

PACE PROGRAM

Community Care Program of All-Inclusive Care for the Elderly

Formulary

(2018 LIST OF COVERED DRUGS)

PLEASE READ:
THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.
HPMS Approved Formulary File Submission ID 00018361, Version 13

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

This formulary was updated on 7/2/2018.

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 7/2/2018. 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, 2019.

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 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 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 7/2/2018.

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

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

Community Care 2018

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 solution 15 mg/ml, 30 mg/ml (1 ml)</i>	
<i>ketorolac intramuscular cartridge</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 injection syringe 5 mg/ml</i>	
<i>morphine intravenous syringe</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>	

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 100 mg, 200 mg</i>	
<i>tramadol oral tablet, er multiphase 24 hr</i>	
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>oxycodone oral concentrate</i>	
<i>oxycodone oral solution</i>	
<i>oxycodone oral tablet</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 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>	
<i>naltrexone</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 Dependence Treatments	
<i>buprenorphine hcl</i>	
<i>buprenorphine-naloxone sublingual tablet</i>	
Opioid Reversal Agents	
<i>naloxone</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 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>	
<i>bacitracin ophthalmic (eye)</i>	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	
<i>chloramphenicol sod succinate</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
CLEOCIN VAGINAL SUPPOSITORY	
<i>clindamycin hcl</i>	
<i>clindamycin in 5 % dextrose</i>	
<i>clindamycin palmitate hcl</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 intravenous recon soln 500 mg</i>	PA
<i>linezolid</i>	PA
<i>linezolid in dextrose 5%</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
<i>trimethoprim</i>	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</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>vancomycin oral capsule</i>	PA
XIFAXAN ORAL TABLET 200 MG	PA
Beta-Lactam, Cephalosporins	
<i>cefadroxil oral capsule</i>	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	
<i>cefadroxil oral tablet</i>	
<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>ceftazidime</i>	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</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>	

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>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	
<i>amoxicillin-pot clavulanate</i>	
<i>ampicillin oral capsule 500 mg</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 20 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 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	
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 (drlec)</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</i>	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 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>	
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>	
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>	
VIBRAMYCIN ORAL SYRUP	
Anticonvulsants	
Anticonvulsants, Other	
BRIVIACT	
<i>levetiracetam in nacl (iso-os)</i>	
<i>levetiracetam intravenous</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>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>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>	
ONFI ORAL SUSPENSION	
ONFI ORAL TABLET 10 MG, 20 MG	
<i>phenobarbital</i>	
<i>primidone</i>	
SABRIL ORAL TABLET	
<i>tiagabine</i>	
<i>valproate sodium</i>	
<i>valproic acid</i>	
<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	
<i>vigabatrin</i>	
Glutamate Reducing Agents	
<i>felbamate</i>	
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>	

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, disintegrating</i>	
<i>lamotrigine oral tablets, dose pack</i>	
<i>topiramate</i>	
Sodium Channel Agents	
APTIOM	
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>	
<i>rivastigmine tartrate</i>	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist	
<i>memantine 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>memantine oral tablets, dose pack</i>	
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)	
<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>	
<i>paroxetine mesylate (menop. sym)</i>	
PAXIL ORAL SUSPENSION	
<i>sertraline</i>	
<i>trazodone</i>	
TRINTELLIX	PA NSO
<i>venlafaxine</i>	
VIIBRYD ORAL TABLET	PA NSO
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	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
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	
<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>	
<i>scopolamine base</i>	
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)
Antifungals	
Antifungals	
ABELCET	PA BvD
<i>amphotericin b</i>	PA BvD
<i>caspofungin</i>	
<i>ciclopirox</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>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	
NATACYN	
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>	
<i>probenecid-colchicine</i>	
ULORIC	ST
Antimigraine Agents	
Ergot Alkaloids	
<i>dihydroergotamine</i>	
<i>ergotamine-caffeine</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
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>	
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>	
PASER	
PRIFTIN	
<i>pyrazinamide</i>	
<i>rifampin</i>	
RIFATER	
SIRTURO	
TRECATOR	
Antineoplastics	
Alkylating Agents	
BICNU	
<i>busulfan</i>	
BUSULFEX	
<i>cyclophosphamide oral capsule</i>	PA BvD
<i>dacarbazine intravenous recon soln 200 mg</i>	
GLEOSTINE	

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
HEXALEN	
<i>ifosfamide intravenous recon soln 1 gram</i>	
LEUKERAN	
MATULANE	
<i>melphalan hcl</i>	
<i>thiotepa</i>	
TREANDA INTRAVENOUS RECON SOLN	
VALCHLOR	
YONDELIS	
Antiandrogens	
<i>bicalutamide</i>	
ERLEADA	
<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
<i>cytarabine</i>	PA BvD
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	PA BvD
<i>fluorouracil intravenous solution 5 gram/100 ml</i>	PA BvD
<i>gemcitabine intravenous recon soln 1 gram</i>	
<i>hydroxyurea</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>mercaptopurine</i>	
PURIXAN	
TABLOID	
VYXEOS	
Antineoplastics, Other	
ABRAXANE	
ALIMTA	
<i>bleomycin injection recon soln 30 unit</i>	PA BvD
<i>bortezomib</i>	
<i>carboplatin intravenous solution</i>	
<i>cisplatin</i>	
<i>clofarabine</i>	
<i>dactinomycin</i>	
<i>daunorubicin intravenous solution</i>	
<i>decitabine</i>	
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/4 ml (20 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	
<i>idarubicin</i>	
<i>irinotecan intravenous solution 100 mg/5 ml</i>	
ISTODAX	
<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>	
LONSURF	
<i>mitomycin intravenous</i>	
<i>mitoxantrone</i>	
MYLOTARG	
NINLARO	

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>oxaliplatin intravenous recon soln 100 mg</i>	
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	
<i>paclitaxel</i>	
PROLEUKIN	PA BvD
RUBRACA	
SYLATRON	
SYNRIBO	
TORISEL	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	
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>	
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	
ZEJULA	
ZOLINZA	
Aromatase Inhibitors, 3Rd Generation	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	
Enzyme Inhibitors	
ALIQOPA	
<i>etoposide intravenous</i>	PA BvD
IDHIFA	
KISQALI	
KISQALI FEMARA CO-PACK	
<i>topotecan intravenous recon soln</i>	
VERZENIO	
Molecular Target Inhibitors	
AFINITOR	
AFINITOR DISPERZ	
ALECENSA	
ALUNBRIG	
BELEODAQ	

