

PACE PROGRAM

Community Care Program of All-Inclusive Care for the Elderly

Formulary

(2017 LIST OF COVERED DRUGS)

PLEASE READ:
THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.
HPMS Approved Formulary File Submission ID 00017331, Version 20

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 11/13/2017.

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]

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-992-6600 (رقم هاتف الصم والبكم: 711). [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: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-992-6600 (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]

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-992-6600 (TTY: 711) पर कॉल करें। [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>.

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 11/13/2017. 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, 2018.

Community Care contracts with the Centers for Medicare and Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS) to offer this Program of All-Inclusive Care for the Elderly (PACE).

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 Member Handbook & Enrollment Agreement.

Can the Formulary change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

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. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which we can ensure your safety.

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 60 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 60-day supply of the drug.

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. The enclosed formulary is current as of 11/13/2017.

To get updated information about the drugs covered by Community Care, please visit our Web site at www.communitycareinc.org, 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 63. 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 30

days 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 5 for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs. 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.

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.

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- 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.

For Members Who are Eligible for Medicare

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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with a 91 day transition supply consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

If your level of care changes and you become a resident of a long-term care facility, Community Care will provide at least a 31-day supply (unless the prescription is written for less) with refills provided, if needed, up to a 93-day supply.

For more information

For more detailed information about your Community Care prescription drug coverage, please review your Member Handbook & Enrollment Agreement 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 are eligible for Medicare and 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.

If you are eligible for Medicaid and want 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.

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

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 63.

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 (Applies only if you are eligible for Medicare.)

ST = Step Therapy

LA = Limited Access

HI = Home Infusion

Example:

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

Because you are enrolled in Community Care PACE, 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 2017

| Name of Drug | Necessary Actions, Restrictions, or Limits on Use |
|--|---|
| Analgesics | |
| Nonsteroidal Anti-Inflammatory Drugs | |
| <i>celecoxib</i> | |
| <i>diclofenac potassium</i> | |
| <i>diclofenac sodium oral</i> | |
| <i>diclofenac sodium topical gel 1%</i> | PA |
| <i>etodolac</i> | |
| FLECTOR | PA |
| <i>ibuprofen oral suspension</i> | |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | |
| INDOCIN ORAL | |
| <i>indomethacin oral</i> | |
| <i>ketorolac injection cartridge 30 mg/ml</i> | |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</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 injection solution</i> | |
| <i>methadone oral solution</i> | |
| <i>methadone oral tablet</i> | |
| <i>morphine concentrate oral solution</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> | ST |
| <i>tramadol oral capsule, er biphasic 24 hr 17-83</i> | |
| <i>tramadol oral capsule, er biphasic 24 hr 25-75 100 mg, 200 mg</i> | |
| <i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i> | |
| <i>tramadol oral tablet, er multiphasic 24 hr 300 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 |
|--|---|
| Opioid Analgesics, Short-Acting | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | |
| <i>acetaminophen-codeine oral tablet</i> | |
| <i>codeine sulfate oral tablet</i> | |
| <i>fentanyl citrate</i> | PA |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | |
| <i>hydromorphone (pf)</i> | |
| <i>hydromorphone injection syringe 2 mg/ml</i> | |
| <i>hydromorphone oral tablet</i> | |
| <i>morphine intravenous syringe</i> | |
| <i>oxycodone oral concentrate</i> | |
| <i>oxycodone oral solution</i> | |
| <i>oxycodone oral tablet</i> | |
| <i>oxycodone-acetaminophen oral solution</i> | |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | |
| <i>tramadol oral tablet</i> | |
| <i>tramadol-acetaminophen</i> | |
| Anesthetics | |
| Local Anesthetics | |
| <i>lidocaine (pf) injection solution 10 mg/ml (1%), 5 mg/ml (0.5%)</i> | |
| <i>lidocaine hcl injection solution 20 mg/ml (2%)</i> | |
| <i>lidocaine hcl mucous membrane jelly</i> | |
| <i>lidocaine hcl mucous membrane jelly in applicator</i> | |
| <i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</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> | |

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>naltrexone</i> | |
| Opioid Dependence Treatments | |
| <i>buprenorphine hcl</i> | |
| <i>buprenorphine-naloxone</i> | |
| Opioid Reversal Agents | |
| <i>naloxone injection solution</i> | |
| <i>naloxone injection syringe 1 mg/ml</i> | |
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION | |
| 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 injection solution 500 mg/2 ml</i> | |
| GENTAK OPHTHALMIC (EYE) OINTMENT | |
| <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) drops</i> | |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i> | |
| <i>gentamicin topical</i> | |
| <i>neomycin</i> | |
| <i>neomycin-polymyxin b gu</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>bacitracin intramuscular</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>bacitracin ophthalmic (eye)</i> | |
| <i>bacitracin-polymyxin b ophthalmic (eye)</i> | |
| <i>chloramphenicol sod succinate</i> | |
| CLEOCIN VAGINAL SUPPOSITORY | |
| <i>clindamycin hcl</i> | |
| <i>clindamycin in 5 % dextrose</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>daptomycin</i> | PA |
| <i>linezolid</i> | PA |
| <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 monohydlm-cryst</i> | |
| <i>polymyxin b sulfate</i> | |
| <i>polymyxin b sulf-trimethoprim</i> | |
| <i>silver sulfadiazine</i> | |
| SIVEXTRO | PA |
| SYNERCID | |
| <i>tigecycline</i> | 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 |
|--|---|
| <i>trimethoprim</i> | |
| TYGACIL | PA |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i> | PA BvD |
| <i>vancomycin oral capsule</i> | PA |
| XIFAXAN ORAL TABLET 200 MG | PA |
| Beta-Lactam, Cephalosporins | |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> | |
| <i>cefdinir</i> | |
| <i>cefepime</i> | |
| <i>cefixime</i> | |
| <i>cefoxitin</i> | |
| <i>cefpodoxime</i> | |
| <i>cefprozil</i> | |
| <i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i> | |
| <i>ceftriaxone intravenous</i> | |
| <i>cefuroxime axetil oral tablet</i> | |
| <i>cefuroxime sodium injection recon soln 750 mg</i> | |
| <i>cefuroxime sodium intravenous</i> | |
| <i>cephalexin</i> | |
| SUPRAX ORAL CAPSULE | |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML | |
| SUPRAX ORAL TABLET,CHEWABLE | |
| TEFLARO | |
| Beta-Lactam, Other | |
| <i>aztreonam injection recon soln 1 gram</i> | |
| <i>imipenem-cilastatin</i> | |
| INVANZ INJECTION | |
| <i>meropenem</i> | |
| Beta-Lactam, Penicillins | |
| <i>amoxicillin oral capsule</i> | |
| <i>amoxicillin oral suspension for reconstitution</i> | |
| <i>amoxicillin oral tablet</i> | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | |
| <i>amoxicillin-pot clavulanate</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>ampicillin oral capsule</i> | |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i> | |
| <i>ampicillin-sulbactam injection</i> | |
| BICILLIN L-A | |
| <i>dicloxacillin</i> | |
| <i>nafcillin injection recon soln 1 gram, 10 gram</i> | |
| <i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i> | |
| <i>penicillin g potassium injection recon soln 5 million unit</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 3.375 gram, 4.5 gram, 40.5 gram</i> | |
| ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML | |
| Macrolides | |
| AZASITE | |
| <i>azithromycin</i> | |
| <i>clarithromycin</i> | |
| DIFICID | PA |
| ERY PADS | |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG | |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i> | |
| <i>erythromycin ethylsuccinate oral tablet</i> | |
| <i>erythromycin ophthalmic (eye)</i> | |
| <i>erythromycin oral capsule, delayed release (dr/ec)</i> | |
| <i>erythromycin oral tablet</i> | |
| <i>erythromycin with ethanol topical gel</i> | |
| <i>erythromycin with ethanol topical solution</i> | |
| Quinolones | |
| CIPRO HC | |
| CIPRODEX | |
| <i>ciprofloxacin</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>ciprofloxacin (mixture)</i> | |
| <i>ciprofloxacin hcl ophthalmic (eye)</i> | |
| <i>ciprofloxacin hcl oral</i> | |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i> | |
| <i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i> | |
| <i>gatifloxacin</i> | |
| <i>levofloxacin</i> | |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i> | |
| <i>moxifloxacin ophthalmic (eye)</i> | |
| <i>ofloxacin ophthalmic (eye)</i> | |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | |
| <i>ofloxacin otic (ear)</i> | |
| VIGAMOX | |
| Sulfonamides | |
| BLEPHAMIDE | |
| BLEPHAMIDE S.O.P. | |
| <i>sulfacetamide sodium ophthalmic (eye)</i> | |
| <i>sulfacetamide-prednisolone</i> | |
| <i>sulfadiazine</i> | |
| <i>sulfamethoxazole-trimethoprim intravenous</i> | PA BvD |
| <i>sulfamethoxazole-trimethoprim oral</i> | |
| Tetracyclines | |
| <i>demeclocycline</i> | |
| <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> | |
| VIBRAMYCIN ORAL SYRUP | |
| Anticonvulsants | |
| Anticonvulsants, Other | |
| APTIOM | |

