

# 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 20

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

This formulary was updated on 11/1/2024.

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](http://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 11/1/2024. 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 11/1/2024. 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 64. 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 64.

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.



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## LEGEND

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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.

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## 2024 CCO (List of Covered Drugs)

DRUG NAME	REQUIREMENTS/LIMITS
<b>ANALGESICS</b>	
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>	
<i>celecoxib</i>	
DICLOFENAC EPOLAMINE	PA
<i>diclofenac potassium (tab 25 mg, tab 50 mg)</i>	
<i>diclofenac sodium</i>	
<i>diclofenac sodium soln 1.5%</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>	
<b>OPIOID ANALGESICS, LONG-ACTING</b>	
<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)	
<b>OPIOID ANALGESICS, SHORT-ACTING</b>	
<i>acetaminophen w/ codeine (soln 120-12 mg/5ml, tab 300-15 mg, tab 300-30 mg, tab 300-60 mg)</i>	
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	

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

DRUG NAME	REQUIREMENTS/LIMITS
CODEINE SULFATE (15 MG TAB, 30 MG TAB, TAB 30 MG, 60 MG TAB)	
<i>fentanyl citrate (200 mcg loz, lozenge on a 200 mcg, 400 mcg loz, lozenge on a 400 mcg, 600 mcg loz, lozenge on a 600 mcg, 800 mcg loz, lozenge on a 800 mcg, 1200 mcg loz, lozenge on a 1200 mcg, 1600 mcg loz, lozenge on 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>	

## ANESTHETICS

### LOCAL ANESTHETICS

*lidocaine hcl (mouth-throat)*

*lidocaine hcl soln 4%*

*lidocaine oint 5%*

*lidocaine patch 5%*

PA

*lidocaine-prilocaine (cream 2.5-2.5%, cream kit 2.5-2.5%)*

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

### ALCOHOL DETERRENTS/ANTI-CRAVING

*acamprosate calcium*

*disulfiram*

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>OPIOID DEPENDENCE</b>	
<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>	
<b>OPIOID REVERSAL AGENTS</b>	
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsy, inj 0.4 mg/ml, nasal spray 4 mg/0.1ml, soln prefilled syringe 2 mg/2ml)</i>	
<b>SMOKING CESSATION AGENTS</b>	
<i>bupropion hcl (smoking deterrent)</i>	
<b>NICOTROL</b>	
<i>varenicline tartrate</i>	PA
<b>ANTIBACTERIALS</b>	
<b>AMINOGLYCOSIDES</b>	
<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>	
<b>STREPTOMYCIN SULFATE</b>	
<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>	
<b>ANTIBACTERIALS, OTHER</b>	
<i>acetic acid (otic)</i>	
<i>aztreonam</i>	
<b>CLEOCIN 100 MG SUPPOS</b>	
<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, FOR IV SOLN 1 GM (BASE EQUIVALENT), 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, CAP 250 MG (BASE EQUIVALENT), FOR IV SOLN 1.25 GM (BASE EQUIVALENT), FOR IV SOLN 1.5 GM (BASE EQUIVALENT), 5 GM RECON SOLN, FOR IV SOLN 5 GM (BASE EQUIVALENT), 10 GM RECON SOLN, CAP 125 MG (BASE EQUIVALENT), FOR IV SOLN 10 GM (BASE EQUIVALENT), 250 MG RECON SOLN, FOR IV SOLN 750 MG (BASE EQUIVALENT), FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT), FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT), 100 GM 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, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION)	
VANCOMYCIN HCL IN DEXTROSE	
VANCOMYCIN HCL IN NACL	
XIFAXAN	
<b>BETA-LACTAM, CEPHALOSPORINS</b>	
<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>cefopodoxime proxetil (for susp 50 mg/5ml, for susp 100 mg/5ml, tab 100 mg, tab 200 mg)</i>	
<i>cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)</i>	
<i>ceftazidime</i>	
<i>ceftriaxone sodium (inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)</i>	
<i>cefuroxime axetil</i>	
<i>cefuroxime sodium (inj 750 mg, iv soln 1.5 gm)</i>	
<i>cephalexin (cap 250 mg, cap 500 mg, cap 750 mg, for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, 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
TEFLARO	
BETA-LACTAM, PENICILLINS	
<i>amoxicillin &amp; 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 &amp; sulbactam sodium</i>	
<i>ampicillin (500 mg cap, cap 500 mg)</i>	
<i>ampicillin sodium (1 gm recon soln, for inj 1 gm, for iv soln 10 gm, 125 mg recon soln)</i>	
AMPICILLIN-SULBACTAM SODIUM	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium (1 gm recon soln, for inj 1 gm, 2 gm recon soln, for inj 2 gm, for iv soln 10 gm)</i>	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	
<i>penicillin g potassium</i>	
PENICILLIN G SODIUM	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
CARBAPENEMS	
<i>ertapenem sodium</i>	
<i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 500 mg)</i>	
<i>meropenem (soln 1 gm, soln 500 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>MACROLIDES</b>	
<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	
<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>	
<b>QUINOLONES</b>	
<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>	
<b>SULFONAMIDES</b>	
<i>*multiple vitamins w/ minerals liquid**</i>	
<i>sulfacetamide sodium (acne)</i>	
<i>sulfadiazine</i>	
<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	
<b>TETRACYCLINES</b>	
<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>	

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



DRUG NAME	REQUIREMENTS/LIMITS
<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>	

## 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

*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)*

*valproate sodium oral soln 250 mg/5ml (base equiv)*

*valproic acid*

XCOPRI

XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK

XCOPRI (350 MG DAILY DOSE)

ZTALMY

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>	
<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	
<i>methsuximide</i>	
<b>GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS</b>	
<i>clobazam (suspension 2.5 mg/ml, tab 10 mg, tab 20 mg)</i>	
<i>diazepam (anticonvulsant)</i>	
<b>DIAZEPAM 2.5 MG GEL</b>	
<i>gabapentin (cap 100 mg, cap 300 mg, cap 400 mg, oral soln 250 mg/5ml, tab 600 mg, tab 800 mg)</i>	
<b>LIBERVANT</b>	
<b>NAYZILAM</b>	
<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>	
<b>SYMPAZAN</b>	
<i>tiagabine hcl</i>	
<i>valtoco</i>	
<i>vigabatrin</i>	
<b>SODIUM CHANNEL AGENTS</b>	
<b>APTIOM</b>	
<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>	
<b>DILANTIN 30 MG CAP</b>	
<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>	
<b>ZONISADE</b>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>zonisamide</i>	
<b>ANTIDEMENTIA AGENTS</b>	
<b>ANTIDEMENTIA AGENTS, OTHER</b>	
ERGOLOID MESYLATES	
NAMZARIC	
<b>CHOLINESTERASE INHIBITORS</b>	
<i>donepezil hydrochloride (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg)</i>	
<i>galantamine hydrobromide (cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg, tab 4 mg, tab 8 mg, tab 12 mg)</i>	
<i>rivastigmine</i>	
<i>rivastigmine tartrate</i>	
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>	
<i>memantine hcl (cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg, tab 5 mg, tab 10 mg, tab 28 x 5 mg &amp; 21 x 10 mg titration pack)</i>	
<b>ANTIDEPRESSANTS</b>	
<b>ANTIDEPRESSANTS, OTHER</b>	
AUVELITY	
<i>bupropion hcl</i>	
BUPROPION HCL ER (XL)	
LYBALVI	
<i>mirtazapine</i>	
ZURZUVAE	
<b>MONOAMINE OXIDASE INHIBITORS</b>	
EMSAM	
MARPLAN	
<i>phenelzine sulfate (15 mg tab, tab 15 mg)</i>	
<i>tranylcypromine sulfate</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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 (tab 4 mg, tab 8 mg)</i>	PA3
<i>ondansetron hcl (oral soln 4 mg/5ml, tab 4 mg, tab 8 mg)</i>	PA3

## ANTIFUNGALS

ABELCET	PA3
AMPHOTERICIN B	PA3
<i>amphotericin b liposome</i>	PA3
<i>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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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>	
<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>	
<b>ANTIGOUT AGENTS</b>	
<i>allopurinol</i>	
<i>colchicine</i>	
<i>colchicine w/ probenecid</i>	
<i>febuxostat</i>	
<i>probenecid</i>	
<b>ANTIMIGRAINE AGENTS</b>	
<b>ANTIMIGRAINE AGENTS, OTHER</b>	
NURTEC	QL (18 PER 30 OVER TIME)

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

DRUG NAME	REQUIREMENTS/LIMITS
QULIPTA	
UBRELVY	QL (16 PER 30 OVER TIME)
<b>ERGOT ALKALOIDS</b>	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	
ERGOTAMINE-CAFFEINE	
<b>PROPHYLACTIC</b>	
AJOVY	PA
<i>timolol maleate</i>	
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>	
<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)
<b>ANTIMYASTHENIC AGENTS</b>	
<b>PARASYMPATHOMIMETICS</b>	
<i>pyridostigmine bromide (30 mg tab, oral soln 60 mg/5ml, tab 60 mg, tab er 180 mg)</i>	
<b>ANTIMYCOBACTERIALS</b>	
<b>ANTIMYCOBACTERIALS, OTHER</b>	
<i>dapsone</i>	
<i>rifabutin</i>	
<b>ANTITUBERCULARS</b>	
<i>ethambutol hcl</i>	
<i>isoniazid (syrup 50 mg/5ml, 100 mg tab, tab 300 mg)</i>	
PRETOMANID	
PRIFTIN	
<i>pyrazinamide</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>rifampin</i>	
SIRTURO	
TRECTOR	
<b>ANTINEOPLASTICS</b>	
<b>ALKYLATING AGENTS</b>	
<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	
<b>ANTIANDROGENS</b>	
<i>abiraterone acetate</i>	
<i>bicalutamide</i>	
ERLEADA	
<i>nilutamide</i>	
NUBEQA	
ORSERDU	
XTANDI	
YONSA	
<b>ANTIANGIOGENIC AGENTS</b>	
<i>lenalidomide</i>	
POMALYST	LA
THALOMID	
<b>ANTIESTROGENS/MODIFIERS</b>	
SOLTAMOX	
<i>tamoxifen citrate tab (10 mg equivalent)</i>	
<i>tamoxifen citrate tab (20 mg equivalent)</i>	
<i>toremifene citrate</i>	

