

PACE PROGRAM

Community Care Program of All-Inclusive Care for the Elderly

Formulary

(2024 LIST OF COVERED DRUGS)

PLEASE READ:

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

HPMS Approved Formulary File Submission ID 00024336, Version 16

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 7/1/2024.

For more recent information or other questions, please contact Community Care Customer Service at 1-800-992-6600 or for TTY users, the Wisconsin Relay System at 711. You can call 24 hours a day, 7 days a week, or visit www.communitycareinc.org.



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

English

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

Spanish

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

Hmong

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

Chinese

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

Serbo-Croatian

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

Arabic

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

Community Care:

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

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

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

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 7/1/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Community Care Formulary?

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

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

Can the Formulary (drug list) change?

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

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

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

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

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

The enclosed formulary is current as of 7/1/2024. To get updated information about the drugs covered by Community Care please contact us. Our contact information appears on the front and back cover pages. Our formulary is updated monthly, and the most current version is always posted on the website. Please contact your team if you want to request a copy of the Formulary.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 65. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

For more detailed information about your Community Care prescription drug coverage, please review your Member handbook and Enrollment Agreement and other plan materials.

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

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

Community Care Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by Community Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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

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

LEGEND

TIER	NAME	
1	Covered	

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

2024 CCO (List of Covered Drugs)

DRUG NAME	REQUIREMENTS/LIMITS
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
<i>celecoxib</i>	
DICLOFENAC EPOLAMINE	PA
<i>diclofenac potassium (tab 25 mg, tab 50 mg)</i>	
<i>diclofenac sodium</i>	
<i>diclofenac sodium (topical) (gel, gel (1.16% diethylamine equiv))</i>	
<i>etodolac</i>	
<i>ibuprofen (susp 100 mg/5ml, tab 400 mg, tab 600 mg, tab 800 mg)</i>	
<i>indomethacin (cap 25 mg, cap 50 mg, cap er 75 mg)</i>	
<i>meloxicam (tab 7.5 mg, tab 15 mg)</i>	
<i>nabumetone</i>	
<i>naproxen (susp 125 mg/5ml, tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg)</i>	
<i>sulindac</i>	
OPIOID ANALGESICS, LONG-ACTING	
<i>fentanyl</i>	
<i>methadone hcl (5 mg/5ml solution, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, 10 mg/5ml solution, tab 10 mg)</i>	
<i>morphine sulfate (tab er 15 mg, tab er 30 mg, tab er 60 mg, tab er 100 mg, tab er 200 mg)</i>	
OXYCODONE HCL ER (10 MG, 20 MG)	
OXYCONTIN (15 MG, 30 MG, 40 MG, 60 MG, 80 MG)	
TRAMADOL HCL ER (100 MG CAP ER, 200 MG CAP ER, 300 MG CAP ER)	
TRAMADOL HCL ER (BIPHASIC)	
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen w/ codeine (soln 120-12 mg/5ml, tab 300-15 mg, tab 300-30 mg, tab 300-60 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ACETAMINOPHEN-CODEINE	
CODEINE SULFATE (15 MG TAB, 30 MG TAB, TAB 30 MG, 60 MG TAB)	
<i>fentanyl citrate (a 200 mcg, a 400 mcg, a 600 mcg, a 800 mcg, a 1200 mcg, a 1600 mcg)</i>	PA
<i>hydrocodone-acetaminophen (soln 7.5-325 mg/15ml, tab 5-325 mg, tab 7.5-325 mg, tab 10-325 mg)</i>	
<i>hydromorphone hcl (preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg)</i>	
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION	
<i>morphine sulfate (10 mg/5ml solution, oral soln 10 mg/5ml, 15 mg tab, 20 mg/5ml solution, oral soln 20 mg/5ml, 30 mg tab, oral soln 100 mg/5ml (20 mg/ml), tab 15 mg, tab 30 mg)</i>	
MORPHINE SULFATE (CONCENTRATE) (20 MG/ML SOLUTION, 100 MG/5ML SOLUTION)	
<i>oxycodone hcl (conc 100 mg/5ml (20 mg/ml), soln 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
<i>oxycodone w/ acetaminophen</i>	
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	
<i>tramadol hcl (tab 50 mg, tab 100 mg)</i>	
<i>tramadol-acetaminophen</i>	
<hr/>	
ANESTHETICS	
<hr/>	
LOCAL ANESTHETICS	
<i>lidocaine hcl (mouth-throat)</i>	
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine oint 5%</i>	
<i>lidocaine patch 5%</i>	PA
<i>lidocaine-prilocaine (cream 2.5-2.5%, cream kit 2.5-2.5%)</i>	
<hr/>	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
<hr/>	
ALCOHOL DETERRENENTS/ANTI-CRAVING	
<i>acamprosate calcium</i>	
<i>disulfiram (tab 250 mg, 500 mg tab, tab 500 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
OPIOID DEPENDENCE	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	
<i>naltrexone hcl</i>	
OPIOID REVERSAL AGENTS	
<i>naloxone hcl (0.4 mg/ml soln cart, inj 0.4 mg/ml, nasal spray 4 mg/0.1ml, soln prefilled syringe 2 mg/2ml)</i>	
SMOKING CESSATION AGENTS	
<i>bupropion hcl (smoking deterrent)</i>	
NICOTROL	
<i>varenicline tartrate</i>	PA
ANTIBACTERIALS	
AMINOGLYCOSIDES	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
<i>gentamicin in saline (0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, inj 1.2 mg/ml, 1.6-0.9 mg/ml-% solution)</i>	
<i>gentamicin sulfate (topical)</i>	
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>neomycin sulfate</i>	
STREPTOMYCIN SULFATE	
<i>tobramycin sulfate (for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), 10 mg/ml solution, inj 80 mg/2ml (40 mg/ml) (base equiv))</i>	
ANTIBACTERIALS, OTHER	
<i>acetic acid (otic)</i>	
<i>aztreonam</i>	
CLEOCIN 100 MG SUPPOS	
<i>clindamycin hcl</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate (topical) (lotion, swab)</i>	

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
VANCOMYCIN HCL (1 GM RECON SOLN, CAP 125 MG (BASE EQUIVALENT), FOR IV SOLN 1 GM (BASE EQUIVALENT), 1.25 GM RECON SOLN, FOR IV SOLN 1.25 GM (BASE EQUIVALENT), 1.5 GM RECON SOLN, 5 GM RECON SOLN, CAP 250 MG (BASE EQUIVALENT), FOR IV SOLN 1.5 GM (BASE EQUIVALENT), FOR IV SOLN 5 GM (BASE EQUIVALENT), 10 GM RECON SOLN, FOR IV SOLN 10 GM (BASE EQUIVALENT), FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT), FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT), 100 GM RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 500 MG/100ML SOLUTION, FOR IV SOLN 500 MG (BASE EQUIVALENT), 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 750 MG/7.5ML SOLUTION, FOR IV SOLN 750 MG (BASE EQUIVALENT), 1000 MG/10ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/12.5ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/15ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/17.5ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/20ML SOLUTION, 2000 MG/400ML SOLUTION)	
VANCOMYCIN HCL IN DEXTROSE	
VANCOMYCIN HCL IN NACL (1-0.9 GM/200ML-% SOLUTION, 1-0.9 GM/250ML-% SOLUTION, 1.25-0.9 GM/250ML-% SOLUTION, 1.5-0.9 GM/250ML-% SOLUTION, 1.5-0.9 GM/500ML-% SOLUTION, 1.75-0.9 GM/250ML-% SOLUTION, 1.75-0.9 GM/500ML-% SOLUTION, 2-0.9 GM/500ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION, 750-0.9 MG/250ML-% SOLUTION)	
XIFAXAN	
BETA-LACTAM, CEPHALOSPORINS	
<i>cefadroxil (1 gm tab, cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml)</i>	
<i>cefazolin sodium (1 gm recon soln, for inj 1 gm, for inj 10 gm, for inj 500 mg)</i>	
<i>cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>	
<i>cefepime hcl (inj 1 gm, iv soln 2 gm)</i>	
<i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</i>	
<i>cefoxitin sodium</i>	
<i>cefpodoxime proxetil (for susp 50 mg/5ml, for susp 100 mg/5ml, tab 100 mg, tab 200 mg)</i>	
<i>cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)</i>	
<i>ceftazidime</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>ceftriaxone sodium (inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)</i>	
<i>cefuroxime axetil</i>	
<i>cefuroxime sodium (inj 750 mg, iv soln 1.5 gm)</i>	
<i>cephalexin (250 mg tab, cap 250 mg, cap 500 mg, cap 750 mg, for susp 125 mg/5ml, for susp 250 mg/5ml, 500 mg tab)</i>	
TEFLARO	
BETA-LACTAM, PENICILLINS	
<i>amoxicillin & pot clavulanate (k for susp 200-28.5 mg/5ml, k for susp 250-62.5 mg/5ml, k for susp 400-57 mg/5ml, k for susp 600-42.9 mg/5ml, k tab 250-125 mg, k tab 500-125 mg, k tab 875-125 mg)</i>	
<i>amoxicillin (125 mg chew tab, (trihydrate) cap 250 mg, (trihydrate) cap 500 mg, (trihydrate) for susp 125 mg/5ml, (trihydrate) for susp 200 mg/5ml, (trihydrate) for susp 250 mg/5ml, 250 mg chew tab, (trihydrate) for susp 400 mg/5ml, (trihydrate) tab 500 mg, (trihydrate) tab 875 mg)</i>	
AMOXICILLIN-POT CLAVULANATE	
AMOXICILLIN-POT CLAVULANATE ER	
<i>ampicillin & sulbactam sodium</i>	
<i>ampicillin (500 mg cap, cap 500 mg)</i>	
<i>ampicillin sodium (1 gm recon soln, for inj 1 gm, for iv soln 10 gm, 125 mg recon soln)</i>	
AMPICILLIN-SULBACTAM SODIUM	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium (1 gm recon soln, for inj 1 gm, 2 gm recon soln, for inj 2 gm, for iv soln 10 gm)</i>	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	
<i>penicillin g potassium</i>	
PENICILLIN G SODIUM	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i>	
<i>piperacillin sodium-tazobactam sodium</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
CARBAPENEMS	
<i>ertapenem sodium</i>	
<i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 500 mg)</i>	
<i>meropenem (soln 1 gm, soln 500 mg)</i>	
MACROLIDES	
<i>azithromycin (1 gm packet, for susp 100 mg/5ml, for susp 200 mg/5ml, iv for soln 500 mg, tab 250 mg, tab 500 mg, tab 600 mg)</i>	
<i>clarithromycin (125 mg/5ml recon susp, tab 250 mg, tab 500 mg, tab er 24hr 500 mg, 250 mg/5ml recon susp)</i>	
DIFICID 200 MG TAB	
ERYTHROCIN LACTOBIONATE	
ERYTHROCIN STEARATE	
<i>erythromycin base (250 mg cp dr part, tab 250 mg, tab 500 mg, tab delayed release 250 mg, tab delayed release 333 mg, tab delayed release 500 mg)</i>	
<i>erythromycin ethylsuccinate (for susp 200 mg/5ml, 400 mg tab, for susp 400 mg/5ml)</i>	
<i>erythromycin lactobionate</i>	
ERYTHROMYCIN STEARATE	
QUINOLONES	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	
<i>ciprofloxacin hcl (tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))</i>	
<i>levofloxacin (oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)</i>	
<i>levofloxacin in d5w (soln 500 mg/100ml, soln 750 mg/150ml)</i>	
<i>moxifloxacin hcl (400 mg/250ml solution, tab 400 mg (base equiv))</i>	
MOXIFLOXACIN HCL IN NAACL	
<i>ofloxacin (300 mg tab, tab 400 mg)</i>	
SULFONAMIDES	
<i>sulfacetamide sodium (acne)</i>	
<i>sulfadiazine (500 mg tab, tab 500 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	
TETRACYCLINES	
<i>demeclocycline hcl</i>	
<i>doxycycline (monohydrate) (cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, for susp 25 mg/5ml, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i>	
<i>doxycycline hyclate (cap 50 mg, tab 50 mg, tab delayed release 50 mg, tab delayed release 75 mg, 80 mg tab dr, cap 100 mg, for inj 100 mg, tab 20 mg, tab 75 mg, tab 100 mg, tab 150 mg, tab delayed release 100 mg, tab delayed release 150 mg, tab delayed release 200 mg)</i>	
<i>minocycline hcl</i>	
<i>tetracycline hcl (cap 250 mg, cap 500 mg)</i>	
VIBRAMYCIN 50 MG/5ML SYRUP	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

