

• FAMILY CARE PARTNERSHIP •

Community Care Family Care Partnership Program (HMO SNP)

Formulary

(2023 LIST OF COVERED DRUGS)

PLEASE READ:

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

HPMS Approved Formulary File Submission ID 00023442, Version 12

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 5/1/2023.

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.



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

English

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

Spanish

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

Hmong

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

Chinese

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

Serbo-Croatian

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

Arabic

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

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 5/1/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Community Care Formulary?

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

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Community Care Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 34-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Community Care Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 5/1/2023. To get updated information about the drugs covered by Community Care please contact us. Our contact information appears on the front and back cover pages. Our formulary is updated monthly, and the most current version is always posted on the website. Please contact your team if you want to request a copy of the Formulary.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 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:** Community Care requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Community Care before you fill your prescriptions. If you don't get approval, Community Care may not cover the drug.
- **Quantity Limits:** For certain drugs, Community Care limits the amount of the drug that Community Care will cover. For example, Community Care provides 9 tablets per prescription for sumatriptan succinate. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Community Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Community Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Community Care will then cover Drug B.

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

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

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Community Care pays for certain OTC drugs. A list of OTC drugs covered by Community Care is at the end of this booklet. Community Care will provide these OTC drugs at no cost to you. The cost to Community Care of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact customer service and ask if your drug is covered.

If you learn that Community Care does not cover your drug, you have two options:

- You can ask customer service for a list of similar drugs that are covered by Community Care. When you receive the list, show it to your doctor and ask 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 the Community Care Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Community Care limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 34-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 34-day supply of medication. After your first 34-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

For more information

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

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

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

Community Care Formulary

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

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

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

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

LEGEND

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.

2023 CCO (List of Covered Drugs)

DRUG NAME	REQUIREMENTS/LIMITS
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
<i>celecoxib</i>	
DICLOFENAC EPOLAMINE	PA
<i>diclofenac potassium (tab 25 mg, tab 50 mg)</i>	
<i>diclofenac sodium</i>	
<i>diclofenac sodium (topical) (gel, gel (1.16% diethylamine equiv))</i>	
<i>etodolac</i>	
<i>ibuprofen (susp 100 mg/5ml, tab 400 mg, tab 600 mg, tab 800 mg)</i>	
<i>indomethacin (cap 25 mg, cap 50 mg, cap er 75 mg)</i>	
<i>meloxicam (tab 7.5 mg, tab 15 mg)</i>	
<i>nabumetone</i>	
<i>naproxen (susp 125 mg/5ml, tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg)</i>	
<i>sulindac</i>	
OPIOID ANALGESICS, LONG-ACTING	
<i>fentanyl</i>	
<i>methadone hcl (5 mg/5ml solution, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, 10 mg/5ml solution, tab 10 mg)</i>	
<i>morphine sulfate (tab er 15 mg, tab er 30 mg, tab er 60 mg, tab er 100 mg, tab er 200 mg)</i>	
OXYCODONE HCL ER	
OXYCONTIN (60 MG, 80 MG)	
<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)	
TRAMADOL HCL ER (BIPHASIC)	

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

DRUG NAME	REQUIREMENTS/LIMITS
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen w/ codeine (soln 120-12 mg/5ml, tab 300-15 mg, tab 300-30 mg, tab 300-60 mg)</i>	
ACETAMINOPHEN-CODEINE	
CODEINE SULFATE (15 MG TAB, 30 MG TAB, TAB 30 MG, 60 MG TAB)	
<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 (oral soln 10 mg/5ml, 15 mg tab, 20 mg/5ml solution, oral soln 20 mg/5ml, 30 mg tab, oral soln 100 mg/5ml (20 mg/ml), tab 15 mg, tab 30 mg)</i>	
<i>oxycodone hcl (conc 100 mg/5ml (20 mg/ml), soln 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
<i>oxycodone w/ acetaminophen</i>	
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	
<i>tramadol hcl (tab 50 mg, tab 100 mg)</i>	
<i>tramadol-acetaminophen</i>	

ANESTHETICS

LOCAL ANESTHETICS

lidocaine hcl (mouth-throat)

lidocaine hcl (soln 4%, urethral/mucosal gel 2%)

LIDOCAINE HCL URETHRAL/MUCOSAL

lidocaine oint 5%

lidocaine patch 5%

PA

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

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENENTS/ANTI-CRAVING	
<i>acamprosate calcium</i>	
<i>disulfiram</i>	
OPIOID DEPENDENCE	
<i>buprenorphine hcl (tab 2 mg (base equiv), tab 8 mg (base equiv))</i>	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	
<i>naltrexone hcl</i>	
OPIOID REVERSAL AGENTS	
<i>naloxone hcl (0.4 mg/ml soln cart, inj 0.4 mg/ml, nasal spray 4 mg/0.1ml, soln prefilled syringe 2 mg/2ml)</i>	
SMOKING CESSATION AGENTS	
APO-VARENICLINE	PA
<i>bupropion hcl (smoking deterrent)</i>	
NICOTROL	
<i>varenicline tartrate (0.5 mg x 11 & 1 mg x 42 tab thpk, tab 0.5 mg (base equiv), tab 1 mg (base equiv))</i>	PA
ANTIBACTERIALS	
AMINOGLYCOSIDES	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
<i>gentamicin in saline (0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, inj 1.2 mg/ml, 1.6-0.9 mg/ml-% solution)</i>	
<i>gentamicin sulfate (topical)</i>	
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>neomycin sulfate</i>	
<i>paromomycin sulfate</i>	
STREPTOMYCIN SULFATE	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTIBACTERIALS, OTHER	
<i>acetic acid (otic)</i>	
<i>aztreonam</i>	
CLEOCIN 100 MG SUPPOS	
<i>clindamycin hcl</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) (lotion, swab)</i>	
<i>clindamycin phosphate in d5w</i>	
<i>clindamycin phosphate vaginal</i>	
<i>colistimethate sodium</i>	
<i>daptomycin (350 mg recon soln, for iv soln 350 mg, 500 mg recon soln, for iv soln 500 mg)</i>	
<i>fosfomycin tromethamine</i>	
<i>linezolid (for susp 100 mg/5ml, iv soln 600 mg/300ml (2 mg/ml), tab 600 mg)</i>	
<i>methenamine hippurate</i>	
<i>metronidazole (cap 375 mg, iv soln 500 mg/100ml, tab 250 mg, tab 500 mg)</i>	
<i>metronidazole (topical) (cream 0.75%, gel 0.75%, gel 1%, lotion 0.75%)</i>	
<i>metronidazole vaginal</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohyd macro</i>	
<i>polymyxin b sulfate</i>	
SIVEXTRO	
<i>tigecycline (50 mg recon soln, for iv soln 50 mg)</i>	
<i>trimethoprim (100 mg tab, tab 100 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>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>	
XIFAXAN	
BETA-LACTAM, CEPHALOSPORINS	
<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 (inj 1 gm, inj 2 gm, iv soln 2 gm)</i>	
<i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</i>	
<i>cefoxitin sodium</i>	
<i>cefpodoxime proxetil (for susp 50 mg/5ml, for susp 100 mg/5ml, tab 100 mg, tab 200 mg)</i>	
<i>cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)</i>	
<i>ceftazidime</i>	
<i>ceftriaxone sodium (inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)</i>	
<i>cefuroxime axetil</i>	
<i>cefuroxime sodium</i>	
<i>cephalexin (250 mg tab, cap 250 mg, cap 500 mg, 750 mg cap, 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	
BETA-LACTAM, PENICILLINS	
<i>amoxicillin & pot clavulanate (k for susp 200-28.5 mg/5ml, k for susp 250-62.5 mg/5ml, k for susp 400-57 mg/5ml, k for susp 600-42.9 mg/5ml, k tab 250-125 mg, k tab 500-125 mg, k tab 875-125 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>amoxicillin (125 mg chew tab, (trihydrate) cap 250 mg, (trihydrate) cap 500 mg, (trihydrate) for susp 125 mg/5ml, (trihydrate) for susp 200 mg/5ml, (trihydrate) for susp 250 mg/5ml, 250 mg chew tab, (trihydrate) for susp 400 mg/5ml, (trihydrate) tab 500 mg, (trihydrate) tab 875 mg)</i>	
AMOXICILLIN-POT CLAVULANATE	
AMOXICILLIN-POT CLAVULANATE ER	
AMPICILLIN	
<i>ampicillin & 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	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
CARBAPENEMS	
<i>ertapenem sodium</i>	
<i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 250 mg, intravenous for soln 500 mg)</i>	
<i>meropenem</i>	
MACROLIDES	
<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	

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

DRUG NAME	REQUIREMENTS/LIMITS
ERYTHROCIN LACTOBIONATE	
ERYTHROCIN STEARATE	
<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>	
<i>erythromycin lactobionate</i>	
QUINOLONES	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	
<i>ciprofloxacin hcl (100 mg tab, tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))</i>	
<i>levofloxacin (25 mg/ml solution, 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>moxifloxacin hcl tab 400 mg (base equiv)</i>	
<i>ofloxacin (300 mg tab, tab 400 mg)</i>	
SULFONAMIDES	
<i>sulfacetamide sodium (acne)</i>	
<i>sulfadiazine (500 mg tab, tab 500 mg)</i>	
<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	
TETRACYCLINES	
<i>demeclocycline hcl</i>	
<i>doxycycline (monohydrate) (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</i>	
<i>tetracycline hcl</i>	
VIBRAMYCIN 50 MG/5ML SYRUP	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTICONVULSANTS	
ANTICONVULSANTS, OTHER	
BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	
DIACOMIT	
<i>divalproex sodium</i>	
EPIDIOLEX	PA - FOR NEW STARTS ONLY
EPRONTIA	
<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)	
<i>lamotrigine (orally disintegrating tab 25 mg, orally disintegrating tab 50 mg, orally disintegrating tab 100 mg, orally disintegrating tab 200 mg, tab 25 mg, tab 25 mg (42) & 100 mg (7) starter kit, tab 35 x 25 mg starter kit, tab 84 x 25 mg & 14 x 100 mg starter kit, tab 100 mg, tab 150 mg, tab 200 mg, tab chewable dispersible 5 mg, tab chewable dispersible 25 mg, tab disint 25 (14) & 50 mg (14) & 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</i>	
XCOPRI	
XCOPRI (250 MG DAILY DOSE)	
XCOPRI (350 MG DAILY DOSE)	
ZTALMY	

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

DRUG NAME	REQUIREMENTS/LIMITS
CALCIUM CHANNEL MODIFYING AGENTS	
CELONTIN	
	<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>
GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS	
	<i>clobazam (suspension 2.5 mg/ml, tab 10 mg, tab 20 mg)</i>
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	
	<i>gabapentin (cap 100 mg, cap 300 mg, cap 400 mg, oral soln 250 mg/5ml, tab 600 mg, tab 800 mg)</i>
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>
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 (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, chew tab 100 mg, susp 100 mg/5ml, tab 200 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)</i>
DILANTIN 30 MG CAP	
	<i>lacosamide (oral solution 10 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>
	<i>oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)</i>
PEGANONE	
	<i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>
	<i>phenytoin sodium extended</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>rufinamide (susp 40 mg/ml, tab 200 mg, tab 400 mg)</i>	
ZONISADE	
<i>zonisamide</i>	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, OTHER	
ERGOLOID MESYLATES	
NAMZARIC	
CHOLINESTERASE INHIBITORS	
<i>donepezil hydrochloride (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg)</i>	
<i>galantamine hydrobromide (cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg, tab 4 mg, tab 8 mg, tab 12 mg)</i>	
<i>rivastigmine</i>	
<i>rivastigmine tartrate</i>	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	
<i>memantine hcl (cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg, tab 5 mg, tab 10 mg, tab 28 x 5 mg & 21 x 10 mg titration pack)</i>	
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
AUVELITY	
<i>bupropion hcl</i>	
BUPROPION HCL ER (XL)	
LYBALVI	
<i>mirtazapine</i>	
MONOAMINE OXIDASE INHIBITORS	
EMSAM	
MARPLAN	
<i>phenelzine sulfate (15 mg tab, tab 15 mg)</i>	
<i>tranylcypromine sulfate</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	
DESVENLAFAXINE ER	
<i>desvenlafaxine succinate</i>	
<i>escitalopram oxalate (soln 5 mg/5ml (base equiv), tab 5 mg (base equiv), tab 10 mg (base equiv), tab 20 mg (base equiv))</i>	
FETZIMA	
FETZIMA TITRATION	
<i>fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml, tab 10 mg, tab 20 mg, 60 mg tab, tab 60 mg, 90 mg cap dr)</i>	
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	
<i>fluvoxamine maleate</i>	
NEFAZODONE HCL	
<i>paroxetine hcl (oral susp 10 mg/5ml (base equiv), tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg, tab er 24hr 12.5 mg, tab er 24hr 25 mg, tab er 24hr 37.5 mg)</i>	
<i>paroxetine mesylate (vasomotor)</i>	
<i>sertraline hcl (oral concentrate for solution 20 mg/ml, tab 25 mg, tab 50 mg, tab 100 mg, 150 mg cap, 200 mg cap)</i>	
<i>trazodone hcl</i>	
TRINTELLIX	
VENLAFAXINE BESYLATE ER	
<i>venlafaxine hcl</i>	
VIIBRYD STARTER PACK	
<i>vilazodone hcl</i>	
TRICYCLICS	
<i>amitriptyline hcl</i>	
AMOXAPINE	
<i>clomipramine hcl</i>	
<i>desipramine hcl</i>	
<i>doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>imipramine hcl</i>	
<i>imipramine pamoate</i>	
<i>nortriptyline hcl (10 mg/5ml solution, cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg)</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate</i>	

