAN 16
LEUKINE 32
leuprolide acetate 54
LEUPROLIDE ACETATE (3 MONTH) 55
levalbuterol hcl 74
LEVALBUTEROL TARTRATE 74
levetiracetam 9
levobunolol hcl 72
levocetirizine dihydrochloride 73
levofloxacin 8
LEVOFLOXACIN 71
levofloxacin (ophth) 71
levofloxacin in d5w 8
levonorgestrel & eth estradiol 53
levonorgestrel-eth estradiol (triphasic) 53
levonorgestrel-ethinyl estradiol (91-day) 53
levonorgestrel-ethinyl estradiol (continuous) 53
levothyroxine sodium 54

LEXIVA	28
lidocaine	3
lidocaine hcl	3
lidocaine hcl (mouth-throat)	3
lidocaine-prilocaine	3
linezolid	5
LINZESS	49
liothyronine sodium	54
lisinopril	33
lisinopril & hydrochlorothiazide	35
LITETOUCH INSULIN SYRINGE	65
LITETOUCH PEN NEEDLES	65
LITHIUM	29
lithium carbonate	29
LOKELMA	43
LONGS INSULIN SYRINGE	65
LONSURF	18
loperamide hcl	49
lopinavir-ritonavir	28
lorazepam	29
LORBRENA	20
losartan potassium	33
losartan potassium & hydrochlorothiazide	35
LOTEMAX	72
loteprednol etabonate	72
loxapine succinate	24
lubiprostone	49
LUMAKRAS	18
LUPRON DEPOT (1-MONTH)	55
LUPRON DEPOT (3-MONTH)	55
LUPRON DEPOT (4-MONTH)	55
LUPRON DEPOT (6-MONTH)	55
lurasidone hcl	24
LYBALVI	12
LYNPARZA	20
LYSODREN	54
LYTGOBI (12 MG DAILY DOSE)	20
LYTGOBI (16 MG DAILY DOSE)	20
LYTGOBI (20 MG DAILY DOSE)	20

M

M-M-R II	58
M-NATAL PLUS	44
MAGELLAN INSULIN SAFETY SYR	65
magnesium sulfate	41
malathion	40
MARATHON MEDICAL PENTIPS	65
maraviroc	27
MARNATAL-F	44
MARPLAN	12
MATULANE	16
MAVYRET	26
MAXI-COMFORT INSULIN SYRINGE	65
MAXI-COMFORT SAFETY PEN NEEDLE	65
MAXICOMFORT II PEN NEEDLE	65
MAXICOMFORT SYR 27G X 1/2"	66
meclizine hcl	13
MEDIC INSULIN SYRINGE	66
MEDICINE SHOPPE PEN NEEDLES	66
medroxyprogesterone acetate	54
medroxyprogesterone acetate (contraceptive)	54
mefloquine hcl	22
megestrol acetate	54
MEIJER ALCOHOL SWABS	66
MEIJER PEN NEEDLES	66
MEKINIST	20
MEKTOVI	20
meloxicam	2
memantine hcl	11
MENACTRA	58
MENEST	53
MENQUADFI	58
MENVEO	58
mercaptopurine	17
meropenem	7
mesalamine	59
mesalamine w/ cleanser	59
MESNEX	21
metformin hcl	30
methadone hcl	2

