



Program of All-Inclusive Care for the Elderly

Formulary

2025 List of Covered Drugs

THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.
HPMS Approved Formulary File Submission ID 00025393, Version 10

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 3/1/2025.



For help or information:
www.communitycareinc.org
Call toll free: 866-992-6600
TTY, the Wisconsin Relay System at 711

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-992-6600 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-992-6600 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-992-6600 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-992-6600 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-992-6600 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-992-6600 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-992-6600 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-992-6600 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-992-6600 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-992-6600 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-866-992-6600 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-992-6600 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-992-6600 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-992-6600 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-992-6600 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-992-6600 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますご紹介します。通訳をご用命になるには、1-866-992-6600 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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.

2025 Formulary PACE

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 Drug List (formulary) for our plan which is current as of 3/1/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2025, and from time to time during the year.

What is the Community Care formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Community Care in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Community Care will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Community Care network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but Community Care may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <http://www.communitycareinc.org>.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

2025 Formulary PACE

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Community Care Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. 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. Alternatively, when a member requests a refill of the drug, they may receive a 34-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 3/1/2025. 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 page 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 63. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Community Care covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

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 prescriber 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 website. We have posted online documents that explain our prior authorization restriction and step therapy restriction. 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 VIII 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.

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 Member Services and ask if your drug is covered. Community Care may cover your drug. For more information, 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 learn that Community Care does not cover your drug, you have two options:

- You can ask Member Services 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 a coverage restriction including prior authorization, step therapy, or a quantity limit 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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, 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.

For more information

For more detailed information about your Community Care prescription drug coverage, please review your Evidence of Coverage and other plan materials.

2025 Formulary PACE

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 the 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 63.

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

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

LEGEND

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.

List of Covered Drugs

DRUG	REQUIREMENTS/LIMITS
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
<i>celecoxib cap 50 mg, cap 100 mg, cap 200 mg, cap 400 mg</i>	
DICLOFENAC EPOLAMINE	PA
<i>diclofenac potassium tab 25 mg, tab 50 mg</i>	
<i>diclofenac sodium (topical) soln 1.5%</i>	
<i>diclofenac sodium tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg</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 tab 500 mg, tab 750 mg</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 tab 150 mg, tab 200 mg</i>	
OPIOID ANALGESICS, LONG-ACTING	
<i>fentanyl</i>	
<i>methadone hcl methadone hcl 5 mg/5ml solution, methadone hcl 10 mg/5ml solution, methadone hcl soln 5 mg/5ml, methadone hcl soln 10 mg/5ml, methadone hcl tab 5 mg, methadone hcl 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>	
OXYCONTIN	
TRAMADOL HCL ER	
<i>tramadol hcl er (biphasic)</i>	
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen w/ codeine</i>	
ACETAMINOPHEN-CODEINE	
CODEINE SULFATE CODEINE SULFATE 15 MG TAB, CODEINE SULFATE 30 MG TAB, CODEINE SULFATE 60 MG TAB, CODEINE SULFATE TAB 30 MG	
<i>hydrocodone-acetaminophen -soln 7.5-325 mg/15ml, -tab 5-325 mg, -tab 7.5-325 mg, -tab 10-325 mg</i>	
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg</i>	
MORPHINE SULFATE (CONCENTRATE)	
MORPHINE SULFATE MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 15 MG TAB, MORPHINE SULFATE 20 MG/5ML SOLUTION, MORPHINE SULFATE 30 MG TAB, MORPHINE SULFATE ORAL SOLN 10 MG/5ML, MORPHINE SULFATE ORAL SOLN 20 MG/5ML, MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML), MORPHINE SULFATE TAB 15 MG, MORPHINE SULFATE TAB 30 MG	
<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	
<i>lidocaine hcl (mouth-throat)</i>	
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine oint 5%</i>	
<i>lidocaine patch 5%</i>	PA
<i>lidocaine-prilocaine</i>	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENTS/ANTI-CRAVING	
<i>acamprosate calcium</i>	
<i>disulfiram tab 250 mg, tab 500 mg</i>	
OPIOID DEPENDENCE	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	
<i>naltrexone hcl tab 50 mg</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
OPIOID REVERSAL AGENTS	
NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL INJ 0.4 MG/ML, NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML	
OPVEE	
SMOKING CESSATION AGENTS	
<i>bupropion hcl (smoking deterrent)</i>	
<i>varenicline tartrate</i>	PA
ANTIBACTERIALS	
AMINOGLYCOSIDES	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
ARIKAYCE	
<i>gentamicin in saline gentamicin in saline 0.8-0.9 mg/ml-% solution, gentamicin in saline 1-0.9 mg/ml-% solution, gentamicin in saline 1.6-0.9 mg/ml-% solution, gentamicin in saline inj 1.2 mg/ml</i>	
<i>gentamicin sulfate (topical)</i>	
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>neomycin sulfate tab 500 mg</i>	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	
<i>tobramycin sulfate tobramycin sulfate 10 mg/ml solution, tobramycin sulfate for inj 1.2 gm, tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv), tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	
ANTIBACTERIALS, OTHER	
<i>acetic acid (otic)</i>	
<i>aztreonam</i>	
CLEOCIN 100 MG SUPPOS	
<i>clindamycin hcl cap 75 mg, cap 150 mg, cap 300 mg</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate in d5w</i>	
<i>clindamycin phosphate inj 900 mg/6ml</i>	
<i>clindamycin phosphate vaginal</i>	
<i>colistimethate sodium for inj 150 mg (colistin base activity)</i>	
<i>daptomycin daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin for iv soln 350 mg, daptomycin for iv soln 500 mg</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>fosfomycin tromethamine</i>	
<i>linezolid</i>	
<i>methenamine hippurate</i>	
<i>metronidazole (topical)</i>	
<i>metronidazole metronidazole 500 mg/100ml solution, metronidazole cap 375 mg, metronidazole iv soln 500 mg/100ml, metronidazole tab 250 mg, metronidazole tab 500 mg</i>	
<i>metronidazole vaginal</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohyd macro</i>	
<i>polymyxin b sulfate for inj 500000 unit</i>	
SIVEXTRO	
<i>tigecycline tigecycline 50 mg recon soln, tigecycline for iv soln 50 mg</i>	
<i>tinidazole tab 250 mg, tab 500 mg</i>	
TRIMETHOPRIM 100 MG TAB	
trimethoprim 100 mg tab	
VANCOMYCIN HCL IN DEXTROSE	
VANCOMYCIN HCL IN NACL	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
VANCOMYCIN HCL VANCOMYCIN HCL 1 GM RECON SOLN, VANCOMYCIN HCL 1.25 GM RECON SOLN, VANCOMYCIN HCL 1.5 GM RECON SOLN, VANCOMYCIN HCL 5 GM RECON SOLN, VANCOMYCIN HCL 10 GM RECON SOLN, VANCOMYCIN HCL 100 GM RECON SOLN, VANCOMYCIN HCL 250 MG RECON SOLN, VANCOMYCIN HCL 500 MG RECON SOLN, VANCOMYCIN HCL 500 MG/100ML SOLUTION, VANCOMYCIN HCL 750 MG RECON SOLN, VANCOMYCIN HCL 750 MG/150ML SOLUTION, VANCOMYCIN HCL 1000 MG/200ML SOLUTION, VANCOMYCIN HCL 1250 MG/250ML SOLUTION, VANCOMYCIN HCL 1500 MG/300ML SOLUTION, VANCOMYCIN HCL 1750 MG/350ML SOLUTION, VANCOMYCIN HCL 2000 MG/400ML SOLUTION, VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT), VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 1 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 1.25 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 1.5 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 5 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 10 GM (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 500 MG (BASE EQUIVALENT), VANCOMYCIN HCL FOR IV SOLN 750 MG (BASE EQUIVALENT), VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT), VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)	
XIFAXAN	
BETA-LACTAM, CEPHALOSPORINS	
<i>cefadroxil cefadroxil 1 gm tab, cefadroxil cap 500 mg, cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml</i>	
CEFAZOLIN SODIUM CEFAZOLIN SODIUM 1 GM RECON SOLN, CEFAZOLIN SODIUM FOR INJ 1 GM, CEFAZOLIN SODIUM FOR INJ 10 GM, CEFAZOLIN SODIUM FOR INJ 500 MG	
<i>cefdinir</i>	
<i>cefepime hcl inj 1 gm, iv soln 2 gm</i>	
<i>cefixime</i>	
<i>cefoxitin sodium</i>	
<i>cefpodoxime proxetil</i>	
<i>cefprozil</i>	
<i>ceftazidime inj 1 gm, inj 6 gm, iv soln 2 gm</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</i>	
<i>cephalexin</i>	
TEFLARO	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
BETA-LACTAM, PENICILLINS	
<i>amoxicillin & pot clavulanate</i>	
<i>amoxicillin amoxicillin 125 mg chew tab, amoxicillin 250 mg chew tab, amoxicillin 400 mg/5ml recon susp, amoxicillin (trihydrate) cap 250 mg, amoxicillin (trihydrate) cap 500 mg, amoxicillin (trihydrate) for susp 125 mg/5ml, amoxicillin (trihydrate) for susp 200 mg/5ml, amoxicillin (trihydrate) for susp 250 mg/5ml, amoxicillin (trihydrate) for susp 400 mg/5ml, amoxicillin (trihydrate) tab 500 mg, amoxicillin (trihydrate) tab 875 mg</i>	
AMOXICILLIN-POT CLAVULANATE -400-57 MG CHEW TAB	
AMOXICILLIN-POT CLAVULANATE ER	
<i>ampicillin & sulbactam sodium</i>	
AMPICILLIN AMPICILLIN 500 MG CAP, AMPICILLIN CAP 500 MG	
AMPICILLIN SODIUM AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN, AMPICILLIN SODIUM FOR INJ 1 GM, AMPICILLIN SODIUM FOR IV SOLN 10 GM	
AMPICILLIN-SULBACTAM SODIUM	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln, nafcillin sodium for inj 1 gm, nafcillin sodium for inj 2 gm, nafcillin sodium 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 penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium tab 250 mg, penicillin v potassium tab 500 mg</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
CARBAPENEMS	
<i>ertapenem sodium</i>	
IMIPENEM-CILASTATIN IMIPENEM-CILASTATIN 250 MG RECON SOLN, IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 500 MG	
<i>meropenem</i>	
MACROLIDES	
<i>azithromycin 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>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>clarithromycin clarithromycin 125 mg/5ml recon susp, clarithromycin 250 mg/5ml recon susp, clarithromycin tab 250 mg, clarithromycin tab 500 mg, clarithromycin tab er 24hr 500 mg</i>	
DIFICID 200 MG TAB	
ERYTHROCIN LACTOBIONATE	
<i>erythromycin base erythromycin base 250 mg cp dr part, erythromycin tab 250 mg, erythromycin tab 500 mg, erythromycin tab delayed release 250 mg, erythromycin tab delayed release 333 mg, erythromycin tab delayed release 500 mg</i>	
<i>erythromycin ethylsuccinate erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate for susp 200 mg/5ml, erythromycin ethylsuccinate for susp 400 mg/5ml</i>	
<i>erythromycin lactobionate</i>	
ERYTHROMYCIN STEARATE	
QUINOLONES	
<i>ciprofloxacin hcl tab 250 mg equiv), tab 500 mg equiv), tab 750 mg equiv)</i>	
CIPROFLOXACIN IN D5W CIPROFLOXACIN 200 MG/100ML IN D5W, CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION	
<i>levofloxacin in d5w in soln 500 mg/100ml, in soln 750 mg/150ml</i>	
<i>levofloxacin oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg</i>	
MOXIFLOXACIN HCL IN NACL	
MOXIFLOXACIN HCL MOXIFLOXACIN HCL 400 MG/250ML SOLUTION, MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV)	
OFLOXACIN OFLOXACIN 300 MG TAB, OFLOXACIN TAB 400 MG	
SULFONAMIDES	
<i>sulfacetamide sodium (acne)</i>	
<i>sulfadiazine tab 500 mg</i>	
<i>sulfamethoxazole-trimethoprim -susp 200-40 mg/5ml, -tab 400-80 mg, -tab 800-160 mg</i>	
TETRACYCLINES	
<i>demeclocycline hcl</i>	
<i>doxycycline (monohydrate)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>doxycycline hyclate doxycycline hyclate 80 mg tab dr, doxycycline hyclate cap 50 mg, doxycycline hyclate cap 100 mg, doxycycline hyclate for inj 100 mg, doxycycline hyclate tab 20 mg, doxycycline hyclate tab 50 mg, doxycycline hyclate tab 75 mg, doxycycline hyclate tab 100 mg, doxycycline hyclate tab 150 mg, doxycycline hyclate tab delayed release 50 mg, doxycycline hyclate tab delayed release 75 mg, doxycycline hyclate tab delayed release 100 mg, doxycycline hyclate tab delayed release 150 mg, doxycycline hyclate tab delayed release 200 mg</i>	
<i>minocycline hcl cap 50 mg, cap 75 mg, cap 100 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab er 24hr 105 mg, tab er 24hr 115 mg, tab er 24hr 135 mg, tab er 24hr 45 mg, tab er 24hr 55 mg, tab er 24hr 65 mg, tab er 24hr 80 mg, tab er 24hr 90 mg</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	
<i>divalproex sodium cap delayed release sprinkle 125 mg, tab delayed release 125 mg, tab delayed release 250 mg, tab delayed release 500 mg, tab er 24 hr 250 mg, tab er 24 hr 500 mg</i>	
EPIDIOLEX	PA2
EPRONTIA	
<i>felbamate</i>	
FINTEPLA	
FYCOMPA	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>lamotrigine orally disintegrating tab 25 mg, orally disintegrating tab 50 mg, orally disintegrating tab 100 mg, orally disintegrating tab 200 mg, tab 25 mg, tab 25 mg (42) & 100 mg (7) starter kit, tab 35 x 25 mg starter kit, tab 84 x 25 mg & 14 x 100 mg starter kit, tab 100 mg, tab 150 mg, tab 200 mg, tab chewable dispersible 5 mg, tab chewable dispersible 25 mg, tab disint 21 x 25 mg & 7 x 50 mg titration kit, tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit, tab disint 42 x 50mg & 14 x 100mg titration kit, tab er 24hr 100 mg, tab er 24hr 200 mg, tab er 24hr 25 mg, tab er 24hr 250 mg, tab er 24hr 300 mg, tab er 24hr 50 mg</i>	
<i>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</i>	
SPRITAM	
<i>topiramate cap er 24hr 200 mg, cap er 24hr sprinkle 100 mg, cap er 24hr sprinkle 150 mg, cap er 24hr sprinkle 200 mg, cap er 24hr sprinkle 25 mg, cap er 24hr sprinkle 50 mg, sprinkle cap 15 mg, sprinkle cap 25 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg</i>	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
<i>valproic acid cap 250 mg</i>	
CALCIUM CHANNEL MODIFYING AGENTS	
<i>ethosuximide cap 250 mg, soln 250 mg/5ml</i>	
<i>methsuximide</i>	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS	
<i>clobazam</i>	
<i>diazepam (anticonvulsant)</i>	
DIAZEPAM 2.5 MG GEL	
<i>gabapentin cap 100 mg, cap 300 mg, cap 400 mg, oral soln 250 mg/5ml, tab 600 mg, tab 800 mg</i>	
LIBERVANT	
NAYZILAM	
<i>phenobarbital elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg</i>	
PRIMIDONE PRIMIDONE 125 MG TAB, PRIMIDONE TAB 50 MG, PRIMIDONE TAB 250 MG	
SYMPAZAN	
<i>tiagabine hcl</i>	
VALTOCO	
<i>vigabatrin</i>	
ZTALMY	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
SODIUM CHANNEL AGENTS	
APTIOM	
<i>carbamazepine cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, chew tab 100 mg, susp 100 mg/5ml, tab 200 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg</i>	
DILANTIN 30 MG CAP	
<i>lacosamide lacosamide 10 mg/ml solution, lacosamide oral solution 10 mg/ml, lacosamide tab 50 mg, lacosamide tab 100 mg, lacosamide tab 150 mg, lacosamide 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 cap 100 mg</i>	
<i>rufinamide</i>	
XCOPRI	
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	
XCOPRI (350 MG DAILY DOSE)	
ZONISADE	
<i>zonisamide cap 25 mg, cap 50 mg, cap 100 mg</i>	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, OTHER	
NAMZARIC	
CHOLINESTERASE INHIBITORS	
<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>	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	
<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 & 21 x 10 mg titration pack</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
AUVELITY	
BUPROPION HCL ER (XL)	
<i>bupropion hcl tab 75 mg, tab 100 mg, tab er 12hr 100 mg, tab er 12hr 150 mg, tab er 12hr 200 mg, tab er 24hr 150 mg, tab er 24hr 300 mg</i>	
<i>mirtazapine orally disintegrating tab 15 mg, orally disintegrating tab 30 mg, orally disintegrating tab 45 mg, tab 7.5 mg, tab 15 mg, tab 30 mg, tab 45 mg</i>	
ZURZUVAE	
MONOAMINE OXIDASE INHIBITORS	
EMSAM	
MARPLAN	
PHENELZINE SULFATE PHENELZINE SULFATE 15 MG TAB, PHENELZINE SULFATE TAB 15 MG	
<i>tranylcypromine sulfate</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>citalopram hydrobromide oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv)</i>	
DESVENLAFAXINE ER	
<i>desvenlafaxine succinate</i>	
<i>escitalopram oxalate soln 5 mg/5ml equiv), tab 5 mg equiv), tab 10 mg equiv), tab 20 mg equiv)</i>	
FETZIMA	
FETZIMA TITRATION	
FLUOXETINE HCL (PMDD)	
<i>fluoxetine hcl fluoxetine hcl 60 mg tab, fluoxetine hcl 90 mg cap dr, fluoxetine hcl cap 10 mg, fluoxetine hcl cap 20 mg, fluoxetine hcl cap 40 mg, fluoxetine hcl solution 20 mg/5ml, fluoxetine hcl tab 10 mg, fluoxetine hcl tab 20 mg, fluoxetine hcl tab 60 mg</i>	
<i>fluvoxamine maleate</i>	
NEFAZODONE HCL	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>sertraline hcl sertraline hcl 150 mg cap, sertraline hcl 200 mg cap, sertraline hcl oral concentrate for solution 20 mg/ml, sertraline hcl tab 25 mg, sertraline hcl tab 50 mg, sertraline hcl tab 100 mg</i>	
<i>trazodone hcl tab 50 mg, tab 100 mg, tab 150 mg, tab 300 mg</i>	
TRINTELLIX	
<i>vilazodone hcl</i>	
TRICYCLICS	
<i>amitriptyline hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg</i>	
<i>amoxapine</i>	
<i>clomipramine hcl cap 25 mg, cap 50 mg, cap 75 mg</i>	
<i>desipramine hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg</i>	
<i>doxepin hcl cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml</i>	
<i>imipramine hcl tab 10 mg, tab 25 mg, tab 50 mg</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 cap 25 mg, cap 50 mg, cap 100 mg</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) equiv), tab 5 mg equivalent), tab 10 mg equivalent)</i>	
<i>perphenazine tab 2 mg, tab 4 mg, tab 8 mg, tab 16 mg</i>	
<i>prochlorperazine</i>	
<i>prochlorperazine maleate tab 5 mg equivalent), tab 10 mg equivalent)</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