ANTIEMETICS

ANTIEMETICS, OTHER

<i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>	
<i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml) (base equiv), tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	
<i>perphenazine</i>	
<i>prochlorperazine</i>	
<i>prochlorperazine maleate</i>	
<i>promethazine hcl (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>	

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant</i>	PA - TO CONFIRM PART D COVERAGE
<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)</i>	PA - TO CONFIRM PART D COVERAGE

ANTIFUNGALS

ABELCET	PA - TO CONFIRM PART D COVERAGE
AMPHOTERICIN B	PA - TO CONFIRM PART D COVERAGE
<i>caspofungin acetate (50 mg recon soln, for iv soln 50 mg, 70 mg recon soln, for iv soln 70 mg)</i>	
<i>ciclopirox olamine (cream (base equiv), susp (base equiv))</i>	
<i>clotrimazole</i>	
<i>clotrimazole (topical) (cream, soln)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	
<i>fluconazole in nacl</i>	
<i>flucytosine</i>	
<i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>	
<i>griseofulvin ultramicrosize</i>	
<i>itraconazole cap 100 mg</i>	
<i>ketoconazole</i>	
<i>ketoconazole (topical) (cream, foam, shampoo)</i>	
<i>micafungin sodium (50 mg recon soln, for iv soln 50 mg, 100 mg recon soln, for iv soln 100 mg)</i>	
MICONAZOLE 3	
NOXAFIL 40 MG/ML SUSPENSION	
<i>nystatin (mouth-throat)</i>	
<i>nystatin (topical)</i>	
<i>nystatin tab 500000 unit</i>	
<i>posaconazole tab delayed release 100 mg</i>	
<i>terbinafine hcl</i>	
<i>terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)</i>	
<i>voriconazole (for susp 40 mg/ml, tab 50 mg, tab 200 mg)</i>	
<i>voriconazole for inj 200 mg</i>	PA - TO CONFIRM PART D COVERAGE
ANTIGOUT AGENTS	
<i>allopurinol (tab 100 mg, 200 mg tab, tab 300 mg)</i>	
<i>colchicine (0.6 mg cap, tab 0.6 mg)</i>	
<i>colchicine w/ probenecid</i>	
<i>febuxostat</i>	
<i>probenecid</i>	
ANTIMIGRAINE AGENTS	
ANTIMIGRAINE AGENTS, OTHER	
NURTEC	QL (18 PER 30 OVER TIME)

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

DRUG NAME	REQUIREMENTS/LIMITS
QULIPTA	
UBRELVY	QL (16 PER 30 OVER TIME)
ERGOT ALKALOIDS	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	
<i>ergotamine w/ caffeine</i>	
PROPHYLACTIC	
AJOVY	PA
<i>timolol maleate</i>	
SEROTONIN (5-HT) RECEPTOR AGONIST	
<i>naratriptan hcl</i>	QL (9 PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	QL (12 PER 30 OVER TIME)
<i>sumatriptan</i>	
<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)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	
ANTIMYASTHENIC AGENTS	
PARASYMPATHOMIMETICS	
<i>pyridostigmine bromide (30 mg tab, oral soln 60 mg/5ml, tab 60 mg, tab er 180 mg)</i>	
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
<i>dapsone</i>	
<i>rifabutin</i>	
ANTITUBERCULARS	
<i>ethambutol hcl</i>	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, tab 100 mg, tab 300 mg)</i>	
PRETOMANID	

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

DRUG NAME	REQUIREMENTS/LIMITS
PRIFTIN	
<i>pyrazinamide</i>	
<i>rifampin</i>	
SIRTURO	
TRECTOR	

ANTINEOPLASTICS

ALKYLATING AGENTS

<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
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GLEOSTINE

LEUKERAN

MATULANE

VALCHLOR

ANTIANDROGENS

abiraterone acetate

bicalutamide

ERLEADA 60 MG TAB

nilutamide

NUBEQA

ORSERDU

XTANDI

YONSA

ANTIANGIOGENIC AGENTS

lenalidomide

POMALYST

LA

THALOMID

ANTIESTROGENS/MODIFIERS

EMCYT

SOLTAMOX

tamoxifen citrate

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>toremifene citrate</i>	
ANTIMETABOLITES	
<i>hydroxyurea</i>	
INQOVI	
<i>mercaptopurine</i>	
PURIXAN	
TABLOID	
ANTINEOPLASTICS, OTHER	
BESREMI	
BRUKINSA	
EXKIVITY	
FOTIVDA	
IDHIFA	
INREBIC	
JAYPIRCA	
KISQALI FEMARA (400 MG DOSE)	
KISQALI FEMARA (600 MG DOSE)	
KISQALI FEMARA(200 MG DOSE)	
KRAZATI	
LONSURF	
LUMAKRAS 120 MG TAB	
NINLARO	
ONUREG	
QINLOCK	
RETEVMO	
ROZLYTREK	
SYNRIBO	
TABRECTA	
TAZVERIK	
WELIREG	
XPOVIO (100 MG ONCE WEEKLY)	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	
MOLECULAR TARGET INHIBITORS	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI 75 MG CAP	
CABOMETYX	
CALQUENCE	
CAPRELSA	
COMETRIQ (100 MG DAILY DOSE)	
COMETRIQ (140 MG DAILY DOSE)	
COMETRIQ (60 MG DAILY DOSE)	
COPIKTRA	
COTELLIC	
DAURISMO	
ERIVEDGE	
<i>erlotinib hcl</i>	
<i>everolimus</i>	
GAVRETO	

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

DRUG NAME	REQUIREMENTS/LIMITS
GILOTRIF	
IBRANCE	
ICLUSIG	
<i>imatinib mesylate</i>	
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB)	
INLYTA	
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	
LYNPARZA	
LYTGOBI (12 MG DAILY DOSE)	
LYTGOBI (16 MG DAILY DOSE)	
LYTGOBI (20 MG DAILY DOSE)	
MEKINIST	
MEKTOVI	
NERLYNX	
ODOMZO	
PEMAZYRE	
PIQRAY (200 MG DAILY DOSE)	

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

DRUG NAME	REQUIREMENTS/LIMITS
PIQRAY (250 MG DAILY DOSE)	
PIQRAY (300 MG DAILY DOSE)	
REZLIDHIA	
RUBRACA	
RYDAPT	
SCEMBLIX	
<i>sorafenib tosylate</i>	
SPRYCEL	
STIVARGA	
<i>sunitinib malate</i>	
TAFINLAR	
TAGRISSO	
TALZENNA	
TASIGNA	
TEPMETKO	
TIBSOVO	
TRUSELTIQ (100MG DAILY DOSE)	
TRUSELTIQ (125MG DAILY DOSE)	
TRUSELTIQ (50MG DAILY DOSE)	
TRUSELTIQ (75MG DAILY DOSE)	
TUKYSA	
TURALIO 200 MG CAP	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	
VIZIMPRO	
VOTRIENT	
XALKORI	
XOSPATA	
ZEJULA	

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

DRUG NAME	REQUIREMENTS/LIMITS
ZELBORAF	
ZYDELIG	
ZYKADIA 150 MG TAB	
RETINOIDS	
<i>bexarotene</i>	
<i>bexarotene (topical)</i>	PA - FOR NEW STARTS ONLY
PANRETIN	
<i>tretinoin (chemotherapy)</i>	
TREATMENT ADJUNCTS	
<i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i>	
MESNEX 400 MG TAB	
VONJO	
ANTIPARASITICS	
ANTHELMINTHICS	
<i>albendazole</i>	
<i>ivermectin tab 3 mg</i>	
<i>praziquantel</i>	
ANTIPROTOZOALS	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate</i>	
COARTEM	
<i>hydroxychloroquine sulfate</i>	
<i>mefloquine hcl</i>	
<i>nitazoxanide</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</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>quinine sulfate</i>	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>trihexyphenidyl hcl (tab 2 mg, tab 5 mg)</i>	
ANTIPARKINSON AGENTS, OTHER	
<i>amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)</i>	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, tabs 12.5-50-200 mg, 18.75-75-200 mg tab, tabs 18.75-75-200 mg, tabs 25-100-200 mg, tabs 31.25-125-200 mg, 37.5-150-200 mg tab, tabs 37.5-150-200 mg, tabs 50-200-200 mg)</i>	
<i>entacapone</i>	
ONGENTYS	
<i>tolcapone</i>	
DOPAMINE AGONISTS	
<i>apomorphine hydrochloride</i>	
<i>bromocriptine mesylate</i>	
NEUPRO	
<i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i>	
<i>ropinirole hydrochloride</i>	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
<i>carbidopa</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>carbidopa-levodopa (carbidopa & levodopa orally disintegrating tab 10-100 mg, carbidopa & levodopa orally disintegrating tab 25-100 mg, carbidopa & levodopa orally disintegrating tab 25-250 mg, carbidopa & levodopa tab 10-100 mg, carbidopa & levodopa tab 25-100 mg, carbidopa & levodopa tab 25-250 mg, carbidopa & levodopa tab er 25-100 mg, carbidopa & levodopa tab er 50-200 mg, carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp)</i>	
RYTARY	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
<i>rasagiline mesylate</i>	
<i>selegiline hcl</i>	
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
<i>chlorpromazine hcl (tab 10 mg, tab 25 mg, 30 mg/ml conc, tab 50 mg, 100 mg/ml conc, tab 100 mg, tab 200 mg)</i>	
<i>fluphenazine decanoate</i>	
<i>fluphenazine hcl (tab 1 mg, 2.5 mg/5ml elixir, 2.5 mg/ml solution, tab 2.5 mg, 5 mg/ml conc, tab 5 mg, tab 10 mg)</i>	
<i>haloperidol</i>	
<i>haloperidol decanoate</i>	
<i>haloperidol lactate</i>	
<i>loxapine succinate</i>	
MOLINDONE HCL	
PIMOZIDE	
<i>thioridazine hcl</i>	
<i>thiothixene</i>	
<i>trifluoperazine hcl</i>	
2ND GENERATION/ATYPICAL	
ABILIFY MAINTENA	
<i>aripiprazole (oral solution 1 mg/ml, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
ARISTADA	

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

DRUG NAME	REQUIREMENTS/LIMITS
ARISTADA INITIO	
<i>asenapine maleate</i>	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
<i>lurasidone hcl</i>	
NUPLAZID	PA - FOR NEW STARTS ONLY
<i>olanzapine</i>	
<i>paliperidone</i>	
PERSERIS	
<i>quetiapine fumarate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg, tab er 24hr 150 mg, tab er 24hr 200 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg, 150 mg tab)</i>	
REXULTI	
RISPERDAL CONSTA	
<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	
TREATMENT-RESISTANT	
<i>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)</i>	
VERSACLOZ	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTISPASTICITY AGENTS	
<i>baclofen (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>tizanidine hcl</i>	
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
PREVYMIS (240 MG TAB, 480 MG TAB)	
<i>valganciclovir hcl (for soln 50 mg/ml (base equiv), tab 450 mg (base equivalent))</i>	
ZIRGAN	
ANTI-HEPATITIS B (HBV) AGENTS	
<i>adefovir dipivoxil</i>	
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
EPIVIR HBV 5 MG/ML SOLUTION	
<i>lamivudine (hbv)</i>	
ANTI-HEPATITIS C (HCV) AGENTS	
LEDIPASVIR-SOFOSBUVIR	PA
MAVYRET 100-40 MG TAB	PA
RIBAVIRIN (200 MG CAP, 200 MG TAB)	
<i>ribavirin (hepatitis c)</i>	
SOFOSBUVIR-VELPATASVIR	PA
SOVALDI 400 MG TAB	PA
VOSEVI	PA
ZEPATIER	PA
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)	
BIKTARVY	
DOVATO	
GENVOYA	
ISENTRESS	