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
BOSULIF	
CABOMETYX	
CALQUENCE	
CAPRELSA	
COMETRIQ	
COTELLIC	LA
CYRAMZA	
ERIVEDGE	
FARYDAK	
GILOTRIF	
IBRANCE	
ICLUSIG	
<i>imatinib</i>	
IMBRUVICA	
INLYTA	
IRESSA	
JAKAFI	
JEVTANA	
KYPROLIS	
LENVIMA	
LYNPARZA	
MEKINIST	
NERLYNX	
NEXAVAR	LA
ODOMZO	LA
RYDAPT	
SPRYCEL	
STIVARGA	
SUTENT	
TAFINLAR	
TAGRISSE	LA
TARCEVA	
TASIGNA	
TYKERB	

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
VENCLEXTA	
VENCLEXTA STARTING PACK	
VOTRIENT	
XALKORI	
ZELBORAF	
ZYDELIG	
ZYKADIA	
Monoclonal Antibody/Antibody-Drug Conjugate	
AVASTIN	
BAVENCIO	
DARZALEX	LA
EMPLICITI	
HERCEPTIN	
IMFINZI	
KADCYLA	
KEYTRUDA INTRAVENOUS SOLUTION	
LARTRUVO	
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	
PERJETA	
RITUXAN	
TECENTRIQ	
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	
Retinoids	
<i>bexarotene</i>	
PANRETIN	
TARGRETIN TOPICAL	
<i>tretinoin (chemotherapy)</i>	
Treatment Adjuncts	
ELITEK	
<i>mesna</i>	
MESNEX 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
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	ST-NS
<i>aripiprazole</i>	
ARISTADA	ST-NS
FANAPT	
GEODON INTRAMUSCULAR	
INVEGA SUSTENNA	ST-NS
INVEGA TRINZA	ST-NS
LATUDA	ST-NS
NUPLAZID	PA NSO
<i>olanzapine</i>	
<i>paliperidone</i>	
<i>quetiapine</i>	
REXULTI	ST-NS

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
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 intravenous recon soln</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, Direct Acting	
EPCLUSA	PA
HARVONI	PA
MAVYRET	PA
SOVALDI	PA
VOSEVI	PA
ZEPATIER	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
Anti-Hepatitis C (Hcv) Agents, Other	
PEGASYS	
PEGASYS PROCLICK	
REBETOL ORAL SOLUTION	PA
<i>ribavirin oral capsule</i>	PA
<i>ribavirin oral tablet 200 mg</i>	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)	
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 oral tablet</i>	
<i>nevirapine oral tablet extended release 24 hr</i>	
ODEFSEY	
RESCRIPTOR	

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
VIRAMUNE ORAL SUSPENSION	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)	
<i>abacavir</i>	
<i>abacavir-lamivudine</i>	
<i>abacavir-lamivudine-zidovudine</i>	
DESCOVY	
<i>didanosine oral capsule, delayed release (drlec) 200 mg, 250 mg, 400 mg</i>	
EMTRIVA	
<i>lamivudine</i>	
<i>lamivudine-zidovudine</i>	
RETROVIR INTRAVENOUS	
<i>stavudine oral capsule</i>	
SYMFI	
SYMFI LO	
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	
TRUVADA	
VIDEX 4 GRAM PEDIATRIC	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	
VIREAD	
ZERIT ORAL RECON SOLN	
<i>zidovudine</i>	
Anti-Hiv Agents, Other	
FUZEON SUBCUTANEOUS RECON SOLN	
SELZENTRY	
TYBOST	
Anti-Hiv Agents, Protease Inhibitors	
APTIVUS	
<i>atazanavir</i>	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	
EVOTAZ	
<i>fosamprenavir</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
INVIRASE	
KALETRA ORAL TABLET	
LEXIVA ORAL SUSPENSION	
<i>lopinavir-ritonavir</i>	
NORVIR ORAL CAPSULE	
NORVIR ORAL POWDER IN PACKET	
NORVIR ORAL SOLUTION	
PREZCOBIX	
PREZISTA ORAL SUSPENSION	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	
REYATAZ ORAL POWDER IN PACKET	
<i>ritonavir</i>	
VIRACEPT ORAL TABLET	
Anti-Influenza Agents	
<i>amantadine hcl</i>	
<i>oseltamivir oral capsule</i>	
RELENZA DISKHALER	
Anxiolytics	
Anxiolytics, Other	
<i>bupirone</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 ORAL CONCENTRATE	
<i>lorazepam oral tablet</i>	
<i>oxazepam</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
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	
<i>glimepiride</i>	
<i>glipizide</i>	
<i>glipizide-metformin</i>	
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	
GLUCAGEN HYPOKIT	
GLUCAGON EMERGENCY KIT (HUMAN)	QL (2 EA per 30 days)
PROGLYCEM	
Insulins	
APIDRA SOLOSTAR U-100 INSULIN	
APIDRA U-100 INSULIN	
BASAGLAR KWIKPEN U-100 INSULIN	
HUMALOG JUNIOR KWIKPEN U-100	
HUMALOG KWIKPEN 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
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	
HUMULIN 70/30 U-100 INSULIN	
HUMULIN 70/30 U-100 KWIKPEN	
HUMULIN N NPH INSULIN KWIKPEN	
HUMULIN N NPH U-100 INSULIN	
HUMULIN R REGULAR U-100 INSULN	
HUMULIN R U-500 (CONC) INSULIN	
HUMULIN R U-500 (CONC) KWIKPEN	
NOVOLIN 70/30 U-100 INSULIN	
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	
<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>	
PRADAXA	
<i>warfarin</i>	
XARELTO	
Blood Formation Modifiers	
<i>anagrelide</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
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
<i>azacitidine</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
Hemostasis Agents	
<i>tranexamic acid</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>methyldopate</i>	
<i>midodrine</i>	
NORTHERA	PA
Alpha-Adrenergic Blocking Agents	
<i>doxazosin</i>	
<i>prazosin</i>	
<i>terazosin</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
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>	
<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>	