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

DIACOMIT

divalproex sodium

EPIDIOLEX

PA2

EPRONTIA

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

FINTEPLA

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

lamotrigine

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

SPRITAM

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>carbamazepine (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, chew tab 100 mg, susp 100 mg/5ml, tab 200 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)</i>	
DILANTIN 30 MG CAP	
<i>lacosamide (10 mg/ml solution, oral solution 10 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	
<i>oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)</i>	
<i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>	
<i>phenytoin sodium extended</i>	
<i>rufinamide (susp 40 mg/ml, tab 200 mg, tab 400 mg)</i>	
ZONISADE	
<i>zonisamide</i>	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES

NAMZARIC

CHOLINESTERASE INHIBITORS

donepezil hydrochloride (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg)

galantamine hydrobromide (cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg, tab 4 mg, tab 8 mg, tab 12 mg)

rivastigmine

rivastigmine tartrate

N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

memantine hcl (cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg, tab 5 mg, tab 10 mg, tab 28 x 5 mg & 21 x 10 mg titration pack)

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY

bupropion hcl

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

DRUG NAME	REQUIREMENTS/LIMITS
BUPROPION HCL ER (XL)	
LYBALVI	
<i>mirtazapine</i>	
ZURZUVAE	
MONOAMINE OXIDASE INHIBITORS	
EMSAM	
MARPLAN	
<i>phenelzine sulfate (15 mg tab, tab 15 mg)</i>	
<i>tranylcypromine sulfate</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	
DESVENLAFAXINE ER	
<i>desvenlafaxine succinate</i>	
<i>escitalopram oxalate (soln 5 mg/5ml (base equiv), tab 5 mg (base equiv), tab 10 mg (base equiv), tab 20 mg (base equiv))</i>	
FETZIMA	
FETZIMA TITRATION	
<i>fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml, tab 10 mg, tab 20 mg, 60 mg tab, tab 60 mg, 90 mg cap dr)</i>	
FLUOXETINE HCL (PMDD)	
<i>fluvoxamine maleate</i>	
NEFAZODONE HCL	
<i>paroxetine hcl (oral susp 10 mg/5ml (base equiv), tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg, tab er 24hr 12.5 mg, tab er 24hr 25 mg, tab er 24hr 37.5 mg)</i>	
<i>paroxetine mesylate (vasomotor)</i>	
<i>sertraline hcl (oral concentrate for solution 20 mg/ml, tab 25 mg, tab 50 mg, tab 100 mg, 150 mg cap, 200 mg cap)</i>	
<i>trazodone hcl</i>	
TRINTELLIX	
VENLAFAXINE BESYLATE ER	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>venlafaxine hcl</i>	
<i>vilazodone hcl</i>	
TRICYCLICS	
<i>amitriptyline hcl</i>	
<i>amoxapine</i>	
<i>clomipramine hcl</i>	
<i>desipramine hcl</i>	
<i>doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml)</i>	
<i>imipramine hcl</i>	
<i>imipramine pamoate</i>	
<i>nortriptyline hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, soln 10 mg/5ml)</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate</i>	
ANTIEMETICS	
ANTIEMETICS, OTHER	
<i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>	
<i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml) (base equiv), tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	
<i>perphenazine</i>	
<i>prochlorperazine</i>	
<i>prochlorperazine maleate</i>	
<i>promethazine hcl (oral soln 6.25 mg/5ml, suppos 12.5 mg, suppos 25 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	
<i>scopolamine</i>	
EMETOGENIC THERAPY ADJUNCTS	
<i>aprepitant</i>	PA3
<i>dronabinol</i>	PA
<i>ondansetron</i>	PA3
<i>ondansetron hcl (oral soln 4 mg/5ml, tab 4 mg, tab 8 mg)</i>	PA3

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTIFUNGALS	
ABELCET	PA3
AMPHOTERICIN B	PA3
<i>amphotericin b liposome</i>	PA3
<i>caspofungin acetate (50 mg recon soln, for iv soln 50 mg, 70 mg recon soln, for iv soln 70 mg)</i>	
<i>ciclopirox olamine (cream (base equiv), susp (base equiv))</i>	
<i>clotrimazole</i>	
<i>clotrimazole (topical) (cream, soln)</i>	
<i>fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	
<i>fluconazole in nacl</i>	
<i>flucytosine</i>	
<i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>	
<i>griseofulvin ultramicrosize</i>	
<i>itraconazole cap 100 mg</i>	
<i>ketoconazole</i>	
<i>ketoconazole (topical) (cream, foam, shampoo)</i>	
<i>miconazole sodium (50 mg recon soln, for iv soln 50 mg, 100 mg recon soln, for iv soln 100 mg)</i>	
MICONAZOLE 3	
<i>nystatin (mouth-throat)</i>	
<i>nystatin (topical)</i>	
<i>nystatin tab 500000 unit</i>	
<i>posaconazole (susp 40 mg/ml, tab delayed release 100 mg)</i>	
<i>terbinafine hcl</i>	
TERCONAZOLE	
<i>terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)</i>	
<i>voriconazole (200 mg recon soln, for inj 200 mg)</i>	PA3
<i>voriconazole (for susp 40 mg/ml, tab 50 mg, tab 200 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTIGOUT AGENTS	
<i>allopurinol (tab 100 mg, 200 mg tab, tab 300 mg)</i>	
<i>colchicine</i>	
<i>colchicine w/ probenecid</i>	
<i>febuxostat</i>	
<i>probenecid</i>	
ANTIMIGRAINE AGENTS	
ANTIMIGRAINE AGENTS, OTHER	
NURTEC	QL (18 PER 30 OVER TIME)
QULIPTA	
UBRELVY	QL (16 PER 30 OVER TIME)
ERGOT ALKALOIDS	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	
ERGOTAMINE-CAFFEINE	
PROPHYLACTIC	
AJOVY	PA
<i>timolol maleate</i>	
SEROTONIN (5-HT) RECEPTOR AGONIST	
<i>naratriptan hcl</i>	QL (9 PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	QL (12 PER 30 OVER TIME)
<i>sumatriptan</i>	
<i>sumatriptan succinate (inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution auto-injector 6 mg/0.5ml, solution cartridge 4 mg/0.5ml, solution cartridge 6 mg/0.5ml)</i>	
<i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	QL (9 PER 30 OVER TIME)
ANTIMYASTHENIC AGENTS	
PARASYMPATHOMIMETICS	
<i>pyridostigmine bromide (30 mg tab, oral soln 60 mg/5ml, tab 60 mg, tab er 180 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
<i>dapsone</i>	
<i>rifabutin</i>	
ANTITUBERCULARS	
<i>ethambutol hcl</i>	
<i>isoniazid (syrup 50 mg/5ml, 100 mg tab, tab 300 mg)</i>	
PRETOMANID	
PRIFTIN	
<i>pyrazinamide</i>	
<i>rifampin</i>	
SIRTURO	
TRECATOR	
ANTINEOPLASTICS	
ALKYLATING AGENTS	
<i>cyclophosphamide (25 mg cap, 25 mg tab, cap 25 mg, 50 mg cap, 50 mg tab, cap 50 mg)</i>	PA3
GLEOSTINE	
LEUKERAN	
MATULANE	
VALCHLOR	
ANTIANDROGENS	
<i>abiraterone acetate</i>	
<i>bicalutamide</i>	
ERLEADA	
<i>nilutamide</i>	
NUBEQA	
ORSERDU	
XTANDI	

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

DRUG NAME	REQUIREMENTS/LIMITS
YONSA	
ANTIANGIOGENIC AGENTS	
<i>lenalidomide</i>	
POMALYST	LA
THALOMID	
ANTIESTROGENS/MODIFIERS	
SOLTAMOX	
<i>tamoxifen citrate tab (10 mg equivalent)</i>	
<i>tamoxifen citrate tab (20 mg equivalent)</i>	
<i>toremifene citrate</i>	
ANTIMETABOLITES	
<i>hydroxyurea</i>	
INQOVI	
<i>mercaptopurine</i>	
PURIXAN	
TABLOID	
ANTINEOPLASTICS, OTHER	
AKEEGA	
AUGTYRO	
BESREMI	
BRUKINSA	
EXKIVITY	
FOTIVDA	
IDHIFA	
INREBIC	
IWILFIN	
JAYPIRCA	
<i>kisqali femara</i>	
KOSELUGO	
KRAZATI	
LONSURF	

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

DRUG NAME	REQUIREMENTS/LIMITS
LUMAKRAS	
NINLARO	
OGSIVEO 50 MG TAB	
ONUREG	
QINLOCK	
RETEVMO	
ROZLYTREK	
TABRECTA	
TAZVERIK	
VANFLYTA	
WELIREG	
<i>xpovio</i>	
ZOLINZA	

AROMATASE INHIBITORS, 3RD GENERATION

anastrozole

exemestane

letrozole

MOLECULAR TARGET INHIBITORS

ALECENSA

ALUNBRIG

AYVAKIT

BALVERSA

BOSULIF

BRAFTOVI 75 MG CAP

CABOMETYX

CALQUENCE

CAPRELSA

COMETRIQ

COPIKTRA

COTELLIC

DAURISMO

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

DRUG NAME	REQUIREMENTS/LIMITS
ERIVEDGE	
<i>erlotinib hcl</i>	
<i>everolimus</i>	
FRUZAQLA	
GAVRETO	
<i>gefitinib</i>	
GILOTRIF	
IBRANCE	
ICLUSIG	
<i>imatinib mesylate</i>	
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	
INLYTA	
JAKAFI	
<i>kisqali</i>	
<i>lapatinib ditosylate</i>	
<i>lenvima</i>	
LORBRENA	
LYNPARZA	
<i>lytgobi</i>	
MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)	
MEKTOVI	
NERLYNX	
ODOMZO	
OJJAARA	
<i>pazopanib hcl</i>	
PEMAZYRE	
<i>piqray</i>	
REZLIDHIA	
RUBRACA	
RYDAPT	

