



Family Care Partnership
Formulary
2025 List of Covered Drugs
FOR PEOPLE ENROLLED IN MEDICARE

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

HPMS approved formulary file submission ID 00025393, Version 8

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 1/1/2025.



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

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs are covered by Community Care. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Community Care. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



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A. Disclaimers

This is a list of drugs that members can get in Community Care.

Community Care has a Medicare Advantage Special Needs Plan contract with the Center for Medicare and Medicaid Services (CMS) and a contract with the Wisconsin Department of Health Services (DHS) for the Medicaid Program. Enrollment is available to individuals who have both Medical Assistance from the State and Medicare, reside in the service area and are functionally eligible as determined by the Wisconsin Long-Term Care Functional Screen. Enrollment in Community Care depends on contact renewal.

Benefits, premiums, deductibles, and/or copayments/coinsurance may change on January 1, 2026.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. We will notify affected members about changes at least 30 days in advance.

- ❖ You can always check Community Care's up-to-date *List of Covered Drugs* online at <http://www.communitycareinc.org> or by calling Member Services toll free at 1-866-992-6600. TTY users should call 711. This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services toll free at 1-866-992-6600. TTY users should call 711. This call is free.

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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-866-

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.



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: 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 (TTY: 711) 1-866-992-6600. 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).

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.



Irà 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 oswa 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。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.

- ❖ *Your preferred language is addressed during your initial assessment by Community Care and maintained in your health record. This information is available to all staff who interact and provide services to you. You can change your preferred language and/or communication format information by contacting any member of your care team.*

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “*Drug List*” for short.)

The drugs on the *List of Covered Drugs* that starts in section C, page 14 are the drugs covered by Community Care. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Community Care will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Community Care agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Community Care network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at <http://www.communitycareinc.org> or call Member Services toll free at 1-866-992-6600 or for TTY users call 711.

B2. Does the *Drug List* ever change?

Yes, and Community Care must follow Medicare and Family Care Partnership rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Community Care before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

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- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check Community Care's up-to-date *Drug List* online at <http://www.communitycareinc.org>. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services toll free at 1-866-992-6600 or for TTY users call 711 to check the current *Drug List*.

B3. What happens when there is a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off

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the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. If you receive notice that a drug is taken off the market, contact your prescriber to discuss treatment alternatives.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 34-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Community Care before you fill your prescription. Prior authorization is different from a referral. Community Care may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Community Care limits the amount of a drug you can get.
- **Step therapy:** Sometimes Community Care requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You

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might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in section C1. You can also get more information by visiting our website at <http://www.communitycareinc.org>. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the List of Drugs by Drug Type in section C, page 14 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Community Care changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find the Index that begins on page 77. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search by drug type, find the section C, page 14 labeled "List of Drugs by Drug Type". The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the "Antimigraine Agents" category. That is where you will find drugs that treat migraines.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



B8. What if the drug I want to take is not on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services toll free at 1-866-992-6600 or for TTY users call 711 and ask about it. If you learn that Community Care will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask Community Care to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new Community Care member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 34-day supply of your drug during the first 90 days you are a member of Community Care. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 34 days of medication.

We will cover a 34-day supply of your drug if:

- you are taking a drug that is not on our *Drug List*, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Community Care, **or**
- you are taking a drug that is part of a step therapy restriction

If you are in a nursing home or other long-term care facility and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Community Care member.
- This is in addition to the temporary supply during the first 90 days you are a member of Community Care.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



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

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Community Care to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Community Care may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services at 1-866-992-6600. TTY users should call the Wisconsin relay System at 711 or call 414-902-2529 for a plan representative. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 8** section 7.2 of the *Evidence of Coverage* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Please fax coverage requests to 414-672-3958 or call 414-902-2539 or 1-866-992-6600. TTY users should call the Wisconsin relay System at 711.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Community Care covers both brand name drugs and generic drugs.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



B14. What are original biological products and how are they related to biosimilars?

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 forms 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 more information on drug types, refer to **Chapter 5** of the *Evidence of Coverage*.

B15. What are OTC drugs?

OTC stands for “over-the-counter”. OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Community Care covers some OTC drugs when they are written as prescriptions by your provider. 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.

B16. What is my copay?

Community Care members have \$0 for prescription as long as the member follows the plan’s rules. Refer to questions B15 for more information about OTC drugs.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Community Care. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D, page 77. The index alphabetically lists all drugs covered by Community Care.

C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.


The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *lisinopril*), and brand name drugs are capitalized (for example, ENTRESTO). The information in the “Necessary actions, restrictions, or limits on use” column tells you if Community Care has any rules for covering your drug.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



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.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit  <http://www.communitycareinc.org>.

List of Drugs by Drug Type

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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>	
OXYCODONE HCL ER ER 10 MG TB12 DETER, ER 20 MG TB12 DETER	
OXYCONTIN 15 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER	
TRAMADOL HCL ER (BIPHASIC)	
TRAMADOL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H	
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen w/ codeine</i>	
ACETAMINOPHEN-CODEINE	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

DRUG

CODEINE SULFATE CODEINE SULFATE 15 MG TAB, CODEINE SULFATE 30 MG TAB, CODEINE SULFATE 60 MG TAB, CODEINE SULFATE TAB 30 MG

fentanyl citrate fentanyl citrate 200 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle, fentanyl citrate lozenge on a handle 200 mcg, fentanyl citrate lozenge on a handle 400 mcg, fentanyl citrate lozenge on a handle 600 mcg, fentanyl citrate lozenge on a handle 800 mcg, fentanyl citrate lozenge on a handle 1200 mcg, fentanyl citrate lozenge on a handle 1600 mcg

PA

hydrocodone-acetaminophen -soln 7.5-325 mg/15ml, -tab 5-325 mg, -tab 7.5-325 mg, -tab 10-325 mg

HYDROMORPHONE HCL PF 10 MG/ML SOLUTION

hydromorphone hcl preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg

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

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

oxycodone w/ acetaminophen

OXYCODONE-ACETAMINOPHEN -5-325 MG/5ML SOLUTION

tramadol hcl tab 50 mg, tab 100 mg

tramadol-acetaminophen

ANESTHETICS

LOCAL ANESTHETICS

lidocaine hcl (mouth-throat)

lidocaine hcl soln 4%

lidocaine oint 5%

lidocaine patch 5%

PA

lidocaine-prilocaine

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS**ALCOHOL DETERRENTS/ANTI-CRAVING***acamprosate calcium**disulfiram tab 250 mg, tab 500 mg***OPIOID DEPENDENCE***buprenorphine hcl sl tab 2 mg (base equiv)**buprenorphine hcl sl tab 8 mg (base equiv)**buprenorphine hcl-naloxone hcl dihydrate**naltrexone hcl tab 50 mg***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 NASAL SPRAY 4 MG/0.1ML,
NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML

OPVEE

SMOKING CESSATION AGENTS*bupropion hcl (smoking deterrent)*

NICOTROL

varenicline tartrate

PA

ANTIBACTERIALS**AMINOGLYCOSIDES***amikacin sulfate inj 500 mg/2ml (250 mg/ml)*

ARIKAYCE

*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**gentamicin sulfate (topical)**gentamicin sulfate inj 40 mg/ml**neomycin sulfate tab 500 mg*

STREPTOMYCIN SULFATE 1 GM RECON SOLN

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

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)