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



DRUG NAME	REQUIREMENTS/LIMITS
<b>ANTIMETABOLITES</b>	
<i>hydroxyurea</i>	
INQOVI	
<i>mercaptopurine</i>	
PURIXAN	
TABLOID	
<b>ANTINEOPLASTICS, OTHER</b>	
AKEEGA	
AUGTYRO	
BESREMI	
BRUKINSA	
FOTIVDA	
IDHIFA	
INREBIC	
IWILFIN	
JAYPIRCA	
<i>kisqali femara</i>	
KOSELUGO	
KRAZATI	
LONSURF	
LUMAKRAS	
NINLARO	
OGSIVEO	
ONUREG	
QINLOCK	
RETEVMO	
ROZLYTREK	
TABRECTA	
TAZVERIK	
VANFLYTA	
WELIREG	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>xpovio</i>	
ZOLINZA	
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	
MOLECULAR TARGET INHIBITORS	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI 75 MG CAP	
CABOMETYX	
CALQUENCE	
CAPRELSA	
COMETRIQ	
COPIKTRA	
COTELLIC	
DAURISMO	
ERIVEDGE	
<i>erlotinib hcl</i>	
<i>everolimus</i>	
FRUZAQLA	
GAVRETO	
<i>gefitinib</i>	
GILOTRIF	
IBRANCE	
ICLUSIG	
<i>imatinib mesylate</i>	
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
OJEMDA (25 MG/ML RECON SUSP, 100 MG TAB)	
OJJAARA	
<i>pazopanib hcl</i>	
PEMAZYRE	
<i>piqray</i>	
REZLIDHIA	
RUBRACA	
RYDAPT	
SCEMBLIX	
<i>sorafenib tosylate</i>	
SPRYCEL	
STIVARGA	
<i>sunitinib malate</i>	
TAFINLAR	
TAGRISSO	
TALZENNA	
TASIGNA	
TEPMETKO	
TIBSOVO	

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

DRUG NAME	REQUIREMENTS/LIMITS
TRUQAP (160 MG TAB, 200 MG TAB)	
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	
<b>RETINOIDS</b>	
<i>bexarotene</i>	
<i>bexarotene (topical)</i>	PA2
PANRETIN	
<i>tretinoin (chemotherapy)</i>	
<b>TREATMENT ADJUNCTS</b>	
<i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i>	
MESNEX 400 MG TAB	
VONJO	
<b>ANTIPARASITICS</b>	
<b>ANTHELMINTHICS</b>	
<i>albendazole</i>	
<i>ivermectin tab 3 mg</i>	
<i>praziquantel</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>ANTIPROTOZOALS</b>	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate</i>	
<b>COARTEM</b>	
<i>hydroxychloroquine sulfate</i>	
<i>mefloquine hcl</i>	
<i>nitazoxanide (500 mg tab, tab 500 mg)</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>	
<b>ANTIPARKINSON AGENTS</b>	
<b>ANTICHOLINERGICS</b>	
<i>benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>trihexyphenidyl hcl (tab 2 mg, tab 5 mg)</i>	
<b>ANTIPARKINSON AGENTS, OTHER</b>	
<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>	
<b>ONGENTYS</b>	
<i>tolcapone</i>	
<b>DOPAMINE AGONISTS</b>	
<i>apomorphine hydrochloride</i>	
<i>bromocriptine mesylate</i>	
<b>NEUPRO</b>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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>	
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>	
<i>carbidopa</i>	
<i>carbidopa-levodopa (carbidopa &amp; levodopa orally disintegrating tab 10-100 mg, carbidopa &amp; levodopa orally disintegrating tab 25-100 mg, carbidopa &amp; levodopa orally disintegrating tab 25-250 mg, carbidopa &amp; levodopa tab 10-100 mg, carbidopa &amp; levodopa tab 25-100 mg, carbidopa &amp; levodopa tab 25-250 mg, carbidopa &amp; levodopa tab er 25-100 mg, carbidopa &amp; 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>	
<b>RYTARY</b>	
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>	
<i>rasagiline mesylate</i>	
<i>selegiline hcl</i>	
<b>ANTIPSYCHOTICS</b>	
<b>1ST GENERATION/TYPICAL</b>	
<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>	
<b>MOLINDONE HCL</b>	
<b>PIMOZIDE</b>	
<i>thioridazine hcl</i>	
<i>thiothixene</i>	
<i>trifluoperazine 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
<b>2ND GENERATION/ATYPICAL</b>	
ABILIFY ASIMTUFII	
ABILIFY MAINTENA	
<i>aripiprazole (oral solution 1 mg/ml, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate</i>	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
<i>lurasidone hcl</i>	
NUPLAZID	PA2
<i>olanzapine</i>	
<i>paliperidone</i>	
PERSERIS	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>ziprasidone mesylate</i>	
ZYPREXA RELPREVV 210 MG RECON SUSP	
<b>TREATMENT-RESISTANT</b>	
<i>clozapine (12.5 mg tab disp, orally disintegrating tab 25 mg, orally disintegrating tab 100 mg, 150 mg tab disp, orally disintegrating tab 150 mg, orally disintegrating tab 200 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	
VERSACLOZ	
<b>ANTISPASTICITY AGENTS</b>	
<i>baclofen (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>tizanidine hcl</i>	
<b>ANTIVIRALS</b>	
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>	
PREVMIS (240 MG TAB, 480 MG TAB)	
<i>valganciclovir hcl (for soln 50 mg/ml (base equiv), tab 450 mg (base equivalent))</i>	
ZIRGAN	
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>	
<i>adefovir dipivoxil</i>	
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine (hbv)</i>	
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>	
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

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



DRUG NAME	REQUIREMENTS/LIMITS
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>	
BIKTARVY	
DOVATO	
GENVOYA	
ISENTRESS	
ISENTRESS HD	
JULUCA	
STRIBILD	
TIVICAY	
TIVICAY PD	
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>	
COMPLERA	
DELSTRIGO	
EDURANT	
<i>efavirenz</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	
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
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>	
<b>ANTI-HIV AGENTS, OTHER</b>	
FUZEON	
<i>maraviroc</i>	
RUKOBIA	
SELZENTRY (20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB)	
SUNLENCA (4 X 300 MG TAB, 5 X 300 MG TAB)	
TYBOST	
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>	
APTIVUS 250 MG CAP	
<i>atazanavir sulfate</i>	
<i>darunavir</i>	
EVOTAZ	
<i>fosamprenavir calcium</i>	
<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>	
SYM TUZA	

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

DRUG NAME	REQUIREMENTS/LIMITS
VIRACEPT	
<b>ANTI-INFLUENZA AGENTS</b>	
<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	
<b>ANTIHERPETIC AGENTS</b>	
<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>	
<b>ANXIOLYTICS</b>	
<b>ANXIOLYTICS, OTHER</b>	
<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>	
<b>BENZODIAZEPINES</b>	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>BIPOLAR AGENTS</b>	
<b>MOOD STABILIZERS</b>	
<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>	
<b>BLOOD GLUCOSE REGULATORS</b>	
<b>ANTIDIABETIC AGENTS</b>	
<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	
FARXIGA	
<i>glimepiride (tab 1 mg, tab 2 mg, tab 4 mg)</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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>repaglinide</i>	
<i>saxagliptin hcl</i>	
<i>saxagliptin-metformin hcl</i>	
SYMLINPEN 120	
SYMLINPEN 60	
TRULICITY	
<b>GLYCEMIC AGENTS</b>	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide</i>	
GLUCAGON EMERGENCY	
<b>INSULINS</b>	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
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-YFGN	
INSULIN LISPRO	
INSULIN LISPRO (1 UNIT DIAL)	
INSULIN LISPRO JUNIOR KWIKPEN	
INSULIN LISPRO PROT & LISPRO	

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

DRUG NAME	REQUIREMENTS/LIMITS
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

*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)*

*fondaparinux sodium*

*heparin sodium (porcine) (1000 unit/ml, pf 1000 unit/ml, 10000 unit/ml)* PA3

*heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)*

*warfarin sodium*

XARELTO (2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)

XARELTO STARTER PACK

### BLOOD PRODUCTS AND MODIFIERS, OTHER

*anagrelide hcl*

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

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

DRUG NAME	REQUIREMENTS/LIMITS
RETACRIT	PA
<b>HEMOSTASIS AGENTS</b>	
<i>tranexamic acid tab 650 mg</i>	
<b>PLATELET MODIFYING AGENTS</b>	
<i>aspirin-dipyridamole</i>	
BRILINTA	ST
<i>cilostazol</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	
<b>CARDIOVASCULAR AGENTS</b>	
<b>ALPHA-ADRENERGIC AGONISTS</b>	
<i>clonidine</i>	
<i>clonidine hcl</i>	
<i>droxidopa</i>	
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>	
<i>doxazosin mesylate</i>	
<i>prazosin hcl</i>	
<i>terazosin hcl</i>	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	
<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>	
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>	
<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>lisinopril</i>	
<i>ramipril</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>ANTIARRHYTHMICS</b>	
<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>	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>	
<i>atenolol</i>	
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	
<i>metoprolol succinate</i>	
<i>metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	
<i>nadolol</i>	
<i>pindolol</i>	
<i>propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)</i>	
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>	
<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>	