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

DRUG NAME	REQUIREMENTS/LIMITS
SCEMBLIX	
<i>sorafenib tosylate</i>	
SPRYCEL	
STIVARGA	
<i>sunitinib malate</i>	
TAFINLAR	
TAGRISSO	
TALZENNA	
TASIGNA	
TEPMETKO	
TIBSOVO	
TRUQAP	
TUKYSA	
TURALIO	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	
VIZIMPRO	
XALKORI	
XOSPATA	
ZEJULA	
ZELBORAF	
ZYDELIG	
ZYKADIA	
RETINOIDS	
<i>bexarotene</i>	
<i>bexarotene (topical)</i>	PA2
PANRETIN	
<i>tretinoin (chemotherapy)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
TREATMENT ADJUNCTS	
<i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i>	
MESNEX 400 MG TAB	
VONJO	
ANTIPARASITICS	
ANTHELMINTHICS	
<i>albendazole</i>	
<i>ivermectin tab 3 mg</i>	
<i>praziquantel</i>	
ANTIPROTOZOALS	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate</i>	
COARTEM	
<i>hydroxychloroquine sulfate</i>	
<i>mefloquine hcl tab 250 mg</i>	
<i>nitazoxanide</i>	
<i>pentamidine isethionate (inj soln 300 mg, soln 300 mg)</i>	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	PA3
<i>primaquine phosphate (26.3 (15 base) mg tab, tab 26.3 mg (15 mg base))</i>	
<i>pyrimethamine</i>	
<i>quinine sulfate</i>	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>trihexyphenidyl hcl (tab 2 mg, tab 5 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTIPARKINSON AGENTS, OTHER	
<i>amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)</i>	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, tabs 12.5-50-200 mg, 18.75-75-200 mg tab, tabs 18.75-75-200 mg, tabs 25-100-200 mg, tabs 31.25-125-200 mg, 37.5-150-200 mg tab, tabs 37.5-150-200 mg, tabs 50-200-200 mg)</i>	
<i>entacapone</i>	
ONGENTYS	
<i>tolcapone</i>	
DOPAMINE AGONISTS	
<i>apomorphine hydrochloride</i>	
<i>bromocriptine mesylate</i>	
NEUPRO	
<i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i>	
<i>ropinirole hydrochloride</i>	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
<i>carbidopa</i>	
<i>carbidopa-levodopa (carbidopa & levodopa orally disintegrating tab 10-100 mg, carbidopa & levodopa orally disintegrating tab 25-100 mg, carbidopa & levodopa orally disintegrating tab 25-250 mg, carbidopa & levodopa tab 10-100 mg, carbidopa & levodopa tab 25-100 mg, carbidopa & levodopa tab 25-250 mg, carbidopa & levodopa tab er 25-100 mg, carbidopa & levodopa tab er 50-200 mg, carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp)</i>	
RYTARY	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
<i>rasagiline mesylate</i>	
<i>selegiline hcl</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
<i>chlorpromazine hcl (tab 10 mg, tab 25 mg, 30 mg/ml conc, tab 50 mg, 100 mg/ml conc, tab 100 mg, tab 200 mg)</i>	
<i>fluphenazine decanoate</i>	
<i>fluphenazine hcl (tab 1 mg, 2.5 mg/5ml elixir, 2.5 mg/ml solution, tab 2.5 mg, 5 mg/ml conc, tab 5 mg, tab 10 mg)</i>	
<i>haloperidol</i>	
<i>haloperidol decanoate</i>	
<i>haloperidol lactate</i>	
<i>loxapine succinate</i>	
MOLINDONE HCL	
PIMOZIDE	
<i>thioridazine hcl</i>	
<i>thiothixene</i>	
<i>trifluoperazine hcl</i>	
2ND GENERATION/ATYPICAL	
ABILIFY ASIMTUFII	
ABILIFY MAINTENA	
<i>aripiprazole (oral solution 1 mg/ml, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate</i>	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
<i>lurasidone hcl</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
NUPLAZID	PA2
<i>olanzapine</i>	
<i>paliperidone</i>	
PERSERIS	
<i>quetiapine fumarate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg, tab er 24hr 150 mg, tab er 24hr 200 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg, 150 mg tab)</i>	
REXULTI	
<i>risperidone (0.25 mg tab disp, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg, orally disintegrating tab 4 mg, soln 1 mg/ml, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)</i>	
<i>risperidone microspheres</i>	
SECUADO	
UZEDY	
VRAYLAR	
<i>ziprasidone hcl</i>	
<i>ziprasidone mesylate</i>	
ZYPREXA RELPREVV 210 MG RECON SUSP	
TREATMENT-RESISTANT	
<i>clozapine (12.5 mg tab disp, orally disintegrating tab 25 mg, orally disintegrating tab 100 mg, orally disintegrating tab 150 mg, orally disintegrating tab 200 mg, tab 25 mg, tab 50 mg, tab 100 mg, 150 mg tab disp, 200 mg tab disp, tab 200 mg)</i>	
VERSACLOZ	
ANTISPASTICITY AGENTS	
<i>baclofen (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>tizanidine hcl</i>	
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
PREVYMIS (240 MG TAB, 480 MG TAB)	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>valganciclovir hcl (for soln 50 mg/ml (base equiv), tab 450 mg (base equivalent))</i>	
ZIRGAN	
ANTI-HEPATITIS B (HBV) AGENTS	
<i>adefovir dipivoxil</i>	
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine (hbv)</i>	
ANTI-HEPATITIS C (HCV) AGENTS	
LEDIPASVIR-SOFOSBUVIR	PA
MAVYRET 100-40 MG TAB	PA
RIBAVIRIN (200 MG CAP, 200 MG TAB)	
<i>ribavirin (hepatitis c)</i>	
SOFOSBUVIR-VELPATASVIR	PA
SOVALDI 400 MG TAB	PA
VOSEVI	PA
ZEPATIER	PA
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)	
BIKTARVY	
DOVATO	
GENVOYA	
ISENTRESS	
ISENTRESS HD	
JULUCA	
STRIBILD	
TIVICAY	
TIVICAY PD	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
COMPLERA	
DELSTRIGO	
EDURANT	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>efavirenz (50 mg cap, 200 mg cap, tab 600 mg)</i>	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	
<i>etravirine</i>	
INTELENCE 25 MG TAB	
<i>nevirapine (tab er 24hr 400 mg, 50 mg/5ml suspension, tab 200 mg)</i>	
ODEFSEY	
PIFELTRO	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
<i>abacavir sulfate (soln 20 mg/ml (base equiv), tab 300 mg (base equiv))</i>	
<i>abacavir sulfate-lamivudine</i>	
CIMDUO	
DESCOVY	
<i>emtricitabine</i>	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine (oral soln 10 mg/ml, tab 150 mg, tab 300 mg)</i>	
<i>lamivudine-zidovudine</i>	
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	
TRIUMEQ PD	
TRIZIVIR	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	
<i>zidovudine (cap 100 mg, syrup 10 mg/ml, tab 300 mg)</i>	
ANTI-HIV AGENTS, OTHER	
FUZEON	
<i>maraviroc</i>	
RUKOBIA	

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

DRUG NAME	REQUIREMENTS/LIMITS
SELZENTRY (20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB)	
SUNLENCA (4 X 300 MG TAB, 5 X 300 MG TAB)	
TYBOST	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS 250 MG CAP	
<i>atazanavir sulfate</i>	
<i>darunavir</i>	
EVOTAZ	
<i>fosamprenavir calcium</i>	
LEXIVA 50 MG/ML SUSPENSION	
<i>lopinavir-ritonavir (soln 400-100 mg/5ml (80-20 mg/ml), tab 100-25 mg, tab 200-50 mg)</i>	
NORVIR 100 MG PACKET	
PREZCOBIX	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	
REYATAZ 50 MG PACKET	
<i>ritonavir</i>	
SYMTUZA	
VIRACEPT	
ANTI-INFLUENZA AGENTS	
<i>oseltamivir phosphate (cap 30 mg (base equiv), cap 45 mg (base equiv), cap 75 mg (base equiv), for susp 6 mg/ml (base equiv))</i>	
RELENZA DISKHALER	
ANTIHERPETIC AGENTS	
<i>acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)</i>	
<i>acyclovir sodium</i>	PA3
<i>acyclovir topical</i>	
<i>famciclovir</i>	
TRIFLURIDINE	
<i>valacyclovir hcl</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
<i>bupirone hcl</i>	
<i>hydroxyzine hcl (syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg)</i>	
<i>hydroxyzine pamoate (cap 25 mg, cap 50 mg, 100 mg cap)</i>	
BENZODIAZEPINES	
<i>alprazolam</i>	
ALPRAZOLAM INTENSOL	
<i>clonazepam</i>	
<i>clorazepate dipotassium</i>	
<i>diazepam (5 mg/5ml solution, conc 5 mg/ml, oral soln 1 mg/ml, tab 2 mg, tab 5 mg, tab 10 mg)</i>	
<i>lorazepam (conc 2 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>oxazepam</i>	
BIPOLAR AGENTS	
MOOD STABILIZERS	
<i>lithium (8 meq/5ml solution, oral solution 8 meq/5ml)</i>	
<i>lithium carbonate (150 mg cap, cap 150 mg, 300 mg cap, cap 300 mg, cap 600 mg, tab 300 mg, tab er 300 mg, tab er 450 mg, 600 mg cap)</i>	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
<i>acarbose</i>	
ALOGLIPTIN BENZOATE	
ALOGLIPTIN-METFORMIN HCL	
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	
CYCLOSET	
DAPAGLIFLOZIN PROPANEDIOL	

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

DRUG NAME	REQUIREMENTS/LIMITS
FARXIGA	
<i>glimepiride</i>	
<i>glipizide (2.5 mg tab, tab 5 mg, tab 10 mg, tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)</i>	
<i>glipizide-metformin hcl</i>	
JARDIANCE	
<i>metformin hcl (tab 500 mg, tab 850 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg, tab er 24hr modified release 1000 mg, tab er 24hr modified release 500 mg, tab er 24hr osmotic 1000 mg, tab er 24hr osmotic 500 mg, 625 mg tab)</i>	
<i>nateglinide</i>	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	
OZEMPIC (2 MG/DOSE)	
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	
<i>pioglitazone hcl</i>	
<i>pioglitazone hcl-metformin hcl</i>	
<i>repaglinide</i>	
<i>saxagliptin hcl</i>	
<i>saxagliptin-metformin hcl</i>	
SYMLINPEN 120	
SYMLINPEN 60	
TRULICITY	
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide</i>	
GLUCAGEN HYPOKIT	
GLUCAGON EMERGENCY	
INSULINS	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	

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

DRUG NAME	REQUIREMENTS/LIMITS
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTRATED)	
HUMULIN R U-500 KWIKPEN	
INSULIN ASP PROT & ASP FLEXPEN	
INSULIN ASPART	
INSULIN ASPART FLEXPEN	
INSULIN ASPART PENFILL	
INSULIN ASPART PROT & ASPART	
INSULIN GLARGINE	
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	
INSULIN GLARGINE-YFGN	
INSULIN LISPRO	
INSULIN LISPRO (1 UNIT DIAL)	
INSULIN LISPRO JUNIOR KWIKPEN	
INSULIN LISPRO PROT & LISPRO	
NOVOLIN 70/30 (, (70-30) 100 UNIT/ML SUSPENSION)	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN N	
NOVOLIN N FLEXPEN	
NOVOLIN R (, 100 UNIT/ML SOLUTION)	
NOVOLIN R FLEXPEN	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

dabigatran etexilate mesylate

ELIQUIS

ELIQUIS DVT/PE STARTER PACK

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>clonidine hcl</i>	
<i>droxidopa</i>	
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	
ALPHA-ADRENERGIC BLOCKING AGENTS	
<i>doxazosin mesylate</i>	
<i>prazosin hcl</i>	
<i>terazosin hcl</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil</i>	
<i>irbesartan</i>	
<i>losartan potassium</i>	
<i>valsartan (tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg)</i>	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>lisinopril</i>	
<i>ramipril</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl</i>	
<i>propafenone hcl</i>	
<i>quinidine gluconate</i>	
<i>quinidine sulfate (200 mg tab, tab 200 mg, 300 mg tab, tab 300 mg)</i>	
<i>sotalol hcl (afib/af)</i>	
<i>sotalol hcl (tab 80 mg, tab 120 mg, tab 160 mg, tab 240 mg)</i>	
BETA-ADRENERGIC BLOCKING AGENTS	
<i>atenolol</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	
<i>metoprolol succinate</i>	
<i>metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	
<i>nadolol</i>	
<i>pindolol</i>	
<i>propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)</i>	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
<i>amlodipine besylate</i>	
<i>nifedipine (tab er 30 mg, tab er 60 mg, tab er 90 mg, tab er osmotic release 30 mg, tab er osmotic release 60 mg, tab er osmotic release 90 mg)</i>	
<i>nimodipine</i>	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
<i>diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg, tab er 24hr 120 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg)</i>	
<i>diltiazem hcl coated beads</i>	
<i>diltiazem hcl extended release beads</i>	
<i>verapamil hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)</i>	
VERAPAMIL HCL ER	
CARDIOVASCULAR AGENTS, OTHER	
<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	
<i>aliskiren fumarate</i>	
<i>amiloride & hydrochlorothiazide</i>	
AMILORIDE-HYDROCHLOROTHIAZIDE	
<i>amlodipine besylate-benazepril hcl</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>amlodipine besylate-valsartan</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>atenolol & chlorthalidone</i>	
<i>bisoprolol & hydrochlorothiazide</i>	
CORLANOR (5 MG TAB, 7.5 MG TAB)	
<i>digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml, tab 125 mcg (0.125 mg), tab 250 mcg (0.25 mg))</i>	
<i>enalapril maleate & hydrochlorothiazide</i>	
ENTRESTO	
<i>irbesartan-hydrochlorothiazide</i>	
<i>lisinopril & hydrochlorothiazide</i>	
<i>losartan potassium & hydrochlorothiazide</i>	
<i>metoprolol & hydrochlorothiazide</i>	
<i>metyrosine</i>	
<i>pentoxifylline</i>	
<i>ranolazine</i>	
<i>spironolactone & hydrochlorothiazide</i>	
<i>triamterene & hydrochlorothiazide</i>	
<i>valsartan-hydrochlorothiazide</i>	
VERQUVO	
DIURETICS, LOOP	
<i>bumetanide (inj 0.25 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>furosemide (8 mg/ml solution, inj 10 mg/ml, oral soln 10 mg/ml, tab 20 mg, tab 40 mg, tab 80 mg)</i>	
<i>toremide</i>	
DIURETICS, POTASSIUM-SPARING	
<i>amiloride hcl</i>	
<i>eplerenone</i>	
KERENDIA	
<i>spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
DIURETICS, THIAZIDE	
<i>chlorthalidone</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>metolazone</i>	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
<i>choline fenofibrate</i>	
<i>fenofibrate (tab 40 mg, tab 48 mg, 50 mg cap, tab 54 mg, tab 120 mg, tab 145 mg, 150 mg cap, tab 160 mg)</i>	
<i>fenofibrate micronized (cap 43 mg, cap 67 mg, cap 130 mg, cap 134 mg, cap 200 mg)</i>	
<i>gemfibrozil</i>	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium</i>	
<i>simvastatin</i>	
DYSLIPIDEMICS, OTHER	
<i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i>	
<i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i>	
<i>colesevelam hcl</i>	
<i>ezetimibe</i>	
<i>icosapent ethyl</i>	
JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP)	PA
<i>niacin (antihyperlipidemic) (tab er 500 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic), tab er 1000 mg (antihyperlipidemic))</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	
REPATHA PUSHTRONEX SYSTEM	
REPATHA SURECLICK	