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>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>	
<i>amlodipine-valsartan</i>	
<i>amlodipine-valsartan-hcthiazid</i>	
<i>diltiazem hcl intravenous</i>	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i>	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	
<i>diltiazem hcl oral tablet</i>	
<i>nifedipine oral tablet extended release</i>	
<i>nifedipine oral tablet extended release 24hr</i>	
<i>nimodipine</i>	
<i>verapamil intravenous solution</i>	
<i>verapamil oral</i>	
Cardiovascular Agents, Other	
CORLANOR	
DEMSER	
<i>digoxin injection solution</i>	
<i>digoxin oral solution 50 mcg/ml</i>	
<i>digoxin oral tablet</i>	
ENTRESTO	PA
<i>pentoxifylline</i>	
RANEXA	

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
Diuretics, Carbonic Anhydrase Inhibitors	
<i>acetazolamide oral tablet</i>	
<i>acetazolamide sodium</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 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 oral capsule 37.5-25 mg</i>	
<i>triamterene-hydrochlorothiazid oral tablet</i>	
Diuretics, Thiazide	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<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>	

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>simvastatin</i>	
Dyslipidemics, Other	
<i>cholestyramine (with sugar) oral powder in packet</i>	
<i>cholestyramine light oral powder</i>	
<i>colesevelam</i>	
<i>ezetimibe</i>	PA
JUXTAPID	PA
KYNAMRO	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
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>	
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>dexmethylphenidate</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>guanfacine oral tablet extended release 24 hr</i>	
<i>methylphenidate hcl</i>	
Central Nervous System, Other	
NUEDEXTA	PA
RADICAVA	
<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	
<i>glatiramer</i>	
REBIF (WITH ALBUMIN)	PA
REBIF REBIDOSE	PA
REBIF TITRATION PACK	PA
TECFIDERA	PA
TYSABRI	PA
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>	
<i>clindamycin phosphate topical</i>	
<i>diclofenac sodium topical gel 3 %</i>	PA
<i>doxepin topical</i>	
<i>erythromycin-benzoyl peroxide</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>fluorouracil topical</i>	
<i>gauze pad topical bandage 2 x 2 "</i>	
<i>imiquimod</i>	PA NSO
<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 topical gel</i>	
Electrolytes/Minerals/ Metals/ Vitamins	
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
CARBAGLU	
CLINIMIX 5%/D15W SULFITE FREE	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

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 4.25%-D20W SULF-FREE	PA BvD
CLINIMIX 4.25%-D25W 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%/D20W SULFIT FREE	PA BvD
CLINIMIX E 5%/D25W 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) intravenous parenteral solution</i>	
<i>dextrose 5 %-lactated ringers</i>	
<i>dextrose 5%-0.2 % sod chloride</i>	
<i>dextrose 5%-0.3 % sod.chloride</i>	
<i>dextrose with sodium chloride</i>	
<i>fluoride (sodium) oral tablet</i>	
HEPATAMINE 8%	PA BvD
ISOLYTE-P IN 5 % DEXTROSE	
<i>lactated ringers</i>	
<i>magnesium sulfat injection</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>	

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 lr-d5 intravenous parenteral solution 20 meq/l</i>	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	
<i>potassium chloride intravenous solution</i>	
<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 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>	
<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>	
<i>sodium chloride irrigation</i>	
TPN ELECTROLYTES	
TRAVASOL 10 %	PA BvD
TROPHAMINE 10 %	PA BvD
TROPHAMINE 6%	PA BvD
Electrolyte/Mineral/Metal Modifiers	
DEPEN TITRATABS	
EXJADE	
FERRIPROX	
KIONEX (WITH SORBITOL)	

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 powder</i>	
SPS (WITH SORBITOL) ORAL	
<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>	
RENAGEL ORAL TABLET 800 MG	
<i>sevelamer carbonate oral tablet</i>	
Vitamins	
PRENATAL VITAMIN PLUS LOW IRON	
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 30-VIAL	
<i>loperamide oral capsule</i>	
<i>metoclopramide hcl injection solution</i>	
<i>metoclopramide hcl oral solution</i>	
<i>metoclopramide hcl oral tablet</i>	
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>	

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>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	
Laxatives	
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	
CONSTULOSE	
ENULOSE	
GENERLAC	
GOLYTELY	
<i>lactulose oral solution 10 gram/15 ml</i>	
<i>peg 3350-electrolytes</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>esomeprazole magnesium</i>	
<i>lansoprazole</i>	
<i>omeprazole oral capsule, delayed release (dr/ec)</i>	
<i>pantoprazole</i>	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment	
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment	
ADAGEN	
ALDURAZYME	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	
CERDELGA	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	
CREON	

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
CYSTADANE	
CYSTAGON	
ELAPRASE	
FABRAZYME	
GLASSIA	
KUVAN	
NAGLAZYME	
PROLASTIN-C INTRAVENOUS RECON SOLN	
RAVICTI	
<i>sodium phenylbutyrate oral powder</i>	
SUCRAID	
VPRIV	
ZAVESCA	
ZEMAIRA	
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000 -27,000 UNIT, 5,000-17,000- 24,000 UNIT	
Genitourinary Agents	
Antispasmodics, Urinary	
<i>darifenacin</i>	
MYRBETRIQ	ST
<i>oxybutynin chloride</i>	
OXYTROL	ST
<i>tolterodine</i>	
<i>tropium</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	

