

# PACE PROGRAM

Community Care Program of All-Inclusive Care for the Elderly

# Formulary

(2021 LIST OF COVERED DRUGS)

PLEASE READ:

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

HPMS Approved Formulary File Submission ID 00021592, Version 23

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

This formulary was updated on 11/8/2021.

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



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

## **English**

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

## **Spanish**

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

## **Hmong**

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

## **Chinese**

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

## **Serbo-Croatian**

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

## **Arabic**

**تنبيه:** إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم 711 (هاتف نصي: -1-866-992-6600).

## Community Care:

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

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

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 11/08/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

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

The formulary may change at any time. You will receive notice when necessary.

## **What is the Community Care Formulary?**

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

## **Can the Formulary (drug list) change?**

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information

on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Community Care Formulary?”

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 11/08/2021.

To get updated information about the drugs covered by Community Care, please contact us. Our contact information appears on the front and back cover pages.

## **How do I use the Formulary?**

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

### **Medical Condition**

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

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 76. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### **What are generic drugs?**

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

### **Are there any restrictions on my coverage?**

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

**Prior Authorization (PA):** Community Care requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Community Care before you fill your prescriptions. If you don't get approval, Community Care may not cover the drug.

**Quantity Limits (QL):** For certain drugs, Community Care limits the amount of the drug that Community Care will cover. For example, Community Care provides 9 tablets per prescription for sumatriptan succinate tablets. This may be in addition to a standard one-month or three-month supply.

**Step Therapy (ST):** In some cases, Community Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Community Care may not cover drug B unless you try Drug A first. If Drug A does not work for you, Community Care will then cover Drug B.

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

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

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Community Care pays for certain OTC drugs. A list of OTC drugs covered by Community Care is at the end of

this booklet. Community Care will provide these OTC drugs at no cost to you. The cost to Community Care of these OTC drugs will not count toward your total Part D drug costs. (That is, the cost of the OTC drugs does not count for the coverage gap.)

## **What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered. If you learn that Community Care does not cover your drug, you have two options:

You can ask Customer Service for a list of similar drugs that are covered by Community Care. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Community Care.

You can ask Community Care to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to Community Care's Formulary?**

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

You can ask us to cover your drug even if it is not on our formulary.

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Community Care limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you are requesting a formulary or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement.

You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30 day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

## **For more information**

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

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

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

For more information about Medicaid, please contact the Wisconsin Department of Health Services by calling 1-800-362-3002. You can also get information by visiting their website at [www.dhs.wisconsin.gov/Medicaid](http://www.dhs.wisconsin.gov/Medicaid).



## Community Care's Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by Community Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 76.

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

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

### The Formulary Key:

QL = Quantity Limits

PA = Prior Authorization for all members

B/D = Prior Authorization to determine Medicare Part B vs. Part D coverage

ST = Step Therapy

LA = Limited Access

HI = Home Infusion

### Example:

Drug Name	Requirements/Limits
<b>ANTIBACTERIALS</b>	
Quinolones	
levofloxacin	
VIGAMOX	
Antibacterials, Other	
CLEOCIN SUPP	
vancomycin hcl caps	PA
<b>Antispasmodics, urinary</b>	
MYRBETRIQ	ST
oxybutynin	

The formulary may change at any time. You will receive notice when necessary.

Because you are enrolled in Community Care PACE, you will have no co-payments for covered prescription drugs. If you have questions about your drugs, please contact Customer Service or talk to your team.

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## LEGEND

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TIER	NAME	
1	Covered	

  

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

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## 2021 Community Care Inc. (List of Covered Drugs)

DRUG NAME	REQUIREMENTS/LIMITS
<b>Analgesics</b>	
<b>Nonsteroidal Anti-inflammatory Drugs</b>	
<i>celecoxib (cap 50 mg, cap 100 mg, cap 200 mg, cap 400 mg)</i>	
DICLOFENAC EPOLAMINE	PA
<i>diclofenac potassium (25 mg tab, tab 50 mg)</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>diclofenac sodium gel 1%</i>	
<i>etodolac (cap 200 mg, cap 300 mg, tab 400 mg, tab 500 mg, tab er 24hr 400 mg, tab er 24hr 500 mg, tab er 24hr 600 mg)</i>	
<i>ibuprofen (susp 100 mg/5ml, tab 400 mg, tab 600 mg, tab 800 mg)</i>	
INDOCIN 25 MG/5ML SUSPENSION	
<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>	
<b>Opioid Analgesics, Long-acting</b>	
<i>fentanyl</i>	PA
<i>methadone hcl (5 mg/5ml solution, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, 10 mg/5ml solution, tab 10 mg)</i>	
<i>morphine sulfate (oral soln 10 mg/5ml, tab er 15 mg, tab er 30 mg, tab er 60 mg, tab er 100 mg, tab er 200 mg)</i>	
OXYCODONE HCL ER	
<i>tramadol hcl (tab er 100 mg, tab er 200 mg, tab er 300 mg, tab er biphasic release 100 mg, tab er biphasic release 200 mg, tab er biphasic release 300 mg)</i>	
TRAMADOL HCL ER (100 MG CAP ER, 200 MG CAP ER, 300 MG CAP ER)	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Opioid Analgesics, Short-acting</b>	
<i>acetaminophen w/ codeine (soln 120-12 mg/5ml, tab 300-15 mg, tab 300-30 mg, tab 300-60 mg)</i>	
<i>codeine sulfate (15 mg tab, 30 mg tab, tab 30 mg, 60 mg tab, tab 60 mg)</i>	
<i>fentanyl citrate (a 200 mcg, a 400 mcg, a 600 mcg, a 800 mcg, a 1200 mcg, a 1600 mcg)</i>	PA
<i>hydrocodone-acetaminophen (soln 7.5-325 mg/15ml, tab 5-325 mg, tab 7.5-325 mg, tab 10-325 mg)</i>	
<i>hydromorphone hcl (preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg)</i>	
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION	
<i>morphine sulfate (15 mg tab, oral soln 20 mg/5ml, tab 15 mg, 30 mg tab, oral soln 100 mg/5ml (20 mg/ml), tab 30 mg)</i>	
<i>oxycodone hcl (conc 100 mg/5ml (20 mg/ml), soln 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
<i>oxycodone w/ acetaminophen</i>	
<i>tramadol hcl (tab 50 mg, 100 mg tab)</i>	
<i>tramadol-acetaminophen</i>	
<b>Anesthetics</b>	
<b>Local Anesthetics</b>	
<i>lidocaine hcl (mouth-throat)</i>	
<i>lidocaine hcl (soln 4%, urethral/mucosal gel 2%)</i>	
LIDOCAINE HCL URETHRAL/MUCOSAL	
<i>lidocaine oint 5%</i>	
<i>lidocaine patch 5%</i>	PA
<i>lidocaine-prilocaine (cream 2.5-2.5%, cream kit 2.5-2.5%)</i>	
LIDOTREX	
<b>Anti-Addiction/ Substance Abuse Treatment Agents</b>	
<b>Alcohol Deterrents/Anti-craving</b>	
<i>acamprosate calcium</i>	
<i>disulfiram (tab 250 mg, tab 500 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Opioid Dependence</b>	
<i>buprenorphine hcl (tab 2 mg (base equiv), tab 8 mg (base equiv))</i>	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	
<i>naltrexone hcl tab 50 mg</i>	
<b>Opioid Reversal Agents</b>	
<i>naloxone hcl (0.4 mg/ml soln cart, inj 0.4 mg/ml, soln prefilled syringe 2 mg/2ml)</i>	
NARCAN	
<b>Smoking Cessation Agents</b>	
APO-VARENICLINE	PA
<i>bupropion hcl (smoking deterrent)</i>	
CHANTIX CONTINUING MONTH PAK	PA
CHANTIX STARTING MONTH PAK	PA
NICOTROL	
VARENICLINE TARTRATE	PA
<b>Antibacterials</b>	
<b>Aminoglycosides</b>	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
GENTAK	
<i>gentamicin in saline (0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, inj 1.2 mg/ml, 1.6-0.9 mg/ml-% solution)</i>	
<i>gentamicin sulfate (ophth)</i>	
<i>gentamicin sulfate (topical)</i>	
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>neomycin sulfate tab 500 mg</i>	
<i>paromomycin sulfate cap 250 mg</i>	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	
TOBRADEX 0.3-0.1 % OINTMENT	
<i>tobramycin (ophth)</i>	
<i>tobramycin (soln 300 mg/4ml, soln 300 mg/5ml)</i>	PA - TO CONFIRM PART D COVERAGE

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>tobramycin sulfate (for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), 10 mg/ml solution, inj 80 mg/2ml (40 mg/ml) (base equiv))</i>	
<b>Antibacterials, Other</b>	
<i>acetic acid (otic)</i>	
ALCOH-GLOVE CONTOURED WIPE	
ALCOHOL PADS	
ALCOHOL PREP	
ALCOHOL SWABS	
ALCOHOL SWABSTICK	
ALCOHOL WIPES 70 % PAD	
APLICARE ALCOHOL SWABSTICK	
BACITRACIN 500 UNIT/GM OINTMENT	
BD SWAB SINGLE USE REGULAR	
BD SWABS SINGLE USE BUTTERFLY	
CARETOUCH ALCOHOL PREP	
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 (inj 300 mg/2ml, inj 600 mg/4ml, inj 900 mg/6ml, iv soln 300 mg/2ml, iv soln 600 mg/4ml, iv soln 900 mg/6ml)</i>	
<i>clindamycin phosphate (topical) (foam, gel, lotion, soln, swab)</i>	
<i>clindamycin phosphate in d5w</i>	
<i>clindamycin phosphate vaginal</i>	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	
CURITY ALCOHOL PREPS	
CURITY ALCOHOL SWABS	
CVS ALCOHOL PREP PADS	
CVS PREP	
<i>daptomycin (350 mg recon soln, for iv soln 350 mg, for iv soln 500 mg)</i>	
EASY COMFORT ALCOHOL PADS	

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

DRUG NAME	REQUIREMENTS/LIMITS
EASY TOUCH ALCOHOL PREP MEDIUM	
EQL ALCOHOL SWABS	
FIFTY50 ALCOHOL PREP	
FIRVANQ 25 MG/ML RECON SOLN	
<i>fosfomycin tromethamine</i>	
GLOBAL ALCOHOL PREP EASE	
GNP ALCOHOL SWABS	
H-E-B INCONTROL ALCOHOL	
HM STERILE ALCOHOL PREP	
<i>linezolid (for susp 100 mg/5ml, iv soln 600 mg/300ml (2 mg/ml), tab 600 mg)</i>	
MEIJER ALCOHOL SWABS	
<i>methenamine hippurate</i>	
<i>metronidazole (cap 375 mg, tab 250 mg, tab 500 mg)</i>	
<i>metronidazole (topical) (cream 0.75%, gel 0.75%, gel 1%, lotion 0.75%)</i>	
<i>metronidazole in nacl (0.74% soln 500 mg/100ml, 0.79% soln 500 mg/100ml)</i>	
<i>metronidazole vaginal</i>	
<i>nitrofurantoin macrocrystal (line cap 25 mg, line cap 50 mg, line cap 100 mg)</i>	
<i>nitrofurantoin monohyd macro</i>	
PHARMACIST CHOICE ALCOHOL	
<i>polymyxin b sulfate for inj 500000 unit</i>	
PRO COMFORT ALCOHOL	
PURE COMFORT ALCOHOL PREP	
QC ALCOHOL SWABS	
RA ALCOHOL SWABS	
REALITY SWABS	
RELION ALCOHOL SWABS	
SAPS CARE ALCOHOL PREP	
SAPS HEALTH ALCOHOL PREP	
SAPS HEALTH CARE ALCOHOL PREP	

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

DRUG NAME	REQUIREMENTS/LIMITS
SB ALCOHOL PREP	
SHOPKO ALCOHOL SWABS	
SIVEXTRO	PA
SM ALCOHOL PREP	
SURE COMFORT ALCOHOL PREP	
SURE-PREP ALCOHOL PREP	
TGT ALCOHOL SWABS	
<i>tigecycline (50 mg recon soln, for iv soln 50 mg)</i>	
<i>trimethoprim (100 mg tab, tab 100 mg)</i>	
TRUE COMFORT ALCOHOL PREP PADS	
ULTICARE ALCOHOL SWABS	
ULTILET ALCOHOL SWABS	
ULTRA-CARE ALCOHOL PREP PADS	
<i>vancomycin hcl (cap 125 mg (base equivalent), cap 250 mg (base equivalent), for iv soln 1 gm (base equivalent), for iv soln 10 gm (base equivalent), 250 mg recon soln, 250 mg/5ml recon soln, for iv soln 500 mg (base equivalent), 750 mg recon soln, for iv soln 750 mg (base equivalent))</i>	
WEBCOL ALCOHOL PREP LARGE	
WEBCOL ALCOHOL PREP MEDIUM	
<b>Beta-lactam, Cephalosporins</b>	
<i>cefadroxil (1 gm tab, cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml, tab 1 gm)</i>	
<i>cefazolin sodium (1 gm recon soln, for inj 1 gm, for inj 10 gm, for inj 500 mg)</i>	
<i>cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>	
<i>cefepime hcl (1 gm, 2 gm)</i>	
<i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</i>	
<i>cefoxitin sodium</i>	
<i>cefopodoxime proxetil (for susp 50 mg/5ml, for susp 100 mg/5ml, tab 100 mg, tab 200 mg)</i>	
<i>cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)</i>	