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

DRUG NAME	REQUIREMENTS/LIMITS
VASODILATORS, DIRECT-ACTING ARTERIAL	
<i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>minoxidil</i>	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate (10 mg tab, tab 10 mg, 20 mg tab, tab 20 mg, tab er 24hr 120 mg, tab er 24hr 30 mg, tab er 24hr 60 mg)</i>	
NITRO-BID	
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	
<i>nitroglycerin (intra-anal)</i>	
<i>nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr, tl soln 0.4 mg/spray (400 mcg/spray))</i>	
CENTRAL NERVOUS SYSTEM AGENTS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
<i>amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 12.5 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
<i>dextroamphetamine sulfate (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 5 mg, oral solution 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
<i>atomoxetine hcl</i>	
<i>dexmethylphenidate hcl</i>	
<i>guanfacine hcl (adhd)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>methylphenidate hcl (cap er 10 mg (cd), cap er 20 mg (cd), cap er 24hr 10 mg (la), cap er 24hr 10 mg (xr), cap er 24hr 15 mg (xr), cap er 24hr 20 mg (la), cap er 24hr 20 mg (xr), cap er 24hr 30 mg (la), cap er 24hr 30 mg (xr), cap er 24hr 40 mg (la), cap er 24hr 40 mg (xr), cap er 24hr 50 mg (xr), cap er 24hr 60 mg (la), cap er 24hr 60 mg (xr), cap er 30 mg (cd), cap er 40 mg (cd), cap er 50 mg (cd), cap er 60 mg (cd), chew tab 2.5 mg, chew tab 5 mg, chew tab 10 mg, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, tab 10 mg, tab 20 mg, tab er 10 mg, tab er 20 mg, tab er osmotic release (osm) 18 mg, tab er osmotic release (osm) 27 mg, tab er osmotic release (osm) 36 mg, tab er osmotic release (osm) 54 mg)</i>	
METHYLPHENIDATE HCL ER	
METHYLPHENIDATE HCL ER (OSM)	
CENTRAL NERVOUS SYSTEM, OTHER	
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	
FIBROMYALGIA AGENTS	
<i>duloxetine hcl</i>	
<i>pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, cap 200 mg, cap 225 mg, cap 300 mg, soln 20 mg/ml)</i>	
MULTIPLE SCLEROSIS AGENTS	
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
<i>dalfampridine</i>	PA
<i>dimethyl fumarate</i>	
<i>glatiramer acetate</i>	
REBIF	
REBIF REBIDOSE	
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	
<i>teriflunomide</i>	
ZEPOSIA	

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

DRUG NAME	REQUIREMENTS/LIMITS
ZEPOSIA 7-DAY STARTER PACK	
ZEPOSIA STARTER KIT	
DENTAL AND ORAL AGENTS	
<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>pilocarpine hcl (oral)</i>	
<i>triamcinolone acetonide (mouth)</i>	
DERMATOLOGICAL AGENTS	
ACNE AND ROSACEA AGENTS	
<i>acitretin</i>	
<i>benzoyl peroxide-erythromycin</i>	
<i>isotretinoin</i>	
<i>tazarotene (gel 0.05%, 0.1 % foam, cream 0.1%, gel 0.1%)</i>	
TAZORAC 0.05 % CREAM	
<i>tretinoin</i>	
<i>tretinoin microsphere (gel 0.04%, gel 0.1%)</i>	
DERMATITIS AND PRURITUS AGENTS	
<i>betamethasone dipropionate (topical) (cream, lotion, oint)</i>	
BETAMETHASONE DIPROPIONATE AUG	
<i>betamethasone dipropionate augmented (cream, lotion, oint)</i>	
<i>betamethasone valerate (aerosol foam 0.12%, cream 0.1% (base equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent))</i>	
<i>clobetasol propionate (cream, foam, gel, lotion, oint, shampoo, soln, spray)</i>	
<i>clobetasol propionate emollient base</i>	
<i>clobetasol propionate emulsion</i>	
<i>doxepin hcl (antipruritic)</i>	
<i>fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%)</i>	
<i>fluticasone propionate (0.05 % lotion, cream 0.05%, lotion 0.05%, oint 0.005%)</i>	

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

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

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

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

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>sevelamer hcl</i>	
POTASSIUM BINDERS	
<i>*sodium polystyrene sulfonate powder**</i>	
LOKELMA	
SPS	
VELTASSA	
VITAMINS	
ATABEX EC	
ATABEX OB	
AZESCHEW PRENATAL/POSTNATAL	
AZESCO	
BAL-CARE DHA	
C-NATE DHA	
CITRANATAL 90 DHA	
CITRANATAL ASSURE	
CITRANATAL B-CALM	
CITRANATAL BLOOM	
CITRANATAL BLOOM DHA	
CITRANATAL DHA	
CITRANATAL ESSENCE	
CITRANATAL HARMONY	
CITRANATAL MEDLEY	
CITRANATAL RX	
CO-NATAL FA	
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DERMACINRX PRETRATE	
DUET DHA 400	
DUET DHA BALANCED	

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

DRUG NAME	REQUIREMENTS/LIMITS
ELITE-OB	
ENBRACE HR	
FOLIVANE-OB	
INATAL GT	
JENLIVA PRENATAL/POSTNATAL	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
MARNATAL-F	
MULTI-MAC	
MYNATAL	
MYNATAL ADVANCE	
MYNATE 90 PLUS	
NATACHEW	
NATAL PNV	
NATALVIT	
NEEVO DHA	
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE	
NEONATAL FE	
NEONATAL PLUS	
NESTABS	
NESTABS DHA	
NESTABS ONE	
NIVA-PLUS	
O-CAL PRENATAL	
OB COMPLETE	
OB COMPLETE ONE	
OB COMPLETE PETITE	
OB COMPLETE PREMIER	
OB COMPLETE/DHA	

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

DRUG NAME	REQUIREMENTS/LIMITS
OBSTETRIX EC (WITH DOCUSATE)	
OBSTETRIX ONE (WITH DOCUSATE)	
ONE VITE WOMENS PLUS	
PNV PRENATAL PLUS MULTIVIT+DHA	
PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 20-1	
PNV TABS 29-1	
PNV-DHA	
PNV-DHA+DOCUSATE	
PNV-OMEGA	
PNV-SELECT	
PR NATAL 400	
PR NATAL 400 EC	
PR NATAL 430	
PR NATAL 430 EC	
PREGEN DHA	
PREGENNA	
PREMESISRX	
PRENA 1 TRUE	
PRENA1	
PRENA1 PEARL	
PRENAISSANCE	
PRENAISSANCE PLUS	
PRENARA	
PRENATAL (27-0.8 MG TAB, 27-1 MG TAB)	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	
PRENATAL LOW IRON 27-1 MG TAB	
PRENATAL PLUS	
PRENATAL PLUS IRON	
PRENATAL PLUS VITAMIN/MINERAL	
PRENATAL PLUS/IRON	

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

DRUG NAME	REQUIREMENTS/LIMITS
PRENATAL VITAMIN PLUS LOW IRON	
PRENATAL-U	
PRENATE	
PRENATE AM	
PRENATE DHA	
PRENATE ELITE	
PRENATE ENHANCE	
PRENATE ESSENTIAL	
PRENATE MINI	
PRENATE PIXIE	
PRENATE RESTORE	
PRENATOL-M	
PRENATRIX	
PRENATRYL	
PRENATVITE COMPLETE	
PRENATVITE PLUS	
PRENATVITE RX	
PREPLUS	
PRETAB	
PRIMACARE	
PROVIDA OB	
R-NATAL OB	
RELNATE DHA	
SE-NATAL 19	
SELECT-OB	
SELECT-OB+DHA	
TARON-C DHA	
TARON-PREX	
THRIVITE RX	
TPN ELECTROLYTES	
TRI-TABS DHA	

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

DRUG NAME	REQUIREMENTS/LIMITS
TRICARE	
TRICARE PRENATAL DHA ONE	
TRINATAL RX 1	
TRINATE	
TRINAZ	
TRISTART DHA	
TRISTART FREE	
TRISTART ONE	
TRIVEEN-DUO DHA	
VINATE DHA RF	
VINATE II	
VINATE ONE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VIRT-PN PLUS	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITAMEDMD ONE RX/QUATREFOLIC	
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATHELY WITH GINGER	
VITATRUE	
VIVA DHA	
VOL-PLUS	

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

DRUG NAME	REQUIREMENTS/LIMITS
VOL-TAB RX	
VP-PNV-DHA	
WESCAP-C DHA	
WESCAP-PN DHA	
WESNATAL DHA COMPLETE	
WESNATE DHA	
WESTAB PLUS	
WESTGEL DHA	
ZALVIT	
ZATEAN-PN DHA	
ZATEAN-PN PLUS	
ZIPHEX	

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

lactulose (10 gm packet, solution 10 gm/15ml)

lactulose (encephalopathy)

LINZESS

lubiprostone

RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, 150 MG TAB) PA

ANTI-DIARRHEAL AGENTS

alosetron hcl

diphenoxylate w/ atropine

DIPHENOXYLATE-ATROPINE

loperamide hcl cap 2 mg

XERMELO

ANTISPASMODICS, GASTROINTESTINAL

dicyclomine hcl (cap 10 mg, oral soln 10 mg/5ml, tab 20 mg)

glycopyrrolate (oral soln 1 mg/5ml, tab 1 mg, 1.5 mg tab, tab 2 mg)

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

DRUG NAME	REQUIREMENTS/LIMITS
GASTROINTESTINAL AGENTS, OTHER	
GATTEX	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
URSODIOL (200 MG CAP, CAP 300 MG, TAB 250 MG, 400 MG CAP, TAB 500 MG)	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
<i>famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)</i>	
NIZATIDINE (150 MG CAP, 300 MG CAP, CAP 300 MG)	
PROTECTANTS	
<i>sucralfate tab 1 gm</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium (cap 20 mg (base eq), cap 40 mg (base eq), for susp packet 10 mg, for susp packet 20 mg, for susp packet 40 mg)</i>	
<i>lansoprazole</i>	
<i>omeprazole (cap 10 mg, cap 20 mg, cap 40 mg)</i>	
<i>pantoprazole sodium (ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg)</i>	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ARALAST NP	PA3
<i>betaine</i>	
CERDELGA	
CREON	
<i>cromolyn sodium (mastocytosis)</i>	
CYSTAGON	
CYSTARAN	
ENDARI	
GLASSIA	PA3
<i>miglustat</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
PROLASTIN-C	PA3
RAVICTI	
<i>sapropterin dihydrochloride</i>	
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	
SUCRAID	
VIJOICE (50 MG TAB, 125 MG TAB, 200 & 50 MG TAB)	
ZEMAIRA	PA3
ZENPEP (3000-10000 DR, 5000-24000 DR, 10000-32000 DR, 15000-47000 DR, 20000-63000 DR, 25000-79000 DR, 40000-126000 DR)	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

darifenacin hydrobromide

mirabegron

oxybutynin chloride (solution 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)