ANTIBACTERIALS, OTHER

acetic acid (otic)

aztreonam

CLEOCIN 100 MG SUPPOS

clindamycin hcl cap 75 mg, cap 150 mg, cap 300 mg

clindamycin palmitate hydrochloride

clindamycin phosphate in d5w

clindamycin phosphate inj 900 mg/6ml

clindamycin phosphate vaginal

colistimethate sodium for inj 150 mg (colistin base activity)

daptomycin daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin for iv soln 350 mg, daptomycin for iv soln 500 mg

fosfomycin tromethamine

linezolid

methenamine hippurate

metronidazole (topical)

metronidazole metronidazole 500 mg/100ml solution, metronidazole cap 375 mg, metronidazole iv soln 500 mg/100ml, metronidazole tab 250 mg, metronidazole tab 500 mg

metronidazole vaginal

nitrofurantoin macrocrystal cap 25 mg, cap 50 mg, cap 100 mg

nitrofurantoin monohyd macro

polymyxin b sulfate for inj 500000 unit

SIVEXTRO

tigecycline tigecycline 50 mg recon soln, tigecycline for iv soln 50 mg

tinidazole tab 250 mg, tab 500 mg

TRIMETHOPRIM 100 MG TAB

trimethoprim 100 mg tab

VANCOMYCIN HCL IN DEXTROSE

VANCOMYCIN HCL IN NACL

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

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

cefadroxil cefadroxil 1 gm tab, cefadroxil cap 500 mg, cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml

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

cefdinir

cefepime hcl inj 1 gm, iv soln 2 gm

cefixime

cefoxitin sodium

cefpodoxime proxetil

cefprozil

ceftazidime inj 1 gm, inj 6 gm, iv soln 2 gm

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

cefuroxime axetil

cefuroxime sodium inj 750 mg, iv soln 1.5 gm

cephalexin

TEFLARO

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

BETA-LACTAM, PENICILLINS*amoxicillin & pot clavulanate**amoxicillin amoxicillin 125 mg chew tab, amoxicillin 250 mg chew tab, 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*

AMOXICILLIN-POT CLAVULANATE -400-57 MG CHEW TAB

AMOXICILLIN-POT CLAVULANATE ER

ampicillin & sulbactam sodium

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

*dicloxacillin sodium**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*

PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION

penicillin g potassium

PENICILLIN G SODIUM

*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**piperacillin sodium-tazobactam sodium***CARBAPENEMS***ertapenem sodium*

IMIPENEM-CILASTATIN IMIPENEM-CILASTATIN 250 MG RECON SOLN, IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 500 MG

meropenem

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****MACROLIDES**

azithromycin azithromycin 1 gm packet, azithromycin for susp 100 mg/5ml, azithromycin for susp 200 mg/5ml, azithromycin iv for soln 500 mg, azithromycin tab 250 mg, azithromycin tab 500 mg, azithromycin tab 600 mg

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

DIFICID 200 MG TAB

ERYTHROCIN LACTOBIONATE

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

erythromycin ethylsuccinate erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate for susp 200 mg/5ml, erythromycin ethylsuccinate for susp 400 mg/5ml

erythromycin lactobionate

ERYTHROMYCIN STEARATE

QUINOLONES

ciprofloxacin hcl tab 250 mg equiv), tab 500 mg equiv), tab 750 mg equiv)

CIPROFLOXACIN IN D5W CIPROFLOXACIN 200 MG/100ML IN D5W, CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION

levofloxacin in d5w in soln 500 mg/100ml, in soln 750 mg/150ml

levofloxacin oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg

MOXIFLOXACIN HCL IN NAACL

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

sulfacetamide sodium (acne)

sulfadiazine tab 500 mg

sulfamethoxazole-trimethoprim -susp 200-40 mg/5ml, -tab 400-80 mg, -tab 800-160 mg

TETRACYCLINES

demeclocycline hcl

doxycycline (monohydrate)

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

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

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

tetracycline hcl cap 250 mg, cap 500 mg

ANTICONSULSANTS

ANTICONSULSANTS, OTHER

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

DIACOMIT

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

EPIDIOLEX

PA2

EPRONTIA

felbamate

FINTEPLA

FYCOMPA

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

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

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

SPRITAM

topiramate cap er 24hr 200 mg, cap er 24hr sprinkle 100 mg, cap er 24hr sprinkle 150 mg, cap er 24hr sprinkle 200 mg, cap er 24hr sprinkle 25 mg, cap er 24hr sprinkle 50 mg, sprinkle cap 15 mg, sprinkle cap 25 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg

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

valproic acid cap 250 mg

CALCIUM CHANNEL MODIFYING AGENTS

ethosuximide cap 250 mg, soln 250 mg/5ml

methsuximide

GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS

clobazam

diazepam (anticonvulsant)

DIAZEPAM 2.5 MG GEL

gabapentin cap 100 mg, cap 300 mg, cap 400 mg, oral soln 250 mg/5ml, tab 600 mg, tab 800 mg

LIBERVANT**NAYZILAM**

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

PRIMIDONE PRIMIDONE 125 MG TAB, PRIMIDONE TAB 50 MG, PRIMIDONE TAB 250 MG

SYMPAZAN

tiagabine hcl

VALTOCO

vigabatrin

ZTALMY

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

SODIUM CHANNEL AGENTS

APTIOM

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

DILANTIN 30 MG CAP

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

oxcarbazepine susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg

phenytoin chew tab 50 mg, susp 125 mg/5ml

phenytoin sodium extended

rufinamide

XCOPRI

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

XCOPRI (350 MG DAILY DOSE)

ZONISADE

zonisamide cap 25 mg, cap 50 mg, cap 100 mg

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB

NAMZARIC

CHOLINESTERASE INHIBITORS

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

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

rivastigmine

rivastigmine tartrate

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

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

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY

BUPROPION HCL ER (XL)

*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**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*

ZURZUVAE

MONOAMINE OXIDASE INHIBITORS

EMSAM

MARPLAN

PHENELZINE SULFATE PHENELZINE SULFATE 15 MG TAB,
PHENELZINE SULFATE TAB 15 MG*tranylcypromine sulfate*

**SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND
NOREPINEPHRINE REUPTAKE INHIBITOR)**

*citalopram hydrobromide oral soln 10 mg/5ml, tab 10 mg (base equiv),
tab 20 mg (base equiv), tab 40 mg (base equiv)*

DESVENLAFAXINE ER

*desvenlafaxine succinate**escitalopram oxalate soln 5 mg/5ml equiv), tab 5 mg equiv), tab 10 mg
equiv), tab 20 mg equiv)*

FETZIMA

FETZIMA TITRATION

FLUOXETINE HCL (PMDD)

*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**fluvoxamine maleate*

NEFAZODONE HCL

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

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

trazodone hcl tab 50 mg, tab 100 mg, tab 150 mg, tab 300 mg

TRINTELLIX

vilazodone hcl

TRICYCLICS

amitriptyline hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg

amoxapine

clomipramine hcl cap 25 mg, cap 50 mg, cap 75 mg

desipramine hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg

doxepin hcl cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml

imipramine hcl tab 10 mg, tab 25 mg, tab 50 mg

imipramine pamoate

nortriptyline hcl cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, soln 10 mg/5ml

protriptyline hcl

trimipramine maleate cap 25 mg, cap 50 mg, cap 100 mg

ANTIEMETICS**ANTIEMETICS, OTHER**

meclizine hcl tab 12.5 mg, tab 25 mg

metoclopramide hcl soln 5 mg/5ml (10 mg/10ml equiv), tab 5 mg equivalent), tab 10 mg equivalent)

perphenazine tab 2 mg, tab 4 mg, tab 8 mg, tab 16 mg

prochlorperazine

prochlorperazine maleate tab 5 mg equivalent), tab 10 mg equivalent)

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

scopolamine

EMETOGENIC THERAPY ADJUNCTS

aprepitant

PA3

dronabinol

PA

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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</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

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTIGOUT AGENTS

<i>allopurinol tab 100 mg, tab 200 mg, tab 300 mg</i>	
<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)