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

DRUG NAME	REQUIREMENTS/LIMITS
ISENTRESS HD	
JULUCA	
STRIBILD	
TIVICAY	
TIVICAY PD	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
COMPLERA	
DELSTRIGO	
EDURANT	
<i>efavirenz (50 mg cap, 200 mg cap, tab 600 mg)</i>	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	
<i>etravirine</i>	
INTELENCE 25 MG TAB	
<i>nevirapine (tab 200 mg, tab er 24hr 100 mg, tab er 24hr 400 mg, 50 mg/5ml suspension)</i>	
NEVIRAPINE ER	
ODEFSEY	
PIFELTRO	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
<i>abacavir sulfate (soln 20 mg/ml (base equiv), tab 300 mg (base equiv))</i>	
<i>abacavir sulfate-lamivudine</i>	
CIMDUO	
DESCOVY	
DIDANOSINE (250 MG CAP DR, 400 MG CAP DR)	
<i>emtricitabine</i>	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine (oral soln 10 mg/ml, tab 150 mg, tab 300 mg)</i>	
<i>lamivudine-zidovudine</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>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>	
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	
TRIUMEQ PD	
TRIZIVIR	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	
<i>zidovudine (cap 100 mg, syrup 10 mg/ml, tab 300 mg)</i>	
ANTI-HIV AGENTS, OTHER	
FUZEON	
<i>maraviroc</i>	
RUKOBIA	
SELZENTRY (20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB)	
SUNLENCA (4 X 300 MG TAB, 5 X 300 MG TAB)	
TYBOST	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS 250 MG CAP	
<i>atazanavir sulfate</i>	
CRIXIVAN	
EVOTAZ	
<i>fosamprenavir calcium</i>	
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 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	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTI-INFLUENZA AGENTS	
<i>oseltamivir phosphate (cap 30 mg (base equiv), cap 45 mg (base equiv), cap 75 mg (base equiv), for susp 6 mg/ml (base equiv))</i>	
RELENZA DISKHALER	
ANTIHERPETIC AGENTS	
<i>acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)</i>	
<i>acyclovir sodium</i>	PA - TO CONFIRM PART D COVERAGE
<i>acyclovir topical</i>	
<i>famciclovir</i>	
TRIFLURIDINE	
<i>valacyclovir hcl</i>	
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
<i>buspirone hcl</i>	
<i>hydroxyzine hcl (syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg)</i>	
<i>hydroxyzine pamoate (cap 25 mg, cap 50 mg, 100 mg cap)</i>	
BENZODIAZEPINES	
<i>alprazolam</i>	
ALPRAZOLAM INTENSOL	
<i>clonazepam</i>	
<i>clorazepate dipotassium</i>	
<i>diazepam (conc 5 mg/ml, oral soln 1 mg/ml, tab 2 mg, tab 5 mg, tab 10 mg)</i>	
<i>lorazepam (conc 2 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>oxazepam</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
BIPOLAR AGENTS	
MOOD STABILIZERS	
<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>	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
<i>acarbose</i>	
ALOGLIPTIN BENZOATE	
ALOGLIPTIN-METFORMIN HCL	
ALOGLIPTIN-PIOGLITAZONE	
CYCLOSET	
<i>glimepiride</i>	
<i>glipizide</i>	
<i>glipizide-metformin hcl</i>	
JARDIANCE	
<i>metformin hcl (tab 500 mg, tab 850 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg, tab er 24hr modified release 1000 mg, tab er 24hr modified release 500 mg, tab er 24hr osmotic 1000 mg, tab er 24hr osmotic 500 mg, 625 mg tab)</i>	
<i>nateglinide</i>	
<i>pioglitazone hcl</i>	
<i>pioglitazone hcl-metformin hcl</i>	
<i>repaglinide</i>	
SYMLINPEN 120	
SYMLINPEN 60	
TRULICITY	
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
GLUCAGEN HYPOKIT	
<i>glucagon (rdna)</i>	
GLUCAGON EMERGENCY	
INSULINS	
HUMALOG MIX 50/50	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTRATED)	
HUMULIN R U-500 KWIKPEN	
INSULIN ASP PROT & ASP FLEXPEN	
INSULIN ASPART	
INSULIN ASPART FLEXPEN	
INSULIN ASPART PENFILL	
INSULIN ASPART PROT & ASPART	
INSULIN GLARGINE	
INSULIN GLARGINE SOLOSTAR	
INSULIN GLARGINE-YFGN	
INSULIN LISPRO	
INSULIN LISPRO (1 UNIT DIAL)	
INSULIN LISPRO JUNIOR KWIKPEN	
INSULIN LISPRO PROT & LISPRO	
NOVOLIN 70/30	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN 70/30 FLEXPEN RELION	
NOVOLIN 70/30 RELION	
NOVOLIN N	

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

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

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

dabigatran etexilate mesylate

ELIQUIS

ELIQUIS DVT/PE STARTER PACK

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

fondaparinux sodium

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

PA - TO CONFIRM PART D COVERAGE

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

PRADAXA 110 MG CAP

warfarin sodium

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

XARELTO STARTER PACK

BLOOD PRODUCTS AND MODIFIERS, OTHER

anagrelide hcl

DRUG NAME	REQUIREMENTS/LIMITS
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	PA
ARANESP (ALBUMIN FREE) 300 MCG/ML SOLUTION	
LEUKINE	PA
NIVESTYM	PA
PROMACTA	
RETACRIT	PA
HEMOSTASIS AGENTS	
<i>tranexamic acid tab 650 mg</i>	
PLATELET MODIFYING AGENTS	
<i>aspirin-dipyridamole</i>	
BRILINTA	ST
<i>cilostazol</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
<i>clonidine</i>	
<i>clonidine hcl</i>	
<i>droxidopa</i>	
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	
ALPHA-ADRENERGIC BLOCKING AGENTS	
<i>doxazosin mesylate</i>	
<i>prazosin hcl</i>	
<i>terazosin 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
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil</i>	
<i>irbesartan</i>	
<i>losartan potassium</i>	
<i>valsartan (tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg)</i>	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>lisinopril</i>	
<i>ramipril</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl</i>	
<i>propafenone hcl</i>	
<i>quinidine gluconate</i>	
<i>quinidine sulfate (200 mg tab, tab 200 mg, 300 mg tab, tab 300 mg)</i>	
<i>sotalol hcl (afib/afi)</i>	
<i>sotalol hcl (tab 80 mg, tab 120 mg, tab 160 mg, tab 240 mg)</i>	
BETA-ADRENERGIC BLOCKING AGENTS	
<i>atenolol</i>	
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	
<i>metoprolol succinate</i>	
<i>metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	
<i>nadolol</i>	
<i>pindolol</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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>	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
<i>amlodipine besylate</i>	
<i>nifedipine (tab er 30 mg, tab er 60 mg, tab er 90 mg, tab er osmotic release 30 mg, tab er osmotic release 60 mg, tab er osmotic release 90 mg)</i>	
<i>nimodipine</i>	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
<i>diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg)</i>	
<i>diltiazem hcl coated beads</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	
CARDIOVASCULAR AGENTS, OTHER	
<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	
<i>aliskiren fumarate</i>	
<i>amiloride & hydrochlorothiazide</i>	
AMILORIDE-HYDROCHLOROTHIAZIDE	
<i>amlodipine besylate-benazepril hcl</i>	
<i>amlodipine besylate-valsartan</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>atenolol & chlorthalidone</i>	
<i>bisoprolol & hydrochlorothiazide</i>	
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>	
<i>enalapril maleate & hydrochlorothiazide</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ENTRESTO	
<i>irbesartan-hydrochlorothiazide</i>	
<i>lisinopril & hydrochlorothiazide</i>	
<i>losartan potassium & hydrochlorothiazide</i>	
<i>metoprolol & hydrochlorothiazide</i>	
<i>metyrosine</i>	
<i>pentoxifylline</i>	
<i>ranolazine</i>	
<i>spironolactone & hydrochlorothiazide</i>	
<i>triamterene & hydrochlorothiazide</i>	
<i>valsartan-hydrochlorothiazide</i>	
DIURETICS, LOOP	
<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>torsemide</i>	
DIURETICS, POTASSIUM-SPARING	
<i>amiloride hcl</i>	
<i>eplerenone</i>	
KERENDIA	
<i>spironolactone</i>	
DIURETICS, THIAZIDE	
<i>chlorthalidone</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>metolazone</i>	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
<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, 90 mg cap, cap 130 mg, cap 134 mg, cap 200 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>gemfibrozil</i>	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium</i>	
<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>	
DYSLIPIDEMICS, OTHER	
<i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i>	
<i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i>	
<i>colesevelam hcl</i>	
<i>ezetimibe</i>	
<i>icosapent ethyl</i>	
JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP)	PA
<i>niacin (antihyperlipidemic) (tab er 500 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic), tab er 1000 mg (antihyperlipidemic))</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	
REPATHA PUSHTRONEX SYSTEM	
REPATHA SURECLICK	
VASODILATORS, DIRECT-ACTING ARTERIAL	
<i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>minoxidil</i>	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate (10 mg tab, tab 10 mg, 20 mg tab, tab 20 mg, tab er 24hr 120 mg, tab er 24hr 30 mg, tab er 24hr 60 mg)</i>	
NITRO-BID	
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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	

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

amphetamine-dextroamphetamine

dextroamphetamine sulfate (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 5 mg, oral solution 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

atomoxetine hcl

dexmethylphenidate hcl

guanfacine hcl (adhd)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>methylphenidate hcl (cap er 10 mg (cd), cap er 20 mg (cd), cap er 24hr 10 mg (la), cap er 24hr 10 mg (xr), cap er 24hr 15 mg (xr), cap er 24hr 20 mg (la), cap er 24hr 20 mg (xr), cap er 24hr 30 mg (la), cap er 24hr 30 mg (xr), cap er 24hr 40 mg (la), cap er 24hr 40 mg (xr), cap er 24hr 50 mg (xr), cap er 24hr 60 mg (la), cap er 24hr 60 mg (xr), cap er 30 mg (cd), cap er 40 mg (cd), cap er 50 mg (cd), cap er 60 mg (cd), chew tab 2.5 mg, chew tab 5 mg, chew tab 10 mg, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, tab 10 mg, tab 20 mg, tab er 10 mg, tab er 20 mg, tab er 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	
METHYLPHENIDATE HCL ER (OSM)	
CENTRAL NERVOUS SYSTEM, OTHER	
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	
FIBROMYALGIA AGENTS	
DRIZALMA SPRINKLE	PA - FOR NEW STARTS ONLY
<i>duloxetine hcl</i>	
<i>pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, cap 200 mg, cap 225 mg, cap 300 mg, soln 20 mg/ml)</i>	
MULTIPLE SCLEROSIS AGENTS	
AUBAGIO	
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
<i>dalfampridine</i>	PA
<i>dimethyl fumarate</i>	
<i>glatiramer acetate</i>	
REBIF	
REBIF REBIDOSE	
REBIF REBIDOSE TITRATION PACK	

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

DRUG NAME	REQUIREMENTS/LIMITS
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</i>	
<i>tazarotene (gel 0.05%, 0.1 % foam, cream 0.1%, gel 0.1%)</i>	
TAZORAC 0.05 % CREAM	
<i>tretinoin</i>	
<i>tretinoin microsphere</i>	
DERMATITIS AND PRURITUS AGENTS	
<i>betamethasone dipropionate (topical) (cream, lotion, oint)</i>	
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>	
<i>doxepin hcl (antipruritic)</i>	
<i>fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>fluticasone propionate (cream 0.05%, lotion 0.05%, oint 0.005%)</i>	
<i>hydrocortisone (rectal)</i>	
<i>hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 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>	
<i>triamcinolone acetonide (topical) (aerosol soln 0.147 mg/gm, cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)</i>	
DERMATOLOGICAL AGENTS, OTHER	
<i>calcipotriene (cream, oint, soln (50 mcg/ml))</i>	
<i>clotrimazole w/ betamethasone (cream 1-0.05%, lotion 1-0.05%)</i>	
<i>diclofenac sodium (actinic keratoses)</i>	PA
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % SOLUTION)	
<i>fluorouracil (topical)</i>	
<i>imiquimod (cream 3.75%, cream 5%)</i>	
<i>methoxsalen rapid (10 mg cap, cap 10 mg)</i>	
<i>nystatin-triamcinolone</i>	
OTEZLA	PA
<i>podofilox</i>	
SANTYL	
<i>silver sulfadiazine</i>	
PEDICULICIDES/SCABICIDES	
<i>malathion</i>	
<i>permethrin cream 5%</i>	
TOPICAL ANTI-INFECTIVES	
<i>ciclopirox (gel 0.77%, shampoo 1%, solution 8%)</i>	
<i>clindamycin phosphate (topical) (foam, gel, soln)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ERY	
<i>erythromycin (acne aid) (gel, soln)</i>	
<i>mupirocin</i>	
<i>mupirocin calcium (topical)</i>	
ELECTROLYTES/MINERALS/METALS/VITAMINS	
ELECTROLYTE/MINERAL REPLACEMENT	
<i>amino acid infusion</i>	PA - TO CONFIRM PART D COVERAGE
AMINOSYN-PF 7 % SOLUTION	
<i>carglumic acid</i>	
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)	
INTRALIPID	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	
NUTRILIPID	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>potassium chloride (cap er 8 meq, inj 2 meq/ml, 10 meq/100ml solution, cap er 10 meq, inj 10 meq/100ml, 20 meq/100ml solution, inj 20 meq/100ml, inj 40 meq/100ml, oral soln 10% (20 meq/15ml), oral soln 20% (40 meq/15ml), powder packet 20 meq, tab er 8 meq (600 mg), tab er 10 meq, tab er 20 meq (1500 mg), 40 meq/100ml solution)</i>	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	
POTASSIUM CHLORIDE ER	
<i>potassium chloride in dextrose & sodium chloride</i>	
POTASSIUM CHLORIDE IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, KCL 20 MEQ/L (0.15%)0.45% INJ, KCL 20 MEQ/L (0.15%)0.9% INJ, 40-0.9 MEQ/L-% SOLUTION, KCL 40 MEQ/L (0.3%)0.9% INJ)	
<i>potassium chloride microencapsulated crystals er</i>	
<i>potassium citrate (alkalinizer)</i>	
PREMASOL	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%, 0.9 % solution, iv soln 0.9%, iv soln 3%, iv soln 5%, preservative free (pf) inj 0.9%)</i>	
<i>sodium fluoride (tab 0.25 mg f (from 0.55 mg naf), tab 0.5 mg f (from 1.1 mg naf), tab 1 mg f (from 2.2 mg naf))</i>	
TRAVASOL	PA - TO CONFIRM PART D COVERAGE
TROPHAMINE 10 % SOLUTION	PA - TO CONFIRM PART D COVERAGE
ELECTROLYTE/MINERAL/METAL MODIFIERS	
<i>deferasirox</i>	
<i>deferiprone</i>	
FERRIPROX 100 MG/ML SOLUTION	
<i>trientine hcl</i>	
PHOSPHATE BINDERS	
<i>calcium acetate (phosphate binder)</i>	
FOSRENOL (750 MG, 1000 MG)	
<i>lanthanum carbonate</i>	
<i>sevelamer carbonate</i>	
<i>sevelamer hcl (400 mg tab, tab 800 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
POTASSIUM BINDERS	
LOKELMA	
<i>sodium polystyrene sulfonate (*powder**, oral susp 15 gm/60ml)</i>	
SPS	
VELTASSA	
VITAMINS	
ATABEX EC	
AZESCHEW PRENATAL/POSTNATAL	
AZESCO	
BAL-CARE DHA	
C-NATE DHA	
CITRANATAL 90 DHA	
CITRANATAL ASSURE	
CITRANATAL B-CALM	
CITRANATAL BLOOM	
CITRANATAL DHA	
CITRANATAL HARMONY	
CITRANATAL MEDLEY	
CITRANATAL RX	
CO-NATAL FA	
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DERMACINRX PRETRATE	
DOTHELLE DHA	
DUET DHA 400	
DUET DHA BALANCED	
ELITE-OB	
ENBRACE HR	