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 |
|---|---|
| BRIVIACT | |
| <i>levetiracetam in nacl (iso-os)</i> | |
| <i>levetiracetam intravenous</i> | |
| <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 ORAL CAPSULE 300 MG | |
| <i>ethosuximide</i> | |
| LYRICA | |
| <i>zonisamide</i> | |
| Gamma-Aminobutyric Acid (Gaba) Augmenting Agents | |
| <i>clonazepam</i> | |
| DIASTAT | |
| DIASTAT ACUDIAL | |
| <i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i> | |
| <i>divalproex</i> | |
| <i>gabapentin oral capsule</i> | |
| <i>gabapentin oral solution 250 mg/5 ml</i> | |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | |
| GABITRIL ORAL TABLET 12 MG, 16 MG | |
| ONFI ORAL SUSPENSION | |
| ONFI ORAL TABLET 10 MG, 20 MG | |
| <i>phenobarbital</i> | |
| <i>primidone</i> | |
| SABRIL | |
| <i>tiagabine</i> | |
| <i>valproate sodium</i> | |
| <i>valproic acid</i> | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | |
| <i>vigabatrin</i> | |
| Glutamate Reducing Agents | |
| <i>felbamate</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 |
|---|--|
| FYCOMPA ORAL SUSPENSION | |
| FYCOMPA ORAL TABLET | |
| <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>topiramate</i> | |
| Sodium Channel Agents | |
| BANZEL | |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i> | |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | |
| <i>carbamazepine oral tablet</i> | |
| <i>carbamazepine oral tablet extended release 12 hr</i> | |
| <i>carbamazepine oral tablet, chewable</i> | |
| DILANTIN | |
| <i>fosphenytoin injection solution 100 mg per 2 ml</i> | |
| <i>oxcarbazepine</i> | |
| PEGANONE | |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | |
| <i>phenytoin oral tablet, chewable</i> | |
| <i>phenytoin sodium extended</i> | |
| <i>phenytoin sodium intravenous solution</i> | |
| VIMPAT INTRAVENOUS | |
| 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> | |

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>rivastigmine tartrate</i> | |
| N-Methyl-D-Aspartate (Nmda) Receptor Antagonist | |
| <i>memantine oral tablet</i> | |
| <i>memantine oral tablets, dose pack</i> | |
| NAMENDA XR | |
| Antidepressants | |
| Antidepressants, Other | |
| <i>bupropion hcl</i> | |
| <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) | |
| BRISDELLE | |
| <i>citalopram</i> | |
| <i>desvenlafaxine oral tablet extended release 24 hr</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 oral tablet</i> | |
| <i>paroxetine hcl oral tablet extended release 24 hr</i> | |
| PAXIL ORAL SUSPENSION | |
| <i>sertraline</i> | |
| <i>trazodone</i> | |
| TRINTELLIX | 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>venlafaxine</i> | |
| VIIBRYD ORAL TABLET | PA NSO |
| VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) | PA NSO |
| Tricyclics | |
| <i>amitriptyline</i> | |
| <i>amoxapine</i> | |
| <i>clomipramine</i> | |
| <i>desipramine</i> | |
| <i>doxepin oral</i> | |
| <i>imipramine hcl</i> | |
| <i>imipramine pamoate</i> | |
| <i>nortriptyline</i> | |
| <i>protriptyline</i> | |
| <i>trimipramine</i> | |
| Antiemetics | |
| Antiemetics, Other | |
| COMPRO | |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> | |
| <i>prochlorperazine</i> | |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | |
| <i>prochlorperazine maleate</i> | |
| <i>promethazine injection solution</i> | |
| <i>promethazine oral</i> | |
| <i>promethazine rectal</i> | |
| TRANSDERM-SCOP | |
| Emetogenic Therapy Adjuncts | |
| <i>aprepitant</i> | PA |
| <i>dronabinol</i> | PA |
| <i>ondansetron</i> | PA BvD; QL (30 EA per 15 days) |
| <i>ondansetron hcl (pf)</i> | |
| <i>ondansetron hcl oral solution</i> | PA BvD |
| <i>ondansetron hcl oral tablet</i> | PA BvD; QL (30 EA per 15 days) |

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 |
|---|---|
| Antifungals | |
| Antifungals | |
| ABELCET | PA BvD |
| <i>amphotericin b</i> | PA BvD |
| CANCIDAS | |
| <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) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | |
| <i>flucytosine</i> | |
| <i>griseofulvin microsize</i> | |
| <i>griseofulvin ultramicrosize</i> | |
| <i>itraconazole</i> | |
| <i>ketoconazole</i> | |
| <i>miconazole-3 vaginal suppository</i> | |
| MYCAMINE | |
| NOXAFIL ORAL | |
| NYAMYC | |
| <i>nystatin oral suspension</i> | |
| <i>nystatin oral tablet</i> | |
| <i>nystatin topical</i> | |
| <i>nystatin-triamcinolone</i> | |
| NYSTOP | |
| <i>terbinafine hcl oral</i> | |
| <i>terconazole</i> | |
| <i>voriconazole</i> | |
| Antigout Agents | |
| Antigout Agents | |
| <i>allopurinol</i> | |
| <i>colchicine</i> | |
| <i>probenecid</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 |
|---|---|
| ULORIC | ST |
| Antimigraine Agents | |
| Ergot Alkaloids | |
| <i>dihydroergotamine</i> | |
| Serotonin (5-Ht) 1B/1D Receptor Agonists | |
| <i>naratriptan</i> | QL (9 EA per 30 days) |
| <i>sumatriptan succinate oral</i> | QL (9 EA per 30 days) |
| <i>sumatriptan succinate subcutaneous cartridge</i> | |
| <i>sumatriptan succinate subcutaneous pen injector</i> | |
| <i>sumatriptan succinate subcutaneous solution</i> | |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> | |
| Antimyasthenic Agents | |
| Parasympathomimetics | |
| <i>guanidine</i> | |
| MESTINON ORAL SYRUP | |
| <i>pyridostigmine bromide</i> | |
| Antimycobacterials | |
| Antimycobacterials, Other | |
| <i>dapsone oral</i> | |
| <i>rifabutin</i> | |
| Antituberculars | |
| CAPASTAT | |
| <i>ethambutol</i> | |
| <i>isoniazid</i> | |
| MYAMBUTOL ORAL TABLET 400 MG | |
| PASER | |
| PRIFTIN | |
| <i>pyrazinamide</i> | |
| <i>rifampin</i> | |
| RIFATER | |
| SIRTURO | |
| TRECATOR | |