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

*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*

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

dapsone tab 25 mg, tab 100 mg

rifabutin

ANTITUBERCULARS

ethambutol hcl tab 100 mg, tab 400 mg

ISONIAZID ISONIAZID 100 MG TAB, ISONIAZID SYRUP 50
MG/5ML, ISONIAZID TAB 100 MG, ISONIAZID TAB 300 MG

PRETOMANID

PRIFTIN

pyrazinamide tab 500 mg

rifampin cap 150 mg, cap 300 mg, for inj 600 mg

SIRTURO

TRECTOR

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

abiraterone acetate

bicalutamide

You can find information on what the symbols and
abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ERLEADA	
<i>nilutamide</i>	
NUBEQA	
XTANDI	
YONSA	
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 40 MG CAP	
FRUZAQLA	
<i>hydroxyurea cap 500 mg</i>	
INQOVI	
IWILFIN	
LONSURF	
LYSODREN	
OGSIVEO	
OJJAARA	
ZOLINZA	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

AROMATASE INHIBITORS, 3RD GENERATION

anastrozole tab 1 mg

exemestane

letrozole tab 2.5 mg

MOLECULAR TARGET INHIBITORS

ALECENSA

ALUNBRIG

AYVAKIT

BALVERSA

BOSULIF

BRAFTOVI 75 MG CAP

BRUKINSA

CABOMETYX

CALQUENCE

CAPRELSA

COMETRIQ

COPIKTRA

COTELLIC

DAURISMO

ERIVEDGE

erlotinib hcl

everolimus

FOTIVDA

GAVRETO

gefitinib

GILOTRIF

IBRANCE

ICLUSIG

IDHIFA

imatinib mesylate

IMBRUVICA 70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP,
140 MG TAB, 280 MG TAB, 420 MG TAB

INLYTA

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INREBIC	
JAKAFI	
JAYPIRCA	
KISQALI	
KISQALI FEMARA	
KOSELUGO	
KRAZATI	
<i>lapatinib ditosylate</i>	
LENVIMA	
LORBRENA	
LUMAKRAS 120 MG TAB, 320 MG TAB	
LYNPARZA	
LYTGOBI	
MEKINIST	
MEKTOVI	
NERLYNX	
NINLARO	
ODOMZO	
OJEMDA	
<i>pazopanib hcl</i>	
PEMAZYRE	
PIQRAY	
QINLOCK	
RETEVMO	
REZLIDHIA	
ROZLYTREK	
RUBRACA	
RYDAPT	
SCEMBLIX	
<i>sorafenib tosylate</i>	
SPRYCEL	
STIVARGA	
<i>sunitinib malate</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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>	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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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>	
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IMPAVIDO

<i>mefloquine hcl</i>	
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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>	
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You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

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

entacapone

ONGENTYS

tolcapone

DOPAMINE AGONISTS

apomorphine hydrochloride

bromocriptine mesylate cap 5 mg equivalent), tab 2.5 mg equivalent)

NEUPRO

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

ropinirole hydrochloride

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

carbidopa tab 25 mg

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

RYTARY

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

rasagiline mesylate tab 0.5 mg equiv), tab 1 mg equiv)

selegiline hcl cap 5 mg, tab 5 mg

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

ANTIPSYCHOTICS

1ST GENERATION/TYPICAL

chlorpromazine hcl 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

fluphenazine decanoate inj 25 mg/ml

fluphenazine hcl 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

haloperidol decanoate soln 50 mg/ml, soln 100 mg/ml

haloperidol lactate

haloperidol tab 0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 20 mg

loxapine succinate

MOLINDONE HCL

PIMOZIDE

thioridazine hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg

thiothixene

trifluoperazine hcl

2ND GENERATION/ATYPICAL

ABILIFY ASIMTUFII

ABILIFY MAINTENA

aripiprazole

ARISTADA

ARISTADA INITIO

asenapine maleate

CAPLYTA

FANAPT

FANAPT TITRATION PACK

INVEGA HAFYERA

INVEGA SUSTENNA

INVEGA TRINZA

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lurasidone hcl</i>	
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>	
ZYPREXA RELPREVV 210 MG RECON SUSP	
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>	
<i>tizanidine hcl cap 2 mg equivalent), cap 4 mg equivalent), cap 6 mg equivalent), tab 2 mg equivalent), tab 4 mg equivalent)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

LIVTENCITY

PREVYMIS 240 MG TAB, 480 MG TAB

valganciclovir hcl

ANTI-HEPATITIS B (HBV) AGENTS

adefovir dipivoxil

BARACLUDE 0.05 MG/ML SOLUTION

entecavir

lamivudine (hbv)

ANTI-HEPATITIS C (HCV) AGENTS

LEDIPASVIR-SOFOSBUVIR

PA

MAVYRET 100-40 MG TAB

PA

ribavirin (hepatitis c)

RIBAVIRIN 200 MG CAP, 200 MG TAB

SOFOBUVIR-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

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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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>

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RUKOBIA	
SELZENTRY 20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB	
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	
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

ANXIOLYTICS

ANXIOLYTICS, OTHER

buspirone hcl tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 30 mg

hydroxyzine hcl syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg

hydroxyzine pamoate hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate cap 25 mg, hydroxyzine pamoate cap 50 mg

BENZODIAZEPINES

ALPRAZOLAM INTENSOL

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

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

clorazepate dipotassium

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

lorazepam conc 2 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg

oxazepam

SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

paroxetine hcl

paroxetine mesylate (vasomotor)

VENLAFAXINE BESYLATE ER

venlafaxine hcl

BIPOLAR AGENTS

MOOD STABILIZERS

lithium

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

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

BLOOD GLUCOSE REGULATORS**ANTIDIABETIC AGENTS**

acarbose tab 25 mg, tab 50 mg, tab 100 mg

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

glimepiride tab 1 mg, tab 2 mg, tab 4 mg

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

glipizide-metformin hcl

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

MOUNJARO

PA

nateglinide

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

pioglitazone hcl

pioglitazone hcl-metformin hcl

repaglinide

saxagliptin hcl

saxagliptin-metformin hcl

SYMLINPEN 120

SYMLINPEN 60

TRULICITY

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****GLYCEMIC AGENTS**

BAQSIMI ONE PACK

BAQSIMI TWO PACK

diazoxide susp 50 mg/ml

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

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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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) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	PA
LEUKINE	PA
NIVESTYM	PA
PROMACTA	
RETACRIT	PA

HEMOSTASIS AGENTS

<i>tranexamic acid tab 650 mg</i>	
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PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole</i>	
BRILINTA	ST
<i>cilostazol</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

CARDIOVASCULAR AGENTS**ALPHA-ADRENERGIC AGONISTS***clonidine**clonidine hcl tab 0.1 mg, tab 0.2 mg, tab 0.3 mg**droxidopa**guanfacine hcl**midodrine hcl***ALPHA-ADRENERGIC BLOCKING AGENTS***doxazosin mesylate tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg**prazosin hcl cap 1 mg, cap 2 mg, cap 5 mg**terazosin hcl***ANGIOTENSIN II RECEPTOR ANTAGONISTS***candesartan cilexetil**irbesartan**losartan potassium tab 25 mg, tab 50 mg, tab 100 mg**valsartan tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg***ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS***enalapril maleate tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg**lisinopril tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg**ramipril***ANTIARRHYTHMICS***amiodarone hcl tab 100 mg, tab 200 mg, tab 400 mg**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)**dofetilide**flecainide acetate**mexiletine hcl cap 150 mg, cap 200 mg, cap 250 mg**propafenone hcl**quinidine gluconate*

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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>	
<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>	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

