

• FAMILY CARE PARTNERSHIP •

Community Care Family Care Partnership Program (HMO SNP)

Formulary

(2019 LIST OF COVERED DRUGS)

PLEASE READ:
THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.
HPMS Approved Formulary File Submission ID 00019511, Version 18

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 12/9/2019.

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

Multi-Language Interpreter Services

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-992-6600 (TTY: 711). [SPANISH]

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-992-6600 (TTY: 711). [HMONG]

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-992-6600 (TTY：711)。

[CHINESE]

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-992-6600 (TTY: 711). [GERMAN]

711 (بجواب لاصم فت هارؤم) 1-866-992-6600-6600-866-1 جبر زلصتا. نبل لمج الفل فروات نة فيل الغو ع نقل لمس اخدم نة نبل غل اذفر شتت حد تنك اذا: حوظم ل
[ARABIC]

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-992-6600 (телетайп: 711). [RUSSIAN]

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-992-6600 (TTY: 711)번으로 전화해 주십시오. [KOREAN]

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-992-6600 (TTY: 711). [VIETNAMESE]

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-992-6600 (TTY: 711). [PENNSYLVANIA DUTCH]

ໂປດຊາບ: ກວ ກ ກາວ ອ້ ກາສາ ລາວ, ອດ ກາສາ, ໂດຍ ອ້ ອັ ຈັ ສ ກ, ນັ ມ ພ ອມໃຫ ທ ກນ.
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ອ້ ລການຊ້ ອ້
992-6600 (TTY: 711). [LAOTIAN]

ATTENTION :Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-992-6600 (ATS : 711). [FRENCH]

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-992-6600 (TTY: 711).[POLISH]

धया नदऱा ा : यदद आपह दीबा लता हा ा ता तमा ा भ ष सह यत स वर उपलब्ध है। 1-866-992-6600 (TTY: 711) पर कॉल

आपका लए मफ्ा करा ा । [HINDI]

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-992-6600 (TTY: 711). [ALBANIAN]

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-992-6600 (TTY: 711). [TAGALOG]

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

Community Care, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Community Care, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Community Care, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - 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:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact your Team.

If you believe that Community Care, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Michael Garlie, Chief Compliance, Quality and Risk Officer, Community Care, 205 Bishops Way, Brookfield, WI 53005, 414-231-4000, (TTY 711), Fax 262-827-4044, compliancehotline@communitycareinc.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Michael Garlie, Chief Compliance, Quality and Risk Officer, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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 12/9/2019. 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, premium and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

The Community Care Family Care Partnership Program (HMO SNP) (Community Care) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Wisconsin Medicaid program. Enrollment in the Community Care Family Care Partnership Program (HMO SNP) depends on contract renewal. Enrollment is available to anyone who has both Medical Assistance from the State and Medicare and is functionally eligible as determined by the Wisconsin Long-Term Care Functional Screen.

Community Care contracts with the Centers for Medicare and Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS) to offer this Medicare Advantage Special Needs Plan (SNP) that is fully integrated with the Wisconsin Family Care Partnership Program.

The formulary may change at any time. You will receive notice when necessary.

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 (EOC).

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.)

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **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 the steps you may take 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?”
- **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. 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 30-day supply of the drug.

The enclosed formulary is current as of 12/9/2019.

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.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 11. 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 page 11; 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 65. 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 (PA): 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 (QL): 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 tablets. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST): 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 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 Community Care's formulary?" on page 6 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 him or her 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 Community Care's 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 your 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 are requesting 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 or other prescriber 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 or other prescriber 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 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30 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 of 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 (EOC) and other plan materials.

If you have questions about Community Care, please contact us. Our contract 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/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

For more information about Medicaid, please contact the Wisconsin Department of Health Services by calling 1-800-362-3002. You can also get information by visiting their website at www.dhs.wisconsin.gov/Medicaid.

Community Care's Formulary

The formulary that begins on page 11 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 65.

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

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

The Formulary Key:

QL = Quantity Limits

PA = Prior Authorization for all members

B/D = Prior Authorization to determine Medicare Part B vs. Part D coverage

ST = Step Therapy

LA = Limited Access

HI = Home Infusion

Example:

Drug Name	Requirements/Limits
ANTIBACTERIALS	
Quinolones	
levofloxacin	
VIGAMOX	
Antibacterials, Other	
CLEOCIN SUPP	
vancomycin hcl caps	PA
Antispasmodics, urinary	
MYRBETRIQ	ST
oxybutynin	

The formulary may change at any time. You will receive notice when necessary.

Because you have both Medicaid and Medicare, you will have no co-payments for covered prescription drugs. If you have questions about your drugs, please contact Customer Service or talk to your team.

List of Abbreviations

LA: Limited Access

PA: Prior Authorization

PA BvD: Part D Vs. Part B PA only

PA NSO: PA for New Starts Only

QL: Quantity Limit

ST: Step Therapy Applies

ST-NS: ST Applies - new starts only

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

UPPERCASE: Brand name drugs

You can find information on what the symbols and abbreviations on this table mean by going to page 9