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>ondansetron hcl oral soln 4 mg/5ml, tab 4 mg, tab 8 mg</i>	PA3
<i>ondansetron tab 4 mg, tab 8 mg</i>	PA3
ANTIFUNGALS	
ABELCET	PA3
AMPHOTERICIN B 50 MG RECON SOLN	PA3
<i>amphotericin b liposome</i>	PA3
<i>caspofungin acetate caspofungin acetate 50 mg recon soln, caspofungin acetate 70 mg recon soln, caspofungin acetate for iv soln 50 mg, caspofungin acetate for iv soln 70 mg</i>	
<i>clotrimazole (topical)</i>	
<i>clotrimazole troche 10 mg</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 cap 250 mg, cap 500 mg</i>	
<i>griseofulvin microsize susp 125 mg/5ml, tab 500 mg</i>	
<i>griseofulvin ultramicrosize tab 125 mg, tab 250 mg</i>	
<i>itraconazole cap 100 mg</i>	
<i>ketoconazole (topical) cream 2%, foam 2%, shampoo 2%</i>	
<i>ketoconazole tab 200 mg</i>	
<i>micafungin sodium micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln, micafungin sodium for iv soln 50 mg, micafungin sodium 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 tab 250 mg</i>	
<i>terconazole vaginal</i>	
<i>voriconazole for susp 40 mg/ml, tab 50 mg, tab 200 mg</i>	
VORICONAZOLE VORICONAZOLE 200 MG RECON SOLN, VORICONAZOLE FOR INJ 200 MG	PA3
ANTIGOUT AGENTS	
<i>allopurinol tab 100 mg, tab 200 mg, tab 300 mg</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>colchicine cap 0.6 mg, tab 0.6 mg</i>	
<i>colchicine w/ probenecid</i>	
<i>febuxostat</i>	
<i>probenecid</i>	

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AJOVY	PA
NURTEC	QL (18 PER 30 OVER TIME)
QULIPTA	
UBRELVY	QL (16 PER 30 OVER TIME)

ERGOT ALKALOIDS

<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	
ERGOTAMINE-CAFFEINE	

PROPHYLACTIC

<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>	
<i>timolol maleate tab 5 mg, tab 10 mg, tab 20 mg</i>	

SEROTONIN (5-HT) RECEPTOR AGONIST

<i>naratriptan hcl</i>	QL (9 PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	QL (12 PER 30 OVER TIME)
<i>sumatriptan 5 mg/act, 20 mg/act</i>	
<i>sumatriptan succinate inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution auto-injector 6 mg/0.5ml, solution cartridge 4 mg/0.5ml, solution cartridge 6 mg/0.5ml</i>	
<i>sumatriptan succinate tab 25 mg, tab 50 mg, tab 100 mg</i>	QL (9 PER 30 OVER TIME)

