



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 10

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

This formulary was updated on 3/1/2025.



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

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-

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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 ##. 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 ##. 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> | |
| OXYCONTIN | |
| TRAMADOL HCL ER | |
| <i>tramadol hcl er (biphasic)</i> | |
| OPIOID ANALGESICS, SHORT-ACTING | |
| <i>acetaminophen w/ codeine</i> | |
| ACETAMINOPHEN-CODEINE | |
| CODEINE SULFATE CODEINE SULFATE 15 MG TAB, CODEINE SULFATE 30 MG TAB, CODEINE SULFATE 60 MG TAB, CODEINE SULFATE TAB 30 MG | |

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**

*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

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)

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>buprenorphine hcl sl tab 8 mg (base equiv)</i> | |
| <i>buprenorphine hcl-naloxone hcl dihydrate</i> | |
| <i>naltrexone hcl tab 50 mg</i> | |
| OPIOID REVERSAL AGENTS | |
| NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL INJ 0.4 MG/ML, NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML | |
| OPVEE | |
| SMOKING CESSATION AGENTS | |
| <i>bupropion hcl (smoking deterrent)</i> | |
| <i>varenicline tartrate</i> | PA |
| ANTIBACTERIALS | |
| AMINOGLYCOSIDES | |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i> | |
| ARIKAYCE | |
| <i>gentamicin in saline gentamicin in saline 0.8-0.9 mg/ml-% solution, gentamicin in saline 1-0.9 mg/ml-% solution, gentamicin in saline 1.6-0.9 mg/ml-% solution, gentamicin in saline inj 1.2 mg/ml</i> | |
| <i>gentamicin sulfate (topical)</i> | |
| <i>gentamicin sulfate inj 40 mg/ml</i> | |
| <i>neomycin sulfate tab 500 mg</i> | |
| STREPTOMYCIN SULFATE 1 GM RECON SOLN | |
| <i>tobramycin sulfate tobramycin sulfate 10 mg/ml solution, tobramycin sulfate for inj 1.2 gm, tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv), tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i> | |
| ANTIBACTERIALS, OTHER | |
| <i>acetic acid (otic)</i> | |
| <i>aztreonam</i> | |
| CLEOCIN 100 MG SUPPOS | |
| <i>clindamycin hcl cap 75 mg, cap 150 mg, cap 300 mg</i> | |
| <i>clindamycin palmitate hydrochloride</i> | |
| <i>clindamycin phosphate in d5w</i> | |

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**

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

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

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 400 mg/5ml recon susp, amoxicillin (trihydrate) cap 250 mg, amoxicillin (trihydrate) cap 500 mg, amoxicillin (trihydrate) for susp 125 mg/5ml, amoxicillin (trihydrate) for susp 200 mg/5ml, amoxicillin (trihydrate) for susp 250 mg/5ml, amoxicillin (trihydrate) for susp 400 mg/5ml, amoxicillin (trihydrate) tab 500 mg, amoxicillin (trihydrate) tab 875 mg*

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

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****MACROLIDES**

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

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 cap 100 mg

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

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.

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

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>dronabinol</i> | PA |
| <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>casposfungin acetate casposfungin acetate 50 mg recon soln, casposfungin acetate 70 mg recon soln, casposfungin acetate for iv soln 50 mg, casposfungin acetate for iv soln 70 mg</i> | |
| <i>clotrimazole (topical)</i> | |
| <i>clotrimazole troche 10 mg</i> | |
| <i>fluconazole for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg</i> | |
| <i>fluconazole in nacl</i> | |
| <i>flucytosine cap 250 mg, cap 500 mg</i> | |
| <i>griseofulvin microsize susp 125 mg/5ml, tab 500 mg</i> | |
| <i>griseofulvin ultramicrosize tab 125 mg, tab 250 mg</i> | |
| <i>itraconazole cap 100 mg</i> | |
| <i>ketoconazole (topical) cream 2%, foam 2%, shampoo 2%</i> | |
| <i>ketoconazole tab 200 mg</i> | |
| <i>micafungin sodium micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln, micafungin sodium for iv soln 50 mg, micafungin sodium for iv soln 100 mg</i> | |
| MICONAZOLE 3 | |
| <i>nystatin (mouth-throat)</i> | |
| <i>nystatin (topical)</i> | |
| <i>nystatin tab 500000 unit</i> | |
| <i>posaconazole susp 40 mg/ml, tab delayed release 100 mg</i> | |
| <i>terbinafine hcl tab 250 mg</i> | |
| <i>terconazole vaginal</i> | |
| <i>voriconazole for susp 40 mg/ml, tab 50 mg, tab 200 mg</i> | |
| VORICONAZOLE VORICONAZOLE 200 MG RECON SOLN, VORICONAZOLE FOR INJ 200 MG | PA3 |

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****ANTIGOUT AGENTS***allopurinol tab 100 mg, tab 200 mg, tab 300 mg**colchicine cap 0.6 mg, tab 0.6 mg**colchicine w/ probenecid**febuxostat**probenecid***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*dihydroergotamine mesylate nasal spray 4 mg/ml*