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Community Care 2019

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
Analgesics	
Nonsteroidal Anti-Inflammatory Drugs	
<i>celecoxib</i>	
<i>diclofenac epolamine</i>	PA
<i>diclofenac potassium</i>	
<i>diclofenac sodium oral</i>	
<i>diclofenac sodium topical gel 1 %</i>	
<i>etodolac</i>	
<i>ibuprofen oral suspension</i>	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	
INDOCIN ORAL	
<i>indomethacin</i>	
<i>meloxicam oral tablet</i>	
<i>nabumetone</i>	
<i>naproxen</i>	
<i>sulindac</i>	
Opioid Analgesics, Long-Acting	
DURAMORPH (PF)	
<i>fentanyl</i>	PA
<i>methadone oral solution</i>	
<i>methadone oral tablet</i>	
<i>morphine concentrate oral solution</i>	
<i>morphine concentrate oral syringe 20 mg/ml</i>	
<i>morphine injection syringe 5 mg/ml</i>	
<i>morphine injection syringe 8 mg/ml</i>	
<i>morphine intravenous syringe 10 mg/ml, 4 mg/ml</i>	
<i>morphine intravenous syringe 8 mg/ml</i>	
<i>morphine oral solution</i>	
<i>morphine oral tablet</i>	
<i>morphine oral tablet extended release</i>	
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr</i>	
<i>tramadol oral capsule, er biphase 24 hr 17-83</i>	
<i>tramadol oral capsule, er biphase 24 hr 25-75 100 mg, 200 mg</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>tramadol oral tablet extended release 24 hr</i>	
<i>tramadol oral tablet, er multiphase 24 hr</i>	
Opioid Analgesics, Short-Acting	
<i>acetaminophen-codeine</i>	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	
<i>fentanyl citrate buccal lozenge on a handle</i>	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	
<i>hydromorphone injection syringe 2 mg/ml</i>	
<i>hydromorphone oral tablet</i>	
<i>oxycodone oral concentrate</i>	
<i>oxycodone oral solution</i>	
<i>oxycodone oral tablet</i>	
<i>oxycodone-acetaminophen</i>	
<i>tramadol oral tablet</i>	
<i>tramadol-acetaminophen</i>	
Anesthetics	
Local Anesthetics	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	
<i>lidocaine hcl mucous membrane</i>	
<i>lidocaine topical adhesive patch, medicated</i>	
<i>lidocaine topical ointment</i>	
<i>lidocaine viscous</i>	
<i>lidocaine-prilocaine topical cream</i>	
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-Craving	
<i>acamprosate</i>	
<i>disulfiram</i>	
<i>naltrexone</i>	
Opioid Dependence Treatments	
<i>buprenorphine hcl sublingual</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>buprenorphine-naloxone</i>	
Opioid Reversal Agents	
<i>naloxone</i>	
NARCAN	
Smoking Cessation Agents	
<i>bupropion hcl (smoking deter)</i>	
CHANTIX	PA
CHANTIX CONTINUING MONTH BOX	PA
CHANTIX STARTING MONTH BOX	PA
NICOTROL	
Antibacterials	
Aminoglycosides	
<i>amikacin</i>	
GENTAK	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	
<i>gentamicin injection solution 40 mg/ml</i>	
<i>gentamicin ophthalmic (eye)</i>	
<i>gentamicin topical</i>	
<i>neomycin</i>	
<i>paromomycin</i>	
<i>streptomycin</i>	
<i>tobramycin</i>	
<i>tobramycin in 0.225 % nacl</i>	PA BvD
<i>tobramycin sulfate injection solution</i>	
Antibacterials, Other	
<i>alcohol pads</i>	
<i>alcohol prep pads</i>	
<i>alcohol swabs</i>	
<i>alcohol wipes</i>	
<i>bacitracin ophthalmic (eye)</i>	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	
CLEOCIN VAGINAL SUPPOSITORY	
<i>clindamycin hcl</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml</i>	
<i>clindamycin in 5 % dextrose</i>	
<i>clindamycin palmitate hcl</i>	
<i>clindamycin pediatric</i>	
<i>clindamycin phosphate injection</i>	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	
<i>clindamycin phosphate vaginal</i>	
<i>colistin (colistimethate na)</i>	
<i>curity alcohol swabs</i>	
<i>daptomycin</i>	
<i>easy touch alcohol prep pads</i>	
FIRVANQ	
<i>incontrol alcohol pads</i>	
<i>linezolid</i>	
<i>linezolid in dextrose 5%</i>	
<i>linezolid-0.9% sodium chloride</i>	
<i>methenamine hippurate</i>	
<i>metronidazole in nacl (iso-os)</i>	
<i>metronidazole oral</i>	
<i>metronidazole topical cream</i>	
<i>metronidazole topical gel</i>	
<i>metronidazole topical lotion</i>	
<i>metronidazole vaginal</i>	
MONUROL	
<i>mupirocin</i>	
<i>mupirocin calcium</i>	
<i>neomycin-bacitracin-poly-hc</i>	
<i>neomycin-bacitracin-polymyxin</i>	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohyd/m-cryst</i>	
<i>polymyxin b sulfate</i>	
<i>polymyxin b sulf-trimethoprim</i>	
<i>silver sulfadiazine</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
SIVEXTRO	PA
<i>sure comfort alcohol prep pads</i>	
<i>sure-prep alcohol prep pads</i>	
<i>tigecycline</i>	
<i>trimethoprim</i>	
<i>ultilet alcohol swab</i>	
<i>vancomycin in 0.9 % sodium chl</i>	PA BvD
<i>vancomycin in dextrose 5 %</i>	PA BvD
<i>vancomycin injection</i>	PA BvD
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	PA BvD
<i>vancomycin oral capsule</i>	PA
<i>vancomycin oral recon soln</i>	
XIFAXAN ORAL TABLET 200 MG	PA
Beta-Lactam, Cephalosporins	
<i>cefadroxil</i>	
<i>cefazolin</i>	
<i>cefazolin in 0.9% sod chloride intravenous solution</i>	
<i>cefazolin in dextrose (iso-os)</i>	
<i>cefazolin in dextrose 5 %</i>	
<i>cefdinir</i>	
<i>cefepime in dextrose 5 %</i>	
<i>cefepime in dextrose,iso-osm</i>	
<i>cefepime injection</i>	
<i>cefixime</i>	
<i>cefoxitin</i>	
<i>cefoxitin in dextrose, iso-osm</i>	
<i>cefpodoxime</i>	
<i>cefprozil</i>	
<i>ceftazidime</i>	
<i>ceftriaxone</i>	
<i>ceftriaxone in dextrose,iso-os</i>	
<i>cefuroxime axetil oral tablet</i>	
<i>cefuroxime sodium</i>	
<i>cephalexin</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	
SUPRAX ORAL TABLET,CHEWABLE	
TEFLARO	
Beta-Lactam, Other	
<i>aztreonam</i>	
<i>ertapenem</i>	
<i>imipenem-cilastatin</i>	
<i>meropenem</i>	
<i>meropenem-0.9% sodium chloride</i>	
Beta-Lactam, Penicillins	
<i>amoxicillin</i>	
<i>amoxicillin-pot clavulanate</i>	
<i>ampicillin oral capsule 500 mg</i>	
<i>ampicillin sodium</i>	
<i>ampicillin-sulbactam injection</i>	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	
BICILLIN L-A	
<i>dicloxacillin</i>	
<i>nafcillin</i>	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	
<i>penicillin g potassium</i>	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	
<i>penicillin g sodium</i>	
<i>penicillin v potassium</i>	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	
Macrolides	
AZASITE	
<i>azithromycin</i>	
<i>clarithromycin</i>	
DIFICID	PA
ERY PADS	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
ERYTHROCIN (AS STEARATE)	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	
<i>erythromycin</i>	
<i>erythromycin ethylsuccinate</i>	
<i>erythromycin with ethanol topical gel</i>	
<i>erythromycin with ethanol topical solution</i>	
Quinolones	
CIPRO HC	
CIPRODEX	
<i>ciprofloxacin hcl</i>	
<i>ciprofloxacin in 5 % dextrose</i>	
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	
<i>gatifloxacin</i>	
<i>levofloxacin</i>	
<i>levofloxacin in d5w</i>	
<i>moxifloxacin ophthalmic (eye)</i>	
<i>ofloxacin</i>	
Sulfonamides	
BLEPHAMIDE	
BLEPHAMIDE S.O.P.	
<i>sulfacetamide sodium ophthalmic (eye)</i>	
<i>sulfacetamide-prednisolone</i>	
<i>sulfadiazine</i>	
<i>sulfamethoxazole-trimethoprim oral</i>	
Tetracyclines	
<i>demeclocycline</i>	
DOXY-100	
<i>doxycycline hyclate oral capsule</i>	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	
<i>minocycline oral capsule</i>	
<i>minocycline oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>tetracycline</i>	
VIBRAMYCIN ORAL SYRUP	
Anticonvulsants	
Anticonvulsants, Other	
BRIVIACT ORAL	
<i>levetiracetam oral solution 100 mg/ml</i>	
<i>levetiracetam oral tablet</i>	
<i>levetiracetam oral tablet extended release 24 hr</i>	
SPRITAM	
Calcium Channel Modifying Agents	
CELONTIN	
<i>ethosuximide</i>	
<i>pregabalin</i>	
<i>zonisamide</i>	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents	
<i>clobazam</i>	
<i>clonazepam</i>	
DIASTAT	
DIASTAT ACUDIAL	
<i>diazepam rectal</i>	
<i>divalproex</i>	
EPIDIOLEX	
<i>gabapentin</i>	
<i>phenobarbital</i>	
<i>primidone</i>	
SYMPAZAN	
<i>tiagabine</i>	
<i>valproic acid</i>	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	
<i>vigabatrin</i>	
<i>vigadrone</i>	
Glutamate Reducing Agents	
<i>felbamate</i>	
FYCOMPA	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>lamotrigine oral tablet</i>	
<i>lamotrigine oral tablet extended release 24hr</i>	
<i>lamotrigine oral tablet, chewable dispersible</i>	
<i>lamotrigine oral tablet, disintegrating</i>	
<i>lamotrigine oral tablets, dose pack</i>	
<i>topiramate</i>	
Sodium Channel Agents	
APTIOM	
BANZEL	
<i>carbamazepine</i>	
DILANTIN	
<i>oxcarbazepine</i>	
PEGANONE	
<i>phenytoin oral suspension 125 mg/5 ml</i>	
<i>phenytoin oral tablet, chewable</i>	
<i>phenytoin sodium extended</i>	
VIMPAT ORAL SOLUTION	
VIMPAT ORAL TABLET	
Antidementia Agents	
Antidementia Agents, Other	
<i>ergoloid</i>	
Cholinesterase Inhibitors	
<i>donepezil oral tablet 10 mg, 5 mg</i>	
<i>donepezil oral tablet, disintegrating</i>	
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	
<i>galantamine oral tablet</i>	
<i>rivastigmine</i>	
<i>rivastigmine tartrate</i>	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist	
<i>memantine oral tablet</i>	
<i>memantine oral tablets, dose pack</i>	
Antidepressants	