AMILORIDE-HYDROCHLOROTHIAZIDE

amlodipine besylate-benazepril hcl

amlodipine besylate-valsartan

amlodipine-valsartan-hydrochlorothiazide

atenolol & chlorthalidone

bisoprolol & hydrochlorothiazide

enalapril maleate & hydrochlorothiazide

ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB

irbesartan-hydrochlorothiazide

ivabradine hcl

lisinopril & hydrochlorothiazide

losartan potassium & hydrochlorothiazide

metoprolol & hydrochlorothiazide

metyrosine

pentoxifylline tab er 400 mg

ranolazine

spironolactone & hydrochlorothiazide

triamterene & hydrochlorothiazide

valsartan-hydrochlorothiazide

DIURETICS, LOOP

bumetanide

*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*

toremide

DIURETICS, POTASSIUM-SPARING

amiloride hcl tab 5 mg

triamterene cap 50 mg, cap 100 mg

DIURETICS, THIAZIDE

chlorthalidone

hydrochlorothiazide cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg

indapamide

metolazone

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES**

choline fenofibrate

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

fenofibrate micronized cap 43 mg, cap 67 mg, cap 130 mg, cap 134 mg, cap 200 mg

gemfibrozil tab 600 mg

DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS

atorvastatin calcium tab 10 mg equivalent), tab 20 mg equivalent), tab 40 mg equivalent), tab 80 mg equivalent)

pravastatin sodium

rosuvastatin calcium tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg

simvastatin tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg

DYSLIPIDEMICS, OTHER

cholestyramine 4 gm/dose, packets 4 gm

cholestyramine light

colesevelam hcl

ezetimibe

icosapent ethyl

JUXTAPID 5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP

PA

niacin (antihyperlipidemic) tab er 500 mg, tab er 750 mg, tab er 1000 mg

omega-3-acid ethyl esters

REPATHA

REPATHA PUSHTRONEX SYSTEM

REPATHA SURECLICK

MINERALOCORTICOID RECEPTOR ANTAGONISTS

eplerenone

KERENDIA

spironolactone tab 25 mg, tab 50 mg, tab 100 mg

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

DAPAGLIFLOZIN PROPANEDIOL

JARDIANCE

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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VASODILATORS, DIRECT-ACTING ARTERIAL

hydralazine hcl tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg

minoxidil tab 2.5 mg, tab 10 mg

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

isosorbide dinitrate

isosorbide mononitrate

NITRO-BID

NITRO-DUR -0.3 MG/HR PATCH 24HR, -0.8 MG/HR PATCH 24HR

nitroglycerin (intra-anal)

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)

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)

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

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

METHYLPHENIDATE HCL ER

METHYLPHENIDATE HCL ER (OSM)

CENTRAL NERVOUS SYSTEM, OTHER

NUEDEXTA

PA

*riluzole**tetrabenazine*

VEOZAH

FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE

PA2

duloxetine hcl cap 20 mg eq), cap 30 mg eq), cap 40 mg eq), cap 60 mg eq)

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

MULTIPLE SCLEROSIS AGENTS

AVONEX PEN

AVONEX PREFILLED

BETASERON

dalfampridine tab er 12hr 10 mg

PA

dimethyl fumarate capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg & 240 mg

glatiramer acetate

REBIF

REBIF REBIDOSE

REBIF REBIDOSE TITRATION PACK

REBIF TITRATION PACK

teriflunomide

ZEPOSIA

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

ZEPOSIA 7-DAY STARTER PACK

ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK

DENTAL AND ORAL AGENTS

chlorhexidine gluconate (mouth-throat)

pilocarpine hcl (oral)

triamcinolone acetonide (mouth)

DERMATOLOGICAL AGENTS**ACNE AND ROSACEA AGENTS**

acitretin

benzoyl peroxide-erythromycin

*isotretinoin cap 10 mg, cap 20 mg, cap 25 mg, cap 30 mg, cap 35 mg,
cap 40 mg*

*tazarotene tazarotene 0.1 % foam, tazarotene cream 0.1%, tazarotene
gel 0.05%, tazarotene gel 0.1%*

TAZORAC 0.05 % CREAM

*tretinoin cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel
0.025%, gel 0.05%*

tretinoin microsphere gel 0.04%, gel 0.1%

DERMATITIS AND PRURITUS AGENTS

betamethasone dipropionate (topical)

BETAMETHASONE DIPROPIONATE AUG

betamethasone dipropionate augmented

*betamethasone valerate aerosol foam 0.12%, cream 0.1% (base
equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent)*

*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%*

clobetasol propionate emollient base

clobetasol propionate emulsion

desonide cream 0.05%, oint 0.05%

doxepin hcl (antipruritic)

FLUOCINONIDE (CREAM 0.05%, EMULSIFIED BASE CREAM
0.05%, GEL 0.05%, OINTMENT 0.05%, SOLUTION 0.05%)

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

fluticasone propionate fluticasone propionate 0.05 % lotion, fluticasone propionate cream 0.05%, fluticasone propionate lotion 0.05%, fluticasone propionate oint 0.005%

hydrocortisone (rectal) perianal cream 2.5%

hydrocortisone (topical) cream 1%, lotion 2.5%, oint 1%, oint 2.5%

HYDROCORTISONE 2.5 % LOTION

hydrocortisone valerate

lactic acid (ammonium lactate)

mometasone furoate cream 0.1%, oint 0.1%, solution 0.1% (lotion)

pimecrolimus

selenium sulfide lotion 2.5%

tacrolimus (topical)

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%

DERMATOLOGICAL AGENTS, OTHER

CALCIPOTRIENE CALCIPOTRIENE 0.005 % SOLUTION,
CALCIPOTRIENE CREAM 0.005%, CALCIPOTRIENE OINT 0.005%,
CALCIPOTRIENE SOLN 0.005% (50 MCG/ML)

clotrimazole w/ betamethasone

CLOTRIMAZOLE-BETAMETHASONE

diclofenac sodium (actinic keratoses)

PA

fluorouracil (topical)

FLUOROURACIL 2 % SOLUTION

imiquimod 3.75%, 5%

METHOXSALEN RAPID METHOXSALEN RAPID 10 MG CAP,
METHOXSALEN RAPID CAP 10 MG

nystatin-triamcinolone

OTEZLA

PA

podofilox podofilox 0.5 % solution, podofilox soln 0.5%

SANTYL

silver sulfadiazine cream 1%

PEDICULICIDES/SCABICIDES

malathion

permethrin cream 5%

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****TOPICAL ANTI-INFECTIVES***acyclovir topical**ciclopirox gel 0.77%, shampoo 1%, solution 8%**ciclopirox olamine cream 0.77% equiv), susp 0.77% equiv)**clindamycin phosphate (topical)*

ERY

*erythromycin (acne aid)**mupirocin calcium (topical)**mupirocin oint 2%***ELECTROLYTES/MINERALS/METALS/VITAMINS****ELECTROLYTE/MINERAL REPLACEMENT***amino acid infusion*

PA3

carglumic acid

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

*dextrose 5%, 10%**dextrose w/ sodium chloride 2.5% 0.45%, 5% 0.2%, 5% 0.45%, 5% 0.9%*

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

magnesium sulfate inj 50%

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NUTRILIPID	PA3
POTASSIUM CHLORIDE ER 8 MEQ TAB	
<i>potassium chloride in dextrose & sodium chloride</i>	
<i>potassium chloride in dextrose 20 meq/l (0.15%)5% inj</i>	
POTASSIUM CHLORIDE IN NA CL KCL 20 MEQ/L (0.15%) IN NA CL 0.45% INJ, KCL 20 MEQ/L (0.15%) IN NA CL 0.9% INJ, KCL 40 MEQ/L (0.3%) IN NA CL 0.9% INJ, POTASSIUM CHLORIDE IN NA CL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NA CL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NA CL 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>	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****POTASSIUM BINDERS**

LOKELMA

*sodium polystyrene sulfonate *sodium powder**, sodium susp 15 gm/60ml*

SPS (SODIUM POLYSTYRENE SULF)

VELTASSA 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET

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

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INATAL GT	
JENLIVA PRENATAL/POSTNATAL	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
MULTI-MAC	
NATACHEW	
NATAL PNV	
NATALVIT	
NEEVO DHA	
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE	
NEONATAL FE	
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	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