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



DRUG NAME	REQUIREMENTS/LIMITS
<i>ceftazidime (inj 1 gm, inj 6 gm, iv soln 2 gm)</i>	
<i>ceftriaxone sodium (inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)</i>	
<i>cefuroxime axetil</i>	
<i>cefuroxime sodium</i>	
<i>cephalexin (250 mg tab, cap 250 mg, cap 500 mg, cap 750 mg, for susp 125 mg/5ml, for susp 250 mg/5ml, 500 mg tab)</i>	
SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP)	
TEFLARO	
<b>Beta-lactam, Penicillins</b>	
<i>amoxicillin &amp; pot clavulanate (k for susp 200-28.5 mg/5ml, k for susp 250-62.5 mg/5ml, k for susp 400-57 mg/5ml, k for susp 600-42.9 mg/5ml, k tab 250-125 mg, k tab 500-125 mg, k tab 875-125 mg, k tab er 12hr 1000-62.5 mg)</i>	
<i>amoxicillin (125 mg chew tab, (trihydrate) cap 250 mg, (trihydrate) cap 500 mg, (trihydrate) for susp 125 mg/5ml, (trihydrate) for susp 200 mg/5ml, (trihydrate) for susp 250 mg/5ml, 250 mg chew tab, (trihydrate) for susp 400 mg/5ml, (trihydrate) tab 500 mg, (trihydrate) tab 875 mg)</i>	
AMOXICILLIN-POT CLAVULANATE (200-28.5 MG TAB, 400-57 MG TAB)	
AMOXICILLIN-POT CLAVULANATE ER	
AMPICILLIN	
<i>ampicillin &amp; sulbactam sodium</i>	
<i>ampicillin sodium (1 gm recon soln, for inj 1 gm, for iv soln 10 gm, 125 mg recon soln)</i>	
AMPICILLIN-SULBACTAM SODIUM	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium (1 gm recon soln, for inj 1 gm, 2 gm recon soln, for inj 2 gm, for iv soln 10 gm)</i>	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	
<i>penicillin g potassium</i>	
PENICILLIN G PROCAINE	
PENICILLIN G SODIUM	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
<b>Carbapenems</b>	
<i>aztreonam for inj 1 gm</i>	
<i>ertapenem sodium</i>	
<i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 250 mg, intravenous for soln 500 mg)</i>	
<i>meropenem</i>	
<b>Macrolides</b>	
<i>azithromycin (1 gm packet, for susp 100 mg/5ml, for susp 200 mg/5ml, iv for soln 500 mg, tab 250 mg, tab 500 mg, tab 600 mg)</i>	
<i>clarithromycin (125 mg/5ml recon susp, tab 250 mg, tab 500 mg, tab er 24hr 500 mg, 250 mg/5ml recon susp)</i>	
DIFICID 200 MG TAB	PA
ERYTHROCIN LACTOBIONATE	
ERYTHROCIN STEARATE	
<i>erythromycin (ophth)</i>	
<i>erythromycin base (250 mg cp dr part, tab 250 mg, tab 500 mg, tab delayed release 250 mg, tab delayed release 333 mg, tab delayed release 500 mg, w/ delayed release particles cap 250 mg)</i>	
<i>erythromycin ethylsuccinate (for susp 200 mg/5ml, 400 mg tab, for susp 400 mg/5ml)</i>	
<b>Quinolones</b>	
CIPRO HC	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	
<i>ciprofloxacin hcl (0.2 % solution, 100 mg tab, tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))</i>	
<i>ciprofloxacin-dexamethasone</i>	
<i>levofloxacin (iv soln 25 mg/ml, oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)</i>	
<i>levofloxacin in d5w (soln 500 mg/100ml, soln 750 mg/150ml)</i>	
<i>ofloxacin (300 mg tab, tab 400 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>ofloxacin (otic)</i>	
<b>Sulfonamides</b>	
<i>sulfacetamide sodium (acne)</i>	
<i>sulfacetamide sodium (ophth)</i>	
SULFADIAZINE 500 MG TAB	
<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	
<b>Tetracyclines</b>	
<i>demeclocycline hcl (tab 150 mg, tab 300 mg)</i>	
<i>doxycycline (monohydrate) (cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, for susp 25 mg/5ml, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i>	
<i>doxycycline hyclate (cap 50 mg, tab 50 mg, tab delayed release 50 mg, tab delayed release 75 mg, 80 mg tab dr, cap 100 mg, for inj 100 mg, tab 20 mg, tab 75 mg, tab 100 mg, tab 150 mg, tab delayed release 100 mg, tab delayed release 150 mg, tab delayed release 200 mg)</i>	
<i>minocycline hcl (cap 50 mg, cap 75 mg, cap 100 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab er 24hr 105 mg, tab er 24hr 115 mg, tab er 24hr 135 mg, tab er 24hr 45 mg, tab er 24hr 55 mg, tab er 24hr 65 mg, tab er 24hr 80 mg, tab er 24hr 90 mg)</i>	
<i>tetracycline hcl (cap 250 mg, cap 500 mg)</i>	
VIBRAMYCIN 50 MG/5ML SYRUP	
<b>Anticonvulsants</b>	
<b>Anticonvulsants, Other</b>	
BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	
DIACOMIT	
EPIDIOLEX	PA - FOR NEW STARTS ONLY
<i>felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)</i>	
FINTEPLA	
FYCOMPA (0.5 MG/ML SUSPENSION, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>lamotrigine (orally disintegrating tab 25 mg, orally disintegrating tab 50 mg, orally disintegrating tab 100 mg, orally disintegrating tab 200 mg, tab 25 mg, tab 25 mg (42) &amp; 100 mg (7) starter kit, tab 35 x 25 mg starter kit, tab 84 x 25 mg &amp; 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 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit, tab er 24hr 100 mg, tab er 24hr 200 mg, tab er 24hr 25 mg, tab er 24hr 250 mg, tab er 24hr 300 mg, tab er 24hr 50 mg)</i>	
<i>levetiracetam (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)</i>	
SPRITAM	
<i>topiramate (cap er 24hr sprinkle 100 mg, cap er 24hr sprinkle 150 mg, cap er 24hr sprinkle 200 mg, cap er 24hr sprinkle 25 mg, cap er 24hr sprinkle 50 mg, sprinkle cap 15 mg, sprinkle cap 25 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
<i>valproic acid cap 250 mg</i>	
XCOPRI	
XCOPRI (250 MG DAILY DOSE)	
XCOPRI (350 MG DAILY DOSE)	
<b>Calcium Channel Modifying Agents</b>	
CELONTIN	
<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>	
<i>clobazam (suspension 2.5 mg/ml, tab 10 mg, tab 20 mg)</i>	
<i>diazepam (2.5 mg gel, conc 5 mg/ml, 10 mg gel, 20 mg gel)</i>	
<i>gabapentin (cap 100 mg, cap 300 mg, cap 400 mg, oral soln 250 mg/5ml, tab 600 mg, tab 800 mg)</i>	
NAYZILAM	
<i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg)</i>	
<i>primidone (tab 50 mg, tab 250 mg)</i>	
SYMPAZAN	
<i>tiagabine hcl</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
VALTOCO 10 MG DOSE	
VALTOCO 15 MG DOSE	
VALTOCO 20 MG DOSE	
VALTOCO 5 MG DOSE	
<i>vigabatrin</i>	

### Sodium Channel Agents

APTIOM	
<i>carbamazepine (chew tab 100 mg, susp 100 mg/5ml, tab 200 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)</i>	
DILANTIN 30 MG CAP	
<i>oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)</i>	
PEGANONE	
<i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>	
<i>phenytoin sodium extended</i>	
<i>rufinamide (susp 40 mg/ml, tab 200 mg, tab 400 mg)</i>	
VIMPAT (10 MG/ML SOLUTION, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	
<i>zonisamide (cap 25 mg, cap 50 mg, cap 100 mg)</i>	

### Antidementia Agents

#### Antidementia Agents, Other

ERGOLOID MESYLATES 1 MG TAB	
NAMZARIC	

#### Cholinesterase Inhibitors

<i>donepezil hydrochloride (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg)</i>	
<i>galantamine hydrobromide (cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg, tab 4 mg, tab 8 mg, tab 12 mg)</i>	
<i>rivastigmine</i>	
<i>rivastigmine tartrate</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>	
<i>memantine hcl (cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg, tab 5 mg, tab 10 mg, tab 28 x 5 mg &amp; 21 x 10 mg titration pack)</i>	
<b>Antidepressants</b>	
<b>Antidepressants, Other</b>	
<i>bupropion hcl (tab 75 mg, tab 100 mg, tab er 12hr 100 mg, tab er 12hr 150 mg, tab er 12hr 200 mg, tab er 24hr 150 mg, tab er 24hr 300 mg)</i>	
BUPROPION HCL ER (XL)	
MAPROTILINE HCL	
<i>mirtazapine (orally disintegrating tab 15 mg, orally disintegrating tab 30 mg, orally disintegrating tab 45 mg, tab 7.5 mg, tab 15 mg, tab 30 mg, tab 45 mg)</i>	
NEFAZODONE HCL (50 MG TAB, TAB 50 MG, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB, TAB 250 MG)	
<i>quetiapine fumarate (tab er 50 mg, tab er 150 mg, tab er 200 mg, tab er 400 mg)</i>	
<i>trazodone hcl (tab 50 mg, tab 100 mg, tab 150 mg, tab 300 mg)</i>	
<b>Monoamine Oxidase Inhibitors</b>	
EMSAM	PA - FOR NEW STARTS ONLY
MARPLAN	
<i>phenelzine sulfate tab 15 mg</i>	
<i>tranylcypromine sulfate</i>	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito</b>	
<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	
DESVENLAFAXINE ER	
<i>desvenlafaxine succinate</i>	
<i>duloxetine hcl (cap 20 mg (base eq), cap 30 mg (base eq), cap 40 mg (base eq), cap 60 mg (base eq))</i>	
<i>escitalopram oxalate (soln 5 mg/5ml (base equiv), tab 5 mg (base equiv), tab 10 mg (base equiv), tab 20 mg (base equiv))</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
FETZIMA	PA - FOR NEW STARTS ONLY
FETZIMA TITRATION	PA - FOR NEW STARTS ONLY
<i>fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml, tab 10 mg, tab 20 mg, 60 mg tab, tab 60 mg, 90 mg cap dr)</i>	
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	
<i>fluvoxamine maleate</i>	
<i>paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg, tab er 24hr 12.5 mg, tab er 24hr 25 mg, tab er 24hr 37.5 mg)</i>	
<i>paroxetine mesylate (vasomotor)</i>	
PAXIL 10 MG/5ML SUSPENSION	
<i>sertraline hcl (oral concentrate for solution 20 mg/ml, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
TRINTELLIX	PA - FOR NEW STARTS ONLY
<i>venlafaxine hcl</i>	
VIIBRYD	PA - FOR NEW STARTS ONLY
VIIBRYD STARTER PACK	PA - FOR NEW STARTS ONLY

### 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, conc 10 mg/ml, 150 mg cap)*

*imipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg)*

*imipramine pamoate*

*nortriptyline hcl (10 mg/5ml solution, 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)*

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Antiemetics</b>	
<b>Antiemetics, Other</b>	
<i>hydroxyzine hcl tab 25 mg</i>	
<i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>	
<i>prochlorperazine</i>	
<i>prochlorperazine maleate (tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	
<i>promethazine hcl (suppos 12.5 mg, suppos 25 mg, syrup 6.25 mg/5ml, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	
<i>scopolamine</i>	
<b>Emetogenic Therapy Adjuncts</b>	
<i>aprepitant</i>	PA
<i>dronabinol</i>	PA
<i>ondansetron</i>	PA - TO CONFIRM PART D COVERAGE
<i>ondansetron hcl (oral soln 4 mg/5ml, tab 4 mg, tab 8 mg, 24 mg tab, tab 24 mg)</i>	PA - TO CONFIRM PART D COVERAGE
<b>Antifungals</b>	
<b>ABELCET</b>	PA - TO CONFIRM PART D COVERAGE
<b>AMPHOTERICIN B 50 MG RECON SOLN</b>	PA - TO CONFIRM PART D COVERAGE
<i>casprofungin acetate (50 mg recon soln, for iv soln 50 mg, 70 mg recon soln, for iv soln 70 mg)</i>	
<i>ciclopirox (gel 0.77%, shampoo 1%, solution 8%)</i>	
<i>ciclopirox olamine (cream (base equiv), susp (base equiv))</i>	
<i>clotrimazole (topical) (cream, soln)</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 dextrose</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>	

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



DRUG NAME	REQUIREMENTS/LIMITS
<i>griseofulvin ultramicrosize</i>	
<i>itraconazole cap 100 mg</i>	
<i>ketoconazole (topical) (cream, foam, shampoo)</i>	
<i>ketoconazole tab 200 mg</i>	
<i>micafungin sodium (soln 50 mg, soln 100 mg)</i>	
MICONAZOLE 3	
NATACYN	
NOXAFIL 40 MG/ML SUSPENSION	
<i>nystatin (mouth-throat)</i>	
<i>nystatin (topical)</i>	
<i>nystatin tab 500000 unit</i>	
<i>posaconazole</i>	
<i>terbinafine hcl tab 250 mg</i>	
<i>terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)</i>	
<i>voriconazole (for inj 200 mg, for susp 40 mg/ml, tab 50 mg, tab 200 mg)</i>	

### Antigout Agents

<i>allopurinol (tab 100 mg, tab 300 mg)</i>	
<i>colchicine (0.6 mg cap, tab 0.6 mg)</i>	
<i>colchicine w/ probenecid</i>	
<i>febuxostat</i>	ST
<i>probenecid tab 500 mg</i>	

### Antimigraine Agents

#### Antimigraine Agents, Other

UBRELVY	QL (8 PER 30 OVER TIME)
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### Ergot Alkaloids

<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	
<i>ergotamine w/ caffeine</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Prophylactic</b>	
AJOVY	PA
<i>divalproex sodium (cap delayed release sprinkle 125 mg, tab delayed release 125 mg, tab delayed release 250 mg, tab delayed release 500 mg, tab er 24 hr 250 mg, tab er 24 hr 500 mg)</i>	
<i>timolol maleate (tab 5 mg, 10 mg tab, tab 10 mg, tab 20 mg)</i>	
<b>Serotonin (5-HT) Receptor Agonist</b>	
<i>naratriptan hcl</i>	QL (9 PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	QL (12 PER 30 OVER TIME)
<i>sumatriptan succinate (inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution cartridge 4 mg/0.5ml, 6 mg/0.5ml soln prsyr, solution auto-injector 6 mg/0.5ml)</i>	
<i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	QL (9 PER 30 OVER TIME)
<b>Antimyasthenic Agents</b>	
<b>Parasympathomimetics</b>	
GUANIDINE HCL 125 MG TAB	
<i>pyridostigmine bromide (30 mg tab, oral soln 60 mg/5ml, tab 60 mg, tab er 180 mg)</i>	
<b>Antimycobacterials</b>	
<b>Antimycobacterials, Other</b>	
<i>dapsone (tab 25 mg, tab 100 mg)</i>	
PRIFTIN	
<i>rifabutin</i>	
<b>Antituberculars</b>	
<i>ethambutol hcl (tab 100 mg, tab 400 mg)</i>	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, tab 100 mg, tab 300 mg)</i>	
PASER	
PRETOMANID	
<i>pyrazinamide tab 500 mg</i>	
<i>rifampin (cap 150 mg, cap 300 mg, for inj 600 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
SIRTURO	
TRECTOR	
<b>Antineoplastics</b>	
<b>Alkylating Agents</b>	
<i>cyclophosphamide (25 mg cap, 25 mg tab, cap 25 mg, 50 mg cap, 50 mg tab, cap 50 mg)</i>	PA - TO CONFIRM PART D COVERAGE
LEUKERAN	
MATULANE	
VALCHLOR	
<b>Antiandrogens</b>	
<i>abiraterone acetate</i>	
<i>bicalutamide</i>	
ERLEADA	
<i>flutamide (125 mg cap, cap 125 mg)</i>	
<i>nilutamide</i>	
NUBEQA	
XTANDI	
YONSA	
<b>Antiangiogenic Agents</b>	
POMALYST	LA
REVLIMID	LA
THALOMID	
<b>Antiestrogens/Modifiers</b>	
EMCYT	
SOLTAMOX	
<i>tamoxifen citrate (tab 10 mg (base equivalent), tab 20 mg (base equivalent))</i>	
<i>toremifene citrate</i>	
<b>Antimetabolites</b>	
<i>hydroxyurea cap 500 mg</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>mercaptopurine tab 50 mg</i>	
PURIXAN	
TABLOID	
<b>Antineoplastics, Other</b>	
FOTIVDA	
IDHIFA	
INQOVI	
KISQALI FEMARA (400 MG DOSE)	
KISQALI FEMARA (600 MG DOSE)	
KISQALI FEMARA(200 MG DOSE)	
LONSURF	
LUMAKRAS	
NINLARO	
ONUREG	
ORGOVYX	
SYNRIBO	
TAZVERIK	
TEPMETKO	
WELIREG	
XPOVIO (100 MG ONCE WEEKLY)	
XPOVIO (40 MG ONCE WEEKLY)	
XPOVIO (40 MG TWICE WEEKLY)	
XPOVIO (60 MG ONCE WEEKLY)	
XPOVIO (60 MG TWICE WEEKLY)	
XPOVIO (80 MG ONCE WEEKLY)	
XPOVIO (80 MG TWICE WEEKLY)	
ZOLINZA	
<b>Aromatase Inhibitors, 3rd Generation</b>	
<i>anastrozole tab 1 mg</i>	
<i>exemestane</i>	
<i>letrozole tab 2.5 mg</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Enzyme Inhibitors</b>	
GAVRETO	
QINLOCK	
RETEVMO	
TUKYSA	
<b>Molecular Target Inhibitors</b>	
AFINITOR 10 MG TAB	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI 75 MG CAP	
BRUKINSA	
CABOMETYX	
CALQUENCE	
CAPRELSA	
COMETRIQ (100 MG DAILY DOSE)	
COMETRIQ (140 MG DAILY DOSE)	
COMETRIQ (60 MG DAILY DOSE)	
COPIKTRA	PA - FOR NEW STARTS ONLY
COTELIC	
DAURISMO	
ERIVEDGE	
<i>erlotinib hcl</i>	
<i>everolimus (tab 2.5 mg, tab 5 mg, tab 7.5 mg)</i>	
FARYDAK	
GILOTRIF	
IBRANCE	
ICLUSIG	
<i>imatinib mesylate</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
IMBRUVICA	
INLYTA	
INREBIC	
IRESSA	
JAKAFI	
KISQALI (200 MG DOSE)	
KISQALI (400 MG DOSE)	
KISQALI (600 MG DOSE)	
<i>lapatinib ditosylate</i>	
LENVIMA (10 MG DAILY DOSE)	
LENVIMA (12 MG DAILY DOSE)	
LENVIMA (14 MG DAILY DOSE)	
LENVIMA (18 MG DAILY DOSE)	
LENVIMA (20 MG DAILY DOSE)	
LENVIMA (24 MG DAILY DOSE)	
LENVIMA (4 MG DAILY DOSE)	
LENVIMA (8 MG DAILY DOSE)	
LORBRENA	PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TAB, 150 MG TAB)	
MEKINIST	
MEKTOVI	
NERLYNX	
NEXAVAR	
ODOMZO	
PEMAZYRE	
PIQRAY (200 MG DAILY DOSE)	
PIQRAY (250 MG DAILY DOSE)	
PIQRAY (300 MG DAILY DOSE)	
ROZLYTREK	
RUBRACA	
RYDAPT	