Antidepressants, Other	
<i>bupropion hcl</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>mirtazapine</i>	
Monoamine Oxidase Inhibitors	
EMSAM	PA NSO
MARPLAN	
<i>phenelzine</i>	
<i>tranylcypromine</i>	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)	
<i>citalopram</i>	
<i>desvenlafaxine</i>	
<i>desvenlafaxine succinate</i>	
<i>duloxetine</i>	
<i>escitalopram oxalate</i>	
FETZIMA	PA NSO
<i>fluoxetine oral capsule</i>	
<i>fluoxetine oral solution</i>	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	
<i>fluvoxamine</i>	
<i>maprotiline</i>	
<i>nefazodone</i>	
<i>paroxetine hcl</i>	
<i>paroxetine mesylate(menop.sym)</i>	
PAXIL ORAL SUSPENSION	
<i>sertraline</i>	
<i>trazodone</i>	
TRINTELLIX	PA NSO
<i>venlafaxine</i>	
VIIBRYD	PA NSO
Tricyclics	
<i>amitriptyline</i>	
<i>amoxapine</i>	
<i>clomipramine</i>	
<i>desipramine</i>	
<i>doxepin oral</i>	
<i>imipramine hcl</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>imipramine pamoate</i>	
<i>nortriptyline</i>	
<i>protriptyline</i>	
<i>trimipramine</i>	
Antiemetics	
Antiemetics, Other	
<i>meclizine oral tablet</i>	
<i>prochlorperazine</i>	
<i>prochlorperazine maleate</i>	
<i>promethazine oral</i>	
<i>promethazine rectal</i>	
<i>scopolamine base</i>	
Emetogenic Therapy Adjuncts	
<i>aprepitant</i>	PA
<i>dronabinol</i>	PA
<i>ondansetron</i>	PA BvD
<i>ondansetron hcl oral</i>	PA BvD
Antifungals	
Antifungals	
ABELCET	PA BvD
<i>amphotericin b</i>	PA BvD
<i>caspofungin</i>	
<i>ciclopirox</i>	
<i>clotrimazole mucous membrane</i>	
<i>clotrimazole topical</i>	
<i>clotrimazole-betamethasone</i>	
<i>fluconazole</i>	
<i>fluconazole in nacl (iso-osm)</i>	
<i>flucytosine</i>	
<i>griseofulvin microsize</i>	
<i>griseofulvin ultramicrosize</i>	
<i>itraconazole oral capsule</i>	
<i>ketoconazole</i>	
<i>miconazole-3 vaginal suppository</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
MYCAMINE	
NATACYN	
NOXAFIL ORAL SUSPENSION	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	
NYAMYC	
<i>nystatin</i>	
<i>nystatin-triamcinolone</i>	
NYSTOP	
<i>posaconazole</i>	
<i>terbinafine hcl oral</i>	
<i>terconazole</i>	
<i>voriconazole</i>	
Antigout Agents	
Antigout Agents	
<i>allopurinol</i>	
<i>colchicine</i>	
<i>febuxostat</i>	ST
<i>probenecid</i>	
<i>probenecid-colchicine</i>	
Antimigraine Agents	
Ergot Alkaloids	
<i>dihydroergotamine nasal</i>	
<i>ergotamine-caffeine</i>	
Serotonin (5-Ht) 1B/1D Receptor Agonists	
<i>naratriptan</i>	QL (9 EA per 30 days)
<i>rizatriptan</i>	QL (12 EA per 30 days)
<i>sumatriptan succinate oral</i>	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous</i>	
Antimyasthenic Agents	
Parasympathomimetics	
<i>guanidine</i>	
<i>pyridostigmine bromide</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
Antimycobacterials	
Antimycobacterials, Other	
<i>dapsone oral</i>	
<i>rifabutin</i>	
Antituberculars	
<i>ethambutol</i>	
<i>isoniazid oral</i>	
PASER	
PRIFTIN	
<i>pyrazinamide</i>	
<i>rifampin</i>	
RIFATER	
SIRTURO	
TRECATOR	
Antineoplastics	
Alkylating Agents	
<i>cyclophosphamide oral</i>	PA BvD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	
LEUKERAN	
MATULANE	
VALCHLOR	
Antiandrogens	
<i>abiraterone</i>	
<i>bicalutamide</i>	
ERLEADA	
<i>flutamide</i>	
<i>nilutamide</i>	
NUBEQA	
XTANDI	
YONSA	
ZYTIGA ORAL TABLET 500 MG	
Antiangiogenic Agents	
POMALYST	LA
REVLIMID	LA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
THALOMID	
Antiestrogens/Modifiers	
EMCYT	
SOLTAMOX	
<i>tamoxifen</i>	
<i>toremifene</i>	
Antimetabolites	
<i>hydroxyurea</i>	
<i>mercaptopurine</i>	
PURIXAN	
TABLOID	
Antineoplastics, Other	
<i>leucovorin calcium oral</i>	
LONSURF	
NINLARO	
RUBRACA	
SYLATRON	
SYNRIBO	
TALZENNA	
XPOVIO	
ZEJULA	
ZOLINZA	
Aromatase Inhibitors, 3Rd Generation	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	
Enzyme Inhibitors	
COPIKTRA	PA NSO
IDHIFA	
KISQALI	
KISQALI FEMARA CO-PACK	
PIQRAY	
TIBSOVO	
VERZENIO	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
VITRAKVI	
XOSPATA	
Molecular Target Inhibitors	
AFINITOR	
AFINITOR DISPERZ	
ALECENSA	
ALUNBRIG	
BALVERSA	
BOSULIF	
BRAFTOVI ORAL CAPSULE 75 MG	
CABOMETYX	
CALQUENCE	
CAPRELSA	
COMETRIQ	
COTELLIC	LA
DAURISMO	
ERIVEDGE	
<i>erlotinib</i>	
FARYDAK	
GILOTRIF	
IBRANCE	
ICLUSIG	
<i>imatinib</i>	
IMBRUVICA	
INLYTA	
INREBIC	
IRESSA	
JAKAFI	
LENVIMA	
LORBRENA	PA NSO
LYNPARZA	
MEKINIST	
MEKTOVI	
NERLYNX	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
NEXAVAR	LA
ODOMZO	LA
ROZLYTREK	
RYDAPT	
SPRYCEL	
STIVARGA	
SUTENT	
TAFINLAR	
TAGRISSO	LA
TASIGNA	
TURALIO	
TYKERB	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VIZIMPRO	PA NSO
VOTRIENT	
XALKORI	
ZELBORAF	
ZYDELIG	
ZYKADIA ORAL CAPSULE 150 MG	
Retinoids	
<i>bexarotene</i>	
PANRETIN	
TARGRETIN TOPICAL	
<i>tretinoin (chemotherapy)</i>	
Treatment Adjuncts	
MESNEX ORAL	
Antiparasitics	
Anthelmintics	
<i>albendazole</i>	
<i>ivermectin oral</i>	
<i>praziquantel</i>	
Antiprotozoals	
ALINIA	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>atovaquone</i>	
<i>atovaquone-proguanil</i>	
<i>chloroquine phosphate</i>	
COARTEM	
DARAPRIM	
<i>hydroxychloroquine</i>	
<i>mefloquine</i>	
NEBUPENT	PA BvD
PENTAM	
<i>primaquine</i>	
<i>quinine sulfate</i>	
Pediculicides/Scabicides	
<i>lindane</i>	
<i>permethrin</i>	
Antiparkinson Agents	
Anticholinergics	
<i>benztropine oral</i>	
<i>trihexyphenidyl oral tablet</i>	
Antiparkinson Agents, Other	
<i>entacapone</i>	
<i>tolcapone</i>	
Dopamine Agonists	
APOKYN	PA
<i>bromocriptine</i>	
NEUPRO	PA
<i>pramipexole oral tablet</i>	
<i>ropinirole oral tablet</i>	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors	
<i>carbidopa-levodopa</i>	
<i>carbidopa-levodopa-entacapone</i>	
Monoamine Oxidase B (Mao-B) Inhibitors	
<i>rasagiline</i>	
<i>selegiline hcl</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
Antipsychotics	
1St Generation/Typical	
<i>chlorpromazine oral</i>	
<i>fluphenazine decanoate</i>	
<i>fluphenazine hcl</i>	
<i>haloperidol</i>	
<i>haloperidol decanoate</i>	
<i>haloperidol lactate</i>	
<i>loxapine succinate</i>	
<i>molindone</i>	
<i>perphenazine</i>	
<i>pimozide</i>	
<i>thioridazine</i>	
<i>thiothixene</i>	
<i>trifluoperazine</i>	
2Nd Generation/Atypical	
ABILIFY MAINTENA	ST-NS
<i>aripiprazole</i>	
ARISTADA	ST-NS
ARISTADA INITIO	ST-NS
FANAPT	
GEODON INTRAMUSCULAR	
INVEGA SUSTENNA	ST-NS
INVEGA TRINZA	ST-NS
LATUDA	
NUPLAZID	PA NSO
<i>olanzapine</i>	
<i>paliperidone</i>	
PERSERIS	ST-NS
<i>quetiapine</i>	
REXULTI	
RISPERDAL CONSTA	ST-NS
<i>risperidone oral solution</i>	
<i>risperidone oral tablet</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>risperidone oral tablet, disintegrating</i>	
SAPHRIS	
VRAYLAR	
<i>ziprasidone hcl</i>	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	ST-NS
Treatment-Resistant	
<i>clozapine</i>	
VERSACLOZ	
Antispasticity Agents	
Antispasticity Agents	
<i>baclofen oral</i>	
<i>tizanidine</i>	
Antivirals	
Anti-Cytomegalovirus (Cmv) Agents	
<i>valganciclovir</i>	
ZIRGAN	
Anti-Hepatitis B (Hbv) Agents	
<i>adefovir</i>	
BARACLUDE ORAL SOLUTION	
<i>entecavir</i>	
EPIVIR HBV ORAL SOLUTION	
INTRON A	
Anti-Hepatitis C (Hcv) Agents, Direct Acting	
<i>ledipasvir-sofosbuvir</i>	PA
MAVYRET	PA
<i>sofosbuvir-velpatasvir</i>	PA
SOVALDI ORAL TABLET 400 MG	PA
VOSEVI	PA
ZEPATIER	PA
Anti-Hepatitis C (Hcv) Agents, Other	
PEGASYS	
PEGASYS PROCLICK	
<i>ribavirin oral</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
Antitherpetic Agents	
<i>acyclovir</i>	
<i>acyclovir sodium</i>	PA BvD
<i>famciclovir</i>	
<i>trifluridine</i>	
<i>valacyclovir</i>	
Anti-Hiv Agents, Integrase Inhibitors (Insti)	
BIKTARVY	
GENVOYA	
ISENTRESS	
ISENTRESS HD	
STRIBILD	
TIVICAY	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)	
ATRIPLA	
COMPLERA	
EDURANT	
<i>efavirenz</i>	
INTELENCE	
JULUCA	
<i>nevirapine</i>	
ODEFSEY	
PIFELTRO	
RESCRIPTOR	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)	
<i>abacavir</i>	
<i>abacavir-lamivudine</i>	
<i>abacavir-lamivudine-zidovudine</i>	
CIMDUO	
DELSTRIGO	
DESCOVY	
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
DOVATO	
EMTRIVA	
<i>lamivudine</i>	
<i>lamivudine-zidovudine</i>	
<i>stavudine</i>	
SYMFI	
SYMFI LO	
SYMTUZA	
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	
TRUVADA	
VIDEX 2 GRAM PEDIATRIC	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	
VIREAD	
<i>zidovudine</i>	
Anti-Hiv Agents, Other	
FUZEON	
SELZENTRY	
TYBOST	
Anti-Hiv Agents, Protease Inhibitors	
APTIVUS	
<i>atazanavir</i>	
CRIXIVAN	
EVOTAZ	
<i>fosamprenavir</i>	
INVIRASE	
KALETRA ORAL TABLET	
LEXIVA ORAL SUSPENSION	
<i>lopinavir-ritonavir</i>	
NORVIR ORAL POWDER IN PACKET	
NORVIR ORAL SOLUTION	
NORVIR ORAL TABLET	
PREZCOBIX	
PREZISTA	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
REYATAZ ORAL POWDER IN PACKET	
<i>ritonavir</i>	
VIRACEPT	
Anti-Influenza Agents	
<i>amantadine hcl</i>	
<i>oseltamivir oral capsule</i>	
RELENZA DISKHALER	
Anxiolytics	
Anxiolytics, Other	
<i>buspirone</i>	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	
Benzodiazepines	
<i>alprazolam</i>	
ALPRAZOLAM INTENSOL	
<i>clorazepate dipotassium</i>	
<i>diazepam intensol</i>	
<i>diazepam oral</i>	
<i>lorazepam injection solution 2 mg/ml</i>	
LORAZEPAM INTENSOL	
LORAZEPAM ORAL CONCENTRATE	