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



DRUG NAME	REQUIREMENTS/LIMITS
<b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>	
<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	
<b>CARDIOVASCULAR AGENTS, OTHER</b>	
<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	
<i>aliskiren fumarate</i>	
<i>amiloride &amp; hydrochlorothiazide</i>	
AMILORIDE-HYDROCHLOROTHIAZIDE	
<i>amlodipine besylate-benazepril hcl</i>	
<i>amlodipine besylate-valsartan</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>atenolol &amp; chlorthalidone</i>	
<i>bisoprolol &amp; hydrochlorothiazide</i>	
<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 &amp; hydrochlorothiazide</i>	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	
<i>irbesartan-hydrochlorothiazide</i>	
<i>ivabradine hcl</i>	
<i>lisinopril &amp; hydrochlorothiazide</i>	
<i>losartan potassium &amp; hydrochlorothiazide</i>	
<i>metoprolol &amp; hydrochlorothiazide</i>	
<i>metyrosine</i>	
<i>pentoxifylline</i>	
<i>ranolazine</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>spironolactone &amp; hydrochlorothiazide</i>	
<i>triamterene &amp; hydrochlorothiazide</i>	
<i>valsartan-hydrochlorothiazide</i>	
VERQUVO	
<b>DIURETICS, LOOP</b>	
<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>	
<b>DIURETICS, POTASSIUM-SPARING</b>	
<i>amiloride hcl</i>	
<i>eplerenone</i>	
KERENDIA	
<i>spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<b>DIURETICS, THIAZIDE</b>	
<i>chlorthalidone</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>metolazone</i>	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>	
<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>	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>	
<i>atorvastatin calcium</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium</i>	
<i>simvastatin</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>DYSLIPIDEMICS, OTHER</b>	
<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	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>	
<i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>minoxidil</i>	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate (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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>	
<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>	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>	
<i>atomoxetine hcl</i>	
<i>dexmethylphenidate hcl</i>	
<i>guanfacine hcl (adhd)</i>	
<i>methylphenidate hcl (cap er 10 mg (cd), cap er 20 mg (cd), cap er 24hr 10 mg (la), cap er 24hr 10 mg (xr), cap er 24hr 15 mg (xr), cap er 24hr 20 mg (la), cap er 24hr 20 mg (xr), cap er 24hr 30 mg (la), cap er 24hr 30 mg (xr), cap er 24hr 40 mg (la), cap er 24hr 40 mg (xr), cap er 24hr 50 mg (xr), cap er 24hr 60 mg (la), cap er 24hr 60 mg (xr), cap er 30 mg (cd), cap er 40 mg (cd), cap er 50 mg (cd), cap er 60 mg (cd), chew tab 2.5 mg, chew tab 5 mg, chew tab 10 mg, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, tab 10 mg, tab 20 mg, tab er 10 mg, tab er 20 mg, tab er 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)	
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>	
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	
<b>FIBROMYALGIA AGENTS</b>	
DRIZALMA SPRINKLE	PA2
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>MULTIPLE SCLEROSIS AGENTS</b>	
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	
ZEPOSIA 7-DAY STARTER PACK	
ZEPOSIA STARTER KIT	
<b>DENTAL AND ORAL AGENTS</b>	
<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>pilocarpine hcl (oral)</i>	
<i>triamcinolone acetonide (mouth)</i>	
<b>DERMATOLOGICAL AGENTS</b>	
<b>ACNE AND ROSACEA AGENTS</b>	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>DERMATITIS AND PRURITUS AGENTS</b>	
<i>betamethasone dipropionate (topical) (cream, lotion, oint)</i>	
<b>BETAMETHASONE DIPROPIONATE AUG</b>	
<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>	
<i>hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>	
<b>HYDROCORTISONE 2.5 % LOTION</b>	
<i>hydrocortisone perianal cream 2.5%</i>	
<i>lactic acid (ammonium lactate)</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>	
<b>DERMATOLOGICAL AGENTS, OTHER</b>	
<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>	
<b>CLOTRIMAZOLE-BETAMETHASONE</b>	
<i>diclofenac sodium (actinic keratoses)</i>	PA
<i>fluorouracil (topical) (cream, 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
FLUOROURACIL 2 % SOLUTION	
<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>	
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

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

DRUG NAME	REQUIREMENTS/LIMITS
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
<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 8 MEQ TAB ER	
<i>potassium chloride in dextrose &amp; sodium chloride</i>	
POTASSIUM CHLORIDE IN NAACL (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>	

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



DRUG NAME	REQUIREMENTS/LIMITS
<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
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>	
<i>deferasirox</i>	
<i>deferiprone</i>	
FERRIPROX 100 MG/ML SOLUTION	
<i>trientine hcl cap 250 mg</i>	
<b>PHOSPHATE BINDERS</b>	
<i>calcium acetate (phosphate binder)</i>	
FOSRENOL (750 MG, 1000 MG)	
<i>lanthanum carbonate</i>	
<i>sevelamer carbonate</i>	
<i>sevelamer hcl</i>	
<b>POTASSIUM BINDERS</b>	
LOKELMA	
<i>sodium polystyrene sulfonate (*powder**, susp 15 gm/60ml)</i>	
SPS (SODIUM POLYSTYRENE SULF)	
VELTASSA (8.4 GM, 16.8 GM, 25.2 GM)	
<b>VITAMINS</b>	
ATABEX EC	
ATABEX OB	
AZESCHEW PRENATAL/POSTNATAL	
AZESCO	
BAL-CARE DHA	
C-NATE DHA	
CITRANATAL 90 DHA	
CITRANATAL ASSURE	
CITRANATAL B-CALM	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
ELITE-OB	
ENBRACE HR	
FOLIVANE-OB	
INATAL GT	
JENLIVA PRENATAL/POSTNATAL	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
MULTI-MAC	
NATACHEW	
NATAL PNV	
NATALVIT	
NEEVO DHA	
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE	
NEONATAL FE	

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
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 PLUS	
PRENATAL PLUS IRON	
PRENATAL PLUS VITAMIN/MINERAL	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
SE-NATAL 19	
SELECT-OB	
SELECT-OB+DHA	
TARON-C DHA	
TARON-PREX	
THRIVITE RX	
TPN ELECTROLYTES	
TRI-TABS DHA	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
VITAFOL-ONE	
VITAMEDMD ONE RX/QUATREFOLIC	
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATHELY WITH GINGER	
VITATRUE	
VIVA DHA	
VOL-PLUS	
VOL-TAB RX	
VP-PNV-DHA	
WESCAP-C DHA	
WESCAP-PN DHA	
WESNATAL DHA COMPLETE	
WESNATE DHA	
WESTAB PLUS	
WESTGEL DHA	
ZALVIT	
ZATEAN-PN DHA	
ZATEAN-PN PLUS	
ZIPHEX	

## 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*

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

DRUG NAME	REQUIREMENTS/LIMITS
DIPHENOXYLATE-ATROPINE	
<i>loperamide hcl cap 2 mg</i>	
XERMELO	
<b>ANTISPASMODICS, GASTROINTESTINAL</b>	
<i>dicyclomine hcl (cap 10 mg, oral soln 10 mg/5ml, tab 20 mg)</i>	
<i>glycopyrrolate (oral soln 1 mg/5ml, tab 1 mg, 1.5 mg tab, tab 2 mg)</i>	
<b>GASTROINTESTINAL AGENTS, OTHER</b>	
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)	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>	
<i>famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)</i>	
NIZATIDINE (150 MG CAP, 300 MG CAP)	
<b>PROTECTANTS</b>	
<i>sucralfate tab 1 gm</i>	
<b>PROTON PUMP INHIBITORS</b>	
<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>	
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>	
ARALAST NP	PA3
<i>betaine</i>	
CERDELGA	
CREON	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>cromolyn sodium (mastocytosis)</i>	
CYSTAGON	
CYSTARAN	
GLASSIA	PA3
<i>glutamine (sickle cell)</i>	
<i>miglustat</i>	
PROLASTIN-C	PA3
RAVICTI	
<i>sapropterin dihydrochloride</i>	
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	
SUCRAID	
VIJOICE	
ZEMAIRA	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*

*tropium chloride*

### BENIGN PROSTATIC HYPERTROPHY AGENTS

*alfuzosin hcl*

*dutasteride*

*dutasteride-tamsulosin hcl*

*finasteride*

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



DRUG NAME	REQUIREMENTS/LIMITS
<i>tamsulosin hcl</i>	
<b>GENITOURINARY AGENTS, OTHER</b>	
<i>bethanechol chloride</i>	
ELMIRON	
<i>penicillamine</i>	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>	
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, 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 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>prednisolone soln 15 mg/5ml</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>	
PREDNISON INTENSOL	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>	
<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	

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

DRUG NAME	REQUIREMENTS/LIMITS
NORDITROPIN FLEXPRO	PA
NUTROPIN AQ NUSPIN 10	PA
NUTROPIN AQ NUSPIN 20	PA
NUTROPIN AQ NUSPIN 5	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	PA
SEROSTIM	PA

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## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

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*misoprostol*

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## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

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### ANDROGENS

*danazol*

*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)*

*testosterone cypionate (im inj in oil 100 mg/ml, 200 mg/ml solution, im inj in oil 200 mg/ml)*

TESTOSTERONE ENANTHATE

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### ESTROGENS

*desogestrel & ethinyl estradiol*

*desogestrel-ethinyl estradiol (biphasic)*

*drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg*

*drospirenone-ethinyl estradiol*

*estradiol & norethindrone acetate*

*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)*

*estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)*

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

DRUG NAME	REQUIREMENTS/LIMITS
ESTRING	
<i>ethynodiol diacet &amp; eth estrad</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	
<i>levonorgestrel &amp; eth estradiol</i>	
<i>levonorgestrel-eth estradiol (triphasic)</i>	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	
<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>	
MENEST	
<i>norethin acet &amp; estrad-fe (ace-eth chew tab 1 mcg (24), ace-ethinyl cap 1 mcg (24), aceethinyl tab 1 mcg)</i>	
<i>norethindrone &amp; ethinyl estradiol-fe</i>	
<i>norethindrone ace &amp; 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 &amp; 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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>	
<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>	
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL)</b>	
LYSODREN	
RECORLEV	
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>	
<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	
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>	
<b>ANTITHYROID AGENTS</b>	
<i>methimazole</i>	
<i>propylthiouracil</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>IMMUNOLOGICAL AGENTS</b>	
<b>ANGIOEDEMA AGENTS</b>	
CINRYZE <i>icatibant acetate</i>	PA
<b>IMMUNOGLOBULINS</b>	
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
<b>IMMUNOLOGICAL AGENTS, OTHER</b>	
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 (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	
VELSIPITY	
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	PA
XELJANZ XR	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
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
<b>IMMUNOSTIMULANTS</b>	
ACTIMMUNE	
PEGASYS	
<b>IMMUNOSUPPRESSANTS</b>	
ADALIMUMAB-ADAZ	
ADALIMUMAB-FKJP (2 PEN)	
ADALIMUMAB-FKJP (2 SYRINGE)	
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	
ENVARUSUS XR	PA3
<i>everolimus (immunosuppressant)</i>	PA3
HUMIRA (10 MG/0.1ML, 20 MG/0.2ML)	
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	
HUMIRA-CD/UC/HS STARTER	
HUMIRA-PED>/=40KG UC STARTER	
HUMIRA-PSORIASIS/UVEIT 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

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

DRUG NAME	REQUIREMENTS/LIMITS
PROGRAF (0.2 MG, 1 MG)	PA3
REZUROCK	
SIMPONI	
<i>sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	PA3
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	PA3
XATMEP	PA3