methazolamide.....	72	MORPHINE SULFATE.....	3
methenamine hippurate.....	5	MOXIFLOXACIN HCL.....	8
methimazole.....	55	moxifloxacin hcl (ophth).....	71
methocarbamol.....	76	MOXIFLOXACIN HCL IN NAACL.....	8
methotrexate sodium.....	57	MS INSULIN SYRINGE.....	66
METHOXSALEN RAPID.....	40	MULTI-MAC.....	44
methsuximide.....	10	mupirocin.....	41
methylphenidate hcl.....	38	mupirocin calcium (topical).....	41
METHYLPHENIDATE HCL ER.....	38	mycophenolate mofetil.....	57
METHYLPHENIDATE HCL ER (OSM).....	38	mycophenolate sodium.....	57
methylprednisolone.....	51	MYNATAL.....	44
metoclopramide hcl.....	13	MYNATAL ADVANCE.....	44
metolazone.....	36	MYNATAL PLUS.....	44
metoprolol & hydrochlorothiazide.....	35	MYNATAL-Z.....	44
metoprolol succinate.....	34	MYNATE 90 PLUS.....	44
metoprolol tartrate.....	34	MYRBETRIQ.....	51
metronidazole.....	5		
metronidazole (topical).....	5	N	
metronidazole vaginal.....	5	nabumetone.....	2
metyrosine.....	35	nadolol.....	34
mexiletine hcl.....	33	nafcillin sodium.....	7
micafungin sodium.....	14	NALOXONE HCL.....	4
MICONAZOLE 3.....	14	naltrexone hcl.....	4
MICRODOT PEN NEEDLE.....	66	NAMZARIC.....	11
midodrine hcl.....	33	naproxen.....	2
miglustat.....	50	naratriptan hcl.....	15
minocycline hcl.....	9	NATACHEW.....	44
minoxidil.....	37	NATACYN.....	71
MIRASORB SPONGES.....	66	NATALVIT.....	44
MIRENA (52 MG).....	54	nateglinide.....	30
mirtazapine.....	12	NATELLE ONE.....	44
misoprostol.....	52	NATPARA.....	59
MM INSULIN SYRINGE/NEEDLE.....	66	NAYZILAM.....	10
MM PEN NEEDLES.....	66	NEEVO DHA.....	44
modafinil.....	76	NEFAZODONE HCL.....	12
MOLINDONE HCL.....	24	neomycin sulfate.....	4
mometasone furoate.....	40	neomycin-bacitracin zn-polymyxin.....	71
MONOJECT INSULIN SYRINGE.....	66	neomycin-polymy-dexameth.....	71
MONOJECT ULTRA COMFORT SYRINGE.....	66	NEOMYCIN-POLYMYXIN-HC.....	71
montelukast sodium.....	73	neomycin-polymyxin-hc (otic).....	73
morphine sulfate.....	2	NEONATAL + DHA.....	44

NEONATAL 19.....	44	NOVOLIN 70/30.....	31
NEONATAL COMPLETE.....	44	NOVOLIN 70/30 FLEXPEN.....	31
NEONATAL FE.....	44	NOVOLIN 70/30 FLEXPEN RELION.....	31
NEONATAL PLUS.....	44	NOVOLIN 70/30 RELION.....	31
NERLYNX.....	20	NOVOLIN N.....	31
NESTABS.....	44	NOVOLIN N FLEXPEN.....	31
NESTABS DHA.....	44	NOVOLIN N FLEXPEN RELION.....	31
NESTABS ONE.....	44	NOVOLIN N RELION.....	31
NEUPRO.....	23	NOVOLIN R.....	31
nevirapine.....	27	NOVOLIN R FLEXPEN.....	31
NEXA PLUS.....	44	NOVOLIN R FLEXPEN RELION.....	31
niacin (antihyperlipidemic).....	37	NOVOLIN R RELION.....	31
NICOTROL.....	4	NOVOTWIST PEN NEEDLE.....	66
nifedipine.....	34	NUBEQA.....	17
nilutamide.....	17	NUCALA.....	75
nimodipine.....	34	NUDEXTA.....	38
NINLARO.....	18	NUPLAZID.....	24
nitazoxanide.....	22	NURTEC.....	15
NITRO-BID.....	37	NUTRILIPID.....	41
NITRO-DUR.....	37	NUTROPIN AQ NUSPIN 10.....	52
nitrofurantoin macrocrystal.....	5	NUTROPIN AQ NUSPIN 20.....	52
nitrofurantoin monohyd macro.....	5	NUTROPIN AQ NUSPIN 5.....	52
nitroglycerin.....	37	nystatin.....	14
NIVA-PLUS.....	45	nystatin (mouth-throat).....	14
NIVESTYM.....	32	nystatin (topical).....	14
NIZATIDINE.....	49	nystatin-triamcinolone.....	40
NORDITROPIN FLEXPRO.....	52		
norethin acet & estrad-fe.....	53	O	
norethindrone & ethinyl estradiol-fe.....	53	O-CAL FA.....	45
norethindrone (contraceptive).....	54	O-CAL PRENATAL.....	45
norethindrone acet & eth estra.....	53	OB COMPLETE.....	45
norethindrone acetate-ethinyl estradiol.....	53	OB COMPLETE ONE.....	45
norethindrone acetate-ethinyl estradiol-fe.....	53	OB COMPLETE PETITE.....	45
norgestimate-ethinyl estradiol.....	53	OB COMPLETE PREMIER.....	45
norgestimate-ethinyl estradiol (triphasic).....	54	OB COMPLETE/DHA.....	45
norgestrel & ethinyl estradiol.....	54	OBSTETRIX DHA.....	45
nortriptyline hcl.....	13	OBSTETRIX EC (WITH DOCUSATE).....	45
NORVIR.....	28	OBSTETRIX ONE (WITH DOCUSATE).....	45
NOVOFINE AUTOCOVER PEN NEEDLE.....	66	octreotide acetate.....	55
NOVOFINE PEN NEEDLE.....	66	ODEFSEY.....	27
NOVOFINE PLUS PEN NEEDLE.....	66	ODOMZO.....	20