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

DRUG NAME	REQUIREMENTS/LIMITS
FOLET DHA	
FOLET ONE	
FOLIVANE-OB	
HEMENATAL OB + DHA	
INATAL GT	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
MARNATAL-F	
MULTI-MAC	
MYNATAL	
MYNATAL ADVANCE	
MYNATAL PLUS	
MYNATAL-Z	
MYNATE 90 PLUS	
NATACHEW	
NATALVIT	
NATELLE ONE	
NEEVO DHA	
NEONATAL + DHA	
NEONATAL COMPLETE 29-1 MG TAB	
NEONATAL FE	
NEONATAL PLUS	
NESTABS	
NESTABS DHA	
NESTABS ONE	
NEXA PLUS	
NIVA-PLUS	
O-CAL FA	
O-CAL PRENATAL	
OB COMPLETE	
OB COMPLETE ONE	

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

DRUG NAME	REQUIREMENTS/LIMITS
OB COMPLETE PETITE	
OB COMPLETE PREMIER	
OB COMPLETE/DHA	
OBSTETRIX DHA	
OBSTETRIX EC	
OBSTETRIX ONE	
PNV OB+DHA	
PNV PRENATAL PLUS MULTIVIT+DHA	
PNV TABS 20-1	
PNV TABS 29-1	
PNV-DHA	
PNV-DHA+DOCUSATE	
PNV-OMEGA	
PNV-SELECT	
PR NATAL 400	
PR NATAL 400 EC	
PR NATAL 430	
PR NATAL 430 EC	
PREGEN DHA	
PREGENNA	
PRENA 1 TRUE	
PRENA1	
PRENA1 PEARL	
PRENAISSANCE	
PRENAISSANCE PLUS	
PRENATABS RX	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	
PRENATAL 27-1 MG TAB	
PRENATAL PLUS	
PRENATAL PLUS IRON	
PRENATAL PLUS VITAMIN/MINERAL	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
PRENATRYL	
PREPLUS	
PRETAB	
PRIMACARE	
PROVIDA DHA	
PROVIDA OB	
PUREFE OB PLUS	
R-NATAL OB	
SE-NATAL 19	
SELECT-OB	
SELECT-OB+DHA	
SODIUM FLUORIDE 2.2 (1 F) MG TAB	
TARON-BC	
TARON-C DHA	
TARON-PREX	
THRIVITE RX	
TL FOLATE	
TL-CARE DHA	
TL-SELECT	

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

DRUG NAME	REQUIREMENTS/LIMITS
TPN ELECTROLYTES	
TRI-TABS DHA	
TRICARE	
TRINATAL RX 1	
TRINATE	
TRINAZ	
TRISTART DHA	
TRIVEEN-DUO DHA	
ULTIMATECARE ONE	
VENA-BAL DHA	
VINATE DHA RF	
VINATE II	
VINATE M	
VINATE ONE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VIRT-PN PLUS	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITAMEDMD ONE RX/QUATREFOLIC	
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATRUE	
VIVA DHA	
VOL-NATE	

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

DRUG NAME	REQUIREMENTS/LIMITS
VOL-PLUS	
VOL-TAB RX	
VP-PNV-DHA	
WESCAP-C DHA	
WESCAP-PN DHA	
WESNATE DHA	
WESTAB PLUS	
WESTGEL DHA	
ZALVIT	
ZATEAN-PN DHA	
ZATEAN-PN PLUS	

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

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

lactulose (encephalopathy)

LINZESS

lubiprostone

RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, 150 MG TAB) PA

ANTI-DIARRHEAL AGENTS

alosetron hcl

diphenoxylate w/ atropine

DIPHENOXYLATE-ATROPINE

loperamide hcl cap 2 mg

XERMELO

ANTISPASMODICS, GASTROINTESTINAL

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
GASTROINTESTINAL AGENTS, OTHER	
GATTEX	PA
GOLYTELY (227.1 GM SOLN, 236 GM SOLN)	
<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>	
URSODIOL (200 MG CAP, CAP 300 MG, TAB 250 MG, 400 MG CAP, TAB 500 MG)	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
<i>famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)</i>	
NIZATIDINE (150 MG CAP, CAP 150 MG, 300 MG CAP, CAP 300 MG)	
PROTECTANTS	
<i>sucralfate tab 1 gm</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium (cap 20 mg (base eq), cap 40 mg (base eq), for susp packet 10 mg, for susp packet 20 mg, for susp packet 40 mg)</i>	
<i>lansoprazole</i>	
<i>omeprazole (cap 10 mg, cap 20 mg, cap 40 mg)</i>	
<i>pantoprazole sodium (ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg)</i>	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ARALAST NP	PA - TO CONFIRM PART D COVERAGE
<i>betaine</i>	
CERDELGA	
CREON	
<i>cromolyn sodium (mastocytosis)</i>	
CYSTAGON	
CYSTARAN	
GLASSIA	PA - TO CONFIRM PART D COVERAGE
<i>miglustat</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
PROLASTIN-C	PA - TO CONFIRM PART D COVERAGE
RAVICTI	
<i>sapropterin dihydrochloride</i>	
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	
SUCRAID	
VIJOICE	
ZEMAIRA	PA - TO CONFIRM PART D COVERAGE
ZENPEP	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

darifenacin hydrobromide

MYRBETRIQ (25 MG TAB ER, 50 MG TAB ER)

oxybutynin chloride (syrup 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)

OXYTROL

solifenacin succinate

tolterodine tartrate

trospium chloride

BENIGN PROSTATIC HYPERTROPHY AGENTS

alfuzosin hcl

dutasteride

dutasteride-tamsulosin hcl

finasteride

tamsulosin hcl

GENITOURINARY AGENTS, OTHER

bethanechol chloride

ELMIRON

penicillamine

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, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	
CORTISONE ACETATE	
DEXABLISS	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml solution, elixir 0.5 mg/5ml, tab 0.5 mg, 0.75 mg tab, tab 0.75 mg, 1 mg tab, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, tab 1.5 mg, tab 2 mg, tab 4 mg, tab 6 mg, tab therapy pack 1.5 mg (21))</i>	
<i>fludrocortisone acetate</i>	
HEMADY	
KORLYM	PA
<i>methylprednisolone</i>	
<i>prednisolone (15 mg/5ml solution, soln 15 mg/5ml)</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), sod phosphate oral soln 20 mg/5ml (base equiv), 25 mg/5ml solution)</i>	
<i>prednisone (tab 1 mg, tab 2.5 mg, 5 mg/5ml solution, tab 5 mg, tab 10 mg, tab 20 mg, tab 50 mg, tab therapy pack 5 mg (21), tab therapy pack 5 mg (48), tab therapy pack 10 mg (21), tab therapy pack 10 mg (48))</i>	
PREDNISONE INTENSOL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	
<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	
<i>desmopressin acetate spray</i>	
<i>desmopressin acetate spray refrigerated</i>	
GENOTROPIN	PA
GENOTROPIN MINIQUICK	PA
HUMATROPE (6 MG, 12 MG, 24 MG)	PA
HUMATROPE 5 MG RECON SOLN	
INCRELEX	
NORDITROPIN FLEXPRO	PA
NUTROPIN AQ NUSPIN 10	PA
NUTROPIN AQ NUSPIN 20	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
NUTROPIN AQ NUSPIN 5	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	PA
SAIZEN	PA
SAIZENPREP	PA
SEROSTIM	PA
ZORBTIVE	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

misoprostol

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

ANABOLIC STEROIDS

oxandrolone

ANDROGENS

ANDRODERM

danazol

testosterone (td gel 10mg/act (2%), 12.5 mg/act (1%) gel, td gel 12.5 mg/act (1%), td gel 20.25 mg/1.25gm (1.62%), td gel 20.25 mg/act (1.62%), td gel 25 mg/2.5gm (1%), td gel 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) gel, td gel 50 mg/5gm (1%), td soln 30 mg/act)

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

testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)

ESTROGENS

desogestrel & ethinyl estradiol

desogestrel-ethinyl estradiol (biphasic)

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

drospirenone-ethinyl estradiol

estradiol & norethindrone acetate

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

DRUG NAME	REQUIREMENTS/LIMITS
<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 diacet & eth estrad</i>	
<i>levonorgestrel & eth estradiol</i>	
<i>levonorgestrel-eth estradiol (triphasic)</i>	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	
MENEST	
<i>norethin acet & estrad-fe (ace-eth chew tab 1 mcg (24), ace-ethinyl cap 1 mcg (24), aceethinyl tab 1 mcg)</i>	
<i>norethindrone & ethinyl estradiol-fe</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>norgestrel & ethinyl estradiol</i>	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	
PREMPRO	
PROGESTINS	
<i>medroxyprogesterone acetate</i>	
<i>medroxyprogesterone acetate (contraceptive)</i>	
<i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i>	
<i>norethindrone (contraceptive)</i>	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>raloxifene hcl</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	
<i>levothyroxine sodium (tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg)</i>	
<i>liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)</i>	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	
LYSODREN	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	
<i>cabergoline</i>	
ELIGARD	PA - TO CONFIRM PART D COVERAGE
FIRMAGON	
FIRMAGON (240 MG DOSE)	
<i>leuprolide acetate (inj kit 5 mg/ml, 22.5 mg injectable)</i>	
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
<i>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))</i>	
ORGOVYX	
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</i>	
<i>propylthiouracil</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	
DUPIXENT	PA
KINERET	
OLUMIANT (1 MG TAB, 2 MG TAB)	
ORENCIA (50 MG/0.4ML SOLN, 87.5 MG/0.7ML SOLN, 125 MG/ML SOLN)	
ORENCIA CLICKJECT	
SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	
SKYRIZI PEN	
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
TALTZ	
TREMFYA	

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

DRUG NAME	REQUIREMENTS/LIMITS
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	PA
XELJANZ XR	PA
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR)	PA
IMMUNOSTIMULANTS	
ACTIMMUNE	
PEGASYS	
PEGASYS PROCLICK	
IMMUNOSUPPRESSANTS	
ASTAGRAF XL	PA - TO CONFIRM PART D COVERAGE
<i>azathioprine</i>	PA - TO CONFIRM PART D COVERAGE
<i>cyclosporine (cap 25 mg, cap 100 mg)</i>	PA - TO CONFIRM PART D COVERAGE
<i>cyclosporine modified (for microemulsion) (cap 25 mg, cap 50 mg, cap 100 mg, oral soln 100 mg/ml)</i>	PA - TO CONFIRM PART D COVERAGE
ENBREL	
ENBREL MINI	
ENBREL SURECLICK	
ENVARUSUS XR	PA - TO CONFIRM PART D COVERAGE
<i>everolimus (immunosuppressant)</i>	PA - TO CONFIRM PART D COVERAGE
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	
<i>leflunomide</i>	
<i>methotrexate sodium (inj 50 mg/2ml (25 mg/ml), inj pf 50 mg/2ml (25 mg/ml), tab 2.5 mg (base equiv))</i>	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

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

DRUG NAME	REQUIREMENTS/LIMITS
PROGRAF (0.2 MG, 1 MG)	PA - TO CONFIRM PART D COVERAGE
SIMPONI	
<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

VACCINES

ACTHIB	
ADACEL	
BCG VACCINE	
BEXSERO	
BOOSTRIX	
DAPTACEL	
DIPHThERIA-TETANUS TOXOIDS DT	
ENGERIX-B	PA - TO CONFIRM PART D COVERAGE
GARDASIL 9	
HAVRIX	
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	
HIBERIX	
IMOVAX RABIES	
INFANRIX	
IPOL	
IXIARO	
JYNNEOS	
KINRIX	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO RECON SOLN	
PEDIARIX	
PEDVAX HIB	
PENTACEL	