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 (Adrenal)	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<i>betamethasone dipropionate</i>	
<i>betamethasone valerate</i>	
<i>betamethasone, augmented</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>	
<i>fludrocortisone</i>	
<i>fluocinonide topical gel</i>	
<i>fluocinonide topical ointment</i>	
<i>fluocinonide topical solution</i>	
<i>fluocinonide-e</i>	
<i>fluticasone topical</i>	
<i>hydrocortisone butyrate topical cream</i>	
<i>hydrocortisone butyrate topical ointment</i>	
<i>hydrocortisone butyrate topical solution</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 125 mg, 40 mg</i>	
<i>methylprednisolone sodium succ intravenous</i>	
<i>mometasone topical</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>prednisolone oral solution 15 mg/5 ml</i>	
<i>prednisolone sodium phosphate oral solution 10 mg/5 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>	
PREDNISON INTENSOL	
PROCTO-PAK	
PROCTOSOL HC TOPICAL	
PROCTOZONE-HC	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	
<i>triamcinolone acetonide nasal</i>	
<i>triamcinolone acetonide topical aerosol</i>	
<i>triamcinolone acetonide topical cream</i>	
<i>triamcinolone acetonide topical lotion</i>	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<i>chorionic gonadotropin, human</i>	PA
<i>desmopressin injection</i>	
<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 FLEXP	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

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.estradiolle.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 norgestle.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	
NECON 7/7/7 (28)	
<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	
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</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
LUPRON DEPOT (4 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 (6 MONTH)	PA BvD
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	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	
SYNAREL	
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<i>methimazole oral tablet 10 mg, 5 mg</i>	
<i>propylthiouracil</i>	
Immunological Agents	
Angioedema 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	
ENBREL SURECLICK	
ENVARUSUS XR	PA NSO
HUMIRA	
HUMIRA PEDIATRIC CROHN'S START	
HUMIRA PEN	
HUMIRA PEN CROHN'S-UC-HS START	
HUMIRA PEN PSORIASIS-UVEITIS	

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
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
<i>mycophenolate sodium</i>	PA BvD
NULOJIX	PA BvD
ORENCIA	
ORENCIA (WITH MALTOSE)	
ORENCIA CLICKJECT	
PROGRAF INTRAVENOUS	PA BvD
RAPAMUNE ORAL SOLUTION	PA NSO
RENFLEXIS	PA
SIMPONI	PA
SIMPONI ARIA	PA
<i>sirolimus</i>	PA NSO
<i>tacrolimus oral</i>	PA NSO
TREMIFYA	PA
XATMEP	PA BvD
XELJANZ ORAL TABLET 5 MG	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)	

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
PRIVIGEN	PA BvD
THYMOGLOBULIN	
Immunomodulators	
ACTIMMUNE	
ARCALYST	
ILARIS (PF) SUBCUTANEOUS SOLUTION	
<i>leflunomide</i>	
OTEZLA	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	
SYNAGIS	
XOLAIR	LA
Vaccines	
ACTHIB (PF)	
ADACEL(TDAP ADOLESN/ADULT)(PF)	
<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)	
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)	

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
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)	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	
<i>tetanus, diphtheria tox ped (pf)</i>	
<i>tetanus-diphtheria toxoids-td</i>	
TRUMENBA	
TWINRIX (PF) INTRAMUSCULAR SYRINGE	
TYPHIM VI	
VAQTA (PF)	
VARIVAX (PF)	
VARIZIG INTRAMUSCULAR SOLUTION	
YF-VAX (PF)	
ZOSTAVAX (PF)	
Inflammatory Bowel Disease Agents	
Aminosalicylates	
APRISO	
<i>balsalazide</i>	
CANASA	
DIPENTUM	
<i>mesalamine</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>	

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
Sulfonamides	
<i>sulfasalazine</i>	
Metabolic Bone Disease Agents	
Metabolic Bone Disease Agents	
<i>alendronate</i>	
<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	
NATPARA	PA
PROLIA	PA
SENSIPAR	PA BvD
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>	
<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
NUTRILIPID	PA BvD
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	
<i>ringer's irrigation</i>	
<i>water for irrigation, sterile</i>	
Ophthalmic Agents	
Ophthalmic Agents, Other	
<i>atropine ophthalmic (eye) drops</i>	
CYSTARAN	
LACRISERT	
RESTASIS	

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
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>levobunolol ophthalmic (eye) drops 0.5 %</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>	

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>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>diphenhydramine hcl injection solution 50 mg/ml</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 nasal spray, non-aerosol 25 mcg (0.025 %)</i>	
<i>fluticasone nasal</i>	
PULMICORT FLEXHALER	
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
SPIRIVA RESPIMAT	
SPIRIVA WITH HANDIHALER	
TUDORZA PRESSAIR	

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
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>	
<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	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 100 mg, 200 mg, 300 mg</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
<i>sildenafil (antihypertensive) oral</i>	PA NSO
UPTRAVI	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
Pulmonary Fibrosis Agents	
ESBRIET	PA
OFEV	PA
Respiratory Tract Agents, Other	
<i>acetylcysteine</i>	PA BvD
ADVAIR DISKUS	
ADVAIR HFA	
ANORO ELLIPTA	
BREO ELLIPTA	
<i>fluticasone-salmeterol</i>	
TRELEGY ELLIPTA	
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>	PA
ROZEREM	
XYREM	LA