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

<i>pyridostigmine bromide pyridostigmine bromide 30 mg tab, pyridostigmine bromide oral soln 60 mg/5ml, pyridostigmine bromide tab 60 mg, pyridostigmine bromide tab er 180 mg</i>	
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Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
<i>dapsone tab 25 mg, tab 100 mg</i>	
<i>rifabutin</i>	
ANTITUBERCULARS	
<i>ethambutol hcl tab 100 mg, tab 400 mg</i>	
ISONIAZID ISONIAZID 100 MG TAB, ISONIAZID SYRUP 50 MG/5ML, ISONIAZID TAB 100 MG, ISONIAZID TAB 300 MG	
PRETOMANID	
PRIFTIN	
<i>pyrazinamide tab 500 mg</i>	
<i>rifampin cap 150 mg, cap 300 mg, for inj 600 mg</i>	
SIRTURO	
TRECATOR	
ANTINEOPLASTICS	
ALKYLATING AGENTS	
CYCLOPHOSPHAMIDE CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB, CYCLOPHOSPHAMIDE CAP 25 MG, CYCLOPHOSPHAMIDE CAP 50 MG	PA3
GLEOSTINE	
MATULANE	
VALCHLOR	
ANTIANDROGENS	
<i>abiraterone acetate</i>	
<i>bicalutamide</i>	
ERLEADA	
<i>nilutamide</i>	
NUBEQA	
XTANDI	
YONSA	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ANTIANGIOGENIC AGENTS	
<i>lenalidomide</i>	
POMALYST	LA
THALOMID	
ANTIESTROGENS/MODIFIERS	
ORSERDU	
SOLTAMOX	
<i>tamoxifen citrate tab (10 mg equivalent)</i>	
<i>tamoxifen citrate tab (20 mg equivalent)</i>	
<i>toremifene citrate</i>	
ANTIMETABOLITES	
<i>mercaptopurine tab 50 mg</i>	
ONUREG	
PURIXAN	
ANTINEOPLASTICS, OTHER	
AKEEGA	
AUGTYRO	
FRUZAQLA	
<i>hydroxyurea cap 500 mg</i>	
INQOVI	
IWILFIN	
LONSURF	
LYSODREN	
OGSIVEO	
OJJAARA	
ZOLINZA	
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole tab 1 mg</i>	
<i>exemestane</i>	
<i>letrozole tab 2.5 mg</i>	
ENZYME INHIBITORS	
TRUQAP 160 MG TAB THPK, 200 MG TAB THPK	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
MOLECULAR TARGET INHIBITORS	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI	
BRUKINSA	
CABOMETYX	
CALQUENCE	
CAPRELSA	
COMETRIQ	
COPIKTRA	
COTELLIC	
DANZITEN	
<i>dasatinib</i>	
DAURISMO	
ERIVEDGE	
<i>erlotinib hcl</i>	
<i>everolimus</i>	
FOTIVDA	
GAVRETO	
<i>gefitinib</i>	
GILOTRIF	
IBRANCE	
ICLUSIG	
IDHIFA	
<i>imatinib mesylate</i>	
IMBRUVICA 70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB	
IMKELDI	
INLYTA	
INREBIC	
ITOVEBI	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
JAKAFI	
JAYPIRCA	
KISQALI	
KISQALI FEMARA	
KOSELUGO	
KRAZATI	
<i>lapatinib ditosylate</i>	
LAZCLUZE	
LENVIMA	
LORBRENA	
LUMAKRAS	
LYNPARZA	
LYTGOBI	
MEKINIST	
MEKTOVI	
NERLYNX	
NINLARO	
ODOMZO	
OJEMDA	
<i>pazopanib hcl</i>	
PEMAZYRE	
PIQRAY	
QINLOCK	
RETEVMO	
REVUFORJ	
REZLIDHIA	
ROZLYTREK	
RUBRACA	
RYDAPT	
SCSEMBLIX	
<i>sorafenib tosylate</i>	
STIVARGA	
<i>sunitinib malate</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
TABRECTA	
TAFINLAR	
TAGRISSO	
TALZENNA	
TASIGNA	
TAZVERIK	
TEPMETKO	
TIBSOVO	
TRUQAP 160 MG TAB, 200 MG TAB	
TUKYSA	
TURALIO 125 MG CAP	
VANFLYTA	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VIJOICE	
VITRAKVI	
VIZIMPRO	
VORANIGO	
XALKORI	
XOSPATA	
XPOVIO	
ZEJULA	
ZELBORAF	
ZYDELIG	
ZYKADIA	
RETINOIDS	
<i>bexarotene</i>	
<i>bexarotene (topical)</i>	PA2
PANRETIN	
<i>tretinoin (chemotherapy)</i>	
TREATMENT ADJUNCTS	
<i>leucovorin calcium tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
MESNEX 400 MG TAB	
VONJO	
ANTIPARASITICS	
ANTHELMINTICS	
<i>albendazole tab 200 mg</i>	
<i>ivermectin tab 3 mg</i>	
<i>praziquantel tab 600 mg</i>	
ANTIPROTOZOALS	
<i>atovaquone susp 750 mg/5ml</i>	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate tab 250 mg, tab 500 mg</i>	
COARTEM	
<i>hydroxychloroquine sulfate tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg</i>	
IMPAVIDO	
<i>mefloquine hcl</i>	
NITAZOXANIDE NITAZOXANIDE 500 MG TAB, NITAZOXANIDE TAB 500 MG	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	PA3
<i>pentamidine isethionate inj soln 300 mg, soln 300 mg</i>	
<i>primaquine phosphate primaquine phosphate 26.3 base) mg tab, primaquine phosphate tab 26.3 mg mg base)</i>	
<i>pyrimethamine tab 25 mg</i>	
<i>quinine sulfate cap 324 mg</i>	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate tab 0.5 mg, tab 1 mg, tab 2 mg</i>	
<i>trihexyphenidyl hcl tab 2 mg, tab 5 mg</i>	
ANTIPARKINSON AGENTS, OTHER	
<i>amantadine hcl cap 100 mg, soln 50 mg/5ml, tab 100 mg</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
CARBIDOPA-LEVODOPA-ENTACAPONE CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG, CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	
<i>entacapone</i>	
ONGENTYS	
<i>tolcapone</i>	
DOPAMINE AGONISTS	
<i>apomorphine hydrochloride</i>	
<i>bromocriptine mesylate cap 5 mg equivalent), tab 2.5 mg equivalent)</i>	
NEUPRO	
<i>pramipexole dihydrochloride tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg</i>	
<i>ropinirole hydrochloride</i>	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
<i>carbidopa tab 25 mg</i>	
<i>carbidopa-levodopa carbidopa & levodopa orally disintegrating tab 10-100 mg, carbidopa & levodopa orally disintegrating tab 25-100 mg, carbidopa & levodopa orally disintegrating tab 25-250 mg, carbidopa & levodopa tab 10-100 mg, carbidopa & levodopa tab 25-100 mg, carbidopa & levodopa tab 25-250 mg, carbidopa & levodopa tab er 25-100 mg, carbidopa & levodopa tab er 50-200 mg, carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp</i>	
RYTARY	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
<i>rasagiline mesylate tab 0.5 mg equiv), tab 1 mg equiv)</i>	
<i>selegiline hcl cap 5 mg, tab 5 mg</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl tab 10 mg, chlorpromazine hcl tab 25 mg, chlorpromazine hcl tab 50 mg, chlorpromazine hcl tab 100 mg, chlorpromazine hcl tab 200 mg</i>
<i>fluphenazine decanoate inj</i>	<i>25 mg/ml</i>
<i>fluphenazine hcl</i>	<i>fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl tab 1 mg, fluphenazine hcl tab 2.5 mg, fluphenazine hcl tab 5 mg, fluphenazine hcl tab 10 mg</i>
<i>haloperidol decanoate soln</i>	<i>50 mg/ml, soln 100 mg/ml</i>
<i>haloperidol lactate</i>	
<i>haloperidol tab</i>	<i>0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 20 mg</i>
<i>loxapine succinate</i>	
MOLINDONE HCL	
PIMOZIDE	
<i>thioridazine hcl tab</i>	<i>10 mg, tab 25 mg, tab 50 mg, tab 100 mg</i>
<i>thiothixene</i>	
<i>trifluoperazine hcl</i>	
2ND GENERATION/ATYPICAL	
ABILIFY ASIMTUFII	
ABILIFY MAINTENA	
<i>aripiprazole</i>	
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate</i>	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
<i>lurasidone hcl</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
LYBALVI	
NUPLAZID	PA2
<i>olanzapine</i>	
<i>paliperidone</i>	
PERSERIS	
<i>quetiapine fumarate quetiapine fumarate 150 mg tab, quetiapine fumarate tab 25 mg, quetiapine fumarate tab 50 mg, quetiapine fumarate tab 100 mg, quetiapine fumarate tab 200 mg, quetiapine fumarate tab 300 mg, quetiapine fumarate tab 400 mg, quetiapine fumarate tab er 24hr 150 mg, quetiapine fumarate tab er 24hr 200 mg, quetiapine fumarate tab er 24hr 300 mg, quetiapine fumarate tab er 24hr 400 mg, quetiapine fumarate tab er 24hr 50 mg</i>	
REXULTI	
<i>risperidone microspheres</i>	
<i>risperidone risperidone 0.25 mg tab disp, risperidone orally disintegrating tab 0.5 mg, risperidone orally disintegrating tab 1 mg, risperidone orally disintegrating tab 2 mg, risperidone orally disintegrating tab 3 mg, risperidone orally disintegrating tab 4 mg, risperidone soln 1 mg/ml, risperidone tab 0.25 mg, risperidone tab 0.5 mg, risperidone tab 1 mg, risperidone tab 2 mg, risperidone tab 3 mg, risperidone tab 4 mg</i>	
SECUADO	
UZEDY	
VRAYLAR	
<i>ziprasidone hcl</i>	
<i>ziprasidone mesylate</i>	
ANTIPSYCHOTICS, OTHER	
COBENFY	
COBENFY STARTER PACK	
TREATMENT-RESISTANT	
<i>clozapine clozapine 12.5 mg tab disp, clozapine 150 mg tab disp, clozapine orally disintegrating tab 25 mg, clozapine orally disintegrating tab 100 mg, clozapine orally disintegrating tab 150 mg, clozapine orally disintegrating tab 200 mg, clozapine tab 25 mg, clozapine tab 50 mg, clozapine tab 100 mg, clozapine tab 200 mg</i>	
VERSACLOZ	
ANTISPASTICITY AGENTS	
<i>baclofen tab 5 mg, tab 10 mg, tab 20 mg</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>tizanidine hcl cap 2 mg equivalent), cap 4 mg equivalent), cap 6 mg equivalent), tab 2 mg equivalent), tab 4 mg equivalent)</i>	
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
LIVTENCITY	
PREVYMIS 240 MG TAB, 480 MG TAB	
<i>valganciclovir hcl</i>	
ANTI-HEPATITIS B (HBV) AGENTS	
<i>adefovir dipivoxil</i>	
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine (hcv)</i>	
ANTI-HEPATITIS C (HCV) AGENTS	
LEDIPASVIR-SOFOSBUVIR	PA
MAVYRET 100-40 MG TAB	PA
<i>ribavirin (hepatitis c)</i>	
RIBAVIRIN 200 MG CAP, 200 MG TAB	
SOFOSBUVIR-VELPATASVIR	PA
SOVALDI 400 MG TAB	PA
VOSEVI	PA
ZEPATIER	PA
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)	
BIKTARVY	
DOVATO	
GENVOYA	
ISENTRESS	
ISENTRESS HD	
JULUCA	
STRIBILD	
TIVICAY	
TIVICAY PD	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
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 nevirapine 50 mg/5ml suspension, nevirapine tab 200 mg, nevirapine tab er 24hr 400 mg</i>	
ODEFSEY	
PIFELTRO	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
<i>abacavir sulfate</i>	
<i>abacavir sulfate-lamivudine</i>	
CIMDUO	
DESCOVY	
<i>emtricitabine</i>	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine</i>	
<i>lamivudine-zidovudine</i>	
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	
TRIUMEQ PD	
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	
<i>zidovudine</i>	
ANTI-HIV AGENTS, OTHER	
FUZEON	
<i>maraviroc</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
RUKOBIA	
SELZENTRY 20 MG/ML SOLUTION	
SUNLENCA 4 300 MG TAB THPK, 5 300 MG TAB THPK	
TYBOST	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS 250 MG CAP	
<i>atazanavir sulfate</i>	
<i>darunavir</i>	
EVOTAZ	
<i>fosamprenavir calcium</i>	
<i>lopinavir-ritonavir</i>	
NORVIR 100 MG PACKET	
PREZCOBIX	
PREZISTA 75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB	
REYATAZ 50 MG PACKET	
<i>ritonavir</i>	
SYMTUZA	
VIRACEPT	
ANTI-INFLUENZA AGENTS	
<i>oseltamivir phosphate cap 30 mg equiv), cap 45 mg equiv), cap 75 mg equiv), for susp 6 mg/ml equiv)</i>	
RELENZA DISKHALER	
ANTIHERPETIC AGENTS	
<i>acyclovir cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg</i>	
<i>acyclovir sodium</i>	PA3
<i>famciclovir tab 125 mg, tab 250 mg, tab 500 mg</i>	
<i>valacyclovir hcl tab 1 gm, tab 500 mg</i>	
ANTIVIRAL, CORONAVIRUS AGENTS	
LAGEVRIO	
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
<i>buspirone hcl tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 30 mg</i>	
<i>hydroxyzine hcl syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg</i>	
<i>hydroxyzine pamoate hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate cap 25 mg, hydroxyzine pamoate cap 50 mg</i>	
BENZODIAZEPINES	
ALPRAZOLAM INTENSOL	
<i>alprazolam orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab er 24hr 0.5 mg, tab er 24hr 1 mg, tab er 24hr 2 mg, tab er 24hr 3 mg</i>	
<i>clonazepam orally disintegrating tab 0.125 mg, orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.5 mg, tab 1 mg, tab 2 mg</i>	
<i>clorazepate dipotassium</i>	
<i>diazepam diazepam 5 mg/5ml solution, diazepam conc 5 mg/ml, diazepam oral soln 1 mg/ml, diazepam tab 2 mg, diazepam tab 5 mg, diazepam tab 10 mg</i>	
<i>lorazepam conc 2 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg</i>	
<i>oxazepam</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>paroxetine hcl</i>	
<i>paroxetine mesylate (vasomotor)</i>	
VENLAFAXINE BESYLATE ER	
<i>venlafaxine hcl</i>	
BIPOLAR AGENTS	
MOOD STABILIZERS	
<i>lithium</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>lithium carbonate lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap, lithium carbonate cap 150 mg, lithium carbonate cap 300 mg, lithium carbonate cap 600 mg, lithium carbonate tab 300 mg, lithium carbonate tab er 300 mg, lithium carbonate tab er 450 mg</i>	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
<i>acarbose tab 25 mg, tab 50 mg, tab 100 mg</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	
<i>glimepiride tab 1 mg, tab 2 mg, tab 4 mg</i>	
GLIPIZIDE GLIPIZIDE 2.5 MG TAB, GLIPIZIDE TAB 5 MG, GLIPIZIDE TAB 10 MG, GLIPIZIDE TAB ER 24HR 10 MG, GLIPIZIDE TAB ER 24HR 2.5 MG, GLIPIZIDE TAB ER 24HR 5 MG	
<i>glipizide-metformin hcl</i>	
<i>metformin hcl metformin hcl 625 mg tab, metformin hcl tab 500 mg, metformin hcl tab 850 mg, metformin hcl tab 1000 mg, metformin hcl tab er 24hr 500 mg, metformin hcl tab er 24hr 750 mg, metformin hcl tab er 24hr modified release 1000 mg, metformin hcl tab er 24hr modified release 500 mg, metformin hcl tab er 24hr osmotic 1000 mg, metformin hcl tab er 24hr osmotic 500 mg</i>	
MOUNJARO	PA
<i>nateglinide</i>	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	PA
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	PA
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	PA
<i>pioglitazone hcl</i>	
<i>pioglitazone hcl-metformin hcl</i>	
<i>repaglinide</i>	
<i>saxagliptin hcl</i>	
<i>saxagliptin-metformin hcl</i>	
SYMLINPEN 120	
SYMLINPEN 60	
TRULICITY	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide susp 50 mg/ml</i>	
GLUCAGON EMERGENCY	
INSULINS	
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	
NOVOLIN 70/30	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN N	
NOVOLIN N FLEXPEN	
NOVOLIN R	
NOVOLIN R FLEXPEN	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
BLOOD PRODUCTS AND MODIFIERS	
ANTICOAGULANTS	
<i>dabigatran etexilate mesylate</i>	
ELIQUIS	
ELIQUIS DVT/PE STARTER PACK	
<i>enoxaparin sodium soln 30 mg/0.3ml, soln 40 mg/0.4ml, soln 60 mg/0.6ml, soln 80 mg/0.8ml, soln 100 mg/ml, soln 120 mg/0.8ml, soln 150 mg/ml</i>	
<i>fondaparinux sodium</i>	
<i>heparin sodium (porcine) 1000 unit/ml, pf 1000 unit/ml, 10000 unit/ml</i>	PA3
<i>heparin sodium (porcine) 5000 unit/ml, 20000 unit/ml</i>	
<i>warfarin sodium tab 1 mg, tab 2 mg, tab 2.5 mg, tab 3 mg, tab 4 mg, tab 5 mg, tab 6 mg, tab 7.5 mg, tab 10 mg</i>	
XARELTO 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	
XARELTO STARTER PACK	
BLOOD PRODUCTS AND MODIFIERS, OTHER	
<i>anagrelide hcl</i>	
ARANESP (ALBUMIN FREE)	PA
LEUKINE	PA
NIVESTYM	PA
PROMACTA	
RETACRIT	PA
HEMOSTASIS AGENTS	
<i>tranexamic acid tab 650 mg</i>	
PLATELET MODIFYING AGENTS	
<i>aspirin-dipyridamole</i>	
BRILINTA	ST
<i>cilostazol</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
<i>clonidine</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>clonidine hcl tab 0.1 mg, tab 0.2 mg, tab 0.3 mg</i>	
<i>droxidopa</i>	
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	
ALPHA-ADRENERGIC BLOCKING AGENTS	
<i>doxazosin mesylate tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg</i>	
<i>prazosin hcl cap 1 mg, cap 2 mg, cap 5 mg</i>	
<i>terazosin hcl</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil</i>	
<i>irbesartan</i>	
<i>losartan potassium tab 25 mg, tab 50 mg, tab 100 mg</i>	
<i>valsartan tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg</i>	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
<i>enalapril maleate tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg</i>	
<i>lisinopril tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg</i>	
<i>ramipril</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl tab 100 mg, tab 200 mg, tab 400 mg</i>	
<i>digoxin digoxin 0.05 mg/ml solution, digoxin oral soln 0.05 mg/ml, digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg)</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl cap 150 mg, cap 200 mg, cap 250 mg</i>	
<i>propafenone hcl</i>	
<i>quinidine gluconate</i>	
<i>quinidine sulfate quinidine sulfate 200 mg tab, quinidine sulfate 300 mg tab, quinidine sulfate tab 200 mg, quinidine sulfate tab 300 mg</i>	
<i>sotalol hcl</i>	
<i>sotalol hcl (afib/af)</i>	
BETA-ADRENERGIC BLOCKING AGENTS	
<i>atenolol tab 25 mg, tab 50 mg, tab 100 mg</i>	
<i>bisoprolol fumarate tab 5 mg, tab 10 mg</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<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 tab 20 mg, tab 40 mg, tab 80 mg</i>	
<i>pindolol</i>	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
<i>amlodipine besylate tab 2.5 mg equivalent), tab 5 mg equivalent), tab 10 mg equivalent)</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 cap 30 mg</i>	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
<i>diltiazem hcl cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg, tab er 24hr 120 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg</i>	
<i>diltiazem hcl coated beads</i>	
<i>diltiazem hcl extended release beads</i>	
<i>verapamil hcl cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg</i>	
VERAPAMIL HCL ER	
CARDIOVASCULAR AGENTS, OTHER	
<i>acetazolamide tab 125 mg, tab 250 mg</i>	
<i>aliskiren fumarate</i>	
<i>amiloride & hydrochlorothiazide</i>	
AMILORIDE-HYDROCHLOROTHIAZIDE	
<i>amlodipine besylate-benazepril hcl</i>	
<i>amlodipine besylate-valsartan</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>atenolol & chlorthalidone</i>	
<i>bisoprolol & hydrochlorothiazide</i>	
<i>enalapril maleate & hydrochlorothiazide</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	
<i>irbesartan-hydrochlorothiazide</i>	
<i>ivabradine hcl</i>	
<i>lisinopril & hydrochlorothiazide</i>	
<i>losartan potassium & hydrochlorothiazide</i>	
<i>metoprolol & hydrochlorothiazide</i>	
<i>metyrosine</i>	
<i>pentoxifylline tab er 400 mg</i>	
<i>ranolazine</i>	
<i>spironolactone & hydrochlorothiazide</i>	
<i>triamterene & hydrochlorothiazide</i>	
<i>valsartan-hydrochlorothiazide</i>	
DIURETICS, LOOP	
<i>bumetanide</i>	
<i>furosemide furosemide 8 mg/ml solution, furosemide inj 10 mg/ml, furosemide oral soln 10 mg/ml, furosemide tab 20 mg, furosemide tab 40 mg, furosemide tab 80 mg</i>	
<i>torseamide</i>	
DIURETICS, POTASSIUM-SPARING	
<i>amiloride hcl tab 5 mg</i>	
<i>triamterene cap 50 mg, cap 100 mg</i>	
DIURETICS, THIAZIDE	
<i>chlorthalidone</i>	
<i>hydrochlorothiazide cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg</i>	
<i>indapamide</i>	
<i>metolazone</i>	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
<i>choline fenofibrate</i>	
<i>fenofibrate fenofibrate 50 mg cap, fenofibrate 150 mg cap, fenofibrate tab 40 mg, fenofibrate tab 48 mg, fenofibrate tab 54 mg, fenofibrate tab 120 mg, fenofibrate tab 145 mg, fenofibrate 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 tab 600 mg</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tab 10 mg equivalent), tab 20 mg equivalent), tab 40 mg equivalent), tab 80 mg equivalent)</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg</i>	
<i>simvastatin tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg</i>	
DYSLIPIDEMICS, OTHER	
<i>cholestyramine 4 gm/dose, packets 4 gm</i>	
<i>cholestyramine light</i>	
<i>colesevelam hcl</i>	
<i>ezetimibe</i>	
<i>icosapent ethyl</i>	
JUXTAPID	PA
<i>niacin (antihyperlipidemic) tab er 500 mg, tab er 750 mg, tab er 1000 mg</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	
REPATHA PUSHTRONEX SYSTEM	
REPATHA SURECLICK	
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
<i>eplerenone</i>	
KERENDIA	
<i>spironolactone tab 25 mg, tab 50 mg, tab 100 mg</i>	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)	
DAPAGLIFLOZIN PROPANEDIOL	
JARDIANCE	
VASODILATORS, DIRECT-ACTING ARTERIAL	
<i>hydralazine hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg</i>	
<i>minoxidil tab 2.5 mg, tab 10 mg</i>	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate</i>	
NITRO-BID	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
NITRO-DUR -0.3 MG/HR PATCH 24HR, -0.8 MG/HR PATCH 24HR	
<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>	
VERQUVO	