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

DRUG NAME	REQUIREMENTS/LIMITS
SPRYCEL	
STIVARGA	
<i>sunitinib malate</i>	
TABRECTA	
TAFINLAR	
TAGRISSO	
TALZENNA	
TASIGNA	
TIBSOVO	
TRUSELTIQ (100MG DAILY DOSE)	
TRUSELTIQ (125MG DAILY DOSE)	
TRUSELTIQ (50MG DAILY DOSE)	
TRUSELTIQ (75MG DAILY DOSE)	
TURALIO	
UKONIQ	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	
VIZIMPRO	PA - FOR NEW STARTS ONLY
VOTRIENT	
XALKORI	
XOSPATA	
ZEJULA	
ZELBORAF	
ZYDELIG	
ZYKADIA 150 MG TAB	
<b>Retinoids</b>	
<i>bexarotene</i>	
TARGRETIN 1 % GEL	PA
<i>tretinoin (chemotherapy)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Treatment Adjuncts</b>	
<i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i>	
MESNEX 400 MG TAB	
<b>Antiparasitics</b>	
<b>Anthelmintics</b>	
<i>albendazole tab 200 mg</i>	
<i>ivermectin tab 3 mg</i>	
<i>praziquantel tab 600 mg</i>	
<b>Antiprotozoals</b>	
ALINIA 100 MG/5ML RECON SUSP	
<i>atovaquone susp 750 mg/5ml</i>	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate (tab 250 mg, 500 mg tab, tab 500 mg)</i>	
COARTEM	
DARAPRIM	
<i>hydroxychloroquine sulfate tab 200 mg</i>	
<i>mefloquine hcl</i>	
<i>nitazoxanide tab 500 mg</i>	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	PA - TO CONFIRM PART D COVERAGE
<i>pentamidine isethionate for soln 300 mg</i>	
<i>primaquine phosphate (26.3 (15 base) mg tab, tab 26.3 mg (15 mg base))</i>	
<i>pyrimethamine tab 25 mg</i>	
<i>quinine sulfate cap 324 mg</i>	
<b>Antiparkinson Agents</b>	
<b>Anticholinergics</b>	
<i>benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>trihexyphenidyl hcl (tab 2 mg, tab 5 mg)</i>	

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



DRUG NAME	REQUIREMENTS/LIMITS
<b>Antiparkinson Agents, Other</b>	
CARBIDOPA-LEVODOPA-ENTACAPONE	
<i>entacapone</i>	
ONGENTYS	ST
<i>tolcapone</i>	
<b>Dopamine Agonists</b>	
APOKYN	PA
<i>bromocriptine mesylate (cap 5 mg (base equivalent), tab 2.5 mg (base equivalent))</i>	
NEUPRO	
<i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i>	
<i>ropinirole hydrochloride</i>	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>	
<i>carbidopa tab 25 mg</i>	
<i>carbidopa-levodopa (carbidopa &amp; levodopa orally disintegrating tab 10-100 mg, carbidopa &amp; levodopa orally disintegrating tab 25-100 mg, carbidopa &amp; levodopa orally disintegrating tab 25-250 mg, carbidopa &amp; levodopa tab 10-100 mg, carbidopa &amp; levodopa tab 25-100 mg, carbidopa &amp; levodopa tab 25-250 mg, carbidopa &amp; levodopa tab er 25-100 mg, carbidopa &amp; levodopa tab er 50-200 mg, carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp)</i>	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>	
<i>rasagiline mesylate (tab 0.5 mg (base equiv), tab 1 mg (base equiv))</i>	
<i>selegiline hcl (5 mg tab, cap 5 mg, tab 5 mg)</i>	
<b>Antipsychotics</b>	
<b>1st Generation/Typical</b>	
<i>chlorpromazine hcl (tab 10 mg, tab 25 mg, 30 mg/ml conc, tab 50 mg, 100 mg/ml conc, tab 100 mg, tab 200 mg)</i>	
<i>fluphenazine decanoate inj 25 mg/ml</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>fluphenazine hcl (tab 1 mg, 2.5 mg/5ml elixir, 2.5 mg/ml solution, tab 2.5 mg, 5 mg/ml conc, tab 5 mg, tab 10 mg)</i>	
<i>haloperidol (tab 0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>haloperidol decanoate (soln 50 mg/ml, soln 100 mg/ml)</i>	
<i>haloperidol lactate</i>	
<i>loxapine succinate (cap 5 mg, cap 10 mg, cap 25 mg, cap 50 mg)</i>	
MOLINDONE HCL	
<i>perphenazine (tab 2 mg, tab 4 mg, tab 8 mg, tab 16 mg)</i>	
PIMOZIDE	
<i>thioridazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>thiothixene (cap 1 mg, cap 2 mg, cap 5 mg, cap 10 mg)</i>	
<i>trifluoperazine hcl (tab 1 mg (base equivalent), tab 2 mg (base equivalent), tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	
<b>2nd Generation/Atypical</b>	
ABILIFY MAINTENA	ST
<i>aripiprazole (oral solution 1 mg/ml, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
ARISTADA	ST
ARISTADA INITIO	ST
<i>asenapine maleate</i>	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK	
INVEGA SUSTENNA	ST
INVEGA TRINZA	ST
LATUDA	
NUPLAZID (10 MG TAB, 34 MG CAP)	PA - FOR NEW STARTS ONLY
<i>olanzapine</i>	
<i>paliperidone</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
PERSERIS	ST
<i>quetiapine fumarate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg, tab er 24hr 300 mg)</i>	
REXULTI	
RISPERDAL CONSTA	ST
<i>risperidone (0.25 mg tab disp, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg, orally disintegrating tab 4 mg, soln 1 mg/ml, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)</i>	
SECUADO	
VRAYLAR	
<i>ziprasidone hcl</i>	
<i>ziprasidone mesylate</i>	
ZYPREXA RELPREVV 210 MG RECON SUSP	ST

### Treatment-Resistant

*clozapine (12.5 mg tab disp, orally disintegrating tab 25 mg, orally disintegrating tab 100 mg, tab 25 mg, tab 50 mg, tab 100 mg, 150 mg tab disp, 200 mg tab disp, tab 200 mg)*

VERSACLOZ

### Antispasticity Agents

*baclofen (tab 5 mg, tab 10 mg, tab 20 mg)*

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

### Antivirals

#### Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY

DOVATO

GENVOYA

ISENTRESS

ISENTRESS HD

JULUCA

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

DRUG NAME	REQUIREMENTS/LIMITS
STRIBILD	
TIVICAY	
TIVICAY PD	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>	
COMPLERA	
EDURANT	
<i>efavirenz</i>	
<i>etravirine</i>	
INTELENCE 25 MG TAB	
<i>nevirapine (tab 200 mg, tab er 24hr 100 mg, tab er 24hr 400 mg, 50 mg/5ml suspension)</i>	
NEVIRAPINE ER	
PIFELTRO	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>	
<i>abacavir sulfate (soln 20 mg/ml (base equiv), tab 300 mg (base equiv))</i>	
<i>abacavir sulfate-lamivudine</i>	
<i>abacavir sulfate-lamivudine-zidovudine</i>	
CIMDUO	
DELSTRIGO	
DESCOVY	
<i>didanosine (250 mg cap dr, delayed release capsule 250 mg, 400 mg cap dr, delayed release capsule 400 mg)</i>	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	
<i>emtricitabine</i>	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine-zidovudine</i>	
ODEFSEY	
<i>stavudine (15 mg cap, cap 15 mg, 20 mg cap, cap 20 mg, 30 mg cap, cap 30 mg, 40 mg cap, cap 40 mg)</i>	
TEMIXYS	

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

DRUG NAME	REQUIREMENTS/LIMITS
TRIUMEQ	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	
<i>zidovudine (cap 100 mg, syrup 10 mg/ml, tab 300 mg)</i>	
<b>Anti-HIV Agents, Other</b>	
FUZEON	
RUKOBIA	
SELZENTRY (20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB, 150 MG TAB, 300 MG TAB)	
TYBOST	
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>	
APTIVUS (100 MG/ML SOLUTION, 250 MG CAP)	
<i>atazanavir sulfate</i>	
CRIXIVAN	
EVOTAZ	
<i>fosamprenavir calcium</i>	
INVIRASE 500 MG TAB	
LEXIVA 50 MG/ML SUSPENSION	
<i>lopinavir-ritonavir (soln 400-100 mg/5ml (80-20 mg/ml), tab 100-25 mg, tab 200-50 mg)</i>	
NORVIR (80 MG/ML SOLUTION, 100 MG PACKET)	
PREZCOBIX	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB, 600 MG TAB, 800 MG TAB)	
REYATAZ 50 MG PACKET	
<i>ritonavir</i>	
SYMTUZA	
VIRACEPT	
<b>Anti-cytomegalovirus (CMV) Agents</b>	
PREVYMIS (240 MG TAB, 480 MG TAB)	
<i>valganciclovir hcl (for soln 50 mg/ml (base equiv), tab 450 mg (base equivalent))</i>	
ZIRGAN	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Anti-hepatitis B (HBV) Agents</b>	
<i>adefovir dipivoxil</i>	
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
EPIVIR HBV 5 MG/ML SOLUTION	
<i>lamivudine (hbv)</i>	
<i>lamivudine (oral soln 10 mg/ml, tab 150 mg, tab 300 mg)</i>	
<i>tenofovir disoproxil fumarate</i>	
<b>Anti-hepatitis C (HCV) Agents</b>	
LEDIPASVIR-SOFOSBUVIR	PA
MAVYRET 100-40 MG TAB	PA
<i>ribavirin (hepatitis c)</i>	
SOFOSBUVIR-VELPATASVIR	PA
SOVALDI 400 MG TAB	PA
VOSEVI	PA
ZEPATIER	PA
<b>Anti-influenza Agents</b>	
<i>amantadine hcl (cap 100 mg, soln 50 mg/5ml, syrup 50 mg/5ml, tab 100 mg)</i>	
<i>oseltamivir phosphate (cap 30 mg (base equiv), cap 45 mg (base equiv), cap 75 mg (base equiv))</i>	
RELENZA DISKHALER	
<b>Antiherpetic Agents</b>	
<i>acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)</i>	
<i>acyclovir sodium iv soln 50 mg/ml</i>	PA - TO CONFIRM PART D COVERAGE
<i>acyclovir topical</i>	
<i>famciclovir (tab 125 mg, tab 250 mg, tab 500 mg)</i>	
<i>trifluridine (1 % solution, ophth soln 1%)</i>	
<i>valacyclovir hcl (tab 1 gm, tab 500 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Immunostimulants</b>	
INTRON A 6000000 UNIT/ML SOLUTION	
<b>Anxiolytics</b>	
<b>Anxiolytics, Other</b>	
<i>bupirone hcl (tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 30 mg)</i>	
<i>hydroxyzine hcl (syrup 10 mg/5ml, tab 10 mg, tab 50 mg)</i>	
<i>hydroxyzine pamoate (cap 25 mg, cap 50 mg, 100 mg cap)</i>	
<b>Benzodiazepines</b>	
<i>alprazolam (orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab er 24hr 0.5 mg, tab er 24hr 1 mg, tab er 24hr 2 mg, tab er 24hr 3 mg)</i>	
ALPRAZOLAM INTENSOL	
<i>clonazepam (orally disintegrating tab 0.125 mg, orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>clorazepate dipotassium</i>	
<i>diazepam (oral soln 1 mg/ml, tab 2 mg, tab 5 mg, tab 10 mg)</i>	
<i>lorazepam (conc 2 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>oxazepam</i>	
<b>Bipolar Agents</b>	
<b>Mood Stabilizers</b>	
<i>carbamazepine (cap er 100 mg, cap er 200 mg, cap er 300 mg)</i>	
LITHIUM	
<i>lithium carbonate (150 mg cap, cap 150 mg, 300 mg cap, cap 300 mg, cap 600 mg, tab 300 mg, tab er 300 mg, tab er 450 mg, 600 mg cap)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Blood Glucose Regulators</b>	
<b>Antidiabetic Agents</b>	
<i>acarbose (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
ALOGLIPTIN BENZOATE	
ALOGLIPTIN-METFORMIN HCL	
ALOGLIPTIN-PIOGLITAZONE	
CYCLOSET	
<i>glimepiride</i>	
<i>glipizide (tab 5 mg, tab 10 mg, tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)</i>	
<i>glipizide-metformin hcl</i>	
JARDIANCE	
KORLYM	
<i>metformin hcl (tab 500 mg, tab 850 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg, tab er 24hr modified release 1000 mg, tab er 24hr modified release 500 mg, tab er 24hr osmotic 1000 mg, tab er 24hr osmotic 500 mg)</i>	
<i>nateglinide</i>	
<i>pioglitazone hcl</i>	
<i>pioglitazone hcl-metformin hcl</i>	
<i>repaglinide</i>	
SYMLINPEN 120	
SYMLINPEN 60	
TRULICITY	
<b>Glycemic Agents</b>	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide susp 50 mg/ml</i>	
GLUCAGEN HYPOKIT	
<i>glucagon (rdna)</i>	
GLUCAGON EMERGENCY	
PROGLYCEM	

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



DRUG NAME	REQUIREMENTS/LIMITS
<b>Insulins</b>	
BASAGLAR KWIKPEN	
HUMALOG MIX 50/50	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMALOG MIX 75/25 KWIKPEN	
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTRATED)	
HUMULIN R U-500 KWIKPEN	
INSULIN ASP PROT & ASP FLEXPEN	
INSULIN ASPART	
INSULIN ASPART FLEXPEN	
INSULIN ASPART PENFILL	
INSULIN ASPART PROT & ASPART	
INSULIN LISPRO	
INSULIN LISPRO (1 UNIT DIAL)	
INSULIN LISPRO JUNIOR KWIKPEN	
INSULIN LISPRO PROT & LISPRO	
NOVOLIN 70/30	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN 70/30 FLEXPEN RELION	
NOVOLIN 70/30 RELION	
NOVOLIN N	
NOVOLIN N FLEXPEN	
NOVOLIN N FLEXPEN RELION	
NOVOLIN N RELION	
NOVOLIN R	

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

DRUG NAME	REQUIREMENTS/LIMITS
NOVOLIN R FLEXPEN	
NOVOLIN R FLEXPEN RELION	
NOVOLIN R RELION	
SEMGLEE	

## Blood Products and Modifiers

### Anticoagulants

ELIQUIS

ELIQUIS DVT/PE STARTER PACK

*enoxaparin sodium (30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml)*

*fondaparinux sodium*

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

PA - TO CONFIRM PART D COVERAGE

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

PRADAXA

*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

XARELTO STARTER PACK

### Blood Products and Modifiers, Other

*anagrelide hcl*

ARANESP (ALBUMIN FREE)

PA

LEUKINE

PA

NIVESTYM

PA

PROMACTA (12.5 MG PACKET, 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)

PA

RETACRIT (3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)

PA

### Hemostasis Agents

*tranexamic acid tab 650 mg*

### Platelet Modifying Agents

*aspirin-dipyridamole*

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

DRUG NAME	REQUIREMENTS/LIMITS
BRILINTA	ST
<i>cilostazol</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	

## Blood Products/Modifiers/Volume Expanders

### Blood Products and Modifiers, Others

PROMACTA 25 MG PACKET	
RETACRIT (2000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	PA

## 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>	PA
<i>guanfacine hcl (tab 1 mg, tab 2 mg)</i>	
<i>methyldopa (250 mg tab, tab 250 mg, 500 mg tab, tab 500 mg)</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 (cap 1 mg (base equivalent), cap 2 mg (base equivalent), cap 5 mg (base equivalent), cap 10 mg (base equivalent))</i>	

### Angiotensin II Receptor Antagonists

<i>irbesartan</i>	
<i>losartan potassium (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>valsartan</i>	