OFEV	75	PAXLOVID (300/100)	66
OFLOXACIN	8	pazopanib hcl	20
ofloxacin (ophth)	71	PC UNIFINE PENTIPS	66
ofloxacin (otic)	73	PEDIARIX	58
OGSIVEO	18	PEDVAX HIB	58
OJJAARA	20	peg 3350-kcl-nacl-na sulfate-na ascorbate- ascorbic acid	49
olanzapine	24	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	49
OLUMIANT	56	peg 3350-potassium chloride-sod bicarbonate-sod chloride	49
omega-3-acid ethyl esters	37	PEGASYS	56
omeprazole	50	PEMAZYRE	20
OMNITROPE	52	PEN NEEDLES	66
ondansetron	14	PEN NEEDLES 1/2"	66
ondansetron hcl	14	PEN NEEDLES 3/16"	66
ONE VITE WOMENS PLUS	45	PEN NEEDLES 5/16"	66
ONGENTYS	23	penicillamine	51
ONUREG	18	PENICILLIN G POT IN DEXTROSE	7
OPSUMIT	75	penicillin g potassium	7
ORENCIA	56	PENICILLIN G SODIUM	7
ORENCIA CLICKJECT	56	penicillin v potassium	7
ORGOVYX	55	PENTACEL	58
ORKAMBI	74	pentamidine isethionate	22
ORSERDU	17	PENTASA	59
oseltamivir phosphate	28	PENTIPS	66
OTEZLA	40	pentoxifylline	35
oxazepam	29	permethrin	40
oxcarbazepine	11	perphenazine	13
oxybutynin chloride	51	PERSERIS	24
oxycodone hcl	3	PHARMACIST CHOICE ALCOHOL	66
OXYCODONE HCL ER	2	PHENELZINE SULFATE	12
oxycodone w/ acetaminophen	3	phenobarbital	10
OXYCODONE-ACETAMINOPHEN	3	phenytoin	11
OXYCONTIN	2	phenytoin sodium extended	11
OXYTROL	51	PIFELTRO	27
P		pilocarpine hcl	72
paliperidone	24	pilocarpine hcl (oral)	39
PANRETIN	21	PIMOZIDE	24
pantoprazole sodium	50	pindolol	34
paroxetine hcl	12	pioglitazone hcl	30
paroxetine mesylate (vasomotor)	12		
PAXLOVID (150/100)	66		