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

amphetamine-dextroamphetamine -dextrocap er 24hr 10 mg, -dextrocap er 24hr 15 mg, -dextrocap er 24hr 20 mg, -dextrocap er 24hr 25 mg, -dextrocap er 24hr 30 mg, -dextrocap er 24hr 5 mg, -dextrotab 5 mg, -dextrotab 7.5 mg, -dextrotab 10 mg, -dextrotab 12.5 mg, -dextrotab 15 mg, -dextrotab 20 mg, -dextrotab 30 mg

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

atomoxetine hcl

dexmethylphenidate hcl

guanfacine hcl (adhd)

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>methylphenidate hcl cap er 10 mg (cd), cap er 20 mg (cd), cap er 24hr 10 mg (la), cap er 24hr 10 mg (xr), cap er 24hr 15 mg (xr), cap er 24hr 20 mg (la), cap er 24hr 20 mg (xr), cap er 24hr 30 mg (la), cap er 24hr 30 mg (xr), cap er 24hr 40 mg (la), cap er 24hr 40 mg (xr), cap er 24hr 50 mg (xr), cap er 24hr 60 mg (la), cap er 24hr 60 mg (xr), cap er 30 mg (cd), cap er 40 mg (cd), cap er 50 mg (cd), cap er 60 mg (cd), chew tab 2.5 mg, chew tab 5 mg, chew tab 10 mg, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, tab 10 mg, tab 20 mg, tab er 10 mg, tab er 20 mg, tab er osmotic release (osm) 18 mg, tab er osmotic release (osm) 27 mg, tab er osmotic release (osm) 36 mg, tab er osmotic release (osm) 54 mg, tab er osmotic release (osm) 72 mg</i>	
METHYLPHENIDATE HCL ER	
METHYLPHENIDATE HCL ER (OSM)	
CENTRAL NERVOUS SYSTEM, OTHER	
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	
VEOZAH	
FIBROMYALGIA AGENTS	
DRIZALMA SPRINKLE	PA2
<i>duloxetine hcl cap 20 mg eq), cap 30 mg eq), cap 40 mg eq), cap 60 mg eq)</i>	
<i>pregabalin cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, cap 200 mg, cap 225 mg, cap 300 mg, soln 20 mg/ml</i>	
MULTIPLE SCLEROSIS AGENTS	
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
<i>dalfampridine tab er 12hr 10 mg</i>	PA
<i>dimethyl fumarate capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg & 240 mg</i>	
<i>glatiramer acetate</i>	
REBIF	
REBIF REBIDOSE	
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	
<i>teriflunomide</i>	
ZEPOSIA	
ZEPOSIA 7-DAY STARTER PACK	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	
DENTAL AND ORAL AGENTS	
<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>pilocarpine hcl (oral)</i>	
<i>triamcinolone acetonide (mouth)</i>	
DERMATOLOGICAL AGENTS	
ACNE AND ROSACEA AGENTS	
<i>acitretin</i>	
<i>benzoyl peroxide-erythromycin</i>	
<i>isotretinoin cap 10 mg, cap 20 mg, cap 25 mg, cap 30 mg, cap 35 mg, cap 40 mg</i>	
<i>tazarotene tazarotene 0.1 % foam, tazarotene cream 0.05%, tazarotene cream 0.1%, tazarotene gel 0.05%, tazarotene gel 0.1%</i>	
<i>tretinoin cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%, gel 0.05%</i>	
<i>tretinoin microsphere gel 0.04%, gel 0.1%</i>	
DERMATITIS AND PRURITUS AGENTS	
<i>betamethasone dipropionate (topical)</i>	
BETAMETHASONE DIPROPIONATE AUG	
<i>betamethasone dipropionate augmented</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 0.05%, foam 0.05%, gel 0.05%, lotion 0.05%, oint 0.05%, shampoo 0.05%, soln 0.05%, spray 0.05%</i>	
<i>clobetasol propionate emollient base</i>	
<i>clobetasol propionate emulsion</i>	
<i>desonide cream 0.05%, oint 0.05%</i>	
<i>doxepin hcl (antipruritic)</i>	
FLUOCINONIDE (CREAM 0.05%, EMULSIFIED BASE CREAM 0.05%, GEL 0.05%, OINTMENT 0.05%, SOLUTION 0.05%)	
<i>fluticasone propionate fluticasone propionate 0.05 % lotion, fluticasone propionate cream 0.05%, fluticasone propionate lotion 0.05%, fluticasone propionate oint 0.005%</i>	
<i>hydrocortisone (rectal) perianal cream 2.5%</i>	
<i>hydrocortisone (topical) cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
HYDROCORTISONE 2.5 % LOTION	
<i>hydrocortisone valerate</i>	
<i>lactic acid (ammonium lactate)</i>	
<i>mometasone furoate cream 0.1%, oint 0.1%, solution 0.1% (lotion)</i>	
<i>pimecrolimus</i>	
<i>selenium sulfide lotion 2.5%</i>	
<i>tacrolimus (topical)</i>	
<i>triamcinolone acetonide (topical) cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%</i>	
DERMATOLOGICAL AGENTS, OTHER	
CALCIPOTRIENE CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE CREAM 0.005%, CALCIPOTRIENE OINT 0.005%, CALCIPOTRIENE SOLN 0.005% (50 MCG/ML)	
<i>clotrimazole w/ betamethasone</i>	
CLOTRIMAZOLE-BETAMETHASONE	
<i>diclofenac sodium (actinic keratoses)</i>	PA
<i>fluorouracil (topical)</i>	
FLUOROURACIL 2 % SOLUTION	
<i>imiquimod 3.75%, 5%</i>	
METHOXSALEN RAPID METHOXSALEN RAPID 10 MG CAP, METHOXSALEN RAPID CAP 10 MG	
<i>nystatin-triamcinolone</i>	
OTEZLA	PA
<i>podofilox podofilox 0.5 % solution, podofilox soln 0.5%</i>	
SANTYL	
<i>silver sulfadiazine cream 1%</i>	
PEDICULICIDES/SCABICIDES	
<i>malathion</i>	
<i>permethrin cream 5%</i>	
TOPICAL ANTI-INFECTIVES	
<i>acyclovir topical</i>	
<i>ciclopirox gel 0.77%, shampoo 1%, solution 8%</i>	
<i>ciclopirox olamine cream 0.77% equiv), susp 0.77% equiv)</i>	
<i>clindamycin phosphate (topical)</i>	
ERY	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>erythromycin (acne aid)</i>	
<i>mupirocin calcium (topical)</i>	
<i>mupirocin oint 2%</i>	
ELECTROLYTES/MINERALS/METALS/VITAMINS	
ELECTROLYTE/MINERAL REPLACEMENT	
<i>amino acid infusion</i>	PA3
<i>carglumic acid</i>	
CLINIMIX E/DEXTROSE (2.75/5)	PA3
CLINIMIX E/DEXTROSE (4.25/10)	PA3
CLINIMIX E/DEXTROSE (4.25/5)	PA3
CLINIMIX E/DEXTROSE (5/15)	PA3
CLINIMIX E/DEXTROSE (5/20)	PA3
CLINIMIX/DEXTROSE (4.25/10)	PA3
CLINIMIX/DEXTROSE (4.25/5)	PA3
CLINIMIX/DEXTROSE (5/15)	PA3
CLINIMIX/DEXTROSE (5/20)	PA3
<i>dextrose dextrose 5 % solution, dextrose 10 % solution, dextrose inj 5%, dextrose inj 10%</i>	
<i>dextrose w/ sodium chloride 2.5% 0.45%, 5% 0.2%, 5% 0.45%, 5% 0.9%</i>	
DEXTROSE-SODIUM CHLORIDE -10-0.2 % SOLUTION, -10-0.45 % SOLUTION, -2.5-0.45 % SOLUTION	
INTRALIPID	PA3
ISOLYTE-P IN D5W	
KCL IN DEXTROSE-NACL	
KCL-LACTATED RINGERS-D5W	
<i>magnesium sulfate inj 50%</i>	
NUTRILIPID	PA3
POTASSIUM CHLORIDE ER	
<i>potassium chloride in dextrose & sodium chloride</i>	
<i>potassium chloride in dextrose 20 meq/l (0.15%)5% inj</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
POTASSIUM CHLORIDE IN NACL KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ, KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ, KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ, POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION	
<i>potassium chloride microencapsulated crystals er</i>	
<i>potassium chloride potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride cap er 8 meq, potassium chloride cap er 10 meq, potassium chloride inj 2 meq/ml, potassium chloride inj 10 meq/100ml, potassium chloride inj 20 meq/100ml, potassium chloride inj 40 meq/100ml, potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride powder packet 20 meq, potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg)</i>	
<i>potassium citrate (alkalinizer)</i>	
PREMASOL	PA3
PROSOL	PA3
<i>sodium chloride (gu irrigant)</i>	
<i>sodium chloride sodium chloride 0.9 % solution, sodium chloride iv soln 0.45%, sodium chloride iv soln 0.9%, sodium chloride iv soln 3%, sodium chloride iv soln 5%, sodium chloride preservative free (pf) inj 0.9%</i>	
SODIUM FLUORIDE SODIUM FLUORIDE 2.2 (1 F) MG TAB, SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF), SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF), SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	
TRAVASOL	PA3
TROPHAMINE	PA3
ELECTROLYTE/MINERAL/METAL MODIFIERS	
<i>deferasirox</i>	
<i>deferiprone</i>	
FERRIPROX 100 MG/ML SOLUTION	
<i>trientine hcl trientine hcl 500 mg cap, trientine hcl cap 250 mg</i>	
POTASSIUM BINDERS	
LOKELMA	
<i>sodium polystyrene sulfonate</i>	
SPS (SODIUM POLYSTYRENE SULF)	
VELTASSA	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
VITAMINS	
ATABEX EC	
ATABEX OB	
AZESCHEW PRENATAL/POSTNATAL	
AZESCO	
C-NATE DHA	
CITRANATAL 90 DHA	
CITRANATAL ASSURE	
CITRANATAL B-CALM	
CITRANATAL BLOOM	
CITRANATAL BLOOM DHA	
CITRANATAL DHA	
CITRANATAL ESSENCE	
CITRANATAL HARMONY	
CITRANATAL MEDLEY	
CITRANATAL RX	
CO-NATAL FA	
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DERMACINRX PRETRATE	
DUET DHA 400	
DUET DHA BALANCED	
ELITE-OB	
ENBRACE HR	
FOLIVANE-OB	
INATAL GT	
JENLIVA PRENATAL/POSTNATAL	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
MATERNACEL	
MULTI-MAC	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
NATACHEW	
NATAL PNV	
NATALVIT	
NEEVO DHA	
NEO-VITAL RX	
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE	
NEONATAL FE	
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	
PREGEN DHA	
PREGENNA	
PREMESISRX	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
PRENA 1 TRUE	
PRENA1	
PRENA1 PEARL	
PRENAISSANCE	
PRENAISSANCE PLUS	
PRENARA	
PRENATAL 19 19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB	
PRENATAL 27-0.8 MG TAB, 27-1 MG 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	
RELNATE DHA	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
SE-NATAL 19	
SELECT-OB	
SELECT-OB+DHA	
TARON-C DHA	
TARON-PREX	
THRIVITE RX	
TPN ELECTROLYTES	
TRICARE	
TRICARE PRENATAL DHA ONE	
TRINATAL RX 1	
TRINATE	
TRINAZ	
TRISTART DHA	
TRISTART FREE	
TRISTART ONE	
TRIVEEN-DUO DHA	
VINATE DHA RF	
VINATE II	
VINATE ONE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VIRT-PN PLUS	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITALARA	
VITAMEDMD ONE RX/QUATREFOLIC	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATHELY WITH GINGER	
VITATRUE	
VIVA DHA	
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	
<i>lactulose (encephalopathy)</i>	
LACTULOSE LACTULOSE 10 GM PACKET, LACTULOSE SOLUTION 10 GM/15ML	
LINZESS	
<i>lubiprostone</i>	
RELISTOR	PA
ANTI-DIARRHEAL AGENTS	
<i>alosetron hcl</i>	
<i>diphenoxylate w/ atropine</i>	
DIPHENOXYLATE-ATROPINE	
<i>loperamide hcl cap 2 mg</i>	
XERMELO	
ANTISPASMODICS, GASTROINTESTINAL	
<i>dicyclomine hcl cap 10 mg, oral soln 10 mg/5ml, tab 20 mg</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>glycopyrrolate glycopyrrolate 1.5 mg tab, glycopyrrolate oral soln 1 mg/5ml, glycopyrrolate tab 1 mg, glycopyrrolate tab 2 mg</i>	
GASTROINTESTINAL AGENTS, OTHER	
GATTEX	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
URSODIOL URSODIOL 200 MG CAP, URSODIOL 400 MG CAP, URSODIOL CAP 300 MG, URSODIOL TAB 250 MG, URSODIOL TAB 500 MG	
VOWST	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
<i>famotidine for susp 40 mg/5ml, tab 20 mg, tab 40 mg</i>	
NIZATIDINE NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP, NIZATIDINE CAP 150 MG	
PROTECTANTS	
<i>sucalfate tab 1 gm</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium cap 20 mg (base eq), cap 40 mg (base eq), for susp packet 10 mg, for susp packet 20 mg, for susp packet 40 mg</i>	
<i>lansoprazole cap 15 mg, cap 30 mg, tab orally disintegrating 15 mg, tab orally disintegrating 30 mg</i>	
<i>omeprazole cap 10 mg, cap 20 mg, cap 40 mg</i>	
<i>pantoprazole sodium ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg</i>	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ARALAST NP	PA3
<i>betaine</i>	
CERDELGA	
CREON	
<i>cromolyn sodium (mastocytosis)</i>	
CYSTAGON	
CYSTARAN	
GLASSIA	PA3