### Angiotensin-converting Enzyme (ACE) Inhibitors

<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>lisinopril (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>ramipril</i>	
<b>Antiarrhythmics</b>	
<i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl (cap 150 mg, cap 200 mg, cap 250 mg)</i>	
<i>propafenone hcl</i>	
<i>quinidine gluconate tab er 324 mg</i>	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	
<i>sotalol hcl (afib/afI)</i>	
<i>sotalol hcl (tab 80 mg, tab 120 mg, tab 160 mg, tab 240 mg)</i>	
<b>Beta-adrenergic Blocking Agents</b>	
<i>atenolol (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>bisoprolol fumarate (tab 5 mg, tab 10 mg)</i>	
<i>carvedilol</i>	
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	
<i>metoprolol succinate</i>	
<i>metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	
<i>nadolol (tab 20 mg, tab 40 mg, tab 80 mg)</i>	
<i>pindolol</i>	
<i>propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)</i>	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>	
<i>amlodipine besylate (tab 2.5 mg (base equivalent), tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	
<i>nifedipine (tab er 30 mg, tab er 60 mg, tab er 90 mg, tab er osmotic release 30 mg, tab er osmotic release 60 mg, tab er osmotic release 90 mg)</i>	
<i>nimodipine cap 30 mg</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>	
<i>diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg)</i>	
<i>diltiazem hcl coated beads (cap er 120 mg, cap er 180 mg, cap er 240 mg, cap er 300 mg, cap er 360 mg, tab er 180 mg, tab er 240 mg, tab er 300 mg, tab er 360 mg)</i>	
<i>diltiazem hcl extended release beads</i>	
<i>verapamil hcl (cap er 24hr 100 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 200 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)</i>	
VERAPAMIL HCL ER	
<b>Cardiovascular Agents, Other</b>	
<i>acetazolamide (cap er 12hr 500 mg, tab 125 mg, tab 250 mg)</i>	
ALDACTAZIDE 50-50 MG TAB	
<i>aliskiren fumarate</i>	PA
<i>amiloride &amp; hydrochlorothiazide</i>	
<i>amlodipine besylate-benazepril hcl</i>	
<i>amlodipine besylate-valsartan</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>atenolol &amp; chlorthalidone</i>	
<i>bisoprolol &amp; hydrochlorothiazide</i>	
CORLANOR (5 MG TAB, 7.5 MG TAB)	
<i>digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml, tab 125 mcg (0.125 mg), tab 250 mcg (0.25 mg))</i>	
DUTOPROL	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	
ENTRESTO	PA
<i>irbesartan-hydrochlorothiazide</i>	
<i>lisinopril &amp; hydrochlorothiazide</i>	
<i>losartan potassium &amp; hydrochlorothiazide</i>	
<i>metoprolol &amp; hydrochlorothiazide</i>	
METOPROLOL-HYDROCHLOROTHIAZIDE	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>metyrosine</i>	
<i>pentoxifylline tab er 400 mg</i>	
PROPRANOLOL-HCTZ	
<i>ranolazine</i>	
<i>spironolactone &amp; hydrochlorothiazide</i>	
<i>triamterene &amp; hydrochlorothiazide</i>	
<i>valsartan-hydrochlorothiazide</i>	
<b>Diuretics, Loop</b>	
<i>bumetanide (inj 0.25 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>furosemide (8 mg/ml solution, inj 10 mg/ml, oral soln 10 mg/ml, tab 20 mg, tab 40 mg, tab 80 mg)</i>	
<i>toremide</i>	
<b>Diuretics, Potassium-sparing</b>	
<i>amiloride hcl tab 5 mg</i>	
<i>eplerenone</i>	
<i>spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<b>Diuretics, Thiazide</b>	
<i>chlorthalidone</i>	
<i>hydrochlorothiazide (cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	
<i>indapamide (tab 1.25 mg, tab 2.5 mg)</i>	
<i>metolazone</i>	
<b>Dyslipidemics, Fibric Acid Derivatives</b>	
<i>choline fenofibrate</i>	
<i>fenofibrate (tab 40 mg, tab 48 mg, 50 mg cap, tab 54 mg, tab 120 mg, tab 145 mg, 150 mg cap, tab 160 mg)</i>	
<i>fenofibrate micronized (cap 43 mg, cap 67 mg, cap 130 mg, cap 134 mg, cap 200 mg)</i>	
<i>gemfibrozil tab 600 mg</i>	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>	
<i>atorvastatin calcium (tab 10 mg (base equivalent), tab 20 mg (base equivalent), tab 40 mg (base equivalent), tab 80 mg (base equivalent))</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium</i>	
<i>simvastatin (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</i>	
<b>Dyslipidemics, Other</b>	
<i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i>	
<i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i>	
<i>colesevelam hcl</i>	
<i>ezetimibe</i>	
<i>icosapent ethyl</i>	
JUXTAPID	PA
<i>niacin (antihyperlipidemic) (tab er 500 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic), tab er 1000 mg (antihyperlipidemic))</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	PA
REPATHA PUSHTRONEX SYSTEM	PA
REPATHA SURECLICK	PA
VASCEPA 0.5 GM CAP	
<b>Vasodilators, Direct-acting Arterial</b>	
<i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>minoxidil (tab 2.5 mg, tab 10 mg)</i>	
<b>Vasodilators, Direct-acting Arterial/Venous</b>	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate</i>	
NITRO-BID	
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	
<i>nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr, tl soln 0.4 mg/spray (400 mcg/spray))</i>	
RECTIV	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Central Nervous System Agents</b>	
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>	
<i>amphetamine-dextroamphetamine</i>	
<i>dextroamphetamine sulfate (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 5 mg, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>	
<i>atomoxetine hcl</i>	
<i>dexmethylphenidate hcl</i>	
<i>guanfacine hcl (adhd)</i>	
<i>methylphenidate hcl (cap er 10 mg (cd), cap er 20 mg (cd), cap er 24hr 10 mg (la), cap er 24hr 10 mg (xr), cap er 24hr 15 mg (xr), cap er 24hr 20 mg (la), cap er 24hr 20 mg (xr), cap er 24hr 30 mg (la), cap er 24hr 30 mg (xr), cap er 24hr 40 mg (la), cap er 24hr 40 mg (xr), cap er 24hr 50 mg (xr), cap er 24hr 60 mg (la), cap er 24hr 60 mg (xr), cap er 30 mg (cd), cap er 40 mg (cd), cap er 50 mg (cd), cap er 60 mg (cd), chew tab 2.5 mg, chew tab 5 mg, chew tab 10 mg, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, tab 10 mg, tab 20 mg, tab er 10 mg, tab er 20 mg, tab er 24hr 27 mg, tab er 24hr 36 mg, tab er 24hr 54 mg, tab er osmotic release (osm) 18 mg, tab er osmotic release (osm) 27 mg, tab er osmotic release (osm) 36 mg, tab er osmotic release (osm) 54 mg)</i>	
METHYLPHENIDATE HCL ER	
<b>Central Nervous System, Other</b>	
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	
<b>Fibromyalgia Agents</b>	
DRIZALMA SPRINKLE	PA - FOR NEW STARTS ONLY
<i>pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, cap 200 mg, cap 225 mg, cap 300 mg, soln 20 mg/ml)</i>	
<b>Multiple Sclerosis Agents</b>	
AUBAGIO	
AVONEX PEN	

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



DRUG NAME	REQUIREMENTS/LIMITS
AVONEX PREFILLED	
BETASERON	
<i>dalfampridine tab er 12hr 10 mg</i>	PA
<i>dimethyl fumarate (capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg &amp; 240 mg)</i>	
<i>glatiramer acetate</i>	
REBIF	
REBIF REBIDOSE	
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	
ZEPOSIA	
ZEPOSIA 7-DAY STARTER PACK	
ZEPOSIA STARTER KIT	

## Dental and Oral Agents

<i>chlorhexidine gluconate (mouth-throat)</i>
<i>pilocarpine hcl (oral)</i>
<i>triamcinolone acetonide (mouth)</i>

## Dermatological Agents

### Acne and Rosacea Agents

<i>acitretin</i>
<i>benzoyl peroxide-erythromycin</i>
<i>isotretinoin (cap 10 mg, cap 20 mg, cap 25 mg, cap 30 mg, cap 35 mg, cap 40 mg)</i>
<i>tazarotene (0.1 % foam, cream 0.1%)</i>
TAZORAC (0.05 % CREAM, 0.05 % GEL, 0.1 % GEL)
<i>tretinoin (cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%, gel 0.05%)</i>
<i>tretinoin microsphere</i>

### Dermatitis and Pruitus Agents

<i>betamethasone dipropionate (topical) (cream, lotion, oint)</i>
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
BETAMETHASONE DIPROPIONATE AUG	
<i>betamethasone dipropionate augmented (cream, lotion, oint)</i>	
<i>betamethasone valerate (aerosol foam 0.12%, cream 0.1% (base equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent))</i>	
<i>clobetasol propionate (cream, foam, gel, lotion, oint, shampoo, soln, spray)</i>	
<i>clobetasol propionate emollient base</i>	
<i>clobetasol propionate emulsion</i>	
DOXEPIN HCL 5 % CREAM	
<i>fluocinonide (cream, gel, oint, soln)</i>	
<i>fluocinonide emulsified base</i>	
<i>fluticasone propionate (cream 0.05%, lotion 0.05%, oint 0.005%)</i>	
<i>hydrocortisone perianal cream 2.5%</i>	
<i>lactic acid (ammonium lactate) (cream, lotion)</i>	
<i>mometasone furoate (cream, oint, solution (lotion))</i>	
<i>selenium sulfide lotion 2.5%</i>	
<i>tacrolimus (topical)</i>	
<b>Dermatological Agents, Other</b>	
BAND-AID GAUZE SMALL	
<i>calcipotriene (cream, oint, soln (50 mcg/ml))</i>	
<i>clotrimazole w/ betamethasone (cream 1-0.05%, lotion 1-0.05%)</i>	
CURITY ALL PURPOSE SPONGES 2"X2" PAD	
CURITY AMD ANTIMICROBIAL SPNGE 2"X2" PAD	
CURITY GAUZE 2"X2" PAD	
CURITY GAUZE SPONGE 2"X2" PAD	
CURITY SPONGES 2"X2" PAD	
CVS GAUZE 2"X2" PAD	
DERMACEA GAUZE SPONGE 2"X2" PAD	
DERMACEA IV DRAIN SPONGES 2"X2" PAD	
DERMACEA IV SPONGES	

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

DRUG NAME	REQUIREMENTS/LIMITS
DERMACEA NON-WOVEN SPONGES 2"X2" PAD	
DERMACEA TYPE VII GAUZE 2"X2" PAD	
<i>diclofenac sodium (actinic keratoses)</i>	PA
EQL GAUZE 2"X2" PAD	
EXCILON IV SPONGES	
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % SOLUTION)	
<i>fluorouracil (topical)</i>	
GAUZE PADS 2"X2" PAD	
GAUZE TYPE VII MEDI-PAK	
HM STERILE PADS 2"X2" PAD	
<i>imiquimod (cream 3.75%, cream 5%)</i>	
J & J GAUZE 2"X2" PAD	
KENDALL HYDROPHILIC FOAM DRESS 2"X2" PAD	
KENDALL HYDROPHILIC FOAM PLUS 2"X2" PAD	
<i>methoxsalen rapid (10 mg cap, cap 10 mg)</i>	
MIRASORB SPONGES 2"X2" MISC	
<i>nystatin-triamcinolone</i>	
OTEZLA	PA
PANRETIN	
PICATO	
<i>podofilox soln 0.5%</i>	
QC BORDER ISLAND GAUZE	
QC STERILE PADS 2"X2" PAD	
RA STERILE 2"X2" PAD	
RESTORE CONTACT LAYER 2"X2" PAD	
SANTYL	
<i>silver sulfadiazine cream 1%</i>	
SM GAUZE 2"X2" PAD	
SM STERILE 2"X2" PAD	
STERILE 2"X2" PAD	
STERILE GAUZE 2"X2" PAD	

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

DRUG NAME	REQUIREMENTS/LIMITS
SURGICAL GAUZE SPONGE	
TEGADERM FOAM 2"X2" PAD	
THERAGAUZE 2"X2" PAD	
<b>Pediculicides/Scabicides</b>	
LINDANE 1 % SHAMPOO	
<i>malathion lotion 0.5%</i>	
<i>permethrin cream 5%</i>	
<b>Topical Anti-infectives</b>	
ERY	
<i>erythromycin (acne aid) (gel, soln)</i>	
<i>mupirocin calcium (topical)</i>	
<i>mupirocin oint 2%</i>	
<b>Electrolytes/Minerals/Metals/ Vitamins</b>	
<b>Electrolyte/Mineral Replacement</b>	
<i>*amino acid infusion 15%***</i>	PA - TO CONFIRM PART D COVERAGE
AMINOSYN II 15 % SOLUTION	PA - TO CONFIRM PART D COVERAGE
AMINOSYN-PF 7 % SOLUTION	PA - TO CONFIRM PART D COVERAGE
CARBAGLU	
CLINIMIX E/DEXTROSE (2.75/5)	PA - TO CONFIRM PART D COVERAGE
CLINIMIX E/DEXTROSE (4.25/10)	PA - TO CONFIRM PART D COVERAGE
CLINIMIX E/DEXTROSE (4.25/5)	PA - TO CONFIRM PART D COVERAGE
CLINIMIX E/DEXTROSE (5/15)	PA - TO CONFIRM PART D COVERAGE
CLINIMIX E/DEXTROSE (5/20)	PA - TO CONFIRM PART D COVERAGE
CLINIMIX/DEXTROSE (4.25/10)	PA - TO CONFIRM PART D COVERAGE
CLINIMIX/DEXTROSE (4.25/5)	PA - TO CONFIRM PART D COVERAGE
CLINIMIX/DEXTROSE (5/15)	PA - TO CONFIRM PART D COVERAGE
CLINIMIX/DEXTROSE (5/20)	PA - TO CONFIRM PART D COVERAGE
<i>dextrose (5%, 10%)</i>	
<i>dextrose w/ sodium chloride (w/ 0.2%, w/ 0.4, w/ 0.9%)</i>	
DEXTROSE-NACL (2.5-0.45 % SOLUTION, 10-0.2 % SOLUTION, 10-0.45 % SOLUTION)	

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

DRUG NAME	REQUIREMENTS/LIMITS
FLUOR-A-DAY	
HEPATAMINE	PA - TO CONFIRM PART D COVERAGE
ISOLYTE-P IN D5W	
KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION	
KCL-LACTATED RINGERS-D5W	
<i>magnesium sulfate inj 50%</i>	
NORMOSOL-M IN D5W	
<i>potassium chloride (10 meq/100ml solution, cap er 10 meq, inj 2 meq/ml, inj 10 meq/100ml, oral soln 10% (20 meq/15ml), 20 meq/100ml solution, inj 20 meq/100ml, oral soln 20% (40 meq/15ml), powder packet 20 meq, tab er 10 meq, tab er 20 meq (1500 mg), 40 meq/100ml solution)</i>	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	
POTASSIUM CHLORIDE ER 20 MEQ TAB ER	
<i>potassium chloride in dextrose &amp; sodium chloride (10 meq/l (0.07)0.4, 20 meq/l (0.1)0.2%, 20 meq/l (0.1)0.4, 20 meq/l (0.1)0.9%, 30 meq/l (0.224%)0.4, 40 meq/l (0.3%)0.4)</i>	
POTASSIUM CHLORIDE IN NACL (20-0.45 MEQ/L-% SOLUTION, KCL 20 MEQ/L (0.15%)0.45% INJ, KCL 20 MEQ/L (0.15%)0.9% INJ, 40-0.9 MEQ/L-% SOLUTION, KCL 40 MEQ/L (0.3%)0.9% INJ)	
<i>potassium chloride microencapsulated crystals er (er tab 10, er tab 20)</i>	
<i>potassium citrate (alkalinizer)</i>	
PREMASOL	PA - TO CONFIRM PART D COVERAGE
PROCALAMINE	PA - TO CONFIRM PART D COVERAGE
PROSOL	PA - TO CONFIRM PART D COVERAGE
<i>sodium chloride (gu irrigant)</i>	
<i>sodium chloride (iv soln 0.45%, iv soln 0.9%, iv soln 3%, iv soln 5%, preservative free (pf) inj 0.9%)</i>	
<i>sodium fluoride (chew tab 0.25 mg f (from 0.55 mg naf), chew tab 0.5 mg f (from 1.1 mg naf), chew tab 1 mg f (from 2.2 mg naf), 2.2 (1 f) mg tab)</i>	
TPN ELECTROLYTES	
TRAVASOL	PA - TO CONFIRM PART D COVERAGE
TROPHAMINE 10 % SOLUTION	PA - TO CONFIRM PART D COVERAGE

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Electrolyte/Mineral/Metal Modifiers</b>	
<i>deferasirox</i>	
<i>deferiprone</i>	
FERRIPROX (100 MG/ML SOLUTION, 1000 MG TAB)	
FERRIPROX TWICE-A-DAY	
<i>penicillamine (cap 250 mg, tab 250 mg)</i>	
<i>trientine hcl</i>	
<b>Phosphate Binders</b>	
<i>calcium acetate (phosphate binder)</i>	
FOSRENOL (750 MG, 1000 MG)	
<i>lanthanum carbonate</i>	
<i>sevelamer carbonate</i>	
<b>Potassium Binders</b>	
<i>sodium polystyrene sulfonate (*powder**, oral susp 15 gm/60ml, rectal susp 30 gm/120ml)</i>	
SPS	
VELTASSA	
<b>Vitamins</b>	
ATABEX EC	
ATABEX OB	
AZESCHEW PRENATAL/POSTNATAL	
AZESCO	
BAL-CARE DHA	
BP FOLINATAL PLUS B	
BP MULTINATAL PLUS	
C-NATE DHA	
CALCIUM PNV	
CITRANATAL 90 DHA	
CITRANATAL ASSURE	
CITRANATAL B-CALM	
CITRANATAL BLOOM	