PNV-SELECT	
PREGEN DHA	
PREGENNA	
PREMESISRX	
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	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PREPLUS	
PRETAB	
PRIMACARE	
PROVIDA OB	
RELNATE DHA	
SE-NATAL 19	
SELECT-OB	
SELECT-OB+DHA	
TARON-C DHA	
TARON-PREX	
THRIVITE RX	
TPN ELECTROLYTES	
TRI-TABS DHA	
TRICARE	
TRICARE PRENATAL DHA ONE	
TRINATAL RX 1	
TRINATE	
TRINAZ	
TRISTART DHA	
TRISTART FREE	
TRISTART ONE	
TRIVEEN-DUO DHA	
VINATE DHA RF	
VINATE II	
VINATE ONE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VIRT-PN PLUS	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	
VITAFOL ULTRA	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITAMEDMD ONE RX/QUATREFOLIC	
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATHELY WITH GINGER	
VITATRUE	
VIVA DHA	
VOL-PLUS	
VOL-TAB RX	
VP-PNV-DHA	
WESCAP-C DHA	
WESCAP-PN DHA	
WESNATAL DHA COMPLETE	
WESNATE DHA	
WESTAB PLUS	
WESTGEL DHA	
ZALVIT	
ZATEAN-PN DHA	
ZATEAN-PN PLUS	
ZIPHEX	

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

<i>lactulose (encephalopathy)</i>	
LACTULOSE LACTULOSE 10 GM PACKET, LACTULOSE SOLUTION 10 GM/15ML	
LINZESS	
<i>lubiprostone</i>	
RELISTOR	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG

ANTI-DIARRHEAL AGENTS

alosetron hcl

diphenoxylate w/ atropine

DIPHENOXYLATE-ATROPINE

loperamide hcl cap 2 mg

XERMELO

ANTISPASMODICS, GASTROINTESTINAL

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

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

GASTROINTESTINAL AGENTS, OTHER

GATTEX

PA

peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid

peg 3350-kcl-sod bicarb-sod chloride-sod sulfate

peg 3350-potassium chloride-sod bicarbonate-sod chloride

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

famotidine for susp 40 mg/5ml, tab 20 mg, tab 40 mg

NIZATIDINE 150 MG CAP, 300 MG CAP

PROTECTANTS

sucalfate tab 1 gm

PROTON PUMP INHIBITORS

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

lansoprazole cap 15 mg, cap 30 mg, tab orally disintegrating 15 mg, tab orally disintegrating 30 mg

omeprazole cap 10 mg, cap 20 mg, cap 40 mg

pantoprazole sodium ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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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
<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>tropium chloride</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE****BENIGN PROSTATIC HYPERTROPHY AGENTS***alfuzosin hcl**dutasteride cap 0.5 mg**dutasteride-tamsulosin hcl**finasteride tab 5 mg**tadalafil tab 5 mg*

PA2

*tamsulosin hcl***GENITOURINARY AGENTS, OTHER***bethanechol chloride tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg*

ELMIRON

*penicillamine cap 250 mg, tab 250 mg***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)

fludrocortisone acetate tab 0.1 mg

HEMADY

*methylprednisolone tab 4 mg, tab 8 mg, tab 16 mg, tab 32 mg, tab
therapy pack 4 mg (21)*

*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)*

prednisolone soln 15 mg/5ml

PREDNISON INTENSOL

You can find information on what the symbols and
 abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

*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)*

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

desmopressin acetate spray

desmopressin acetate spray refrigerated

desmopressin acetate tab 0.1 mg, tab 0.2 mg

GENOTROPIN

PA

GENOTROPIN MINIQUICK

PA

HUMATROPE 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG
CARTRIDGE

PA

INCRELEX

NORDITROPIN FLEXPRO

PA

NUTROPIN AQ NUSPIN 10

PA

NUTROPIN AQ NUSPIN 20

PA

NUTROPIN AQ NUSPIN 5

PA

OMNITROPE

PA

SEROSTIM

PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

misoprostol tab 100 mcg, tab 200 mcg

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

danazol cap 50 mg, cap 100 mg, cap 200 mg

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

You can find information on what the symbols and
abbreviations in this table mean by going to page 13.

DRUG**NECESSARY ACTIONS,
RESTRICTIONS, OR LIMITS ON
USE**

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

ESTROGENS

desogestrel & ethinyl estradiol

desogestrel-ethinyl estradiol (biphasic)

drospirenone-ethinyl estradiol

drospirenone-ethinyl estradiol-levomefolate calcium --tab 3-0.02-0.451 mg

estradiol & norethindrone acetate

estradiol tab 0.5 mg, tab 1 mg, tab 2 mg, td patch weekly 0.025 mg/24hr, td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), td patch weekly 0.05 mg/24hr, td patch weekly 0.06 mg/24hr, td patch weekly 0.075 mg/24hr, td patch weekly 0.1 mg/24hr

estradiol vaginal

ESTRING

ethynodiol diacet & eth estrad

etonogestrel-ethinyl estradiol -va ring 0.120-0.015 mg/24hr

levonorgestrel & eth estradiol

levonorgestrel-eth estradiol (triphasic)

levonorgestrel-ethinyl estradiol (91-day)

levonorgestrel-ethinyl estradiol (continuous)

levonorgestrel-ethinyl estradiol-ferrous bisglycinate

MENEST

norelgestromin-ethinyl estradiol

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)

norethindrone & ethinyl estradiol-fe

norethindrone acet & eth estra ethinyl estradiol tab 1 mg-20 mcg

norethindrone acetate-ethinyl estradiol

norethindrone acetate-ethinyl estradiol-fe

norgestimate-ethinyl estradiol

norgestimate-ethinyl estradiol (triphasic)

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<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>	

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

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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
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	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
VELSIPITY	
XELJANZ	PA
XELJANZ XR	PA
XOLAIR	PA
IMMUNOSTIMULANTS	
ACTIMMUNE	
BESREMI	
PEGASYS	
IMMUNOSUPPRESSANTS	
ADALIMUMAB-AACF (2 PEN)	
ADALIMUMAB-ADAZ -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	
ADALIMUMAB-ADB(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	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ENBREL SURECLICK	
ENVARUSUS XR	PA3
<i>everolimus (immunosuppressant)</i>	PA3
HUMIRA 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT	
HUMIRA-PED \geq 40KG UC STARTER	
<i>leflunomide tab 10 mg, tab 20 mg</i>	
METHOTREXATE SODIUM METHOTREXATE SODIUM 50 MG/2ML 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	
BEXSERO	
BOOSTRIX	
DAPTACEL	
DIPHTHERIA-TETANUS TOXOIDS DT	
ENGERIX-B	PA3
GARDASIL 9	
HAVRIX	
HEPLISAV-B	PA3
HIBERIX	
IMOVAX RABIES	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INFANRIX	
IPOL	
IXCHIQ	
IXIARO	
JYNNEOS	
KINRIX 0.5 ML SUSP PRSYR	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO	
PEDIARIX	
PEDVAX HIB	
PENBRAYA	
PENTACEL	
PREHEVBRIO	PA3
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	
RECOMBIVAX HB	PA3
ROTARIX	
ROTATEQ	
SHINGRIX	
TDVAX	
TENIVAC	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
VAXCHORA	
YF-VAX	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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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 cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg</i>	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	
PROLIA	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	PA
TYMLOS	PA
XGEVA	PA

MISCELLANEOUS THERAPEUTIC AGENTS

ALCOHOL SWABS	
BRONCHITOL	
BRONCHITOL TOLERANCE TEST	
GAUZE PADS & DRESSINGS	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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>	
XDEMVA	

OPHTHALMIC ANTI-ALLERGY AGENTS

<i>azelastine hcl (ophth)</i>	
<i>cromolyn sodium (ophth)</i>	
CROMOLYN SODIUM 4 % SOLUTION	

