

• 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 7

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

This formulary was updated on 1/1/2023.

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 1/1/2023. 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 1/1/2023. 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 75. 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 75.

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 (tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg)</i>	
<i>diclofenac sodium gel 1%</i>	
<i>etodolac</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	
<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>	
<i>codeine sulfate (15 mg tab, 30 mg tab, tab 30 mg, 60 mg tab, tab 60 mg)</i>	
<i>fentanyl citrate (a 200 mcg, a 400 mcg, a 600 mcg, a 800 mcg, a 1200 mcg, a 1600 mcg)</i>	PA
<i>hydrocodone-acetaminophen (soln 7.5-325 mg/15ml, tab 5-325 mg, tab 7.5-325 mg, tab 10-325 mg)</i>	
<i>hydromorphone hcl (preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg)</i>	
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION	
<i>morphine sulfate (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	
<i>lidocaine hcl (mouth-throat)</i>	
<i>lidocaine hcl (soln 4%, urethral/mucosal gel 2%)</i>	
LIDOCAINE HCL URETHRAL/MUCOSAL	
<i>lidocaine oint 5%</i>	
<i>lidocaine patch 5%</i>	PA
<i>lidocaine-prilocaine (cream 2.5-2.5%, cream kit 2.5-2.5%)</i>	
LIDOTREX	

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 DETERRENTS/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	
VARENICLINE TARTRATE	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 (1 gm, 2 gm)</i>	
<i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</i>	
<i>cefoxitin sodium</i>	
<i>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	

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

DRUG NAME	REQUIREMENTS/LIMITS
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, k tab er 12hr 1000-62.5 mg)</i>	
<i>amoxicillin (125 mg chew tab, (trihydrate) cap 250 mg, (trihydrate) cap 500 mg, (trihydrate) for susp 125 mg/5ml, (trihydrate) for susp 200 mg/5ml, (trihydrate) for susp 250 mg/5ml, 250 mg chew tab, (trihydrate) for susp 400 mg/5ml, (trihydrate) tab 500 mg, (trihydrate) tab 875 mg)</i>	
AMOXICILLIN-POT CLAVULANATE	
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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
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 (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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

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

DIACOMIT

divalproex sodium

EPIDIOLEX

PA - FOR NEW STARTS ONLY

EPRONTIA

felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)

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)

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)

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

SPRITAM

topiramate

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

valproic acid

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

DRUG NAME	REQUIREMENTS/LIMITS
XCOPRI	
XCOPRI (250 MG DAILY DOSE)	
XCOPRI (350 MG DAILY DOSE)	
CALCIUM CHANNEL MODIFYING AGENTS	
CELONTIN	
<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	
GAMMA-AMINOBUTYRIC 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</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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
PEGANONE	
<i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>	
<i>phenytoin sodium extended</i>	
<i>rufinamide (susp 40 mg/ml, tab 200 mg, tab 400 mg)</i>	
<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	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>tranylcypromine sulfate</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	
DESVENLAFAXINE ER	
<i>desvenlafaxine succinate</i>	
<i>escitalopram oxalate (soln 5 mg/5ml (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 (50 MG TAB, TAB 50 MG, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB, TAB 250 MG)	
<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	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml)</i>	
<i>imipramine hcl</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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>clotrimazole (topical) (cream, soln)</i>	
<i>fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	
<i>fluconazole in nacl</i>	
<i>flucytosine</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>miconazole 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</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</i>	
<i>colchicine (0.6 mg cap, tab 0.6 mg)</i>	
<i>colchicine w/ probenecid</i>	
<i>febuxostat</i>	
<i>probenecid</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTIMIGRAINE AGENTS	
ANTIMIGRAINE AGENTS, OTHER	
NURTEC	QL (18 PER 30 OVER TIME)
QULIPTA	
UBRELVY	QL (16 PER 30 OVER TIME)
ERGOT ALKALOIDS	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	
<i>ergotamine w/ caffeine</i>	
PROPHYLACTIC	
AJOVY	PA
<i>timolol maleate (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
SEROTONIN (5-HT) RECEPTOR AGONIST	
<i>naratriptan hcl</i>	QL (9 PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	QL (12 PER 30 OVER TIME)
<i>sumatriptan</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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTITUBERCULARS	
<i>ethambutol hcl</i>	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, tab 100 mg, tab 300 mg)</i>	
PASER	
PRETOMANID	
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
LEUKERAN	
MATULANE	
VALCHLOR	
ANTIANDROGENS	
<i>abiraterone acetate</i>	
<i>bicalutamide</i>	
ERLEADA	
<i>nilutamide</i>	
NUBEQA	
XTANDI	
YONSA	
ANTIANGIOGENIC AGENTS	
<i>lenalidomide (cap 5 mg, cap 10 mg, cap 15 mg, cap 25 mg)</i>	
POMALYST	LA
REVLIMID (2.5 MG CAP, 20 MG CAP)	LA
THALOMID	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTIESTROGENS/MODIFIERS	
EMCYT	
SOLTAMOX	
<i>tamoxifen citrate</i>	
<i>toremifene citrate</i>	
ANTIMETABOLITES	
<i>hydroxyurea</i>	
INQOVI	
<i>mercaptopurine</i>	
PURIXAN	
TABLOID	
ANTINEOPLASTICS, OTHER	
AYVAKIT (100 MG TAB, 200 MG TAB, 300 MG TAB)	
BESREMI	
BRUKINSA	
EXKIVITY	
FOTIVDA	
IDHIFA	
INREBIC	
KISQALI FEMARA (400 MG DOSE)	
KISQALI FEMARA (600 MG DOSE)	
KISQALI FEMARA(200 MG DOSE)	
LONSURF	
LUMAKRAS	
NINLARO	
ONUREG	
QINLOCK	
RETEVMO	
ROZLYTREK	
SYNRIBO	
TABRECTA	