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

DRUG NAME	REQUIREMENTS/LIMITS
CITRANATAL BLOOM DHA	
CITRANATAL DHA	
CITRANATAL ESSENCE	
CITRANATAL HARMONY	
CITRANATAL MEDLEY	
CITRANATAL RX	
CO-NATAL FA	
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DOTHELLE DHA	
DUET DHA 400	
DUET DHA BALANCED	
ELITE-OB	
ENBRACE HR	
FOLCAL DHA	
FOLCAPS OMEGA 3	
FOLET DHA	
FOLET ONE	
FOLIVANE-OB	
HEMENATAL OB	
HEMENATAL OB + DHA	
INATAL GT	
INFANATE BALANCE	
KOSHER PRENATAL PLUS IRON	
LEVOMEFOLATE DHA	
M-NATAL PLUS	
M-VIT	
MARNATAL-F	
MYNATAL	

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

DRUG NAME	REQUIREMENTS/LIMITS
MYNATAL ADVANCE	
MYNATAL PLUS	
MYNATAL-Z	
MYNATE 90 PLUS	
NATACHEW	
NATALVIT	
NATELLE ONE	
NEEVO DHA	
NEONATAL COMPLETE 27-1 MG TAB	
NEONATAL PLUS	
NESTABS	
NESTABS ABC	
NESTABS DHA	
NESTABS ONE	
NEXA PLUS	
NIVA-PLUS	
O-CAL FA	
O-CAL PRENATAL	
OB COMPLETE	
OB COMPLETE ADVANCED	
OB COMPLETE ONE	
OB COMPLETE PETITE	
OB COMPLETE PREMIER	
OB COMPLETE/DHA	
OBSTETRIX DHA	
OBSTETRIX EC	
OBSTETRIX ONE	
ONE VITE WOMENS PLUS	
PNV FOLIC ACID + IRON	
PNV OB+DHA	
PNV PRENATAL PLUS MULTIVIT+DHA	

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



DRUG NAME	REQUIREMENTS/LIMITS
PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 29-1	
PNV-DHA	
PNV-DHA+DOCUSATE	
PNV-OMEGA	
PNV-SELECT	
PNV-TOTAL	
PR NATAL 400	
PR NATAL 400 EC	
PR NATAL 430	
PR NATAL 430 EC	
PREFERA OB	
PREFERAOB +DHA	
PREFERAOB ONE	
PREGENNA	
PREMESISRX	
PRENA 1 TRUE	
PRENA1	
PRENA1 PEARL	
PRENAISSANCE	
PRENAISSANCE BALANCE	
PRENAISSANCE HARMONY DHA	
PRENAISSANCE NEXT	
PRENAISSANCE NEXT-B	
PRENAISSANCE PLUS	
PRENARA	
PRENATA	
PRENATABS RX	
PRENATAL + DHA	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	
PRENATAL 27-1 MG TAB	

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
THRIVITE RX	
TL FOLATE	
TL-CARE DHA	
TL-SELECT	
TRI-TABS DHA	
TRICARE	
TRICARE PRENATAL	
TRICARE PRENATAL DHA ONE	
TRINATAL RX 1	
TRINATE	
TRINAZ	
TRISTART DHA	
TRISTART ONE	
TRIVEEN-DUO DHA	
ULTIMATECARE ONE	
VEMAVITE-PRX 2	
VENA-BAL DHA	
VIL-RX	
VINATE DHA RF	
VINATE II	
VINATE M	
VINATE ONE	
VIRT NATE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN	
VIRT-PN DHA	
VIRT-PN PLUS	
VITA-PREN	
VITAFOL FE+	
VITAFOL GUMMIES	

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

DRUG NAME	REQUIREMENTS/LIMITS
VITAFOL STRIPS	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITAMEDMD ONE RX/QUATREFOLIC	
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATHELY WITH GINGER	
VITATRUE	
VIVA DHA	
VOL-NATE	
VOL-PLUS	
VOL-TAB RX	
VP-CH-PNV	
VP-GGR-B6 PRENATAL	
VP-HEME OB	
VP-HEME OB + DHA	
VP-HEME ONE	
VP-PNV-DHA	
ZALVIT	
ZATEAN-PN DHA	
ZATEAN-PN PLUS	

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## Gastrointestinal Agents

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### Anti-Constipation Agents

AMITIZA

GOLYTELY 227.1 GM RECON SOLN

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

*lactulose (encephalopathy)*

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

DRUG NAME	REQUIREMENTS/LIMITS
LINZESS	
LUBIPROSTONE	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, 150 MG TAB)	PA
<b>Anti-Diarrheal Agents</b>	
<i>alosetron hcl</i>	
<i>diphenoxylate w/ atropine</i>	
DIPHENOXYLATE-ATROPINE	
<i>loperamide hcl cap 2 mg</i>	
XERMELO	
<b>Antispasmodics, Gastrointestinal</b>	
<i>dicyclomine hcl (cap 10 mg, oral soln 10 mg/5ml, tab 20 mg)</i>	
<i>glycopyrrolate (tab 1 mg, tab 2 mg)</i>	
<b>Gastrointestinal Agents, Other</b>	
GATTEX	PA
<i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml) (base equiv), tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	
<i>ursodiol (cap 300 mg, tab 250 mg, tab 500 mg)</i>	
XIFAXAN 200 MG TAB	PA
XIFAXAN 550 MG TAB	
<b>Histamine2 (H2) Receptor Antagonists</b>	
<i>famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)</i>	
NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, CAP 150 MG, 300 MG CAP, CAP 300 MG)	
<b>Protectants</b>	
<i>sucralfate tab 1 gm</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Proton Pump Inhibitors</b>	
<i>esomeprazole magnesium (cap 20 mg (base eq), cap 40 mg (base eq), for susp packet 10 mg, for susp packet 20 mg, for susp packet 40 mg)</i>	
<i>lansoprazole (cap 15 mg, cap 30 mg, tab orally disintegrating 15 mg, tab orally disintegrating 30 mg)</i>	
<i>omeprazole (cap 10 mg, cap 20 mg, cap 40 mg)</i>	
<i>pantoprazole sodium (ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg)</i>	
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>	
ARALAST NP	
CERDELGA	
CREON	
CYSTADANE	
CYSTAGON	
GLASSIA	
<i>miglustat</i>	
PROLASTIN-C	
RAVICTI	
<i>sapropterin dihydrochloride</i>	
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	
SUCRAID	
ZEMAIRA	
ZENPEP	
<b>Genitourinary Agents</b>	
<b>Antispasmodics, Urinary</b>	
<i>darifenacin hydrobromide</i>	
MYRBETRIQ (25 MG TAB ER, 50 MG TAB ER)	ST
<i>oxybutynin chloride (syrup 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)</i>	
OXYTROL	ST

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>solifenacin succinate</i>	
<i>tolterodine tartrate</i>	
<i>trospium chloride</i>	
<b>Benign Prostatic Hypertrophy Agents</b>	
<i>alfuzosin hcl</i>	
<i>dutasteride cap 0.5 mg</i>	
<i>finasteride tab 5 mg</i>	
<i>tamsulosin hcl</i>	
<b>Genitourinary Agents, Other</b>	
<i>bethanechol chloride (tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg)</i>	
ELMIRON	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>	
CORTISONE ACETATE 25 MG TAB	
<i>fludrocortisone acetate tab 0.1 mg</i>	
<i>hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	
<i>prednisone (tab 5 mg, tab 50 mg, tab therapy pack 5 mg (21), tab therapy pack 5 mg (48), tab therapy pack 10 mg (21), tab therapy pack 10 mg (48))</i>	
PREDNISONE INTENSOL	
<i>triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)</i>	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>	
<i>misoprostol (tab 100 mcg, tab 200 mcg)</i>	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>	
<b>Anabolic Steroids</b>	
<i>oxandrolone (tab 2.5 mg, tab 10 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Androgens</b>	
ANDRODERM	
<i>danazol (cap 50 mg, cap 100 mg, cap 200 mg)</i>	
<i>testosterone cypionate (im inj in oil 100 mg/ml, 200 mg/ml solution, im inj in oil 200 mg/ml)</i>	
<i>testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)</i>	
<b>Estrogens</b>	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	
<i>drospirenone-ethinyl estradiol</i>	
<i>estradiol &amp; norethindrone acetate</i>	
<i>estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg, td patch weekly 0.025 mg/24hr, td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), td patch weekly 0.05 mg/24hr, td patch weekly 0.06 mg/24hr, td patch weekly 0.075 mg/24hr, td patch weekly 0.1 mg/24hr)</i>	
<i>estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)</i>	
ESTRING	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>levonorgestrel &amp; eth estradiol</i>	
<i>levonorgestrel-eth estradiol (triphasic)</i>	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB)	
<i>norethin acet &amp; estrad-fe (ace-eth chew tab 1 mcg (24), ace-ethinyl cap 1 mcg (24), aceethinyl tab 1 mcg)</i>	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>norethindrone &amp; ethinyl estradiol-fe</i>	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>norgestrel &amp; ethinyl estradiol</i>	

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



DRUG NAME	REQUIREMENTS/LIMITS
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	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol</i>	
<b>Progestins</b>	
<i>medroxyprogesterone acetate (contraceptive)</i>	
<i>medroxyprogesterone acetate (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	
<i>megestrol acetate (tab 20 mg, tab 40 mg)</i>	
<i>megestrol acetate susp 40 mg/ml</i>	PA
<i>norethindrone (contraceptive)</i>	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	
<b>Selective Estrogen Receptor Modifying Agents</b>	
DUAVEE	
<i>raloxifene hcl</i>	
<b>Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)</b>	
<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	
<i>desmopressin acetate spray</i>	
<i>desmopressin acetate spray refrigerated</i>	
GENOTROPIN	PA
GENOTROPIN MINIQUICK	PA
HUMATROPE	PA
INCRELEX	
NORDITROPIN FLEXPRO	PA
NUTROPIN AQ NUSPIN 10	PA
NUTROPIN AQ NUSPIN 20	PA
NUTROPIN AQ NUSPIN 5	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
SAIZEN	PA
SEROSTIM	PA
ZORBTIVE	PA

### Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)

*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)*

*liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)*

### Hormonal Agents, Suppressant (Adrenal)

LYSODREN

### Hormonal Agents, Suppressant (Pituitary)

*cabergoline*

ELIGARD

PA - TO CONFIRM PART D COVERAGE

FIRMAGON

FIRMAGON (240 MG DOSE)

*leuprolide acetate inj kit 5 mg/ml*

LUPRON DEPOT (1-MONTH)

PA - TO CONFIRM PART D COVERAGE

LUPRON DEPOT (3-MONTH)

PA - TO CONFIRM PART D COVERAGE

LUPRON DEPOT (4-MONTH)

PA - TO CONFIRM PART D COVERAGE

LUPRON DEPOT (6-MONTH)

PA - TO CONFIRM PART D COVERAGE

*octreotide acetate (50 mcg/ml soln prsyr, inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml soln prsyr, inj 100 mcg/ml (0.1 mg/ml), 200 mcg/ml solution, inj 200 mcg/ml (0.2 mg/ml), 500 mcg/ml soln prsyr, inj 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml solution, inj 1000 mcg/ml (1 mg/ml))*

SIGNIFOR

SOMATULINE DEPOT

SOMAVERT

SYNAREL

TRELSTAR MIXJECT

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

DRUG NAME	REQUIREMENTS/LIMITS
Hormonal Agents, Suppressant (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	PA - TO CONFIRM PART D COVERAGE
GAMMAGARD S/D LESS IGA	PA - TO CONFIRM PART D COVERAGE
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	PA - TO CONFIRM PART D COVERAGE
GAMUNEX-C 1 GM/10ML SOLUTION	PA - TO CONFIRM PART D COVERAGE
PRIVIGEN 20 GM/200ML SOLUTION	PA - TO CONFIRM PART D COVERAGE
Immunological Agents, Other	
ARCALYST	
KINERET	
OLUMIANT	PA
ORENCIA (50 MG/0.4ML SOLN, 87.5 MG/0.7ML SOLN, 125 MG/ML SOLN)	
ORENCIA CLICKJECT	
SKYRIZI	
SKYRIZI (150 MG DOSE)	
STELARA (45 MG/0.5ML SOLN, 90 MG/ML SOLN)	PA
STELARA 45 MG/0.5ML SOLUTION	
TALTZ	
TREMFYA	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
XELJANZ XR	PA
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR)	PA

### Immunostimulants

ACTIMMUNE

INTRON A (10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN)

PEGASYS

PEGASYS PROCLICK 180 MCG/0.5ML SOLN A-INJ

### Immunosuppressants

AFINITOR DISPERZ

ASTAGRAF XL

PA - FOR NEW STARTS ONLY

*azathioprine tab 50 mg*

PA - TO CONFIRM PART D COVERAGE

*cyclosporine (cap 25 mg, cap 100 mg)*

PA - TO CONFIRM PART D COVERAGE

*cyclosporine modified (for microemulsion) (cap 25 mg, cap 50 mg, cap 100 mg, oral soln 100 mg/ml)*

PA - TO CONFIRM PART D COVERAGE

ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)

ENBREL 25 MG RECON SOLN

PA

ENBREL MINI

ENBREL SURECLICK

ENVARUSUS XR

PA - FOR NEW STARTS ONLY

*everolimus (immunosuppressant)*

PA - FOR NEW STARTS ONLY

HUMIRA

HUMIRA PEDIATRIC CROHNS START (80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML)

HUMIRA PEN

HUMIRA PEN-CD/UC/HS STARTER

HUMIRA PEN-PEDIATRIC UC START

HUMIRA PEN-PS/UV/ADOL HS START

HUMIRA PEN-PSOR/UEIT STARTER

*leflunomide (tab 10 mg, tab 20 mg)*

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>methotrexate sodium (inj 50 mg/2ml (25 mg/ml), inj pf 50 mg/2ml (25 mg/ml), tab 2.5 mg (base equiv))</i>	PA - TO CONFIRM PART D COVERAGE
<i>mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)</i>	PA - TO CONFIRM PART D COVERAGE
<i>mycophenolate sodium</i>	PA - TO CONFIRM PART D COVERAGE
PROGRAF (0.2 MG, 1 MG)	PA - FOR NEW STARTS ONLY
SIMPONI	PA
<i>sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	PA - TO CONFIRM PART D COVERAGE
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	PA - TO CONFIRM PART D COVERAGE
XATMEP	PA - TO CONFIRM PART D COVERAGE
ZORTRESS 1 MG TAB	PA - FOR NEW STARTS ONLY

### Vaccines

ACTHIB
ADACEL
BCG VACCINE
BEXSERO
BOOSTRIX
DAPTACEL
DIPHTHERIA-TETANUS TOXOIDS DT
ENGERIX-B
GARDASIL 9
HAVRIX
HIBERIX
IMOVAX RABIES
INFANRIX
IPOL
IXIARO
KINRIX
M-M-R II
MENACTRA
MENQUADFI
MENVEO

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

DRUG NAME	REQUIREMENTS/LIMITS
PEDIARIX	
PEDVAX HIB	
PROQUAD	
QUADRACEL	
RABAVERT	
RECOMBIVAX HB	PA - TO CONFIRM PART D COVERAGE
ROTARIX	
ROTATEQ	
SHINGRIX	
TDVAX	
TENIVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
VARIZIG	
YF-VAX	

## Inflammatory Bowel Disease Agents

### Aminosalicylates

*balsalazide disodium*

DIPENTUM

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

*mesalamine w/ cleanser*

PENTASA

*sulfasalazine (tab 500 mg, tab delayed release 500 mg)*

### Glucocorticoids

*budesonide (delayed release particles cap 3 mg, tab er 24hr 9 mg)*

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>dexamethasone (elixir 0.5 mg/5ml, tab 0.5 mg, tab 0.75 mg, 1 mg tab, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, tab 1.5 mg, tab therapy pack 1.5 mg (21), 2 mg tab, tab 4 mg, tab 6 mg)</i>	
HEMADY	
<i>hydrocortisone (intrarectal)</i>	
<i>hydrocortisone (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>hydrocortisone perianal cream 1%</i>	
<i>methylprednisolone (tab 4 mg, tab 8 mg, tab 16 mg, tab 32 mg)</i>	
<i>prednisolone (15 mg/5ml solution, syrup 15 mg/5ml (usp solution equivalent))</i>	
<i>prednisolone sodium phosphate (sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), sod phosphate oral soln 10 mg/5ml (base equiv), 25 mg/5ml solution)</i>	
<i>prednisone (tab 1 mg, tab 2.5 mg, 5 mg/5ml solution, tab 10 mg, tab 20 mg)</i>	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	