ERGOTAMINE-CAFFEINE

PROPHYLACTIC*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**timolol maleate tab 5 mg, tab 10 mg, tab 20 mg***SEROTONIN (5-HT) RECEPTOR AGONIST***naratriptan hcl*

QL (9 PER 30 OVER TIME)

rizatriptan benzoate

QL (12 PER 30 OVER TIME)

*sumatriptan 5 mg/act, 20 mg/act**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**sumatriptan succinate tab 25 mg, tab 50 mg, tab 100 mg*

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 | |
| 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

ENZYME INHIBITORS

TRUQAP 160 MG TAB THPK, 200 MG TAB THPK

MOLECULAR TARGET INHIBITORS

ALECENSA

ALUNBRIG

AYVAKIT

BALVERSA

BOSULIF

BRAFTOVI

BRUKINSA

CABOMETYX

CALQUENCE

CAPRELSA

COMETRIQ

COPIKTRA

COTELLIC

DANZITEN

dasatinib

DAURISMO

ERIVEDGE

erlotinib hcl

everolimus

FOTIVDA

GAVRETO

gefitinib

GILOTRIF

IBRANCE

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**

| | |
|---|--|
| ICLUSIG | |
| IDHIFA | |
| <i>imatinib mesylate</i> | |
| IMBRUVICA 70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB | |
| IMKELDI | |
| INLYTA | |
| INREBIC | |
| ITOVEBI | |
| JAKAFI | |
| JAYPIRCA | |
| KISQALI | |
| KISQALI FEMARA | |
| KOSELUGO | |
| KRAZATI | |
| <i>lapatinib ditosylate</i> | |
| LAZCLUZE | |
| LENVIMA | |
| LORBRENA | |
| LUMAKRAS | |
| LYNPARZA | |
| LYTGOBI | |
| MEKINIST | |
| MEKTOVI | |
| NERLYNX | |
| NINLARO | |
| ODOMZO | |
| OJEMDA | |
| <i>pazopanib hcl</i> | |
| PEMAZYRE | |
| PIQRAY | |
| QINLOCK | |
| RETEVMO | |

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 |
|-------------------------------|---|
| REVUFORJ | |
| REZLIDHIA | |
| ROZLYTREK | |
| RUBRACA | |
| RYDAPT | |
| SCEMBLIX | |
| <i>sorafenib tosylate</i> | |
| STIVARGA | |
| <i>sunitinib malate</i> | |
| TABRECTA | |
| TAFINLAR | |
| TAGRISSE | |
| TALZENNA | |
| TASIGNA | |
| TAZVERIK | |
| TEPMETKO | |
| TIBSOVO | |
| TRUQAP 160 MG TAB, 200 MG TAB | |
| TUKYSA | |
| TURALIO 125 MG CAP | |
| VANFLYTA | |
| VENCLEXTA | |
| VENCLEXTA STARTING PACK | |
| VERZENIO | |
| VIJOICE | |
| VITRAKVI | |
| VIZIMPRO | |
| VORANIGO | |
| XALKORI | |
| XOSPATA | |
| XPOVIO | |
| ZEJULA | |

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 |
|--|---|
| 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> | |
| MESNEX 400 MG TAB | |
| VONJO | |
| ANTIPARASITICS | |
| ANTHELMINTICS | |
| <i>albendazole tab 200 mg</i> | |
| <i>ivermectin tab 3 mg</i> | |
| <i>praziquantel tab 600 mg</i> | |
| ANTIPROTOZOALS | |
| <i>atovaquone susp 750 mg/5ml</i> | |
| <i>atovaquone-proguanil hcl</i> | |
| <i>chloroquine phosphate tab 250 mg, tab 500 mg</i> | |
| COARTEM | |
| <i>hydroxychloroquine sulfate tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg</i> | |
| IMPAVIDO | |
| <i>mefloquine hcl</i> | |
| NITAZOXANIDE NITAZOXANIDE 500 MG TAB, NITAZOXANIDE TAB 500 MG | |
| <i>pentamidine isethionate for nebulization soln 300 mg</i> | PA3 |
| <i>pentamidine isethionate inj soln 300 mg, soln 300 mg</i> | |

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**

*primaquine phosphate primaquine phosphate 26.3 base) mg tab,
primaquine phosphate tab 26.3 mg mg base)*

pyrimethamine tab 25 mg

quinine sulfate cap 324 mg

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

benztropine mesylate tab 0.5 mg, tab 1 mg, tab 2 mg

trihexyphenidyl hcl tab 2 mg, tab 5 mg

ANTIPARKINSON AGENTS, OTHER

amantadine hcl cap 100 mg, soln 50 mg/5ml, tab 100 mg

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

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 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

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

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 |
|--|---|
| ARISTADA | |
| ARISTADA INITIO | |
| <i>asenapine maleate</i> | |
| CAPLYTA | |
| FANAPT | |
| FANAPT TITRATION PACK | |
| INVEGA HAFYERA | |
| INVEGA SUSTENNA | |
| INVEGA TRINZA | |
| <i>lurasidone hcl</i> | |
| LYBALVI | |
| NUPLAZID | PA2 |
| <i>olanzapine</i> | |
| <i>paliperidone</i> | |
| PERSERIS | |
| <i>quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 25 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab, quetiapine fumarate 24hr 150 mg er, quetiapine fumarate 24hr 200 mg er, quetiapine fumarate 24hr 300 mg er, quetiapine fumarate 24hr 400 mg er, quetiapine fumarate 24hr 50 mg er</i> | |
| REXULTI | |
| <i>risperidone microspheres</i> | |
| <i>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> | |