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<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	
WELIREG	
ZEMAIRA	PA3
ZENPEP	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide</i>
<i>mirabegron</i>
<i>oxybutynin chloride solution 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg</i>
OXYTROL
<i>solifenacin succinate</i>
<i>tolterodine tartrate</i>
<i>trospium chloride</i>

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl</i>	
<i>dutasteride cap 0.5 mg</i>	
<i>dutasteride-tamsulosin hcl</i>	
<i>finasteride tab 5 mg</i>	
<i>tadalafil tab 5 mg</i>	PA2
<i>tamsulosin hcl</i>	

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg</i>
ELMIRON
<i>penicillamine cap 250 mg, tab 250 mg</i>

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	
DEXABLISS	
DEXAMETHASONE DEXAMETHASONE 0.5 MG/5ML SOLUTION, DEXAMETHASONE 0.75 MG TAB, DEXAMETHASONE 1.5 MG (35) TAB THPK, DEXAMETHASONE 1.5 MG (51) TAB THPK, DEXAMETHASONE TAB 0.5 MG, DEXAMETHASONE TAB 0.75 MG, DEXAMETHASONE TAB 1 MG, DEXAMETHASONE TAB 1.5 MG, DEXAMETHASONE TAB 2 MG, DEXAMETHASONE TAB 4 MG, DEXAMETHASONE TAB 6 MG, DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21)	
<i>fludrocortisone acetate tab 0.1 mg</i>	
HEMADY	
<i>methylprednisolone tab 4 mg, tab 8 mg, tab 16 mg, tab 32 mg, tab therapy pack 4 mg (21)</i>	
<i>prednisolone sodium phosphate prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), prednisolone sod phosphate oral soln 10 mg/5ml (base equiv), prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), prednisolone sod phosphate oral soln 20 mg/5ml (base equiv), prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	
<i>prednisolone soln 15 mg/5ml</i>	
PREDNISONE INTENSOL	
<i>prednisone prednisone 5 mg/5ml solution, prednisone tab 1 mg, prednisone tab 2.5 mg, prednisone tab 5 mg, prednisone tab 10 mg, prednisone tab 20 mg, prednisone tab 50 mg, prednisone tab therapy pack 5 mg (21), prednisone tab therapy pack 5 mg (48), prednisone tab therapy pack 10 mg (21), prednisone tab therapy pack 10 mg (48)</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	
<i>desmopressin acetate spray</i>	
<i>desmopressin acetate spray refrigerated</i>	
<i>desmopressin acetate tab 0.1 mg, tab 0.2 mg</i>	
GENOTROPIN	PA
GENOTROPIN MINIQUICK	PA
HUMATROPE	PA
INCRELEX	
NORDITROPIN FLEXP	PA
NUTROPIN AQ NUSPIN 10	PA
NUTROPIN AQ NUSPIN 20	PA
NUTROPIN AQ NUSPIN 5	PA

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

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

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	
<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>	
<i>norelgestromin-ethinyl estradiol</i>	
<i>norethin acet & estrad-fe & ethinyl -tab 1 mg-20 mcg, -eth -chew tab 1 mg-20 mcg (24), -ethinyl -cap 1 mg-20 mcg (24)</i>	
<i>norethindrone & ethinyl estradiol-fe</i>	
<i>norethindrone acet & eth estra ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>norgestrel & ethinyl estradiol</i>	
PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB	
PREMPRO	
PROGESTINS	
DEPO-SUBQ PROVERA 104	
<i>medroxyprogesterone acetate (contraceptive)</i>	
<i>medroxyprogesterone acetate tab 2.5 mg, tab 5 mg, tab 10 mg</i>	
<i>megestrol acetate susp 40 mg/ml, tab 20 mg, tab 40 mg</i>	
MIRENA (52 MG)	
NEXPLANON	
<i>norethindrone (contraceptive)</i>	
<i>progesterone cap 100 mg, cap 200 mg</i>	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	
<i>raloxifene hcl</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	
<i>levothyroxine sodium tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg</i>	
<i>liothyronine sodium tab 5 mcg, tab 25 mcg, tab 50 mcg</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	
<i>cabergoline</i>	
ELIGARD	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
LEUPROLIDE ACETATE (3 MONTH)	
<i>leuprolide acetate 1 mg/0.2ml (5 mg/ml), 5 mg/ml</i>	
LUPRON DEPOT	PA3
<i>mifepristone (hyperglycemia)</i>	PA
<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	
RECORLEV	
SIGNIFOR	
SOMAVERT	
SYNAREL	
TRELSTAR MIXJECT	
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
<i>methimazole tab 5 mg, tab 10 mg</i>	
<i>propylthiouracil tab 50 mg</i>	
IMMUNOLOGICAL AGENTS	
ANGIOEDEMA AGENTS	
CINRYZE	PA
<i>icatibant acetate</i>	
IMMUNOGLOBULINS	
GAMMAGARD 2.5 GM/25ML SOLUTION	PA3
GAMMAGARD S/D LESS IGA	PA3
GAMMAPLEX 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION	PA3

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
GAMUNEX-C -1 GM/10ML SOLUTION	PA3
PRIVIGEN 20 GM/200ML SOLUTION	PA3
IMMUNOLOGICAL AGENTS, OTHER	
ARCALYST	
DUPIXENT	PA
KINERET	
OLUMIANT 1 MG TAB, 2 MG TAB	
ORENCIA 50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR	
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	
TAVNEOS	
TREMFYA 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR	
VELSIPITY	
XELJANZ	PA
XELJANZ XR	PA
XOLAIR	PA
IMMUNOSTIMULANTS	
ACTIMMUNE	
BESREMI	
PEGASYS	
IMMUNOSUPPRESSANTS	
ADALIMUMAB-AACF (2 PEN)	
ADALIMUMAB-ADAZ -20 MG/0.2ML SOLN PRSYR, -40 MG/0.4ML SOLN A-INJ, -40 MG/0.4ML SOLN PRSYR	
ADALIMUMAB-ADB (2 PEN) -40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-ADB (2 SYRINGE) -10 MG/0.2ML PREF SY KT, -20 MG/0.4ML PREF SY KT, -40 MG/0.8ML PREF SY KT	
ADALIMUMAB-ADB(CD/UC/HS STRT) -40 MG/0.8ML AUT-IJ KIT	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ADALIMUMAB-ADBM(PS/UV STARTER) -40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-FKJP (2 PEN)	
ADALIMUMAB-FKJP (2 SYRINGE)	
ASTAGRAF XL	PA3
<i>azathioprine tab 50 mg, tab 75 mg, tab 100 mg</i>	PA3
<i>cyclosporine cap 25 mg, cap 100 mg</i>	PA3
<i>cyclosporine modified (for microemulsion)</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 (2 SYRINGE) 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT	
HUMIRA 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT	
<i>leflunomide tab 10 mg, tab 20 mg</i>	
METHOTREXATE SODIUM METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 250 MG/10ML SOLUTION, METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML), METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV)	
<i>mycophenolate mofetil cap 250 mg, for oral susp 200 mg/ml, tab 500 mg</i>	PA3
<i>mycophenolate sodium</i>	PA3
PROGRAF 0.2 MG PACKET, 1 MG PACKET	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	
VACCINES	
ABRYSVO	
ACTHIB	
ADACEL	
AREXVY	
BCG VACCINE	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
BEXSERO	
BOOSTRIX	
DAPTACEL	
ENGRIX-B	PA3
GARDASIL 9	
HAVRIX	
HEPLISAV-B	PA3
HIBERIX	
IMOVAX RABIES	
INFANRIX	
IPOL	
IXCHIQ	
IXIARO	
JYNNEOS	
KINRIX 0.5 ML SUSP PRSYR	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO	
PEDIARIX	
PEDVAX HIB	
PENBRAYA	
PENTACEL	
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	
RECOMBIVAX HB	PA3
ROTARIX	
ROTATEQ	
SHINGRIX	
TENIVAC	
TICOVAC	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
VAXCHORA	
YF-VAX	
INFLAMMATORY BOWEL DISEASE AGENTS	
AMINOSALICYLATES	
<i>balsalazide disodium</i>	
DIPENTUM	
<i>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</i>	
<i>mesalamine w/ cleanser</i>	
PENTASA 250 MG CAP ER	
<i>sulfasalazine tab 500 mg, tab delayed release 500 mg</i>	
GLUCOCORTICOIDS	
<i>budesonide delayed release particles cap 3 mg, tab er 24hr 9 mg</i>	
<i>hydrocortisone (intrarectal)</i>	
<i>hydrocortisone tab 5 mg, tab 10 mg, tab 20 mg</i>	
METABOLIC BONE DISEASE AGENTS	
<i>alendronate sodium tab 10 mg, tab 35 mg, tab 70 mg</i>	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
<i>calcitriol cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml</i>	
<i>cinacalcet hcl</i>	PA3
<i>doxercalciferol doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap, doxercalciferol cap 0.5 mcg, doxercalciferol cap 1 mcg, doxercalciferol 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

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
XGEVA	PA
MISCELLANEOUS THERAPEUTIC AGENTS	
ALCOHOL SWABS	
BRONCHITOL	
BRONCHITOL TOLERANCE TEST	
GAUZE PADS & DRESSINGS	
INSULIN PEN NEEDLE	
INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 0.3 ML	
INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1 ML	
INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1/2 ML	
INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-500 1/2 ML	
NEEDLES, INSULIN DISP., SAFETY	
OPHTHALMIC AGENTS	
OPHTHALMIC AGENTS, OTHER	
<i>atropine sulfate (ophthalmic) soln 1%</i>	
ATROPINE SULFATE 1 % SOLUTION	
<i>bacitracin-poly-neomycin-hc</i>	
<i>bacitracin-polymyxin b (ophth)</i>	
<i>brimonidine tartrate-timolol maleate</i>	
<i>cyclosporine (ophth)</i>	
<i>dorzolamide hcl-timolol maleate</i>	
<i>neomycin-bacitracin zn-polymyxin</i>	
<i>neomycin-polymy-dexameth</i>	
NEOMYCIN-POLYMYXIN-HC	
RESTASIS MULTIDOSE	
SULFACETAMIDE-PREDNISOLONE -10-0.23 % SOLUTION	
TOBRADEX 0.3-0.1 % OINTMENT	
<i>tobramycin-dexamethasone</i>	
XDEMZY	
OPHTHALMIC ANTI-ALLERGY AGENTS	
<i>azelastine hcl (ophth)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>cromolyn sodium (ophth)</i>	
CROMOLYN SODIUM 4 % SOLUTION	
OPHTHALMIC ANTI-INFECTIVES	
AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
<i>ciprofloxacin hcl (ophth)</i>	
<i>erythromycin (ophth)</i>	
ERYTHROMYCIN 5 MG/GM OINTMENT	
<i>gatifloxacin (ophth)</i>	
<i>gentamicin sulfate (ophth)</i>	
<i>moxifloxacin hcl (ophth)</i>	
<i>ofloxacin (ophth)</i>	
<i>polymyxin b-trimethoprim</i>	
<i>sulfacetamide sodium (ophth)</i>	
SULFACETAMIDE SODIUM 10 % OINTMENT	
<i>tobramycin (ophth)</i>	
TRIFLURIDINE	
ZIRGAN	
OPHTHALMIC ANTI-INFLAMMATORIES	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
<i>diclofenac sodium (ophth)</i>	
<i>difluprednate</i>	
<i>fluorometholone (ophth)</i>	
FLURBIPROFEN SODIUM	
FML FORTE	
<i>ketorolac tromethamine (ophth)</i>	
LOTEMAX 0.5 % OINTMENT	
<i>loteprednol etabonate</i>	
PRED MILD	
<i>prednisolone acetate (ophth)</i>	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
<i>betaxolol hcl (ophth)</i>	
BETAXOLOL HCL 0.5 % SOLUTION	
BETOPTIC-S	
CARTEOLOL HCL	
LEVOBUNOLOL HCL	
<i>timolol maleate (ophth)</i>	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
<i>acetazolamide cap er 12hr 500 mg</i>	
<i>brimonidine tartrate soln 0.1%, soln 0.15%, soln 0.2%</i>	
<i>dorzolamide hcl ophth soln 2%</i>	
<i>methazolamide tab 25 mg, tab 50 mg</i>	
<i>pilocarpine hcl soln 1%, soln 2%, soln 4%</i>	
RHOPRESSA	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>bimatoprost ophth soln 0.03%</i>	
<i>latanoprost ophth soln 0.005%</i>	
<i>travoprost</i>	
OTIC AGENTS	
CIPRO HC	
<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	
ARNUITY ELLIPTA	
<i>budesonide (inhalation)</i>	PA3
<i>flunisolide (nasal)</i>	
<i>fluticasone propionate (nasal)</i>	
FLUTICASONE PROPIONATE HFA	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
PULMICORT FLEXHALER	
ANTI HISTAMINES	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
CLEMASTINE FUMARATE 2.68 MG TAB	
<i>desloratadine tab 5 mg</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	
ANTILEUKOTRIENES	
<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>zafirlukast</i>	
<i>zileuton</i>	
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA	
INCRUSE ELLIPTA	
<i>ipratropium bromide (nasal)</i>	
<i>ipratropium bromide inhal soln 0.02%</i>	PA3
SPIRIVA RESPIMAT	
<i>tiotropium bromide monohydrate</i>	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
<i>albuterol sulfate albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln, albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate soln nebu 0.5% (5 mg/ml), albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	PA3
ALBUTEROL SULFATE HFA	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg</i>	
<i>epinephrine (anaphylaxis) -0.15 mg/0.3ml (1:2000), -0.3 mg/0.3ml (1:1000)</i>	QL (2 PER 30 OVER TIME)
EPINEPHRINE 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ	QL (2 PER 30 OVER TIME)
<i>levalbuterol hcl soln 0.31 mg/3ml equiv), soln 0.63 mg/3ml equiv), soln 1.25 mg/3ml equiv), soln conc 1.25 mg/0.5ml equiv)</i>	PA3
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
CYSTIC FIBROSIS AGENTS	
CAYSTON	
KALYDECO	
ORKAMBI	
PULMOZYME	PA3
SYMDEKO	
<i>tobramycin soln 300 mg/4ml, soln 300 mg/5ml</i>	PA3
TRIKAFTA	
MAST CELL STABILIZERS	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
<i>roflumilast</i>	
THEO-24	
THEOPHYLLINE ER	
<i>theophylline tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg</i>	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS	PA
<i>ambrisentan</i>	
OPSUMIT	PA
<i>sildenafil citrate (pulmonary hypertension) tab 20 mg</i>	PA2
<i>tadalafil (pulmonary hypertension)</i>	PA2
UPTRAVI 200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	
PULMONARY FIBROSIS AGENTS	
OFEV	
<i>pirfenidone pirfenidone 534 mg tab, pirfenidone cap 267 mg, pirfenidone tab 267 mg, pirfenidone tab 801 mg</i>	
RESPIRATORY TRACT AGENTS, OTHER	
<i>acetylcysteine soln 10%, soln 20%</i>	PA3
ANORO ELLIPTA	
<i>budesonide-formoterol fumarate dihydrate</i>	
COMBIVENT RESPIMAT	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
FLUTICASONE FUROATE-VILANTEROL	
<i>fluticasone-salmeterol fluticasone-salmeterol 45-21 mcg/act aerosol, fluticasone-salmeterol 55-14 mcg/act aer pow ba, fluticasone-salmeterol 113-14 mcg/act aer pow ba, fluticasone-salmeterol 115-21 mcg/act aerosol, fluticasone-salmeterol 230-21 mcg/act aerosol, fluticasone-salmeterol 232-14 mcg/act aer pow ba, fluticasone-salmeterol aer powder ba 100-50 mcg/act, fluticasone-salmeterol aer powder ba 250-50 mcg/act, fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	
<i>ipratropium-albuterol</i>	PA3
NUCALA	PA
TRELEGY ELLIPTA	
<i>wixela inhub</i>	
SKELETAL MUSCLE RELAXANTS	
<i>cyclobenzaprine hcl tab 5 mg, tab 7.5 mg, tab 10 mg</i>	
<i>methocarbamol tab 500 mg, tab 750 mg</i>	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
<i>doxepin hcl (sleep)</i>	
HETLIOZ LQ	PA
<i>ramelteon</i>	
<i>tasimelteon</i>	PA
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem tartrate tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg</i>	
WAKEFULNESS PROMOTING AGENTS	
<i>modafinil tab 100 mg, tab 200 mg</i>	PA
SODIUM OXYBATE	PA