<i>lorazepam oral tablet</i>	
<i>oxazepam</i>	
Bipolar Agents	
Mood Stabilizers	
<i>lithium carbonate</i>	
<i>lithium citrate oral solution 8 meq/5 ml</i>	
Blood Glucose Regulators	
Antidiabetic Agents	
<i>acarbose</i>	
<i>alogliptin</i>	
<i>alogliptin-metformin</i>	
<i>alogliptin-pioglitazone</i>	
CYCLOSET	
<i>glimepiride</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>glipizide</i>	
<i>glipizide-metformin</i>	
JARDIANCE	
<i>metformin oral tablet</i>	
<i>metformin oral tablet extended release 24 hr</i>	
<i>metformin oral tablet extended release 24hr</i>	
<i>metformin oral tablet,er gast.retention 24 hr</i>	
<i>nateglinide</i>	
<i>pioglitazone</i>	
<i>pioglitazone-metformin</i>	
<i>repaglinide</i>	
SYMLINPEN 120	
SYMLINPEN 60	
TRULICITY	
Glycemic Agents	
GLUCAGEN HYPOKIT	
GLUCAGON EMERGENCY KIT (HUMAN)	
PROGLYCEM	
Insulins	
APIDRA SOLOSTAR U-100 INSULIN	
APIDRA U-100 INSULIN	
BASAGLAR KWIKPEN U-100 INSULIN	
HUMALOG JUNIOR KWIKPEN U-100	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	
HUMALOG MIX 50-50 INSULN U-100	
HUMALOG MIX 50-50 KWIKPEN	
HUMALOG MIX 75-25 KWIKPEN	
HUMALOG MIX 75-25(U-100)INSULN	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	
HUMULIN 70/30 U-100 INSULIN	
HUMULIN 70/30 U-100 KWIKPEN	
HUMULIN N NPH INSULIN KWIKPEN	
HUMULIN N NPH U-100 INSULIN	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
HUMULIN R REGULAR U-100 INSULN	
HUMULIN R U-500 (CONC) INSULIN	
HUMULIN R U-500 (CONC) KWIKPEN	
<i>insulin lispro</i>	
NOVOLIN 70/30 U-100 INSULIN	
NOVOLIN 70-30 FLEXPEN U-100	
NOVOLIN N NPH U-100 INSULIN	
NOVOLIN R REGULAR U-100 INSULN	
NOVOLOG FLEXPEN U-100 INSULIN	
NOVOLOG MIX 70-30 U-100 INSULN	
NOVOLOG MIX 70-30FLEXPEN U-100	
NOVOLOG PENFILL U-100 INSULIN	
NOVOLOG U-100 INSULIN ASPART	
Blood Products/Modifiers/Volume Expanders	
Anticoagulants	
ELIQUIS	
<i>enoxaparin</i>	
<i>fondaparinux</i>	
<i>heparin (porcine) in 5 % dex</i>	PA BvD
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml</i>	PA BvD
<i>heparin (porcine) injection solution 20,000 unit/ml, 5,000 unit/ml</i>	
<i>heparin, porcine (pf) intravenous syringe 100 unit/ml</i>	
PRADAXA	
<i>warfarin</i>	
XARELTO	
Blood Formation Modifiers	
<i>anagrelide</i>	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	PA
EPOGEN	PA
LEUKINE	PA
NIVESTYM	PA
PROCRIT	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
PROMACTA	PA
RETACRIT	PA
ZARXIO	PA
Hemostasis Agents	
<i>tranexamic acid oral</i>	
Platelet Modifying Agents	
<i>aspirin-dipyridamole</i>	
BRILINTA	PA
<i>cilostazol</i>	
<i>clopidogrel oral tablet 75 mg</i>	
Cardiovascular Agents	
Alpha-Adrenergic Agonists	
<i>clonidine</i>	
<i>clonidine hcl oral tablet</i>	
<i>guanfacine oral tablet</i>	
<i>methyldopa</i>	
<i>midodrine</i>	
NORTHERA	PA
Alpha-Adrenergic Blocking Agents	
<i>doxazosin</i>	
<i>prazosin</i>	
<i>terazosin</i>	
Angiotensin II Receptor Antagonists	
<i>irbesartan</i>	
<i>irbesartan-hydrochlorothiazide</i>	
<i>losartan</i>	
<i>losartan-hydrochlorothiazide</i>	
<i>valsartan</i>	
<i>valsartan-hydrochlorothiazide</i>	
Angiotensin-Converting Enzyme (Ace) Inhibitors	
<i>enalapril maleate</i>	
<i>enalapril-hydrochlorothiazide</i>	
<i>lisinopril</i>	
<i>lisinopril-hydrochlorothiazide</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>ramipril</i>	
Antiarrhythmics	
<i>amiodarone oral</i>	
<i>dofetilide</i>	
<i>flecainide</i>	
<i>mexiletine</i>	
<i>propafenone</i>	
<i>quinidine gluconate</i>	
<i>quinidine sulfate</i>	
<i>sotalol af</i>	
<i>sotalol oral</i>	
Beta-Adrenergic Blocking Agents	
<i>atenolol</i>	
<i>atenolol-chlorthalidone</i>	
<i>bisoprolol fumarate</i>	
<i>bisoprolol-hydrochlorothiazide</i>	
<i>carvedilol</i>	
DUTOPROL	
<i>labetalol oral</i>	
<i>metoprolol succinate</i>	
<i>metoprolol ta-hydrochlorothiaz</i>	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>nadolol</i>	
<i>pindolol</i>	
<i>propranolol oral capsule,extended release 24 hr</i>	
<i>propranolol oral tablet</i>	
<i>propranolol-hydrochlorothiazid</i>	
<i>timolol maleate oral</i>	
Calcium Channel Blocking Agents	
<i>amlodipine</i>	
<i>amlodipine-benazepril</i>	
<i>amlodipine-valsartan</i>	
<i>amlodipine-valsartan-hcthiazyd</i>	
<i>diltiazem hcl oral</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>nifedipine oral tablet extended release</i>	
<i>nifedipine oral tablet extended release 24hr</i>	
<i>nimodipine</i>	
<i>verapamil oral</i>	
Cardiovascular Agents, Other	
CORLANOR ORAL TABLET	
DEMSER	
<i>digoxin oral</i>	
ENTRESTO	PA
<i>pentoxifylline</i>	
<i>ranolazine</i>	
Diuretics, Carbonic Anhydrase Inhibitors	
<i>acetazolamide oral tablet</i>	
<i>methazolamide</i>	
Diuretics, Loop	
<i>bumetanide</i>	
<i>furosemide injection</i>	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	
<i>furosemide oral tablet</i>	
<i>toremide</i>	
Diuretics, Potassium-Sparing	
ALDACTAZIDE ORAL TABLET 50-50 MG	
<i>amiloride</i>	
<i>amiloride-hydrochlorothiazide</i>	
<i>spironolactone</i>	
<i>spironolacton-hydrochlorothiaz</i>	
<i>triamterene-hydrochlorothiazid</i>	
Diuretics, Thiazide	
<i>chlorthalidone</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>metolazone</i>	
Dyslipidemics, Fibrin Acid Derivatives	
<i>fenofibrate</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>fenofibrate micronized</i>	
<i>fenofibrate nanocrystallized</i>	
<i>fenofibric acid</i>	
<i>fenofibric acid (choline)</i>	
<i>gemfibrozil</i>	
Dyslipidemics, Hmg Coa Reductase Inhibitors	
<i>atorvastatin</i>	
<i>pravastatin</i>	
<i>rosuvastatin</i>	
<i>simvastatin</i>	
Dyslipidemics, Other	
<i>cholestyramine (with sugar)</i>	
<i>cholestyramine light</i>	
<i>colesevelam oral tablet</i>	
<i>ezetimibe</i>	
JUXTAPID	PA
<i>niacin oral tablet extended release 24 hr</i>	
<i>omega-3 acid ethyl esters</i>	
REPATHA PUSHTRONEX	PA
REPATHA SURECLICK	PA
REPATHA SYRINGE	PA
WELCHOL ORAL POWDER IN PACKET	
Vasodilators, Direct-Acting Arterial/Venous	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate</i>	
NITRO-BID	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	
<i>nitroglycerin sublingual</i>	
<i>nitroglycerin transdermal</i>	
<i>nitroglycerin translingual</i>	
Vasodilators, Direct-Acting Arterial	
<i>hydralazine oral</i>	
<i>minoxidil oral</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
<i>dextroamphetamine oral capsule, extended release</i>	
<i>dextroamphetamine oral tablet</i>	
<i>dextroamphetamine-amphetamine</i>	
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines	
<i>atomoxetine</i>	
<i>dexmethylphenidate</i>	
<i>guanfacine oral tablet extended release 24 hr</i>	
<i>methylphenidate hcl</i>	
Central Nervous System, Other	
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	
Multiple Sclerosis Agents	
AUBAGIO	
AVONEX	
BETASERON SUBCUTANEOUS KIT	
<i>dalfampridine</i>	PA
<i>glatiramer</i>	
REBIF (WITH ALBUMIN)	
REBIF REBIDOSE	
REBIF TITRATION PACK	
TECFIDERA	
Dental And Oral Agents	
Dental And Oral Agents	
<i>chlorhexidine gluconate mucous membrane</i>	
<i>pilocarpine hcl oral</i>	
<i>triamcinolone acetonide dental</i>	
Dermatological Agents	
Dermatological Agents	
<i>acitretin</i>	
<i>ammonium lactate</i>	
<i>calcipotriene</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>clindamycin phosphate topical foam</i>	
<i>clindamycin phosphate topical gel</i>	
<i>clindamycin phosphate topical lotion</i>	
<i>clindamycin phosphate topical solution</i>	
<i>clindamycin phosphate topical swab</i>	
<i>diclofenac sodium topical gel 3 %</i>	PA
<i>doxepin topical</i>	
<i>erythromycin-benzoyl peroxide</i>	
<i>fluorouracil topical</i>	
<i>gauze pad topical bandage 2 x 2 "</i>	
<i>imiquimod</i>	
<i>isotretinoin</i>	
<i>methoxsalen</i>	
PICATO	
<i>podofilox</i>	
SANTYL	
<i>selenium sulfide topical lotion</i>	
<i>sulfacetamide sodium (acne)</i>	
<i>tacrolimus topical</i>	
<i>tazarotene</i>	
TAZORAC TOPICAL CREAM 0.05 %	
TAZORAC TOPICAL GEL	
<i>tretinoin</i>	
<i>tretinoin microspheres</i>	
Electrolytes/Minerals/ Metals/ Vitamins	
Electrolyte/Mineral Modifiers	
FERRIPROX ORAL TABLET 1,000 MG	
Electrolyte/Mineral Replacement	
AMINOSYN II 10 %	PA BvD
AMINOSYN II 15 %	PA BvD
AMINOSYN-PF 10 %	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE)	PA BvD
CARBAGLU	
CLINIMIX 5%/D15W SULFITE FREE	PA BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
CLINIMIX 5%/D25W SULFITE-FREE	PA BvD
CLINIMIX 4.25%/D10W SULF FREE	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE)	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE	PA BvD
CLINISOL SF 15 %	PA BvD
<i>d10 %-0.45 % sodium chloride</i>	
<i>d2.5 %-0.45 % sodium chloride</i>	
<i>d5 % and 0.9 % sodium chloride</i>	
<i>d5 %-0.45 % sodium chloride</i>	
<i>dextrose 10 % and 0.2 % nacl</i>	
<i>dextrose 10 % in water (d10w)</i>	
<i>dextrose 5 % in water (d5w)</i>	
<i>dextrose 5 %-lactated ringers</i>	
<i>dextrose 5%-0.2 % sod chloride</i>	
<i>dextrose 5%-0.3 % sod.chloride</i>	
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	
HEPATAMINE 8%	PA BvD
ISOLYTE-P IN 5 % DEXTROSE	
<i>magnesium sulfate injection</i>	
<i>monject 0.9% sodium chloride</i>	
<i>normal saline flush</i>	
NORMOSOL-M IN 5 % DEXTROSE	
NORMOSOL-R IN 5 % DEXTROSE	
<i>potassium chlorid-d5-0.45%nacl</i>	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	