OXYTROL

solifenacin succinate

tolterodine tartrate

trospium chloride

BENIGN PROSTATIC HYPERTROPHY AGENTS

alfuzosin hcl

dutasteride

dutasteride-tamsulosin hcl

finasteride

tamsulosin hcl

GENITOURINARY AGENTS, OTHER

bethanechol chloride

ELMIRON

penicillamine

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

DRUG NAME	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	
DEXABLISS	
<i>dexamethasone (0.5 mg/5ml solution, tab 0.5 mg, 0.75 mg tab, tab 0.75 mg, tab 1 mg, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, tab 1.5 mg, 2 mg tab, tab 2 mg, tab 4 mg, tab 6 mg, tab therapy pack 1.5 mg (21))</i>	
<i>fludrocortisone acetate</i>	
HEMADY	
<i>methylprednisolone</i>	
<i>mifepristone (hyperglycemia)</i>	PA
<i>prednisolone (15 mg/5ml solution, soln 15 mg/5ml)</i>	
<i>prednisolone sodium phosphate (oral soln 25 mg/5ml (base eq), sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), sod phosphate oral soln 10 mg/5ml (base equiv), sod phosphate oral soln 15 mg/5ml (base equiv), sod phosphate oral soln 20 mg/5ml (base equiv), 25 mg/5ml solution)</i>	
<i>prednisone (tab 1 mg, tab 2.5 mg, 5 mg/5ml solution, tab 5 mg, 10 mg (21) tab thpk, tab 10 mg, tab 20 mg, tab 50 mg, tab therapy pack 5 mg (21), tab therapy pack 5 mg (48), tab therapy pack 10 mg (21), tab therapy pack 10 mg (48))</i>	
PREDNISONE INTENSOL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	
<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	
<i>desmopressin acetate spray</i>	
<i>desmopressin acetate spray refrigerated</i>	
GENOTROPIN	PA
GENOTROPIN MINIQUICK	PA
HUMATROPE (6 MG, 12 MG, 24 MG)	PA
INCRELEX	
NORDITROPIN FLEXPRO	PA
NUTROPIN AQ NUSPIN 10	PA
NUTROPIN AQ NUSPIN 20	PA
NUTROPIN AQ NUSPIN 5	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
SEROSTIM	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	
<i>misoprostol</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	
ANDROGENS	
<i>danazol</i>	
<i>testosterone (10 mg/act (2%) gel, td gel 10mg/act (2%), 12.5 mg/act (1%) gel, td gel 12.5 mg/act (1%), td gel 20.25 mg/1.25gm (1.62%), td gel 20.25 mg/act (1.62%), td gel 25 mg/2.5gm (1%), td gel 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) gel, td gel 50 mg/5gm (1%), td soln 30 mg/act)</i>	
<i>testosterone cypionate (im inj in oil 100 mg/ml, 200 mg/ml solution, im inj in oil 200 mg/ml)</i>	
TESTOSTERONE ENANTHATE	
ESTROGENS	
<i>desogestrel & ethinyl estradiol</i>	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	
<i>drospirenone-ethinyl estradiol</i>	
<i>estradiol & norethindrone acetate</i>	
<i>estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg, td patch weekly 0.025 mg/24hr, td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), td patch weekly 0.05 mg/24hr, td patch weekly 0.06 mg/24hr, td patch weekly 0.075 mg/24hr, td patch weekly 0.1 mg/24hr)</i>	
<i>estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)</i>	
ESTRING	
<i>ethynodiol diacet & eth estrad</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	
<i>levonorgestrel & eth estradiol</i>	
<i>levonorgestrel-eth estradiol (triphasic)</i>	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	
<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>	
MENEST	
<i>norethin acet & estrad-fe (ace-eth chew tab 1 mcg (24), ace-ethinyl cap 1 mcg (24), aceethinyl tab 1 mcg)</i>	
<i>norethindrone & ethinyl estradiol-fe</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>norgestrel & ethinyl estradiol</i>	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	
PREMPRO	
PROGESTINS	
DEPO-SUBQ PROVERA 104	
<i>medroxyprogesterone acetate</i>	
<i>medroxyprogesterone acetate (contraceptive)</i>	
<i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i>	
MIRENA (52 MG)	
<i>norethindrone (contraceptive)</i>	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	
<i>raloxifene hcl</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	
<i>levothyroxine sodium (tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg)</i>	
<i>liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	
LYSODREN	
RECORLEV	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	
<i>cabergoline</i>	
ELIGARD	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
<i>leuprolide acetate</i>	
LEUPROLIDE ACETATE (3 MONTH)	
LUPRON DEPOT	PA3
<i>octreotide acetate (50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml))</i>	
ORGOVYX	
SIGNIFOR	
SOMAVERT	
SYNAREL	
TRELSTAR MIXJECT	
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
<i>methimazole</i>	
<i>propylthiouracil</i>	
IMMUNOLOGICAL AGENTS	
ANGIOEDEMA AGENTS	
CINRYZE	PA
<i>icatibant acetate</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
IMMUNOGLOBULINS	
GAMMAGARD 2.5 GM/25ML SOLUTION	PA3
GAMMAGARD S/D LESS IGA	PA3
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	PA3
GAMUNEX-C 1 GM/10ML SOLUTION	PA3
PRIVIGEN 20 GM/200ML SOLUTION	PA3
IMMUNOLOGICAL AGENTS, OTHER	
ARCALYST	
DUPIXENT	PA
KINERET	
OLUMIANT (1 MG TAB, 2 MG TAB)	
ORENCIA (50 MG/0.4ML SOLN, 87.5 MG/0.7ML SOLN, 125 MG/ML SOLN)	
ORENCIA CLICKJECT	
SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	
SKYRIZI PEN	
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
TALTZ	
TREMFYA	
VELSIPITY	
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	PA
XELJANZ XR	PA
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	PA
IMMUNOSTIMULANTS	
ACTIMMUNE	
PEGASYS	

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

DRUG NAME	REQUIREMENTS/LIMITS
IMMUNOSUPPRESSANTS	
ADALIMUMAB-ADAZ	
ADALIMUMAB-FKJP	
ASTAGRAF XL	PA3
<i>azathioprine</i>	PA3
<i>cyclosporine (cap 25 mg, cap 100 mg)</i>	PA3
<i>cyclosporine modified (for microemulsion) (cap 25 mg, cap 50 mg, cap 100 mg, oral soln 100 mg/ml)</i>	PA3
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	
ENBREL MINI	
ENBREL SURECLICK	
ENVARBUS XR	PA3
<i>everolimus (immunosuppressant)</i>	PA3
HUMIRA (10 MG/0.1ML, 20 MG/0.2ML)	
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	
HUMIRA PEDIATRIC CROHNS START (80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML)	
HUMIRA PEN-CD/UC/HS STARTER	
HUMIRA PEN-PEDIATRIC UC START	
HUMIRA PEN-PSOR/UEVIT STARTER	
HUMIRA-PS/UV/ADOL HS STARTER	
<i>leflunomide</i>	
<i>methotrexate sodium (inj 50 mg/2ml (25 mg/ml), inj pf 50 mg/2ml (25 mg/ml), tab 2.5 mg (base equiv))</i>	PA3
<i>mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)</i>	PA3
<i>mycophenolate sodium</i>	PA3
PROGRAF (0.2 MG, 1 MG)	PA3
REZUROCK	
SIMPONI	
<i>sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	PA3

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	PA3
XATMEP	PA3
VACCINES	
ABRYSVO	
ACTHIB	
ADACEL	
AREXVY	
BCG VACCINE	
BEXSERO	
BOOSTRIX	
DAPTACEL	
DIPHTHERIA-TETANUS TOXOIDS DT	
ENGERIX-B	PA3
GARDASIL 9	
HAVRIX	
HEPLISAV-B	PA3
HIBERIX	
IMOVAX RABIES	
INFANRIX	
IPOL	
IXCHIQ	
IXIARO	
JYNNEOS	
KINRIX 0.5 ML SUSP PRSYR	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO (RECON SOLN, SOLUTION)	
PEDIARIX	
PEDVAX HIB	
PENBRAYA	

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

DRUG NAME	REQUIREMENTS/LIMITS
PENTACEL	
PREHEVBRIO	PA3
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	
RECOMBIVAX HB	PA3
ROTARIX	
ROTATEQ	
SHINGRIX	
TDVAX	
TENIVAC	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
YF-VAX	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

balsalazide disodium

DIPENTUM

mesalamine (cap dr 400 mg, cap er 24hr 0.375 gm, cap er 500 mg, enema 4 gm, suppos 1000 mg, tab delayed release 1.2 gm, 800 mg tab dr, tab delayed release 800 mg)

mesalamine w/ cleanser

PENTASA 250 MG CAP ER

sulfasalazine

GLUCOCORTICOIDS

budesonide

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>hydrocortisone (intrarectal)</i>	
<i>hydrocortisone (tab 5 mg, tab 10 mg, tab 20 mg)</i>	

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (tab 10 mg, tab 35 mg, tab 70 mg)</i>	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
<i>calcitriol (cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)</i>	
<i>cinacalcet hcl</i>	PA3
<i>doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg)</i>	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	
PROLIA	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	PA
TYMLOS	PA
XGEVA	PA

MISCELLANEOUS THERAPEUTIC AGENTS

ALCOHOL SWABS	
BRONCHITOL	
BRONCHITOL TOLERANCE TEST	
GAUZE PADS & DRESSINGS	
INSULIN PEN NEEDLE	
INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 0.3 ML	
INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1 ML	
INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1/2 ML	
INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-500 1/2 ML	
LAGEVRIO	
NEEDLES, INSULIN DISP., SAFETY	
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	

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

DRUG NAME	REQUIREMENTS/LIMITS
OPHTHALMIC AGENTS	
OPHTHALMIC AGENTS, OTHER	
ATROPINE SULFATE 1 % SOLUTION	
<i>atropine sulfate ophth soln 1%</i>	
<i>bacitracin-poly-neomycin-hc</i>	
<i>bacitracin-polymyxin b (ophth)</i>	
<i>brimonidine tartrate-timolol maleate</i>	
<i>cyclosporine (ophth)</i>	
<i>dorzolamide hcl-timolol maleate (pf soln 2-0.5%, sol 22.3-6.8 mg/ml pf, soln 2-0.5%, soln 22.3-6.8 mg/ml)</i>	
LACRISERT	
<i>neomycin-bacitracin zn-polymyxin</i>	
<i>neomycin-polymy-dexameth (oint, susp)</i>	
NEOMYCIN-POLYMYXIN-HC	
RESTASIS MULTIDOSE	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	
TOBRADEX 0.3-0.1 % OINTMENT	
<i>tobramycin-dexamethasone</i>	
OPHTHALMIC ANTI-ALLERGY AGENTS	
<i>azelastine hcl (ophth)</i>	
<i>cromolyn sodium (ophth)</i>	
CROMOLYN SODIUM 4 % SOLUTION	
OPHTHALMIC ANTI-INFECTIVES	
AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
<i>ciprofloxacin hcl (ophth)</i>	
ERYTHROMYCIN	
<i>erythromycin (ophth)</i>	
<i>gatifloxacin (ophth)</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>levofloxacin (ophth)</i>	
LEVOFLOXACIN 0.5 % SOLUTION	
<i>moxifloxacin hcl (ophth)</i>	
NATACYN	
<i>ofloxacin (ophth)</i>	
<i>polymyxin b-trimethoprim</i>	
<i>sulfacetamide sodium (ophth)</i>	
SULFACETAMIDE SODIUM 10 % OINTMENT	
<i>tobramycin (ophth)</i>	
OPHTHALMIC ANTI-INFLAMMATORIES	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
<i>diclofenac sodium (ophth)</i>	
<i>difluprednate</i>	
<i>fluorometholone (ophth)</i>	
FLURBIPROFEN SODIUM	
FML FORTE	
<i>ketorolac tromethamine (ophth)</i>	
LOTEMAX 0.5 % OINTMENT	
<i>loteprednol etabonate (gel 0.5%, susp 0.2%, susp 0.5%)</i>	
PRED MILD	
PREDNISOLONE ACETATE	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
<i>betaxolol hcl (ophth)</i>	
BETAXOLOL HCL 0.5 % SOLUTION	
BETOPTIC-S	
CARTEOLOL HCL	
LEVOBUNOLOL HCL	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, preservative free soln 0.25%, preservative free soln 0.5%, soln 0.25%, soln 0.5%, soln 0.5% (once-daily))</i>	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
<i>acetazolamide cap er 12hr 500 mg</i>	
<i>brimonidine tartrate</i>	
<i>dorzolamide hcl ophth soln 2%</i>	
<i>methazolamide</i>	
<i>pilocarpine hcl</i>	
RHOPRESSA	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>bimatoprost</i>	
<i>latanoprost ophth soln 0.005%</i>	
<i>travoprost</i>	
OTIC AGENTS	
CIPRO HC	
CIPROFLOXACIN HCL 0.2 % SOLUTION	
<i>ciprofloxacin-dexamethasone</i>	
<i>hydrocortisone w/acetic acid</i>	
<i>neomycin-polymyxin-hc (otic)</i>	
<i>ofloxacin (otic)</i>	
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
ARNUIITY ELLIPTA	
<i>budesonide (inhalation)</i>	PA3
<i>flunisolide (nasal)</i>	
<i>fluticasone propionate (nasal)</i>	
FLUTICASONE PROPIONATE HFA	
PULMICORT FLEXHALER	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTIHISTAMINES	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
CLEMASTINE FUMARATE 2.68 MG TAB	
<i>desloratadine tab 5 mg</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	
ANTILEUKOTRIENES	
<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>zafirlukast</i>	
<i>zileuton</i>	
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA	
INCRUSE ELLIPTA	
<i>ipratropium bromide</i>	PA3
<i>ipratropium bromide (nasal)</i>	
SPIRIVA RESPIMAT	
<i>tiotropium bromide monohydrate</i>	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
<i>albuterol sulfate (inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg)</i>	
<i>albuterol sulfate (soln 0.083% (2.5 mg/3ml), soln 0.5% (5 mg/ml), soln 0.63 mg/3ml (base equiv), soln 1.25 mg/3ml (base equiv), (5 mg/ml) 0.5% soln)</i>	PA3
ALBUTEROL SULFATE HFA	
EPINEPHRINE (0.15 MG/0.15ML SOLN, 0.3 MG/0.3ML SOLN)	QL (2 PER 30 OVER TIME)
<i>epinephrine (anaphylaxis) (solution 0.15 mg/0.3ml (1:2000), solution 0.3 mg/0.3ml (1:1000))</i>	QL (2 PER 30 OVER TIME)
<i>levalbuterol hcl (soln 0.31 mg/3ml (base equiv), soln 0.63 mg/3ml (base equiv), soln 1.25 mg/3ml (base equiv), soln conc 1.25 mg/0.5ml (base equiv))</i>	PA3
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	