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****ANTIPSYCHOTICS, OTHER**

COBENFY

COBENFY STARTER PACK

TREATMENT-RESISTANT

*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*

VERSACLOZ

ANTISPASTICITY AGENTS*baclofen tab 5 mg, tab 10 mg, tab 20 mg*

*tizanidine hcl cap 2 mg equivalent), cap 4 mg equivalent), cap 6 mg
equivalent), tab 2 mg equivalent), tab 4 mg equivalent)*

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

SOFOSBUVIR-VELPATASVIR

PA

SOVALDI 400 MG TAB

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 |
|---|---|
| VOSEVI | PA |
| ZEPATIER | PA |
| ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI) | |
| BIKTARVY | |
| DOVATO | |
| GENVOYA | |
| ISENTRESS | |
| ISENTRESS HD | |
| JULUCA | |
| STRIBILD | |
| TIVICAY | |
| TIVICAY PD | |
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI) | |
| COMPLERA | |
| DELSTRIGO | |
| EDURANT | |
| <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> | |

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***emtricitabine-tenofovir disoproxil fumarate*

EMTRIVA 10 MG/ML SOLUTION

*lamivudine**lamivudine-zidovudine**tenofovir disoproxil fumarate*

TRIUMEQ

TRIUMEQ PD

VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG
TAB*zidovudine***ANTI-HIV AGENTS, OTHER**

FUZEON

maraviroc

RUKOBIA

SELZENTRY 20 MG/ML SOLUTION

SUNLENCA 4 300 MG TAB THPK, 5 300 MG TAB THPK

TYBOST

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS 250 MG CAP

*atazanavir sulfate**darunavir*

EVOTAZ

*fosamprenavir calcium**lopinavir-ritonavir*

NORVIR 100 MG PACKET

PREZCOBIX

PREZISTA 75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB

REYATAZ 50 MG PACKET

ritonavir

SYMTUZA

VIRACEPT

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****ANTI-INFLUENZA AGENTS**

oseltamivir phosphate cap 30 mg equiv), cap 45 mg equiv), cap 75 mg equiv), for susp 6 mg/ml equiv)

RELENZA DISKHALER

ANTIHERPETIC AGENTS

acyclovir cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg

acyclovir sodium

PA3

famciclovir tab 125 mg, tab 250 mg, tab 500 mg

valacyclovir hcl tab 1 gm, tab 500 mg

ANTIVIRAL, CORONAVIRUS AGENTS

LAGEVRIO

PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK

PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK

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

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**

**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

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

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**

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

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

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 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

BLOOD PRODUCTS AND MODIFIERS**ANTICOAGULANTS***dabigatran etexilate mesylate*

ELIQUIS

ELIQUIS DVT/PE STARTER PACK

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

PA3

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

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

XARELTO STARTER 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 |
|--|---|
| BLOOD PRODUCTS AND MODIFIERS, OTHER | |
| <i>anagrelide hcl</i> | |
| ARANESP (ALBUMIN FREE) | PA |
| LEUKINE | PA |
| NIVESTYM | PA |
| PROMACTA | |
| RETACRIT | PA |
| HEMOSTASIS AGENTS | |
| <i>tranexamic acid tab 650 mg</i> | |
| PLATELET MODIFYING AGENTS | |
| <i>aspirin-dipyridamole</i> | |
| BRILINTA | ST |
| <i>cilostazol</i> | |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i> | |
| CARDIOVASCULAR AGENTS | |
| ALPHA-ADRENERGIC AGONISTS | |
| <i>clonidine</i> | |
| <i>clonidine hcl tab 0.1 mg, tab 0.2 mg, tab 0.3 mg</i> | |
| <i>droxidopa</i> | |
| <i>guanfacine hcl</i> | |
| <i>midodrine hcl</i> | |
| ALPHA-ADRENERGIC BLOCKING AGENTS | |
| <i>doxazosin mesylate tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg</i> | |
| <i>prazosin hcl cap 1 mg, cap 2 mg, cap 5 mg</i> | |
| <i>terazosin hcl</i> | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | |
| <i>candesartan cilexetil</i> | |
| <i>irbesartan</i> | |
| <i>losartan potassium tab 25 mg, tab 50 mg, tab 100 mg</i> | |
| <i>valsartan tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg</i> | |

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****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

quinidine sulfate quinidine sulfate 200 mg tab, quinidine sulfate 300 mg tab, quinidine sulfate tab 200 mg, quinidine sulfate tab 300 mg

sotalol hcl

sotalol hcl (afib/af)

BETA-ADRENERGIC BLOCKING AGENTS

atenolol tab 25 mg, tab 50 mg, tab 100 mg

bisoprolol fumarate tab 5 mg, tab 10 mg

carvedilol

labetalol hcl tab 100 mg, tab 200 mg, tab 300 mg

metoprolol succinate

metoprolol tartrate tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg

nadolol tab 20 mg, tab 40 mg, tab 80 mg

pindolol

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

amlodipine besylate tab 2.5 mg equivalent), tab 5 mg equivalent), tab 10 mg equivalent)