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 |
|--|---|
| Antineoplastics | |
| Alkylating Agents | |
| BICNU | |
| <i>busulfan</i> | |
| <i>cyclophosphamide oral capsule</i> | PA BvD |
| <i>dacarbazine intravenous recon soln 200 mg</i> | |
| GLEOSTINE | |
| HEXALEN | |
| <i>ifosfamide intravenous recon soln 1 gram</i> | |
| LEUKERAN | |
| MATULANE | |
| <i>melphalan hcl</i> | |
| <i>thiotepa</i> | |
| TREANDA INTRAVENOUS RECON SOLN 100 MG | |
| VALCHLOR | |
| Antiandrogens | |
| <i>bicalutamide</i> | |
| <i>flutamide</i> | |
| <i>nilutamide</i> | |
| XTANDI | |
| ZYTIGA | |
| Antiangiogenic Agents | |
| POMALYST | PA NSO; LA |
| REVLIMID | PA NSO; LA |
| THALOMID | |
| Antiestrogens/Modifiers | |
| EMCYT | |
| FARESTON | |
| FASLODEX | |
| SOLTAMOX | |
| <i>tamoxifen</i> | |
| Antimetabolites | |
| ADRUCIL INTRAVENOUS SOLUTION 500 MG/10 ML | PA BvD |
| <i>cladribine</i> | 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 |
|--|---|
| <i>cytarabine</i> | PA BvD |
| <i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i> | PA BvD |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG | |
| <i>fluorouracil intravenous solution 2.5 gram/50 ml</i> | PA BvD |
| <i>gemcitabine intravenous recon soln 1 gram</i> | |
| <i>hydroxyurea</i> | |
| LONSURF | |
| <i>mercaptopurine</i> | |
| PURIXAN | |
| TABLOID | |
| VYXEOS | |
| Antineoplastics, Other | |
| ABRAXANE | |
| ALIMTA INTRAVENOUS RECON SOLN 500 MG | |
| <i>azacitidine</i> | |
| BELEODAQ | |
| <i>bleomycin injection recon soln 30 unit</i> | PA BvD |
| CABOMETYX | |
| <i>carboplatin intravenous solution</i> | |
| <i>cisplatin</i> | |
| <i>daunorubicin intravenous solution</i> | |
| <i>decitabine</i> | |
| <i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i> | |
| <i>doxorubicin intravenous solution 50 mg/25 ml</i> | |
| <i>doxorubicin, peg-liposomal</i> | |
| <i>epirubicin intravenous solution 200 mg/100 ml</i> | |
| ERWINAZE | |
| <i>fludarabine intravenous recon soln</i> | |
| HALAVEN | |
| IBRANCE | |
| <i>idarubicin</i> | |
| <i>irinotecan intravenous solution 100 mg/5 ml</i> | |
| ISTODAX | |
| JEVTANA | |

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>leucovorin calcium injection recon soln 100 mg, 350 mg</i> | |
| <i>leucovorin calcium oral</i> | |
| <i>levoleucovorin intravenous recon soln 50 mg</i> | |
| <i>levoleucovorin intravenous solution</i> | |
| LYNPARZA | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG | |
| <i>mesna</i> | |
| MESNEX ORAL | |
| <i>mitomycin</i> | |
| <i>mitoxantrone</i> | |
| NINLARO | |
| <i>oxaliplatin intravenous solution 100 mg/20 ml</i> | |
| <i>paclitaxel</i> | |
| PICATO | |
| PROLEUKIN | PA BvD |
| RUBRACA ORAL TABLET 200 MG, 300 MG | |
| SYLATRON | |
| SYNRIBO | |
| TORISEL | |
| TRISENOX | |
| VELCADE | |
| <i>vinblastine intravenous solution</i> | PA BvD |
| <i>vincristine intravenous solution 1 mg/ml</i> | PA BvD |
| <i>vinorelbine intravenous solution 50 mg/5 ml</i> | |
| YONDELIS | |
| ZOLINZA | |
| Antineoplastics | |
| <i>clofarabine</i> | |
| FARYDAK | |
| ODOMZO | LA |
| VENCLEXTA | |
| VENCLEXTA STARTING PACK | |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML) | |
| ZEJULA | |

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 |
|---|---|
| ZYKADIA | |
| Aromatase Inhibitors, 3Rd Generation | |
| <i>anastrozole</i> | |
| <i>exemestane</i> | |
| <i>letrozole</i> | |
| Enzyme Inhibitors | |
| <i>etoposide intravenous</i> | PA BvD |
| IDHIFA | |
| KISQALI | |
| KISQALI FEMARA CO-PACK | |
| <i>topotecan intravenous recon soln</i> | |
| ZYDELIG | |
| Molecular Target Inhibitors | |
| AFINITOR | |
| AFINITOR DISPERZ | |
| ALECENSA | |
| ALUNBRIG | |
| BOSULIF | |
| CAPRELSA | |
| COMETRIQ | |
| COTELLIC | LA |
| CYRAMZA | |
| ERIVEDGE | |
| GILOTRIF | |
| ICLUSIG | |
| <i>imatinib</i> | |
| IMBRUVICA | |
| INLYTA | |
| IRESSA | |
| JAKAFI | |
| KYPROLIS | |
| LENVIMA | |
| MEKINIST | |
| 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 |
| RYDAPT | |
| SPRYCEL | |
| STIVARGA | |
| SUTENT | |
| TAFINLAR | |
| TAGRISSO | LA |
| TARCEVA | |
| TASIGNA | |
| TYKERB | |
| VOTRIENT | |
| XALKORI | |
| ZELBORAF | |
| Monoclonal Antibodies | |
| AVASTIN | |
| BAVENCIO | |
| DARZALEX | LA |
| EMPLICITI | |
| HERCEPTIN INTRAVENOUS RECON SOLN 440 MG | |
| IMFINZI | |
| KADCYLA INTRAVENOUS RECON SOLN 100 MG | |
| KEYTRUDA INTRAVENOUS SOLUTION | |
| LARTRUVO | |
| OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML | |
| PERJETA | |
| RITUXAN | |
| TECENTRIQ | |
| YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML) | |
| Retinoids | |
| <i>bexarotene</i> | |
| PANRETIN | |
| TARGRETIN | |
| <i>tretinoin (chemotherapy)</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 |
|------------------------------------|---|
| Antiparasitics | |
| Anthelmintics | |
| ALBENZA | |
| BILTRICIDE | |
| <i>ivermectin</i> | |
| Antiprotozoals | |
| ALINIA | |
| <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> | PA |
| Pediculicides/Scabicides | |
| <i>lindane topical shampoo</i> | |
| <i>permethrin topical cream</i> | |
| Antiparkinson Agents | |
| Anticholinergics | |
| <i>benztropine</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> | |