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

DRUG NAME	REQUIREMENTS/LIMITS
CYSTIC FIBROSIS AGENTS	
CAYSTON	
KALYDECO	
ORKAMBI	
PULMOZYME	PA3
SYMDEKO	
<i>tobramycin (soln 300 mg/4ml, soln 300 mg/5ml)</i>	PA3
TRIKAFTA	
MAST CELL STABILIZERS	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
<i>roflumilast</i>	
THEO-24 (100 MG CAP ER, 300 MG CAP ER, 400 MG CAP ER)	
<i>theophylline (tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)</i>	
THEOPHYLLINE ER	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS	PA
<i>ambrisentan</i>	
OPSUMIT	PA
<i>sildenafil citrate tab 20 mg</i>	PA2
<i>tadalafil (pulmonary hypertension)</i>	PA2
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	
PULMONARY FIBROSIS AGENTS	
OFEV	
<i>pirfenidone (cap 267 mg, tab 267 mg, 534 mg tab, tab 801 mg)</i>	
RESPIRATORY TRACT AGENTS, OTHER	
<i>acetylcysteine</i>	PA3
ANORO ELLIPTA	

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

DRUG NAME	REQUIREMENTS/LIMITS
BUDESONIDE-FORMOTEROL FUMARATE	
<i>budesonide-formoterol fumarate dihydrate</i>	
COMBIVENT RESPIMAT	
FLUTICASONE FUROATE-VILANTEROL	
<i>fluticasone-salmeterol (45-21 mcg/act aerosol, 55-14 mcg/act aer pow ba, aer powder ba 100-50 mcg/act, 113-14 mcg/act aer pow ba, 115-21 mcg/act aerosol, 230-21 mcg/act aerosol, 232-14 mcg/act aer pow ba, aer powder ba 250-50 mcg/act, aer powder ba 500-50 mcg/act)</i>	
<i>ipratropium-albuterol</i>	PA3
NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	PA
TRELEGY ELLIPTA	
<i>wixela inhub</i>	
SKELETAL MUSCLE RELAXANTS	
<i>cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
<i>doxepin hcl (sleep)</i>	
HETLIOZ LQ	PA
<i>ramelteon</i>	
<i>tasimelteon</i>	PA
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem tartrate (tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg)</i>	
WAKEFULNESS PROMOTING AGENTS	
<i>modafinil</i>	PA
SODIUM OXYBATE	PA

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erlotinib hcl	19	fentanyl	2
ertapenem sodium	8	fentanyl citrate	3
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ERYTHROMYCIN	59	finasteride	49
erythromycin (acne aid)	40	FINTEPLA	9
erythromycin (ophth)	59	FIRMAGON	53
erythromycin base	8	FIRMAGON (240 MG DOSE)	53
erythromycin ethylsuccinate	8	flecainide acetate	32
erythromycin lactobionate	8	fluconazole	14
ERYTHROMYCIN STEARATE	8	fluconazole in nacl	14
escitalopram oxalate	12	flucytosine	14
esomeprazole magnesium	48	fludrocortisone acetate	50
estradiol	51	flunisolide (nasal)	61
estradiol & norethindrone acetate	51	fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%)	38
ESTRING	51	fluorometholone (ophth)	60
ethambutol hcl	16	FLUOROURACIL	39
ethosuximide	10	fluorouracil (topical)	39
ethynodiol diacet & eth estrad	51	fluoxetine hcl	12
etodolac	2	FLUOXETINE HCL (PMDD)	12
etonogestrel-ethinyl estradiol	51		

fluphenazine decanoate	23	GENVOYA	25
fluphenazine hcl	23	GILOTRIF	19
FLURBIPROFEN SODIUM	60	GLASSIA	48
FLUTICASONE FUROATE-VILANTEROL	64	glatiramer acetate	37
fluticasone propionate	38	GLEOSTINE	16
fluticasone propionate (nasal)	61	glimepiride	29
FLUTICASONE PROPIONATE HFA	61	GLIPIZIDE	29
fluticasone-salmeterol	64	glipizide-metformin hcl	29
fluvoxamine maleate	12	GLUCAGEN HYPOKIT	29
FML FORTE	60	GLUCAGON EMERGENCY	29
FOLIVANE-OB	43	glycopyrrolate	47
fondaparinux sodium	31	griseofulvin microsize	14
fosamprenavir calcium	27	griseofulvin ultramicrosize	14
fosfomycin tromethamine	5	guanfacine hcl	32
FOSRENOL	41	guanfacine hcl (adhd)	36
FOTIVDA	17		
FRUZAQLA	19	H	
furosemide	34	haloperidol	23
FUZEON	26	haloperidol decanoate	23
FYCOMPA	9	haloperidol lactate	23
		HAVRIX	56
G		HEMADY	50
gabapentin	10	heparin sodium (porcine)	31
galantamine hydrobromide	11	HEPLISAV-B	56
GAMMAGARD	54	HETLIOZ LQ	64
GAMMAGARD S/D LESS IGA	54	HIBERIX	56
GAMMAPLEX	54	HUMALOG MIX 50/50 KWIKPEN	29
GAMUNEX-C	54	HUMALOG MIX 75/25	29
GARDASIL 9	56	HUMATROPE	50
gatifloxacin (ophth)	59	HUMIRA	55
GATTEX	48	HUMIRA (2 PEN)	55
GAUZE PADS & DRESSINGS	58	HUMIRA (2 SYRINGE)	55
GAVRETO	19	HUMIRA PEDIATRIC CROHNS START	55
gefitinib	19	HUMIRA PEN-CD/UC/HS STARTER	55
gemfibrozil	35	HUMIRA PEN-PEDIATRIC UC START	55
GENOTROPIN	50	HUMIRA PEN-PSOR/UEIT STARTER	55
GENOTROPIN MINIQUICK	50	HUMIRA-PS/UV/ADOL HS STARTER	55
gentamicin in saline	4	HUMULIN 70/30	30
gentamicin sulfate	4	HUMULIN 70/30 KWIKPEN	30
gentamicin sulfate (ophth)	59	HUMULIN N	30
gentamicin sulfate (topical)	4	HUMULIN N KWIKPEN	30

HUMULIN R.....	30	INQOVI.....	17
HUMULIN R U-500 (CONCENTRATED).....	30	INREBIC.....	17
HUMULIN R U-500 KWIKPEN.....	30	INSULIN ASP PROT & ASP FLEXPEN.....	30
hydralazine hcl.....	36	INSULIN ASPART.....	30
hydrochlorothiazide.....	35	INSULIN ASPART FLEXPEN.....	30
hydrocodone-acetaminophen.....	3	INSULIN ASPART PENFILL.....	30
HYDROCORTISONE.....	39	INSULIN ASPART PROT & ASPART.....	30
hydrocortisone.....	58	INSULIN GLARGINE.....	30
hydrocortisone (intrarectal).....	58	INSULIN GLARGINE SOLOSTAR.....	30
hydrocortisone (rectal).....	39	INSULIN GLARGINE-YFGN.....	30
hydrocortisone (topical).....	39	INSULIN LISPRO.....	30
hydrocortisone w/ acetic acid.....	61	INSULIN LISPRO (1 UNIT DIAL).....	30
hydromorphone hcl.....	3	INSULIN LISPRO JUNIOR KWIKPEN.....	30
HYDROMORPHONE HCL PF.....	3	INSULIN LISPRO PROT & LISPRO.....	30
hydroxychloroquine sulfate.....	21	INSULIN PEN NEEDLE.....	58
hydroxyurea.....	17	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 0.3 ML.....	58
hydroxyzine hcl.....	28	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1 ML.....	58
hydroxyzine pamoate.....	28	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1/2 ML.....	58
I			
ibandronate sodium.....	58	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-500 1/2 ML.....	58
IBRANCE.....	19	INTELENCE.....	26
ibuprofen.....	2	INTRALIPID.....	40
icatibant acetate.....	53	INVEGA HAFYERA.....	23
ICLUSIG.....	19	INVEGA SUSTENNA.....	23
icosapent ethyl.....	35	INVEGA TRINZA.....	23
IDHIFA.....	17	IPOL.....	56
imatinib mesylate.....	19	ipratropium bromide.....	62
IMBRUVICA.....	19	ipratropium bromide (nasal).....	62
IMIPENEM-CILASTATIN.....	8	ipratropium-albuterol.....	64
imipramine hcl.....	13	irbesartan.....	32
imipramine pamoate.....	13	irbesartan-hydrochlorothiazide.....	34
imiquimod.....	39	ISENTRESS.....	25
IMOVAX RABIES.....	56	ISENTRESS HD.....	25
INATAL GT.....	43	ISOLYTE-P IN D5W.....	40
INCRELEX.....	50	ISONIAZID.....	16
INCRUSE ELLIPTA.....	62	isosorbide dinitrate.....	36
indapamide.....	35	isosorbide mononitrate.....	36
indomethacin.....	2	isotretinoin.....	38
INFANRIX.....	56		
INLYTA.....	19		

itraconazole.....	14	lamivudine.....	26
ivermectin.....	21	lamivudine (hbv).....	25
IWILFIN.....	17	lamivudine-zidovudine.....	26
IXCHIQ.....	56	lamotrigine.....	9
IXIARO.....	56	lansoprazole.....	48
J			
JAKAFI.....	19	lanthanum carbonate.....	41
JARDIANCE.....	29	lapatinib ditosylate.....	19
JAYPIRCA.....	17	latanoprost.....	61
JENLIVA PRENATAL/POSTNATAL.....	43	LEDIPASVIR-SOFOSBUVIR.....	25
JULUCA.....	25	leflunomide.....	55
JUXTAPID.....	35	lenalidomide.....	17
JYNNEOS.....	56	Lenvima.....	19
K			
KALYDECO.....	63	letrozole.....	18
KCL (0.149%) IN NAACL.....	40	leucovorin calcium.....	21
KCL (0.298%) IN NAACL.....	40	LEUKERAN.....	16
KCL IN DEXTROSE-NAACL.....	40	LEUKINE.....	31
KCL-LACTATED RINGERS-D5W.....	40	leuprolide acetate.....	53
KERENDIA.....	34	LEUPROLIDE ACETATE (3 MONTH).....	53
ketoconazole.....	14	levabuterol hcl.....	62
ketoconazole (topical).....	14	LEVALBUTEROL TARTRATE.....	62
ketorolac tromethamine (ophth).....	60	levetiracetam.....	9
KINERET.....	54	LEVOBUNOLOL HCL.....	60
KINRIX.....	56	levocetirizine dihydrochloride.....	62
Kisqali.....	19	levofloxacin.....	8
Kisqali FEMARA.....	17	LEVOFLOXACIN.....	60
KOSELUGO.....	17	levofloxacin (ophth).....	60
KOSHER PRENATAL PLUS IRON.....	43	levofloxacin in d5w.....	8
KRAZATI.....	17	levonorgestrel & eth estradiol.....	51
L			
labetalol hcl.....	33	levonorgestrel-eth estradiol (triphasic).....	51
lacosamide.....	11	levonorgestrel-ethinyl estradiol (91-day).....	51
LACRISERT.....	59	levonorgestrel-ethinyl estradiol (continuous).....	52
lactic acid (ammonium lactate).....	39	levonorgestrel-ethinyl estradiol-ferrous bisglycinate.....	52
LACTULOSE.....	47	levothyroxine sodium.....	52
lactulose (encephalopathy).....	47	LEXIVA.....	27
LAGEVRIO.....	58	lidocaine.....	3
		lidocaine hcl.....	3
		lidocaine hcl (mouth-throat).....	3
		lidocaine-prilocaine.....	3
		linezolid.....	5
		LINZESS.....	47