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**

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

nimodipine cap 30 mg

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

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

diltiazem hcl coated beads

diltiazem hcl extended release beads

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

VERAPAMIL HCL ER

CARDIOVASCULAR AGENTS, OTHER

acetazolamide tab 125 mg, tab 250 mg

aliskiren fumarate

amiloride & hydrochlorothiazide

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

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 |
|---|---|
| <hr/> | |
| <i>ranolazine</i> | |
| <i>spironolactone & hydrochlorothiazide</i> | |
| <i>triamterene & hydrochlorothiazide</i> | |
| <i>valsartan-hydrochlorothiazide</i> | |
| <hr/> | |
| DIURETICS, LOOP | |
| <i>bumetanide</i> | |
| <i>furosemide furosemide 8 mg/ml solution, furosemide inj 10 mg/ml, furosemide oral soln 10 mg/ml, furosemide tab 20 mg, furosemide tab 40 mg, furosemide tab 80 mg</i> | |
| <i>torseamide</i> | |
| <hr/> | |
| DIURETICS, POTASSIUM-SPARING | |
| <i>amiloride hcl tab 5 mg</i> | |
| <i>triamterene cap 50 mg, cap 100 mg</i> | |
| <hr/> | |
| DIURETICS, THIAZIDE | |
| <i>chlorthalidone</i> | |
| <i>hydrochlorothiazide cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg</i> | |
| <i>indapamide</i> | |
| <i>metolazone</i> | |
| <hr/> | |
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES | |
| <i>choline fenofibrate</i> | |
| <i>fenofibrate fenofibrate 50 mg cap, fenofibrate 150 mg cap, fenofibrate tab 40 mg, fenofibrate tab 48 mg, fenofibrate tab 54 mg, fenofibrate tab 120 mg, fenofibrate tab 145 mg, fenofibrate tab 160 mg</i> | |
| <i>fenofibrate micronized cap 43 mg, cap 67 mg, cap 130 mg, cap 134 mg, cap 200 mg</i> | |
| <i>gemfibrozil tab 600 mg</i> | |
| <hr/> | |
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS | |
| <i>atorvastatin calcium tab 10 mg equivalent), tab 20 mg equivalent), tab 40 mg equivalent), tab 80 mg equivalent)</i> | |
| <i>pravastatin sodium</i> | |
| <i>rosuvastatin calcium tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg</i> | |
| <i>simvastatin tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg</i> | |

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, OTHER***cholestyramine 4 gm/dose, packets 4 gm**cholestyramine light**colesevelam hcl**ezetimibe**icosapent ethyl*

JUXTAPID

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

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)

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**

*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, tab er osmotic release (osm) 72 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

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

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 0.05%,
tazarotene cream 0.1%, tazarotene gel 0.05%, tazarotene gel 0.1%**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%, cream 2.5%, 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 dextrose 5 % solution, dextrose 10 % solution, dextrose inj
5%, dextrose inj 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

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>magnesium sulfate inj 50%</i> | |
| NUTRILIPID | PA3 |
| POTASSIUM CHLORIDE ER | |
| <i>potassium chloride in dextrose & sodium chloride</i> | |
| <i>potassium chloride in dextrose 20 meq/l (0.15%)5% inj</i> | |
| POTASSIUM CHLORIDE IN NACL KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ, KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ, KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ, POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION | |
| <i>potassium chloride microencapsulated crystals er</i> | |
| <i>potassium chloride potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride cap er 8 meq, potassium chloride cap er 10 meq, potassium chloride inj 2 meq/ml, potassium chloride inj 10 meq/100ml, potassium chloride inj 20 meq/100ml, potassium chloride inj 40 meq/100ml, potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride powder packet 20 meq, potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg)</i> | |
| <i>potassium citrate (alkalinizer)</i> | |
| PREMASOL | PA3 |
| PROSOL | PA3 |
| <i>sodium chloride (gu irrigant)</i> | |
| <i>sodium chloride sodium chloride 0.9 % solution, sodium chloride iv soln 0.45%, sodium chloride iv soln 0.9%, sodium chloride iv soln 3%, sodium chloride iv soln 5%, sodium chloride preservative free (pf) inj 0.9%</i> | |
| SODIUM FLUORIDE SODIUM FLUORIDE 2.2 (1 F) MG TAB, SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF), SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF), SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF) | |
| TRAVASOL | PA3 |
| TROPHAMINE | PA3 |
| ELECTROLYTE/MINERAL/METAL MODIFIERS | |
| <i>deferasirox</i> | |
| <i>deferiprone</i> | |
| FERRIPROX 100 MG/ML SOLUTION | |
| <i>trientine hcl trientine hcl 500 mg cap, trientine hcl cap 250 mg</i> | |

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

SPS (SODIUM POLYSTYRENE SULF)