pioglitazone hcl-metformin hcl.....	30	PRED MILD.....	72
PIP PEN NEEDLES 31G X 5MM.....	66	prednisolone.....	51
PIP PEN NEEDLES 32G X 4MM.....	66	PREDNISOLONE ACETATE.....	72
piperacillin sodium-tazobactam sodium.....	7	prednisolone sodium phosphate.....	52
PIQRAY (200 MG DAILY DOSE).....	20	PREDNISOLONE SODIUM PHOSPHATE.....	72
PIQRAY (250 MG DAILY DOSE).....	20	prednisone.....	52
PIQRAY (300 MG DAILY DOSE).....	20	PREDNISONE INTENSOL.....	52
pirfenidone.....	75	PREFERRED PLUS INSULIN SYRINGE.....	66
PNV PRENATAL PLUS MULTIVIT+DHA.....	45	PREFERRED PLUS UNIFINE PENTIPS.....	66
PNV PRENATAL PLUS MULTIVITAMIN.....	45	pregabalin.....	38
PNV TABS 20-1.....	45	PREGEN DHA.....	45
PNV TABS 29-1.....	45	PREGENNA.....	45
PNV-DHA.....	45	PREHEVBRIO.....	58
PNV-DHA+DOCUSATE.....	45	PREMARIN.....	54
PNV-OMEGA.....	45	PREMASOL.....	42
PNV-SELECT.....	45	PREMESISRX.....	45
podofilox.....	40	PREMPRO.....	54
polymyxin b sulfate.....	5	PRENA 1 TRUE.....	45
polymyxin b-trimethoprim.....	71	PRENA1.....	45
POMALYST.....	17	PRENA1 PEARL.....	45
posaconazole.....	14	PRENAISSANCE.....	45
potassium chloride.....	42	PRENAISSANCE PLUS.....	46
POTASSIUM CHLORIDE ER.....	42	PRENARA.....	46
potassium chloride in dextrose.....	42	PRENATAL.....	46
potassium chloride in dextrose & sodium chloride.....	42	PRENATAL + DHA.....	46
POTASSIUM CHLORIDE IN NACL.....	42	PRENATAL 19.....	46
potassium chloride microencapsulated crystals er.....	42	PRENATAL LOW IRON.....	46
potassium citrate (alkalinizer).....	42	PRENATAL PLUS.....	46
PR NATAL 400.....	45	PRENATAL PLUS IRON.....	46
PR NATAL 400 EC.....	45	PRENATAL PLUS VITAMIN/MINERAL.....	46
PR NATAL 430.....	45	PRENATAL PLUS/IRON.....	46
PR NATAL 430 EC.....	45	PRENATAL VITAMIN PLUS LOW IRON.....	46
PRADAXA.....	32	PRENATAL-U.....	46
pramipexole dihydrochloride.....	23	PRENATAL/FOLIC ACID.....	46
pravastatin sodium.....	36	PRENATE.....	46
praziquantel.....	22	PRENATE AM.....	46
prazosin hcl.....	33	PRENATE DHA.....	46
PRECISION SURE-DOSE SYRINGE.....	66	PRENATE ELITE.....	46
PRECISION SUREDOSE PLUS SYR.....	66	PRENATE ENHANCE.....	46
		PRENATE ESSENTIAL.....	46
		PRENATE MINI.....	46

PRENATE PIXIE	46	PROVIDA OB	47
PRENATE RESTORE	46	PULMICORT FLEXHALER	73
PRENATRIX	46	PULMOZYME	74
PRENATRYL	46	PURE COMFORT ALCOHOL PREP	67
PRENATVITE COMPLETE	46	PURE COMFORT PEN NEEDLE	67
PRENATVITE PLUS	46	PURIXAN	17
PRENATVITE RX	46	PX EXTRA SHORT PEN NEEDLES	67
PREPLUS	46	PX INSULIN SYRINGE	67
PRETAB	46	PX MINI PEN NEEDLES	67
PRETOMANID	16	PX PEN NEEDLE	67
PREVENT DROPSAFE PEN NEEDLES	67	PX SHORTLENGTH PEN NEEDLES	67
PREVENT SAFETY PEN NEEDLES	67	pyrazinamide	16
PREVYMIS	25	pyridostigmine bromide	16
PREZCOBIX	28	pyrimethamine	22
PREZISTA	28		
PRIFTIN	16	Q	
PRIMACARE	46	QC ALCOHOL SWABS	67
primaquine phosphate	22	QC BORDER ISLAND GAUZE	67
PRIMIDONE	10	QC PEN NEEDLES	67
PRIORIX	58	QC STERILE PADS	67
PRIVIGEN	55	QC UNIFINE PENTIPS	67
PRO COMFORT ALCOHOL	67	QINLOCK	18
PRO COMFORT INSULIN SYRINGE	67	QUADRACEL	58
PRO COMFORT PEN NEEDLES	67	quetiapine fumarate	9
probenecid	15	quinidine gluconate	33
prochlorperazine	13	quinidine sulfate	34
prochlorperazine maleate	13	quinine sulfate	22
PRODIGY INSULIN SYRINGE	67	QULIPTA	15
progesterone	54		
PROGRAF	57	R	
PROLASTIN-C	50	R-NATAL OB	47
PROLIA	59	RA ALCOHOL SWABS	67
PROMACTA	32	RA INSULIN SYRINGE	67
promethazine hcl	13	RA PEN NEEDLES	67
propafenone hcl	33	RA STERILE	67
propranolol hcl	34	RABAVERT	58
propylthiouracil	55	raloxifene hcl	54
PROQUAD	58	ramelteon	76
PROSOL	42	ramipril	33
protriptyline hcl	13	ranolazine	35
PROVIDA DHA	46	rasagiline mesylate	23