## Metabolic Bone Disease Agents

<i>alendronate sodium (oral soln 70 mg/75ml, tab 10 mg, tab 35 mg, tab 70 mg)</i>	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
<i>calcitriol (cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)</i>	
<i>cinacalcet hcl</i>	PA - TO CONFIRM PART D COVERAGE
<i>doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg)</i>	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	
NATPARA	PA
PROLIA	
TERIPARATIDE (RECOMBINANT)	PA
TYMLOS	PA
XGEVA	PA

## Miscellaneous Therapeutic Agents

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

DRUG NAME	REQUIREMENTS/LIMITS
1ST TIER UNIFINE PENTIPS PLUS	
ABOUTTIME PEN NEEDLE	
ADVOCATE INSULIN PEN NEEDLES	
ADVOCATE INSULIN SYRINGE	
ANTI-STICK INSULIN SYRINGE	
ASSURE ID INSULIN SAFETY SYR	
ASSURE ID SAFETY PEN NEEDLES	
AURORA PEN NEEDLES	
AURORA UNIFINE PENTIPS	
BD AUTOSHIELD	
BD AUTOSHIELD DUO	
BD INSULIN SYR ULTRAFINE II	
BD INSULIN SYRINGE (25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML)	
BD INSULIN SYRINGE HALF-UNIT	
BD INSULIN SYRINGE MICROFINE	
BD INSULIN SYRINGE U-500	
BD INSULIN SYRINGE U/F	
BD INSULIN SYRINGE U/F 1/2UNIT	
BD INSULIN SYRINGE ULTRAFINE	
BD PEN NEEDLE MICRO U/F	
BD PEN NEEDLE MINI U/F	
BD PEN NEEDLE NANO 2ND GEN	
BD PEN NEEDLE NANO U/F	
BD PEN NEEDLE ORIGINAL U/F	
BD PEN NEEDLE SHORT U/F	
BD SAFETY-LOK INSULIN SYRINGE	
BD SAFETYGLIDE INSULIN SYRINGE	
BD VEO INSULIN SYR U/F 1/2UNIT	
BD VEO INSULIN SYRINGE U/F	
CAREFINE PEN NEEDLES	

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



DRUG NAME	REQUIREMENTS/LIMITS
CAREONE INSULIN SYRINGE	
CAREONE UNIFINE PENTIPS	
CAREONE UNIFINE PENTIPS PLUS (29G X 12MM, 31G X 5 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM)	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML, 29G X 5/16" 1 ML)	
CARETOUCH PEN NEEDLES (31G X 5, 31G X 6, 31G X 8, 32G X 4, 32G X 5)	
CLEVER CHOICE COMFORT EZ	
CLICKFINE PEN NEEDLES	
COMFORT ASSIST INSULIN SYRINGE	
COMFORT EZ INSULIN SYRINGE	
COMFORT EZ MICRO PEN NEEDLES	
COMFORT EZ PEN NEEDLES	
COMFORT EZ SHORT PEN NEEDLES	
DROPLET INSULIN SYRINGE	
DROPLET MICRON	
DROPLET PEN NEEDLES	
DROPSAFE SAFETY PEN NEEDLES	
DRUG MART UNIFINE PENTIPS	
DRUG MART UNIFINE PENTIPS PLUS	
EASY COMFORT INSULIN SYRINGE	
EASY COMFORT PEN NEEDLES	
EASY GLIDE PEN NEEDLES	
EASY TOUCH FLIPLOCK INSULIN SY	
EASY TOUCH INSULIN SAFETY SYR	
EASY TOUCH INSULIN SYRINGE	
EASY TOUCH PEN NEEDLES (29G X 12MM, 30G X 5 MM, 30G X 8 MM, 31G X 5 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM, 32G X 5 MM, 32G X 6 MM)	
EASY TOUCH SAFETY PEN NEEDLES	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML)	
ELITE-THIN INSULIN SYRINGE	

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

DRUG NAME	REQUIREMENTS/LIMITS
EQL INSULIN SYRINGE	
EXEL COMFORT POINT INSULIN SYR	
EXEL COMFORT POINT PEN NEEDLE	
FIFTY50 PEN NEEDLES	
FIFTY50 SUPERIOR COMFORT SYR	
FREDS PHARMACY UNIFINE PENTIP+	
FREDS PHARMACY UNIFINE PENTIPS	
FREESTYLE PRECISION INS SYR	
GLOBAL EASE INJECT PEN NEEDLES	
GLOBAL EASY GLIDE INSULIN SYR	
GLOBAL EASY GLIDE PEN NEEDLES	
GLOBAL INJECT EASE INSULIN SYR	
GLOBAL INSULIN SYRINGES	
GLUCOPRO INSULIN SYRINGE	
GNP CLICKFINE PEN NEEDLES	
GNP INSULIN SYRINGE	
GNP ULTICARE PEN NEEDLES 31G X 5 MM MISC	
GNP ULTRA COM INSULIN SYRINGE	
GOODSENSE CLICKFINE PEN NEEDLE	
GOODSENSE PEN NEEDLE PENFINE	
H-E-B INCONTROL PEN NEEDLES	
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM MISC	
HEALTHWISE INSULIN SYR/NEEDLE	
HEALTHWISE MICRON PEN NEEDLES	
HEALTHWISE MINI PEN NEEDLES	
HEALTHWISE PEN NEEDLES	
HEALTHWISE SHORT PEN NEEDLES	
HEALTHWISE UNIFINE PENTIPS	
HEALTHY ACCENTS UNIFINE PENTIP	
HM ULTICARE INSULIN SYRINGE	
HM ULTICARE SHORT PEN NEEDLES	

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

DRUG NAME	REQUIREMENTS/LIMITS
INSULIN SYRINGE	
INSULIN SYRINGE-NEEDLE U-100	
INSULIN SYRINGE/NEEDLE	
INSUPEN PEN NEEDLES	
INSUPEN SENSITIVE	
INSUPEN ULTRAFIN	
INTRALIPID	PA - TO CONFIRM PART D COVERAGE
KINRAY INSULIN SYRINGE	
KMART VALU INSULIN SYRINGE 29G	
KMART VALU INSULIN SYRINGE 30G	
KROGER INSULIN SYRINGE	
KROGER PEN NEEDLES	
LEADER INSULIN SYRINGE	
LEADER UNIFINE PENTIPS	
LEADER UNIFINE PENTIPS PLUS	
LITETOUCH INSULIN SYRINGE	
LITETOUCH PEN NEEDLES	
LONGS INSULIN SYRINGE	
MAGELLAN INSULIN SAFETY SYR	
MARATHON MEDICAL PENTIPS	
MAXI-COMFORT INSULIN SYRINGE	
MAXI-COMFORT SAFETY PEN NEEDLE	
MAXICOMFORT II PEN NEEDLE	
MAXICOMFORT SYR 27G X 1/2"	
MEDIC INSULIN SYRINGE	
MEDICINE SHOPPE PEN NEEDLES	
MEIJER PEN NEEDLES	
MICRODOT PEN NEEDLE	
MM INSULIN SYRINGE/NEEDLE	
MM PEN NEEDLES	
MONOJECT INSULIN SYRINGE	

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

DRUG NAME	REQUIREMENTS/LIMITS
MONOJECT ULTRA COMFORT SYRINGE	
MS INSULIN SYRINGE	
NOVOFINE	
NOVOFINE AUTOCOVER PEN NEEDLE	
NOVOFINE PEN NEEDLE	
NOVOFINE PLUS PEN NEEDLE	
NOVOTWIST PEN NEEDLE	
NUTRILIPID	PA - TO CONFIRM PART D COVERAGE
PC UNIFINE PENTIPS	
PEN NEEDLES	
PEN NEEDLES 1/2"	
PEN NEEDLES 3/16"	
PEN NEEDLES 5/16"	
PENTIPS	
PRECISION SURE-DOSE SYRINGE	
PRECISION SUREDOSE PLUS SYR	
PREFERRED PLUS INSULIN SYRINGE	
PREFERRED PLUS UNIFINE PENTIPS	
PREVENT SAFETY PEN NEEDLES	
PRO COMFORT INSULIN SYRINGE	
PRO COMFORT PEN NEEDLES	
PRODIGY INSULIN SYRINGE	
PURE COMFORT PEN NEEDLE	
PX EXTRA SHORT PEN NEEDLES	
PX INSULIN SYRINGE	
PX MINI PEN NEEDLES	
PX PEN NEEDLE	
PX SHORTLENGTH PEN NEEDLES	
QC PEN NEEDLES	
QC UNIFINE PENTIPS	
RA INSULIN SYRINGE	

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

DRUG NAME	REQUIREMENTS/LIMITS
RA PEN NEEDLES	
REALITY INSULIN SYRINGE	
RELI-ON INSULIN SYRINGE	
RELION INSULIN SYRINGE	
RELION MINI PEN NEEDLES	
RELION PEN NEEDLES	
RELION SHORT PEN NEEDLES	
SAFESNAP INSULIN SYRINGE	
SAFETY INSULIN SYRINGES	
SB INSULIN SYRINGE	
SECURESAFE INSULIN SYRINGE	
SHOPKO UNIFINE PENTIPS	
SHOPKO UNIFINE PENTIPS PLUS	
SM INSULIN SYRINGE	
SURE COMFORT INSULIN SYRINGE	
SURE COMFORT PEN NEEDLES	
SURE-FINE PEN NEEDLES	
SURE-JECT INSULIN SYRINGE	
TECHLITE INSULIN SYRINGE	
TECHLITE PEN NEEDLES	
TODAYS HEALTH MINI PEN NEEDLES	
TODAYS HEALTH PEN NEEDLES	
TODAYS HEALTH SHORT PEN NEEDLE	
TOPCARE CLICKFINE PEN NEEDLES	
TOPCARE ULTRA COMFORT INS SYR	
TRUE COMFORT INSULIN SYRINGE	
TRUE COMFORT PEN NEEDLES (31G X 5, 31G X 6, 32G X 4)	
TRUEPLUS 5-BEVEL PEN NEEDLES	
TRUEPLUS INSULIN SYRINGE	
TRUEPLUS PEN NEEDLES	
ULTICARE INSULIN SAFETY SYR	

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

DRUG NAME	REQUIREMENTS/LIMITS
ULTICARE INSULIN SYRINGE	
ULTICARE MICRO PEN NEEDLES	
ULTICARE MINI PEN NEEDLES (31G X 6, 32G X 6)	
ULTICARE PEN NEEDLES	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	
ULTIGUARD SAFEPACK PEN NEEDLE (31G X 5, 31G X 6, 31G X 8, 32G X 4, 32G X 6)	
ULTILET INSULIN SYRINGE	
ULTILET INSULIN SYRINGE SHORT	
ULTILET PEN NEEDLE	
ULTRA COMFORT INSULIN SYRINGE	
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM MISC	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	
ULTRA THIN PEN NEEDLES	
ULTRA-COMFORT INSULIN SYRINGE	
ULTRA-THIN II INS SYR SHORT	
ULTRA-THIN II INSULIN SYRINGE	
ULTRA-THIN II MINI PEN NEEDLE	
ULTRA-THIN II PEN NEEDLE SHORT	
ULTRA-THIN II PEN NEEDLES	
ULTRACARE INSULIN SYRINGE	
ULTRACARE PEN NEEDLES	
UNIFINE PENTIPS	
UNIFINE PENTIPS PLUS	
UNIFINE SAFECONTROL PEN NEEDLE	
VALUE HEALTH INSULIN SYRINGE	
VALUMARK PEN NEEDLES	
VANISHPOINT INSULIN SYRINGE	
VIDA MIA UNIFINE PENTIPS	
VP INSULIN SYRINGE	
WEGMANS UNIFINE PENTIPS PLUS	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Ophthalmic Agents</b>	
<b>Ophthalmic Agents, Other</b>	
ATROPINE SULFATE 1 % SOLUTION	
<i>bacitracin-poly-neomycin-hc</i>	
<i>bacitracin-polymyxin b (ophth)</i>	
BLEPHAMIDE	
BLEPHAMIDE S.O.P.	
COMBIGAN	
CYSTARAN	
<i>dorzolamide hcl-timolol maleate (sol 22.3-6.8 mg/ml pf, soln 22.3-6.8 mg/ml)</i>	
LACRISERT	
<i>neomycin-bacitracin zn-polymyxin</i>	
<i>neomycin-polymy-dexameth (oint, susp)</i>	
NEOMYCIN-POLYMYXIN-HC	
<i>polymyxin b-trimethoprim</i>	
RESTASIS	
RESTASIS MULTIDOSE	
<i>sulfacetamide sod-prednisolone</i>	
SULFACETAMIDE-PREDNISOLONE	
<i>tobramycin-dexamethasone</i>	
<b>Ophthalmic Anti-Infectives</b>	
AZASITE	
<i>ciprofloxacin hcl (ophth)</i>	
<i>gatifloxacin (ophth)</i>	
<i>levofloxacin (ophth)</i>	
<i>moxifloxacin hcl (ophth)</i>	
<i>ofloxacin (ophth)</i>	
SULFACETAMIDE SODIUM 10 % OINTMENT	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Ophthalmic Anti-allergy Agents</b>	
<i>azelastine hcl (ophth)</i>	
<i>cromolyn sodium (ophth)</i>	
<i>olopatadine hcl</i>	
<b>Ophthalmic Anti-inflammatories</b>	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
<i>diclofenac sodium (ophth)</i>	
<i>difluprednate</i>	
<i>fluorometholone (ophth)</i>	
<i>flurbiprofen sodium (0.03 % solution, ophth soln 0.03%)</i>	
FML	
FML FORTE	
<i>ketorolac tromethamine (ophth)</i>	
LOTEMAX 0.5 % OINTMENT	
<i>loteprednol etabonate (gel, susp)</i>	
PRED MILD	
PREDNISOLONE ACETATE 1 % SUSPENSION	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>	
<i>betaxolol hcl (ophth)</i>	
BETOPTIC-S	
CARTEOLOL HCL	
<i>carteolol hcl (ophth)</i>	
<i>levobunolol hcl (0.5 % solution, ophth soln 0.5%)</i>	
TIMOLOL MALEATE (0.25 % GEL F SOLN, 0.5 % GEL F SOLN)	
<i>timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, preservative free soln 0.5%, soln 0.25%, soln 0.5%, soln 0.5% (once-daily))</i>	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>	
<i>brimonidine tartrate ophth soln 0.2%</i>	
<i>dorzolamide hcl ophth soln 2%</i>	

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



DRUG NAME	REQUIREMENTS/LIMITS
<i>methazolamide (tab 25 mg, tab 50 mg)</i>	
<i>pilocarpine hcl (soln 1%, soln 2%, soln 4%)</i>	
RHOPRESSA	
<b>Ophthalmic Prostaglandin and Prostaglandin Analogs</b>	
<i>bimatoprost (topical)</i>	
<i>bimatoprost ophth soln 0.03%</i>	
<i>latanoprost ophth soln 0.005%</i>	
<i>travoprost</i>	
<b>Otic Agents</b>	
<i>hydrocortisone w/ acetic acid</i>	
<i>neomycin-polymyxin-hc (otic)</i>	
<b>Respiratory Tract/ Pulmonary Agents</b>	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>	
ARNUIITY ELLIPTA	
<i>budesonide (inhalation)</i>	PA - TO CONFIRM PART D COVERAGE
FLOVENT HFA	
FLUNISOLIDE 25 MCG/ACT (0.025%) SOLUTION	
<i>fluticasone propionate (nasal)</i>	
PULMICORT FLEXHALER	
<b>Antihistamines</b>	
<i>azelastine hcl (nasal spray 0.1% (137 mcg/spray), nasal spray 0.15% (205.5 mcg/spray))</i>	
CLEMASTINE FUMARATE 2.68 MG TAB	
<i>desloratadine tab 5 mg</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	
<b>Antileukotrienes</b>	
<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>zafirlukast</i>	
<i>zileuton</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Bronchodilators, Anticholinergic</b>	
ATROVENT HFA	
<i>ipratropium bromide (nasal)</i>	
<i>ipratropium bromide inhal soln 0.02%</i>	PA - TO CONFIRM PART D COVERAGE
SPIRIVA HANDIHALER	
<b>Bronchodilators, Sympathomimetic</b>	
<i>albuterol sulfate (inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg)</i>	
<i>albuterol sulfate (soln 0.083% (2.5 mg/3ml), soln 0.5% (5 mg/ml), soln 0.63 mg/3ml (base equiv), soln 1.25 mg/3ml (base equiv))</i>	PA - TO CONFIRM PART D COVERAGE
ALBUTEROL SULFATE ER	
ALBUTEROL SULFATE HFA	
EPINEPHRINE (0.15 MG/0.15ML SOLN, 0.3 MG/0.3ML SOLN)	QL (2 PER 30 OVER TIME)
<i>epinephrine (anaphylaxis) (solution 0.15 mg/0.3ml (1:2000), solution 0.3 mg/0.3ml (1:1000))</i>	QL (2 PER 30 OVER TIME)
<i>levalbuterol hcl (soln 0.31 mg/3ml (base equiv), soln 0.63 mg/3ml (base equiv), soln 1.25 mg/3ml (base equiv), soln conc 1.25 mg/0.5ml (base equiv))</i>	PA - TO CONFIRM PART D COVERAGE
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	
<b>Cystic Fibrosis Agents</b>	
CAYSTON	
KALYDECO	PA
ORKAMBI	PA
PULMOZYME	PA - FOR NEW STARTS ONLY
SYMDEKO	PA
TRIKAFTA 100-50-75 & 150 MG TAB THPK	
<b>Mast Cell Stabilizers</b>	
<i>cromolyn sodium (mastocytosis)</i>	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	PA - TO CONFIRM PART D COVERAGE