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

DRUG NAME	REQUIREMENTS/LIMITS
PREHEVBRIO	PA - TO CONFIRM PART D COVERAGE
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	
RECOMBIVAX HB	PA - TO CONFIRM PART D COVERAGE
ROTARIX RECON SUSP	
ROTATEQ	
SHINGRIX	
TDVAX	
TENIVAC	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
YF-VAX	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

balsalazide disodium

DIPENTUM

mesalamine (cap dr 400 mg, cap er 24hr 0.375 gm, cap er 500 mg, enema 4 gm, suppos 1000 mg, tab delayed release 1.2 gm, tab delayed release 800 mg)

mesalamine w/ cleanser

PENTASA 250 MG CAP ER

sulfasalazine

GLUCOCORTICOIDS

budesonide

hydrocortisone

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>hydrocortisone (intrarectal)</i>	

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (tab 10 mg, tab 35 mg, tab 70 mg)</i>	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
<i>calcitriol (cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)</i>	
<i>cinacalcet hcl</i>	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	
PROLIA	
TERIPARATIDE (RECOMBINANT)	PA
TYMLOS	PA
XGEVA	PA

MISCELLANEOUS THERAPEUTIC AGENTS

1ST TIER UNIFINE PENTIPS	
1ST TIER UNIFINE PENTIPS PLUS	
ABOUTTIME PEN NEEDLE	
ADVOCATE ALCOHOL PREP PADS	
ADVOCATE INSULIN PEN NEEDLES	
ADVOCATE INSULIN SYRINGE	
ALCOH-GLOVE CONTOURED WIPE	
ALCOHOL PADS	
ALCOHOL PREP	
ALCOHOL PREP PADS	
ALCOHOL SWABS	
ALCOHOL WIPES	
ASSURE ID INSULIN SAFETY SYR (29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 15/64" 1 ML)	
ASSURE ID SAFETY PEN NEEDLES	
AUM MINI INSULIN PEN NEEDLE (32G X 6, 33G X 4, 33G X 5, 33G X 6)	

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

DRUG NAME	REQUIREMENTS/LIMITS
AUM SAFETY PEN NEEDLE	
AURORA PEN NEEDLES	
AURORA UNIFINE PENTIPS	
BAND-AID GAUZE SMALL	
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 SWAB SINGLE USE REGULAR	
BD SWABS SINGLE USE BUTTERFLY	
BD VEO INSULIN SYR U/F 1/2UNIT	
BD VEO INSULIN SYRINGE U/F	
CAREFINE PEN NEEDLES	
CAREONE INSULIN SYRINGE	
CAREONE UNIFINE PENTIPS	
CAREONE 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
CARETOUCH ALCOHOL PREP	
CARETOUCH INSULIN SYRINGE	
CARETOUCH PEN NEEDLES (29G X 12MM, 31G X 5 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM, 32G X 5 MM)	
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	
COMFORT TOUCH INSULIN PEN NEED (31G X 4, 31G X 5, 31G X 6, 31G X 8, 32G X 6)	
CURITY ALCOHOL PREPS	
CURITY ALCOHOL SWABS	
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 ALCOHOL PREP PADS	
CVS GAUZE 2"X2" PAD	
CVS PREP	
DERMACEA GAUZE SPONGE 2"X2" PAD	
DERMACEA IV SPONGES	
DERMACEA NON-WOVEN SPONGES 2"X2" PAD	
DERMACEA TYPE VII GAUZE 2"X2" PAD	
DROPLET INSULIN SYRINGE	
DROPLET MICRON	
DROPLET PEN NEEDLES	
DROPSAFE ALCOHOL PREP	
DROPSAFE SAFETY 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
DRUG MART UNIFINE PENTIPS	
DRUG MART UNIFINE PENTIPS PLUS	
EASY COMFORT ALCOHOL PADS	
EASY COMFORT INSULIN SYRINGE	
EASY COMFORT PEN NEEDLES	
EASY GLIDE PEN NEEDLES	
EASY TOUCH ALCOHOL PREP MEDIUM	
EASY TOUCH FLIPLOCK INSULIN SY	
EASY TOUCH INSULIN SAFETY SYR	
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML)	
EASY TOUCH PEN NEEDLES	
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	
EQL GAUZE 2"X2" PAD	
EQL INSULIN SYRINGE	
EXCILON IV SPONGES	
EXEL COMFORT POINT INSULIN SYR	
EXEL COMFORT POINT PEN NEEDLE	
FIFTY50 ALCOHOL PREP	
FIFTY50 PEN NEEDLES	
FIFTY50 SUPERIOR COMFORT SYR	
FREDS PHARMACY UNIFINE PENTIP+	
FREDS PHARMACY UNIFINE PENTIPS	
FREESTYLE PRECISION INS SYR	
GAUZE PADS 2"X2" PAD	
GLOBAL ALCOHOL PREP EASE	
GLOBAL EASE INJECT 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
GLOBAL EASY GLIDE INSULIN SYR	
GLOBAL EASY GLIDE PEN NEEDLES	
GLOBAL INJECT EASE INSULIN SYR	
GLOBAL INSULIN SYRINGES	
GLUCOPRO INSULIN SYRINGE	
GNP ALCOHOL SWABS	
GNP CLICKFINE PEN NEEDLES	
GNP INSULIN SYRINGE	
GNP INSULIN SYRINGES 28GX1/2"	
GNP ULTICARE PEN NEEDLES (31G X 5, 32G X 6)	
GNP ULTIGUARD SAFEPACK NEEDLE (31G X 5, 32G X 6)	
GNP ULTRA COM INSULIN SYRINGE	
GOODSENSE CLICKFINE PEN NEEDLE	
GOODSENSE PEN NEEDLE PENFINE	
H-E-B INCONTROL ALCOHOL	
H-E-B INCONTROL PEN NEEDLES	
H-E-B INCONTROL UNIFINE PENTIP (31G X 5, 31G X 6, 32G X 4, 33G X 4)	
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 STERILE ALCOHOL PREP	
HM ULTICARE MINI PEN NEEDLES	
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
INSULIN SYRINGE-NEEDLE U-100 (29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML)	
INSULIN SYRINGE/NEEDLE	
INSUPEN PEN NEEDLES	
INSUPEN SENSITIVE	
INSUPEN ULTRAFIN	
J & J GAUZE 2"X2" PAD	
KINRAY INSULIN SYRINGE (X 5/16" 0.3 ML, X 5/16" 0.5 ML, X 5/16" 1 ML)	
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 (29G X 12.7MM, 31G X 5 MM, 31G X 6 MM, 31G X 8 MM)	
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"	
MEDICINE SHOPPE PEN NEEDLES	
MEIJER PEN NEEDLES	
MICRODOT PEN NEEDLE	
MM INSULIN SYRINGE/NEEDLE	
MM 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
MONOJECT INSULIN SYRINGE	
MONOJECT ULTRA COMFORT SYRINGE	
MS INSULIN SYRINGE	
NOVOFINE AUTOCOVER PEN NEEDLE	
NOVOFINE PEN NEEDLE	
NOVOFINE PLUS PEN NEEDLE	
NOVOTWIST PEN NEEDLE	
PC UNIFINE PENTIPS	
PEN NEEDLES	
PEN NEEDLES 1/2"	
PEN NEEDLES 3/16"	
PEN NEEDLES 5/16"	
PENTIPS	
PHARMACIST CHOICE ALCOHOL	
PRECISION SURE-DOSE SYRINGE	
PRECISION SUREDOSE PLUS SYR	
PREFERRED PLUS INSULIN SYRINGE	
PREFERRED PLUS UNIFINE PENTIPS	
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM MISC	
PRO COMFORT ALCOHOL	
PRO COMFORT INSULIN SYRINGE	
PRO COMFORT PEN NEEDLES	
PRODIGY INSULIN SYRINGE	
PURE COMFORT ALCOHOL PREP	
PURE COMFORT PEN NEEDLE	
PX EXTRA SHORT PEN NEEDLES	
PX INSULIN SYRINGE	
PX MINI PEN NEEDLES	
PX PEN NEEDLE	
PX SHORTLENGTH PEN NEEDLES	
QC ALCOHOL SWABS	

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

DRUG NAME	REQUIREMENTS/LIMITS
QC PEN NEEDLES	
QC STERILE PADS 2"X2" PAD	
QC UNIFINE PENTIPS	
RA ALCOHOL SWABS	
RA INSULIN SYRINGE	
RA PEN NEEDLES	
RA STERILE 2"X2" PAD	
REALITY INSULIN SYRINGE	
REALITY SWABS	
RELI-ON INSULIN SYRINGE	
RELION ALCOHOL SWABS 70 % PAD	
RELION INSULIN SYRINGE	
RELION MINI PEN NEEDLES	
RELION PEN NEEDLES	
RELION SHORT PEN NEEDLES	
RESTORE CONTACT LAYER 2"X2" PAD	
SAFESNAP INSULIN SYRINGE	
SAPS CARE ALCOHOL PREP	
SAPS HEALTH ALCOHOL PREP	
SAPS HEALTH CARE ALCOHOL PREP	
SB INSULIN SYRINGE	
SECURESAFE INSULIN SYRINGE	
SECURESAFE SAFETY PEN NEEDLES	
SHOPKO UNIFINE PENTIPS	
SHOPKO UNIFINE PENTIPS PLUS	
SM ALCOHOL PREP	
SM GAUZE 2"X2" PAD	
SM STERILE 2"X2" PAD	
STERILE 2"X2" PAD	
STERILE GAUZE 2"X2" PAD	
SURE COMFORT 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
SURE COMFORT INSULIN SYRINGE	
SURE COMFORT PEN NEEDLES (29G X 12.7MM, 30G X 8 MM, 31G X 5 MM, 31G X 8 MM, 32G X 4 MM, 32G X 6 MM)	
SURE-FINE PEN NEEDLES	
SURE-JECT INSULIN SYRINGE (28G X 1/2" 0.5 ML, 28G 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, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML)	
SURE-PREP ALCOHOL PREP	
TECHLITE INSULIN SYRINGE	
TECHLITE PEN NEEDLES	
TGT ALCOHOL SWABS	
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 ALCOHOL PREP PADS	
TRUE COMFORT INSULIN SYRINGE	
TRUE COMFORT PEN NEEDLES (31G X 5, 31G X 6, 32G X 4, 32G X 6, 33G X 4, 33G X 5, 33G X 6)	
TRUE COMFORT PRO ALCOHOL PREP	
TRUE COMFORT PRO INSULIN SYR	
TRUE COMFORT PRO PEN NEEDLES (X 5, X 6)	
TRUEPLUS 5-BEVEL PEN NEEDLES	
TRUEPLUS INSULIN SYRINGE	
TRUEPLUS PEN NEEDLES	
ULTICARE ALCOHOL SWABS	
ULTICARE INSULIN SAFETY SYR	
ULTICARE INSULIN SYR 1/2 UNIT	
ULTICARE INSULIN SYRINGE	
ULTICARE MICRO PEN NEEDLES	
ULTICARE MINI PEN NEEDLES	
ULTICARE 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
ULTICARE SHORT PEN NEEDLES	
ULTIGUARD SAFEPACK PEN NEEDLE	
ULTIGUARD SAFEPACK SYR/NEEDLE	
ULTILET ALCOHOL SWABS	
ULTILET PEN NEEDLE 32G X 4 MM MISC	
ULTRA COMFORT INSULIN SYRINGE	
ULTRA FLO INSULIN PEN NEEDLES (29G X 12MM, 31G X 5 MM, 33G X 4 MM)	
ULTRA FLO INSULIN SYR 1/2 UNIT	
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML)	
ULTRA THIN PEN NEEDLES	
ULTRA-CARE ALCOHOL PREP PADS	
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 (X 5, X 8)	
UNIFINE ULTRA PEN NEEDLE (X 5, X 6)	
VALUE HEALTH INSULIN SYRINGE	
VALUMARK PEN NEEDLES	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 1 ML)	
VIDA MIA UNIFINE PENTIPS	
VP INSULIN SYRINGE	
WEBCOL ALCOHOL PREP LARGE	
WEBCOL ALCOHOL PREP MEDIUM	

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

DRUG NAME	REQUIREMENTS/LIMITS
WEGMANS UNIFINE PENTIPS PLUS	
ZEVX INSULIN SYRINGE	
ZEVX PEN NEEDLES (X 5, X 6)	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

ATROPINE SULFATE 1 % SOLUTION

atropine sulfate ophth soln 1%

bacitracin-poly-neomycin-hc

bacitracin-polymyxin b (ophth)

BLEPHAMIDE

brimonidine tartrate-timolol maleate

cyclosporine (ophth)

dorzolamide hcl-timolol maleate (sol 22.3-6.8 mg/ml pf, soln 22.3-6.8 mg/ml)

LACRISERT

neomycin-bacitracin zn-polymyxin

neomycin-polymy-dexameth (oint, susp)

NEOMYCIN-POLYMYXIN-HC

RESTASIS MULTIDOSE

SULFACETAMIDE-PREDNISOLONE

TOBRADEX 0.3-0.1 % OINTMENT

tobramycin-dexamethasone

OPHTHALMIC ANTI-ALLERGY AGENTS

azelastine hcl (ophth)

cromolyn sodium (ophth)