RAVICTI.....	50	rivastigmine tartrate.....	11
RAYA SURE PEN NEEDLE.....	67	rizatriptan benzoate.....	15
REALITY INSULIN SYRINGE.....	67	roflumilast.....	75
REALITY SWABS.....	67	ropinirole hydrochloride.....	23
REBIF.....	38	rosuvastatin calcium.....	36
REBIF REBIDOSE.....	38	ROTARIX.....	58
REBIF REBIDOSE TITRATION PACK.....	38	ROTATEQ.....	58
REBIF TITRATION PACK.....	38	ROZLYTREK.....	18
RECOMBIVAX HB.....	58	RUBRACA.....	20
RECORLEV.....	54	rufinamide.....	11
RECTIV.....	37	RUKOBIA.....	27
RELENZA DISKHALER.....	28	RYDAPT.....	20
RELION ALCOHOL SWABS.....	67	RYTARY.....	23
RELION INSULIN SYRINGE.....	67		
RELION MINI PEN NEEDLES.....	67	S	
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REPATHA.....	37	SAPS CARE ALCOHOL PREP.....	68
REPATHA PUSHTRONEX SYSTEM.....	37	SAPS HEALTH ALCOHOL PREP.....	68
REPATHA SURECLICK.....	37	SAPS HEALTH CARE ALCOHOL PREP.....	68
RESTASIS MULTIDOSE.....	71	saxagliptin hcl.....	30
RESTORE CONTACT LAYER.....	67	saxagliptin-metformin hcl.....	30
RETACRIT.....	32	SB ALCOHOL PREP.....	68
RETEVMO.....	18	SB INSULIN SYRINGE.....	68
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REYATAZ.....	28	scopolamine.....	13
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REZUROCK.....	57	SECUADO.....	25
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rifabutin.....	16	SELECT-OB+DHA.....	47
rifampin.....	16	selegiline hcl.....	23
riluzole.....	38	selenium sulfide.....	40
risperidone.....	25	SELZENTRY.....	27
risperidone microspheres.....	25	SEREVENT DISKUS.....	74
ritonavir.....	28	SEROSTIM.....	52
rivastigmine.....	11	sertraline hcl.....	13