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 |
|--|---|
| 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> | |
| Antipsychotics | |
| 1St Generation/Typical | |
| <i>chlorpromazine</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>perphenazine</i> | |
| <i>pimozide</i> | |
| <i>thioridazine</i> | |
| <i>thiothixene</i> | |
| <i>trifluoperazine</i> | |
| 2Nd Generation/Atypical | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG | ST-NS |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING | ST-NS |
| <i>aripiprazole oral tablet</i> | |
| <i>aripiprazole oral tablet,disintegrating</i> | |
| ARISTADA | ST-NS |
| FANAPT | |
| GEODON INTRAMUSCULAR | |
| INVEGA SUSTENNA | ST-NS |
| INVEGA TRINZA | ST-NS |
| LATUDA | ST-NS |
| NUPLAZID | PA NSO |
| <i>olanzapine</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>paliperidone</i> | |
| <i>quetiapine</i> | |
| REXULTI | ST-NS |
| RISPERDAL CONSTA | ST-NS |
| <i>risperidone oral solution</i> | |
| <i>risperidone oral tablet</i> | |
| <i>risperidone oral tablet, disintegrating</i> | |
| SAPHRIS (BLACK CHERRY) | ST-NS |
| VRAYLAR | ST-NS |
| <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</i> | |
| <i>tizanidine</i> | |
| Antivirals | |
| Anti-Cytomegalovirus (Cmv) Agents | |
| <i>cidofovir</i> | |
| <i>ganciclovir sodium</i> | PA BvD |
| <i>valganciclovir</i> | |
| ZIRGAN | |
| Anti-Hepatitis B (Hbv) Agents | |
| <i>adefovir</i> | |
| BARACLUDE ORAL SOLUTION | |
| <i>entecavir</i> | |
| EPIVIR HBV ORAL SOLUTION | |
| INTRON A INJECTION | |
| Anti-Hepatitis C (Hcv) Agents | |
| EPCLUSA | PA |
| HARVONI | PA |
| OLYSIO | 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 |
|---|--|
| PEGASYS | |
| PEGASYS PROCLICK | |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML | |
| REBETOL ORAL SOLUTION | PA |
| <i>ribavirin oral capsule</i> | PA |
| <i>ribavirin oral tablet 200 mg</i> | PA |
| SOVALDI | PA |
| ZEPATIER | PA |
| Antiherpetic Agents | |
| <i>acyclovir oral capsule</i> | |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | |
| <i>acyclovir oral tablet</i> | |
| <i>acyclovir sodium intravenous solution</i> | PA BvD |
| <i>acyclovir topical</i> | |
| <i>famciclovir</i> | |
| <i>trifluridine</i> | |
| <i>valacyclovir</i> | |
| ZOVIRAX TOPICAL CREAM | |
| Anti-Hiv Agents, Integrase Inhibitors (Insti) | |
| GENVOYA | |
| ISENTRESS | |
| ISENTRESS HD | |
| STRIBILD | |
| TIVICAY | |
| Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti) | |
| ATRIPLA | |
| COMPLERA | |
| EDURANT | |
| INTELENCE | |
| <i>nevirapine</i> | |
| ODEFSEY | |
| RESCRIPTOR | |
| SUSTIVA | |

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 |
|---|---|
| Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti) | |
| <i>abacavir oral tablet</i> | |
| <i>abacavir-lamivudine</i> | |
| <i>abacavir-lamivudine-zidovudine</i> | |
| DESCOVY | |
| <i>didanosine</i> | |
| EMTRIVA | |
| <i>lamivudine</i> | |
| <i>lamivudine-zidovudine</i> | |
| RETROVIR INTRAVENOUS | |
| <i>stavudine oral capsule</i> | |
| TRIUMEQ | |
| TRUVADA | |
| VIDEX 2 GRAM PEDIATRIC | |
| VIREAD | |
| ZERIT ORAL RECON SOLN | |
| ZIAGEN ORAL SOLUTION | |
| <i>zidovudine</i> | |
| Anti-Hiv Agents, Other | |
| FUZEON SUBCUTANEOUS RECON SOLN | |
| SELZENTRY ORAL TABLET | |
| TYBOST | |
| Anti-Hiv Agents, Protease Inhibitors | |
| APTIVUS | |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG | |
| EVOTAZ | |
| INVIRASE | |
| KALETRA ORAL TABLET | |
| LEXIVA | |
| <i>lopinavir-ritonavir</i> | |
| NORVIR | |
| PREZCOBIX | |
| PREZISTA ORAL SUSPENSION | |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | |

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 CAPSULE 150 MG, 200 MG, 300 MG | |
| REYATAZ ORAL POWDER IN PACKET | |
| VIRACEPT ORAL TABLET | |
| Anti-Influenza Agents | |
| <i>amantadine hcl</i> | |
| <i>oseltamivir</i> | |
| RELENZA DISKHALER | |
| Anxiolytics | |
| Anxiolytics, Other | |
| <i>buspirone</i> | |
| <i>hydroxyzine hcl intramuscular</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 solution 5 mg/5 ml (1 mg/ml)</i> | |
| <i>diazepam oral tablet</i> | |
| LORAZEPAM INTENSOL | |
| <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> | |
| ACTOPLUS MET XR | |
| <i>alogliptin</i> | |
| <i>alogliptin-metformin</i> | |
| <i>alogliptin-pioglitazone</i> | |
| CYCLOSET | |

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>glimepiride</i> | |
| <i>glipizide</i> | |
| <i>glipizide-metformin</i> | |
| JANUMET | ST |
| JANUMET XR | ST |
| JANUVIA | ST |
| JARDIANCE | PA |
| <i>metformin</i> | |
| <i>nateglinide</i> | |
| <i>pioglitazone</i> | |
| <i>pioglitazone-metformin</i> | |
| <i>repaglinide</i> | |
| SYMLINPEN 120 | |
| SYMLINPEN 60 | |
| TRULICITY | PA |
| Glycemic Agents | |
| CLINIMIX 5%/D15W SULFITE FREE | PA BvD |
| CLINIMIX 4.25%-D20W SULF-FREE | PA BvD |
| CLINIMIX 5%-D20W(SULFITE-FREE) | PA BvD |
| CLINIMIX E 2.75%/D10W SUL 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%/D25W SUL FREE | PA BvD |
| CLINIMIX E 4.25%/D5W SULF FREE | PA BvD |
| CLINIMIX E 5%/D15W SULFIT FREE | PA BvD |
| CLINIMIX E 5%/D25W SULFIT FREE | 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) intravenous parenteral solution</i> | |
| <i>dextrose 5%-0.2 % sod chloride</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>dextrose 5%-0.3 % sod.chloride</i> | |
| GLUCAGEN HYPOKIT | |
| GLUCAGON EMERGENCY KIT (HUMAN) | QL (2 EA per 30 days) |
| IONOSOL-B IN D5W | |
| NORMOSOL-R IN 5 % DEXTROSE | |
| <i>potassium chlorid-d5-0.45%nacl</i> | |
| <i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i> | |
| <i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i> | |
| <i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i> | |
| <i>potassium chloride-d5-0.9%nacl</i> | |
| PROGLYCEM | |
| Insulins | |
| APIDRA | |
| APIDRA SOLOSTAR | |
| BASAGLAR KWIKPEN | |
| HUMALOG | |
| HUMALOG KWIKPEN | |
| HUMALOG MIX 50-50 | |
| HUMALOG MIX 50-50 KWIKPEN | |
| HUMALOG MIX 75-25 | |
| HUMALOG MIX 75-25 KWIKPEN | |
| HUMULIN 70/30 | |
| HUMULIN 70/30 KWIKPEN | |
| HUMULIN N | |
| HUMULIN N KWIKPEN | |
| HUMULIN R U-100 | |
| HUMULIN R U-500 (CONC) KWIKPEN | |
| HUMULIN R U-500 (CONCENTRATED) | |
| LANTUS | |
| LANTUS SOLOSTAR | |
| NOVOLIN 70/30 | |
| NOVOLIN N | |
| NOVOLIN R | |