<i>potassium chloride intravenous</i>	
<i>potassium chloride oral capsule, extended release 10 meq</i>	
<i>potassium chloride oral liquid</i>	
<i>potassium chloride oral packet</i>	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq</i>	
<i>potassium chloride oral tablet, er particles/crystals</i>	
<i>potassium chloride-0.45 % nacl</i>	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	
<i>potassium chloride-d5-0.3%nacl</i>	
<i>potassium chloride-d5-0.9%nacl</i>	
<i>potassium citrate</i>	
PREMASOL 10 %	PA BvD
PREMASOL 6 %	PA BvD
PROCALAMINE 3%	PA BvD
PROSOL 20 %	PA BvD
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	
<i>sodium chloride 0.9 % intravenous</i>	
<i>sodium chloride 3 %</i>	
<i>sodium chloride 5 %</i>	
<i>sodium chloride irrigation</i>	
TPN ELECTROLYTES	
TRAVASOL 10 %	PA BvD
TROPHAMINE 10 %	PA BvD
TROPHAMINE 6%	PA BvD
Electrolyte/Mineral/Metal Modifiers	
<i>deferasirox</i>	
DEPEN TITRATABS	
FERRIPROX ORAL SOLUTION	
FERRIPROX ORAL TABLET 500 MG	
KIONEX (WITHSORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>sodium polystyrene sulfonate oral</i>	
SPS (WITH SORBITOL) ORAL	
<i>sps (with sorbitol) rectal</i>	
<i>trientine</i>	
Phosphate Binders	
<i>calcium acetate oral capsule</i>	
<i>calcium acetate oral tablet 667 mg</i>	
FOSRENOL ORAL POWDER IN PACKET	
<i>lanthanum</i>	
<i>sevelamer carbonate oral tablet</i>	
Vitamins	
BAL-CARE DHA	
BAL-CARE DHA ESSENTIAL	
CADEAU DHA	
CALCIUM PNV	
CITRANATAL (DUAL-IRON)	
CITRANATAL 90 DHA (ALGAL OIL)	
CITRANATAL ASSURE	
CITRANATAL B-CALM (FE GLUC)	
CITRANATAL DHA (ALGAL OIL)	
CITRANATAL HARMONY (IRON FUM)	
C-NATE DHA	
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DUET DHA BALANCED	
DUET DHA WITH OMEGA-3	
ELITE OB WITH DHA	
ELITE-OB	
ELITE-OB 400	
ENBRACE HR	
EXTRA-VIRT PLUS DHA	
FE C PLUS	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
FOLET ONE	
FOLIVANE-OB	
ICAR-C PLUS	
KOSHER PRENATAL PLUS IRON	
MARNATAL-F	
M-NATAL PLUS	
MYNATAL	
MYNATAL ADVANCE	
MYNATAL PLUS	
MYNATAL-Z	
MYNATE 90 PLUS	
NATACHEW (FE BIS-GLYCINATE)	
NEEVODHA (WITH ALGAL OIL)	
NESTABS	
NESTABS ABC	
NESTABS DHA	
NESTABS ONE	
NEWGEN	
NEXA PLUS	
NIVA-PLUS	
OB COMPLETE	
OB COMPLETE ONE	
OB COMPLETE PETITE	
OB COMPLETE WITH DHA	
OBSTETRIX DHA	
OBSTETRIX EC	
OBSTETRIX ONE	
OBTREX DHA	
O-CAL PRENATAL	
PNV 29-1	
PNV OB+DHA	
PNV-DHA	
PNV-DHA + DOCUSATE	
PNV-FERROUS FUMARATE-DOCU-FA	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
PNV-OMEGA	
PNV-SELECT	
PR NATAL 400	
PR NATAL 400 EC	
PR NATAL 430	
PR NATAL 430 EC	
PRENA1 CHEW	
PRENA1 PEARL	
PRENA1 TRUE	
PRENAISSANCE	
PRENAISSANCE PLUS	
PRENATA	
PRENATABS FA	
PRENATABS RX	
PRENATAL 19	
PRENATAL 19 (WITH DOCUSATE)	
PRENATAL LOW IRON	
PRENATAL PLUS	
PRENATAL PLUS (CALCIUM CARB)	
PRENATAL PLUS DHA ORAL COMBO PACK	
PRENATAL VITAMIN PLUS LOW IRON	
PRENATAL-U	
PRENATE AM	
PRENATE CHEWABLE	
PRENATE DHA	
PRENATE DHA (FERR ASP GLYCIN)	
PRENATE ELITE	
PRENATE ELITE (IRON ASP GLYC)	
PRENATE ENHANCE	
PRENATE ESSENTIAL	
PRENATE ESSENTIAL(IRON-ASP-GL)	
PRENATE MINI (FERR ASP GLYCIN)	
PRENATE PIXIE	
PRENATE RESTORE	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
PRENATE STAR	
PREPLUS	
PRETAB	
PRIMACARE	
PROVIDA OB	
PUREFE OB PLUS	
PUREFE PLUS	
R-NATAL OB	
SELECT-OB	
SELECT-OB (FOLIC ACID)	
SELECT-OB + DHA	
SE-NATAL 19	
SE-NATAL 19 (WITH DOCUSATE)	
TARON-C DHA	
TARON-PREX PRENATAL-DHA	
THRIVITE RX	
THRIVITE-19	
TL-SELECT	
TRIADVANCE	
TRICARE	
TRINATAL RX 1	
TRINATE	
TRISTART DHA	
TRIVEEN-DUO DHA	
TRIVEEN-ONE	
TRIVEEN-PRX RNF	
TRUST NATAL DHA	
VENA-BAL DHA	
VINATE CARE	
VINATE DHA RF	
VINATE GT	
VINATE M	
VINATE ONE	
VIRT-C DHA	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
VIRT-NATE DHA	
VIRT-PN DHA	
VIRT-PN PLUS	
VITAFOL FE+ (WITH DOCUSATE)	
VITAFOL GUMMIES	
VITAFOL NANO	
VITAFOL ULTRA	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITAMED MD ONE RX	
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATRUE	
VIVA DHA	
VP-CH PLUS	
VP-CH-PNV	
VP-PNV-DHA	
ZATEAN-PN DHA	
ZATEAN-PN PLUS	
Gastrointestinal Agents	
Antispasmodics, Gastrointestinal	
<i>dicyclomine oral</i>	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	
Gastrointestinal Agents, Other	
<i>diphenoxylate-atropine</i>	
GATTEX 30-VIAL	
GATTEX ONE-VIAL	
<i>loperamide oral capsule</i>	
<i>metoclopramide hcl oral solution</i>	
<i>metoclopramide hcl oral tablet</i>	
RELISTOR	PA
<i>ursodiol</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
Histamine2 (H2) Receptor Antagonists	
<i>famotidine oral tablet 20 mg, 40 mg</i>	
<i>ranitidine hcl oral syrup</i>	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	
Irritable Bowel Syndrome Agents	
<i>alosetron</i>	
AMITIZA	
LINZESS	
Laxatives	
CONSTULOSE	
ENULOSE	
GENERLAC	
GOLYTELY ORAL POWDER IN PACKET	
<i>lactulose oral solution 10 gram/15 ml</i>	
<i>peg 3350-electrolytes</i>	
<i>peg-electrolyte soln</i>	
Protectants	
<i>misoprostol</i>	
<i>sucralfate oral tablet</i>	
Proton Pump Inhibitors	
<i>esomeprazole magnesium</i>	
<i>lansoprazole</i>	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	
<i>pantoprazole oral</i>	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment	
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	
CERDELGA	
CREON	
CYSTADANE	
CYSTAGON	
GLASSIA	
KUVAN	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>miglustat</i>	
PROLASTIN-C INTRAVENOUS RECON SOLN	
RAVICTI	
<i>sodium phenylbutyrate</i>	
SUCRAID	
ZEMAIRA	
ZENPEP	
Genitourinary Agents	
Antispasmodics, Urinary	
<i>darifenacin</i>	
MYRBETRIQ	ST
<i>oxybutynin chloride</i>	
OXYTROL	ST
<i>tolterodine</i>	
<i>trospium</i>	
Benign Prostatic Hypertrophy Agents	
<i>alfuzosin</i>	
<i>dutasteride</i>	
<i>finasteride oral tablet 5 mg</i>	
<i>tamsulosin</i>	
Genitourinary Agents, Other	
<i>bethanechol chloride</i>	
ELMIRON	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<i>betamethasone dipropionate</i>	
<i>betamethasone valerate</i>	
<i>betamethasone, augmented</i>	
<i>clobetasol</i>	
<i>clobetasol-emollient</i>	
<i>fludrocortisone</i>	
<i>fluocinonide topical cream 0.05 %</i>	
<i>fluocinonide topical gel</i>	
<i>fluocinonide topical ointment</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>fluocinonide topical solution</i>	
<i>fluocinonide-e</i>	
<i>fluticasone propionate topical</i>	
<i>hydrocortisone oral</i>	
<i>hydrocortisone rectal</i>	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	
<i>hydrocortisone topical lotion 2.5 %</i>	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	
<i>methylprednisolone</i>	
<i>mometasone topical</i>	
<i>prednisolone</i>	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	
<i>prednisone</i>	
PREDNISONO INTENSOL	
PROCTO-PAK	
PROCTOSOL HC	
PROCTOZONE-HC	
<i>triamcinolone acetonide topical</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<i>desmopressin nasal</i>	
<i>desmopressin oral</i>	
GENOTROPIN	PA
GENOTROPIN MINIQUICK	PA
HUMATROPE	PA
INCRELEX	
NORDITROPIN FLEXPPO	PA
NUTROPIN AQ NUSPIN	PA
OMNITROPE	PA
SAIZEN	PA
SEROSTIM	PA
ZORBTIVE	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
KORLYM	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Anabolic Steroids	
ANADROL-50	
<i>oxandrolone</i>	
Androgens	
ANDRODERM	
<i>danazol</i>	
<i>testosterone cypionate</i>	
<i>testosterone enanthate</i>	
Estrogens	
CRYSELLE (28)	
CYCLAFEM 1/35 (28)	
CYCLAFEM 7/7/7 (28)	
<i>desog-e.estradiol/e.estradiol</i>	
<i>desogestrel-ethinyl estradiol</i>	
<i>drospirenone-ethinyl estradiol</i>	
<i>estradiol oral</i>	
<i>estradiol transdermal patch weekly</i>	
<i>estradiol vaginal</i>	
<i>estradiol-norethindrone acet</i>	
ESTRING	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	
<i>l norgest/e.estradiol-e.estrad</i>	
<i>levonorgestrel-ethinyl estrad</i>	
<i>levonorg-eth estrad triphasic</i>	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	
<i>noreth-ethinyl estradiol-iron</i>	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	
<i>norgestimate-ethinyl estradiol</i>	
PREMARIN ORAL	
PREMARIN VAGINAL	
PREMPRO	
TRI-LEGEST FE	
Progestins	
<i>medroxyprogesterone</i>	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	PA
<i>megestrol oral tablet</i>	
<i>norethindrone (contraceptive)</i>	
<i>progesterone micronized</i>	
Selective Estrogen Receptor Modifying Agents	
DUAVEE	
<i>raloxifene</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
<i>levothyroxine oral</i>	
<i>liothyronine oral</i>	
Hormonal Agents, Suppressant (Adrenal)	
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN	
Hormonal Agents, Suppressant (Pituitary)	
Hormonal Agents, Suppressant (Pituitary)	
<i>cabergoline</i>	
ELIGARD	PA BvD
ELIGARD (3 MONTH)	PA BvD
ELIGARD (4 MONTH)	PA BvD
ELIGARD (6 MONTH)	PA BvD
FIRMAGON KIT W DILUENT SYRINGE	
<i>leuprolide subcutaneous kit</i>	
LUPRON DEPOT	PA BvD
LUPRON DEPOT (3 MONTH)	PA BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
LUPRON DEPOT (4 MONTH)	PA BvD
LUPRON DEPOT (6 MONTH)	PA BvD
<i>octreotide acetate injection solution</i>	
SIGNIFOR	
SOMATULINE DEPOT	
SOMAVERT	
SYNAREL	
TRELSTAR	
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<i>methimazole</i>	
<i>propylthiouracil</i>	
Immunological Agents	
Angioedema Agents	
CINRYZE	
<i>icatibant</i>	