sevelamer carbonate	43	STERILE	68
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SHINGRIX	58	STIVARGA	21
SHOPKO ALCOHOL SWABS	68	STREPTOMYCIN SULFATE	4
SHOPKO UNIFINE PENTIPS	68	STRIBILD	26
SHOPKO UNIFINE PENTIPS PLUS	68	SUCRAID	50
SIGNIFOR	55	sucrafate	49
sildenafil citrate (pulmonary hypertension)	75	SULFACETAMIDE SODIUM	72
silver sulfadiazine	40	sulfacetamide sodium (acne)	8
SIMPONI	57	sulfacetamide sodium (ophth)	72
simvastatin	36	SULFACETAMIDE-PREDNISOLONE	71
sirolimus	57	SULFADIAZINE	8
SIRTURO	16	sulfamethoxazole-trimethoprim	8
SIVEXTRO	5	sulfasalazine	59
SKYRIZI	56	sulindac	2
SKYRIZI PEN	56	sumatriptan	15
SM ALCOHOL PREP	68	sumatriptan succinate	15
SM GAUZE	68	sunitinib malate	21
SM STERILE	68	SUNLENCA	27
sodium chloride	42	SURE COMFORT ALCOHOL PREP	68
sodium chloride (gu irrigant)	42	SURE COMFORT INSULIN SYRINGE	68
sodium fluoride	42	SURE COMFORT PEN NEEDLES	68
SODIUM FLUORIDE	47	SURE-FINE PEN NEEDLES	68
SODIUM OXYBATE	76	SURE-JECT INSULIN SYRINGE	68
sodium phenylbutyrate	50	SURE-PREP ALCOHOL PREP	68
sodium polystyrene sulfonate	43	SURGICAL GAUZE SPONGE	68
SOFOSBUVIR-VELPATASVIR	26	SYMDEKO	74
solifenacin succinate	51	SYMLINPEN 120	30
SOLTAMOX	17	SYMLINPEN 60	30
SOMAVERT	55	SYMPAZAN	10
sorafenib tosylate	20	SYMTUZA	28
sotalol hcl	34	SYNAREL	55
sotalol hcl (afib/afI)	34		
SOVALDI	26	T	
SPIRIVA RESPIMAT	74	TABLOID	17
spironolactone	36	TABRECTA	18
spironolactone & hydrochlorothiazide	35	tacrolimus	57
SPRITAM	9	tacrolimus (topical)	40
SPRYCEL	20	tadalafil (pulmonary hypertension)	75
SPS	43	TAFINLAR	21
STELARA	56	TAGRISSO	21