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

Index of Drugs

A

abacavir sulfate	26	alfuzosin hcl	48
abacavir sulfate-lamivudine	26	aliskiren fumarate	33
ABELCET	14	allopurinol	14
ABILIFY ASIMTUFI	23	ALOGLIPTIN BENZOATE	29
ABILIFY MAINTENA	23	ALOGLIPTIN-METFORMIN HCL	29
abiraterone acetate	16	ALOGLIPTIN-PIOGLITAZONE	29
ABRYSVO	54	alosetron hcl	46
acamprosate calcium	3	alprazolam	28
acarbose	29	ALPRAZOLAM INTENSOL	28
acetaminophen w/ codeine	2	ALUNBRIG	18
ACETAMINOPHEN-CODEINE	2	amantadine hcl	21
acetazolamide	33,59	ambrisentan	61
acetic acid (otic)	4	amikacin sulfate	4
acetylcysteine	61	amiloride & hydrochlorothiazide	33
acitretin	38	amiloride hcl	34
ACTHIB	54	AMILORIDE-HYDROCHLOROTHIAZIDE	33
ACTIMMUNE	53	amino acid infusion	40
acyclovir	27	amiodarone hcl	32
acyclovir sodium	27	amitriptyline hcl	13
acyclovir topical	39	amlodipine besylate	33
ADACEL	54	amlodipine besylate-benazepril hcl	33
ADALIMUMAB-AACF (2 PEN)	53	amlodipine besylate-valsartan	33
ADALIMUMAB-ADAZ	53	amlodipine-valsartan-hydrochlorothiazide	33
ADALIMUMAB-ADBM (2 PEN)	53	amoxapine	13
ADALIMUMAB-ADBM (2 SYRINGE)	53	amoxicillin	7
ADALIMUMAB-ADBM(CD/UC/HS STRT)	53	amoxicillin & pot clavulanate	7
ADALIMUMAB-ADBM(PS/UV STARTER)	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	25	AMPHOTERICIN B	14
ADEMPAS	61	amphotericin b liposome	14
AJOVY	15	AMPICILLIN	7
AKEEGA	17	ampicillin & sulbactam sodium	7
albendazole	21	AMPICILLIN SODIUM	7
albuterol sulfate	60	AMPICILLIN-SULBACTAM SODIUM	7
ALBUTEROL SULFATE HFA	60	anagrelide hcl	31
ALCOHOL SWABS	57	anastrozole	17
ALECENSA	18	ANORO ELLIPTA	61
alendronate sodium	56	apomorphine hydrochloride	22
		aprepitant	13
		APTIOM	11

APTIVUS	27	bacitracin-poly-neomycin-hc	57
ARALAST NP	47	bacitracin-polymyxin b (ophth)	57
ARANESP (ALBUMIN FREE)	31	baclofen	24
ARCALYST	53	balsalazide disodium	56
AREXVY	54	BALVERSA	18
ARIKAYCE	4	BAQSIMI ONE PACK	30
aripiprazole	23	BAQSIMI TWO PACK	30
ARISTADA	23	BARACLUDE	25
ARISTADA INITIO	23	BCG VACCINE	54
ARNUITY ELLIPTA	59	benzoyl peroxide-erythromycin	38
asenapine maleate	23	benztropine mesylate	21
aspirin-dipyridamole	31	BESREMI	53
ASTAGRAF XL	54	betaine	47
ATABEX EC	42	betamethasone dipropionate (topical)	38
ATABEX OB	42	BETAMETHASONE DIPROPIONATE AUG	38
atazanavir sulfate	27	betamethasone dipropionate augmented	38
atenolol	32	betamethasone valerate	38
atenolol & chlorthalidone	33	BETASERON	37
atomoxetine hcl	36	BETAXOLOL HCL	59
atorvastatin calcium	35	betaxolol hcl (ophth)	59
atovaquone	21	bethanechol chloride	48
atovaquone-proguanil hcl	21	BETOPTIC-S	59
ATROPINE SULFATE	57	bexarotene	20
atropine sulfate (ophthalmic)	57	bexarotene (topical)	20
ATROVENT HFA	60	BEXSERO	55
AUGTYRO	17	bicalutamide	16
AUVELITY	12	BICILLIN L-A	7
AVONEX PEN	37	BIKTARVY	25
AVONEX PREFILLED	37	bimatoprost	59
AYVAKIT	18	bisoprolol & hydrochlorothiazide	33
AZASITE	58	bisoprolol fumarate	32
azathioprine	54	BOOSTRIX	55
azelastine hcl	60	BOSULIF	18
azelastine hcl (ophth)	57	BRAFTOVI	18
AZESCHEW PRENATAL/POSTNATAL	42	BRILINTA	31
AZESCO	42	brimonidine tartrate	59
azithromycin	7	brimonidine tartrate-timolol maleate	57
aztreonam	4	BRIVIACT	9
B		bromocriptine mesylate	22
BACITRACIN	58	BRONCHITOL	57
		BRONCHITOL TOLERANCE TEST	57

BRUKINSA	18
budesonide	56
budesonide (inhalation)	59
budesonide-formoterol fumarate dihydrate	61
bumetanide	34
BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)	3
BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)	3
buprenorphine hcl-naloxone hcl dihydrate	3
bupropion hcl	12
bupropion hcl (smoking deterrent)	4
BUPROPION HCL ER (XL)	12
buspirone hcl	28

C

C-NATE DHA	42	cefpodoxime proxetil	6
cabergoline	52	cefprozil	6
CABOMETYX	18	ceftazidime	6
CALCIPOTRIENE	39	ceftriaxone sodium	6
calcitonin (salmon)	56	cefuroxime axetil	6
calcitriol	56	cefuroxime sodium	6
CALQUENCE	18	celecoxib	2
candesartan cilexetil	32	cephalexin	6
CAPLYTA	23	CERDELGA	47
CAPRELSA	18	chlorhexidine gluconate (mouth-throat)	38
carbamazepine	11	chloroquine phosphate	21
carbidopa	22	chlorpromazine hcl	23
carbidopa-levodopa	22	chlorthalidone	34
CARBIDOPA-LEVODOPA-ENTACAPONE	22	cholestyramine	35
carglumic acid	40	cholestyramine light	35
CARTEOLOL HCL	59	choline fenofibrate	34
carvedilol	33	ciclopirox	39
caspofungin acetate	14	ciclopirox olamine	39
CAYSTON	61	cilostazol	31
cefadroxil	6	CIMDUO	26
CEFAZOLIN SODIUM	6	cinacalcet hcl	56
cefdinir	6	CINRYZE	52
cefepime hcl	6	CIPRO HC	59
cefixime	6	ciprofloxacin hcl	8
cefoxitin sodium	6	ciprofloxacin hcl (ophth)	58
		CIPROFLOXACIN IN D5W	8
		ciprofloxacin-dexamethasone	59
		citalopram hydrobromide	12
		CITRANATAL 90 DHA	42
		CITRANATAL ASSURE	42
		CITRANATAL B-CALM	42
		CITRANATAL BLOOM	42
		CITRANATAL BLOOM DHA	42
		CITRANATAL DHA	42
		CITRANATAL ESSENCE	42
		CITRANATAL HARMONY	42
		CITRANATAL MEDLEY	42
		CITRANATAL RX	42
		clarithromycin	8
		CLEMASTINE FUMARATE	60
		CLEOCIN	4

clindamycin hcl	4	COMPLERA	26
clindamycin palmitate hydrochloride	4	COMPLETE NATAL DHA	42
clindamycin phosphate	4	COMPLETENATE	42
clindamycin phosphate (topical)	39	CONCEPT DHA	42
clindamycin phosphate in d5w	4	CONCEPT OB	42
clindamycin phosphate vaginal	4	COPIKTRA	18
CLINIMIX E/DEXTROSE (2.75/5)	40	COTELLIC	18
CLINIMIX E/DEXTROSE (4.25/10)	40	CREON	47
CLINIMIX E/DEXTROSE (4.25/5)	40	CROMOLYN SODIUM	58
CLINIMIX E/DEXTROSE (5/15)	40	cromolyn sodium	61
CLINIMIX E/DEXTROSE (5/20)	40	cromolyn sodium (mastocytosis)	47
CLINIMIX/DEXTROSE (4.25/10)	40	cromolyn sodium (ophth)	58
CLINIMIX/DEXTROSE (4.25/5)	40	cyclobenzaprine hcl	62
CLINIMIX/DEXTROSE (5/15)	40	CYCLOPHOSPHAMIDE	16
CLINIMIX/DEXTROSE (5/20)	40	CYCLOSET	29
clobazam	10	cyclosporine	54
clobetasol propionate	38	cyclosporine (ophth)	57
clobetasol propionate emollient base	38	cyclosporine modified (for microemulsion)	54
clobetasol propionate emulsion	38	CYSTAGON	47
clomipramine hcl	13	CYSTARAN	47
clonazepam	28		
clonidine	31	D	
clonidine hcl	32	dabigatran etexilate mesylate	31
clopidogrel bisulfate	31	dalfampridine	37
clorazepate dipotassium	28	danazol	50
clotrimazole	14	DANZITEN	18
clotrimazole (topical)	14	DAPAGLIFLOZIN PROPANEDIOL	35
clotrimazole w/ betamethasone	39	dapsone	16
CLOTRIMAZOLE-BETAMETHASONE	39	DAPTACEL	55
clozapine	24	daptomycin	4
CO-NATAL FA	42	darifenacin hydrobromide	48
COARTEM	21	darunavir	27
COBENFY	24	dasatinib	18
COBENFY STARTER PACK	24	DAURISMO	18
CODEINE SULFATE	2	deferasirox	41
colchicine	15	deferiprone	41
colchicine w/ probenecid	15	DELSTRIGO	26
colesevelam hcl	35	demeclocycline hcl	8
colistimethate sodium	4	DEPO-SUBQ PROVERA 104	51
COMBIVENT RESPIMAT	61	DERMACINRX PRETRATE	42
COMETRIQ	18	DESCOVY	26

desipramine hcl	13	DIPHENOXYLATE-ATROPINE	46
desloratadine	60	disulfiram	3
desmopressin acetate	49	divalproex sodium	9
desmopressin acetate spray	49	dofetilide	32
desmopressin acetate spray refrigerated	49	donepezil hydrochloride	11
desogestrel-ethinyl estradiol (biphasic)	50	dorzolamide hcl	59
desonide	38	dorzolamide hcl-timolol maleate	57
DESVENLAFAXINE ER	12	DOVATO	25
desvenlafaxine succinate	12	doxazosin mesylate	32
DEXABLISS	49	doxepin hcl	13
DEXAMETHASONE	49	doxepin hcl (antipruritic)	38
DEXAMETHASONE SODIUM PHOSPHATE	58	doxepin hcl (sleep)	62
dexmethylphenidate hcl	36	doxercalciferol	56
dextroamphetamine sulfate	36	doxycycline (monohydrate)	8
dextrose	40	doxycycline hyclate	9
dextrose w/ sodium chloride	40	DRIZALMA SPRINKLE	37
DEXTROSE-SODIUM CHLORIDE	40	dronabinol	13
DIACOMIT	9	drospirenone-ethinyl estradiol	50
DIAZEPAM	10	drospirenone-ethinyl estradiol-levomefolate calcium	50
diazepam	28	droxidopa	32
diazepam (anticonvulsant)	10	DUAVEE	51
diazoxide	30	DUET DHA 400	42
DICLOFENAC EPOLAMINE	2	DUET DHA BALANCED	42
diclofenac potassium	2	duloxetine hcl	37
diclofenac sodium	2	DUPIXENT	53
diclofenac sodium (actinic keratoses)	39	dutasteride	48
diclofenac sodium (ophth)	58	dutasteride-tamsulosin hcl	48
diclofenac sodium (topical)	2		
dicloxacillin sodium	7	E	
dicyclomine hcl	46	EDURANT	26
DIFICID	8	efavirenz	26
difluprednate	58	efavirenz-emtricitabine-tenofovir disoproxil fumarate	26
digoxin	32	efavirenz-lamivudine-tenofovir disoproxil fumarate	26
dihydroergotamine mesylate	15	ELIGARD	52
DILANTIN	11	ELIQUIS	31
diltiazem hcl	33	ELIQUIS DVT/PE STARTER PACK	31
diltiazem hcl coated beads	33	ELITE-OB	42
diltiazem hcl extended release beads	33	ELMIRON	48
dimethyl fumarate	37	EMSAM	12
DIPENTUM	56	emtricitabine	26
diphenoxylate w/ atropine	46	emtricitabine-tenofovir disoproxil fumarate	26

EMTRIVA	26
enalapril maleate	32
enalapril maleate & hydrochlorothiazide	33
ENBRACE HR	42
ENBREL	54
ENBREL MINI	54
ENBREL SURECLICK	54
ENGERIX-B	55
enoxaparin sodium	31
entacapone	22
entecavir	25
ENTRESTO	34
ENVARUS XR	54
EPIDIOLEX	9
EPINEPHRINE	60
epinephrine (anaphylaxis)	60
eplerenone	35
EPRONTIA	9
ERGOTAMINE-CAFFEINE	15
ERIVEDGE	18
ERLEADA	16
erlotinib hcl	18
ertapenem sodium	7
ERY	39
ERYTHROCIN LACTOBIONATE	8
ERYTHROMYCIN	58
erythromycin (acne aid)	40
erythromycin (ophth)	58
erythromycin base	8
erythromycin ethylsuccinate	8
erythromycin lactobionate	8
ERYTHROMYCIN STEARATE	8
escitalopram oxalate	12
esomeprazole magnesium	47
estradiol	50
estradiol & norethindrone acetate	50
estradiol vaginal	50
ESTRING	50
ethambutol hcl	16
ethosuximide	10
ethynodiol diacet & eth estrad	50

etodolac	2
etonogestrel-ethinyl estradiol	50
etravirine	26
everolimus	18
everolimus (immunosuppressant)	54
EVOTAZ	27
exemestane	17
ezetimibe	35