OPHTHALMIC ANTI-INFECTIVES

AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
<i>ciprofloxacin hcl (ophth)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>erythromycin (ophth)</i>	
ERYTHROMYCIN 5 MG/GM OINTMENT	
<i>gatifloxacin (ophth)</i>	
<i>gentamicin sulfate (ophth) soln 0.3%</i>	
<i>levofloxacin (ophth)</i>	
LEVOFLOXACIN 0.5 % SOLUTION	
<i>moxifloxacin hcl (ophth)</i>	
<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	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
<i>betaxolol hcl (ophth)</i>	
BETAXOLOL HCL 0.5 % SOLUTION	
BETOPTIC-S	
CARTEOLOL HCL	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
ARNUIITY ELLIPTA	
<i>budesonide (inhalation)</i>	PA3
<i>flunisolide (nasal)</i>	
<i>fluticasone propionate (nasal)</i>	
FLUTICASONE PROPIONATE HFA	
PULMICORT FLEXHALER	
ANTI-HISTAMINES	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
CLEMASTINE FUMARATE 2.68 MG TAB	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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	
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>albuterol sulfate soln 0.083% (2.5 mg/3ml), soln 0.5% (5 mg/ml), soln 0.63 mg/3ml (base equiv), soln 1.25 mg/3ml (base equiv)</i>	PA3
<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	
CYSTIC FIBROSIS AGENTS	
CAYSTON	
KALYDECO	
ORKAMBI	
PULMOZYME	PA3
SYMDEKO	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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	
FLUTICASONE FUROATE-VILANTEROL	

You can find information on what the symbols and abbreviations in this table mean by going to page 13.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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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>ipratropium-albuterol</i>	PA3
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NUCALA	PA
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TRELEGY ELLIPTA	
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<i>wixela inhub</i>	
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SKELETAL MUSCLE RELAXANTS

cyclobenzaprine hcl tab 5 mg, tab 7.5 mg, tab 10 mg

methocarbamol tab 500 mg, tab 750 mg

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

doxepin hcl (sleep)

HETLIOZ LQ	PA
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<i>ramelteon</i>	
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<i>tasimelteon</i>	PA
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<i>temazepam</i>	
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<i>triazolam</i>	
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<i>zaleplon</i>	
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zolpidem tartrate tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg

WAKEFULNESS PROMOTING AGENTS

<i>modafinil tab 100 mg, tab 200 mg</i>	PA
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SODIUM OXYBATE	PA
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You can find information on what the symbols and abbreviations in this table mean by going to page 13.

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The **call** is free. **For more information**, visit <http://www.communitycareinc.org>.



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malathion	51	metoprolol tartrate	45
maraviroc	38	metronidazole	17
MARPLAN	24	metronidazole (topical)	17
MATULANE	28	metronidazole vaginal	17
MAVYRET	37	metryrosine	46
meclizine hcl	25	mexiletine hcl	44
medroxyprogesterone acetate	64	micafungin sodium	26
medroxyprogesterone acetate (contraceptive)	64	MICONAZOLE 3	26
mefloquine hcl	33	midodrine hcl	44
megestrol acetate	64	mifepristone (hyperglycemia)	64
MEKINIST	31	miglustat	60
MEKTOVI	31	minocycline hcl	21
meloxicam	14	minoxidil	48
memantine hcl	23	mirabegron	60
MENACTRA	68	MIRENA (52 MG)	64
MENEST	63	mirtazapine	24
MENQUADFI	68	misoprostol	62
MENVEO	68	modafinil	75
mercaptopurine	29	MOLINDONE HCL	35
meropenem	19	mometasone furoate	51
mesalamine	69	montelukast sodium	73
mesalamine w/ cleanser	69	morphine sulfate	14
MESNEX	33	MORPHINE SULFATE	15
metformin hcl	41	MORPHINE SULFATE (CONCENTRATE)	15
methadone hcl	14	MOUNJARO	41
methazolamide	72	MOXIFLOXACIN HCL	20
		moxifloxacin hcl (ophth)	71

MOXIFLOXACIN HCL IN NAACL	20	niacin (antihyperlipidemic)	47
MULTI-MAC	55	NICOTROL	16
mupirocin	52	nifedipine	45
mupirocin calcium (topical)	52	nilutamide	29
mycophenolate mofetil	67	nimodipine	45
mycophenolate sodium	67	NINLARO	31
N		NITAZOXANIDE	33
nabumetone	14	NITRO-BID	48
nadolol	45	NITRO-DUR	48
nafticillin sodium	19	nitrofurantoin macrocrystal	17
NALOXONE HCL	16	nitrofurantoin monohyd macro	17
naltrexone hcl	16	nitroglycerin	48
NAMZARIC	23	nitroglycerin (intra-anal)	48
naproxen	14	NIVA-PLUS	55
naratriptan hcl	27	NIVESTYM	43
NATACHEW	55	NIZATIDINE	59
NATAL PNV	55	NORDITROPIN FLEXPEN	62
NATALVIT	55	norelgestromin-ethinyl estradiol	63
nateglinide	41	norethin acet & estrad-fe	63
NAYZILAM	22	norethindrone & ethinyl estradiol-fe	63
NEEDLES, INSULIN DISP., SAFETY	70	norethindrone (contraceptive)	64
NEEVO DHA	55	norethindrone acet & eth estra	63
NEFAZODONE HCL	24	norethindrone acetate-ethinyl estradiol	63
neomycin sulfate	16	norethindrone acetate-ethinyl estradiol-fe	63
neomycin-bacitracin zn-polymyxin	70	norgestimate-ethinyl estradiol	63
neomycin-polymy-dexameth	70	norgestimate-ethinyl estradiol (triphasic)	63
NEOMYCIN-POLYMYXIN-HC	70	norgestrel & ethinyl estradiol	64
neomycin-polymyxin-hc (otic)	72	nortriptyline hcl	25
NEONATAL + DHA	55	NORVIR	39
NEONATAL 19	55	NOVOLIN 70/30	42
NEONATAL COMPLETE	55	NOVOLIN 70/30 FLEXPEN	42
NEONATAL FE	55	NOVOLIN N	42
NEONATAL PLUS	55	NOVOLIN N FLEXPEN	42
NERLYNX	31	NOVOLIN R	42
NESTABS	55	NOVOLIN R FLEXPEN	42
NESTABS DHA	55	NUBEQA	29
NESTABS ONE	55	NUCALA	75
NEUPRO	34	NUDEXTA	49
nevirapine	38	NUPLAZID	36
NEXPLANON	64	NURTEC	27
		NUTRILIPID	53

NUTROPIN AQ NUSPIN 10	62
NUTROPIN AQ NUSPIN 20	62
NUTROPIN AQ NUSPIN 5	62
nystatin	26
nystatin (mouth-throat)	26
nystatin (topical)	26
nystatin-triamcinolone	51

O

OB COMPLETE	55
OB COMPLETE ONE	55
OB COMPLETE PETITE	55
OB COMPLETE PREMIER	55
OB COMPLETE/DHA	55
OBSTETRIX EC (WITH DOCUSATE)	55
OBSTETRIX ONE (WITH DOCUSATE)	55
octreotide acetate	65
ODEFSEY	38
ODOMZO	31
OFEV	74
OFLOXACIN	20
ofloxacin (ophth)	71
ofloxacin (otic)	72
OGSIVEO	29
OJEMDA	31
OJJAARA	29
olanzapine	36
OLUMIANT	65
omega-3-acid ethyl esters	47
omeprazole	59
OMNITROPE	62
ondansetron	26
ondansetron hcl	26
ONE VITE WOMENS PLUS	55
ONGENTYS	34
ONUREG	29
OPSUMIT	74
OPVEE	16
ORENCIA	65
ORENCIA CLICKJECT	65
ORGOVYX	65