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 |
|---|---|
| NOVOLOG | |
| NOVOLOG FLEXPEN | |
| NOVOLOG MIX 70-30 | |
| NOVOLOG MIX 70-30 FLEXPEN | |
| NOVOLOG PENFILL | |
| Blood Products/Modifiers/Volume Expanders | |
| Anticoagulants | |
| <i>enoxaparin</i> | PA |
| <i>fondaparinux</i> | |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> | |
| <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> | |
| JANTOVEN | |
| PRADAXA | |
| <i>warfarin</i> | |
| XARELTO | |
| Blood Formation Modifiers | |
| <i>anagrelide</i> | |
| EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | PA |
| LEUKINE INJECTION RECON SOLN | PA |
| MOZOBIL | PA |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | PA |
| PROMACTA | PA |
| ZARXIO | PA |
| Coagulants | |
| <i>tranexamic acid</i> | |
| Platelet Modifying Agents | |
| <i>aspirin-dipyridamole</i> | |
| BRILINTA | PA |
| <i>cilostazol</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>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>methyldopate</i> | |
| <i>midodrine</i> | |
| 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> | |
| <i>ramipril</i> | |
| Antiarrhythmics | |
| <i>amiodarone intravenous solution</i> | |
| <i>amiodarone oral</i> | |
| <i>dofetilide</i> | |
| <i>flecainide</i> | |
| <i>mexiletine</i> | |
| <i>propafenone</i> | |
| <i>quinidine gluconate 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>quinidine sulfate oral tablet</i> | |
| <i>sotalol af oral tablet 120 mg</i> | |
| <i>sotalol oral tablet 160 mg, 240 mg, 80 mg</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 intravenous solution</i> | |
| <i>labetalol oral</i> | |
| <i>metoprolol succinate</i> | |
| <i>metoprolol ta-hydrochlorothiaz</i> | |
| <i>metoprolol tartrate intravenous</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 | |
| AFEDITAB CR | |
| <i>amlodipine</i> | |
| CARTIA XT | |
| <i>diltiazem hcl intravenous</i> | |
| <i>diltiazem hcl oral capsule,extended release 12 hr</i> | |
| <i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 360 mg, 420 mg</i> | |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i> | |
| <i>diltiazem hcl oral tablet</i> | |
| DILT-XR | |
| MATZIM 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 |
|--|--|
| <i>nifedipine oral tablet extended release</i> | |
| <i>nifedipine oral tablet extended release 24hr</i> | |
| <i>nimodipine</i> | |
| TAZTIA XT | |
| <i>verapamil intravenous solution</i> | |
| <i>verapamil oral</i> | |
| Cardiovascular Agents, Other | |
| DEMSER | |
| <i>digoxin injection solution</i> | |
| <i>digoxin oral solution 50 mcg/ml</i> | |
| <i>digoxin oral tablet</i> | |
| NORTHERA | PA |
| <i>pentoxifylline</i> | ST |
| RANEXA | |
| Diuretics, Carbonic Anhydrase Inhibitors | |
| <i>acetazolamide oral tablet</i> | |
| <i>acetazolamide sodium</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 oral</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 oral tablet 25 mg, 50 mg</i> | |
| <i>hydrochlorothiazide</i> | |
| <i>indapamide</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>metolazone</i> | |
| Dyslipidemics, Fibric Acid Derivatives | |
| <i>fenofibrate</i> | |
| <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 light</i> | |
| <i>ezetimibe</i> | PA |
| JUXTAPID | PA |
| KYNAMRO | PA |
| <i>niacin oral tablet extended release 24 hr</i> | |
| NIACOR | |
| <i>omega-3 acid ethyl esters</i> | |
| REPATHA PUSHTRONEX | PA |
| REPATHA SURECLICK | PA |
| REPATHA SYRINGE | PA |
| VASCEPA | |
| WELCHOL | |
| Vasodilators, Direct-Acting Arterial/Venous | |
| <i>isosorbide dinitrate oral</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 patch 24 hour</i> | |
| <i>nitroglycerin translingual spray, non-aerosol</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 |
|--|---|
| Vasodilators, Direct-Acting Arterial | |
| <i>hydralazine</i> | |
| <i>minoxidil oral</i> | |
| 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>guanfacine oral tablet extended release 24 hr</i> | |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i> | |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 40 mg, 60 mg</i> | |
| <i>methylphenidate hcl oral solution</i> | |
| <i>methylphenidate hcl oral tablet</i> | |
| <i>methylphenidate hcl oral tablet extended release</i> | |
| <i>methylphenidate hcl oral tablet extended release 24hr</i> | |
| <i>methylphenidate hcl oral tablet, chewable</i> | |
| STRATTERA | |
| Central Nervous System, Other | |
| HETLIOZ | PA |
| NUEDEXTA | PA |
| <i>riluzole</i> | |
| <i>tetrabenazine</i> | |
| Multiple Sclerosis Agents | |
| AMPYRA | PA |
| AUBAGIO | PA |
| AVONEX (WITH ALBUMIN) | PA |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT | PA |
| AVONEX INTRAMUSCULAR SYRINGE KIT | PA |
| BETASERON SUBCUTANEOUS KIT | |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML | |
| GLATOPA | |
| REBIF (WITH ALBUMIN) | 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 |
|---|--|
| REBIF REBIDOSE | PA |
| REBIF TITRATION PACK | PA |
| TECFIDERA | PA |
| TYSABRI | |
| 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> | |
| CLARAVIS | |
| <i>clindamycin phosphate topical</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> | PA NSO |
| <i>methoxsalen</i> | |
| <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 topical gel with pump</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 |
|--|---|
| Enzyme Replacement/Modifiers | |
| Enzyme Replacement/Modifiers | |
| ADAGEN | |
| ALDURAZYME | |
| CERDELGA | |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | |
| CREON | |
| CYSTADANE | |
| CYSTAGON | |
| ELAPRASE | |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG | |
| KUVAN | |
| NAGLAZYME | |
| RAVICTI | |
| <i>sodium phenylbutyrate oral powder</i> | |
| SUCRAID | |
| VPRIV | |
| ZAVESCA | |
| ZENPEP | |
| Gastrointestinal Agents | |
| Antispasmodics, Gastrointestinal | |
| <i>dicyclomine intramuscular</i> | |
| <i>dicyclomine oral capsule</i> | |
| <i>dicyclomine oral solution</i> | |
| <i>dicyclomine oral tablet</i> | |
| <i>glycopyrrolate injection</i> | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | |
| Gastrointestinal Agents, Other | |
| <i>diphenoxylate-atropine</i> | |
| GATTEX ONE-VIAL | |
| <i>loperamide oral capsule</i> | |
| <i>metoclopramide hcl injection solution</i> | |
| <i>metoclopramide hcl oral solution</i> | |
| <i>metoclopramide hcl 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 |
|--|--|
| RELISTOR ORAL | PA |
| RELISTOR SUBCUTANEOUS SOLUTION | PA |
| RELISTOR SUBCUTANEOUS SYRINGE | PA |
| <i>ursodiol</i> | |
| Histamine2 (H2) Receptor Antagonists | |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | |
| <i>ranitidine hcl injection solution 50 mg/2 ml (25 mg/ml)</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 | PA |
| LINZESS | PA |
| Laxatives | |
| COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM | |
| ENULOSE | |
| GENERLAC | |
| GOLYTELY | |
| <i>lactulose oral solution 10 gram/15 ml</i> | |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> | |
| <i>peg-electrolyte soln</i> | |
| <i>polyethylene glycol 3350 oral powder</i> | |
| TRILYTE WITH FLAVOR PACKETS | |
| Protectants | |
| <i>misoprostol</i> | |
| <i>sucralfate oral tablet</i> | |
| Proton Pump Inhibitors | |
| <i>lansoprazole oral capsule, delayed release (dr/lec)</i> | |
| <i>omeprazole oral capsule, delayed release (dr/lec)</i> | |
| <i>pantoprazole</i> | |
| PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET | |
| Genitourinary Agents | |
| Antispasmodics, Urinary | |
| <i>darifenacin</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 |
|---|--|
| MYRBETRIQ | ST |
| <i>oxybutynin chloride</i> | |
| OXYTROL | ST |
| <i>tolterodine</i> | |
| <i>trospium</i> | |
| VESICARE | ST |
| 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 | |
| Phosphate Binders | |
| <i>calcium acetate oral capsule</i> | |
| <i>calcium acetate oral tablet 667 mg</i> | |
| FOSRENOL ORAL TABLET,CHEWABLE | |
| RENAGEL ORAL TABLET 800 MG | |
| REVELA ORAL TABLET | |
| <i>sevelamer carbonate oral tablet</i> | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | |
| <i>betamethasone dipropionate</i> | |
| <i>betamethasone valerate</i> | |
| <i>clobetasol scalp</i> | |
| <i>clobetasol topical foam</i> | |
| <i>clobetasol topical gel</i> | |
| <i>clobetasol topical lotion</i> | |
| <i>clobetasol topical ointment</i> | |
| <i>clobetasol topical shampoo</i> | |
| <i>clobetasol topical spray,non-aerosol</i> | |
| <i>clobetasol-emollient topical cream</i> | |
| <i>desonide</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>fludrocortisone</i> | |
| <i>fluocinonide topical cream 0.05 %</i> | |
| <i>fluocinonide topical gel</i> | |
| <i>fluocinonide topical ointment</i> | |
| <i>fluocinonide topical solution</i> | |
| <i>hydrocortisone butyrate topical ointment</i> | |
| <i>hydrocortisone butyrate topical solution</i> | |
| <i>hydrocortisone butyr-emollient</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> | |
| KENALOG INJECTION | |
| <i>methylprednisolone</i> | |
| <i>methylprednisolone acetate</i> | |
| <i>methylprednisolone sodium succ injection recon soln 40 mg</i> | |
| <i>methylprednisolone sodium succ intravenous</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> | |
| PREDNISONONE INTENSOL | |
| PROCTO-PAK | |
| PROCTOSOL HC TOPICAL | |
| PROCTOZONE-HC | |
| <i>triamcinolone acetonide nasal</i> | |
| <i>triamcinolone acetonide topical aerosol</i> | |
| <i>triamcinolone acetonide topical cream 0.1 %</i> | |
| <i>triamcinolone acetonide topical lotion 0.1 %</i> | |
| <i>triamcinolone acetonide topical ointment 0.1 %</i> | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | |
| <i>chorionic gonadotropin, human</i> | PA |
| <i>desmopressin injection</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>desmopressin nasal solution</i> | |
| <i>desmopressin nasal spray, non-aerosol</i> | |
| <i>desmopressin oral</i> | |
| GENOTROPIN | PA |
| GENOTROPIN MINIQUICK | PA |
| HUMATROPE | PA |
| INCRELEX | |
| NORDITROPIN FLEXPRO | PA |
| NUTROPIN AQ NUSPIN | PA |
| OMNITROPE | PA |
| SAIZEN | PA |
| SAIZEN CLICK.EASY | PA |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | PA |
| ZORBTIVE | PA |
| 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 | |
| AMETHIA LO | |
| APRI | |
| CAMRESE LO | |
| CRYSELLE (28) | |