CROMOLYN SODIUM 4 % SOLUTION

olopatadine hcl

OPHTHALMIC ANTI-INFECTIVES

AZASITE

BACITRACIN 500 UNIT/GM OINTMENT

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>ciprofloxacin hcl (ophth)</i>	
<i>erythromycin (ophth)</i>	
<i>gatifloxacin (ophth)</i>	
GENTAK	
<i>gentamicin sulfate (ophth)</i>	
<i>levofloxacin (ophth)</i>	
LEVOFLOXACIN 0.5 % SOLUTION	
MOXIFLOXACIN HCL (2X DAY)	
<i>moxifloxacin hcl (ophth)</i>	
NATACYN	
<i>ofloxacin (ophth)</i>	
<i>polymyxin b-trimethoprim</i>	
<i>sulfacetamide sodium (ophth)</i>	
SULFACETAMIDE SODIUM 10 % OINTMENT	
<i>tobramycin (ophth)</i>	
OPHTHALMIC ANTI-INFLAMMATORIES	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
<i>diclofenac sodium (ophth)</i>	
<i>difluprednate</i>	
<i>fluorometholone (ophth)</i>	
FLURBIPROFEN SODIUM	
FML FORTE	
<i>ketorolac tromethamine (ophth)</i>	
LOTEMAX 0.5 % OINTMENT	
<i>loteprednol etabonate (0.5 % gel, ophth gel 0.5%, ophth susp 0.5%)</i>	
PRED MILD	
PREDNISOLONE ACETATE	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
<i>betaxolol hcl (ophth)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
BETAXOLOL HCL 0.5 % SOLUTION	
BETOPTIC-S	
CARTEOLOL HCL	
<i>levobunolol hcl (0.5 % solution, ophth soln 0.5%)</i>	
<i>timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, preservative free soln 0.25%, preservative free soln 0.5%, soln 0.25%, soln 0.5%, soln 0.5% (once-daily))</i>	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
<i>acetazolamide cap er 12hr 500 mg</i>	
<i>brimonidine tartrate</i>	
<i>dorzolamide hcl ophth soln 2%</i>	
<i>methazolamide</i>	
<i>pilocarpine hcl</i>	
RHOPRESSA	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>bimatoprost</i>	
<i>latanoprost ophth soln 0.005%</i>	
<i>travoprost</i>	
OTIC AGENTS	
CIPRO HC	
CIPROFLOXACIN HCL 0.2 % SOLUTION	
<i>ciprofloxacin-dexamethasone</i>	
<i>hydrocortisone w/acetic acid</i>	
HYDROCORTISONE-ACETIC ACID	
<i>neomycin-polymyxin-hc (otic)</i>	
<i>ofloxacin (otic)</i>	
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
ARNUITY ELLIPTA	
<i>budesonide (inhalation)</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>flunisolide (nasal)</i>	
<i>fluticasone propionate (nasal)</i>	
FLUTICASONE PROPIONATE HFA	
PULMICORT FLEXHALER	
ANTIHISTAMINES	
<i>azelastine hcl</i>	
CLEMASTINE FUMARATE 2.68 MG TAB	
<i>desloratadine tab 5 mg</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	
ANTILEUKOTRIENES	
<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>zafirlukast</i>	
<i>zileuton</i>	
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA	
INCRUSE ELLIPTA	
<i>ipratropium bromide</i>	PA - TO CONFIRM PART D COVERAGE
<i>ipratropium bromide (nasal)</i>	
SPIRIVA HANDIHALER	
SPIRIVA RESPIMAT	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
<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), 2.5 mg/0.5ml soln)</i>	PA - TO CONFIRM PART D COVERAGE
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<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	
CYSTIC FIBROSIS AGENTS	
CAYSTON	
KALYDECO	
ORKAMBI	
PULMOZYME	PA - TO CONFIRM PART D COVERAGE
SYMDEKO	
<i>tobramycin (soln 300 mg/4ml, soln 300 mg/5ml)</i>	PA - TO CONFIRM PART D COVERAGE
TRIKAFTA	
MAST CELL STABILIZERS	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	PA - TO CONFIRM PART D COVERAGE
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
<i>roflumilast</i>	
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>	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS	PA
<i>ambrisentan</i>	
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)	
PULMONARY FIBROSIS AGENTS	
OFEV	
<i>pirfenidone (cap 267 mg, tab 267 mg, 534 mg tab, tab 801 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
RESPIRATORY TRACT AGENTS, OTHER	
<i>acetylcysteine</i>	PA - TO CONFIRM PART D COVERAGE
ADVAIR HFA	
ANORO ELLIPTA	
BUDESONIDE-FORMOTEROL FUMARATE	
COMBIVENT RESPIMAT	
FLUTICASONE FUROATE-VILANTEROL	
<i>fluticasone-salmeterol (55-14 mcg/act pow, powder 100-50 mcg/act, 113-14 mcg/act pow, 232-14 mcg/act pow, powder 250-50 mcg/act, powder 500-50 mcg/act)</i>	
<i>ipratropium-albuterol</i>	PA - TO CONFIRM PART D COVERAGE
NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	PA
TRELEGY ELLIPTA	
<i>wixela inhub</i>	
SKELETAL MUSCLE RELAXANTS	
<i>cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	
<i>methocarbamol (tab 500 mg, tab 750 mg, 1000 mg tab)</i>	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
<i>doxepin hcl (sleep)</i>	
HETLIOZ LQ	PA
<i>ramelteon</i>	
<i>tasimelteon</i>	PA
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem tartrate (tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
WAKEFULNESS PROMOTING AGENTS	
<i>modafinil</i>	PA
SODIUM OXYBATE	PA
XYREM	PA

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

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HUMIRA PEN-CD/UC/HS STARTER	56	imatinib mesylate	19
HUMIRA PEN-PEDIATRIC UC START	56	IMBRUVICA	19
HUMIRA PEN-PS/UV/ADOL HS START	56	imipenem-cilastatin	7
HUMIRA PEN-PSOR/UEIT STARTER	56	imipramine hcl	13
HUMULIN 70/30	30	imipramine pamoate	13
HUMULIN 70/30 KWIKPEN	30	imiquimod	40
		IMOVAX RABIES	57
		INATAL GT	44
		INCRELEX	51
		INCRUSE ELLIPTA	72
		indapamide	35
		indomethacin	2

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INLYTA.....	19	ivermectin.....	21
INQOVI.....	17	IXIARO.....	57
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INSULIN ASPART.....	30	J & J GAUZE.....	64
INSULIN ASPART FLEXPEN.....	30	JAKAFI.....	19
INSULIN ASPART PENFILL.....	30	JARDIANCE.....	29
INSULIN ASPART PROT & ASPART.....	30	JAYPIRCA.....	17
INSULIN GLARGINE.....	30	JULUCA.....	26
INSULIN GLARGINE SOLOSTAR.....	30	JUXTAPID.....	36
INSULIN GLARGINE-YFGN.....	30	JYNNEOS.....	57
INSULIN LISPRO.....	30		
INSULIN LISPRO (1 UNIT DIAL).....	30	K	
INSULIN LISPRO JUNIOR KWIKPEN.....	30	KALYDECO.....	73
INSULIN LISPRO PROT & LISPRO.....	30	KCL IN DEXTROSE-NACL.....	41
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INSULIN SYRINGE/NEEDLE.....	64	ketoconazole.....	14
INSUPEN PEN NEEDLES.....	64	ketoconazole (topical).....	14
INSUPEN SENSITIVE.....	64	ketorolac tromethamine (ophth).....	70
INSUPEN ULTRAFIN.....	64	KINERET.....	55
INTELENCE.....	26	KINRAY INSULIN SYRINGE.....	64
INTRALIPID.....	41	KINRIX.....	57
INVEGA HAFYERA.....	24	KISQALI (200 MG DOSE).....	19
INVEGA SUSTENNA.....	24	KISQALI (400 MG DOSE).....	19
INVEGA TRINZA.....	24	KISQALI (600 MG DOSE).....	19
IPOL.....	57	KISQALI FEMARA (400 MG DOSE).....	17
ipratropium bromide.....	72	KISQALI FEMARA (600 MG DOSE).....	17
ipratropium bromide (nasal).....	72	KISQALI FEMARA(200 MG DOSE).....	17
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irbesartan-hydrochlorothiazide.....	35	KORLYM.....	51
IRESSA.....	19	KOSHER PRENATAL PLUS IRON.....	44
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ISENTRESS HD.....	26	KROGER INSULIN SYRINGE.....	64
ISOLYTE-P IN D5W.....	41	KROGER PEN NEEDLES.....	64
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isosorbide mononitrate.....	36	labetalol hcl.....	33
isotretinoin.....	39	lacosamide.....	10

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lactic acid (ammonium lactate).....	40	levonorgestrel-ethinyl estradiol (91-day).....	53
LACTULOSE.....	48	levonorgestrel-ethinyl estradiol (continuous).....	53
lactulose (encephalopathy).....	48	levothyroxine sodium.....	54
lamivudine.....	26	LEXIVA.....	27
lamivudine (hbv).....	25	lidocaine.....	3
lamivudine-zidovudine.....	26	lidocaine hcl.....	3
lamotrigine.....	9	lidocaine hcl (mouth-throat).....	3
lansoprazole.....	49	LIDOCAINE HCL URETHRAL/MUCOSAL.....	3
lanthanum carbonate.....	42	lidocaine-prilocaine.....	3
lapatinib ditosylate.....	19	linezolid.....	5
latanoprost.....	71	LINZESS.....	48
LEADER INSULIN SYRINGE.....	64	liothyronine sodium.....	54
LEADER UNIFINE PENTIPS.....	64	lisinopril.....	33
LEADER UNIFINE PENTIPS PLUS.....	64	lisinopril & hydrochlorothiazide.....	35
LEDIPASVIR-SOFOSBUVIR.....	25	LITETOUCH INSULIN SYRINGE.....	64
leflunomide.....	56	LITETOUCH PEN NEEDLES.....	64
lenalidomide.....	16	lithium carbonate.....	29
LENVIMA (10 MG DAILY DOSE).....	19	LOKELMA.....	43
LENVIMA (12 MG DAILY DOSE).....	19	LONGS INSULIN SYRINGE.....	64
LENVIMA (14 MG DAILY DOSE).....	19	LONSURF.....	17
LENVIMA (18 MG DAILY DOSE).....	19	loperamide hcl.....	48
LENVIMA (20 MG DAILY DOSE).....	19	lopinavir-ritonavir.....	27
LENVIMA (24 MG DAILY DOSE).....	19	lorazepam.....	28
LENVIMA (4 MG DAILY DOSE).....	19	LORBRENA.....	19
LENVIMA (8 MG DAILY DOSE).....	19	losartan potassium.....	33
letrozole.....	18	losartan potassium & hydrochlorothiazide.....	35
leucovorin calcium.....	21	LOTEMAX.....	70
LEUKERAN.....	16	loteprednol etabonate.....	70
LEUKINE.....	32	loxapine succinate.....	23
LEUPROLIDE ACETATE.....	54	lubiprostone.....	48
levalbuterol hcl.....	73	LUMAKRAS.....	17
LEVALBUTEROL TARTRATE.....	73	LUPRON DEPOT (1-MONTH).....	54
levetiracetam.....	9	LUPRON DEPOT (3-MONTH).....	54
levobunolol hcl.....	71	LUPRON DEPOT (4-MONTH).....	54
levocetirizine dihydrochloride.....	72	LUPRON DEPOT (6-MONTH).....	54
levofloxacin.....	8	lurasidone hcl.....	24
LEVOFLOXACIN.....	70	LYBALVI.....	11
levofloxacin (ophth).....	70	LYNPARZA.....	19
levofloxacin in d5w.....	8	LYSODREN.....	54
levonorgestrel & eth estradiol.....	53	LYTGOBI (12 MG DAILY DOSE).....	19

LYTGOBI (16 MG DAILY DOSE)	19	methazolamide	71
LYTGOBI (20 MG DAILY DOSE)	19	methenamine hippurate	5
M			
M-M-R II	57	methimazole	55
M-NATAL PLUS	44	methocarbamol	74
MAGELLAN INSULIN SAFETY SYR	64	methotrexate sodium	56
magnesium sulfate	41	METHOXSALEN RAPID	40
malathion	40	methylphenidate hcl	38
MARATHON MEDICAL PENTIPS	64	METHYLPHENIDATE HCL ER	38
maraviroc	27	METHYLPHENIDATE HCL ER (OSM)	38
MARNATAL-F	44	methylprednisolone	51
MARPLAN	11	metoclopramide hcl	13
MATULANE	16	metolazone	35
MAVYRET	25	metoprolol & hydrochlorothiazide	35
MAXI-COMFORT INSULIN SYRINGE	64	metoprolol succinate	33
MAXI-COMFORT SAFETY PEN NEEDLE	64	metoprolol tartrate	33
MAXICOMFORT II PEN NEEDLE	64	metronidazole	5
MAXICOMFORT SYR 27G X 1/2"	64	metronidazole (topical)	5
meclizine hcl	13	metronidazole vaginal	5
MEDICINE SHOPPE PEN NEEDLES	64	metyrosine	35
medroxyprogesterone acetate	53	mexiletine hcl	33
medroxyprogesterone acetate (contraceptive)	53	micafungin sodium	14
mefloquine hcl	21	MICONAZOLE 3	14
megestrol acetate	53	MICRODOT PEN NEEDLE	64
MEIJER PEN NEEDLES	64	midodrine hcl	32
MEKINIST	19	miglustat	49
MEKTOVI	19	minocycline hcl	8
meloxicam	2	minoxidil	36
memantine hcl	11	mirtazapine	11
MENACTRA	57	misoprostol	52
MENEST	53	MM INSULIN SYRINGE/NEEDLE	64
MENQUADFI	57	MM PEN NEEDLES	64
MENVEO	57	modafinil	75
mercaptopurine	17	MOLINDONE HCL	23
meropenem	7	mometasone furoate	40
mesalamine	58	MONOJECT INSULIN SYRINGE	65
mesalamine w/ cleanser	58	MONOJECT ULTRA COMFORT SYRINGE	65
MESNEX	21	montelukast sodium	72
metformin hcl	29	morphine sulfate	2
methadone hcl	2	moxifloxacin hcl	8
		MOXIFLOXACIN HCL (2X DAY)	70
		moxifloxacin hcl (ophth)	70