VELTASSA

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 | |
| MATERNACEL | |
| MULTI-MAC | |
| NATACHEW | |
| NATAL PNV | |
| NATALVIT | |
| NEEVO DHA | |
| NEO-VITAL RX | |
| NEONATAL + DHA | |
| NEONATAL 19 | |
| NEONATAL COMPLETE | |
| NEONATAL FE | |
| NEONATAL PLUS | |
| NESTABS | |
| NESTABS DHA | |
| NESTABS ONE | |
| NIVA-PLUS | |
| OB COMPLETE | |
| OB COMPLETE ONE | |
| OB COMPLETE PETITE | |
| OB COMPLETE PREMIER | |
| OB COMPLETE/DHA | |
| OBSTETRIX EC (WITH DOCUSATE) | |
| OBSTETRIX ONE (WITH DOCUSATE) | |
| ONE VITE WOMENS PLUS | |
| PNV PRENATAL PLUS MULTIVIT+DHA | |
| PNV PRENATAL PLUS MULTIVITAMIN | |
| PNV TABS 20-1 | |
| PNV TABS 29-1 | |

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-DHA | |
| PNV-DHA+DOCUSATE | |
| PNV-OMEGA | |
| 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 | |

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**

| | |
|--------------------------|--|
| PRENATVITE COMPLETE | |
| PRENATVITE PLUS | |
| PRENATVITE RX | |
| PREPLUS | |
| PRETAB | |
| PRIMACARE | |
| PROVIDA OB | |
| RELNATE DHA | |
| SE-NATAL 19 | |
| SELECT-OB | |
| SELECT-OB+DHA | |
| TARON-C DHA | |
| TARON-PREX | |
| THRIVITE RX | |
| TPN ELECTROLYTES | |
| TRICARE | |
| TRICARE PRENATAL DHA ONE | |
| TRINATAL RX 1 | |
| TRINATE | |
| TRINAZ | |
| TRISTART DHA | |
| TRISTART FREE | |
| TRISTART ONE | |
| TRIVEEN-DUO DHA | |
| VINATE DHA RF | |
| VINATE II | |
| VINATE ONE | |
| VIRT-C DHA | |
| VIRT-NATE DHA | |
| VIRT-PN DHA | |
| VIRT-PN PLUS | |
| VITAFOL FE+ | |

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 GUMMIES | |
| VITAFOL STRIPS | |
| VITAFOL ULTRA | |
| VITAFOL-NANO | |
| VITAFOL-OB | |
| VITAFOL-OB+DHA | |
| VITAFOL-ONE | |
| VITALARA | |
| VITAMEDMD ONE RX/QUATREFOLIC | |
| VITAMEDMD REDICHEW RX | |
| VITAPEARL | |
| VITATHELY WITH GINGER | |
| VITATRUE | |
| VIVA DHA | |
| VP-PNV-DHA | |
| WESCAP-C DHA | |
| WESCAP-PN DHA | |
| WESNATAL DHA COMPLETE | |
| WESNATE DHA | |
| WESTAB PLUS | |
| WESTGEL DHA | |
| ZALVIT | |
| ZATEAN-PN DHA | |
| ZATEAN-PN PLUS | |
| ZIPHEX | |

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

| |
|---|
| <i>lactulose (encephalopathy)</i> |
| LACTULOSE LACTULOSE 10 GM PACKET, LACTULOSE SOLUTION 10 GM/15ML |
| LINZESS |

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>lubiprostone</i> | |
| RELISTOR | PA |
| ANTI-DIARRHEAL AGENTS | |
| <i>alosetron hcl</i> | |
| <i>diphenoxylate w/ atropine</i> | |
| DIPHENOXYLATE-ATROPINE | |
| <i>loperamide hcl cap 2 mg</i> | |
| XERMELO | |
| ANTISPASMODICS, GASTROINTESTINAL | |
| <i>dicyclomine hcl cap 10 mg, oral soln 10 mg/5ml, tab 20 mg</i> | |
| <i>glycopyrrolate glycopyrrolate 1.5 mg tab, glycopyrrolate oral soln 1 mg/5ml, glycopyrrolate tab 1 mg, glycopyrrolate tab 2 mg</i> | |
| GASTROINTESTINAL AGENTS, OTHER | |
| GATTEX | PA |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> | |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> | |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | |
| URSODIOL URSODIOL 200 MG CAP, URSODIOL 400 MG CAP, URSODIOL CAP 300 MG, URSODIOL TAB 250 MG, URSODIOL TAB 500 MG | |
| VOWST | |
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS | |
| <i>famotidine for susp 40 mg/5ml, tab 20 mg, tab 40 mg</i> | |
| NIZATIDINE NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP, NIZATIDINE CAP 150 MG | |
| PROTECTANTS | |
| <i>sucralfate tab 1 gm</i> | |
| PROTON PUMP INHIBITORS | |
| <i>esomeprazole magnesium cap 20 mg (base eq), cap 40 mg (base eq), for susp packet 10 mg, for susp packet 20 mg, for susp packet 40 mg</i> | |
| <i>lansoprazole cap 15 mg, cap 30 mg, tab orally disintegrating 15 mg, tab orally disintegrating 30 mg</i> | |
| <i>omeprazole cap 10 mg, cap 20 mg, cap 40 mg</i> | |