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 |
|---|---|
| CYCLAFEM 1/35 (28) | |
| CYCLAFEM 7/7/7 (28) | |
| <i>desog-e.estradiolle.estradiol</i> | |
| <i>desogestrel-ethinyl estradiol</i> | |
| <i>drospirenone-ethinyl estradiol</i> | |
| ESTRACE VAGINAL | |
| <i>estradiol oral</i> | |
| <i>estradiol transdermal patch weekly</i> | |
| <i>estradiol vaginal</i> | |
| <i>estradiol-norethindrone acet</i> | |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | |
| <i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg</i> | |
| <i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i> | |
| <i>levonorg-eth estradiol triphasic</i> | |
| LEVORA-28 | |
| LOSEASONIQUE | |
| NECON 7/7/7 (28) | |
| <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 oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i> | |
| PREMARIN | |
| PREMPRO | |
| TRI-LEGEST FE | |
| VAGIFEM | |
| YUVAFEM | |
| Progestins | |
| <i>medroxyprogesterone intramuscular suspension</i> | |
| <i>medroxyprogesterone oral</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> | |

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 |
|---|---|
| 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</i> | |
| Hormonal Agents, Suppressant (Adrenal) | |
| Hormonal Agents, Suppressant (Adrenal) | |
| LYSODREN | |
| Hormonal Agents, Suppressant (Parathyroid) | |
| Hormonal Agents, Suppressant (Parathyroid) | |
| SENSIPAR | PA |
| 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 |
| LUPRON DEPOT (4 MONTH) | PA BvD |
| LUPRON DEPOT (6 MONTH) | PA BvD |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG | PA BvD |
| <i>octreotide acetate injection solution</i> | |
| SIGNIFOR | |
| SIGNIFOR LAR | |
| SOMATULINE DEPOT | |
| SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG | |
| SYNAREL | |

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, Suppressant (Thyroid) | |
| Antithyroid Agents | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | |
| <i>propylthiouracil</i> | |
| Immunological Agents | |
| Angioedema (Hae) Agents | |
| CINRYZE | |
| FIRAZYR | |
| Immune Suppressants | |
| ASTAGRAF XL | PA NSO |
| <i>azathioprine</i> | PA BvD |
| <i>azathioprine sodium</i> | PA BvD |
| BENLYSTA INTRAVENOUS | |
| <i>cyclosporine intravenous</i> | PA BvD |
| <i>cyclosporine modified</i> | PA BvD |
| <i>cyclosporine oral capsule</i> | PA BvD |
| ENBREL SUBCUTANEOUS RECON SOLN | |
| ENBREL SUBCUTANEOUS SYRINGE | |
| ENBREL SURECLICK | |
| ENVARUSUS XR | PA NSO |
| GENGRAF | PA BvD |
| HUMIRA | |
| HUMIRA PEDIATRIC CROHN'S START | |
| HUMIRA PEN | |
| HUMIRA PEN CROHN'S-UC-HS START | |
| HUMIRA PEN PSORIASIS-UVEITIS | |
| INFLECTRA | PA |
| KINERET | |
| <i>methotrexate sodium</i> | PA BvD |
| <i>methotrexate sodium (pf)</i> | PA BvD |
| <i>mycophenolate mofetil</i> | PA BvD |
| <i>mycophenolate mofetil hcl</i> | PA BvD |
| NULOJIX | PA BvD |
| ORENCIA | |

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 |
|--|---|
| ORENCIA (WITH MALTOSE) | |
| ORENCIA CLICKJECT | |
| PROGRAF INTRAVENOUS | PA BvD |
| RAPAMUNE ORAL SOLUTION | PA NSO |
| REMICADE | PA |
| SIMPONI ARIA | PA |
| SIMPONI SUBCUTANEOUS PEN INJECTOR | PA |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML | PA |
| <i>sirolimus</i> | PA NSO |
| <i>tacrolimus oral</i> | PA NSO |
| XATMEP | PA BvD |
| XELJANZ | PA |
| XELJANZ XR | PA |
| ZORTRESS | PA NSO |
| Immunizing Agents, Passive | |
| ATGAM | |
| CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM | PA BvD |
| 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 |
| HYPERRAB S/D (PF) | |
| IMOGAM RABIES-HT (PF) | |
| PRIVIGEN | PA BvD |
| THYMOGLOBULIN | |
| Immunomodulators | |
| ACTIMMUNE | |
| ARCALYST | |
| ILARIS (PF) SUBCUTANEOUS RECON SOLN | |
| <i>leflunomide</i> | |
| OTEZLA | 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 |
|--|---|
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | PA |
| SIMULECT INTRAVENOUS RECON SOLN 20 MG | |
| SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML | |
| Vaccines | |
| ACTHIB (PF) | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION | |
| <i>bcg vaccine, live (pf)</i> | |
| BEXSERO | |
| BOOSTRIX TDAP | |
| DAPTACEL (DTAP PEDIATRIC) (PF) | |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE | PA BvD |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE | PA BvD |
| GARDASIL 9 (PF) | |
| HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML | |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | |
| HIBERIX (PF) | |
| IMOVAX RABIES VACCINE (PF) | |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION | |
| IPOL | |
| IXIARO (PF) | |
| KINRIX (PF) | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION | |
| 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 |