MS INSULIN SYRINGE.....	65	NESTABS.....	44
MULTI-MAC.....	44	NESTABS DHA.....	44
mupirocin.....	41	NESTABS ONE.....	44
mupirocin calcium (topical).....	41	NEUPRO.....	22
mycophenolate mofetil.....	56	nevirapine.....	26
mycophenolate sodium.....	56	NEVIRAPINE ER.....	26
MYNATAL.....	44	NEXA PLUS.....	44
MYNATAL ADVANCE.....	44	niacin (antihyperlipidemic).....	36
MYNATAL PLUS.....	44	NICOTROL.....	4
MYNATAL-Z.....	44	nifedipine.....	34
MYNATE 90 PLUS.....	44	nilutamide.....	16
MYRBETRIQ.....	50	nimodipine.....	34
N		NINLARO.....	17
nabumetone.....	2	nitazoxanide.....	21
nadolol.....	33	NITRO-BID.....	36
nafcillin sodium.....	7	NITRO-DUR.....	36
NALOXONE HCL.....	4	nitrofurantoin macrocrystal.....	5
naltrexone hcl.....	4	nitrofurantoin monohyd macro.....	5
NAMZARIC.....	11	nitroglycerin.....	37
naproxen.....	2	NIVA-PLUS.....	44
naratriptan hcl.....	15	NIVESTYM.....	32
NATACHEW.....	44	NIZATIDINE.....	49
NATACYN.....	70	NORDITROPIN FLEXPLO.....	51
NATALVIT.....	44	norethin acet & estrad-fe.....	53
nateglinide.....	29	norethindrone & ethinyl estradiol-fe.....	53
NATELLE ONE.....	44	norethindrone (contraceptive).....	53
NATPARA.....	59	norethindrone acet & eth estra.....	53
NAYZILAM.....	10	norethindrone acetate-ethinyl estradiol.....	53
NEEVO DHA.....	44	norethindrone acetate-ethinyl estradiol-fe.....	53
NEFAZODONE HCL.....	12	norgestimate-ethinyl estradiol.....	53
neomycin sulfate.....	4	norgestimate-ethinyl estradiol (triphasic).....	53
neomycin-bacitracin zn-polymyxin.....	69	norgestrel & ethinyl estradiol.....	53
neomycin-polymy-dexameth.....	69	NORMOSOL-M IN D5W.....	41
NEOMYCIN-POLYMYXIN-HC.....	69	nortriptyline hcl.....	13
neomycin-polymyxin-hc (otic).....	71	NORVIR.....	27
NEONATAL + DHA.....	44	NOVOFINE AUTOCOVER PEN NEEDLE.....	65
NEONATAL COMPLETE.....	44	NOVOFINE PEN NEEDLE.....	65
NEONATAL FE.....	44	NOVOFINE PLUS PEN NEEDLE.....	65
NEONATAL PLUS.....	44	NOVOLIN 70/30.....	30
NERLYNX.....	19	NOVOLIN 70/30 FLEXPEN.....	30
		NOVOLIN 70/30 FLEXPEN RELION.....	30

NOVOLIN 70/30 RELION	30	ofloxacin (ophth)	70
NOVOLIN N	30	ofloxacin (otic)	71
NOVOLIN N FLEXPEN	31	olanzapine	24
NOVOLIN N FLEXPEN RELION	31	olopatadine hcl	69
NOVOLIN N RELION	31	OLUMIANT	55
NOVOLIN R	31	omega-3-acid ethyl esters	36
NOVOLIN R FLEXPEN	31	omeprazole	49
NOVOLIN R FLEXPEN RELION	31	OMNITROPE	52
NOVOLIN R RELION	31	ondansetron	13
NOVOTWIST PEN NEEDLE	65	ondansetron hcl	13
NOXAFIL	14	ONGENTYS	22
NUBEQA	16	ONUREG	17
NUCALA	74	OPSUMIT	73
NUEDEXTA	38	ORENCIA	55
NUPLAZID	24	ORENCIA CLICKJECT	55
NURTEC	14	ORGOVYX	54
NUTRILIPID	41	ORKAMBI	73
NUTROPIN AQ NUSPIN 10	51	ORSERDU	16
NUTROPIN AQ NUSPIN 20	51	oseltamivir phosphate	28
NUTROPIN AQ NUSPIN 5	52	OTEZLA	40
nystatin	14	oxandrolone	52
nystatin (mouth-throat)	14	oxazepam	28
nystatin (topical)	14	oxcarbazepine	10
nystatin-triamcinolone	40	oxybutynin chloride	50
O			
O-CAL FA	44	oxycodone hcl	3
O-CAL PRENATAL	44	OXYCODONE HCL ER	2
OB COMPLETE	44	oxycodone w/ acetaminophen	3
OB COMPLETE ONE	44	OXYCODONE-ACETAMINOPHEN	3
OB COMPLETE PETITE	45	OXYCONTIN	2
OB COMPLETE PREMIER	45	OXYTROL	50
OB COMPLETE/DHA	45	P	
OBSTETRIX DHA	45	paliperidone	24
OBSTETRIX EC	45	PANRETIN	21
OBSTETRIX ONE	45	pantoprazole sodium	49
octreotide acetate	54	paromomycin sulfate	4
ODEFSEY	26	paroxetine hcl	12
ODOMZO	19	paroxetine mesylate (vasomotor)	12
OFEV	73	PC UNIFINE PENTIPS	65
OFLOXACIN	8	PEDIARIX	57
		PEDVAX HIB	57

peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	49	PIORAY (200 MG DAILY DOSE)	19
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	49	PIORAY (250 MG DAILY DOSE)	20
peg 3350-potassium chloride-sod bicarbonate-sod chloride	49	PIORAY (300 MG DAILY DOSE)	20
PEGANONE	10	pirfenidone	73
PEGASYS	56	PNV OB+DHA	45
PEGASYS PROCLICK	56	PNV PRENATAL PLUS MULTIVIT+DHA	45
PEMAZYRE	19	PNV TABS 20-1	45
PEN NEEDLES	65	PNV TABS 29-1	45
PEN NEEDLES 1/2"	65	PNV-DHA	45
PEN NEEDLES 3/16"	65	PNV-DHA+DOCUSATE	45
PEN NEEDLES 5/16"	65	PNV-OMEGA	45
penicillamine	50	PNV-SELECT	45
PENICILLIN G POT IN DEXTROSE	7	podofilox	40
penicillin g potassium	7	polymyxin b sulfate	5
PENICILLIN G PROCAINE	7	polymyxin b-trimethoprim	70
PENICILLIN G SODIUM	7	POMALYST	16
penicillin v potassium	7	posaconazole	14
PENTACEL	57	potassium chloride	42
pentamidine isethionate	21	POTASSIUM CHLORIDE ER	42
PENTASA	58	potassium chloride in dextrose	42
PENTIPS	65	potassium chloride in dextrose & sodium chloride	42
pentoxifylline	35	POTASSIUM CHLORIDE IN NA CL	42
permethrin	40	potassium chloride microencapsulated crystals er	42
perphenazine	13	potassium citrate (alkalinizer)	42
PERSERIS	24	PR NATAL 400	45
PHARMACIST CHOICE ALCOHOL	65	PR NATAL 400 EC	45
PHENELZINE SULFATE	11	PR NATAL 430	45
phenobarbital	10	PR NATAL 430 EC	45
phenytoin	10	PRADAXA	31
phenytoin sodium extended	10	pramipexole dihydrochloride	22
PIFELTRO	26	pravastatin sodium	36
pilocarpine hcl	71	praziquantel	21
pilocarpine hcl (oral)	39	prazosin hcl	32
PIMOZIDE	23	PRECISION SURE-DOSE SYRINGE	65
pindolol	33	PRECISION SUREDOSE PLUS SYR	65
pioglitazone hcl	29	PRED MILD	70
pioglitazone hcl-metformin hcl	29	prednisolone	51
piperacillin sodium-tazobactam sodium	7	PREDNISOLONE ACETATE	70
		PREDNISOLONE SODIUM PHOSPHATE	51

prednisone	51	PREZISTA	27
PREDNISONE INTENSOL	51	PRIFTIN	16
PREFERRED PLUS INSULIN SYRINGE	65	PRIMACARE	46
PREFERRED PLUS UNIFINE PENTIPS	65	primaquine phosphate	21
pregabalin	38	primidone	10
PREGEN DHA	45	PRIORIX	58
PREGENNA	45	PRIVIGEN	55
PREHEVBRIO	58	PRO COMFORT ALCOHOL	65
PREMARIN	53	PRO COMFORT INSULIN SYRINGE	65
PREMASOL	42	PRO COMFORT PEN NEEDLES	65
PREMPRO	53	probenecid	14
PRENA 1 TRUE	45	prochlorperazine	13
PRENA1	45	prochlorperazine maleate	13
PRENA1 PEARL	45	PRODIGY INSULIN SYRINGE	65
PRENAISSANCE	45	progesterone	53
PRENAISSANCE PLUS	45	PROGRAF	57
PRENATABS RX	45	PROLASTIN-C	50
PRENATAL	45	PROLIA	59
PRENATAL 19	45	PROMACTA	32
PRENATAL PLUS	45	promethazine hcl	13
PRENATAL PLUS IRON	45	propafenone hcl	33
PRENATAL PLUS VITAMIN/MINERAL	45	propranolol hcl	34
PRENATAL VITAMIN PLUS LOW IRON	46	propylthiouracil	55
PRENATAL-U	46	PROQUAD	58
PRENATE	46	PROSOL	42
PRENATE AM	46	protriptyline hcl	13
PRENATE DHA	46	PROVIDA DHA	46
PRENATE ELITE	46	PROVIDA OB	46
PRENATE ENHANCE	46	PULMICORT FLEXHALER	72
PRENATE ESSENTIAL	46	PULMOZYME	73
PRENATE MINI	46	PURE COMFORT ALCOHOL PREP	65
PRENATE PIXIE	46	PURE COMFORT PEN NEEDLE	65
PRENATE RESTORE	46	PUREFE OB PLUS	46
PRENATRIX	46	PURIXAN	17
PRENATRYL	46	PX EXTRA SHORT PEN NEEDLES	65
PREPLUS	46	PX INSULIN SYRINGE	65
PRETAB	46	PX MINI PEN NEEDLES	65
PRETOMANID	15	PX PEN NEEDLE	65
PREVENT DROPSAFE PEN NEEDLES	65	PX SHORTLENGTH PEN NEEDLES	65
PREVYMIS	25	pyrazinamide	16
PREZCOBIX	27	pyridostigmine bromide	15

pyrimethamine 21

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QC PEN NEEDLES 66

QC STERILE PADS 66

QC UNIFINE PENTIPS 66

QINLOCK 17

QUADRACEL 58

quetiapine fumarate 24

quinidine gluconate 33

quinidine sulfate 33

quinine sulfate 22

QULIPTA 15

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RA INSULIN SYRINGE 66

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RA STERILE 66

RABAVERT 58

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ramelteon 74

ramipril 33

ranolazine 35

rasagiline mesylate 23

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RETACRIT 32

RETEVMO 17

REXULTI 24

REYATAZ 27

REZLIDHIA 20

RHOPRESSA 71

RIBAVIRIN 25

ribavirin (hepatitis c) 25

rifabutin 15

rifampin 16

riluzole 38

RISPERDAL CONSTA 24

risperidone 24

ritonavir 27

rivastigmine 11

rivastigmine tartrate 11

rizatriptan benzoate 15

roflumilast 73

ropinirole hydrochloride 22

rosuvastatin calcium 36

ROTARIX 58

ROTATEQ 58

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RUBRACA 20

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RUKOBIA 27

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SAIZENPREP	52	sodium fluoride	42
SANTYL	40	SODIUM FLUORIDE	46
sapropterin dihydrochloride	50	SODIUM OXYBATE	75
SAPS CARE ALCOHOL PREP	66	sodium phenylbutyrate	50
SAPS HEALTH ALCOHOL PREP	66	sodium polystyrene sulfonate	43
SAPS HEALTH CARE ALCOHOL PREP	66	SOFOSBUVIR-VELPATASVIR	25
SB INSULIN SYRINGE	66	solifenacin succinate	50
SCSEMBLIX	20	SOLTAMOX	16
scopolamine	13	SOMATULINE DEPOT	54
SE-NATAL 19	46	SOMAVERT	54
SECUADO	24	sorafenib tosylate	20
SECURESAFE INSULIN SYRINGE	66	sotalol hcl	33
SECURESAFE SAFETY PEN NEEDLES	66	sotalol hcl (afib/afI)	33
SELECT-OB	46	SOVALDI	25
SELECT-OB+DHA	46	SPIRIVA HANDIHALER	72
selegiline hcl	23	SPIRIVA RESPIMAT	72
selenium sulfide	40	spironolactone	35
SELZENTRY	27	spironolactone & hydrochlorothiazide	35
SEREVENT DISKUS	73	SPRITAM	9
SEROSTIM	52	SPRYCEL	20
sertraline hcl	12	SPS	43
sevelamer carbonate	42	STAVUDINE	27
sevelamer hcl	42	STELARA	55
SHINGRIX	58	STERILE	66
SHOPKO UNIFINE PENTIPS	66	STERILE GAUZE	66
SHOPKO UNIFINE PENTIPS PLUS	66	STIVARGA	20
SIGNIFOR	54	STREPTOMYCIN SULFATE	4
sildenafil citrate (pulmonary hypertension)	73	STRIBILD	26
silver sulfadiazine	40	SUCRAID	50
SIMPONI	57	sucralfate	49
simvastatin	36	SULFACETAMIDE SODIUM	70
sirolimus	57	sulfacetamide sodium (acne)	8
SIRTURO	16	sulfacetamide sodium (ophth)	70
SIVEXTRO	5	SULFACETAMIDE-PREDNISOLONE	69
SKYRIZI	55	SULFADIAZINE	8
SKYRIZI PEN	55	sulfamethoxazole-trimethoprim	8
SM ALCOHOL PREP	66	sulfasalazine	58
SM GAUZE	66	sulindac	2
SM STERILE	66	sumatriptan	15
sodium chloride	42	SUMATRIPTAN SUCCINATE	15
sodium chloride (gu irrigant)	42	sumatriptan succinate	15