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TALZENNA.....	21	TIBSOVO.....	21
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tamsulosin hcl.....	51	tigecycline.....	5
TARON-BC.....	47	timolol maleate.....	15
TARON-C DHA.....	47	timolol maleate (ophth).....	72
TARON-PREX.....	47	tiotropium bromide monohydrate.....	74
TASIGNA.....	21	TIVICAY.....	26
tasimelteon.....	76	TIVICAY PD.....	26
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TAZORAC.....	39	TL FOLATE.....	47
TAZVERIK.....	18	TL-CARE DHA.....	47
TDVAX.....	58	TL-SELECT.....	47
TECHLITE INSULIN SYRINGE.....	68	TOBRADEX.....	71
TECHLITE PEN NEEDLES.....	68	tobramycin.....	74
TEFLARO.....	7	tobramycin (ophth).....	72
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TENIVAC.....	58	TODAYS HEALTH MINI PEN NEEDLES.....	68
tenofovir disoproxil fumarate.....	27	TODAYS HEALTH PEN NEEDLES.....	69
TEPMETKO.....	21	TODAYS HEALTH SHORT PEN NEEDLE.....	69
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terbinafine hcl.....	14	tolterodine tartrate.....	51
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terconazole vaginal.....	15	TOPCARE ULTRA COMFORT INS SYR.....	69
teriflunomide.....	39	topiramate.....	10
TERIPARATIDE (RECOMBINANT).....	60	toremifene citrate.....	17
testosterone.....	53	toremide.....	35
testosterone cypionate.....	53	TPN ELECTROLYTES.....	47
testosterone enanthate.....	53	tramadol hcl.....	2
tetrabenazine.....	38	TRAMADOL HCL (ER BIPHASIC).....	2
tetracycline hcl.....	9	TRAMADOL HCL ER.....	2
TGT ALCOHOL SWABS.....	68	TRAMADOL HCL ER (BIPHASIC).....	3
THALOMID.....	17	tramadol-acetaminophen.....	3
THEO-24.....	75	tranexamic acid.....	32
theophylline.....	75	tranylcypromine sulfate.....	12
THEOPHYLLINE ER.....	75	TRAVASOL.....	42
THERAGAUZE.....	68	travoprost.....	73
thioridazine hcl.....	24	trazodone hcl.....	13
thiothixene.....	24	TRECTOR.....	16
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tretinoin	39	TRUQAP	21
tretinoin (chemotherapy)	21	TUDORZA PRESSAIR	74
tretinoin microsphere	39	TUKYSA	21
TRI-TABS DHA	47	TURALIO	21
triamcinolone acetonide (mouth)	39	TWINRIX	59
triamcinolone acetonide (topical)	40	TYBOST	27
triamterene & hydrochlorothiazide	35	TYMLOS	60
triazolam	76	TYPHIM VI	59
TRICARE	47		
TRICARE PRENATAL DHA ONE	47	U	
trientine hcl	42	UBRELVY	15
trifluoperazine hcl	24	ULTICARE ALCOHOL SWABS	69
TRIFLURIDINE	28	ULTICARE INSULIN SAFETY SYR	69
trihexyphenidyl hcl	22	ULTICARE INSULIN SYR 1/2 UNIT	69
TRIKAFTA	74	ULTICARE INSULIN SYRINGE	69
TRIMETHOPRIM	5	ULTICARE MICRO PEN NEEDLES	69
trimipramine maleate	13	ULTICARE MINI PEN NEEDLES	69
TRINATAL RX 1	47	ULTICARE PEN NEEDLES	69
TRINATE	47	ULTICARE SHORT PEN NEEDLES	69
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TRINTELLIX	13	ULTIGUARD SAFEPACK SYR/NEEDLE	69
TRISTART DHA	47	ULTILET ALCOHOL SWABS	69
TRISTART FREE	47	ULTILET INSULIN SYRINGE	69
TRISTART ONE	47	ULTILET INSULIN SYRINGE SHORT	69
TRIUMEO	27	ULTILET PEN NEEDLE	69
TRIUMEO PD	27	ULTIMATECARE ONE	47
TRIVEEN-DUO DHA	47	ULTRA COMFORT INSULIN SYRINGE	69
TRIZIVIR	27	ULTRA FLO INSULIN PEN NEEDLES	69
TROPHAMINE	42	ULTRA FLO INSULIN SYR 1/2 UNIT	69
tropium chloride	51	ULTRA FLO INSULIN SYRINGE	69
TRUE COMFORT ALCOHOL PREP PADS	69	ULTRA THIN PEN NEEDLES	70
TRUE COMFORT INSULIN SYRINGE	69	ULTRA-CARE ALCOHOL PREP PADS	70
TRUE COMFORT PEN NEEDLES	69	ULTRA-COMFORT INSULIN SYRINGE	70
TRUE COMFORT PRO ALCOHOL PREP	69	ULTRA-THIN II INS SYR SHORT	70
TRUE COMFORT PRO INSULIN SYR	69	ULTRA-THIN II INSULIN SYRINGE	70
TRUE COMFORT PRO PEN NEEDLES	69	ULTRA-THIN II MINI PEN NEEDLE	70
TRUEPLUS 5-BEVEL PEN NEEDLES	69	ULTRA-THIN II PEN NEEDLE SHORT	70
TRUEPLUS INSULIN SYRINGE	69	ULTRA-THIN II PEN NEEDLES	70
TRUEPLUS PEN NEEDLES	69	ULTRACARE INSULIN SYRINGE	70