F

famciclovir	27
famotidine	47
FANAPT	23
FANAPT TITRATION PACK	23
febuxostat	15
felbamate	9
fenofibrate	34
fenofibrate micronized	34
fentanyl	2
FERRIPROX	41
FETZIMA	12
FETZIMA TITRATION	12
finasteride	48
FINTEPLA	9
FIRMAGON	52
FIRMAGON (240 MG DOSE)	52
flecainide acetate	32
fluconazole	14
fluconazole in nacl	14
flucytosine	14
fludrocortisone acetate	49
flunisolide (nasal)	59
fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%)	38
fluorometholone (ophth)	58
FLUOROURACIL	39
fluorouracil (topical)	39
fluoxetine hcl	12
FLUOXETINE HCL (PMDD)	12
fluphenazine decanoate	23
fluphenazine hcl	23

FLURBIPROFEN SODIUM	58
FLUTICASONE FUROATE-VILANTEROL	62
fluticasone propionate	38
fluticasone propionate (nasal)	59
FLUTICASONE PROPIONATE HFA	59
fluticasone-salmeterol	62
fluvoxamine maleate	12
FML FORTE	58
FOLIVANE-OB	42
fondaparinux sodium	31
fosamprenavir calcium	27
fosfomycin tromethamine	5
FOTIVDA	18
FRUZAQLA	17
furosemide	34
FUZEON	26
FYCOMPA	9

G

gabapentin	10
galantamine hydrobromide	11
GAMMAGARD	52
GAMMAGARD S/D LESS IGA	52
GAMMAPLEX	52
GAMUNEX-C	53
GARDASIL 9	55
gatifloxacin (ophth)	58
GATTEX	47
GAUZE PADS & DRESSINGS	57
GAVRETO	18
gefitinib	18
gemfibrozil	34
GENOTROPIN	49
GENOTROPIN MINISQUICK	49
gentamicin in saline	4
gentamicin sulfate	4
gentamicin sulfate (ophth)	58
gentamicin sulfate (topical)	4
GENVOYA	25
GILOTRIF	18
GLASSIA	47

glatiramer acetate	37
GLEOSTINE	16
glimepiride	29
GLIPIZIDE	29
glipizide-metformin hcl	29
GLUCAGON EMERGENCY	30
glutamine (sickle cell)	48
glycopyrrolate	47
griseofulvin microsize	14
griseofulvin ultramicrosize	14
guanfacine hcl	32
guanfacine hcl (adhd)	36

H

haloperidol	23
haloperidol decanoate	23
haloperidol lactate	23
HAVRIX	55
HEMADY	49
heparin sodium (porcine)	31
HEPLISAV-B	55
HETLIOZ LQ	62
HIBERIX	55
HUMALOG MIX 50/50 KWIKPEN	30
HUMALOG MIX 75/25	30
HUMATROPE	49
HUMIRA	54
HUMIRA (2 SYRINGE)	54
HUMULIN 70/30	30
HUMULIN 70/30 KWIKPEN	30
HUMULIN N	30
HUMULIN N KWIKPEN	30
HUMULIN R	30
HUMULIN R U-500 (CONCENTRATED)	30
HUMULIN R U-500 KWIKPEN	30
hydralazine hcl	35
hydrochlorothiazide	34
hydrocodone-acetaminophen	2
HYDROCORTISONE	39
hydrocortisone	56
hydrocortisone (intrarectal)	56

hydrocortisone (rectal)	38	INSULIN ASPART PROT & ASPART	30
hydrocortisone (topical)	38	INSULIN GLARGINE-YFGN	30
hydrocortisone valerate	39	INSULIN LISPRO	30
hydrocortisone w/acetic acid	59	INSULIN LISPRO (1 UNIT DIAL)	30
hydromorphone hcl	3	INSULIN LISPRO JUNIOR KWIKPEN	30
HYDROMORPHONE HCL PF	2	INSULIN LISPRO PROT & LISPRO	30
hydroxychloroquine sulfate	21	INSULIN PEN NEEDLE	57
hydroxyurea	17	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 0.3 ML	57
hydroxyzine hcl	28	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1 ML	57
hydroxyzine pamoate	28	INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1/2 ML	57
I		INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-500 1/2 ML	57
ibandronate sodium	56	INTELENCE	26
IBRANCE	18	INTRALIPID	40
ibuprofen	2	INVEGA HAFYERA	23
icatibant acetate	52	INVEGA SUSTENNA	23
ICLUSIG	18	INVEGA TRINZA	23
icosapent ethyl	35	IPOL	55
IDHIFA	18	ipratropium bromide	60
imatinib mesylate	18	ipratropium bromide (nasal)	60
IMBRUVICA	18	ipratropium-albuterol	62
IMIPENEM-CILASTATIN	7	irbesartan	32
imipramine hcl	13	irbesartan-hydrochlorothiazide	34
imipramine pamoate	13	ISENTRESS	25
imiquimod	39	ISENTRESS HD	25
IMKELDI	18	ISOLYTE-P IN D5W	40
IMOVAX RABIES	55	ISONIAZID	16
IMPAVIDO	21	isosorbide dinitrate	35
INATAL GT	42	isosorbide mononitrate	35
INCRELEX	49	isotretinoin	38
INCRUSE ELLIPTA	60	ITOVEBI	18
indapamide	34	itraconazole	14
indomethacin	2	ivabradine hcl	34
INFANRIX	55	ivermectin	21
INLYTA	18	IWILFIN	17
INQOVI	17	IXCHIQ	55
INREBIC	18	IXIARO	55
INSULIN ASP PROT & ASP FLEXPEN	30		
INSULIN ASPART	30		
INSULIN ASPART FLEXPEN	30		
INSULIN ASPART PENFILL	30		

J

JAKAFI	19
JARDIANCE	35
JAYPIRCA	19
JENLIVA PRENATAL/POSTNATAL	42
JULUCA	25
JUXTAPID	35
JYNNEOS	55

K

KALYDECO	61
KCL IN DEXTROSE-NACL	40
KCL-LACTATED RINGERS-D5W	40
KERENDIA	35
ketoconazole	14
ketoconazole (topical)	14
ketorolac tromethamine (ophth)	58
KINERET	53
KINRIX	55
Kisqali	19
Kisqali FEMARA	19
KOSELUGO	19
KOSHER PRENATAL PLUS IRON	42
KRAZATI	19

L

labetalol hcl	33
lacosamide	11
lactic acid (ammonium lactate)	39
LACTULOSE	46
lactulose (encephalopathy)	46
LAGEVRIO	27
lamivudine	26
lamivudine (hbv)	25
lamivudine-zidovudine	26
lamotrigine	10
lansoprazole	47
lapatinib ditosylate	19
latanoprost	59
LAZCLUZE	19

LEDIPASVIR-SOFOSBUVIR	25
leflunomide	54
lenalidomide	17
Lenvima	19
letrozole	17
leucovorin calcium	20
LEUKINE	31
leuprolide acetate	52
LEUPROLIDE ACETATE (3 MONTH)	52
levalbuterol hcl	60
LEVALBUTEROL TARTRATE	60
levetiracetam	10
LEVOBUNOLOL HCL	59
levocetirizine dihydrochloride	60
levofloxacin	8
levofloxacin in d5w	8
levonorgestrel & eth estradiol	50
levonorgestrel-eth estradiol (triphasic)	50
levonorgestrel-ethinyl estradiol (91-day)	50
levonorgestrel-ethinyl estradiol (continuous)	51
levonorgestrel-ethinyl estradiol-ferrous bisglycinate	51
levothyroxine sodium	51
LIBERVANT	10
lidocaine	3
lidocaine hcl	3
lidocaine hcl (mouth-throat)	3
lidocaine-prilocaine	3
linezolid	5
LINZESS	46
liothyronine sodium	51
lisinopril	32
lisinopril & hydrochlorothiazide	34
lithium	28
lithium carbonate	29
LIVTENCITY	25
LOKELMA	41
LONSURF	17
loperamide hcl	46
lopinavir-ritonavir	27
lorazepam	28
LORBRENA	19

losartan potassium	32
losartan potassium & hydrochlorothiazide	34
LOTEMAX	58
loteprednol etabonate	58
loxapine succinate	23
lubiprostone	46
LUMAKRAS	19
LUPRON DEPOT	52
lurasidone hcl	23
LYBALVI	24
LYNPARZA	19
LYSODREN	17
Lytgobi	19

M

M-M-R II	55	metformin hcl	29
M-NATAL PLUS	42	methadone hcl	2
magnesium sulfate	40	methazolamide	59
malathion	39	methenamine hippurate	5
maraviroc	26	methimazole	52
MARPLAN	12	methocarbamol	62
MATERNACEL	42	METHOTREXATE SODIUM	54
MATULANE	16	METHOXSALEN RAPID	39
MAVYRET	25	methsuximide	10
meclizine hcl	13	methylphenidate hcl	37
medroxyprogesterone acetate	51	METHYLPHENIDATE HCL ER	37
medroxyprogesterone acetate (contraceptive)	51	METHYLPHENIDATE HCL ER (OSM)	37
mefloquine hcl	21	methylprednisolone	49
megestrol acetate	51	metoclopramide hcl	13
MEKINIST	19	metolazone	34
MEKTOVI	19	metoprolol & hydrochlorothiazide	34
meloxicam	2	metoprolol succinate	33
memantine hcl	11	metoprolol tartrate	33
MENACTRA	55	metronidazole	5
MENQUADFI	55	metronidazole (topical)	5
MENVEO	55	metronidazole vaginal	5
mercaptopurine	17	metirosine	34
meropenem	7	mexiletine hcl	32
mesalamine	56	micafungin sodium	14
mesalamine w/ cleanser	56	MICONAZOLE 3	14
MESNEX	21	midodrine hcl	32
		mifepristone (hyperglycemia)	52
		miglustat	48
		minocycline hcl	9
		minoxidil	35
		mirabegron	48
		MIRENA (52 MG)	51
		mirtazapine	12
		misoprostol	50
		modafinil	62
		MOLINDONE HCL	23
		mometasone furoate	39
		montelukast sodium	60
		morphine sulfate	2
		MORPHINE SULFATE	3
		MORPHINE SULFATE (CONCENTRATE)	3

MOUNJARO	29
MOXIFLOXACIN HCL	8
moxifloxacin hcl (ophth)	58
MOXIFLOXACIN HCL IN NACL	8
MULTI-MAC	42
mupirocin	40
mupirocin calcium (topical)	40
mycophenolate mofetil	54
mycophenolate sodium	54

N

nabumetone	2	NESTABS ONE	43
nadolol	33	NEUPRO	22
nafticillin sodium	7	nevirapine	26
NALOXONE HCL	4	NEXPLANON	51
naltrexone hcl	3	niacin (antihyperlipidemic)	35
NAMZARIC	11	nifedipine	33
naproxen	2	nilutamide	16
naratriptan hcl	15	nimodipine	33
NATACHEW	43	NINLARO	19
NATAL PNV	43	NITAZOXANIDE	21
NATALVIT	43	NITRO-BID	35
nateglinide	29	NITRO-DUR	36
NAYZILAM	10	nitrofurantoin macrocrystal	5
NEEDLES, INSULIN DISP., SAFETY	57	nitrofurantoin monohyd macro	5
NEEVO DHA	43	nitroglycerin	36
NEFAZODONE HCL	12	nitroglycerin (intra-anal)	36
NEO-VITAL RX	43	NIVA-PLUS	43
neomycin sulfate	4	NIVESTYM	31
neomycin-bacitracin zn-polymyxin	57	NIZATIDINE	47
neomycin-polymy-dexameth	57	NORDITROPIN FLEXPOR	49
NEOMYCIN-POLYMYXIN-HC	57	norelgestromin-ethinyl estradiol	51
neomycin-polymyxin-hc (otic)	59	norethin acet & estrad-fe	51
NEONATAL + DHA	43	norethindrone & ethinyl estradiol-fe	51
NEONATAL 19	43	norethindrone (contraceptive)	51
NEONATAL COMPLETE	43	norethindrone acet & eth estra	51
NEONATAL FE	43	norethindrone acetate-ethinyl estradiol	51
NEONATAL PLUS	43	norethindrone acetate-ethinyl estradiol-fe	51
NERLYNX	19	norgestimate-ethinyl estradiol	51
NESTABS	43	norgestimate-ethinyl estradiol (triphasic)	51
NESTABS DHA	43	norgestrel & ethinyl estradiol	51
		nortriptyline hcl	13
		NORVIR	27
		NOVOLIN 70/30	30
		NOVOLIN 70/30 FLEXPEN	30
		NOVOLIN N	30
		NOVOLIN N FLEXPEN	30
		NOVOLIN R	30
		NOVOLIN R FLEXPEN	30
		NUBEQA	16
		NUCALA	62
		NUDEXTA	37

NUPLAZID	24
NURTEC	15
NUTRILIPID	40
NUTROPIN AQ NUSPIN 10	49
NUTROPIN AQ NUSPIN 20	49
NUTROPIN AQ NUSPIN 5	49
nystatin	14
nystatin (mouth-throat)	14
nystatin (topical)	14
nystatin-triamcinolone	39

O

OB COMPLETE	43
OB COMPLETE ONE	43
OB COMPLETE PETITE	43
OB COMPLETE PREMIER	43
OB COMPLETE/DHA	43
OBSTETRIX EC (WITH DOCUSATE)	43
OBSTETRIX ONE (WITH DOCUSATE)	43
octreotide acetate	52
ODEFSEY	26
ODOMZO	19
OFEV	61
OFLOXACIN	8
ofloxacin (ophth)	58
ofloxacin (otic)	59
OGSIVEO	17
OJEMDA	19
OJJAARA	17
olanzapine	24
OLUMIANT	53
omega-3-acid ethyl esters	35
omeprazole	47
OMNITROPE	50
ondansetron	14
ondansetron hcl	14
ONE VITE WOMENS PLUS	43
ONGENTYS	22
ONUREG	17
OPSUMIT	61
OPVEE	4

ORENCIA	53
ORENCIA CLICKJECT	53
ORGOVYX	52
ORKAMBI	61
ORSERDU	17
oseltamivir phosphate	27
OTEZLA	39
oxazepam	28
oxcarbazepine	11
oxybutynin chloride	48
oxycodone hcl	3
oxycodone w/ acetaminophen	3
OXYCODONE-ACETAMINOPHEN	3
OXYCONTIN	2
OXYTROL	48
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	29
OZEMPIC (1 MG/DOSE)	29
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	29