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

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<i>acarbose</i>	35	AMINOSYN 7 % WITH
<i>acetaminophen-codeine</i>	12	ELECTROLYTES.....
<i>acetazolamide</i>	40, 58	AMINOSYN 8.5 %-
<i>acetazolamide sodium</i>	40	ELECTROLYTES.....
<i>acetic acid</i>	59	AMINOSYN II 10 %.....
<i>acetylcysteine</i>	61	AMINOSYN II 15 %.....
<i>acitretin</i>	42	AMINOSYN II 8.5 %.....
ACTHIB (PF).....	55	AMINOSYN II 8.5 %-
ACTIMMUNE.....	55	ELECTROLYTES.....
ACTOPLUS MET XR.....	35	AMINOSYN-HBC 7%.....
<i>acyclovir</i>	32	AMINOSYN-PF 10 %.....
<i>acyclovir sodium</i>	32	AMINOSYN-PF 7 %
ADACEL(TDAP		(SULFITE-FREE).....
ADOLESN/ADULT)(PF).....	55	AMINOSYN-RF 5.2 %.....
ADAGEN.....	47	<i>amiodarone</i>
ADCIRCA.....	60	AMITIZA.....
<i>adefovir</i>	31	<i>amitriptyline</i>
ADEMPAS.....	60	<i>amlodipine</i>
ADRENALIN.....	60	<i>amlodipine-valsartan</i>
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<i>alogliptin</i>	35	APOKYN.....
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<i>alogliptin-pioglitazone</i>	35	APRISO.....
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<i>alprazolam</i>	34	APTIVUS.....
		ARALAST NP.....
		ARANESP (IN
		POLYSORBATE).....
		ARCALYST.....
		<i>aripiprazole</i>
		ARISTADA.....
		<i>aspirin-dipyridamole</i>
		<i>assure id insulin safety</i>
		ASTAGRAF XL.....
		<i>atazanavir</i>
		<i>atenolol</i>
		<i>atenolol-chlorthalidone</i>
		ATGAM.....
		<i>atomoxetine</i>
		<i>atorvastatin</i>
		<i>atovaquone</i>
		<i>atovaquone-proguanil</i>
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		<i>atropine</i>
		ATROVENT HFA.....
		AUBAGIO.....
		AVASTIN.....
		AVONEX.....
		AVONEX (WITH
		ALBUMIN).....
		<i>azacitidine</i>
		AZASITE.....
		<i>azathioprine</i>
		<i>azathioprine sodium</i>
		<i>azelastine</i>
		<i>azithromycin</i>
		<i>aztreonam</i>
		<i>bacitracin</i>
		<i>bacitracin-polymyxin b</i>
		<i>baclofen</i>
		<i>balsalazide</i>
		BANZEL.....
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		BASAGLAR KWIKPEN U-
		100 INSULIN.....
		BAVENCIO.....
		<i>bcg vaccine, live (pf)</i>
		BELEODAQ.....
		BENLYSTA.....
		<i>benztropine</i>
		<i>betamethasone dipropionate</i>
		<i>betamethasone valerate</i>
		<i>betamethasone, augmented</i>
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<i>betaxolol</i>	58	<i>carteolol</i>	58	<i>clindamycin hcl</i>	14
<i>bethanechol chloride</i>	48	<i>carvedilol</i>	38	<i>clindamycin in 5 % dextrose</i>	14
BETOPTIC S.....	58	<i>caspofungin</i>	21	<i>clindamycin palmitate hcl</i>	14
<i>bexarotene</i>	28	CAYSTON.....	60	<i>clindamycin phosphate</i>	14, 42
BEXSERO.....	55	<i>cefadroxil</i>	15	CLINIMIX 5%/D15W	
<i>bicalutamide</i>	24	<i>cefazolin</i>	15	SULFITE FREE.....	43
BICILLIN L-A.....	16	<i>cefdinir</i>	15	CLINIMIX 5%/D25W	
BICNU.....	23	<i>cefepime</i>	15	SULFITE-FREE.....	43
BIKTARVY.....	32	<i>cefixime</i>	15	CLINIMIX 2.75%/D5W	
BILTRICIDE.....	29	<i>cefoxitin</i>	15	SULFIT FREE.....	43
<i>bimatoprost</i>	58	<i>cefpodoxime</i>	15	CLINIMIX 4.25%/D10W	
<i>bisoprolol fumarate</i>	38	<i>cefprozil</i>	15	SULF FREE.....	43
<i>bisoprolol-hydrochlorothiazide</i> ..	38	<i>ceftazidime</i>	15	CLINIMIX 4.25%/D5W	
<i>bleomycin</i>	25	<i>ceftriaxone</i>	15	SULFIT FREE.....	43
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BLEPHAMIDE S.O.P.....	17	<i>cefuroxime sodium</i>	15	SULF-FREE.....	44
BOOSTRIX TDAP.....	55	<i>celecoxib</i>	11	CLINIMIX 4.25%-D25W	
<i>bortezomib</i>	25	CELONTIN.....	18	SULF-FREE.....	44
BOSULIF.....	27	<i>cephalexin</i>	15	CLINIMIX 5%-	
BREO ELLIPTA.....	61	CERDELGA.....	47	D20W(SULFITE-FREE).....	44
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<i>brimonidine</i>	58	CHANTIX.....	13	SUL FREE.....	44
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<i>bumetanide</i>	40	MONTH BOX.....	13	SUL FREE.....	44
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<i>buprenorphine-naloxone</i>	13	<i>chlorhexidine gluconate</i>	42	SUL FREE.....	44
<i>bupropion hcl</i>	20	<i>chloroquine phosphate</i>	29	CLINIMIX E 4.25%/D5W	
<i>bupropion hcl (smoking deter)</i> ..	13	<i>chlorpromazine</i>	30	SULF FREE.....	44
<i>buspirone</i>	34	<i>chlorthalidone</i>	40	CLINIMIX E 5%/D15W	
<i>busulfan</i>	23	<i>cholestyramine (with sugar)</i>	41	SULFIT FREE.....	44
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MONTH).....	52	<i>metoclopramide hcl</i>	46	<i>neomycin-bacitracin-poly-hc</i>	14
LUPRON DEPOT (4		<i>metolazone</i>	40	<i>neomycin-bacitracin-</i>	
MONTH).....	52	<i>metoprolol succinate</i>	38	<i>polymyxin</i>	14
LUPRON DEPOT (6		<i>metoprolol ta-hydrochlorothiaz</i>	39	<i>neomycin-polymyxin b gu</i>	13
MONTH).....	53	<i>metoprolol tartrate</i>	39	<i>neomycin-polymyxin b-</i>	
LUPRON DEPOT-PED.....	53	<i>metronidazole</i>	14	<i>dexameth</i>	58
LUPRON DEPOT-PED (3		<i>metronidazole in nacl (iso-os)</i> ..	14	<i>neomycin-polymyxin-hc</i>	14, 59
MONTH).....	53	<i>mexiletine</i>	38	NERLYNX.....	27
LYNPARZA.....	27	MIACALCIN.....	57	NEUPRO.....	29
LYRICA.....	18	<i>miconazole-3</i>	22	<i>nevirapine</i>	32
LYSODREN.....	52	<i>midodrine</i>	37	NEXAVAR.....	27
<i>magnesium sulfate</i>	44	<i>minocycline</i>	17	<i>niacin</i>	41
<i>maprotiline</i>	20	<i>minoxidil</i>	41	NICOTROL.....	13
MARPLAN.....	20	<i>mirtazapine</i>	20	<i>nifedipine</i>	39
MATULANE.....	24	<i>misoprostol</i>	47	<i>nilutamide</i>	24
MAVYRET.....	31	<i>mitomycin</i>	25	<i>nimodipine</i>	39
<i>meclizine</i>	21	<i>mitoxantrone</i>	25	NINLARO.....	25
<i>medroxyprogesterone</i>	52	M-M-R II (PF).....	55	NITRO-BID.....	41
<i>mefloquine</i>	29	<i>modafinil</i>	61	NITRO-DUR.....	41
<i>megestrol</i>	52	<i>mometasone</i>	49	<i>nitrofurantoin macrocrystal</i>	14
MEKINIST.....	27	<i>montelukast</i>	59	<i>nitrofurantoin monohydlm-</i>	
<i>meloxicam</i>	11	MONUROL.....	14	<i>cryst</i>	14
<i>melphalan hcl</i>	24	<i>morphine</i>	11	<i>nitroglycerin</i>	41
<i>memantine</i>	19, 20	<i>morphine concentrate</i>	11	NORDITROPIN FLEXPRO.....	50
MENACTRA (PF).....	55	<i>moxifloxacin</i>	17	<i>noreth-ethinyl estradiol-iron</i>	51
MENEST.....	51	MOZOBIL.....	37	<i>norethindrone (contraceptive)</i> ..	52
MENVEO A-C-Y-W-135-		<i>mupirocin</i>	14	<i>norethindrone ac-eth estradiol</i> ...51	
DIP (PF).....	55	<i>mupirocin calcium</i>	14	<i>norethindrone-e.estradiol-iron</i> ...52	
<i>mercaptapurine</i>	25	MYCAMINE.....	22	<i>norgestimate-ethinyl estradiol</i> ...52	
<i>meropenem</i>	15	<i>mycophenolate mofetil</i>	54	NORMOSOL-M IN 5 %	
<i>mesalamine</i>	56	<i>mycophenolate mofetil hcl</i>	54	DEXTROSE.....	44
<i>mesna</i>	28	<i>mycophenolate sodium</i>	54		