## VACCINES

ABRYSVO	
ACTHIB	
ADACEL	
AREXVY	
BCG VACCINE	
BEXSERO	
BOOSTRIX	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
MENVEO (RECON SOLN, SOLUTION)	
PEDIARIX	
PEDVAX HIB	
PENBRAYA	
PENTACEL	
PREHEVBRIO	PA3
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	
RECOMBIVAX HB	PA3
ROTARIX	
ROTATEQ	
SHINGRIX	
TDVAX	
TENIVAC	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
VAXCHORA	
YF-VAX	

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## INFLAMMATORY BOWEL DISEASE AGENTS

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### 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, tab delayed release 800 mg)*

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



DRUG NAME	REQUIREMENTS/LIMITS
<i>mesalamine w/ cleanser</i>	
PENTASA 250 MG CAP ER	
<i>sulfasalazine</i>	
<b>GLUCOCORTICOIDS</b>	
<i>budesonide</i>	
<i>hydrocortisone (intrarectal)</i>	
<i>hydrocortisone (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<b>METABOLIC BONE DISEASE AGENTS</b>	
<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
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	

## OPHTHALMIC AGENTS

### OPHTHALMIC AGENTS, OTHER

ATROPINE SULFATE 1 % SOLUTION

*atropine sulfate ophth soln 1%*

*bacitracin-poly-neomycin-hc*

*bacitracin-polymyxin b (ophth)*

*brimonidine tartrate-timolol maleate*

*cyclosporine (ophth)*

*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)*

*neomycin-bacitracin zn-polymyxin*

*neomycin-polymy-dexameth (oint, susp)*

NEOMYCIN-POLYMYXIN-HC

RESTASIS MULTIDOSE

SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION

TOBRADEX 0.3-0.1 % OINTMENT

*tobramycin-dexamethasone*

### OPHTHALMIC ANTI-ALLERGY AGENTS

*azelastine hcl (ophth)*

*cromolyn sodium (ophth)*

CROMOLYN SODIUM 4 % SOLUTION

### OPHTHALMIC ANTI-INFECTIVES

AZASITE

BACITRACIN 500 UNIT/GM OINTMENT

*ciprofloxacin hcl (ophth)*

ERYTHROMYCIN

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>erythromycin (ophth)</i>	
<i>gatifloxacin (ophth)</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	
<i>levofloxacin (ophth)</i>	
LEVOFLOXACIN 0.5 % SOLUTION	
<i>moxifloxacin hcl (ophth)</i>	
NATACYN	
<i>ofloxacin (ophth)</i>	
<i>polymyxin b-trimethoprim</i>	
<i>sulfacetamide sodium (ophth)</i>	
SULFACETAMIDE SODIUM 10 % OINTMENT	
<i>tobramycin (ophth)</i>	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>	
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	
<i>prednisolone acetate (ophth)</i>	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>	
<i>betaxolol hcl (ophth)</i>	
BETAXOLOL HCL 0.5 % SOLUTION	
BETOPTIC-S	
CARTEOLOL HCL	

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

DRUG NAME	REQUIREMENTS/LIMITS
LEVOBUNOLOL HCL	
<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
<b>ANTIHISTAMINES</b>	
<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>	
<b>ANTILEUKOTRIENES</b>	
<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>zafirlukast</i>	
<i>zileuton</i>	
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>	
ATROVENT HFA	
INCRUSE ELLIPTA	
<i>ipratropium bromide</i>	PA3
<i>ipratropium bromide (nasal)</i>	
SPIRIVA RESPIMAT	
<i>tiotropium bromide monohydrate</i>	
TUDORZA PRESSAIR	
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>	
<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
<b>CYSTIC FIBROSIS AGENTS</b>	
CAYSTON	
KALYDECO	
ORKAMBI	
PULMOZYME	PA3
SYMDEKO	
<i>tobramycin (soln 300 mg/4ml, soln 300 mg/5ml)</i>	PA3
TRIKAFTA	
<b>MAST CELL STABILIZERS</b>	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	PA3
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>	
<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	
<b>PULMONARY ANTIHYPERTENSIVES</b>	
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)	
<b>PULMONARY FIBROSIS AGENTS</b>	
OFEV	
<i>pirfenidone (cap 267 mg, tab 267 mg, 534 mg tab, tab 801 mg)</i>	
<b>RESPIRATORY TRACT AGENTS, OTHER</b>	
<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>	
<b>SKELETAL MUSCLE RELAXANTS</b>	
<i>cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	
<b>SLEEP DISORDER AGENTS</b>	
<b>SLEEP PROMOTING AGENTS</b>	
<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>	
<b>WAKEFULNESS PROMOTING AGENTS</b>	
<i>modafinil</i>	PA
SODIUM OXYBATE	PA

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

# Index of Drugs

## A

abacavir sulfate	25	ALOGLIPTIN-PIOGLITAZONE	28
abacavir sulfate-lamivudine	25	alose tron hcl	46
ABELCET	13	alprazolam	27
ABILIFY ASIMTUFII	23	ALPRAZOLAM INTENSOL	27
ABILIFY MAINTENA	23	ALUNBRIG	18
abiraterone acetate	16	amantadine hcl	21
ABRYSVO	55	ambrisentan	62
acamprosate calcium	3	amikacin sulfate	4
acarbose	28	amiloride & hydrochlorothiazide	33
acetaminophen w/ codeine	2	amiloride hcl	34
ACETAMINOPHEN-CODEINE	2	AMILORIDE-HYDROCHLOROTHIAZIDE	33
acetazolamide	33	amino acid infusion	39
acetic acid (otic)	4	amiodarone hcl	32
acetylcysteine	62	amitriptyline hcl	12
acitretin	37	amlodipine besylate	32
ACTHIB	55	amlodipine besylate-benazepril hcl	33
ACTIMMUNE	54	amlodipine besylate-valsartan	33
acyclovir	27	amlodipine-valsartan-hydrochlorothiazide	33
acyclovir sodium	27	amoxapine	12
acyclovir topical	27	amoxicillin	7
ADACEL	55	amoxicillin & pot clavulanate	7
ADALIMUMAB-ADAZ	54	AMOXICILLIN-POT CLAVULANATE	7
ADALIMUMAB-FKJP (2 PEN)	54	AMOXICILLIN-POT CLAVULANATE ER	7
ADALIMUMAB-FKJP (2 SYRINGE)	54	amphetamine-dextroamphetamine	36
adefovir dipivoxil	24	AMPHOTERICIN B	13
ADEMPAS	62	amphotericin b liposome	13
AJOVY	15	AMPICILLIN	7
AKEEGA	17	ampicillin & sulbactam sodium	7
albendazole	20	AMPICILLIN SODIUM	7
albuterol sulfate	61	AMPICILLIN-SULBACTAM SODIUM	7
ALBUTEROL SULFATE HFA	61	anagrelide hcl	30
ALCOHOL SWABS	57	anastrozole	18
ALECENSA	18	ANORO ELLIPTA	62
alendronate sodium	57	apomorphine hydrochloride	21
alfuzosin hcl	48	aprepitant	13
aliskiren fumarate	33	APTIOM	10
allopurinol	14	APTIVUS	26
ALOGLIPTIN BENZOATE	28	ARALAST NP	47
ALOGLIPTIN-METFORMIN HCL	28	ARANESP (ALBUMIN FREE)	30
		ARCALYST	53
		AREXVY	55



aripiprazole.....	23	BAQSIMI ONE PACK.....	29
ARISTADA.....	23	BAQSIMI TWO PACK.....	29
ARISTADA INITIO.....	23	BARACLUDE.....	24
ARNUITY ELLIPTA.....	60	BCG VACCINE.....	55
asenapine maleate.....	23	benzoyl peroxide-erythromycin.....	37
aspirin-dipyridamole.....	31	benztropine mesylate.....	21
ASTAGRAF XL.....	54	BESREMI.....	17
ATABEX EC.....	41	betaine.....	47
ATABEX OB.....	41	betamethasone dipropionate (topical).....	38
atazanavir sulfate.....	26	BETAMETHASONE DIPROPIONATE AUG.....	38
atenolol.....	32	betamethasone dipropionate augmented.....	38
atenolol & chlorthalidone.....	33	betamethasone valerate.....	38
atomoxetine hcl.....	36	BETASERON.....	37
atorvastatin calcium.....	34	BETAXOLOL HCL.....	59
atovaquone.....	21	betaxolol hcl (ophth).....	59
atovaquone-proguanil hcl.....	21	bethanechol chloride.....	49
ATROPINE SULFATE.....	58	BETOPTIC-S.....	59
atropine sulfate (ophthalmic).....	58	bexarotene.....	20
ATROVENT HFA.....	61	bexarotene (topical).....	20
AUGTYRO.....	17	BEXSERO.....	55
AUVELITY.....	11	bicalutamide.....	16
AVONEX PEN.....	37	BICILLIN L-A.....	7
AVONEX PREFILLED.....	37	BIKTARVY.....	25
AYVAKIT.....	18	bimatoprost.....	60
AZASITE.....	58	bisoprolol & hydrochlorothiazide.....	33
azathioprine.....	54	bisoprolol fumarate.....	32
azelastine hcl.....	61	BOOSTRIX.....	55
azelastine hcl (ophth).....	58	BOSULIF.....	18
AZESCHEW PRENATAL/POSTNATAL.....	41	BRAFTOVI.....	18
AZESCO.....	41	BRILINTA.....	31
azithromycin.....	8	brimonidine tartrate.....	60
aztreonam.....	4	brimonidine tartrate-timolol maleate.....	58
		BRIVIACT.....	9
<b>B</b>		bromocriptine mesylate.....	21
BACITRACIN.....	58	BRONCHITOL.....	57
bacitracin-poly-neomycin-hc.....	58	BRONCHITOL TOLERANCE TEST.....	57
bacitracin-polymyxin b (ophth).....	58	BRUKINSA.....	17
baclofen.....	24	budesonide.....	57
BAL-CARE DHA.....	41	budesonide (inhalation).....	60
balsalazide disodium.....	56	BUDESONIDE-FORMOTEROL FUMARATE.....	63
BALVERSA.....	18	budesonide-formoterol fumarate dihydrate.....	63