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**

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

**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**

darifenacin hydrobromide

mirabegron

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

OXYTROL

solifenacin succinate

tolterodine tartrate

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**

tropium chloride

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)*

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**

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

PREDNISONE INTENSOL

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

PA

INCRELEX

NORDITROPIN FLEXPLO

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

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 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

*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 (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

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

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 |
|--|---|
| <hr/> | |
| <i>norgestimate-ethinyl estradiol</i> | |
| <i>norgestimate-ethinyl estradiol (triphasic)</i> | |
| <i>norgestrel & ethinyl estradiol</i> | |
| PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB | |
| PREMPRO | |
| <hr/> | |
| 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> | |
| <hr/> | |
| SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS | |
| DUAVEE | |
| <i>raloxifene hcl</i> | |
| <hr/> | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) | |
| <hr/> | |
| <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> | |
| <hr/> | |
| HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) | |
| <hr/> | |
| <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 |

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>mifepristone (hyperglycemia)</i> | PA |
| <i>octreotide acetate 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml)</i> | |
| ORGOVYX | |
| RECORLEV | |
| SIGNIFOR | |
| SOMAVERT | |
| SYNAREL | |
| TRELSTAR MIXJECT | |
| HORMONAL AGENTS, SUPPRESSANT (THYROID) | |
| ANTITHYROID AGENTS | |
| <i>methimazole tab 5 mg, tab 10 mg</i> | |
| <i>propylthiouracil tab 50 mg</i> | |
| IMMUNOLOGICAL AGENTS | |
| ANGIOEDEMA AGENTS | |
| CINRYZE | PA |
| <i>icatibant acetate</i> | |
| IMMUNOGLOBULINS | |
| GAMMAGARD 2.5 GM/25ML SOLUTION | PA3 |
| GAMMAGARD S/D LESS IGA | PA3 |
| GAMMAPLEX 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION | PA3 |
| 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 | |

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 |
|---|---|
| ORENCIA CLICKJECT | |
| SKYRIZI 150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART | |
| SKYRIZI PEN | |
| STELARA 45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR | |
| TALTZ | |
| TAVNEOS | |
| TREMIFYA 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR | |
| VELSIPITY | |
| XELJANZ | PA |
| XELJANZ XR | PA |
| XOLAIR | PA |
| IMMUNOSTIMULANTS | |
| ACTIMMUNE | |
| BESREMI | |
| PEGASYS | |
| IMMUNOSUPPRESSANTS | |
| ADALIMUMAB-AACF (2 PEN) | |
| ADALIMUMAB-ADAZ -20 MG/0.2ML SOLN PRSYR, -40 MG/0.4ML SOLN A-INJ, -40 MG/0.4ML SOLN PRSYR | |
| ADALIMUMAB-ADBM (2 PEN) -40 MG/0.8ML AUT-IJ KIT | |
| ADALIMUMAB-ADBM (2 SYRINGE) -10 MG/0.2ML PREF SY KT, -20 MG/0.4ML PREF SY KT, -40 MG/0.8ML PREF SY KT | |
| ADALIMUMAB-ADBM(CD/UC/HS STRT) -40 MG/0.8ML AUT-IJ KIT | |
| ADALIMUMAB-ADBM(PS/UV STARTER) -40 MG/0.8ML AUT-IJ KIT | |
| ADALIMUMAB-FKJP (2 PEN) | |
| ADALIMUMAB-FKJP (2 SYRINGE) | |
| ASTAGRAF XL | PA3 |
| <i>azathioprine tab 50 mg, tab 75 mg, tab 100 mg</i> | PA3 |
| <i>cyclosporine cap 25 mg, cap 100 mg</i> | PA3 |
| <i>cyclosporine modified (for microemulsion)</i> | PA3 |
| ENBREL 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR | |

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 MINI | |
| ENBREL SURECLICK | |
| ENVARUSUS XR | PA3 |
| <i>everolimus (immunosuppressant)</i> | PA3 |
| HUMIRA (2 SYRINGE) 10 MG/0.1ML PEF SY KT, 20 MG/0.2ML PEF SY KT | |
| HUMIRA 10 MG/0.1ML PEF SY KT, 20 MG/0.2ML PEF SY KT | |
| <i>leflunomide tab 10 mg, tab 20 mg</i> | |
| METHOTREXATE SODIUM METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 250 MG/10ML SOLUTION, METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML), METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV) | |
| <i>mycophenolate mofetil cap 250 mg, for oral susp 200 mg/ml, tab 500 mg</i> | PA3 |
| <i>mycophenolate sodium</i> | PA3 |
| PROGRAF 0.2 MG PACKET, 1 MG PACKET | PA3 |
| REZUROCK | |
| SIMPONI | |
| <i>sirolimus oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg</i> | PA3 |
| <i>tacrolimus cap 0.5 mg, cap 1 mg, cap 5 mg</i> | PA3 |
| XATMEP | |
| VACCINES | |
| ABRYSVO | |
| ACTHIB | |
| ADACEL | |
| AREXVY | |
| BCG VACCINE | |
| BEXSERO | |
| BOOSTRIX | |
| DAPTACEL | |
| ENGERIX-B | PA3 |
| GARDASIL 9 | |
| HAVRIX | |
| HEPLISAV-B | 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 |
|--------------------------|---|
| HIBERIX | |
| IMOVAX RABIES | |
| INFANRIX | |
| IPOL | |
| IXCHIQ | |
| IXIARO | |
| JYNNEOS | |
| KINRIX 0.5 ML SUSP PRSYR | |
| M-M-R II | |
| MENACTRA | |
| MENQUADFI | |
| MENVEO | |
| PEDIARIX | |
| PEDVAX HIB | |
| PENBRAYA | |
| PENTACEL | |
| PRIORIX | |
| PROQUAD | |
| QUADRACEL | |
| RABAVERT | |
| RECOMBIVAX HB | PA3 |
| ROTARIX | |
| ROTATEQ | |
| SHINGRIX | |
| TENIVAC | |
| TICOVAC | |
| TRUMENBA | |
| TWINRIX | |
| TYPHIM VI | |
| VAQTA | |
| VARIVAX | |
| VAXCHORA | |