Immune Suppressants	
ASTAGRAF XL	PA NSO
<i>azathioprine</i>	PA BvD
<i>cyclosporine modified</i>	PA BvD
<i>cyclosporine oral</i>	PA BvD
ENBREL	
ENBREL MINI	
ENBREL SURECLICK	
ENVARUSUS XR	PA NSO
HUMIRA	
HUMIRA PEDIATRIC CROHNS START	
HUMIRA PEN	
HUMIRA PEN CROHNS-UC-HS START	
HUMIRA PEN PSOR-UVEITS-ADOL HS	
HUMIRA(CF)	
HUMIRA(CF) PEDI CROHNS STARTER	
HUMIRA(CF) PEN CROHNS-UC-HS	
HUMIRA(CF) PEN PSOR-UV-ADOL HS	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	
KINERET	
<i>methotrexate sodium</i>	PA BvD
<i>methotrexate sodium (pf)</i>	PA BvD
<i>mycophenolate mofetil</i>	PA BvD
<i>mycophenolate sodium</i>	PA BvD
ORENCIA	
ORENCIA CLICKJECT	
PROGRAF ORAL GRANULES IN PACKET	PA NSO
SIMPONI	PA
<i>sirolimus</i>	
<i>tacrolimus oral</i>	
TREMIFYA	PA
XATMEP	PA BvD
XELJANZ	PA
XELJANZ XR	PA
ZORTRESS	PA NSO
Immunizing Agents, Passive	
GAMMAGARD LIQUID	PA BvD
GAMMAGARD S-D (IGA < 1 MCG/ML)	PA BvD
GAMMAPLEX	PA BvD
GAMMAPLEX (WITH SORBITOL)	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	PA BvD
PRIVIGEN	PA BvD
THYMOGLOBULIN	
Immunomodulators	
ACTIMMUNE	
ARCALYST	
<i>leflunomide</i>	
OTEZLA	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	PA
XOLAIR SUBCUTANEOUS RECON SOLN	LA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
Vaccines	
ACTHIB (PF)	
ADACEL(TDAP ADOLESN/ADULT)(PF)	
<i>bcg vaccine, live (pf)</i>	
BEXSERO	
BOOSTRIX TDAP	
DAPTACEL (DTAP PEDIATRIC) (PF)	
ENGERIX-B (PF)	PA BvD
ENGERIX-B PEDIATRIC (PF)	PA BvD
GARDASIL 9 (PF)	
HAVRIX (PF)	
HIBERIX (PF)	
IMOVAX RABIES VACCINE (PF)	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	
IPOL	
IXIARO (PF)	
KINRIX (PF)	
MENACTRA (PF)	
MENVEO A-C-Y-W-135-DIP (PF)	
M-M-R II (PF)	
PEDIARIX (PF)	
PEDVAX HIB (PF)	
PROQUAD (PF)	
QUADRACEL (PF)	
RABAVERT (PF)	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	PA BvD
ROTARIX	
ROTATEQ VACCINE	
SHINGRIX (PF)	
<i>tdvax</i>	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	
<i>tetanus,diphtheria tox ped(pf)</i>	
TRUMENBA	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
TWINRIX (PF)	
TYPHIM VI	
VAQTA (PF)	
VARIVAX (PF)	
VARIZIG	
YF-VAX (PF)	
ZOSTAVAX (PF)	
Inflammatory Bowel Disease Agents	
Aminosalicylates	
APRISO	
<i>balsalazide</i>	
DIPENTUM	
<i>mesalamine</i>	
<i>mesalamine with cleansing wipe</i>	
PENTASA	
Glucocorticoids	
<i>budesonide oral capsule, delayed, extend. release</i>	
<i>dexamethasone</i>	
DEXAMETHASONE INTENSOL	
PROCTO-MED HC	
Sulfonamides	
<i>sulfasalazine</i>	
Metabolic Bone Disease Agents	
Metabolic Bone Disease Agents	
<i>alendronate</i>	
<i>calcitonin (salmon)</i>	
<i>calcitriol oral</i>	
<i>cinacalcet</i>	PA BvD
<i>doxercalciferol oral</i>	
FORTEO	PA
<i>ibandronate oral</i>	
NATPARA	PA
PROLIA	
TYMLOS	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
XGEVA	
Miscellaneous Therapeutic Agents	
Miscellaneous Therapeutic Agents	
1ST TIER UNIFINE PENTIPS	
1ST TIER UNIFINE PENTIPS PLUS	
ADVOCATE PEN NEEDLE	
ADVOCATE SYRINGES	
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"	
<i>assure id insulin safety syringe 1 ml 29 gauge x 1/2"</i>	
BD ALCOHOL SWABS	
BD AUTOSHIELD DUO PEN NEEDLE	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	
BD INSULIN SYRINGE HALF UNIT	
BD INSULIN SYRINGE MICRO-FINE	
BD INSULIN SYRINGE SAFETY-LOK	
BD INSULIN SYRINGE SLIP TIP	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2"	
BD INSULIN SYRINGE ULTRA-FINE	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2"	
BD ULTRA-FINE MICRO PEN NEEDLE	
BD ULTRA-FINE MINI PEN NEEDLE	
BD ULTRA-FINE NANO PEN NEEDLE	
BD ULTRA-FINE ORIG PEN NEEDLE	
BD ULTRA-FINE SHORT PEN NEEDLE	
CAREFINE PEN NEEDLE	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	
CARETOUCH PEN NEEDLE	
CLICKFINE PEN NEEDLE	
COMFORT EZ INSULIN SYRINGE	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
COMFORT EZ PEN NEEDLES	
DROPLET PEN NEEDLE	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	
EASY GLIDE PEN NEEDLE	
EASY TOUCH FLIPLOCK INSULIN	
EASY TOUCH INSULIN SAFETY SYR	
EASY TOUCH INSULIN SYRINGE	
EASY TOUCH NEEDLE	
EASY TOUCH SHEATHLOCK INSULIN	
EXEL INSULIN	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	
INCONTROL PEN NEEDLE	
INSULIN SYR/NDL U100 HALF MARK	
INSULIN SYRINGE	
INSULIN SYRINGE MICROFINE	
INSULIN SYRINGE NEEDLELESS	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64"	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	
INSUPEN	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
INTRALIPID	PA BvD
LITE TOUCH INSULIN PEN NEEDLES	
LITE TOUCH INSULIN SYRINGE	
MAXI-COMFORT INSULIN SYRINGE	
MINI ULTRA-THIN II	
MONOJECT INSULIN SAFETY SYRING	
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML , 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	
NOVOFINE 32	
NOVOFINE AUTOCOVER	
NOVOFINE PLUS	
NUTRILIPID	PA BvD
PEN NEEDLE	
<i>pen needle, diabetic</i>	
PENTIPS	
PRO COMFORT ALCOHOL PADS	
PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16"	
PRODIGY INSULIN SYRINGE	
RELION NEEDLES	
RELION PEN NEEDLES	
SAFESNAP INSULIN SYRINGE	
SURE COMFORT INS. SYR. U-100	
SURE COMFORT INSULIN SYRINGE	
SURE COMFORT PEN NEEDLE	
SURE-FINE PEN NEEDLES	
SURE-JECT INSULIN SYRINGE	
TECHLITE PEN NEEDLE	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	
THINPRO INSULIN SYRINGE	
TOPCARE CLICKFINE	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2"	
<i>trueplus insulin</i>	
TRUEPLUS PEN NEEDLE	
ULTICARE INSULIN SYR HALF UNIT	
ULTICARE INSULIN SYRINGE	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	
<i>ulticare syringe 0.3 ml 30 gauge x 1/2", 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 1/2", 0.5 ml 31 gauge x 5/16", 1 ml 30 gauge x 1/2", 1 ml 31 gauge x 5/16</i>	
ULTILET INSULIN SYRINGE	
ULTILET PEN NEEDLE	
ULTRA CMFT INS SYR HALF UNIT	
ULTRA COMFORT INSULIN SYRINGE	
ULTRA-THIN II (SHORT) INS SYR	
ULTRA-THIN II (SHORT) PEN NDL	
ULTRA-THIN II INS PEN NEEDLES	
ULTRA-THIN II INSULIN SYRINGE	
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	
<i>water for irrigation, sterile</i>	
WEBCOL	
Ophthalmic Agents	
Ophthalmic Agents, Other	
<i>atropine ophthalmic (eye) drops</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
CYSTARAN	
LACRISERT	
RESTASIS	
RESTASIS MULTIDOSE	
<i>tropicamide</i>	
Ophthalmic Anti-Allergy Agents	
<i>azelastine ophthalmic (eye)</i>	
<i>cromolyn ophthalmic (eye)</i>	
<i>olopatadine ophthalmic (eye)</i>	
Ophthalmic Antiglaucoma Agents	
<i>acetazolamide oral capsule, extended release</i>	
<i>betaxolol ophthalmic (eye)</i>	
BETOPTIC S	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	
<i>carteolol</i>	
COMBIGAN	
<i>dorzolamide</i>	
<i>dorzolamide-timolol</i>	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	
<i>levobunolol</i>	
<i>pilocarpine hcl ophthalmic (eye)</i>	
<i>timolol maleate ophthalmic (eye)</i>	
Ophthalmic Anti-Inflammatories	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	
<i>diclofenac sodium ophthalmic (eye)</i>	
DUREZOL	
<i>fluorometholone</i>	
<i>flurbiprofen sodium</i>	
FML FORTE	
FML S.O.P.	
<i>ketorolac ophthalmic (eye)</i>	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	
<i>loteprednol etabonate</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>neomycin-polymyxin b-dexameth</i>	
PRED MILD	
<i>prednisolone acetate</i>	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	
<i>tobramycin-dexamethasone</i>	
Ophthalmic Prostaglandin And Prostamide Analogs	
<i>bimatoprost ophthalmic (eye)</i>	
<i>latanoprost</i>	
Otic Agents	
Otic Agents	
<i>acetic acid otic (ear)</i>	
<i>hydrocortisone-acetic acid</i>	
<i>neomycin-polymyxin-hc otic (ear)</i>	
Respiratory Tract/Pulmonary Agents	
Antihistamines	
<i>azelastine nasal</i>	
<i>clemastine oral tablet 2.68 mg</i>	
<i>desloratadine oral tablet</i>	
<i>hydroxyzine hcl oral tablet</i>	
<i>hydroxyzine pamoate</i>	
<i>levocetirizine oral tablet</i>	
Anti-Inflammatories, Inhaled Corticosteroids	
<i>budesonide inhalation</i>	PA BvD
FLOVENT HFA	
<i>flunisolide</i>	
<i>fluticasone propionate nasal</i>	
PULMICORT FLEXHALER	
Antileukotrienes	
<i>montelukast oral tablet</i>	
<i>zafirlukast</i>	
<i>zileuton</i>	
Bronchodilators, Anticholinergic	
ATROVENT HFA	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
INCRUSE ELLIPTA	
<i>ipratropium bromide inhalation</i>	PA BvD
<i>ipratropium bromide nasal</i>	
<i>ipratropium-albuterol</i>	PA BvD
SPIRIVA RESPIMAT	
SPIRIVA WITH HANDIHALER	
TUDORZA PRESSAIR	
Bronchodilators, Sympathomimetic	
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation, 90 mcg/actuation (nda020983)</i>	
<i>albuterol sulfate inhalation solution for nebulization</i>	PA BvD
<i>albuterol sulfate oral</i>	
<i>epinephrine injection auto-injector</i>	QL (2 EA per 30 days)
<i>levalbuterol hcl</i>	PA BvD
<i>levalbuterol tartrate</i>	
PROAIR RESPICLICK	
SEREVENT DISKUS	
Cystic Fibrosis Agents	
CAYSTON	
KALYDECO	PA
ORKAMBI	PA
PULMOZYME	PA NSO
SYMDEKO	PA
Mast Cell Stabilizers	
<i>cromolyn inhalation</i>	PA BvD
Phosphodiesterase Inhibitors, Airways Disease	
DALIRESP	PA
THEO-24	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	
<i>theophylline oral tablet extended release 24 hr</i>	
Pulmonary Antihypertensives	
ADEMPAS	PA
<i>ambrisentan</i>	PA; LA
OPSUMIT	PA
<i>sildenafil (antihypertensive) oral tablet</i>	PA NSO