ORKAMBI	73
ORSERDU	29
oseltamivir phosphate	39
OTEZLA	51
oxazepam	40
oxcarbazepine	23
oxybutynin chloride	60
oxycodone hcl	15
OXYCODONE HCL ER	14
oxycodone w/ acetaminophen	15
OXYCODONE-ACETAMINOPHEN	15
OXYCONTIN	14
OXYTROL	60
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	41
OZEMPIC (1 MG/DOSE)	41
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	41

P

paliperidone	36
PANRETIN	32
pantoprazole sodium	59
paroxetine hcl	40
paroxetine mesylate (vasomotor)	40
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	39
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	39
pazopanib hcl	31
PEDIARIX	68
PEDVAX HIB	68
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	59
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	59
peg 3350-potassium chloride-sod bicarbonate-sod chloride	59
PEGASYS	66
PEMAZYRE	31
PENBRAYA	68
penicillamine	61
PENICILLIN G POT IN DEXTROSE	19

penicillin g potassium	19	potassium chloride in dextrose & sodium chloride	53
PENICILLIN G SODIUM	19	POTASSIUM CHLORIDE IN NA CL	53
penicillin v potassium	19	potassium chloride microencapsulated crystals er	53
PENTACEL	68	potassium citrate (alkalinizer)	53
pentamidine isethionate	33	pramipexole dihydrochloride	34
PENTASA	69	pravastatin sodium	47
pentoxifylline	46	praziquantel	33
permethrin	51	prazosin hcl	44
perphenazine	25	PRED MILD	71
PERSERIS	36	prednisolone	61
PHENELZINE SULFATE	24	prednisolone acetate (ophth)	71
phenobarbital	22	prednisolone sodium phosphate	61
phenytoin	23	PREDNISOLONE SODIUM PHOSPHATE	71
phenytoin sodium extended	23	prednisone	62
PIFELTRO	38	PREDNISONONE INTENSOL	61
pilocarpine hcl	72	pregabalin	49
pilocarpine hcl (oral)	50	PREGEN DHA	56
pimecrolimus	51	PREGENNA	56
PIMOZIDE	35	PREHEVBRIO	68
pindolol	45	PREMARIN	64
pioglitazone hcl	41	PREMASOL	53
pioglitazone hcl-metformin hcl	41	PREMESISRX	56
piperacillin sodium-tazobactam sodium	19	PREMPRO	64
Piqray	31	PRENA 1 TRUE	56
pirfenidone	74	PRENA1	56
PNV PRENATAL PLUS MULTIVIT+DHA	55	PRENA1 PEARL	56
PNV PRENATAL PLUS MULTIVITAMIN	55	PRENAISSANCE	56
PNV TABS 20-1	55	PRENAISSANCE PLUS	56
PNV TABS 29-1	55	PRENARA	56
PNV-DHA	55	PRENATAL	56
PNV-DHA+DOCUSATE	55	PRENATAL 19	56
PNV-OMEGA	55	PRENATAL PLUS	56
PNV-SELECT	56	PRENATAL PLUS IRON	56
podofilox	51	PRENATAL PLUS VITAMIN/MINERAL	56
polymyxin b sulfate	17	PRENATAL VITAMIN PLUS LOW IRON	56
polymyxin b-trimethoprim	71	PRENATAL-U	56
POMALYST	29	PRENATE	56
posaconazole	26	PRENATE AM	56
potassium chloride	53	PRENATE DHA	56
POTASSIUM CHLORIDE ER	53	PRENATE ELITE	56
potassium chloride in dextrose	53	PRENATE ENHANCE	56

PRENATE ESSENTIAL	56	pyrazinamide	28
PRENATE MINI	56	pyridostigmine bromide	28
PRENATE PIXIE	56	pyrimethamine	33
PRENATE RESTORE	56		
PRENATOL-M	56	Q	
PRENATRIX	56	QINLOCK	31
PRENATRYL	56	QUADRACEL	68
PRENATVITE COMPLETE	56	quetiapine fumarate	36
PRENATVITE PLUS	56	quinidine gluconate	44
PRENATVITE RX	56	quinidine sulfate	45
PREPLUS	57	quinine sulfate	33
PRETAB	57	QULIPTA	27
PRETOMANID	28		
PREVYMIS	37	R	
PREZCOBIX	39	RABAVERT	68
PREZISTA	39	raloxifene hcl	64
PRIFTIN	28	ramelteon	75
PRIMACARE	57	ramipril	44
primaquine phosphate	33	ranolazine	46
PRIMIDONE	22	rasagiline mesylate	34
PRIORIX	68	RAVICTI	60
PRIVIGEN	65	REBIF	49
probenecid	27	REBIF REBIDOSE	49
prochlorperazine	25	REBIF REBIDOSE TITRATION PACK	49
prochlorperazine maleate	25	REBIF TITRATION PACK	49
progesterone	64	RECOMBIVAX HB	68
PROGRAF	67	RECORLEV	65
PROLASTIN-C	60	RELENZA DISKHALER	39
PROLIA	69	RELISTOR	58
PROMACTA	43	RELNATE DHA	57
promethazine hcl	25	repaglinide	41
propafenone hcl	44	REPATHA	47
propranolol hcl	27	REPATHA PUSHTRONEX SYSTEM	47
propylthiouracil	65	REPATHA SURECLICK	47
PROQUAD	68	RESTASIS MULTIDOSE	70
PROSOL	53	RETACRIT	43
protriptyline hcl	25	RETEVMO	31
PROVIDA OB	57	REXULTI	36
PULMICORT FLEXHALER	72	REYATAZ	39
PULMOZYME	73	REZLIDHIA	31
PURIXAN	29	REZUROCK	67

RHOPRESSA	72	SHINGRIX	68
RIBAVIRIN	37	SIGNIFOR	65
ribavirin (hepatitis c)	37	sildenafil citrate (pulmonary hypertension)	74
rifabutin	28	silver sulfadiazine	51
rifampin	28	SIMPONI	67
riluzole	49	simvastatin	47
risperidone	36	sirolimus	67
risperidone microspheres	36	SIRTURO	28
ritonavir	39	SIVEXTRO	17
rivastigmine	23	SKYRIZI	66
rivastigmine tartrate	23	SKYRIZI PEN	66
rizatriptan benzoate	27	sodium chloride	53
roflumilast	74	sodium chloride (gu irrigant)	53
ropinirole hydrochloride	34	SODIUM FLUORIDE	53
rosuvastatin calcium	47	SODIUM OXYBATE	75
ROTARIX	68	sodium phenylbutyrate	60
ROTATEQ	68	sodium polystyrene sulfonate	54
ROZLYTREK	31	SOFOSBUVIR-VELPATASVIR	37
RUBRACA	31	solifenacin succinate	60
rufinamide	23	SOLTAMOX	29
RUKOBIA	39	SOMAVERT	65
RYDAPT	31	sorafenib tosylate	31
RYTARY	34	sotalol hcl	45
		sotalol hcl (afib/af)	45
		SOVALDI	37
S		SPIRIVA RESPIMAT	73
SANTYL	51	spironolactone	47
sapropterin dihydrochloride	60	spironolactone & hydrochlorothiazide	46
saxagliptin hcl	41	SPRITAM	22
saxagliptin-metformin hcl	41	SPRYCEL	31
SCEMBLIX	31	SPS (SODIUM POLYSTYRENE SULF)	54
scopolamine	25	STELARA	66
SE-NATAL 19	57	STIVARGA	31
SECUADO	36	STREPTOMYCIN SULFATE	16
SELECT-OB	57	STRIBILD	37
SELECT-OB+DHA	57	SUCRAID	60
selegiline hcl	34	sucralfate	59
selenium sulfide	51	SULFACETAMIDE SODIUM	71
SELZENTRY	39	sulfacetamide sodium (acne)	20
SEREVENT DISKUS	73	sulfacetamide sodium (ophth)	71
SEROSTIM	62	SULFACETAMIDE-PREDNISOLONE	70
sertraline hcl	25		