bumetanide	34	cefuroxime sodium	6
buprenorphine hcl sl tab 2 mg (base equiv)	4	celecoxib	2
buprenorphine hcl sl tab 8 mg (base equiv)	4	cephalexin	6
buprenorphine hcl-naloxone hcl dihydrate	4	CERDELGA	47
bupropion hcl	11	chlorhexidine gluconate (mouth-throat)	37
bupropion hcl (smoking deterrent)	4	chloroquine phosphate	21
BUPROPION HCL ER (XL)	11	chlorpromazine hcl	22
buspironone hcl	27	chlorthalidone	34
<b>C</b>			
C-NATE DHA	41	cholestyramine	35
cabergoline	52	cholestyramine light	35
CABOMETYX	18	choline fenofibrate	34
CALCIPOTRIENE	38	ciclopirox	39
calcitonin (salmon)	57	ciclopirox olamine	13
calcitriol	57	cilostazol	31
calcium acetate (phosphate binder)	41	CIMDUO	25
CALQUENCE	18	cinacalcet hcl	57
candesartan cilexetil	31	CINRYZE	53
CAPLYTA	23	CIPRO HC	60
CAPRELSA	18	ciprofloxacin hcl	8
carbamazepine	10	CIPROFLOXACIN HCL	60
carbidopa	22	ciprofloxacin hcl (ophth)	58
carbidopa-levodopa	22	ciprofloxacin in d5w	8
CARBIDOPA-LEVODOPA-ENTACAPONE	21	ciprofloxacin-dexamethasone	60
carglumic acid	39	citalopram hydrobromide	12
CARTEOLOL HCL	59	CITRANATAL 90 DHA	41
carvedilol	32	CITRANATAL ASSURE	41
caspofungin acetate	13	CITRANATAL B-CALM	41
CAYSTON	62	CITRANATAL BLOOM	42
cefadroxil	6	CITRANATAL BLOOM DHA	42
CEFAZOLIN SODIUM	6	CITRANATAL DHA	42
cefdinir	6	CITRANATAL ESSENCE	42
cefepime hcl	6	CITRANATAL HARMONY	42
cefixime	6	CITRANATAL MEDLEY	42
cefoxitin sodium	6	CITRANATAL RX	42
cefpodoxime proxetil	6	clarithromycin	8
cefprozil	6	CLEMASTINE FUMARATE	61
ceftazidime	6	CLEOCIN	4
ceftriaxone sodium	6	clindamycin hcl	4
cefuroxime axetil	6	clindamycin palmitate hydrochloride	4
		clindamycin phosphate	5
		clindamycin phosphate (topical)	4

clindamycin phosphate in d5w	5	COTELLIC	18
clindamycin phosphate vaginal	5	CREON	47
CLINIMIX E/DEXTROSE (2.75/5)	39	CROMOLYN SODIUM	58
CLINIMIX E/DEXTROSE (4.25/10)	39	cromolyn sodium	62
CLINIMIX E/DEXTROSE (4.25/5)	39	cromolyn sodium (mastocytosis)	48
CLINIMIX E/DEXTROSE (5/15)	39	cromolyn sodium (ophth)	58
CLINIMIX E/DEXTROSE (5/20)	39	cyclobenzaprine hcl	63
CLINIMIX/DEXTROSE (4.25/10)	39	CYCLOPHOSPHAMIDE	16
CLINIMIX/DEXTROSE (4.25/5)	39	CYCLOSET	28
CLINIMIX/DEXTROSE (5/15)	39	cyclosporine	54
CLINIMIX/DEXTROSE (5/20)	40	cyclosporine (ophth)	58
clobazam	10	cyclosporine modified (for microemulsion)	54
clobetasol propionate	38	CYSTAGON	48
clobetasol propionate emollient base	38	CYSTARAN	48
clobetasol propionate emulsion	38		
clomipramine hcl	12	<b>D</b>	
clonazepam	27	dabigatran etexilate mesylate	30
clonidine	31	dalfampridine	37
clonidine hcl	31	danazol	50
clopidogrel bisulfate	31	DAPAGLIFLOZIN PROPANEDIOL	28
clorazepate dipotassium	27	dapsone	15
clotrimazole	13	DAPTACEL	55
clotrimazole (topical)	14	daptomycin	5
clotrimazole w/ betamethasone	38	darifenacin hydrobromide	48
CLOTRIMAZOLE-BETAMETHASONE	38	darunavir	26
clozapine	24	DAURISMO	18
CO-NATAL FA	42	deferasirox	41
COARTEM	21	deferiprone	41
CODEINE SULFATE	3	DELSTRIGO	25
colchicine	14	demeclocycline hcl	8
colchicine w/ probenecid	14	DEPO-SUBQ PROVERA 104	51
colesevelam hcl	35	DERMACINRX PRETRATE	42
colistimethate sodium	5	DESCOVY	25
COMBIVENT RESPIMAT	63	desipramine hcl	12
COMETRIQ	18	desloratadine	61
COMPLERA	25	desmopressin acetate	49
COMPLETE NATAL DHA	42	desmopressin acetate spray	49
COMPLETENATE	42	desmopressin acetate spray refrigerated	49
CONCEPT DHA	42	desogestrel & ethinyl estradiol	50
CONCEPT OB	42	desogestrel-ethinyl estradiol (biphasic)	50
COPIKTRA	18	DESVENLAFAXINE ER	12

desvenlafaxine succinate	12	DOVATO	25
DEXABLISS	49	doxazosin mesylate	31
DEXAMETHASONE	49	doxepin hcl	12
DEXAMETHASONE SODIUM PHOSPHATE	59	doxepin hcl (antipruritic)	38
dexmethylphenidate hcl	36	doxepin hcl (sleep)	63
dextroamphetamine sulfate	36	doxercalciferol	57
dextrose	40	doxycycline (monohydrate)	8
dextrose w/ sodium chloride	40	doxycycline hyclate	9
DEXTROSE-SODIUM CHLORIDE	40	DRIZALMA SPRINKLE	36
DIACOMIT	9	dronabinol	13
DIAZEPAM	10	drospirenone-ethinyl estradiol	50
diazepam	27	drospirenone-ethinyl estradiol-levomefolate calcium	50
diazepam (anticonvulsant)	10	droxidopa	31
diazoxide	29	DUAVEE	51
DICLOFENAC EPOLAMINE	2	DUET DHA 400	42
diclofenac potassium	2	DUET DHA BALANCED	42
diclofenac sodium	2	duloxetine hcl	36
diclofenac sodium (actinic keratoses)	38	DUPIXENT	53
diclofenac sodium (ophth)	59	dutasteride	48
diclofenac sodium (topical)	2	dutasteride-tamsulosin hcl	48
dicloxacillin sodium	7		
dicyclomine hcl	47	<b>E</b>	
DIFICID	8	EDURANT	25
difluprednate	59	efavirenz	25
digoxin	33	efavirenz-emtricitabine-tenofovir disoproxil fumarate	25
dihydroergotamine mesylate	15	efavirenz-lamivudine-tenofovir disoproxil fumarate	25
DILANTIN	10	ELIGARD	52
diltiazem hcl	33	ELIQUIS	30
diltiazem hcl coated beads	33	ELIQUIS DVT/PE STARTER PACK	30
diltiazem hcl extended release beads	33	ELITE-OB	42
dimethyl fumarate	37	ELMIRON	49
DIPENTUM	56	EMSAM	11
diphenoxylate w/ atropine	46	emtricitabine	25
DIPHENOXYLATE-ATROPINE	47	emtricitabine-tenofovir disoproxil fumarate	25
DIPHThERIA-TETANUS TOXOIDS DT	55	EMTRIVA	26
disulfiram	3	enalapril maleate	31
divalproex sodium	9	enalapril maleate & hydrochlorothiazide	33
dofetilide	32	ENBRACE HR	42
donepezil hydrochloride	11		
dorzolamide hcl	60		
dorzolamide hcl-timolol maleate	58		

ENBREL	54	everolimus (immunosuppressant)	54
ENBREL MINI	54	EVOTAZ	26
ENBREL SURECLICK	54	exemestane	18
ENGERIX-B	55	ezetimibe	35
enoxaparin sodium	30		
entacapone	21	<b>F</b>	
entecavir	24	famciclovir	27
ENTRESTO	33	famotidine	47
ENVARUSUS XR	54	FANAPT	23
EPIDIOLEX	9	FANAPT TITRATION PACK	23
EPINEPHRINE	61	FARXIGA	28
epinephrine (anaphylaxis)	61	febuxostat	14
eplerenone	34	felbamate	9
EPRONTIA	9	fenofibrate	34
ERGOLOID MESYLATES	11	fenofibrate micronized	34
ERGOTAMINE-CAFFEINE	15	fentanyl	2
ERIVEDGE	18	fentanyl citrate	3
ERLEADA	16	FERRIPROX	41
erlotinib hcl	18	FETZIMA	12
ertapenem sodium	7	FETZIMA TITRATION	12
ERY	39	finasteride	48
ERYTHROCIN LACTOBIONATE	8	FINTEPLA	9
ERYTHROMYCIN	58	FIRMAGON	52
erythromycin (acne aid)	39	FIRMAGON (240 MG DOSE)	52
erythromycin (ophth)	59	flecainide acetate	32
erythromycin base	8	fluconazole	14
erythromycin ethylsuccinate	8	fluconazole in nacl	14
erythromycin lactobionate	8	flucytosine	14
escitalopram oxalate	12	fludrocortisone acetate	49
esomeprazole magnesium	47	flunisolide (nasal)	60
estradiol	50	fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%)	38
estradiol & norethindrone acetate	50	fluorometholone (ophth)	59
estradiol vaginal	50	FLUOROURACIL	39
ESTRING	51	fluorouracil (topical)	38
ethambutol hcl	15	fluoxetine hcl	12
ethosuximide	10	FLUOXETINE HCL (PMDD)	12
ethynodiol diacet & eth estrad	51	fluphenazine decanoate	22
etodolac	2	fluphenazine hcl	22
etonogestrel-ethinyl estradiol	51	FLURBIPROFEN SODIUM	59
etravirine	25		
everolimus	18		