NORMOSOL-R IN 5 %	ORENCIA CLICKJECT	54	<i>pindolol</i>	39
DEXTROSE	ORKAMBI	60	<i>pioglitazone</i>	35
NORTHERA	<i>oseltamivir</i>	34	<i>pioglitazone-metformin</i>	35
<i>nortriptyline</i>	OTEZLA	55	<i>piperacillin-tazobactam</i>	16
NORVIR	OTEZLA STARTER	55	<i>podofilox</i>	43
NOVOLIN 70/30 U-100	<i>oxaliplatin</i>	26	<i>polyethylene glycol 3350</i>	47
INSULIN	<i>oxandrolone</i>	51	<i>polymyxin b sulfate</i>	14
NOVOLIN N NPH U-100	<i>oxazepam</i>	34	<i>polymyxin b sulf-trimethoprim</i> ..	14
INSULIN	<i>oxcarbazepine</i>	19	POMALYST	24
NOVOLIN R REGULAR U-100 INSULN.....	<i>oxybutynin chloride</i>	48	<i>potassium chlorid-d5-0.45%nacl</i>	44
NOVOLOG FLEXPEN U-100 INSULIN.....	<i>oxycodone</i>	11, 12	<i>potassium chloride</i>	45
NOVOLOG MIX 70-30 U-100 INSULN.....	<i>oxycodone-acetaminophen</i>	12	<i>potassium chloride in 0.9%nacl</i> ..	44
NOVOLOG MIX 70-30FLEXPEN U-100.....	OXYTROL.....	48	<i>potassium chloride in 5 % dex</i> ...44	
NOVOLOG PENFILL U-100 INSULIN.....	<i>paclitaxel</i>	26	<i>potassium chloride in lr-d5</i>	45
NOVOLOG MIX 70-30FLEXPEN U-100.....	<i>paliperidone</i>	30	<i>potassium chloride in water</i>	45
NOVOLOG PENFILL U-100 INSULIN.....	PANRETIN	28	<i>potassium chloride-0.45 % nacl</i> ..45	
NOVOLOG U-100 INSULIN ASPART.....	<i>pantoprazole</i>	47	<i>potassium chloride-d5-0.2%nacl</i>	45
NOXAFIL	<i>paromomycin</i>	13	<i>potassium chloride-d5-0.3%nacl</i>	45
NUEDEXTA	<i>paroxetine hcl</i>	20	<i>potassium chloride-d5-0.9%nacl</i>	45
NULOJIX	<i>paroxetine mesylate (menop.sym)</i>	20	<i>potassium citrate</i>	45
NUPLAZID	PASER	23	PRADAXA	36
NUTRILIPID	PAXIL	20	<i>pramipexole</i>	29
NUTROPIN AQ NUSPIN	PEDIARIX (PF).....	55	<i>pravastatin</i>	40
NYAMYC	PEDVAX HIB (PF).....	56	<i>prazosin</i>	37
<i>nystatin</i>	<i>peg 3350-electrolytes</i>	47	PRED MILD	58
<i>nystatin-triamcinolone</i>	PEGANONE.....	19	<i>prednisolone</i>	50
NYSTOP	PEGASYS.....	32	<i>prednisolone acetate</i>	58
<i>octreotide acetate</i>	PEGASYS PROCLICK.....	32	<i>prednisolone sodium phosphate</i>	50, 58
ODEFSEY	<i>peg-electrolyte soln</i>	47	<i>prednisone</i>	50
ODOMZO	<i>pen needle, diabetic</i>	57	PREDNISON INTENSOL..	50
OFEV	<i>penicillin g pot in dextrose</i>	16	PREMARIN	52
<i>ofloxacin</i>	<i>penicillin g potassium</i>	16	PREMASOL 10 %.....	45
<i>olanzapine</i>	<i>penicillin g procaine</i>	16	PREMASOL 6 %.....	45
<i>olopatadine</i>	<i>penicillin g sodium</i>	16	PREMPRO	52
<i>omega-3 acid ethyl esters</i>	<i>penicillin v potassium</i>	16	PRENATAL VITAMIN PLUS LOW IRON.....	46
<i>omeprazole</i>	PENTAM	29	PREZCOBIX	34
OMNITROPE	PENTASA	56	PREZISTA	34
<i>ondansetron</i>	<i>pentoxifylline</i>	39	PRIFTIN	23
<i>ondansetron hcl</i>	PERJETA	28	<i>primaquine</i>	29
<i>ondansetron hcl (pf)</i>	<i>permethrin</i>	29	<i>primidone</i>	18
ONFI.....	<i>perphenazine</i>	30	PRIVIGEN	55
OPDIVO	<i>phenelzine</i>	20	PROAIR HFA	60
OPSUMIT	<i>phenobarbital</i>	18	PROAIR RESPICLICK.....	60
ORENCIA	<i>phenytoin</i>	19	<i>probenecid</i>	22
ORENCIA (WITH MALTOSÉ).....	<i>phenytoin sodium</i>	19		
	<i>phenytoin sodium extended</i>	19		
	PICATO	43		
	<i>pilocarpine hcl</i>	42, 58		
	<i>pimozide</i>	30		