P

paliperidone	24
PANRETIN	20
pantoprazole sodium	47
paroxetine hcl	28
paroxetine mesylate (vasomotor)	28
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	27
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	27
pazopanib hcl	19
PEDIARIX	55
PEDVAX HIB	55
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	47
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	47
peg 3350-potassium chloride-sod bicarbonate-sod chloride	47
PEGASYS	53
PEMAZYRE	19
PENBRAYA	55

penicillamine	48	POTASSIUM CHLORIDE ER	40
PENICILLIN G POT IN DEXTROSE	7	potassium chloride in dextrose	40
penicillin g potassium	7	potassium chloride in dextrose & sodium chloride	40
PENICILLIN G SODIUM	7	POTASSIUM CHLORIDE IN NACL	41
penicillin v potassium	7	potassium chloride microencapsulated crystals er	41
PENTACEL	55	potassium citrate (alkalinizer)	41
pentamidine isethionate	21	pramipexole dihydrochloride	22
PENTASA	56	pravastatin sodium	35
pentoxifylline	34	praziquantel	21
permethrin	39	prazosin hcl	32
perphenazine	13	PRED MILD	58
PERSERIS	24	prednisolone	49
PHENELZINE SULFATE	12	prednisolone acetate (ophth)	58
phenobarbital	10	prednisolone sodium phosphate	49
phenytoin	11	PREDNISOLONE SODIUM PHOSPHATE	58
phenytoin sodium extended	11	prednisone	49
PIFELTRO	26	PREDNISONE INTENSOL	49
pilocarpine hcl	59	pregabalin	37
pilocarpine hcl (oral)	38	PREGEN DHA	43
pimecrolimus	39	PREGENNA	43
PIMOZIDE	23	PREMARIN	51
pindolol	33	PREMASOL	41
pioglitazone hcl	29	PREMESISRX	43
pioglitazone hcl-metformin hcl	29	PREMPRO	51
piperacillin sodium-tazobactam sodium	7	PRENA 1 TRUE	44
Piqray	19	PRENA1	44
pirfenidone	61	PRENA1 PEARL	44
PNV PRENATAL PLUS MULTIVIT+DHA	43	PRENAISSANCE	44
PNV PRENATAL PLUS MULTIVITAMIN	43	PRENAISSANCE PLUS	44
PNV TABS 20-1	43	PRENARA	44
PNV TABS 29-1	43	PRENATAL	44
PNV-DHA	43	PRENATAL 19	44
PNV-DHA+DOCUSATE	43	PRENATAL PLUS	44
PNV-OMEGA	43	PRENATAL PLUS IRON	44
PNV-SELECT	43	PRENATAL PLUS VITAMIN/MINERAL	44
podofilox	39	PRENATAL VITAMIN PLUS LOW IRON	44
polymyxin b sulfate	5	PRENATAL-U	44
polymyxin b-trimethoprim	58	PRENATE	44
POMALYST	17	PRENATE AM	44
posaconazole	14	PRENATE DHA	44
potassium chloride	41	PRENATE ELITE	44

PRENATE ENHANCE	44
PRENATE ESSENTIAL	44
PRENATE MINI	44
PRENATE PIXIE	44
PRENATE RESTORE	44
PRENATOL-M	44
PRENATRIX	44
PRENATRYL	44
PRENATVITE COMPLETE	44
PRENATVITE PLUS	44
PRENATVITE RX	44
PREPLUS	44
PRETAB	44
PRETOMANID	16
PREVYMIS	25
PREZCOBIX	27
PREZISTA	27
PRIFTIN	16
PRIMACARE	44
primaquine phosphate	21
PRIMIDONE	10
PRIORIX	55
PRIVIGEN	53
probenecid	15
prochlorperazine	13
prochlorperazine maleate	13
progesterone	51
PROGRAF	54
PROLASTIN-C	48
PROLIA	56
PROMACTA	31
promethazine hcl	13
propafenone hcl	32
propranolol hcl	15
propylthiouracil	52
PROQUAD	55
PROSOL	41
protriptyline hcl	13
PROVIDA OB	44
PULMICORT FLEXHALER	60
PULMOZYME	61

PURIXAN	17
pyrazinamide	16
pyridostigmine bromide	15
pyrimethamine	21

Q

QINLOCK	19
QUADRACEL	55
quetiapine fumarate	24
quinidine gluconate	32
quinidine sulfate	32
quinine sulfate	21
QULIPTA	15

R

RABAVERT	55
raloxifene hcl	51
ramelteon	62
ramipril	32
ranolazine	34
rasagiline mesylate	22
RAVICTI	48
REBIF	37
REBIF REBIDOSE	37
REBIF REBIDOSE TITRATION PACK	37
REBIF TITRATION PACK	37
RECOMBIVAX HB	55
RECORLEV	52
RELENZA DISKHALER	27
RELISTOR	46
RELNATE DHA	44
repaglinide	29
REPATHA	35
REPATHA PUSHTRONEX SYSTEM	35
REPATHA SURECLICK	35
RESTASIS MULTIDOSE	57
RETACRIT	31
RETEVMO	19
REVUFORJ	19
REXULTI	24
REYATAZ	27

REZLIDHIA	19	SEROSTIM	50
REZUROCK	54	sertraline hcl	13
RHOPRESSA	59	SHINGRIX	55
RIBAVIRIN	25	SIGNIFOR	52
ribavirin (hepatitis c)	25	sildenafil citrate (pulmonary hypertension)	61
rifabutin	16	silver sulfadiazine	39
rifampin	16	SIMPONI	54
riluzole	37	simvastatin	35
risperidone	24	sirolimus	54
risperidone microspheres	24	SIRTURO	16
ritonavir	27	SIVEXTRO	5
rivastigmine	11	SKYRIZI	53
rivastigmine tartrate	11	SKYRIZI PEN	53
rizatriptan benzoate	15	sodium chloride	41
roflumilast	61	sodium chloride (gu irrigant)	41
ropinirole hydrochloride	22	SODIUM FLUORIDE	41
rosuvastatin calcium	35	SODIUM OXYBATE	62
ROTARIX	55	sodium phenylbutyrate	48
ROTATEQ	55	sodium polystyrene sulfonate	41
ROZLYTREK	19	SOFOSBUVIR-VELPATASVIR	25
RUBRACA	19	solifenacin succinate	48
rufinamide	11	SOLTAMOX	17
RUKOBIA	27	SOMAVERT	52
RYDAPT	19	sorafenib tosylate	19
RYTARY	22	sotalol hcl	32
S		sotalol hcl (afib/af)	32
SANTYL	39	SOVALDI	25
sapropterin dihydrochloride	48	SPIRIVA RESPIMAT	60
saxagliptin hcl	29	spironolactone	35
saxagliptin-metformin hcl	29	spironolactone & hydrochlorothiazide	34
SCEMBLIX	19	SPRITAM	10
scopolamine	13	SPS (SODIUM POLYSTYRENE SULF)	41
SE-NATAL 19	45	STELARA	53
SECUADO	24	STIVARGA	19
SELECT-OB	45	STREPTOMYCIN SULFATE	4
SELECT-OB+DHA	45	STRIBILD	25
selegiline hcl	22	SUCRAID	48
selenium sulfide	39	sucralfate	47
SELZENTRY	27	SULFACETAMIDE SODIUM	58
SEREVENT DISKUS	60	sulfacetamide sodium (acne)	8
		sulfacetamide sodium (ophth)	58

SULFACETAMIDE-PREDNISOLONE	57
sulfadiazine	8
sulfamethoxazole-trimethoprim	8
sulfasalazine	56
sulindac	2
sumatriptan	15
sumatriptan succinate	15
sunitinib malate	19
SUNLENCA	27
SYMDEKO	61
SYMLINPEN 120	29
SYMLINPEN 60	29
SYMPAZAN	10
SYMTUZA	27
SYNAREL	52

T

TABRECTA	20
tacrolimus	54
tacrolimus (topical)	39
tadalafil	48
tadalafil (pulmonary hypertension)	61
TAFINLAR	20
TAGRISSO	20
TALTZ	53
TALZENNA	20
tamoxifen citrate tab (10 mg equivalent)	17
tamoxifen citrate tab (20 mg equivalent)	17
tamsulosin hcl	48
TARON-C DHA	45
TARON-PREX	45
TASIGNA	20
tasimelteon	62
TAVNEOS	53
tazarotene	38
TAZVERIK	20
TEFLARO	6
temazepam	62
TENIVAC	55
tenofovir disoproxil fumarate	26
TEPMETKO	20

terazosin hcl	32
terbinafine hcl	14
terconazole vaginal	14
teriflunomide	37
TERIPARATIDE (RECOMBINANT)	56
testosterone	50
TESTOSTERONE CYPIONATE	50
TESTOSTERONE ENANTHATE	50
tetrabenazine	37
tetracycline hcl	9
THALOMID	17
THEO-24	61
theophylline	61
THEOPHYLLINE ER	61
thioridazine hcl	23
thiothixene	23
THRIVITE RX	45
tiagabine hcl	10
TIBSOVO	20
TICOVAC	55
tigecycline	5
timolol maleate	15
timolol maleate (ophth)	59
tinidazole	5
tiotropium bromide monohydrate	60
TIVICAY	25
TIVICAY PD	25
tizanidine hcl	25
TOBRADEX	57
tobramycin	61
tobramycin (ophth)	58
tobramycin sulfate	4
tobramycin-dexamethasone	57
tolcapone	22
tolterodine tartrate	48
topiramate	10
toremifene citrate	17
torsemide	34
TPN ELECTROLYTES	45
tramadol hcl	3
TRAMADOL HCL ER	2

TRAMADOL HCL ER (BIPHASIC)	2	TRULICITY	29
tramadol-acetaminophen	3	TRUMENBA	56
tranexamic acid	31	TRUQAP	17,20
tranylcypromine sulfate	12	TUDORZA PRESSAIR	60
TRAVASOL	41	TUKYSA	20
travoprost	59	TURALIO	20
trazodone hcl	13	TWINRIX	56
TRECTOR	16	TYBOST	27
TRELEGY ELLIPTA	62	TYMLOS	56
TRELSTAR MIXJECT	52	TYPHIM VI	56
TREMFYA	53		
tretinoin	38	U	
tretinoin (chemotherapy)	20	UBRELVY	15
tretinoin microsphere	38	UPTRAVI	61
triamcinolone acetonide (mouth)	38	URSODIOL	47
triamcinolone acetonide (topical)	39	UZEDY	24
triamterene	34		
triamterene & hydrochlorothiazide	34	V	
triazolam	62	valacyclovir hcl	27
TRICARE	45	VALCHLOR	16
TRICARE PRENATAL DHA ONE	45	valganciclovir hcl	25
trientine hcl	41	valproate sodium	10
trifluoperazine hcl	23	valproic acid	10
TRIFLURIDINE	58	valsartan	32
trihexyphenidyl hcl	21	valsartan-hydrochlorothiazide	34
TRIKAFTA	61	Valtoco	10
TRIMETHOPRIM	5	VANCOMYCIN HCL	6
trimethoprim 100 mg tab	5	VANCOMYCIN HCL IN DEXTROSE	5
trimipramine maleate	13	VANCOMYCIN HCL IN NACL	5
TRINATAL RX 1	45	VANFLYTA	20
TRINATE	45	VAQTA	56
TRINAZ	45	varenicline tartrate	4
TRINTELLIX	13	VARIVAX	56
TRISTART DHA	45	VAXCHORA	56
TRISTART FREE	45	VELSIPITY	53
TRISTART ONE	45	VELTASSA	41
TRIUMEQ	26	VENCLEXTA	20
TRIUMEQ PD	26	VENCLEXTA STARTING PACK	20
TRIVEEN-DUO DHA	45	VENLAFAXINE BESYLATE ER	28
TROPHAMINE	41	venlafaxine hcl	28
tropium chloride	48	VEOZAH	37

verapamil hcl	33
VERAPAMIL HCL ER	33
VERQUVO	36
VERSACLOZ	24
VERZENIO	20
vigabatrin	10
VIJOICE	20
vilazodone hcl	13
VINATE DHA RF	45
VINATE II	45
VINATE ONE	45
VIRACEPT	27
VIREAD	26
VIRT-C DHA	45
VIRT-NATE DHA	45
VIRT-PN DHA	45
VIRT-PN PLUS	45
VITAFOL FE+	45
VITAFOL GUMMIES	45
VITAFOL STRIPS	45
VITAFOL ULTRA	45
VITAFOL-NANO	45
VITAFOL-OB	45
VITAFOL-OB+DHA	45
VITAFOL-ONE	45
VITALARA	45
VITAMEDMD ONE RX/QUATREFOLIC	45
VITAMEDMD REDICHEW RX	46
VITAPEARL	46
VITATHELY WITH GINGER	46
VITATRUE	46
VITRAKVI	20
VIVA DHA	46
VIZIMPRO	20
VONJO	21
VORANIGO	20
voriconazole	14
VORICONAZOLE	14
VOSEVI	25
VOWST	47
VP-PNV-DHA	46

VRAYLAR	24
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W

warfarin sodium	31
WELIREG	48
WESCAP-C DHA	46
WESCAP-PN DHA	46
WESNATAL DHA COMPLETE	46
WESNATE DHA	46
WESTAB PLUS	46
WESTGEL DHA	46
Wixela Inhub	62

X

XALKORI	20
XARELTO	31
XARELTO STARTER PACK	31
XATMEP	54
XCOPRI	11
XCOPRI (250 MG DAILY DOSE)	11
XCOPRI (350 MG DAILY DOSE)	11
XDEMVI	57
XELJANZ	53
XELJANZ XR	53
XERMELO	46
XGEVA	57
XIFAXAN	6
XOLAIR	53
XOSPATA	20
Xpovio	20
XTANDI	16

Y

YF-VAX	56
YONSA	16

Z

zafirlukast	60
zaleplon	62
ZALVIT	46
ZATEAN-PN DHA	46

ZATEAN-PN PLUS.....	46
ZEJULA.....	20
ZELBORAF.....	20
ZEMAIRA.....	48
ZENPEP.....	48
ZEPATIER.....	25
ZEPOSIA.....	37
ZEPOSIA 7-DAY STARTER PACK.....	37
ZEPOSIA STARTER KIT.....	38
zidovudine.....	26
zileuton.....	60
ZIPHEX.....	46
ziprasidone hcl.....	24
ziprasidone mesylate.....	24
ZIRGAN.....	58
ZOLINZA.....	17
zolpidem tartrate.....	62
ZONISADE.....	11
zonisamide.....	11
ZTALMY.....	10
ZURZUVAE.....	12
ZYDELIG.....	20
ZYKADIA.....	20

2025 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)
DICLOFENAC SODIUM GEL 1%
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	
NALOXONE HCL NASAL SPRAY	
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 3/1/2025.

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

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

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