liothyronine sodium	52	MEKTOVI	19
lisinopril	32	meloxicam	2
lisinopril & hydrochlorothiazide	34	memantine hcl	11
LITHIUM	28	MENACTRA	56
lithium carbonate	28	MENEST	52
LOKELMA	42	MENQUADFI	56
LONSURF	17	MENVEO	56
loperamide hcl	47	mercaptopurine	17
lopinavir-ritonavir	27	meropenem	8
lorazepam	28	mesalamine	57
LORBRENA	19	mesalamine w/ cleanser	57
losartan potassium	32	MESNEX	21
losartan potassium & hydrochlorothiazide	34	metformin hcl	29
LOTEMAX	60	methadone hcl	2
loteprednol etabonate	60	methazolamide	61
loxapine succinate	23	methenamine hippurate	5
lubiprostone	47	methimazole	53
LUMAKRAS	18	methocarbamol	64
LUPRON DEPOT	53	methotrexate sodium	55
lurasidone hcl	23	METHOXSALEN RAPID	39
LYBALVI	12	methsuximide	10
LYNPARZA	19	methylphenidate hcl	37
LYSODREN	53	METHYLPHENIDATE HCL ER	37
Lytgobi	19	METHYLPHENIDATE HCL ER (OSM)	37
		methyprednisolone	50
M		metoclopramide hcl	13
M-M-R II	56	metolazone	35
M-NATAL PLUS	43	metoprolol & hydrochlorothiazide	34
magnesium sulfate	40	metoprolol succinate	33
malathion	39	metoprolol tartrate	33
maraviroc	26	metronidazole	5
MARNATAL-F	43	metronidazole (topical)	5
MARPLAN	12	metronidazole vaginal	5
MATULANE	16	metyrosine	34
MAVYRET	25	mexiletine hcl	32
meclizine hcl	13	micafungin sodium	14
medroxyprogesterone acetate	52	MICONAZOLE 3	14
medroxyprogesterone acetate (contraceptive)	52	midodrine hcl	32
mefloquine hcl	21	mifepristone (hyperglycemia)	50
megestrol acetate	52	miglustat	48
MEKINIST	19	minocycline hcl	9

minoxidil	36	NEFAZODONE HCL	12
mirabegron	49	neomycin sulfate	4
MIRENA (52 MG)	52	neomycin-bacitracin zn-polymyxin	59
mirtazapine	12	neomycin-polymy-dexameth	59
misoprostol	51	NEOMYCIN-POLYMYXIN-HC	59
modafinil	64	neomycin-polymyxin-hc (otic)	61
MOLINDONE HCL	23	NEONATAL + DHA	43
mometasone furoate	39	NEONATAL 19	43
montelukast sodium	62	NEONATAL COMPLETE	43
morphine sulfate	2	NEONATAL FE	43
MORPHINE SULFATE	3	NEONATAL PLUS	43
MORPHINE SULFATE (CONCENTRATE)	3	NERLYNX	19
MOXIFLOXACIN HCL	8	NESTABS	43
moxifloxacin hcl (ophth)	60	NESTABS DHA	43
MOXIFLOXACIN HCL IN NAACL	8	NESTABS ONE	43
MULTI-MAC	43	NEUPRO	22
mupirocin	40	nevirapine	26
mupirocin calcium (topical)	40	niacin (antihyperlipidemic)	35
mycophenolate mofetil	55	NICOTROL	4
mycophenolate sodium	55	nifedipine	33
MYNATAL	43	nilutamide	16
MYNATAL ADVANCE	43	nimodipine	33
MYNATE 90 PLUS	43	NINLARO	18
N		nitazoxanide	21
nabumetone	2	NITRO-BID	36
nadolol	33	NITRO-DUR	36
nafcillin sodium	7	nitrofurantoin macrocrystal	5
NALOXONE HCL	4	nitrofurantoin monohyd macro	5
naltrexone hcl	4	nitroglycerin	36
NAMZARIC	11	nitroglycerin (intra-anal)	36
naproxen	2	NIVA-PLUS	43
naratriptan hcl	15	NIVESTYM	31
NATACHEW	43	NIZATIDINE	48
NATACYN	60	NORDITROPIN FLEXPPO	50
NATAL PNV	43	norethin acet & estrad-fe	52
NATALVIT	43	norethindrone & ethinyl estradiol-fe	52
nateglinide	29	norethindrone (contraceptive)	52
NAYZILAM	10	norethindrone acet & eth estra	52
NEEDLES, INSULIN DISP., SAFETY	58	norethindrone acetate-ethinyl estradiol	52
NEEVO DHA	43	norethindrone acetate-ethinyl estradiol-fe	52
		norgestimate-ethinyl estradiol	52

norgestimate-ethinyl estradiol (triphasic)	52	OJJAARA	19
norgestrel & ethinyl estradiol	52	olanzapine	24
nortriptyline hcl	13	OLUMIANT	54
NORVIR	27	omega-3-acid ethyl esters	35
NOVOLIN 70/30	30	omeprazole	48
NOVOLIN 70/30 FLEXPEN	30	OMNITROPE	50
NOVOLIN N	30	ondansetron	13
NOVOLIN N FLEXPEN	30	ondansetron hcl	13
NOVOLIN R	30	ONE VITE WOMENS PLUS	44
NOVOLIN R FLEXPEN	30	ONGENTYS	22
NUBEQA	16	ONUREG	18
NUCALA	64	OPSUMIT	63
NUEDEXTA	37	ORENCIA	54
NUPLAZID	24	ORENCIA CLICKJECT	54
NURTEC	15	ORGOVYX	53
NUTRILIPID	40	ORKAMBI	63
NUTROPIN AQ NUSPIN 10	50	ORSERDU	16
NUTROPIN AQ NUSPIN 20	50	oseltamivir phosphate	27
NUTROPIN AQ NUSPIN 5	50	OTEZLA	39
nystatin	14	oxazepam	28
nystatin (mouth-throat)	14	oxcarbazepine	11
nystatin (topical)	14	oxybutynin chloride	49
nystatin-triamcinolone	39	oxycodone hcl	3
O		OXYCODONE HCL ER	2
O-CAL PRENATAL	43	oxycodone w/ acetaminophen	3
OB COMPLETE	43	OXYCODONE-ACETAMINOPHEN	3
OB COMPLETE ONE	43	OXYCONTIN	2
OB COMPLETE PETITE	43	OXYTROL	49
OB COMPLETE PREMIER	43	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	29
OB COMPLETE/DHA	43	OZEMPIC (1 MG/DOSE)	29
OBSTETRIX EC (WITH DOCUSATE)	44	OZEMPIC (2 MG/DOSE)	29
OBSTETRIX ONE (WITH DOCUSATE)	44	OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	29
octreotide acetate	53	P	
ODEFSEY	26	paliperidone	24
ODOMZO	19	PANRETIN	20
OFEV	63	pantoprazole sodium	48
OFLOXACIN	8	paroxetine hcl	12
ofloxacin (ophth)	60	paroxetine mesylate (vasomotor)	12
ofloxacin (otic)	61		
OGSIVEO	18		

PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK.....	58	pirfenidone.....	63
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK.....	58	PNV PRENATAL PLUS MULTIVIT+DHA.....	44
pazopanib hcl.....	19	PNV PRENATAL PLUS MULTIVITAMIN.....	44
PEDIARIX.....	56	PNV TABS 20-1.....	44
PEDVAX HIB.....	56	PNV TABS 29-1.....	44
peg 3350-kcl-nacl-na sulfate-na ascorbate- ascorbic acid.....	48	PNV-DHA.....	44
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	48	PNV-DHA+DOCUSATE.....	44
peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	48	PNV-OMEGA.....	44
PEGASYS.....	54	PNV-SELECT.....	44
PEMAZYRE.....	19	podofilox.....	39
PENBRAYA.....	56	polymyxin b sulfate.....	5
penicillamine.....	49	polymyxin b-trimethoprim.....	60
PENICILLIN G POT IN DEXTROSE.....	7	POMALYST.....	17
penicillin g potassium.....	7	posaconazole.....	14
PENICILLIN G SODIUM.....	7	potassium chloride.....	41
penicillin v potassium.....	7	POTASSIUM CHLORIDE ER.....	41
PENTACEL.....	57	potassium chloride in dextrose.....	41
pentamidine isethionate.....	21	potassium chloride in dextrose & sodium chloride.....	41
PENTASA.....	57	POTASSIUM CHLORIDE IN NAACL.....	41
pentoxifylline.....	34	potassium chloride microencapsulated crystals er.....	41
permethrin.....	39	potassium citrate (alkalinizer).....	41
perphenazine.....	13	PR NATAL 400.....	44
PERSERIS.....	24	PR NATAL 400 EC.....	44
PHENELZINE SULFATE.....	12	PR NATAL 430.....	44
phenobarbital.....	10	PR NATAL 430 EC.....	44
phenytoin.....	11	pramipexole dihydrochloride.....	22
phenytoin sodium extended.....	11	pravastatin sodium.....	35
PIFELTRO.....	26	praziquantel.....	21
pilocarpine hcl.....	61	prazosin hcl.....	32
pilocarpine hcl (oral).....	38	PRED MILD.....	60
PIMOZIDE.....	23	prednisolone.....	50
pindolol.....	33	PREDNISOLONE ACETATE.....	60
pioglitazone hcl.....	29	prednisolone sodium phosphate.....	50
pioglitazone hcl-metformin hcl.....	29	PREDNISOLONE SODIUM PHOSPHATE.....	60
piperacillin sodium-tazobactam sodium.....	7	prednisone.....	50
Piqray.....	19	PREDNISONE INTENSOL.....	50
		pregabalin.....	37
		PREGEN DHA.....	44
		PREGENNA.....	44