<i>probenecid-colchicine</i>	22	RELENZA DISKHALER.....	34	SIGNIFOR.....	53
PROCALAMINE 3%.....	45	RELISTOR.....	46	SIGNIFOR LAR.....	53
<i>prochlorperazine</i>	21	REMODULIN.....	60	<i>sildenafil (antihypertensive)</i>	60
<i>prochlorperazine edisylate</i>	21	RENAGEL.....	46	<i>silver sulfadiazine</i>	14
<i>prochlorperazine maleate</i>	21	RENFLEXIS.....	54	SIMPONI.....	54
PROCRIT.....	37	<i>repaglinide</i>	35	SIMPONI ARIA.....	54
PROCTO-PAK.....	50	REPATHA PUSHTRONEX..	41	SIMULECT.....	55
PROCTOSOL HC.....	50	REPATHA SURECLICK.....	41	<i>simvastatin</i>	41
PROCTOZONE-HC.....	50	REPATHA SYRINGE.....	41	<i>sirolimus</i>	54
<i>progesterone micronized</i>	52	RESCRIPTOR.....	32	SIRTURO.....	23
PROGLYCEM.....	35	RESTASIS.....	57	SIVEXTRO.....	14
PROGRAF.....	54	RETROVIR.....	33	<i>sodium chloride</i>	45
PROLASTIN-C.....	48	REVLIMID.....	24	<i>sodium chloride 0.45 %</i>	45
PROLEUKIN.....	26	REXULTI.....	30	<i>sodium chloride 0.9 %</i>	45
PROLIA.....	57	REYATAZ.....	34	<i>sodium chloride 3 %</i>	45
PROMACTA.....	37	<i>ribavirin</i>	32	<i>sodium chloride 5 %</i>	45
<i>promethazine</i>	21	<i>rifabutin</i>	23	<i>sodium phenylbutyrate</i>	48
<i>propafenone</i>	38	<i>rifampin</i>	23	<i>sodium polystyrene sulfonate</i>	46
<i>propranolol</i>	39	RIFATER.....	23	SOLTAMOX.....	24
<i>propranolol-hydrochlorothiazid</i>	39	<i>riluzole</i>	42	SOMATULINE DEPOT.....	53
<i>propylthiouracil</i>	53	<i>ringer's</i>	45, 57	SOMAVERT.....	53
PROQUAD (PF).....	56	RISPERDAL CONSTA.....	31	<i>sotalol</i>	38
PROSOL 20 %.....	45	<i>risperidone</i>	31	<i>sotalol af</i>	38
PROTONIX.....	47	<i>ritonavir</i>	34	SOVALDI.....	31
<i>protriptyline</i>	21	RITUXAN.....	28	SPIRIVA RESPIMAT.....	59
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FLEXHALER.....	59	<i>rivastigmine tartrate</i>	19	HANDIHALER.....	59
PULMOZYME.....	60	<i>ropinirole</i>	29	<i>spironolactone</i>	40
PURIXAN.....	25	<i>rosuvastatin</i>	40	<i>spironolacton-hydrochlorothiaz</i>	40
<i>pyrazinamide</i>	23	ROTARIX.....	56	SPRITAM.....	18
<i>pyridostigmine bromide</i>	23	ROTATEQ VACCINE.....	56	SPRYCEL.....	27
QUADRACEL (PF).....	56	ROZEREM.....	61	SPS (WITH SORBITOL).....	46
<i>quetiapine</i>	30	RUBRACA.....	26	<i>stavudine</i>	33
<i>quinidine gluconate</i>	38	RYDAPT.....	27	STIVARGA.....	27
<i>quinidine sulfate</i>	38	SABRIL.....	18	<i>streptomycin</i>	13
<i>quinine sulfate</i>	29	SAIZEN.....	50	STRIBILD.....	32
RABAVERT (PF).....	56	SAIZEN CLICK.EASY.....	50	SUCRAID.....	48
RADICAVA.....	42	SANTYL.....	43	<i>sucrafate</i>	47
<i>raloxifene</i>	52	SAPHRIS (BLACK		<i>sulfacetamide sodium</i>	17
<i>ramipril</i>	38	CHERRY).....	31	<i>sulfacetamide sodium (acne)</i>	43
RANEXA.....	39	<i>scopolamine base</i>	21	<i>sulfacetamide-prednisolone</i>	17
<i>ranitidine hcl</i>	46, 47	<i>selegiline hcl</i>	30	<i>sulfadiazine</i>	17
RAPAMUNE.....	54	<i>selenium sulfide</i>	43	<i>sulfamethoxazole-trimethoprim</i>	17
<i>rasagiline</i>	30	SELZENTRY.....	33	<i>sulfasalazine</i>	57
RAVICTI.....	48	SENSIPAR.....	57	<i>sulindac</i>	11
REBETOL.....	32	SEREVENT DISKUS.....	60	<i>sumatriptan succinate</i>	23
REBIF (WITH ALBUMIN)...	42	SEROSTIM.....	50	SUPRAX.....	15
REBIF REBIDOSE.....	42	<i>sertraline</i>	20	SUTENT.....	27
REBIF TITRATION PACK..	42	<i>sevelamer carbonate</i>	46	SYLATRON.....	26
RECOMBIVAX HB (PF).....	56	SHINGRIX (PF).....	56	SYMFI.....	33