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

DRUG NAME	REQUIREMENTS/LIMITS
TAZVERIK	
WELIREG	
XPOVIO (100 MG ONCE WEEKLY)	
XPOVIO (40 MG ONCE WEEKLY)	
XPOVIO (40 MG TWICE WEEKLY)	
XPOVIO (60 MG ONCE WEEKLY)	
XPOVIO (60 MG TWICE WEEKLY)	
XPOVIO (80 MG ONCE WEEKLY)	
XPOVIO (80 MG TWICE WEEKLY)	
ZOLINZA	
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	
MOLECULAR TARGET INHIBITORS	
ALECENSA	
ALUNBRIG	
AYVAKIT (25 MG TAB, 50 MG TAB)	
BALVERSA	
BOSULIF	
BRAFTOVI 75 MG CAP	
CABOMETYX	
CALQUENCE 100 MG CAP	
CAPRELSA	
COMETRIQ (100 MG DAILY DOSE)	
COMETRIQ (140 MG DAILY DOSE)	
COMETRIQ (60 MG DAILY DOSE)	
COPIKTRA	
COTELLIC	
DAURISMO	
ERIVEDGE	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>erlotinib hcl</i>	
<i>everolimus</i>	
GAVRETO	
GILOTRIF	
IBRANCE	
ICLUSIG	
<i>imatinib mesylate</i>	
IMBRUVICA (70 MG CAP, 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	
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)	
RUBRACA	
RYDAPT	
SCEMBLIX	
<i>sorafenib tosylate</i>	
SPRYCEL	
STIVARGA	
<i>sunitinib malate</i>	
TAFINLAR	
TAGRISSE	
TALZENNA	
TASIGNA	
TEPMETKO	
TIBSOVO	
TRUSELTIQ (100MG DAILY DOSE)	
TRUSELTIQ (125MG DAILY DOSE)	
TRUSELTIQ (50MG DAILY DOSE)	
TRUSELTIQ (75MG DAILY DOSE)	
TUKYSA	
TURALIO	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	
VIZIMPRO	
VOTRIENT	
XALKORI	
XOSPATA	
ZEJULA	
ZELBORAF	

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

DRUG NAME	REQUIREMENTS/LIMITS
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 (tab 250 mg, 500 mg tab, tab 500 mg)</i>	
COARTEM	
HYDROXYCHLOROQUINE SULFATE (100 MG TAB, TAB 200 MG, 300 MG TAB, 400 MG TAB)	
<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, syrup 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 42 MG CAP	
FANAPT	
FANAPT TITRATION PACK	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
LATUDA	
NUPLAZID (10 MG TAB, 34 MG CAP)	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)</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
<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	
ISENTRESS HD	