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

DRUG NAME	REQUIREMENTS/LIMITS
<b>Phosphodiesterase Inhibitors, Airways Disease</b>	
DALIRESP	PA
THEO-24	
<i>theophylline (tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)</i>	
THEOPHYLLINE ER	
<b>Pulmonary Antihypertensives</b>	
ADEMPAS	PA
<i>ambrisentan</i>	PA
OPSUMIT	PA
<i>sildenafil citrate tab 20 mg</i>	PA - FOR NEW STARTS ONLY
<i>tadalafil (pulmonary hypertension)</i>	PA - FOR NEW STARTS ONLY
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)	PA
<b>Pulmonary Fibrosis Agents</b>	
ESBRIET (267 MG CAP, 801 MG TAB)	PA
ESBRIET 267 MG TAB	
OFEV	PA
<b>Respiratory Tract Agents, Other</b>	
<i>acetylcysteine (soln 10%, soln 20%)</i>	PA - TO CONFIRM PART D COVERAGE
BUDESONIDE-FORMOTEROL FUMARATE	
<i>fluticasone-salmeterol (55-14 mcg/act pow, powder 100-50 mcg/dose, 113-14 mcg/act pow, 232-14 mcg/act pow, powder 250-50 mcg/dose, powder 500-50 mcg/dose)</i>	
<i>ipratropium-albuterol</i>	PA - TO CONFIRM PART D COVERAGE
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	PA
<b>Respiratory Tract/Pulmonary Agents</b>	
<b>Bronchodilators, Anticholinergic</b>	
INCRUSE ELLIPTA	
SPIRIVA RESPIMAT	

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

DRUG NAME	REQUIREMENTS/LIMITS
TUDORZA PRESSAIR	
<b>Respiratory Tract Agents, Other</b>	
ADVAIR HFA	
ANORO ELLIPTA	
BREO ELLIPTA	
COMBIVENT RESPIMAT	
TRELEGY ELLIPTA	
<b>Skeletal Muscle Relaxants</b>	
<i>cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	
<b>Sleep Disorder Agents</b>	
<b>Sleep Promoting Agents</b>	
<i>doxepin hcl (sleep)</i>	
HETLIOZ	PA
<i>ramelteon</i>	
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem tartrate (tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg)</i>	
<b>Wakefulness Promoting Agents</b>	
<i>modafinil</i>	PA - FOR NEW STARTS ONLY
XYREM	
<b>Uncategorized</b>	
<b>Unclassified</b>	
VANCOMYCIN HCL IN NAACL 1-0.9 GM/200ML-% SOLUTION	

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

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dicyclomine hcl.....	52	DRUG MART UNIFINE PENTIPS PLUS.....	64
didanosine.....	27	DUAVEE.....	56
DIFICID.....	9	DUET DHA 400.....	46
difluprednate.....	71	DUET DHA BALANCED.....	46
digoxin.....	36	duloxetine hcl.....	13
dihydroergotamine mesylate.....	16	dutasteride.....	54
DILANTIN.....	12	DUTOPROL.....	36
diltiazem hcl.....	36		
diltiazem hcl coated beads.....	36	<b>E</b>	
diltiazem hcl extended release beads.....	36	EASY COMFORT ALCOHOL PADS.....	5
dimethyl fumarate.....	40	EASY COMFORT INSULIN SYRINGE.....	64
DIPENTUM.....	61	EASY COMFORT PEN NEEDLES.....	64
diphenoxylate w/ atropine.....	52	EASY GLIDE PEN NEEDLES.....	64
DIPHENOXYLATE-ATROPINE.....	52	EASY TOUCH ALCOHOL PREP MEDIUM.....	6
DIPHThERIA-TETANUS TOXOIDS DT.....	60	EASY TOUCH FLIPLOCK INSULIN SY.....	64
disulfiram.....	3	EASY TOUCH INSULIN SAFETY SYR.....	64
divalproex sodium.....	17	EASY TOUCH INSULIN SYRINGE.....	64
dofetilide.....	35	EASY TOUCH PEN NEEDLES.....	64
donepezil hydrochloride.....	12	EASY TOUCH SAFETY PEN NEEDLES.....	64
dorzolamide hcl.....	71	EASY TOUCH SHEATHLOCK SYRINGE.....	64
dorzolamide hcl-timolol maleate.....	70	EDURANT.....	27
DOTHELLE DHA.....	46	efavirenz.....	27
DOVATO.....	26	efavirenz-emtricitabine-tenofovir disoproxil	
doxazosin mesylate.....	34	fumarate.....	27
doxepin hcl.....	14	efavirenz-lamivudine-tenofovir disoproxil	
DOXEPIN HCL.....	41	fumarate.....	27
doxepin hcl (sleep).....	75	ELIGARD.....	57
doxercalciferol.....	62	ELIQUIS.....	33
doxycycline (monohydrate).....	10	ELIQUIS DVT/PE STARTER PACK.....	33
doxycycline hyclate.....	10	ELITE-OB.....	46
DRIZALMA SPRINKLE.....	39	ELITE-THIN INSULIN SYRINGE.....	64
dronabinol.....	15	ELMIRON.....	54
DROPLET INSULIN SYRINGE.....	64	EMCYT.....	18
DROPLET MICRON.....	64	EMSAM.....	13

emtricitabine.....	27	estradiol vaginal.....	55
emtricitabine-tenofovir disoproxil fumarate.....	27	ESTRING.....	55
EMTRIVA.....	27	ethambutol hcl.....	17
enalapril maleate.....	34	ethosuximide.....	11
enalapril maleate & hydrochlorothiazide.....	36	ethynodiol diacet & eth estrad.....	55
ENBRACE HR.....	46	etodolac.....	2
ENBREL.....	59	etravirine.....	27
ENBREL MINI.....	59	everolimus.....	20
ENBREL SURECLICK.....	59	everolimus (immunosuppressant).....	59
ENGERIX-B.....	60	EVOTAZ.....	28
enoxaparin sodium.....	33	EXCILON IV SPONGES.....	42
entacapone.....	24	EXEL COMFORT POINT INSULIN SYR.....	65
entecavir.....	29	EXEL COMFORT POINT PEN NEEDLE.....	65
ENTRESTO.....	36	exemestane.....	19
ENVARBUS XR.....	59	ezetimibe.....	38
EPIDIOLEX.....	10		
EPINEPHRINE.....	73	<b>F</b>	
epinephrine (anaphylaxis).....	73	famciclovir.....	29
EPIVIR HBV.....	29	famotidine.....	52
eplerenone.....	37	FANAPT.....	25
EQL ALCOHOL SWABS.....	6	FANAPT TITRATION PACK.....	25
EQL GAUZE.....	42	FARYDAK.....	20
EQL INSULIN SYRINGE.....	65	febuxostat.....	16
ERGOLOID MESYLATES.....	12	felbamate.....	10
ergotamine w/ caffeine.....	16	fenofibrate.....	37
ERIVEDGE.....	20	fenofibrate micronized.....	37
ERLEADA.....	18	fentanyl.....	2
erlotinib hcl.....	20	fentanyl citrate.....	3
ertapenem sodium.....	9	FERRIPROX.....	45
ERY.....	43	FERRIPROX TWICE-A-DAY.....	45
ERYTHROCIN LACTOBIONATE.....	9	FETZIMA.....	14
ERYTHROCIN STEARATE.....	9	FETZIMA TITRATION.....	14
erythromycin (acne aid).....	43	FIFTY50 ALCOHOL PREP.....	6
erythromycin (ophth).....	9	FIFTY50 PEN NEEDLES.....	65
erythromycin base.....	9	FIFTY50 SUPERIOR COMFORT SYR.....	65
erythromycin ethylsuccinate.....	9	finasteride.....	54
ESBRIET.....	74	FINTEPLA.....	10
escitalopram oxalate.....	13	FIRMAGON.....	57
esomeprazole magnesium.....	53	FIRMAGON (240 MG DOSE).....	57
estradiol.....	55	FIRVANQ.....	6
estradiol & norethindrone acetate.....	55	flecainide acetate.....	35

FLOVENT HFA	72
fluconazole	15
fluconazole in dextrose	15
fluconazole in nacl	15
flucytosine	15
fludrocortisone acetate	54
FLUNISOLIDE	72
fluocinonide	41
fluocinonide emulsified base	41
FLUOR-A-DAY	44
fluorometholone (ophth)	71
FLUOROURACIL	42
fluorouracil (topical)	42
fluoxetine hcl	14
FLUOXETINE HCL (PMDD)	14
fluphenazine decanoate	24
fluphenazine hcl	25
flurbiprofen sodium	71
FLUTAMIDE	18
fluticasone propionate	41
fluticasone propionate (nasal)	72
fluticasone-salmeterol	74
fluvoxamine maleate	14
FML	71
FML FORTE	71
FOLCAL DHA	46
FOLCAPS OMEGA 3	46
FOLET DHA	46
FOLET ONE	46
FOLIVANE-OB	46
fondaparinux sodium	33
fosamprenavir calcium	28
fosfomycin tromethamine	6
FOSRENOL	45
FOTIVDA	19
FREDS PHARMACY UNIFINE PENTIP+	65
FREDS PHARMACY UNIFINE PENTIPS	65
FREESTYLE PRECISION INS SYR	65
furosemide	37
FUZEON	28
FYCOMPA	10

## G

gabapentin	11
galantamine hydrobromide	12
GAMMAGARD	58
GAMMAGARD S/D LESS IGA	58
GAMMAPLEX	58
GAMUNEX-C	58
GARDASIL 9	60
gatifloxacin (ophth)	70
GATTEX	52
GAUZE PADS	42
GAUZE TYPE VII MEDI-PAK	42
GAVRETO	20
gemfibrozil	37
GENOTROPIN	56
GENOTROPIN MINIQUICK	56
GENTAK	4
gentamicin in saline	4
gentamicin sulfate	4
gentamicin sulfate (ophth)	4
gentamicin sulfate (topical)	4
GENVOYA	26
GILOTRIF	20
GLASSIA	53
glatiramer acetate	40
glimepiride	31
glipizide	31
glipizide-metformin hcl	31
GLOBAL ALCOHOL PREP EASE	6
GLOBAL EASE INJECT PEN NEEDLES	65
GLOBAL EASY GLIDE INSULIN SYR	65
GLOBAL EASY GLIDE PEN NEEDLES	65
GLOBAL INJECT EASE INSULIN SYR	65
GLOBAL INSULIN SYRINGES	65
GLUCAGEN HYPOKIT	31
glucagon (rdna)	31
GLUCAGON EMERGENCY	31
GLUCOPRO INSULIN SYRINGE	65
glycopyrrolate	52
GNP ALCOHOL SWABS	6

GNP CLICKFINE PEN NEEDLES.....	65	HUMALOG MIX 75/25.....	32
GNP INSULIN SYRINGE.....	65	HUMALOG MIX 75/25 KWIKPEN.....	32
GNP ULTICARE PEN NEEDLES.....	65	HUMATROPE.....	56
GNP ULTRA COM INSULIN SYRINGE.....	65	HUMIRA.....	59
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GOODSENSE PEN NEEDLE PENFINE.....	65	HUMIRA PEN-CD/UC/HS STARTER.....	59
griseofulvin microsize.....	15	HUMIRA PEN-PEDIATRIC UC START.....	59
griseofulvin ultramicrosize.....	16	HUMIRA PEN-PS/UV/ADOL HS START.....	59
guanfacine hcl.....	34	HUMIRA PEN-PSOR/UEIT STARTER.....	59
guanfacine hcl (adhd).....	39	HUMULIN 70/30.....	32
GUANIDINE HCL.....	17	HUMULIN 70/30 KWIKPEN.....	32
<b>H</b>		HUMULIN N.....	32
H-E-B INCONTROL ALCOHOL.....	6	HUMULIN N KWIKPEN.....	32
H-E-B INCONTROL PEN NEEDLES.....	65	HUMULIN R.....	32
H-E-B INCONTROL UNIFINE PENTIP.....	65	HUMULIN R U-500 (CONCENTRATED).....	32
haloperidol.....	25	HUMULIN R U-500 KWIKPEN.....	32
haloperidol decanoate.....	25	hydralazine hcl.....	38
haloperidol lactate.....	25	hydrochlorothiazide.....	37
HAVRIX.....	60	hydrocodone-acetaminophen.....	3
HEALTHWISE INSULIN SYR/NEEDLE.....	65	hydrocortisone.....	62
HEALTHWISE MICRON PEN NEEDLES.....	65	hydrocortisone (intrarectal).....	62
HEALTHWISE MINI PEN NEEDLES.....	65	hydrocortisone (rectal).....	41
HEALTHWISE PEN NEEDLES.....	65	hydrocortisone (topical).....	54
HEALTHWISE SHORT PEN NEEDLES.....	65	hydrocortisone w/acetic acid.....	72
HEALTHWISE UNIFINE PENTIPS.....	65	hydromorphone hcl.....	3
HEALTHY ACCENTS UNIFINE PENTIP.....	65	HYDROMORPHONE HCL PF.....	3
HEMADY.....	62	hydroxychloroquine sulfate.....	23
HEMENATAL OB.....	46	hydroxyurea.....	18
HEMENATAL OB + DHA.....	46	hydroxyzine hcl.....	15
heparin sodium (porcine).....	33	hydroxyzine pamoate.....	30
HEPATAMINE.....	44	<b>I</b>	
HETLIOZ.....	75	ibandronate sodium.....	62
HIBERIX.....	60	IBRANCE.....	20
HM STERILE ALCOHOL PREP.....	6	ibuprofen.....	2
HM STERILE PADS.....	42	icatibant acetate.....	58
HM ULTICARE INSULIN SYRINGE.....	65	ICLUSIG.....	20
HM ULTICARE SHORT PEN NEEDLES.....	65	icosapent ethyl.....	38
HUMALOG MIX 50/50.....	32	IDHIFA.....	19
HUMALOG MIX 50/50 KWIKPEN.....	32	imatinib mesylate.....	20

IMBRUVICA.....	21	ipratropium-albuterol.....	74
imipenem-cilastatin.....	9	irbesartan.....	34
imipramine hcl.....	14	irbesartan-hydrochlorothiazide.....	36
imipramine pamoate.....	14	IRESSA.....	21
imiquimod.....	42	ISENTRESS.....	26
IMOVAX RABIES.....	60	ISENTRESS HD.....	26
INATAL GT.....	46	ISOLYTE-P IN D5W.....	44
INCRELEX.....	56	ISONIAZID.....	17
INCRUSE ELLIPTA.....	74	isosorbide dinitrate.....	38
indapamide.....	37	isosorbide mononitrate.....	38
INDOCIN.....	2	isotretinoin.....	40
indomethacin.....	2	itraconazole.....	16
INFANATE BALANCE.....	46	ivermectin.....	23
INFANRIX.....	60	IXIARO.....	60
INLYTA.....	21		
INQOVI.....	19	<b>J</b>	
INREBIC.....	21	J & J GAUZE.....	42
INSULIN ASP PROT & ASP FLEXPEN.....	32	JAKAFI.....	21
INSULIN ASPART.....	32	JARDIANCE.....	31
INSULIN ASPART FLEXPEN.....	32	JULUCA.....	26
INSULIN ASPART PENFILL.....	32	JUXTAPID.....	38
INSULIN ASPART PROT & ASPART.....	32		
INSULIN LISPRO.....	32	<b>K</b>	
INSULIN LISPRO (1 UNIT DIAL).....	32	KALYDECO.....	73
INSULIN LISPRO JUNIOR KWIKPEN.....	32	KCL IN DEXTROSE-NACL.....	44
INSULIN LISPRO PROT & LISPRO.....	32	KCL-LACTATED RINGERS-D5W.....	44
INSULIN SYRINGE.....	66	KENDALL HYDROPHILIC FOAM DRESS.....	42
INSULIN SYRINGE-NEEDLE U-100.....	66	KENDALL HYDROPHILIC FOAM PLUS.....	42
INSULIN SYRINGE/NEEDLE.....	66	ketoconazole.....	16
INSUPEN PEN NEEDLES.....	66	ketoconazole (topical).....	16
INSUPEN SENSITIVE.....	66	ketorolac tromethamine (ophth).....	71
INSUPEN ULTRAFIN.....	66	KINERET.....	58
INTELENCE.....	27	KINRAY INSULIN SYRINGE.....	66
INTRALIPID.....	66	KINRIX.....	60
INTRON A.....	30	KISQALI (200 MG DOSE).....	21
INVEGA SUSTENNA.....	25	KISQALI (400 MG DOSE).....	21
INVEGA TRINZA.....	25	KISQALI (600 MG DOSE).....	21
INVIRASE.....	28	KISQALI FEMARA (400 MG DOSE).....	19
IPOL.....	60	KISQALI FEMARA (600 MG DOSE).....	19
ipratropium bromide.....	73	KISQALI FEMARA(200 MG DOSE).....	19
ipratropium bromide (nasal).....	73	KMART VALU INSULIN SYRINGE 29G.....	66