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 |
|--|---|
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE | PA BvD |
| ROTARIX | |
| ROTATEQ VACCINE | |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE | |
| <i>tetanus, diphtheria tox ped (pf)</i> | |
| <i>tetanus-diphtheria toxoids-td</i> | |
| TRUMENBA | |
| TYPHIM VI | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE | |
| VARIVAX (PF) | |
| VARIZIG INTRAMUSCULAR SOLUTION | |
| YF-VAX (PF) | |
| ZOSTAVAX (PF) | |
| Inflammatory Bowel Disease Agents | |
| Aminosalicylates | |
| APRISO | |
| <i>balsalazide</i> | |
| CANASA | |
| DIPENTUM | |
| LIALDA | |
| <i>mesalamine oral</i> | |
| <i>mesalamine with cleansing wipe</i> | |
| PENTASA | |
| Glucocorticoids | |
| <i>budesonide oral</i> | |
| DEXAMETHASONE INTENSOL | |
| <i>dexamethasone oral elixir</i> | |
| <i>dexamethasone oral tablet</i> | |
| <i>dexamethasone sodium phosphate injection solution</i> | |
| Sulfonamides | |
| <i>sulfasalazine</i> | |
| Metabolic Bone Disease Agents | |
| Metabolic Bone Disease Agents | |
| <i>alendronate 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>calcitonin (salmon)</i> | |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | |
| <i>calcitriol oral</i> | |
| <i>doxercalciferol oral</i> | |
| FORTEO | PA |
| <i>ibandronate oral</i> | |
| MIACALCIN INJECTION | |
| PROLIA | PA |
| XGEVA | |
| <i>zoledronic acid intravenous solution</i> | |
| <i>zoledronic acid-mannitol-water</i> | |
| ZOMETA INTRAVENOUS PIGGYBACK | |
| Miscellaneous Therapeutic Agents | |
| Miscellaneous Therapeutic Agents | |
| <i>assure id insulin safety syringe 1 ml 29 gauge x 1/2"</i> | |
| FERRIPROX | |
| <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> | |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % | PA BvD |
| <i>lactated ringers irrigation</i> | |
| NATPARA | PA |
| NUTRILIPID | PA BvD |
| <i>pen needle, diabetic needle 29 gauge x 1/2"</i> | |
| <i>ringer's irrigation</i> | |
| <i>sodium chloride irrigation</i> | |
| <i>water for irrigation, sterile</i> | |
| Ophthalmic Agents | |
| Ophthalmic Agents, Other | |
| <i>atropine ophthalmic (eye) drops</i> | |
| CYSTARAN | |
| LACRISERT | |
| RESTASIS | |
| Ophthalmic Anti-Allergy Agents | |
| <i>azelastine ophthalmic (eye)</i> | |
| <i>cromolyn ophthalmic (eye)</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>olopatadine ophthalmic (eye) drops 0.1 %</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>levobunolol ophthalmic (eye) drops 0.5 %</i> | |
| <i>methazolamide</i> | |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</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 | |
| <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> | |

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 |
|---|---|
| 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>diphenhydramine hcl injection solution 50 mg/ml</i> | |
| <i>diphenhydramine hcl oral elixir</i> | |
| <i>hydroxyzine hcl oral tablet</i> | |
| <i>hydroxyzine pamoate</i> | |
| <i>levocetirizine oral tablet</i> | |
| Anti-Inflammatories, Inhaled Corticosteroids | |
| ADVAIR DISKUS | |
| ADVAIR HFA | |
| BREO ELLIPTA | |
| <i>budesonide inhalation</i> | PA BvD |
| FLOVENT HFA | |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i> | |
| <i>fluticasone nasal</i> | |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION | |
| Antileukotrienes | |
| <i>montelukast oral tablet</i> | |
| <i>zafirlukast</i> | |
| <i>zileuton</i> | |
| Bronchodilators, Anticholinergic | |
| ATROVENT HFA | |
| INCRUSE ELLIPTA | |
| <i>ipratropium bromide inhalation</i> | PA BvD |
| <i>ipratropium bromide nasal</i> | |
| <i>ipratropium-albuterol</i> | 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 |
|---|---|
| SPIRIVA RESPIMAT | |
| SPIRIVA WITH HANDIHALER | |
| TUDORZA PRESSAIR | |
| Bronchodilators, Sympathomimetic | |
| ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML) | |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083%), 5 mg/ml</i> | PA BvD |
| <i>albuterol sulfate oral</i> | |
| ANORO ELLIPTA | |
| <i>epinephrine injection auto-injector</i> | QL (2 EA per 30 days) |
| <i>levalbuterol hcl</i> | PA BvD |
| <i>levalbuterol tartrate</i> | |
| PROAIR HFA | |
| PROAIR RESPICLICK | |
| SEREVENT DISKUS | |
| VENTOLIN HFA | |
| Cystic Fibrosis Agents | |
| CAYSTON | |
| KALYDECO | PA |
| ORKAMBI ORAL TABLET 200-125 MG | PA |
| PULMOZYME | PA NSO |
| Mast Cell Stabilizers | |
| <i>cromolyn inhalation</i> | PA BvD |
| Phosphodiesterase Inhibitors, Airways Disease | |
| <i>aminophylline intravenous solution 250 mg/10 ml</i> | |
| DALIRESP | PA |
| THEO-24 | |
| <i>theophylline oral tablet extended release 12 hr</i> | |
| <i>theophylline oral tablet extended release 24 hr</i> | |
| Pulmonary Antihypertensives | |
| ADCIRCA | PA NSO |
| ADEMPAS | PA |
| LETAIRIS | PA; LA |
| OPSUMIT | PA |
| REMODULIN | 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>sildenafil (antihypertensive) oral</i> | PA NSO |
| UPTRAVI | PA |
| Respiratory Tract Agents, Other | |
| <i>acetylcysteine</i> | PA BvD |
| ARALAST NP INTRAVENOUS RECON SOLN 500 MG | |
| ESBRIET | PA |
| <i>fluticasone-salmeterol</i> | |
| GLASSIA | |
| OFEV | PA |
| PROLASTIN-C | |
| XOLAIR | LA |
| ZEMAIRA | |
| 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 | |
| <i>modafinil</i> | PA |
| ROZEREM | |
| XYREM | LA |
| Therapeutic Nutrients/Minerals/Electrolytes | |
| Electrolyte/Mineral Modifiers | |
| CARBAGLU | |
| DEPEN TITRATABS | |
| EXJADE | |
| KIONEX | |
| <i>sodium polystyrene (sorb free)</i> | |
| SPS (WITH SORBITOL) ORAL | |

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 |
|---|---|
| SYPRINE | |
| Electrolyte/Mineral Replacement | |
| AMINOSYN 7 % WITH ELECTROLYTES | PA BvD |
| AMINOSYN 8.5 %-ELECTROLYTES | PA BvD |
| AMINOSYN II 10 % | PA BvD |
| AMINOSYN II 15 % | PA BvD |
| AMINOSYN II 8.5 % | PA BvD |
| AMINOSYN II 8.5 %-ELECTROLYTES | PA BvD |
| AMINOSYN-HBC 7% | PA BvD |
| AMINOSYN-PF 10 % | PA BvD |
| AMINOSYN-PF 7 % (SULFITE-FREE) | PA BvD |
| AMINOSYN-RF 5.2 % | PA BvD |
| CLINIMIX 5%/D25W SULFITE-FREE | PA BvD |
| CLINIMIX 2.75%/D5W SULFIT 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 E 5%/D20W SULFIT FREE | PA BvD |
| CLINISOL SF 15 % | PA BvD |
| <i>dextrose 5 %-lactated ringers</i> | |
| HEPATAMINE 8% | PA BvD |
| ISOLYTE-P IN 5 % DEXTROSE | |
| KLOR-CON 10 | |
| KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 10 MEQ | |
| <i>lactated ringers intravenous</i> | |
| <i>magnesium sulfate injection solution</i> | |
| NORMOSOL-M IN 5 % DEXTROSE | |
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meqll, 40 meqll</i> | |
| <i>potassium chloride in 5 % dex intravenous parenteral solution 20 meqll, 40 meqll</i> | |
| <i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i> | |
| <i>potassium chloride intravenous solution</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 oral capsule, extended release 10 meq</i> | |
| <i>potassium chloride oral liquid</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 citrate</i> | |
| PREMASOL 10 % | PA BvD |
| PREMASOL 6 % | PA BvD |
| PROCALAMINE 3% | PA BvD |
| PROSOL 20 % | PA BvD |
| <i>ringer's intravenous</i> | |
| <i>sodium chloride 0.45 % intravenous parenteral solution</i> | |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | |
| <i>sodium chloride 3 %</i> | |
| <i>sodium chloride 5 %</i> | |
| <i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i> | |
| TPN ELECTROLYTES | |
| TRAVASOL 10 % | PA BvD |
| TROPHAMINE 10 % | PA BvD |
| TROPHAMINE 6% | PA BvD |
| Vitamins | |
| <i>magnesium sulfate injection syringe</i> | |
| PRENATAL VITAMIN PLUS LOW IRON | |