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

DRUG NAME	REQUIREMENTS/LIMITS
JULUCA	
STRIBILD	
TIVICAY	
TIVICAY PD	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
COMPLERA	
DELSTRIGO	
EDURANT	
<i>efavirenz</i>	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	
<i>etravirine</i>	
INTELENCE 25 MG TAB	
<i>nevirapine (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 200-25 MG TAB	
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>	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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)	
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 (80 MG/ML SOLUTION, 100 MG PACKET)	
PREZCOBIX	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB, 600 MG TAB, 800 MG TAB)	
REYATAZ 50 MG PACKET	
<i>ritonavir</i>	
SYMTUZA	
VIRACEPT	

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 iv soln 50 mg/ml</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

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

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

ARANESP (ALBUMIN FREE)

PA

LEUKINE

PA

NIVESTYM

PA

PROMACTA

RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)

PA

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

DRUG NAME	REQUIREMENTS/LIMITS
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>	
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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
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 tab er 324 mg</i>	
<i>quinidine sulfate (200 mg tab, tab 200 mg, 300 mg tab, tab 300 mg)</i>	
<i>sotalol hcl (afib/af)</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>	
<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>	

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 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)</i>	
<i>diltiazem hcl coated beads (cap er 120 mg, cap er 180 mg, cap er 240 mg, cap er 300 mg, cap er 360 mg, tab er 180 mg, tab er 240 mg, tab er 300 mg, tab er 360 mg)</i>	
<i>diltiazem hcl extended release beads</i>	
<i>verapamil hcl (cap er 24hr 100 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 200 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)</i>	
VERAPAMIL HCL ER	
CARDIOVASCULAR AGENTS, OTHER	
<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	
ALDACTAZIDE 50-50 MG TAB	
<i>aliskiren fumarate</i>	
<i>amiloride & hydrochlorothiazide</i>	
<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>	
ENTRESTO	
<i>irbesartan-hydrochlorothiazide</i>	
<i>lisinopril & hydrochlorothiazide</i>	
<i>losartan potassium & hydrochlorothiazide</i>	
<i>metoprolol & hydrochlorothiazide</i>	
<i>metyrosine</i>	
<i>pentoxifylline</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>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>toremide</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 (30 mg cap, cap 43 mg, cap 67 mg, 90 mg cap, cap 130 mg, cap 134 mg, cap 200 mg)</i>	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
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>	
EZETIMIBE-ROSUVASTATIN	
<i>icosapent ethyl cap 1 gm</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	
VASCEPA 0.5 GM CAP	
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</i>	
NITRO-BID	
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	
<i>nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr, tl soln 0.4 mg/spray (400 mcg/spray))</i>	
RECTIV	

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

DRUG NAME	REQUIREMENTS/LIMITS
CENTRAL NERVOUS SYSTEM AGENTS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
<i>amphetamine-dextroamphetamine</i>	
<i>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)</i>	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
<i>atomoxetine hcl</i>	
<i>dexmethylphenidate hcl</i>	
<i>guanfacine hcl (adhd)</i>	
<i>methylphenidate hcl (cap er 10 mg (cd), cap er 20 mg (cd), cap er 24hr 10 mg (la), cap er 24hr 10 mg (xr), cap er 24hr 15 mg (xr), cap er 24hr 20 mg (la), cap er 24hr 20 mg (xr), cap er 24hr 30 mg (la), cap er 24hr 30 mg (xr), cap er 24hr 40 mg (la), cap er 24hr 40 mg (xr), cap er 24hr 50 mg (xr), cap er 24hr 60 mg (la), cap er 24hr 60 mg (xr), cap er 30 mg (cd), cap er 40 mg (cd), cap er 50 mg (cd), cap er 60 mg (cd), chew tab 2.5 mg, chew tab 5 mg, chew tab 10 mg, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, tab 10 mg, tab 20 mg, tab er 10 mg, tab er 20 mg, tab er 24hr 27 mg, tab er 24hr 36 mg, tab er 24hr 54 mg, tab er osmotic release (osm) 18 mg, tab er osmotic release (osm) 27 mg, tab er osmotic release (osm) 36 mg, tab er osmotic release (osm) 54 mg)</i>	
METHYLPHENIDATE HCL ER	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
<i>dalfampridine</i>	PA
<i>dimethyl fumarate</i>	
<i>glatiramer acetate</i>	
REBIF	
REBIF REBIDOSE	
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	
ZEPOSIA	
ZEPOSIA 7-DAY STARTER PACK	
ZEPOSIA STARTER KIT	