FLUTICASONE FUROATE-VILANTEROL.....	63	glatiramer acetate.....	37
fluticasone propionate.....	38	GLEOSTINE.....	16
fluticasone propionate (nasal).....	60	glimepiride.....	28
FLUTICASONE PROPIONATE HFA.....	60	GLIPIZIDE.....	28
fluticasone-salmeterol.....	63	glipizide-metformin hcl.....	28
fluvoxamine maleate.....	12	GLUCAGON EMERGENCY.....	29
FML FORTE.....	59	glutamine (sickle cell).....	48
FOLIVANE-OB.....	42	glycopyrrolate.....	47
fondaparinux sodium.....	30	griseofulvin microsize.....	14
fosamprenavir calcium.....	26	griseofulvin ultramicrosize.....	14
fosfomycin tromethamine.....	5	guanfacine hcl.....	31
FOSRENOL.....	41	guanfacine hcl (adhd).....	36
FOTIVDA.....	17		
FRUZAQLA.....	18	<b>H</b>	
furosemide.....	34	haloperidol.....	22
FUZEON.....	26	haloperidol decanoate.....	22
FYCOMPA.....	9	haloperidol lactate.....	22
		HAVRIX.....	55
<b>G</b>		HEMADY.....	49
gabapentin.....	10	heparin sodium (porcine).....	30
galantamine hydrobromide.....	11	HEPLISAV-B.....	55
GAMMAGARD.....	53	HETLIOZ LQ.....	63
GAMMAGARD S/D LESS IGA.....	53	HIBERIX.....	55
GAMMAPLEX.....	53	HUMALOG MIX 50/50 KWIKPEN.....	29
GAMUNEX-C.....	53	HUMALOG MIX 75/25.....	29
GARDASIL 9.....	55	HUMATROPE.....	49
gatifloxacin (ophth).....	59	HUMIRA.....	54
GATTEX.....	47	HUMIRA (2 PEN).....	54
GAUZE PADS & DRESSINGS.....	57	HUMIRA (2 SYRINGE).....	54
GAVRETO.....	18	HUMIRA-CD/UC/HS STARTER.....	54
gefitinib.....	18	HUMIRA-PED>=40KG UC STARTER.....	54
gemfibrozil.....	34	HUMIRA-PSORIASIS/UEVIT STARTER.....	54
GENOTROPIN.....	49	HUMULIN 70/30.....	29
GENOTROPIN MINIQUICK.....	49	HUMULIN 70/30 KWIKPEN.....	29
gentamicin in saline.....	4	HUMULIN N.....	29
gentamicin sulfate.....	4	HUMULIN N KWIKPEN.....	29
gentamicin sulfate (ophth).....	59	HUMULIN R.....	29
gentamicin sulfate (topical).....	4	HUMULIN R U-500 (CONCENTRATED).....	29
GENVOYA.....	25	HUMULIN R U-500 KWIKPEN.....	29
GILOTRIF.....	18	hydralazine hcl.....	35
GLASSIA.....	48	hydrochlorothiazide.....	34

hydrocodone-acetaminophen . . . . .	3	INSULIN ASPART PENFILL . . . . .	29
HYDROCORTISONE . . . . .	38	INSULIN ASPART PROT & ASPART . . . . .	29
hydrocortisone . . . . .	57	INSULIN GLARGINE-YFGN . . . . .	29
hydrocortisone (intrarectal) . . . . .	57	INSULIN LISPRO . . . . .	29
hydrocortisone (rectal) . . . . .	38	INSULIN LISPRO (1 UNIT DIAL) . . . . .	29
hydrocortisone (topical) . . . . .	38	INSULIN LISPRO JUNIOR KWIKPEN . . . . .	29
hydrocortisone w/ acetic acid . . . . .	60	INSULIN LISPRO PROT & LISPRO . . . . .	29
hydromorphone hcl . . . . .	3	INSULIN PEN NEEDLE . . . . .	57
HYDROMORPHONE HCL PF . . . . .	3	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 0.3 ML . . . . .	57
hydroxychloroquine sulfate . . . . .	21	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1 ML . . . . .	57
hydroxyurea . . . . .	17	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1/2 ML . . . . .	57
hydroxyzine hcl . . . . .	27	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-500 1/2 ML . . . . .	57
hydroxyzine pamoate . . . . .	27	INTELENCE . . . . .	25
<b>I</b>		INTRALIPID . . . . .	40
ibandronate sodium . . . . .	57	INVEGA HAFYERA . . . . .	23
IBRANCE . . . . .	18	INVEGA SUSTENNA . . . . .	23
ibuprofen . . . . .	2	INVEGA TRINZA . . . . .	23
icatibant acetate . . . . .	53	IPOL . . . . .	55
ICLUSIG . . . . .	18	ipratropium bromide . . . . .	61
icosapent ethyl . . . . .	35	ipratropium bromide (nasal) . . . . .	61
IDHIFA . . . . .	17	ipratropium-albuterol . . . . .	63
imatinib mesylate . . . . .	18	irbesartan . . . . .	31
IMBRUVICA . . . . .	18	irbesartan-hydrochlorothiazide . . . . .	33
IMIPENEM-CILASTATIN . . . . .	7	ISENTRESS . . . . .	25
imipramine hcl . . . . .	13	ISENTRESS HD . . . . .	25
imipramine pamoate . . . . .	13	ISOLYTE-P IN D5W . . . . .	40
imiquimod . . . . .	39	ISONIAZID . . . . .	15
IMOVAX RABIES . . . . .	55	isosorbide dinitrate . . . . .	35
INATAL GT . . . . .	42	isosorbide mononitrate . . . . .	35
INCRELEX . . . . .	49	isotretinoin . . . . .	37
INCRUSE ELLIPTA . . . . .	61	itraconazole . . . . .	14
indapamide . . . . .	34	ivabradine hcl . . . . .	33
indomethacin . . . . .	2	ivermectin . . . . .	20
INFANRIX . . . . .	55	IWILFIN . . . . .	17
INLYTA . . . . .	19	IXCHIQ . . . . .	55
INQOVI . . . . .	17	IXIARO . . . . .	55
INREBIC . . . . .	17		
INSULIN ASP PROT & ASP FLEXPEN . . . . .	29		
INSULIN ASPART . . . . .	29		
INSULIN ASPART FLEXPEN . . . . .	29		

<b>J</b>	
JAKAFI	19
JARDIANCE	28
JAYPIRCA	17
JENLIVA PRENATAL/POSTNATAL	42
JULUCA	25
JUXTAPID	35
JYNNEOS	55
<b>K</b>	
KALYDECO	62
KCL (0.149%) IN NAACL	40
KCL (0.298%) IN NAACL	40
KCL IN DEXTROSE-NAACL	40
KCL-LACTATED RINGERS-D5W	40
KERENDIA	34
ketoconazole	14
ketoconazole (topical)	14
ketorolac tromethamine (ophth)	59
KINERET	53
KINRIX	55
Kisqali	19
Kisqali FEMARA	17
KOSELUGO	17
KOSHER PRENATAL PLUS IRON	42
KRAZATI	17
<b>L</b>	
labetalol hcl	32
lacosamide	10
lactic acid (ammonium lactate)	38
LACTULOSE	46
lactulose (encephalopathy)	46
LAGEVRIO	58
lamivudine	26
lamivudine (hbv)	24
lamivudine-zidovudine	26
lamotrigine	9
lansoprazole	47
lanthanum carbonate	41
lapatinib ditosylate	19
latanoprost	60
LEDIPASVIR-SOFOSBUVIR	24
leflunomide	54
lenalidomide	16
Lenvima	19
letrozole	18
leucovorin calcium	20
LEUKERAN	16
LEUKINE	30
leuprolide acetate	52
LEUPROLIDE ACETATE (3 MONTH)	52
levalbuterol hcl	61
LEVALBUTEROL TARTRATE	61
levetiracetam	9
LEVOBUNOLOL HCL	60
levocetirizine dihydrochloride	61
levofloxacin	8
LEVOFLOXACIN	59
levofloxacin (ophth)	59
levofloxacin in d5w	8
levonorgestrel & eth estradiol	51
levonorgestrel-eth estradiol (triphasic)	51
levonorgestrel-ethinyl estradiol (91-day)	51
levonorgestrel-ethinyl estradiol (continuous)	51
levonorgestrel-ethinyl estradiol-ferrous bisglycinate	51
levothyroxine sodium	52
LIBERVANT	10
lidocaine	3
lidocaine hcl	3
lidocaine hcl (mouth-throat)	3
lidocaine-prilocaine	3
linezolid	5
LINZESS	46
liothyronine sodium	52
lisinopril	31
lisinopril & hydrochlorothiazide	33
LITHIUM	28
lithium carbonate	28
LOKELMA	41



LONSURF	17	mercaptopurine	17
loperamide hcl	47	meropenem	7
lopinavir-ritonavir	26	mesalamine	56
lorazepam	27	mesalamine w/ cleanser	57
LORBRENA	19	MESNEX	20
losartan potassium	31	metformin hcl	28
losartan potassium & hydrochlorothiazide	33	methadone hcl	2
LOTEMAX	59	methazolamide	60
loteprednol etabonate	59	methenamine hippurate	5
loxapine succinate	22	methimazole	52
lubiprostone	46	methocarbamol	63
LUMAKRAS	17	methotrexate sodium	54
LUPRON DEPOT	52	METHOXSALEN RAPID	39
lurasidone hcl	23	methsuximide	10
LYBALVI	11	methylphenidate hcl	36
LYNPARZA	19	METHYLPHENIDATE HCL ER	36
LYSODREN	52	METHYLPHENIDATE HCL ER (OSM)	36
Lytgobi	19	methylprednisolone	49
<b>M</b>		metoclopramide hcl	13
M-M-R II	55	metolazone	34
M-NATAL PLUS	42	metoprolol & hydrochlorothiazide	33
magnesium sulfate	40	metoprolol succinate	32
malathion	39	metoprolol tartrate	32
maraviroc	26	metronidazole	5
MARPLAN	11	metronidazole (topical)	5
MATULANE	16	metronidazole vaginal	5
MAVYRET	24	metyrosine	33
meclizine hcl	13	mexiletine hcl	32
medroxyprogesterone acetate	51	micafungin sodium	14
medroxyprogesterone acetate (contraceptive)	51	MICONAZOLE 3	14
mefloquine hcl	21	midodrine hcl	31
megestrol acetate	51	mifepristone (hyperglycemia)	49
MEKINIST	19	miglustat	48
MEKTOVI	19	minocycline hcl	9
meloxicam	2	minoxidil	35
memantine hcl	11	mirabegron	48
MENACTRA	55	MIRENA (52 MG)	51
MENEST	51	mirtazapine	11
MENQUADFI	55	misoprostol	50
MENVEO	56	modafinil	63
		MOLINDONE HCL	22