You can find information on what the symbols and abbreviations on this table mean by going to page 9

Name of Drug	Necessary Actions, Restrictions, or Limits on Use
<i>tadalafil (antihypertensive)</i>	PA NSO
UPTRAVI	PA
Pulmonary Fibrosis Agents	
ESBRIET	PA
OFEV	PA
Respiratory Tract Agents, Other	
<i>acetylcysteine</i>	PA BvD
ADVAIR HFA	
ANORO ELLIPTA	
BREO ELLIPTA	
<i>fluticasone propion-salmeterol</i>	
TRELEGY ELLIPTA	
<i>wixela inhub</i>	
Respiratory Tract/Pulmonary Agents	
XOLAIR SUBCUTANEOUS SYRINGE	LA
Skeletal Muscle Relaxants	
Skeletal Muscle Relaxants	
<i>cyclobenzaprine oral tablet</i>	
<i>methocarbamol oral</i>	
Sleep Disorder Agents	
Gaba Receptor Modulators	
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem oral</i>	
Sleep Disorders, Other	
HETLIOZ	PA
<i>modafinil</i>	
<i>ramelteon</i>	
XYREM	LA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

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1ST TIER UNIFINE		
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1ST TIER UNIFINE		
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<i>acetylcysteine</i>	64	
<i>acitretin</i>	39	
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HUMALOG MIX 50-50		<i>hydroxyzine pamoate</i>	62	IRESSA.....	25
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HUMALOG MIX 75-25		IBRANCE.....	25	ISENTRESS HD	30
KWIKPEN	33	<i>ibuprofen</i>	11	ISOLYTE-P IN 5 %	
HUMALOG MIX 75-25(U-		ICAR-C PLUS.....	44	DEXTROSE.....	41
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HUMALOG U-100		ICLUSIG.....	25	<i>isosorbide dinitrate</i>	38
INSULIN	33	IDHIFA	24	<i>isosorbide mononitrate</i>	38
HUMATROPE	50	<i>imatinib</i>	25	<i>isotretinoin</i>	40
HUMIRA	53	IMBRUVICA	25	<i>itraconazole</i>	21
HUMIRA PEDIATRIC		<i>imipenem-cilastatin</i>	16	<i>ivermectin</i>	26
CROHNS START	53	<i>imipramine hcl</i>	20	IXIARO (PF)	55
HUMIRA PEN.....	53	<i>imipramine pamoate</i>	21	JAKAFI	25
HUMIRA PEN CROHNS-		<i>imiquimod</i>	40	JARDIANCE.....	33
UC-HS START	53	IMOVAX RABIES		JULUCA	30
HUMIRA PEN PSOR-		VACCINE (PF)	55	JUXTAPID	38
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HUMIRA(CF) PEDI		NEEDLE	58	<i>ketoconazole</i>	21
CROHNS STARTER	53	INCRELEX	50	<i>ketorolac</i>	61
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		<i>indapamide</i>	37	KINRIX (PF).....	55

KIONEX (WITH SORBITOL)	42	<i>lisinopril</i>	35	<i>meropenem</i>	16
KISQALI	24	<i>lisinopril-hydrochlorothiazide</i>	35	<i>meropenem-0.9% sodium chloride</i>	16
KISQALI FEMARA CO-PACK.....	24	LITE TOUCH INSULIN PEN NEEDLES	59	<i>mesalamine</i>	56
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<i>l norgest/e.estradiol-e.estrad</i>	51	LONSURF	24	<i>methadone</i>	11
<i>labetalol</i>	36	<i>loperamide</i>	47	<i>methazolamide</i>	37
LACRISERT	61	<i>lopinavir-ritonavir</i>	31	<i>methenamine hippurate</i>	14
<i>lactulose</i>	48	<i>lorazepam</i>	32	<i>methimazole</i>	53
<i>lamivudine</i>	31	LORAZEPAM.....	32	<i>methocarbamol</i>	64
<i>lamivudine-zidovudine</i>	31	LORAZEPAM INTENSOL ..	32	<i>methotrexate sodium</i>	54
<i>lamotrigine</i>	19	LORBRENA.....	25	<i>methotrexate sodium (pf)</i>	54
<i>lansoprazole</i>	48	<i>losartan</i>	35	<i>methoxsalen</i>	40
<i>lanthanum</i>	43	<i>losartan-hydrochlorothiazide</i>	35	<i>methyl dopa</i>	35
<i>latanoprost</i>	62	LOTEMAX.....	61	<i>methylphenidate hcl</i>	39
LATUDA.....	28	<i>loteprednol etabonate</i>	61	<i>methylprednisolone</i>	50
<i>ledipasvir-sofosbuvir</i>	29	<i>loxapine succinate</i>	28	<i>metoclopramide hcl</i>	47
<i>leflunomide</i>	54	LUPRON DEPOT.....	52	<i>metolazone</i>	37
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<i>letrozole</i>	24	LUPRON DEPOT (3 MONTH)	52	<i>metoprolol ta-hydrochlorothiaz</i>	36
<i>leucovorin calcium</i>	24	LUPRON DEPOT (4 MONTH)	53	<i>metoprolol tartrate</i>	36
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LEUKINE	34	LUPRON DEPOT (6 MONTH)	53	<i>metronidazole in nacl (iso-os)</i> ..	14
<i>leuprolide</i>	52	LYNPARZA	25	<i>mexiletine</i>	36
<i>levabuterol hcl</i>	63	LYSODREN	52	<i>miconazole-3</i>	21
<i>levabuterol tartrate</i>	63	<i>magnesium sulfate</i>	41	<i>midodrine</i>	35
<i>levetiracetam</i>	18	<i>maprotiline</i>	20	<i>miglustat</i>	49
<i>levobunolol</i>	61	MARNATAL-F	44	MINI ULTRA-THIN II.....	59
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<i>levonorgestrel-ethinyl estrad</i>	51	MAXI-COMFORT INSULIN SYRINGE	59	<i>misoprostol</i>	48
<i>levonorg-eth estrad triphasic</i>	51	<i>meclizine</i>	21	M-M-R II (PF).....	55
<i>levothyroxine</i>	52	<i>medroxyprogesterone</i>	52	M-NATAL PLUS.....	44
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<i>lidocaine (pf)</i>	12	MEKINIST	25	<i>mometasone</i>	50
<i>lidocaine hcl</i>	12	MEKTOVI.....	25	<i>monoject 0.9% sodium chloride</i>	41
<i>lidocaine viscous</i>	12	<i>meloxicam</i>	11	MONOJECT INSULIN SAFETY SYRINGE	59
<i>lidocaine-prilocaine</i>	12	<i>memantine</i>	19	MONOJECT INSULIN SYRINGE.....	59
<i>lindane</i>	27	MENACTRA (PF)	55	<i>montelukast</i>	62
<i>linezolid</i>	14	MENEST	51	MONUROL.....	14
<i>linezolid in dextrose 5%</i>	14	MENVEO A-C-Y-W-135-DIP (PF)	55	<i>morphine</i>	11
<i>linezolid-0.9% sodium chloride</i>	14	<i>mercaptapurine</i>	24	<i>morphine concentrate</i>	11
LINZESS	48			<i>moxifloxacin</i>	17
<i>liothyronine</i>	52				

<i>mupirocin</i>	14	<i>nimodipine</i>	37	NUTROPIN AQ NUSPIN	50
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<i>mycophenolate sodium</i>	54	<i>nitrofurantoin macrocrystal</i>	14	NYSTOP	22
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<i>nadolol</i>	36	<i>norethindrone (contraceptive)</i>	52	OBSTETRIX ONE.....	44
<i>nafcillin</i>	16	<i>norethindrone ac-eth estradiol</i> ...	51	OBSTETRIX DHA	44
<i>nafcillin in dextrose iso-osm</i>	16	<i>norethindrone-e.estradiol-iron</i> ...	52	O-CAL PRENATAL.....	44
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<i>naltrexone</i>	12	<i>normal saline flush</i>	41	ODEFSEY	30
<i>naproxen</i>	11	NORMOSOL-M IN 5 %		ODOMZO	26
<i>naratriptan</i>	22	DEXTROSE.....	41	OFEV	64
NARCAN	13	NORMOSOL-R IN 5 %		<i>ofloxacin</i>	17
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NATACYN.....	22	<i>nortriptyline</i>	21	<i>omega-3 acid ethyl esters</i>	38
<i>nateglinide</i>	33	NORVIR.....	31	<i>omeprazole</i>	48
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NEEVODHA (WITH		NOVOFINE PLUS	59	<i>ondansetron hcl</i>	21
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<i>nefazodone</i>	20	INSULIN	34	ORENCIA.....	54
<i>neomycin</i>	13	NOVOLIN 70-30 FLEXPEN		ORENCIA CLICKJECT	54
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<i>nevirapine</i>	30	INSULIN.....	34	PANRETIN	26
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<i>niacin</i>	38	NUBEQA.....	23	<i>paroxetine</i>	
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<i>nifedipine</i>	37	NUPLAZID.....	28	PASER	23
<i>nilutamide</i>	23	NUTRILIPID	59	PAXIL.....	20