SUMATRIPTAN SUCCINATE REFILL	15	TEFLARO	6
sunitinib malate	20	temazepam	74
SUNLENCA	27	TENIVAC	58
SUPRAX	6	tenofovir disoproxil fumarate	27
SURE COMFORT ALCOHOL PREP	66	TEPMETKO	20
SURE COMFORT INSULIN SYRINGE	67	terazosin hcl	32
SURE COMFORT PEN NEEDLES	67	terbinafine hcl	14
SURE-FINE PEN NEEDLES	67	terconazole vaginal	14
SURE-JECT INSULIN SYRINGE	67	TERIPARATIDE (RECOMBINANT)	59
SURE-PREP ALCOHOL PREP	67	testosterone	52
SYMDEKO	73	TESTOSTERONE CYPIONATE	52
SYMLINPEN 120	29	testosterone enanthate	52
SYMLINPEN 60	29	tetrabenazine	38
SYMPAZAN	10	tetracycline hcl	8
SYMTUZA	27	TGT ALCOHOL SWABS	67
SYNAREL	54	THALOMID	16
SYNRIBO	17	THEO-24	73
		theophylline	73
T		thioridazine hcl	23
TABLOID	17	thiothixene	23
TABRECTA	17	THRIVITE RX	46
tacrolimus	57	tiagabine hcl	10
tacrolimus (topical)	40	TIBSOVO	20
tadalafil (pulmonary hypertension)	73	TICOVAC	58
TAFINLAR	20	tigecycline	5
TAGRISSO	20	timolol maleate	15
TALTZ	55	timolol maleate (ophth)	71
TALZENNA	20	TIVICAY	26
tamoxifen citrate	16	TIVICAY PD	26
tamsulosin hcl	50	tizanidine hcl	25
TARON-BC	46	TL FOLATE	46
TARON-C DHA	46	TL-CARE DHA	46
TARON-PREX	46	TL-SELECT	46
TASIGNA	20	TOBRADEX	69
tasimelteon	74	tobramycin	73
tazarotene	39	tobramycin (ophth)	70
TAZORAC	39	tobramycin sulfate	4
TAZVERIK	17	tobramycin-dexamethasone	69
TDVAX	58	TODAYS HEALTH MINI PEN NEEDLES	67
TECHLITE INSULIN SYRINGE	67	TODAYS HEALTH PEN NEEDLES	67
TECHLITE PEN NEEDLES	67	TODAYS HEALTH SHORT PEN NEEDLE	67

tolcapone	22	TRISTART DHA	47
tolterodine tartrate	50	TRIUMEO	27
TOPCARE CLICKFINE PEN NEEDLES	67	TRIUMEO PD	27
TOPCARE ULTRA COMFORT INS SYR	67	TRIVEEN-DUO DHA	47
topiramate	9	TRIZIVIR	27
toremifene citrate	17	TROPHAMINE	42
torseamide	35	tropium chloride	50
TPN ELECTROLYTES	47	TRUE COMFORT ALCOHOL PREP PADS	67
tramadol hcl	2	TRUE COMFORT INSULIN SYRINGE	67
TRAMADOL HCL ER	2	TRUE COMFORT PEN NEEDLES	67
TRAMADOL HCL ER (BIPHASIC)	2	TRUE COMFORT PRO ALCOHOL PREP	67
tramadol-acetaminophen	3	TRUE COMFORT PRO INSULIN SYR	67
tranexamic acid	32	TRUE COMFORT PRO PEN NEEDLES	67
tranylcypromine sulfate	11	TRUEPLUS 5-BEVEL PEN NEEDLES	67
TRAVASOL	42	TRUEPLUS INSULIN SYRINGE	67
travoprost	71	TRUEPLUS PEN NEEDLES	67
trazodone hcl	12	TRULICITY	29
TRECTOR	16	TRUMENBA	58
TRELEGY ELLIPTA	74	TRUSELTIQ (100MG DAILY DOSE)	20
TRELSTAR MIXJECT	54	TRUSELTIQ (125MG DAILY DOSE)	20
TREMFYA	55	TRUSELTIQ (50MG DAILY DOSE)	20
tretinoin	39	TRUSELTIQ (75MG DAILY DOSE)	20
tretinoin (chemotherapy)	21	TUDORZA PRESSAIR	72
tretinoin microsphere	39	TUKYSA	20
TRI-TABS DHA	47	TURALIO	20
triamcinolone acetonide (mouth)	39	TWINRIX	58
triamcinolone acetonide (topical)	40	TYBOST	27
triamterene & hydrochlorothiazide	35	TYMLOS	59
triazolam	74	TYPHIM VI	58
TRICARE	47		
trientine hcl	42	U	
trifluoperazine hcl	23	UBRELVY	15
TRIFLURIDINE	28	ULTICARE ALCOHOL SWABS	67
trihexyphenidyl hcl	22	ULTICARE INSULIN SAFETY SYR	67
TRIKAFTA	73	ULTICARE INSULIN SYR 1/2 UNIT	67
TRIMETHOPRIM	5	ULTICARE INSULIN SYRINGE	67
trimipramine maleate	13	ULTICARE MICRO PEN NEEDLES	67
TRINATAL RX 1	47	ULTICARE MINI PEN NEEDLES	67
TRINATE	47	ULTICARE PEN NEEDLES	67
TRINAZ	47	ULTICARE SHORT PEN NEEDLES	68
TRINTELLIX	12	ULTIGUARD SAFEPAK PEN NEEDLE	68

ULTIGUARD SAFEPAK SYR/NEEDLE.....	68	VAQTA.....	58
ULTILET ALCOHOL SWABS.....	68	varenicline tartrate.....	4
ULTILET PEN NEEDLE.....	68	VARIVAX.....	58
ULTIMATECARE ONE.....	47	VELTASSA.....	43
ULTRA COMFORT INSULIN SYRINGE.....	68	VENA-BAL DHA.....	47
ULTRA FLO INSULIN PEN NEEDLES.....	68	VENCLEXTA.....	20
ULTRA FLO INSULIN SYR 1/2 UNIT.....	68	VENCLEXTA STARTING PACK.....	20
ULTRA FLO INSULIN SYRINGE.....	68	VENLAFAXINE BESYLATE ER.....	12
ULTRA THIN PEN NEEDLES.....	68	venlafaxine hcl.....	12
ULTRA-CARE ALCOHOL PREP PADS.....	68	verapamil hcl.....	34
ULTRA-COMFORT INSULIN SYRINGE.....	68	VERAPAMIL HCL ER.....	34
ULTRA-THIN II INS SYR SHORT.....	68	VERSACLOZ.....	24
ULTRA-THIN II INSULIN SYRINGE.....	68	VERZENIO.....	20
ULTRA-THIN II MINI PEN NEEDLE.....	68	VIBRAMYCIN.....	8
ULTRA-THIN II PEN NEEDLE SHORT.....	68	VIDA MIA UNIFINE PENTIPS.....	68
ULTRA-THIN II PEN NEEDLES.....	68	vigabatrin.....	10
ULTRACARE INSULIN SYRINGE.....	68	VIIBRYD STARTER PACK.....	12
ULTRACARE PEN NEEDLES.....	68	VIJOICE.....	50
UNIFINE PENTIPS.....	68	vilazodone hcl.....	12
UNIFINE PENTIPS PLUS.....	68	VINATE DHA RF.....	47
UNIFINE SAFECONTROL PEN NEEDLE.....	68	VINATE II.....	47
UNIFINE ULTRA PEN NEEDLE.....	68	VINATE M.....	47
UPTRAVI.....	73	VINATE ONE.....	47
URSODIOL.....	49	VIRACEPT.....	27
V		VIREAD.....	27
valacyclovir hcl.....	28	VIRT-C DHA.....	47
VALCHLOR.....	16	VIRT-NATE DHA.....	47
valganciclovir hcl.....	25	VIRT-PN DHA.....	47
valproate sodium.....	9	VIRT-PN PLUS.....	47
valproic acid.....	9	VITAFOL FE+.....	47
valsartan.....	33	VITAFOL GUMMIES.....	47
valsartan-hydrochlorothiazide.....	35	VITAFOL ULTRA.....	47
VALTOCO 10 MG DOSE.....	10	VITAFOL-NANO.....	47
VALTOCO 15 MG DOSE.....	10	VITAFOL-OB.....	47
VALTOCO 20 MG DOSE.....	10	VITAFOL-OB+DHA.....	47
VALTOCO 5 MG DOSE.....	10	VITAFOL-ONE.....	47
VALUE HEALTH INSULIN SYRINGE.....	68	VITAMEDMD ONE RX/QUATREFOLIC.....	47
VALUMARK PEN NEEDLES.....	68	VITAMEDMD REDICHEW RX.....	47
VANCOMYCIN HCL.....	6	VITAPEARL.....	47
VANISHPOINT INSULIN SYRINGE.....	68	VITATRUE.....	47
		VITRAKVI.....	20

VIVA DHA	47
VIZIMPRO	20
VOL-NATE	47
VOL-PLUS	48
VOL-TAB RX	48
VONJO	21
voriconazole	14
VOSEVI	25
VOTRIENT	20
VP INSULIN SYRINGE	68
VP-PNV-DHA	48
VRAYLAR	24

W

warfarin sodium	31
WEBCOL ALCOHOL PREP LARGE	68
WEBCOL ALCOHOL PREP MEDIUM	68
WEGMANS UNIFINE PENTIPS PLUS	69
WELIREG	17
WESCAP-C DHA	48
WESCAP-PN DHA	48
WESNATE DHA	48
WESTAB PLUS	48
WESTGEL DHA	48
wixela inhub	74

X

XALKORI	20
XARELTO	31
XARELTO STARTER PACK	31
XATMEP	57
XCOPRI	9
XCOPRI (250 MG DAILY DOSE)	9
XCOPRI (350 MG DAILY DOSE)	9
XELJANZ	56
XELJANZ XR	56
XERMELO	48
XGEVA	59
XIFAXAN	6
XOLAIR	56
XOSPATA	20

XPOVIO (100 MG ONCE WEEKLY)	17
XPOVIO (40 MG ONCE WEEKLY)	18
XPOVIO (40 MG TWICE WEEKLY)	18
XPOVIO (60 MG ONCE WEEKLY)	18
XPOVIO (60 MG TWICE WEEKLY)	18
XPOVIO (80 MG ONCE WEEKLY)	18
XPOVIO (80 MG TWICE WEEKLY)	18
XTANDI	16
XYREM	75

Y

YF-VAX	58
YONSA	16

Z

zafirlukast	72
zaleplon	74
ZALVIT	48
ZATEAN-PN DHA	48
ZATEAN-PN PLUS	48
ZEJULA	20
ZELBORAF	21
ZEMAIRA	50
ZENPEP	50
ZEPATIER	25
ZEPOSIA	39
ZEPOSIA 7-DAY STARTER PACK	39
ZEPOSIA STARTER KIT	39
ZEV RX INSULIN SYRINGE	69
ZEV RX PEN NEEDLES	69
zidovudine	27
zileuton	72
ziprasidone hcl	24
ziprasidone mesylate	24
ZIRGAN	25
ZOLINZA	18
zolpidem tartrate	74
ZONISADE	11
zonisamide	11
ZORBTIVE	52
ZTALMY	9

ZYDELIG.....	21
ZYKADIA.....	21
ZYPREXA RELPREVV.....	24

2023 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 5/1/2023.

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.

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

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



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