mometasone furoate	38	NEONATAL FE	42
montelukast sodium	61	NEONATAL PLUS	43
morphine sulfate	2	NERLYNX	19
MORPHINE SULFATE	3	NESTABS	43
MORPHINE SULFATE (CONCENTRATE)	3	NESTABS DHA	43
MOXIFLOXACIN HCL	8	NESTABS ONE	43
moxifloxacin hcl (ophth)	59	NEUPRO	21
MOXIFLOXACIN HCL IN NACL	8	nevirapine	25
MULTI-MAC	42	niacin (antihyperlipidemic)	35
multiple vitamins w/ minerals	8	NICOTROL	4
mupirocin	39	nifedipine	32
mupirocin calcium (topical)	39	nilutamide	16
mycophenolate mofetil	54	nimodipine	32
mycophenolate sodium	54	NINLARO	17
<b>N</b>		NITAZOXANIDE	21
nabumetone	2	NITRO-BID	35
nadolol	32	NITRO-DUR	35
naftillin sodium	7	nitrofurantoin macrocrystal	5
NALOXONE HCL	4	nitrofurantoin monohyd macro	5
naltrexone hcl	4	nitroglycerin	35
NAMZARIC	11	nitroglycerin (intra-anal)	35
naproxen	2	NIVA-PLUS	43
naratriptan hcl	15	NIVESTYM	30
NATACHEW	42	NIZATIDINE	47
NATACYN	59	NORDITROPIN FLEXPRO	50
NATAL PNV	42	norethin acet & estrad-fe	51
NATALVIT	42	norethindrone & ethinyl estradiol-fe	51
nateglinide	28	norethindrone (contraceptive)	51
NAYZILAM	10	norethindrone acet & eth estra	51
NEEDLES, INSULIN DISP., SAFETY	58	norethindrone acetate-ethinyl estradiol	51
NEEVO DHA	42	norethindrone acetate-ethinyl estradiol-fe	51
NEFAZODONE HCL	12	norgestimate-ethinyl estradiol	51
neomycin sulfate	4	norgestimate-ethinyl estradiol (triphasic)	51
neomycin-bacitracin zn-polymyxin	58	norgestrel & ethinyl estradiol	51
neomycin-polymy-dexameth	58	nortriptyline hcl	13
NEOMYCIN-POLYMYXIN-HC	58	NORVIR	26
neomycin-polymyxin-hc (otic)	60	NOVOLIN 70/30	30
NEONATAL + DHA	42	NOVOLIN 70/30 FLEXPEN	30
NEONATAL 19	42	NOVOLIN N	30
NEONATAL COMPLETE	42	NOVOLIN N FLEXPEN	30
		NOVOLIN R	30

NOVOLIN R FLEXPEN	30	ONGENTYS	21
NUBEQA	16	ONUREG	17
NUCALA	63	OPSUMIT	62
NUEDEXTA	36	ORENCIA	53
NUPLAZID	23	ORENCIA CLICKJECT	53
NURTEC	14	ORGOVYX	52
NUTRILIPID	40	ORKAMBI	62
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	27
nystatin (mouth-throat)	14	oxcarbazepine	10
nystatin (topical)	14	oxybutynin chloride	48
nystatin-triamcinolone	39	oxycodone hcl	3
<b>O</b>		OXYCODONE HCL ER	2
OB COMPLETE	43	oxycodone w/ acetaminophen	3
OB COMPLETE ONE	43	OXYCODONE-ACETAMINOPHEN	3
OB COMPLETE PETITE	43	OXYCONTIN	2
OB COMPLETE PREMIER	43	OXYTROL	48
OB COMPLETE/DHA	43	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	28
OBSTETRIX EC (WITH DOCUSATE)	43	OZEMPIC (1 MG/DOSE)	28
OBSTETRIX ONE (WITH DOCUSATE)	43	OZEMPIC (2 MG/DOSE)	28
octreotide acetate	52	OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	28
ODEFSEY	25	<b>P</b>	
ODOMZO	19	paliperidone	23
OFEV	62	PANRETIN	20
OFLOXACIN	8	pantoprazole sodium	47
ofloxacin (ophth)	59	paroxetine hcl	12
ofloxacin (otic)	60	paroxetine mesylate (vasomotor)	12
OGSIVEO	17	PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	58
OJEMDA	19	PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	58
OJJAARA	19	pazopanib hcl	19
olanzapine	23	PEDIARIX	56
OLUMIANT	53	PEDVAX HIB	56
omega-3-acid ethyl esters	35	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	47
omeprazole	47		
OMNITROPE	50		
ondansetron	13		
ondansetron hcl	13		
ONE VITE WOMENS PLUS	43		

peg 3350-kcl-sod bicarb-sod chloride-sod sulfate . . . . .	47	podofilox . . . . .	39
peg 3350-potassium chloride-sod bicarbonate-sod chloride . . . . .	47	polymyxin b sulfate . . . . .	5
PEGASYS . . . . .	54	polymyxin b-trimethoprim . . . . .	59
PEMAZYRE . . . . .	19	POMALYST . . . . .	16
PENBRAYA . . . . .	56	posaconazole . . . . .	14
penicillamine . . . . .	49	potassium chloride . . . . .	40
PENICILLIN G POT IN DEXTROSE . . . . .	7	POTASSIUM CHLORIDE ER . . . . .	40
penicillin g potassium . . . . .	7	potassium chloride in dextrose . . . . .	40
PENICILLIN G SODIUM . . . . .	7	potassium chloride in dextrose & sodium chloride . . . . .	40
penicillin v potassium . . . . .	7	POTASSIUM CHLORIDE IN NACL . . . . .	40
PENTACEL . . . . .	56	potassium chloride microencapsulated crystals er . . . . .	40
pentamidine isethionate . . . . .	21	potassium citrate (alkalinizer) . . . . .	40
PENTASA . . . . .	57	PR NATAL 400 . . . . .	43
pentoxifylline . . . . .	33	PR NATAL 400 EC . . . . .	43
permethrin . . . . .	39	PR NATAL 430 . . . . .	43
perphenazine . . . . .	13	PR NATAL 430 EC . . . . .	43
PERSERIS . . . . .	23	pramipexole dihydrochloride . . . . .	22
PHENELZINE SULFATE . . . . .	11	pravastatin sodium . . . . .	34
phenobarbital . . . . .	10	praziquantel . . . . .	20
phenytoin . . . . .	10	prazosin hcl . . . . .	31
phenytoin sodium extended . . . . .	10	PRED MILD . . . . .	59
PIFELTRO . . . . .	25	prednisolone . . . . .	49
pilocarpine hcl . . . . .	60	PREDNISOLONE ACETATE . . . . .	59
pilocarpine hcl (oral) . . . . .	37	prednisolone acetate (ophth) . . . . .	59
PIMOZIDE . . . . .	22	prednisolone sodium phosphate . . . . .	49
pindolol . . . . .	32	PREDNISOLONE SODIUM PHOSPHATE . . . . .	59
pioglitazone hcl . . . . .	28	prednisone . . . . .	49
pioglitazone hcl-metformin hcl . . . . .	28	PREDNISON INTENSOL . . . . .	49
piperacillin sodium-tazobactam sodium . . . . .	7	pregabalin . . . . .	36
Piqray . . . . .	19	PREGEN DHA . . . . .	43
pirfenidone . . . . .	62	PREGENNA . . . . .	43
PNV PRENATAL PLUS MULTIVIT+DHA . . . . .	43	PREHEVBRIO . . . . .	56
PNV PRENATAL PLUS MULTIVITAMIN . . . . .	43	PREMARIN . . . . .	51
PNV TABS 20-1 . . . . .	43	PREMASOL . . . . .	40
PNV TABS 29-1 . . . . .	43	PREMESISRX . . . . .	43
PNV-DHA . . . . .	43	PREMPRO . . . . .	51
PNV-DHA+DOCUSATE . . . . .	43	PRENA 1 TRUE . . . . .	43
PNV-OMEGA . . . . .	43	PRENA1 . . . . .	43
PNV-SELECT . . . . .	43	PRENA1 PEARL . . . . .	43

PRENAISSANCE	44	PROGRAF	55
PRENAISSANCE PLUS	44	PROLASTIN-C	48
PRENARA	44	PROLIA	57
PRENATAL	44	PROMACTA	30
PRENATAL 19	44	promethazine hcl	13
PRENATAL PLUS	44	propafenone hcl	32
PRENATAL PLUS IRON	44	propranolol hcl	32
PRENATAL PLUS VITAMIN/MINERAL	44	propylthiouracil	52
PRENATAL VITAMIN PLUS LOW IRON	44	PROQUAD	56
PRENATAL-U	44	PROSOL	40
PRENATE	44	protriptyline hcl	13
PRENATE AM	44	PROVIDA OB	44
PRENATE DHA	44	PULMICORT FLEXHALER	60
PRENATE ELITE	44	PULMOZYME	62
PRENATE ENHANCE	44	PURIXAN	17
PRENATE ESSENTIAL	44	pyrazinamide	15
PRENATE MINI	44	pyridostigmine bromide	15
PRENATE PIXIE	44	pyrimethamine	21
PRENATE RESTORE	44		
PRENATOL-M	44	<b>Q</b>	
PRENATRIX	44	QINLOCK	17
PRENATRYL	44	QUADRACEL	56
PRENATVITE COMPLETE	44	quetiapine fumarate	23
PRENATVITE PLUS	44	quinidine gluconate	32
PRENATVITE RX	44	quinidine sulfate	32
PREPLUS	44	quinine sulfate	21
PRETAB	44	QULIPTA	15
PRETOMANID	15		
PREVYMIS	24	<b>R</b>	
PREZCOBIX	26	R-NATAL OB	44
PREZISTA	26	RABAVERT	56
PRIFTIN	15	raloxifene hcl	51
PRIMACARE	44	ramelteon	63
primaquine phosphate	21	ramipril	31
PRIMIDONE	10	ranolazine	33
PRIORIX	56	rasagiline mesylate	22
PRIVIGEN	53	RAVICTI	48
probenecid	14	REBIF	37
prochlorperazine	13	REBIF REBIDOSE	37
prochlorperazine maleate	13	REBIF REBIDOSE TITRATION PACK	37
progesterone	51	REBIF TITRATION PACK	37