sulfadiazine	20	TEPMETKO	32
sulfamethoxazole-trimethoprim	20	terazosin hcl	44
sulfasalazine	69	terbinafine hcl	26
sulindac	14	terconazole vaginal	26
sumatriptan	27	teriflunomide	49
sumatriptan succinate	27	TERIPARATIDE (RECOMBINANT)	69
sunitinib malate	31	testosterone	63
SUNLENCA	39	TESTOSTERONE CYPIONATE	62
SYMDEKO	73	TESTOSTERONE ENANTHATE	62
SYMLINPEN 120	41	tetrabenazine	49
SYMLINPEN 60	41	tetracycline hcl	21
SYMPAZAN	22	THALOMID	29
SYMTUZA	39	THEO-24	74
SYNAREL	65	theophylline	74
T		THEOPHYLLINE ER	74
TABRECTA	32	thioridazine hcl	35
tacrolimus	67	thiothixene	35
tacrolimus (topical)	51	THRIVITE RX	57
tadalafil	61	tiagabine hcl	22
tadalafil (pulmonary hypertension)	74	TIBSOVO	32
TAFINLAR	32	TICOVAC	68
TAGRISSE	32	tigecycline	17
TALTZ	66	timolol maleate	27
TALZENNA	32	timolol maleate (ophth)	72
tamoxifen citrate tab (10 mg equivalent)	29	tinidazole	17
tamoxifen citrate tab (20 mg equivalent)	29	tiotropium bromide monohydrate	73
tamsulosin hcl	61	TIVICAY	37
TARON-C DHA	57	TIVICAY PD	37
TARON-PREX	57	tizanidine hcl	36
TASIGNA	32	TOBRADEX	70
tasimelteon	75	tobramycin	74
TAVNEOS	66	tobramycin (ophth)	71
tazarotene	50	tobramycin sulfate	17
TAZORAC	50	tobramycin-dexamethasone	70
TAZVERIK	32	tolcapone	34
TDVAX	68	tolterodine tartrate	60
TEFLARO	18	topiramate	22
temazepam	75	toremifene citrate	29
TENIVAC	68	toremide	46
tenofovir disoproxil fumarate	38	TPN ELECTROLYTES	57
		tramadol hcl	15

TRAMADOL HCL ER	14	TROPHAMINE	53
TRAMADOL HCL ER (BIPHASIC)	14	trospium chloride	60
tramadol-acetaminophen	15	TRULICITY	41
tranexamic acid	43	TRUMENBA	68
tranylcypramine sulfate	24	TRUQAP	32
TRAVASOL	53	TUDORZA PRESSAIR	73
travoprost	72	TUKYSA	32
trazodone hcl	25	TURALIO	32
TRECATOR	28	TWINRIX	68
TRELEGY ELLIPTA	75	TYBOST	39
TRELSTAR MIXJECT	65	TYMLOS	69
TREMFYA	66	TYPHIM VI	68
tretinoin	50		
tretinoin (chemotherapy)	32	U	
tretinoin microsphere	50	UBRELVY	27
TRI-TABS DHA	57	UPTRAVI	74
triamcinolone acetonide (mouth)	50	URSODIOL	59
triamcinolone acetonide (topical)	51	UZEDY	36
triamterene	46		
triamterene & hydrochlorothiazide	46	V	
triazolam	75	valacyclovir hcl	39
TRICARE	57	VALCHLOR	28
TRICARE PRENATAL DHA ONE	57	valganciclovir hcl	37
trientine hcl	53	valproate sodium	22
trifluoperazine hcl	35	valproic acid	22
TRIFLURIDINE	71	valsartan	44
trihexyphenidyl hcl	33	valsartan-hydrochlorothiazide	46
TRIKAFTA	74	Valtoco	22
TRIMETHOPRIM	17	VANCOMYCIN HCL	18
trimethoprim 100 mg tab	17	VANCOMYCIN HCL IN DEXTROSE	17
trimipramine maleate	25	VANCOMYCIN HCL IN NACL	17
TRINATAL RX 1	57	VANFLYTA	32
TRINATE	57	VAQTA	68
TRINAZ	57	varenicline tartrate	16
TRINTELLIX	25	VARIVAX	68
TRISTART DHA	57	VAXCHORA	68
TRISTART FREE	57	VELSIPITY	66
TRISTART ONE	57	VELTASSA	54
TRIUMEQ	38	VENCLEXTA	32
TRIUMEQ PD	38	VENCLEXTA STARTING PACK	32
TRIVEEN-DUO DHA	57	VENLAFAXINE BESYLATE ER	40

venlafaxine hcl	40	VOWST	59
VEOZAH	49	VP-PNV-DHA	58
verapamil hcl	45	VRAYLAR	36
VERAPAMIL HCL ER	45	W	
VERQUVO	48	warfarin sodium	43
VERSACLOZ	36	WELIREG	60
VERZENIO	32	WESCAP-C DHA	58
vigabatrin	22	WESCAP-PN DHA	58
VIJOICE	32	WESNATAL DHA COMPLETE	58
vilazodone hcl	25	WESNATE DHA	58
VINATE DHA RF	57	WESTAB PLUS	58
VINATE II	57	WESTGEL DHA	58
VINATE ONE	57	Wixela Inhub	75
VIRACEPT	39	X	
VIREAD	38	XALKORI	32
VIRT-C DHA	57	XARELTO	43
VIRT-NATE DHA	57	XARELTO STARTER PACK	43
VIRT-PN DHA	57	XATMEP	67
VIRT-PN PLUS	57	XCOPRI	23
VITAFOL FE+	57	XCOPRI (250 MG DAILY DOSE)	23
VITAFOL GUMMIES	57	XCOPRI (350 MG DAILY DOSE)	23
VITAFOL STRIPS	57	XDEMVY	70
VITAFOL ULTRA	57	XELJANZ	66
VITAFOL-NANO	58	XELJANZ XR	66
VITAFOL-OB	58	XERMELO	59
VITAFOL-OB+DHA	58	XGEVA	69
VITAFOL-ONE	58	XIFAXAN	18
VITAMEDMD ONE RX/QUATREFOLIC	58	XOLAIR	66
VITAMEDMD REDICHEW RX	58	XOSPATA	32
VITAPEARL	58	Xpovio	32
VITATHELY WITH GINGER	58	XTANDI	29
VITATRUE	58	Y	
VITRAKVI	32	YF-VAX	68
VIVA DHA	58	YONSA	29
VIZIMPRO	32	Z	
VOL-PLUS	58	zafirlukast	73
VOL-TAB RX	58	zaleplon	75
VONJO	33		
voriconazole	26		
VORICONAZOLE	26		
VOSEVI	37		

ZALVIT.....	58
ZATEAN-PN DHA.....	58
ZATEAN-PN PLUS.....	58
ZEJULA.....	32
ZELBORAF.....	32
ZEMAIRA.....	60
ZENPEP.....	60
ZEPATIER.....	37
ZEPOSIA.....	49
ZEPOSIA 7-DAY STARTER PACK.....	50
ZEPOSIA STARTER KIT.....	50
zidovudine.....	38
zileuton.....	73
ZIPHEX.....	58
ziprasidone hcl.....	36
ziprasidone mesylate.....	36
ZIRGAN.....	71
ZOLINZA.....	29
zolpidem tartrate.....	75
ZONISADE.....	23
zonisamide.....	23
ZTALMY.....	22
ZURZUVAE.....	24
ZYDELIG.....	32
ZYKADIA.....	32
ZYPREXA RELPREVV.....	36

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)
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 1/1/2025.

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.

The Community Care Family Care Partnership Program (HMO SNP) is a Coordinated Care Plan with a Medicare Advantage Contract and a contract with the Wisconsin Department of Health Services for the Medicaid Program. Enrollment in Community Care depends on contract renewal.