KMART VALU INSULIN SYRINGE 30G	66	levetiracetam	11
KORLYM	31	levobunolol hcl	71
KOSHER PRENATAL PLUS IRON	46	levocetirizine dihydrochloride	72
KROGER INSULIN SYRINGE	66	levofloxacin	9
KROGER PEN NEEDLES	66	levofloxacin (ophth)	70
		levofloxacin in d5w	9
<b>L</b>		LEVOMEFOLATE DHA	46
labetalol hcl	35	levonorgestrel & eth estradiol	55
LACRISERT	70	levonorgestrel-eth estradiol (triphasic)	55
lactic acid (ammonium lactate)	41	levonorgestrel-ethinyl estradiol (91-day)	55
LACTULOSE	51	levonorgestrel-ethinyl estradiol (continuous)	55
lactulose (encephalopathy)	51	levothyroxine sodium	57
lamivudine	29	LEXIVA	28
lamivudine (hbv)	29	lidocaine	3
lamivudine-zidovudine	27	lidocaine hcl	3
lamotrigine	11	lidocaine hcl (mouth-throat)	3
lansoprazole	53	LIDOCAINE HCL URETHRAL/MUCOSAL	3
lanthanum carbonate	45	lidocaine-prilocaine	3
lapatinib ditosylate	21	LIDOTREX	3
latanoprost	72	LINDANE	43
LATUDA	25	linezolid	6
LEADER INSULIN SYRINGE	66	LINZESS	52
LEADER UNIFINE PENTIPS	66	liothyronine sodium	57
LEADER UNIFINE PENTIPS PLUS	66	lisinopril	34
LEDIPASVIR-SOFOSBUVIR	29	lisinopril & hydrochlorothiazide	36
leflunomide	59	LITETOUCH INSULIN SYRINGE	66
LENVIMA (10 MG DAILY DOSE)	21	LITETOUCH PEN NEEDLES	66
LENVIMA (12 MG DAILY DOSE)	21	LITHIUM	30
LENVIMA (14 MG DAILY DOSE)	21	lithium carbonate	30
LENVIMA (18 MG DAILY DOSE)	21	LONGS INSULIN SYRINGE	66
LENVIMA (20 MG DAILY DOSE)	21	LONSURF	19
LENVIMA (24 MG DAILY DOSE)	21	loperamide hcl	52
LENVIMA (4 MG DAILY DOSE)	21	lopinavir-ritonavir	28
LENVIMA (8 MG DAILY DOSE)	21	lorazepam	30
letrozole	19	LORBRENA	21
leucovorin calcium	23	losartan potassium	34
LEUKERAN	18	losartan potassium & hydrochlorothiazide	36
LEUKINE	33	LOTEMAX	71
leuprolide acetate	57	loteprednol etabonate	71
levabuterol hcl	73	loxapine succinate	25
LEVALBUTEROL TARTRATE	73	LUBIPROSTONE	52

LUMAKRAS	19	MENVEO	60
LUPRON DEPOT (1-MONTH)	57	mercaptopurine	19
LUPRON DEPOT (3-MONTH)	57	meropenem	9
LUPRON DEPOT (4-MONTH)	57	mesalamine	61
LUPRON DEPOT (6-MONTH)	57	mesalamine w/ cleanser	61
LYNPARZA	21	MESNEX	23
LYSODREN	57	metformin hcl	31
<b>M</b>		methadone hcl	2
M-M-R II	60	methazolamide	72
M-NATAL PLUS	46	methenamine hippurate	6
M-VIT	46	methimazole	58
MAGELLAN INSULIN SAFETY SYR	66	methocarbamol	75
magnesium sulfate	44	methotrexate sodium	60
malathion	43	METHOXSALEN RAPID	42
MAPROTILINE HCL	13	methyl dopa	34
MARATHON MEDICAL PENTIPS	66	methylphenidate hcl	39
MARNATAL-F	46	METHYLPHENIDATE HCL ER	39
MARPLAN	13	methylprednisolone	54
MATULANE	18	metoclopramide hcl	52
MAVYRET	29	metolazone	37
MAXI-COMFORT INSULIN SYRINGE	66	metoprolol & hydrochlorothiazide	36
MAXI-COMFORT SAFETY PEN NEEDLE	66	metoprolol succinate	35
MAXICOMFORT II PEN NEEDLE	66	metoprolol tartrate	35
MAXICOMFORT SYR 27G X 1/2"	66	METOPROLOL-HYDROCHLOROTHIAZIDE	36
meclizine hcl	15	metronidazole	6
MEDIC INSULIN SYRINGE	66	metronidazole (topical)	6
MEDICINE SHOPPE PEN NEEDLES	66	metronidazole in nacl	6
medroxyprogesterone acetate	56	metronidazole vaginal	6
medroxyprogesterone acetate (contraceptive)	56	metyrosine	37
mefloquine hcl	23	mexiletine hcl	35
megestrol acetate	56	micafungin sodium	16
MEIJER ALCOHOL SWABS	6	MICONAZOLE 3	16
MEIJER PEN NEEDLES	66	MICRODOT PEN NEEDLE	66
MEKINIST	21	midodrine hcl	34
MEKTOVI	21	miglustat	53
meloxicam	2	minocycline hcl	10
memantine hcl	13	minoxidil	38
MENACTRA	60	MIRASORB SPONGES	42
MENEST	55	mirtazapine	13
MENQUADFI	60	misoprostol	54
		MM INSULIN SYRINGE/NEEDLE	66



MM PEN NEEDLES.....	66	neomycin-bacitracin zn-polymyxin.....	70
modafinil.....	75	neomycin-polymy-dexameth.....	70
MOLINDONE HCL.....	25	NEOMYCIN-POLYMYXIN-HC.....	70
mometasone furoate.....	41	neomycin-polymyxin-hc (otic).....	72
MONOJECT INSULIN SYRINGE.....	66	NEONATAL COMPLETE.....	47
MONOJECT ULTRA COMFORT SYRINGE.....	67	NEONATAL PLUS.....	47
montelukast sodium.....	72	NERLYNX.....	21
morphine sulfate.....	2	NESTABS.....	47
moxifloxacin hcl (ophth).....	70	NESTABS ABC.....	47
MS INSULIN SYRINGE.....	67	NESTABS DHA.....	47
mupirocin.....	43	NESTABS ONE.....	47
mupirocin calcium (topical).....	43	NEUPRO.....	24
mycophenolate mofetil.....	60	nevirapine.....	27
mycophenolate sodium.....	60	NEVIRAPINE ER.....	27
MYNATAL.....	46	NEXA PLUS.....	47
MYNATAL ADVANCE.....	47	NEXAVAR.....	21
MYNATAL PLUS.....	47	niacin (antihyperlipidemic).....	38
MYNATAL-Z.....	47	NICOTROL.....	4
MYNATE 90 PLUS.....	47	nifedipine.....	35
MYRBETRIQ.....	53	nilutamide.....	18
<b>N</b>		nimodipine.....	35
nabumetone.....	2	NINLARO.....	19
nadolol.....	35	nitazoxanide.....	23
nafcillin sodium.....	8	NITRO-BID.....	38
NALOXONE HCL.....	4	NITRO-DUR.....	38
naltrexone hcl.....	4	nitrofurantoin macrocrystal.....	6
NAMZARIC.....	12	nitrofurantoin monohyd macro.....	6
naproxen.....	2	nitroglycerin.....	38
naratriptan hcl.....	17	NIVA-PLUS.....	47
NARCAN.....	4	NIVESTYM.....	33
NATACHEW.....	47	NIZATIDINE.....	52
NATACYN.....	16	NORDITROPIN FLEXPRO.....	56
NATALVIT.....	47	norethin acet & estrad-fe.....	55
nateglinide.....	31	norethindrone & eth estradiol.....	55
NATELLE ONE.....	47	norethindrone & ethinyl estradiol-fe.....	55
NATPARA.....	62	norethindrone (contraceptive).....	56
NAYZILAM.....	11	norethindrone acet & eth estra.....	55
NEEVO DHA.....	47	norethindrone acetate-ethinyl estradiol.....	56
NEFAZODONE HCL.....	13	norethindrone acetate-ethinyl estradiol-fe.....	55
neomycin sulfate.....	4	norethindrone-eth estradiol (triphasic).....	55
		norgestimate-ethinyl estradiol.....	55

norgestimate-ethinyl estradiol (triphasic) . . . . .	55	OB COMPLETE ONE . . . . .	47
norgestrel & ethinyl estradiol . . . . .	55	OB COMPLETE PETITE . . . . .	47
NORMOSOL-M IN D5W . . . . .	44	OB COMPLETE PREMIER . . . . .	47
nortriptyline hcl . . . . .	14	OB COMPLETE/DHA . . . . .	47
NORVIR . . . . .	28	OBSTETRIX DHA . . . . .	47
NOVOFINE . . . . .	67	OBSTETRIX EC . . . . .	47
NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	67	OBSTETRIX ONE . . . . .	47
NOVOFINE PEN NEEDLE . . . . .	67	octreotide acetate . . . . .	57
NOVOFINE PLUS PEN NEEDLE . . . . .	67	ODEFSEY . . . . .	27
NOVOLIN 70/30 . . . . .	32	ODOMZO . . . . .	21
NOVOLIN 70/30 FLEXPEN . . . . .	32	OFEV . . . . .	74
NOVOLIN 70/30 FLEXPEN RELION . . . . .	32	OFLOXACIN . . . . .	9
NOVOLIN 70/30 RELION . . . . .	32	ofloxacin (ophth) . . . . .	70
NOVOLIN N . . . . .	32	ofloxacin (otic) . . . . .	10
NOVOLIN N FLEXPEN . . . . .	32	olanzapine . . . . .	25
NOVOLIN N FLEXPEN RELION . . . . .	32	olopatadine hcl . . . . .	71
NOVOLIN N RELION . . . . .	32	OLUMIANT . . . . .	58
NOVOLIN R . . . . .	32	omega-3-acid ethyl esters . . . . .	38
NOVOLIN R FLEXPEN . . . . .	33	omeprazole . . . . .	53
NOVOLIN R FLEXPEN RELION . . . . .	33	OMNITROPE . . . . .	56
NOVOLIN R RELION . . . . .	33	ondansetron . . . . .	15
NOVOTWIST PEN NEEDLE . . . . .	67	ondansetron hcl . . . . .	15
NOXAFIL . . . . .	16	ONE VITE WOMENS PLUS . . . . .	47
NUBEQA . . . . .	18	ONGENTYS . . . . .	24
NUCALA . . . . .	74	ONUREG . . . . .	19
NUEDEXTA . . . . .	39	OPSUMIT . . . . .	74
NUPLAZID . . . . .	25	ORENCIA . . . . .	58
NUTRILIPID . . . . .	67	ORENCIA CLICKJECT . . . . .	58
NUTROPIN AQ NUSPIN 10 . . . . .	56	ORGOVYX . . . . .	19
NUTROPIN AQ NUSPIN 20 . . . . .	56	ORKAMBI . . . . .	73
NUTROPIN AQ NUSPIN 5 . . . . .	56	oseltamivir phosphate . . . . .	29
nystatin . . . . .	16	OTEZLA . . . . .	42
nystatin (mouth-throat) . . . . .	16	oxandrolone . . . . .	54
nystatin (topical) . . . . .	16	oxazepam . . . . .	30
nystatin-triamcinolone . . . . .	42	oxcarbazepine . . . . .	12
<b>O</b>		oxybutynin chloride . . . . .	53
O-CAL FA . . . . .	47	oxycodone hcl . . . . .	3
O-CAL PRENATAL . . . . .	47	OXYCODONE HCL ER . . . . .	2
OB COMPLETE . . . . .	47	oxycodone w/ acetaminophen . . . . .	3
OB COMPLETE ADVANCED . . . . .	47	OXYTROL . . . . .	53

## P

paliperidone	25	phenelzine sulfate	13
PANRETIN	42	phenobarbital	11
pantoprazole sodium	53	phenytoin	12
paromomycin sulfate	4	phenytoin sodium extended	12
paroxetine hcl	14	PICATO	42
paroxetine mesylate (vasomotor)	14	PIFELTRO	27
PASER	17	pilocarpine hcl	72
PAXIL	14	pilocarpine hcl (oral)	40
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peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	52	piperacillin sodium-tazobactam sodium	9
peg 3350-potassium chloride-sod bicarbonate-sod chloride	52	PIQRAY (200 MG DAILY DOSE)	21
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PEGASYS	59	PIQRAY (300 MG DAILY DOSE)	21
PEGASYS PROCLICK	59	PNV FOLIC ACID + IRON	47
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pentamidine isethionate	23	polymyxin b-trimethoprim	70
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PERSERIS	26	potassium chloride in dextrose & sodium chloride	44
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		potassium chloride microencapsulated crystals er	44
		potassium citrate (alkalinizer)	44
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PR NATAL 430	48	PRENATAL 19	48
PR NATAL 430 EC	48	PRENATAL PLUS	49
PRADAXA	33	PRENATAL PLUS IRON	49
pramipexole dihydrochloride	24	PRENATAL VITAMIN PLUS LOW IRON	49
pravastatin sodium	38	PRENATAL-U	49
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prazosin hcl	34	PRENATE AM	49
PRECISION SURE-DOSE SYRINGE	67	PRENATE DHA	49
PRECISION SUREDOSE PLUS SYR	67	PRENATE ELITE	49
PRED MILD	71	PRENATE ENHANCE	49
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PREDNISOLONE ACETATE	71	PRENATE MINI	49
prednisolone sodium phosphate	54	PRENATE PIXIE	49
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PX INSULIN SYRINGE	67
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QUINIDINE SULFATE	35
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RABAVERT	61
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ranolazine	37
rasagiline mesylate	24
RAVICTI	53
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REBIF REBIDOSE	40
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REBIF TITRATION PACK	40
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SPS	45
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STREPTOMYCIN SULFATE	4
STRIBILD	27
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sulfacetamide sodium (acne)	10
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SULFACETAMIDE-PREDNISOLONE	70
SULFADIAZINE	10
sulfamethoxazole-trimethoprim	10
sulfasalazine	61
sulindac	2
SUMATRIPTAN SUCCINATE	17
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thiothixene	25	TREMFYA	58
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tiagabine hcl	11	tretinoin (chemotherapy)	22
TIBSOVO	22	tretinoin microsphere	40
tigecycline	7	TRI-TABS DHA	50
timolol maleate	17	triamcinolone acetonide (mouth)	40
TIMOLOL MALEATE	71	triamcinolone acetonide (topical)	54
timolol maleate (ophth)	71	triamterene & hydrochlorothiazide	37
TIVICAY	27	triazolam	75
TIVICAY PD	27	TRICARE	50
tizanidine hcl	26	TRICARE PRENATAL	50
TL FOLATE	50	TRICARE PRENATAL DHA ONE	50
TL-CARE DHA	50	trientine hcl	45
TL-SELECT	50	trifluoperazine hcl	25
TOBRADEX	4	trifluridine	29
tobramycin	4	trihexyphenidyl hcl	23
tobramycin (ophth)	4	TRIKAFTA	73
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TODAYS HEALTH PEN NEEDLES	68	TRINATE	50
TODAYS HEALTH SHORT PEN NEEDLE	68	TRINAZ	50
tolcapone	24	TRINTELLIX	14
tolterodine tartrate	54	TRISTART DHA	50
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TOPCARE ULTRA COMFORT INS SYR	68	TRIUMEO	28
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toremide	37	tropium chloride	54
TPN ELECTROLYTES	44	TRUE COMFORT ALCOHOL PREP PADS	7
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ULTRA-CARE ALCOHOL PREP PADS.....	7	VENCLEXTA STARTING PACK.....	22
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## 2021 List of Additional Covered Products

### \*INFANT CARE PRODUCTS - SHAMPOO\*\*

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

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

This formulary was updated on 11/8/2021.

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

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

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



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