RECOMBIVAX HB.....	56
RECORLEV.....	52
RELENZA DISKHALER.....	27
RELISTOR.....	46
RELNATE DHA.....	44
repaglinide.....	29
REPATHA.....	35
REPATHA PUSHTRONEX SYSTEM.....	35
REPATHA SURECLICK.....	35
RESTASIS MULTIDOSE.....	58
RETACRIT.....	31
RETEVMO.....	17
REXULTI.....	23
REYATAZ.....	26
REZLIDHIA.....	19
REZUROCK.....	55
RHOPRESSA.....	60
RIBAVIRIN.....	24
ribavirin (hepatitis c).....	24
rifabutin.....	15
rifampin.....	16
riluzole.....	36
risperidone.....	23
risperidone microspheres.....	23
ritonavir.....	26
rivastigmine.....	11
rivastigmine tartrate.....	11
rizatriptan benzoate.....	15
roflumilast.....	62
ropinirole hydrochloride.....	22
rosuvastatin calcium.....	34
ROTARIX.....	56
ROTATEO.....	56
ROZLYTREK.....	17
RUBRACA.....	19
rufinamide.....	10
RUKOBIA.....	26
RYDAPT.....	19
RYTARY.....	22

## S

SANTYL.....	39
sapropterin dihydrochloride.....	48
saxagliptin hcl.....	29
saxagliptin-metformin hcl.....	29
SCEMBLIX.....	19
scopolamine.....	13
SE-NATAL 19.....	45
SECUADO.....	23
SELECT-OB.....	45
SELECT-OB+DHA.....	45
selegiline hcl.....	22
selenium sulfide.....	38
SELZENTRY.....	26
SEREVENT DISKUS.....	61
SEROSTIM.....	50
sertraline hcl.....	12
sevelamer carbonate.....	41
sevelamer hcl.....	41
SHINGRIX.....	56
SIGNIFOR.....	52
sildenafil citrate (pulmonary hypertension).....	62
silver sulfadiazine.....	39
SIMPONI.....	55
simvastatin.....	34
sirolimus.....	55
SIRTURO.....	16
SIVEXTRO.....	5
SKYRIZI.....	53
SKYRIZI PEN.....	53
sodium chloride.....	40
sodium chloride (gu irrigant).....	40
SODIUM FLUORIDE.....	41
SODIUM OXYBATE.....	63
sodium phenylbutyrate.....	48
sodium polystyrene sulfonate.....	41
SOFOSBUVIR-VELPATASVIR.....	24
solifenacin succinate.....	48
SOLTAMOX.....	16
SOMAVERT.....	52

sorafenib tosylate.....	19	TAFINLAR.....	19
sotalol hcl.....	32	TAGRISO.....	19
sotalol hcl (afib/afI).....	32	TALTZ.....	53
SOVALDI.....	24	TALZENNA.....	19
SPIRIVA RESPIMAT.....	61	tamoxifen citrate tab (10 mg equivalent).....	16
spironolactone.....	34	tamoxifen citrate tab (20 mg equivalent).....	16
spironolactone & hydrochlorothiazide.....	34	tamsulosin hcl.....	49
SPRITAM.....	9	TARON-C DHA.....	45
SPRYCEL.....	19	TARON-PREX.....	45
SPS (SODIUM POLYSTYRENE SULF).....	41	TASIGNA.....	19
STELARA.....	53	tasimelteon.....	63
STIVARGA.....	19	tazarotene.....	37
STREPTOMYCIN SULFATE.....	4	TAZORAC.....	37
STRIBILD.....	25	TAZVERIK.....	17
SUCRAID.....	48	TDVAX.....	56
sucrafate.....	47	TEFLARO.....	7
SULFACETAMIDE SODIUM.....	59	temazepam.....	63
sulfacetamide sodium (acne).....	8	TENIVAC.....	56
sulfacetamide sodium (ophth).....	59	tenofovir disoproxil fumarate.....	26
SULFACETAMIDE-PREDNISOLONE.....	58	TEPMETKO.....	19
sulfadiazine.....	8	terazosin hcl.....	31
sulfamethoxazole-trimethoprim.....	8	terbinafine hcl.....	14
sulfasalazine.....	57	terconazole vaginal.....	14
sulindac.....	2	teriflunomide.....	37
sumatriptan.....	15	TERIPARATIDE (RECOMBINANT).....	57
sumatriptan succinate.....	15	testosterone.....	50
sunitinib malate.....	19	TESTOSTERONE CYPIONATE.....	50
SUNLENCA.....	26	TESTOSTERONE ENANTHATE.....	50
SYMDEKO.....	62	tetrabenazine.....	36
SYMLINPEN 120.....	29	tetracycline hcl.....	9
SYMLINPEN 60.....	29	THALOMID.....	16
SYMPAZAN.....	10	THEO-24.....	62
SYMTUZA.....	26	theophylline.....	62
SYNAREL.....	52	THEOPHYLLINE ER.....	62
		thioridazine hcl.....	22
<b>T</b>		thiothixene.....	22
TABLOID.....	17	THRIVITE RX.....	45
TABRECTA.....	17	tiagabine hcl.....	10
tacrolimus.....	55	TIBSOVO.....	19
tacrolimus (topical).....	38	TICOVAC.....	56
tadalafil (pulmonary hypertension).....	62	tigecycline.....	5

timolol maleate	15	trifluoperazine hcl	22
timolol maleate (ophth)	60	TRIFLURIDINE	27
tiotropium bromide monohydrate	61	trihexyphenidyl hcl	21
TIVICAY	25	TRIKAFTA	62
TIVICAY PD	25	TRIMETHOPRIM	5
tizanidine hcl	24	trimethoprim 100 mg tab	5
TOBRADEX	58	trimipramine maleate	13
tobramycin	62	TRINATAL RX 1	45
tobramycin (ophth)	59	TRINATE	45
tobramycin sulfate	4	TRINAZ	45
tobramycin-dexamethasone	58	TRINTELLIX	12
tolcapone	21	TRISTART DHA	45
tolterodine tartrate	48	TRISTART FREE	45
topiramate	9	TRISTART ONE	45
toremifene citrate	16	TRIUMEO	26
torseamide	34	TRIUMEO PD	26
TPN ELECTROLYTES	45	TRIVEEN-DUO DHA	45
tramadol hcl	3	TRIZIVIR	26
TRAMADOL HCL ER	2	TROPHAMINE	41
TRAMADOL HCL ER (BIPHASIC)	2	tropium chloride	48
tramadol-acetaminophen	3	TRULICITY	29
tranexamic acid	31	TRUMENBA	56
tranylcypromine sulfate	11	TRUQAP	20
TRAVASOL	41	TUDORZA PRESSAIR	61
travoprost	60	TUKYSA	20
trazodone hcl	12	TURALIO	20
TRECTOR	16	TWINRIX	56
TRELEGY ELLIPTA	63	TYBOST	26
TRELSTAR MIXJECT	52	TYMLOS	57
TREMFYA	53	TYPHIM VI	56
tretinoin	37		
tretinoin (chemotherapy)	20	<b>U</b>	
tretinoin microsphere	37	UBRELVY	15
TRI-TABS DHA	45	UPTRAVI	62
triamcinolone acetonide (mouth)	37	URSODIOL	47
triamcinolone acetonide (topical)	38	UZEDY	23
triamterene & hydrochlorothiazide	34		
triazolam	63	<b>V</b>	
TRICARE	45	valacyclovir hcl	27
TRICARE PRENATAL DHA ONE	45	VALCHLOR	16
trientine hcl	41	valganciclovir hcl	24



valproate sodium	9	VITAFOL-OB	45
valproic acid	9	VITAFOL-OB+DHA	45
valsartan	31	VITAFOL-ONE	46
valsartan-hydrochlorothiazide	34	VITAMEDMD ONE RX/QUATREFOLIC	46
Valtoco	10	VITAMEDMD REDICHEW RX	46
VANCOMYCIN HCL	6	VITAPEARL	46
VANCOMYCIN HCL IN DEXTROSE	6	VITATHELY WITH GINGER	46
VANCOMYCIN HCL IN NACL	6	VITATRUE	46
VANFLYTA	17	VITRAKVI	20
VAQTA	56	VIVA DHA	46
varenicline tartrate	4	VIZIMPRO	20
VARIVAX	56	VOL-PLUS	46
VAXCHORA	56	VOL-TAB RX	46
VELSIPITY	53	VONJO	20
VELTASSA	41	VORICONAZOLE	14
VENCLEXTA	20	voriconazole	14
VENCLEXTA STARTING PACK	20	VOSEVI	24
VENLAFAXINE BESYLATE ER	12	VP-PNV-DHA	46
venlafaxine hcl	12	VRAYLAR	23
verapamil hcl	33		
VERAPAMIL HCL ER	33	<b>W</b>	
VERQUOVO	34	warfarin sodium	30
VERSACLOZ	24	WELIREG	17
VERZENIO	20	WESCAP-C DHA	46
vigabatrin	10	WESCAP-PN DHA	46
VIJOICE	48	WESNATAL DHA COMPLETE	46
vilazodone hcl	12	WESNATE DHA	46
VINATE DHA RF	45	WESTAB PLUS	46
VINATE II	45	WESTGEL DHA	46
VINATE ONE	45	wixela inhub	63
VIRACEPT	27		
VIREAD	26	<b>X</b>	
VIRT-C DHA	45	XALKORI	20
VIRT-NATE DHA	45	XARELTO	30
VIRT-PN DHA	45	XARELTO STARTER PACK	30
VIRT-PN PLUS	45	XATMEP	55
VITAFOL FE+	45	XCOPRI	9
VITAFOL GUMMIES	45	XCOPRI (250 MG DAILY DOSE)	9
VITAFOL STRIPS	45	XCOPRI (350 MG DAILY DOSE)	9
VITAFOL ULTRA	45	XELJANZ	53
VITAFOL-NANO	45	XELJANZ XR	53

XERMELO .....	47
XGEVA .....	57
XIFAXAN .....	6
XOLAIR .....	54
XOSPATA .....	20
Xpovio .....	18
XTANDI .....	16

## Y

YF-VAX .....	56
YONSA .....	16

## Z

zafirlukast .....	61
zaleplon .....	63
ZALVIT .....	46
ZATEAN-PN DHA .....	46
ZATEAN-PN PLUS .....	46
ZEJULA .....	20
ZELBORAF .....	20
ZEMAIRA .....	48
ZENPEP .....	48
ZEPATIER .....	24
ZEPOSIA .....	37
ZEPOSIA 7-DAY STARTER PACK .....	37
ZEPOSIA STARTER KIT .....	37
zidovudine .....	26
zileuton .....	61
ZIPHEX .....	46
ziprasidone hcl .....	23
ziprasidone mesylate .....	24
ZIRGAN .....	24
ZOLINZA .....	18
zolpidem tartrate .....	63
ZONISADE .....	10
zonisamide .....	11
ZTALMY .....	9
ZURZUVAE .....	11
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 11/1/2024.

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](http://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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