SYMFI LO.....	33	<i>tolterodine</i>	48	VALCHLOR.....	24
SYMLINPEN 120.....	35	<i>topiramate</i>	19	<i>valganciclovir</i>	31
SYMLINPEN 60.....	35	<i>topotecan</i>	26	<i>valproate sodium</i>	18
SYNAGIS.....	55	TORISEL.....	26	<i>valproic acid</i>	18
SYNAREL.....	53	<i>torseamide</i>	40	<i>valproic acid (as sodium salt)</i> ...	18
SYNERCID.....	14	TPN ELECTROLYTES.....	45	<i>valsartan</i>	38
SYNRIBO.....	26	<i>tramadol</i>	11, 12	<i>valsartan-hydrochlorothiazide</i> ...	38
TABLOID.....	25	<i>tramadol-acetaminophen</i>	12	<i>vancomycin</i>	14, 15
<i>tacrolimus</i>	43, 54	<i>tranexamic acid</i>	37	VAQTA (PF).....	56
TAFINLAR.....	27	<i>tranlycypromine</i>	20	VARIVAX (PF).....	56
TAGRISSE.....	27	TRAVASOL 10 %.....	45	VARIZIG.....	56
<i>tamoxifen</i>	24	<i>trazodone</i>	20	VASCEPA.....	41
<i>tamsulosin</i>	48	TREANDA.....	24	VELCADE.....	26
TARCEVA.....	27	TRECTOR.....	23	VENCLEXTA.....	28
TARGRETIN.....	28	TRELEGY ELLIPTA.....	61	VENCLEXTA STARTING	
TASIGNA.....	27	TREMFYA.....	54	PACK.....	28
<i>tazarotene</i>	43	<i>tretinoin</i>	43	<i>venlafaxine</i>	20
TAZORAC.....	43	<i>tretinoin (chemotherapy)</i>	28	VENTOLIN HFA.....	60
TECENTRIQ.....	28	<i>tretinoin microspheres</i>	43	<i>verapamil</i>	39
TECFIDERA.....	42	<i>triamcinolone acetonide</i>	42, 50	VERSACLOZ.....	31
TEFLARO.....	15	<i>triamterene-hydrochlorothiazid</i>	40	VERZENIO.....	26
<i>temazepam</i>	61	<i>triazolam</i>	61	VIBRAMYCIN.....	17
TENIVAC (PF).....	56	<i>trientine</i>	46	VIDEX 4 GRAM	
<i>tenofovir disoproxil fumarate</i>	33	<i>trifluoperazine</i>	30	PEDIATRIC.....	33
<i>terazosin</i>	37	<i>trifluridine</i>	32	VIDEX EC.....	33
<i>terbinafine hcl</i>	22	<i>trihexyphenidyl</i>	29	<i>vigabatrin</i>	18
<i>terconazole</i>	22	TRI-LEGEST FE.....	52	VIIBRYD.....	20
<i>testosterone cypionate</i>	51	TRILYTE WITH FLAVOR		VIMPAT.....	19
<i>testosterone enanthate</i>	51	PACKETS.....	47	<i>vinblastine</i>	26
<i>tetanus, diphtheria tox ped (pf)</i> ..	56	<i>trimethoprim</i>	14	<i>vincristine</i>	26
<i>tetanus-diphtheria toxoids-td</i>	56	<i>trimipramine</i>	21	<i>vinorelbine</i>	26
<i>tetrabenazine</i>	42	TRINTELLIX.....	20	VIRACEPT.....	34
THALOMID.....	24	TRISENOX.....	26	VIRAMUNE.....	33
THEO-24.....	60	TRIUMEQ.....	33	VIREAD.....	33
<i>theophylline</i>	60	TROPHAMINE 10 %.....	45	<i>voriconazole</i>	22
<i>thioridazine</i>	30	TROPHAMINE 6%.....	45	VOSEVI.....	31
<i>thiotepa</i>	24	<i>trospium</i>	48	VOTRIENT.....	28
<i>thiothixene</i>	30	TRULICITY.....	35	VPRIV.....	48
THYMOGLOBULIN.....	55	TRUMENBA.....	56	VRAYLAR.....	31
<i>tiagabine</i>	18	TRUVADA.....	33	VYXEOS.....	25
<i>tigecycline</i>	14	TUDORZA PRESSAIR.....	59	<i>warfarin</i>	36
<i>timolol maleate</i>	39, 58	TWINRIX (PF).....	56	<i>water for irrigation, sterile</i>	57
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<i>tizanidine</i>	31	TYKERB.....	27	XALKORI.....	28
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<i>tobramycin</i>	13	TYSABRI.....	42	XATMEP.....	54
<i>tobramycin in 0.225 % nacl</i>	13	ULORIC.....	22	XELJANZ.....	54
<i>tobramycin sulfate</i>	13	UPTRAVI.....	60	XELJANZ XR.....	54
<i>tobramycin-dexamethasone</i>	58	<i>ursodiol</i>	46	XGEVA.....	57
<i>tolcapone</i>	29	<i>valacyclovir</i>	32	XIFAXAN.....	15

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<i>zaleplon</i>	61
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<i>zidovudine</i>	33
<i>zileuton</i>	59
<i>ziprasidone hcl</i>	31
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<i>zoledronic acid</i>	57
<i>zoledronic acid-mannitol-water</i>	57
ZOLINZA.....	26
<i>zolpidem</i>	61
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2018 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
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
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
PHENYLEPHRINE-SHARK LIVER OIL-GLYCERIN-PETROL
PHENYLEPHRINE-SHARK LIVER OIL-MINERAL OIL-PET
PHYTONADIONE
POLYVINYL ALCOHOL
PROSIGHT
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
UREA (EMOLLIENT)
VAGINAL LUBRICANT
VITAMIN A
VITAMIN D
VITAMINS A & D (TOPICAL)
WHITE PETROLATUM
WITCH HAZEL-GLYCERIN

This formulary was updated on 7/2/2018.

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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