PREHEVBRIO.....	57	PRIFTIN.....	16
PREMARIN.....	52	PRIMACARE.....	45
PREMASOL.....	41	primaquine phosphate.....	21
PREMESISRX.....	44	PRIMIDONE.....	10
PREMPRO.....	52	PRIORIX.....	57
PRENA 1 TRUE.....	44	PRIVIGEN.....	54
PRENA1.....	44	probenecid.....	15
PRENA1 PEARL.....	44	prochlorperazine.....	13
PRENAISSANCE.....	44	prochlorperazine maleate.....	13
PRENAISSANCE PLUS.....	44	progesterone.....	52
PRENARA.....	44	PROGRAF.....	55
PRENATAL.....	44	PROLASTIN-C.....	49
PRENATAL 19.....	44	PROLIA.....	58
PRENATAL LOW IRON.....	44	PROMACTA.....	31
PRENATAL PLUS.....	44	promethazine hcl.....	13
PRENATAL PLUS IRON.....	44	propafenone hcl.....	32
PRENATAL PLUS VITAMIN/MINERAL.....	44	propranolol hcl.....	33
PRENATAL PLUS/IRON.....	44	propylthiouracil.....	53
PRENATAL VITAMIN PLUS LOW IRON.....	45	PROQUAD.....	57
PRENATAL-U.....	45	PROSOL.....	41
PRENATE.....	45	protriptyline hcl.....	13
PRENATE AM.....	45	PROVIDA OB.....	45
PRENATE DHA.....	45	PULMICORT FLEXHALER.....	61
PRENATE ELITE.....	45	PULMOZYME.....	63
PRENATE ENHANCE.....	45	PURIXAN.....	17
PRENATE ESSENTIAL.....	45	pyrazinamide.....	16
PRENATE MINI.....	45	pyridostigmine bromide.....	15
PRENATE PIXIE.....	45	pyrimethamine.....	21
PRENATE RESTORE.....	45		
PRENATOL-M.....	45	Q	
PRENATRIX.....	45	QINLOCK.....	18
PRENATRYL.....	45	QUADRACEL.....	57
PRENATVITE COMPLETE.....	45	quetiapine fumarate.....	24
PRENATVITE PLUS.....	45	quinidine gluconate.....	32
PRENATVITE RX.....	45	quinidine sulfate.....	32
PREPLUS.....	45	quinine sulfate.....	21
PRETAB.....	45	QULIPTA.....	15
PRETOMANID.....	16		
PREVYMIS.....	24	R	
PREZCOBIX.....	27	R-NATAL OB.....	45
PREZISTA.....	27	RABAVERT.....	57

raloxifene hcl.....	52	ROTARIX.....	57
ramelteon.....	64	ROTATEQ.....	57
ramipril.....	32	ROZLYTREK.....	18
ranolazine.....	34	RUBRACA.....	19
rasagiline mesylate.....	22	rufinamide.....	11
RAVICTI.....	49	RUKOBIA.....	26
REBIF.....	37	RYDAPT.....	19
REBIF REBIDOSE.....	37	RYTARY.....	22
REBIF REBIDOSE TITRATION PACK.....	37		
REBIF TITRATION PACK.....	37	S	
RECOMBIVAX HB.....	57	SANTYL.....	39
RECORLEV.....	53	sapropterin dihydrochloride.....	49
RELENZA DISKHALER.....	27	saxagliptin hcl.....	29
RELISTOR.....	47	saxagliptin-metformin hcl.....	29
RELNATE DHA.....	45	SCSEMBLIX.....	20
repaglinide.....	29	scopolamine.....	13
REPATHA.....	35	SE-NATAL 19.....	45
REPATHA PUSHTRONEX SYSTEM.....	35	SECUADO.....	24
REPATHA SURECLICK.....	35	SELECT-OB.....	45
RESTASIS MULTIDOSE.....	59	SELECT-OB+DHA.....	45
RETACRIT.....	31	selegiline hcl.....	22
RETEVMO.....	18	selenium sulfide.....	39
REXULTI.....	24	SELZENTRY.....	27
REYATAZ.....	27	SEREVENT DISKUS.....	62
REZLIDHIA.....	19	SEROSTIM.....	51
REZUROCK.....	55	sertraline hcl.....	12
RHOPRESSA.....	61	sevelamer carbonate.....	41
RIBAVIRIN.....	25	sevelamer hcl.....	42
ribavirin (hepatitis c).....	25	SHINGRIX.....	57
rifabutin.....	16	SIGNIFOR.....	53
rifampin.....	16	sildenafil citrate (pulmonary hypertension).....	63
riluzole.....	37	silver sulfadiazine.....	39
risperidone.....	24	SIMPONI.....	55
risperidone microspheres.....	24	simvastatin.....	35
ritonavir.....	27	sirolimus.....	55
rivastigmine.....	11	SIRTURO.....	16
rivastigmine tartrate.....	11	SIVEXTRO.....	5
rizatriptan benzoate.....	15	SKYRIZI.....	54
roflumilast.....	63	SKYRIZI PEN.....	54
ropinirole hydrochloride.....	22	sodium chloride.....	41
rosuvastatin calcium.....	35	sodium chloride (gu irrigant).....	41

SODIUM FLUORIDE.....	41	SYNAREL.....	53
SODIUM OXYBATE.....	64		
sodium phenylbutyrate.....	49	T	
sodium polystyrene sulfonate.....	42	TABLOID.....	17
SOFOSBUVIR-VELPATASVIR.....	25	TABRECTA.....	18
solifenacin succinate.....	49	tacrolimus.....	56
SOLTAMOX.....	17	tacrolimus (topical).....	39
SOMAVERT.....	53	tadalafil (pulmonary hypertension).....	63
sorafenib tosylate.....	20	TAFINLAR.....	20
sotalol hcl.....	32	TAGRISSO.....	20
sotalol hcl (afib/afI).....	32	TALTZ.....	54
SOVALDI.....	25	TALZENNA.....	20
SPIRIVA RESPIMAT.....	62	tamoxifen citrate tab (10 mg equivalent).....	17
spironolactone.....	34	tamoxifen citrate tab (20 mg equivalent).....	17
spironolactone & hydrochlorothiazide.....	34	tamsulosin hcl.....	49
SPRITAM.....	9	TARON-C DHA.....	45
SPRYCEL.....	20	TARON-PREX.....	45
SPS.....	42	TASIGNA.....	20
STELARA.....	54	tasimelteon.....	64
STIVARGA.....	20	tazarotene.....	38
STREPTOMYCIN SULFATE.....	4	TAZORAC.....	38
STRIBILD.....	25	TAZVERIK.....	18
SUCRAID.....	49	TDVAX.....	57
sucralfate.....	48	TEFLARO.....	7
SULFACETAMIDE SODIUM.....	60	temazepam.....	64
sulfacetamide sodium (acne).....	8	TENIVAC.....	57
sulfacetamide sodium (ophth).....	60	tenofovir disoproxil fumarate.....	26
SULFACETAMIDE-PREDNISOLONE.....	59	TEPMETKO.....	20
SULFADIAZINE.....	8	terazosin hcl.....	32
sulfamethoxazole-trimethoprim.....	9	terbinafine hcl.....	14
sulfasalazine.....	57	TERCONAZOLE.....	14
sulindac.....	2	terconazole vaginal.....	14
sumatriptan.....	15	teriflunomide.....	37
sumatriptan succinate.....	15	TERIPARATIDE (RECOMBINANT).....	58
sunitinib malate.....	20	testosterone.....	51
SUNLENCA.....	27	TESTOSTERONE CYPIONATE.....	51
SYMDEKO.....	63	TESTOSTERONE ENANTHATE.....	51
SYMLINPEN 120.....	29	tetrabenazine.....	37
SYMLINPEN 60.....	29	tetracycline hcl.....	9
SYMPAZAN.....	10	THALOMID.....	17
SYMTUZA.....	27	THEO-24.....	63

theophylline	63	tretinoin microsphere	38
THEOPHYLLINE ER	63	TRI-TABS DHA	45
thioridazine hcl	23	triamcinolone acetonide (mouth)	38
thiothixene	23	triamcinolone acetonide (topical)	39
THRIVITE RX	45	triamterene & hydrochlorothiazide	34
tiagabine hcl	10	triazolam	64
TIBSOVO	20	TRICARE	46
TICOVAC	57	TRICARE PRENATAL DHA ONE	46
tigecycline	5	trientine hcl	41
timolol maleate	15	trifluoperazine hcl	23
timolol maleate (ophth)	61	TRIFLURIDINE	27
tiotropium bromide monohydrate	62	trihexyphenidyl hcl	21
TIVICAY	25	TRIKAFTA	63
TIVICAY PD	25	TRIMETHOPRIM	5
tizanidine hcl	24	trimethoprim 100 mg tab	5
TOBRADEX	59	trimipramine maleate	13
tobramycin	63	TRINATAL RX 1	46
tobramycin (ophth)	60	TRINATE	46
tobramycin sulfate	4	TRINAZ	46
tobramycin-dexamethasone	59	TRINTELLIX	12
tolcapone	22	TRISTART DHA	46
tolterodine tartrate	49	TRISTART FREE	46
topiramate	10	TRISTART ONE	46
toremifene citrate	17	TRIUMEO	26
torseamide	34	TRIUMEO PD	26
TPN ELECTROLYTES	45	TRIVEEN-DUO DHA	46
tramadol hcl	3	TRIZIVIR	26
TRAMADOL HCL ER	2	TROPHAMINE	41
TRAMADOL HCL ER (BIPHASIC)	2	trospium chloride	49
tramadol-acetaminophen	3	TRULICITY	29
tranexamic acid	31	TRUMENBA	57
tranylcypromine sulfate	12	TRUQAP	20
TRAVASOL	41	TUDORZA PRESSAIR	62
travoprost	61	TUKYSA	20
trazodone hcl	12	TURALIO	20
TRECTOR	16	TWINRIX	57
TRELEGY ELLIPTA	64	TYBOST	27
TRELSTAR MIXJECT	53	TYMLOS	58
TREMFYA	54	TYPHIM VI	57
tretinoin	38		
tretinoin (chemotherapy)	20		

U

UBRELVY	15
UPTRAVI	63
URSODIOL	48
UZEDY	24

V

valacyclovir hcl	27
VALCHLOR	16
valganciclovir hcl	25
valproate sodium	10
valproic acid	10
valsartan	32
valsartan-hydrochlorothiazide	34
Valtoco	10
VANCOMYCIN HCL	6
VANCOMYCIN HCL IN DEXTROSE	6
VANCOMYCIN HCL IN NACL	6
VANFLYTA	18
VAQTA	57
varenicline tartrate	4
VARIVAX	57
VELSIPITY	54
VELTASSA	42
VENCLEXTA	20
VENCLEXTA STARTING PACK	20
VENLAFAXINE BESYLATE ER	12
venlafaxine hcl	13
verapamil hcl	33
VERAPAMIL HCL ER	33
VERQUVO	34
VERSACLOZ	24
VERZENIO	20
VIBRAMYCIN	9
vigabatrin	10
VIJOICE	49
vilazodone hcl	13
VINATE DHA RF	46
VINATE II	46
VINATE ONE	46

VIRACEPT	27
VIREAD	26
VIRT-C DHA	46
VIRT-NATE DHA	46
VIRT-PN DHA	46
VIRT-PN PLUS	46
VITAFOL FE+	46
VITAFOL GUMMIES	46
VITAFOL STRIPS	46
VITAFOL ULTRA	46
VITAFOL-NANO	46
VITAFOL-OB	46
VITAFOL-OB+DHA	46
VITAFOL-ONE	46
VITAMEDMD ONE RX/QUATREFOLIC	46
VITAMEDMD REDICHEW RX	46
VITAPEARL	46
VITATHELY WITH GINGER	46
VITATRUE	46
VITRAKVI	20
VIVA DHA	46
VIZIMPRO	20
VOL-PLUS	46
VOL-TAB RX	47
VONJO	21
VORICONAZOLE	14
voriconazole	14
VOSEVI	25
VP-PNV-DHA	47
VRAYLAR	24

W

warfarin sodium	31
WELIREG	18
WESCAP-C DHA	47
WESCAP-PN DHA	47
WESNATAL DHA COMPLETE	47
WESNATE DHA	47
WESTAB PLUS	47
WESTGEL DHA	47
wixela inhub	64

X

XALKORI	20
XARELTO	31
XARELTO STARTER PACK	31
XATMEP	56
XCOPRI	10
XCOPRI (250 MG DAILY DOSE)	10
XCOPRI (350 MG DAILY DOSE)	10
XELJANZ	54
XELJANZ XR	54
XERMELO	47
XGEVA	58
XIFAXAN	6
XOLAIR	54
XOSPATA	20
Xpovio	18
XTANDI	16

Y

YF-VAX	57
YONSA	17

Z

zafirlukast	62
zaleplon	64
ZALVIT	47
ZATEAN-PN DHA	47
ZATEAN-PN PLUS	47
ZEJULA	20
ZELBORAF	20
ZEMAIRA	49
ZENPEP	49
ZEPATIER	25
ZEPOSIA	37
ZEPOSIA 7-DAY STARTER PACK	38
ZEPOSIA STARTER KIT	38
zidovudine	26
zileuton	62
ZIPHEX	47
ziprasidone hcl	24

ziprasidone mesylate	24
ZIRGAN	25
ZOLINZA	18
zolpidem tartrate	64
ZONISADE	11
zonisamide	11
ZTALMY	10
ZURZUVAE	12
ZYDELIG	20
ZYKADIA	20
ZYPREXA RELPREVV	24

2024 List of Additional Covered Products

*INFANT CARE PRODUCTS - SHAMPOO**

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

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

This formulary was updated on 7/1/2024.

For more recent information or other questions, please contact Community Care Customer Service at 1-800-992-6600 or for TTY users, the Wisconsin Relay System at 711. You can call 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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