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**

YF-VAX

INFLAMMATORY BOWEL DISEASE AGENTS**AMINOSALICYLATES***balsalazide disodium*

DIPENTUM

*mesalamine cap dr 400 mg, cap er 24hr 0.375 gm, cap er 500 mg,
enema 4 gm, suppos 1000 mg, tab delayed release 1.2 gm, tab
delayed release 800 mg**mesalamine w/ cleanser*

PENTASA 250 MG CAP ER

*sulfasalazine tab 500 mg, tab delayed release 500 mg***GLUCOCORTICOIDS***budesonide delayed release particles cap 3 mg, tab er 24hr 9 mg**hydrocortisone (intrarectal)**hydrocortisone tab 5 mg, tab 10 mg, tab 20 mg***METABOLIC BONE DISEASE AGENTS***alendronate sodium tab 10 mg, tab 35 mg, tab 70 mg**calcitonin (salmon) nasal soln 200 unit/act**calcitriol cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml**cinacalcet hcl*

PA3

*doxercalciferol doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap,
doxercalciferol 2.5 mcg cap, doxercalciferol cap 0.5 mcg,
doxercalciferol cap 1 mcg, doxercalciferol cap 2.5 mcg**ibandronate sodium tab 150 mg (base equivalent)*

PROLIA

TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN

PA

TYMLOS

PA

XGEVA

PA

MISCELLANEOUS THERAPEUTIC AGENTS

ALCOHOL SWABS

BRONCHITOL

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**

BRONCHITOL TOLERANCE TEST

GAUZE PADS & DRESSINGS

INSULIN PEN NEEDLE

INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 0.3 ML

INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1 ML

INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1/2 ML

INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-500 1/2 ML

NEEDLES, INSULIN DISP., SAFETY

OPHTHALMIC AGENTS**OPHTHALMIC AGENTS, OTHER***atropine sulfate (ophthalmic) soln 1%*

ATROPINE SULFATE 1 % SOLUTION

*bacitracin-poly-neomycin-hc**bacitracin-polymyxin b (ophth)**brimonidine tartrate-timolol maleate**cyclosporine (ophth)**dorzolamide hcl-timolol maleate**neomycin-bacitracin zn-polymyxin**neomycin-polymy-dexameth*

NEOMYCIN-POLYMYXIN-HC

RESTASIS MULTIDOSE

SULFACETAMIDE-PREDNISOLONE -10-0.23 % SOLUTION

TOBRADEX 0.3-0.1 % OINTMENT

tobramycin-dexamethasone

XDEMYV

OPHTHALMIC ANTI-ALLERGY AGENTS*azelastine hcl (ophth)**cromolyn sodium (ophth)*

CROMOLYN SODIUM 4 % SOLUTION

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

OPHTHALMIC ANTI-INFECTIVES

AZASITE

BACITRACIN 500 UNIT/GM OINTMENT

*ciprofloxacin hcl (ophth)**erythromycin (ophth)*

ERYTHROMYCIN 5 MG/GM OINTMENT

*gatifloxacin (ophth)**gentamicin sulfate (ophth)**moxifloxacin hcl (ophth)**ofloxacin (ophth)**polymyxin b-trimethoprim**sulfacetamide sodium (ophth)*

SULFACETAMIDE SODIUM 10 % OINTMENT

tobramycin (ophth)

TRIFLURIDINE

ZIRGAN

OPHTHALMIC ANTI-INFLAMMATORIES

DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION

*diclofenac sodium (ophth)**difluprednate**fluorometholone (ophth)*

FLURBIPROFEN SODIUM

FML FORTE

ketorolac tromethamine (ophth)

LOTEMAX 0.5 % OINTMENT

loteprednol etabonate

PRED MILD

prednisolone acetate (ophth)

PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS*betaxolol hcl (ophth)*

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 |
|---|---|
| BETAXOLOL HCL 0.5 % SOLUTION | |
| BETOPTIC-S | |
| CARTEOLOL HCL | |
| LEVOBUNOLOL HCL | |
| <i>timolol maleate (ophth)</i> | |
| OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER | |
| <i>acetazolamide cap er 12hr 500 mg</i> | |
| <i>brimonidine tartrate soln 0.1%, soln 0.15%, soln 0.2%</i> | |
| <i>dorzolamide hcl ophth soln 2%</i> | |
| <i>methazolamide tab 25 mg, tab 50 mg</i> | |
| <i>pilocarpine hcl soln 1%, soln 2%, soln 4%</i> | |
| RHOPRESSA | |
| OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS | |
| <i>bimatoprost ophth soln 0.03%</i> | |
| <i>latanoprost ophth soln 0.005%</i> | |
| <i>travoprost</i> | |
| OTIC AGENTS | |
| CIPRO HC | |
| <i>ciprofloxacin-dexamethasone</i> | |
| <i>hydrocortisone w/acetic acid</i> | |
| <i>neomycin-polymyxin-hc (otic)</i> | |
| <i>ofloxacin (otic)</i> | |
| RESPIRATORY TRACT/PULMONARY AGENTS | |
| ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS | |
| ARNUITY ELLIPTA | |
| <i>budesonide (inhalation)</i> | PA3 |
| <i>flunisolide (nasal)</i> | |
| <i>fluticasone propionate (nasal)</i> | |
| FLUTICASONE PROPIONATE HFA | |
| PULMICORT FLEXHALER | |

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****ANTIHISTAMINES***azelastine hcl nasal spray 0.1% (137 mcg/spray)*

CLEMASTINE FUMARATE 2.68 MG TAB

*desloratadine tab 5 mg**levocetirizine dihydrochloride tab 5 mg***ANTILEUKOTRIENES***montelukast sodium tab 10 mg (base equiv)**zafirlukast**zileuton***BRONCHODILATORS, ANTICHOLINERGIC**

ATROVENT HFA

INCRUSE ELLIPTA

*ipratropium bromide (nasal)**ipratropium bromide inhal soln 0.02%*

PA3

SPIRIVA RESPIMAT

tiotropium bromide monohydrate

TUDORZA PRESSAIR

BRONCHODILATORS, SYMPATHOMIMETIC*albuterol sulfate albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln, albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate soln nebu 0.5% (5 mg/ml), albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)*

PA3

ALBUTEROL SULFATE HFA

*albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg**epinephrine (anaphylaxis) -0.15 mg/0.3ml (1:2000), -0.3 mg/0.3ml (1:1000)*

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)

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)

PA3

LEVALBUTEROL TARTRATE

SEREVENT DISKUS

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

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

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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| imatinib mesylate | 31 | ipratropium bromide (nasal) | 74 |
| IMBRUVICA | 31 | ipratropium-albuterol | 76 |
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| indomethacin | 14 | ivabradine hcl | 46 |
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| memantine hcl | 23 | MIRENA (52 MG) | 65 |
| MENACTRA | 69 | mirtazapine | 24 |
| MENQUADFI | 69 | misoprostol | 63 |
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| NATALVIT | 56 | norelgestromin-ethinyl estradiol | 64 |
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| NEFAZODONE HCL | 24 | norethindrone acetate-ethinyl estradiol | 64 |
| NEO-VITAL RX | 56 | norethindrone acetate-ethinyl estradiol-fe | 64 |
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| neomycin-bacitracin zn-polymyxin | 71 | norgestimate-ethinyl estradiol (triphasic) | 65 |
| neomycin-polymy-dexameth | 71 | norgestrel & ethinyl estradiol | 65 |
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| nystatin (topical) | 26 | oxcarbazepine | 23 |
| nystatin-triamcinolone | 52 | oxybutynin chloride | 61 |
| O | | oxycodone hcl | 15 |
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| OB COMPLETE PREMIER | 56 | OXYTROL | 61 |
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| ofloxacin (otic) | 73 | PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK | 40 |
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| olanzapine | 36 | PEDVAX HIB | 69 |
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| omega-3-acid ethyl esters | 48 | peg 3350-kcl-sod bicarb-sod chloride-sod sulfate | 60 |
| omeprazole | 60 | peg 3350-potassium chloride-sod bicarbonate-sod chloride | 60 |
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| ondansetron | 26 | PEMAZYRE | 31 |
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| phenobarbital | 22 | prednisolone sodium phosphate | 63 |
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| phenytoin sodium extended | 23 | prednisone | 63 |
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| pilocarpine hcl | 73 | pregabalin | 50 |
| pilocarpine hcl (oral) | 51 | PREGEN DHA | 57 |
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| roflumilast | 75 | sodium chloride (gu irrigant) | 54 |
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| RUBRACA | 32 | solifenacin succinate | 61 |
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| RYTARY | 35 | sotalol hcl | 45 |
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| SANTYL | 52 | spironolactone | 48 |
| sapropterin dihydrochloride | 61 | spironolactone & hydrochlorothiazide | 47 |
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| selegiline hcl | 35 | SULFACETAMIDE SODIUM | 72 |
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| SELZENTRY | 39 | sulfacetamide sodium (ophth) | 72 |
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| TAZVERIK | 32 | tolterodine tartrate | 61 |
| TEFLARO | 18 | topiramate | 22 |
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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

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

This formulary was updated on 3/1/2025.

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

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

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.