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

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

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| <i>abacavir</i> | 33 | ALUNBRIG..... | 27 | <i>aripiprazole</i> | 30 |
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| <i>acamprosate</i> | 12 | <i>aminophylline</i> | 58 | <i>atenolol-chlorthalidone</i> | 39 |
| <i>acarbose</i> | 34 | AMINOSYN 7 % WITH | | ATGAM..... | 52 |
| <i>acetaminophen-codeine</i> | 12 | ELECTROLYTES..... | 60 | <i>atomoxetine</i> | 42 |
| <i>acetazolamide</i> | 40, 56 | AMINOSYN 8.5 %- | | <i>atorvastatin</i> | 41 |
| <i>acetazolamide sodium</i> | 40 | ELECTROLYTES..... | 60 | <i>atovaquone</i> | 29 |
| <i>acetic acid</i> | 57 | AMINOSYN II 10 %..... | 60 | <i>atovaquone-proguanil</i> | 29 |
| <i>acetylcysteine</i> | 59 | AMINOSYN II 15 %..... | 60 | ATRIPLA..... | 32 |
| <i>acitretin</i> | 43 | AMINOSYN II 8.5 %..... | 60 | <i>atropine</i> | 55 |
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| <i>acyclovir sodium</i> | 32 | AMINOSYN-PF 7 % | | AVONEX (WITH | |
| ADACEL(TDAP | | (SULFITE-FREE)..... | 60 | ALBUMIN)..... | 42 |
| ADOLESN/ADULT)(PF)..... | 53 | AMINOSYN-RF 5.2 %..... | 60 | <i>azacitidine</i> | 25 |
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| BILTRICIDE..... | 29 | <i>cefoxitin</i> | 15 | SULFIT FREE..... | 60 |
| <i>bimatoprost</i> | 56 | <i>cefpodoxime</i> | 15 | CLINIMIX 4.25%/D10W | |
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| <i>bisoprolol-hydrochlorothiazide</i> .. | 39 | <i>ceftriaxone</i> | 15 | CLINIMIX 4.25%/D5W | |
| <i>bleomycin</i> | 25 | <i>cefuroxime axetil</i> | 15 | SULFIT FREE..... | 60 |
| BLEPHAMIDE..... | 17 | <i>cefuroxime sodium</i> | 15 | CLINIMIX 4.25%-D20W | |
| BLEPHAMIDE S.O.P..... | 17 | <i>celecoxib</i> | 11 | SULF-FREE..... | 35 |
| BOOSTRIX TDAP..... | 53 | CELONTIN..... | 18 | CLINIMIX 4.25%-D25W | |
| BOSULIF..... | 27 | <i>cephalexin</i> | 15 | SULF-FREE..... | 60 |
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| <i>bupropion hcl</i> | 20 | <i>chlorpromazine</i> | 30 | CLINIMIX E 4.25%/D5W | |
| <i>bupropion hcl (smoking deter)</i> .. | 13 | <i>chlorthalidone</i> | 40 | SULF FREE..... | 35 |
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| <i>cabergoline</i> | 50 | <i>ciclopirox</i> | 22 | CLINIMIX E 5%/D20W | |
| CABOMETYX..... | 25 | <i>cidofovir</i> | 31 | SULFIT FREE..... | 60 |
| <i>calcipotriene</i> | 43 | <i>cilostazol</i> | 37 | CLINIMIX E 5%/D25W | |
| <i>calcitonin (salmon)</i> | 55 | CINRYZE..... | 51 | SULFIT FREE..... | 35 |
| <i>calcitriol</i> | 55 | CIPRO HC..... | 16 | CLINISOL SF 15 %..... | 60 |
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| CANASA..... | 54 | <i>ciprofloxacin (mixture)</i> | 17 | <i>clofarabine</i> | 26 |
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| CAPASTAT..... | 23 | <i>ciprofloxacin in 5 % dextrose</i> ...17 | | <i>clonazepam</i> | 18 |
| CAPRELSA..... | 27 | <i>ciprofloxacin lactate</i> | 17 | <i>clonidine</i> | 38 |
| CARBAGLU..... | 59 | <i>cisplatin</i> | 25 | <i>clonidine hcl</i> | 38 |
| <i>carbamazepine</i> | 19 | <i>citalopram</i> | 20 | <i>clopidogrel</i> | 38 |
| <i>carbidopa-levodopa</i> | 30 | <i>cladribine</i> | 24 | <i>clorazepate dipotassium</i> | 34 |
| <i>carbidopa-levodopa-entacapone</i> .. | 30 | CLARAVIS..... | 43 | <i>clotrimazole</i> | 22 |
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| CARTIA XT..... | 39 | <i>clindamycin in 5 % dextrose</i> | 14 | <i>colchicine</i> | 22 |
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| REVLIMID..... | 24 | <i>sodium chloride 5 %</i> | 61 | TARGRETIN..... | 28 |
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2017 List of Additional Covered Products

INFANT CARE PRODUCTS - SHAMPOO*

ACETAMINOPHEN

ACETIC ACID (BULK)

ALUM & MAG HYDROX-SIMETHICONE

ALUMINUM HYDROXIDE

ARTIFICIAL SALIVA

ARTIFICIAL TEAR OINTMENT

ARTIFICIAL TEAR SOLUTION

ASCORBIC ACID

1 month supply

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

CRANBERRY (VACCINIUM MACROCARPON)

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

HYDROCORTISONE

HYPROMELLOSE (OPHTH)

LACTASE

LIDOCAINE (ANORECTAL)
 LINDANE
 LOPERAMIDE 2MG
 MAGNESIUM HYDROXIDE
 MAGNESIUM OXIDE-PYRIDOXINE HCL
 MICONAZOLE NITRATE 2%
 MIDAZOLAM HCL
 MULTIPLE VITAMIN
 MULTIPLE VITAMINS W/ IRON
 MULTIPLE VITAMINS W/ MINERALS
 NEOMYCIN-BACITRACIN-POLYMYXIN
 NIACIN
 NICOTINE GUM, LOZENGE, PATCH PA
 OYSTER SHELL
 PERMETHRIN
 PETROLATUM (EMOLLIENT)
 PHENAZOPYRIDINE HCL TAB 200 MG 3 day supply
 PHENYLEPHRINE-SHARK LIVER OIL-GLYCERIN-PETROL
 PHENYLEPHRINE-SHARK LIVER OIL-MINERAL OIL-PET
 PHYTONADIONE
 POLYVINYL ALCOHOL
 PSEUDOEPHEDRINE HCL
 PSYLLIUM
 PYRIDOXINE HCL
 SALINE
 SALINE, BACTERIOSTATIC
 SENNA
 SENNOSIDES-DOCUSATE SODIUM
 SHARK LIVER OIL IN PETROLATUM
 SIMETHICONE
 SKIN PROTECTANTS, MISC.
 SODIUM BICARBONATE (ANTACID)
 SODIUM CHLORIDE HYPERTONIC OPHTH OINT 5%
 SODIUM CHLORIDE HYPERTONIC OPHTH SOLN
 SORBITOL
 THIAMINE HCL
 TROLAMINE SALICYLATE
 TROPICAMIDE OPHTH SOLN 1%
 UREA (EMOLLIENT)
 VAGINAL LUBRICANT
 VITAMIN A
 VITAMIN D
 VITAMINS A & D (TOPICAL)
 WHITE PETROLATUM
 WITCH HAZEL-GLYCERIN
 ZINC 1 month supply

This formulary was updated on 11/13/2017.

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

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

Community Care contracts with the Centers for Medicare and Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS) to offer this Program of All-Inclusive Care for the Elderly (PACE).



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