PEDIARIX (PF)	55	<i>potassium chloride in 0.9%nacl.</i>	41	PRENATAL VITAMIN	
PEDVAX HIB (PF).....	55	<i>potassium chloride in 5 % dex...</i>	41	PLUS LOW IRON	45
<i>peg 3350-electrolytes</i>	48	<i>potassium chloride in lr-d5</i>	41	PRENATAL-U	45
PEGANONE.....	19	<i>potassium chloride in water.....</i>	42	PRENATE AM.....	45
PEGASYS	29	<i>potassium chloride-0.45 % nacl.</i>	42	PRENATE CHEWABLE.....	45
PEGASYS PROCLICK.....	29	<i>potassium chloride-d5-</i>		PRENATE DHA	45
<i>peg-electrolyte soln</i>	48	<i>0.2%nacl</i>	42	PRENATE DHA (FERR	
PEN NEEDLE	59	<i>potassium chloride-d5-</i>		ASP GLYCIN)	45
<i>pen needle, diabetic</i>	59	<i>0.3%nacl</i>	42	PRENATE ELITE	45
<i>penicillin g pot in dextrose</i>	16	<i>potassium chloride-d5-</i>		PRENATE ELITE (IRON	
<i>penicillin g potassium</i>	16	<i>0.9%nacl</i>	42	ASP GLYC).....	45
<i>penicillin g procaine</i>	16	<i>potassium citrate</i>	42	PRENATE ENHANCE.....	45
<i>penicillin g sodium</i>	16	PR NATAL 400.....	45	PRENATE ESSENTIAL.....	45
<i>penicillin v potassium</i>	16	PR NATAL 400 EC	45	PRENATE	
PENTAM.....	27	PR NATAL 430.....	45	ESSENTIAL(IRON-ASP-	
PENTASA	56	PR NATAL 430 EC	45	GL).....	45
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<i>permethrin</i>	27	<i>pravastatin</i>	38	PRENATE PIXIE.....	45
<i>perphenazine</i>	28	<i>praziquantel</i>	26	PRENATE RESTORE	45
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<i>phenobarbital</i>	18	<i>prednisolone</i>	50	PRETAB	46
<i>phenytoin</i>	19	<i>prednisolone acetate</i>	62	PREZCOBIX	31
<i>phenytoin sodium extended</i>	19	<i>prednisolone sodium phosphate</i>		PREZISTA.....	31
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<i>pilocarpine hcl</i>	39, 61	PREDNISONONE INTENSOL ..	50	<i>primaquine</i>	27
<i>pimozide</i>	28	<i>pregabalin</i>	18	<i>primidone</i>	18
<i>pindolol</i>	36	PREMARIN	52	PRIVIGEN	54
<i>pioglitazone</i>	33	PREMASOL 10 %	42	PRO COMFORT	
<i>pioglitazone-metformin</i>	33	PREMASOL 6 %	42	ALCOHOL PADS.....	59
<i>piperacillin-tazobactam</i>	16	PREMPRO	52	PRO COMFORT PEN	
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PNV OB+DHA.....	44	PRENA1 TRUE	45	<i>probenecid</i>	22
PNV-DHA	44	PRENAISSANCE	45	<i>probenecid-colchicine</i>	22
PNV-DHA + DOCUSATE....	44	PRENAISSANCE PLUS	45	PROCALAMINE 3%	42
PNV-FERROUS		PRENATA.....	45	<i>prochlorperazine</i>	21
FUMARATE-DOCU-FA.....	44	PRENATABS FA.....	45	<i>prochlorperazine maleate</i>	21
PNV-OMEGA	45	PRENATABS RX	45	PROCRIT	34
PNV-SELECT	45	PRENATAL 19	45	PROCTO-MED HC	56
<i>podofilox</i>	40	PRENATAL 19 (WITH		PROCTO-PAK	50
<i>polymyxin b sulfate</i>	14	DOCUSATE).....	45	PROCTOSOL HC	50
<i>polymyxin b sulf-trimethoprim</i>	14	PRENATAL LOW IRON.....	45	PROCTOZONE-HC.....	50
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<i>posaconazole</i>	22	PRENATAL PLUS		SYRINGE.....	59
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<i>0.45%nacl</i>	41	PRENATAL PLUS DHA	45	PROGLYCEM.....	33
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PROMACTA.....	35	REYATAZ.....	32	<i>sodium chloride 0.9 %</i>	42
<i>promethazine</i>	21	<i>ribavirin</i>	29	<i>sodium chloride 0.9 % (flush)</i>	42
<i>propafenone</i>	36	<i>rifabutin</i>	23	<i>sodium chloride 3 %</i>	42
<i>propranolol</i>	36	<i>rifampin</i>	23	<i>sodium chloride 5 %</i>	42
<i>propranolol-hydrochlorothiazid</i>	36	RIFATER	23	<i>sodium phenylbutyrate</i>	49
<i>propylthiouracil</i>	53	<i>riluzole</i>	39	<i>sodium polystyrene sulfonate</i>	43
PROQUAD (PF).....	55	RISPERDAL CONSTA.....	28	<i>sofosbuvir-velpatasvir</i>	29
PROSOL 20 %	42	<i>risperidone</i>	28, 29	SOLTAMOX	24
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<i>protriptyline</i>	21	<i>rivastigmine</i>	19	SOMAVERT	53
PROVIDA OB.....	46	<i>rivastigmine tartrate</i>	19	<i>sotalol</i>	36
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<i>pyrazinamide</i>	23	ROZLYTREK	26	<i>spironolacton-hydrochlorothiaz</i>	37
<i>pyridostigmine bromide</i>	22	RUBRACA	24	SPRITAM	18
QUADRACEL (PF)	55	RYDAPT	26	SPRYCEL	26
<i>quetiapine</i>	28	SAFESNAP INSULIN		SPS (WITH SORBITOL).....	43
<i>quinidine gluconate</i>	36	SYRINGE	59	<i>sps (with sorbitol)</i>	43
<i>quinidine sulfate</i>	36	SAIZEN	50	<i>stavudine</i>	31
<i>quinine sulfate</i>	27	SANTYL.....	40	STIVARGA	26
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<i>raloxifene</i>	52	<i>scopolamine base</i>	21	STRIBILD	30
<i>ramelteon</i>	64	SELECT-OB.....	46	SUCRAID	49
<i>ramipril</i>	36	SELECT-OB (FOLIC ACID). 46		<i>sucralfate</i>	48
<i>ranitidine hcl</i>	48	SELECT-OB + DHA.....	46	<i>sulfacetamide sodium</i>	17
<i>ranolazine</i>	37	<i>selegiline hcl</i>	27	<i>sulfacetamide sodium (acne)</i>	40
<i>rasagiline</i>	27	<i>selenium sulfide</i>	40	<i>sulfacetamide-prednisolone</i>	17
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RELISTOR	47	SHINGRIX (PF)	55	SYR. U-100	59
<i>repaglinide</i>	33	SIGNIFOR	53	SURE COMFORT	
REPATHA PUSHTRONEX	38	<i>sildenafil (antihypertensive)</i>	63	INSULIN SYRINGE	59
REPATHA SURECLICK	38	<i>silver sulfadiazine</i>	14	SURE COMFORT PEN	
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<i>tacrolimus</i>	40, 54	<i>tobramycin in 0.225 % nacl</i>	13	TRUEPLUS PEN NEEDLE ..	60
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TALZENNA.....	24	<i>tolterodine</i>	49	TRUVADA.....	31
<i>tamoxifen</i>	24	TOPCARE CLICKFINE.....	60	TUDORZA PRESSAIR.....	63
<i>tamsulosin</i>	49	TOPCARE ULTRA		TURALIO.....	26
TARGRETIN.....	26	COMFORT.....	60	TWINRIX (PF).....	56
TARON-C DHA.....	46	<i>topiramate</i>	19	TYBOST.....	31
TARON-PREX		<i>toremifene</i>	24	TYKERB.....	26
PRENATAL-DHA.....	46	<i>torse mide</i>	37	TYMLOS.....	56
TASIGNA.....	26	TPN ELECTROLYTES.....	42	TYPHIM VI.....	56
<i>tazarotene</i>	40	<i>tramadol</i>	11, 12	<i>ulticare</i>	60
TAZORAC.....	40	<i>tramadol-acetaminophen</i>	12	ULTICARE INSULIN SYR	
<i>tdvax</i>	55	<i>tranexamic acid</i>	35	HALF UNIT.....	60
TECFIDERA.....	39	<i>tranylcypromine</i>	20	ULTICARE INSULIN	
TECHLITE PEN NEEDLE...59		TRAVASOL 10 %.....	42	SYRINGE.....	60
TEFLARO.....	16	<i>trazodone</i>	20	ULTICARE PEN NEEDLE...60	
<i>temazepam</i>	64	TRECTOR.....	23	<i>ultilet alcohol swab</i>	15
TENIVAC (PF).....	55	TRELEGY ELLIPTA.....	64	ULTILET INSULIN	
<i>tenofovir disoproxil fumarate</i>	31	TRELSTAR.....	53	SYRINGE.....	60
<i>terazosin</i>	35	TREMFYA.....	54	ULTILET PEN NEEDLE.....	60
<i>terbinafine hcl</i>	22	<i>tretinoin</i>	40	ULTRA CMFT INS SYR	
<i>terconazole</i>	22	<i>tretinoin (chemotherapy)</i>	26	HALF UNIT.....	60
TERUMO INSULIN		<i>tretinoin microspheres</i>	40	ULTRA COMFORT	
SYRINGE.....	60	TRIADVANCE.....	46	INSULIN SYRINGE.....	60
<i>testosterone cypionate</i>	51	<i>triamcinolone acetonide</i>	39, 50	ULTRA-THIN II (SHORT)	
<i>testosterone enanthate</i>	51	<i>triamterene-hydrochlorothiazid</i> ..37		INS SYR.....	60
<i>tetanus,diphtheria tox ped(pf)</i> 55		<i>triazolam</i>	64	ULTRA-THIN II (SHORT)	
<i>tetrabenazine</i>	39	TRICARE.....	46	PEN NDL.....	60
<i>tetracycline</i>	18	<i>trientine</i>	43	ULTRA-THIN II INS PEN	
THALOMID.....	24	<i>trifluoperazine</i>	28	NEEDLES.....	60
THEO-24.....	63	<i>trifluridine</i>	30	ULTRA-THIN II INSULIN	
<i>theophylline</i>	63	<i>trihexyphenidyl</i>	27	SYRINGE.....	60
THINPRO INSULIN		TRI-LEGEST FE.....	52	UNIFINE PENTIPS.....	60
SYRINGE.....	60	<i>trimethoprim</i>	15	UNIFINE PENTIPS PLUS....	60
<i>thioridazine</i>	28	<i>trimipramine</i>	21	UPTRAVI.....	64

<i>ursodiol</i>	47	VITAMED MD ONE RX	47	<i>zonisamide</i>	18
<i>valacyclovir</i>	30	VITAMEDMD REDICHEW		ZORBTIVE.....	50
VALCHLOR	23	RX	47	ZORTRESS	54
<i>valganciclovir</i>	29	VITAPEARL	47	ZOSTAVAX (PF).....	56
<i>valproic acid</i>	18	VITATRUE	47	ZYDELIG.....	26
<i>valproic acid (as sodium salt)</i> ...	18	VITRAKVI.....	25	ZYKADIA	26
<i>valsartan</i>	35	VIVA DHA.....	47	ZYPREXA RELPREVV	29
<i>valsartan-hydrochlorothiazide</i> ...	35	VIZIMPRO	26	ZYTIGA.....	23
<i>vancomycin</i>	15	<i>voriconazole</i>	22		
<i>vancomycin in 0.9 % sodium</i>		VOSEVI.....	29		
<i>chl</i>	15	VOTRIENT	26		
<i>vancomycin in dextrose 5 %</i>	15	VP-CH PLUS	47		
VAQTA (PF).....	56	VP-CH-PNV	47		
VARIVAX (PF)	56	VP-PNV-DHA.....	47		
VARIZIG.....	56	VRAYLAR.....	29		
VENA-BAL DHA.....	46	<i>warfarin</i>	34		
VENCLEXTA	26	<i>water for irrigation, sterile</i>	60		
VENCLEXTA STARTING		WEBCOL	60		
PACK.....	26	WELCHOL.....	38		
<i>venlafaxine</i>	20	<i>wixela inhub</i>	64		
<i>verapamil</i>	37	XALKORI	26		
VERSACLOZ.....	29	XARELTO.....	34		
VERZENIO	24	XATMEP.....	54		
VIBRAMYCIN	18	XELJANZ.....	54		
VIDEX 2 GRAM		XELJANZ XR.....	54		
PEDIATRIC	31	XGEVA	57		
VIDEX EC	31	XIFAXAN	15		
<i>vigabatrin</i>	18	XOLAIR	54, 64		
<i>vigadrone</i>	18	XOSPATA	25		
VIIBRYD	20	XPOVIO	24		
VIMPAT.....	19	XTANDI.....	23		
VINATE CARE	46	XYREM.....	64		
VINATE DHA RF.....	46	YF-VAX (PF).....	56		
VINATE GT	46	YONSA.....	23		
VINATE M	46	<i>zafirlukast</i>	62		
VINATE ONE.....	46	<i>zaleplon</i>	64		
VIRACEPT.....	32	ZARXIO	35		
VIREAD	31	ZATEAN-PN DHA	47		
VIRT-C DHA.....	46	ZATEAN-PN PLUS.....	47		
VIRT-NATE DHA	47	ZEJULA.....	24		
VIRT-PN DHA	47	ZELBORAF.....	26		
VIRT-PN PLUS	47	ZEMAIRA	49		
VITAFOL FE+ (WITH		ZENPEP.....	49		
DOCUSATE).....	47	ZEPATIER	29		
VITAFOL GUMMIES	47	<i>zidovudine</i>	31		
VITAFOL NANO	47	<i>zileuton</i>	62		
VITAFOL ULTRA.....	47	<i>ziprasidone hcl</i>	29		
VITAFOL-OB	47	ZIRGAN.....	29		
VITAFOL-OB+DHA	47	ZOLINZA	24		
VITAFOL-ONE	47	<i>zolpidem</i>	64		

2019 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)
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 12/9/19.

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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