ULTRACARE PEN NEEDLES.....	70	VERQUVO.....	35
UNIFINE PEN NEEDLES.....	70	VERSACLOZ.....	25
UNIFINE PENTIPS.....	70	VERZENIO.....	21
UNIFINE PENTIPS PLUS.....	70	VIBRAMYCIN.....	9
UNIFINE SAFECONTROL PEN NEEDLE.....	70	VIDA MIA UNIFINE PENTIPS.....	70
UNIFINE ULTRA PEN NEEDLE.....	70	vigabatrin.....	10
UPTRAVI.....	75	VIJOICE.....	50
URSODIOL.....	49	vilazodone hcl.....	13
UZEDY.....	25	VINATE DHA RF.....	47
V		VINATE II.....	47
valacyclovir hcl.....	28	VINATE ONE.....	47
VALCHLOR.....	16	VIRACEPT.....	28
valganciclovir hcl.....	25	VIREAD.....	27
valproate sodium.....	10	VIRT-C DHA.....	47
valproic acid.....	10	VIRT-NATE DHA.....	48
valsartan.....	33	VIRT-PN DHA.....	48
valsartan-hydrochlorothiazide.....	35	VIRT-PN PLUS.....	48
VALTOCO 10 MG DOSE.....	10	VITAFOL FE+.....	48
VALTOCO 15 MG DOSE.....	10	VITAFOL GUMMIES.....	48
VALTOCO 20 MG DOSE.....	10	VITAFOL STRIPS.....	48
VALTOCO 5 MG DOSE.....	10	VITAFOL ULTRA.....	48
VALUE HEALTH INSULIN SYRINGE.....	70	VITAFOL-NANO.....	48
VALUMARK PEN NEEDLES.....	70	VITAFOL-OB.....	48
VANCOMYCIN HCL.....	6	VITAFOL-OB+DHA.....	48
VANCOMYCIN HCL IN DEXTROSE.....	6	VITAFOL-ONE.....	48
VANCOMYCIN HCL IN NACL.....	6	VITAMEDMD ONE RX/QUATREFOLIC.....	48
VANFLYTA.....	18	VITAMEDMD REDICHEW RX.....	48
VANISHPOINT INSULIN SYRINGE.....	70	VITAPEARL.....	48
VAQTA.....	59	VITATHELY WITH GINGER.....	48
varenicline tartrate.....	4	VITATRUE.....	48
VARIVAX.....	59	VITRAKVI.....	21
VELTASSA.....	43	VIVA DHA.....	48
VENA-BAL DHA.....	47	VIZIMPRO.....	21
VENCLEXTA.....	21	VOL-NATE.....	48
VENCLEXTA STARTING PACK.....	21	VOL-PLUS.....	48
VENLAFAXINE BESYLATE ER.....	13	VOL-TAB RX.....	48
venlafaxine hcl.....	13	VONJO.....	22
verapamil hcl.....	34	VORICONAZOLE.....	15
VERAPAMIL HCL ER.....	34	voriconazole.....	15
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		VP INSULIN SYRINGE.....	70

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warfarin sodium.....	32
WEBCOL ALCOHOL PREP LARGE.....	70
WEBCOL ALCOHOL PREP MEDIUM.....	70
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WELIREG.....	18
WESCAP-C DHA.....	48
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WESNATAL DHA COMPLETE.....	48
WESNATE DHA.....	48
WESTAB PLUS.....	48
WESTGEL DHA.....	48
wixela inhub.....	76

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XALKORI.....	21
XARELTO.....	32
XARELTO STARTER PACK.....	32
XATMEP.....	57
XCOPRI.....	10
XCOPRI (250 MG DAILY DOSE).....	10
XCOPRI (350 MG DAILY DOSE).....	10
XELJANZ.....	56
XELJANZ XR.....	56
XERMELO.....	49
XGEVA.....	60
XIFAXAN.....	6
XOLAIR.....	56
XOSPATA.....	21
XPOVIO (100 MG ONCE WEEKLY).....	18
XPOVIO (40 MG ONCE WEEKLY).....	18
XPOVIO (40 MG TWICE WEEKLY).....	18
XPOVIO (60 MG ONCE WEEKLY).....	18
XPOVIO (60 MG TWICE WEEKLY).....	18
XPOVIO (80 MG ONCE WEEKLY).....	18
XPOVIO (80 MG TWICE WEEKLY).....	18
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ZATEAN-PN DHA.....	48
ZATEAN-PN PLUS.....	48
ZEJULA.....	21
ZELBORAF.....	21
ZEMAIRA.....	50
ZENPEP.....	50
ZEPATIER.....	26
ZEPOSIA.....	39
ZEPOSIA 7-DAY STARTER PACK.....	39
ZEPOSIA STARTER KIT.....	39
ZEVX INSULIN SYRINGE.....	70
ZEVX PEN NEEDLES.....	70
ZEVX STERILE ALCOHOL PREP PAD.....	70
zidovudine.....	27
zileuton.....	73
ZIPHEX.....	48
ziprasidone hcl.....	25
ziprasidone mesylate.....	25
ZIRGAN.....	25
ZOLINZA.....	18
zolpidem tartrate.....	76
ZONISADE.....	11
zonisamide.....	11
ZTALMY.....	10
ZURZUVAE.....	12
ZYDELIG.....	21
ZYKADIA.....	21
ZYPREXA RELPREVV.....	25

2024 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
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 4/1/2024.

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 24 hours a day, 7 days a week, or visit www.communitycareinc.org.

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

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



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