DENTAL AND ORAL AGENTS

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

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>acitretin</i>	
<i>benzoyl peroxide-erythromycin</i>	
<i>isotretinoin</i>	
<i>tazarotene (0.1 % foam, cream 0.1%)</i>	
TAZORAC (0.05 % CREAM, 0.05 % GEL, 0.1 % GEL)	
<i>tretinoin</i>	
<i>tretinoin microsphere</i>	

DERMATITIS AND PRURITUS AGENTS

<i>betamethasone dipropionate (topical) (cream, lotion, oint)</i>	
BETAMETHASONE DIPROPIONATE AUG	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>betamethasone dipropionate augmented (cream, lotion, oint)</i>	
<i>betamethasone valerate (aerosol foam 0.12%, cream 0.1% (base equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent))</i>	
<i>clobetasol propionate (cream, foam, gel, lotion, oint, shampoo, soln, spray)</i>	
<i>clobetasol propionate emollient base</i>	
<i>clobetasol propionate emulsion</i>	
DOXEPIN HCL 5 % CREAM	
<i>fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%)</i>	
<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

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

DRUG NAME	REQUIREMENTS/LIMITS
<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>	
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 15%***</i>	PA - TO CONFIRM PART D COVERAGE
AMINOSYN-PF 7 % SOLUTION	PA - TO CONFIRM PART D COVERAGE
<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)	

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

DRUG NAME	REQUIREMENTS/LIMITS
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
<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, 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%, 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	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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>	
POTASSIUM BINDERS	
<i>sodium polystyrene sulfonate (*powder**, oral susp 15 gm/60ml, rectal susp 30 gm/120ml)</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 RX	
CO-NATAL FA	
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DERMACINRX PRETRATE	

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

DRUG NAME	REQUIREMENTS/LIMITS
DOTHELLE DHA	
DUET DHA 400	
DUET DHA BALANCED	
ELITE-OB	
ENBRACE HR	
FOLET DHA	
FOLET ONE	
FOLIVANE-OB	
HEMENATAL OB	
HEMENATAL OB + DHA	
INATAL GT	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
M-VIT	
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 ABC	

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

DRUG NAME	REQUIREMENTS/LIMITS
NESTABS DHA	
NESTABS ONE	
NEXA PLUS	
NIVA-PLUS	
O-CAL FA	
O-CAL PRENATAL	
OB COMPLETE	
OB COMPLETE ONE	
OB COMPLETE PETITE	
OB COMPLETE PREMIER	
OB COMPLETE/DHA	
OBSTETRIX DHA	
OBSTETRIX EC	
OBSTETRIX ONE	
PNV FOLIC ACID + IRON	
PNV OB+DHA	
PNV PRENATAL PLUS MULTIVIT+DHA	
PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 20-1	
PNV TABS 29-1	
PNV-DHA	
PNV-DHA+DOCUSATE	
PNV-OMEGA	
PNV-SELECT	
PR NATAL 400	
PR NATAL 400 EC	
PR NATAL 430	
PR NATAL 430 EC	
PREFERA OB	
PREFERAOB +DHA	
PREFERAOB ONE	

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

DRUG NAME	REQUIREMENTS/LIMITS
PREGEN DHA	
PREGENNA	
PRENA 1 TRUE	
PRENA1	
PRENA1 PEARL	
PRENAISSANCE	
PRENAISSANCE PLUS	
PRENATA	
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	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
TPN ELECTROLYTES	
TRI-TABS DHA	
TRICARE	
TRICARE PRENATAL DHA ONE 0.8 MG CAP	
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	

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

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

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	
ANTI-CONSTIPATION AGENTS	
<i>lactulose (10 gm packet, solution 10 gm/15ml)</i>	
<i>lactulose (encephalopathy)</i>	
LINZESS	
LUBIPROSTONE	
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, 150 MG TAB)	PA
ANTI-DIARRHEAL AGENTS	
<i>alosetron hcl</i>	
<i>diphenoxylate w/ atropine</i>	
DIPHENOXYLATE-ATROPINE	
<i>loperamide hcl cap 2 mg</i>	
XERMELO	
ANTISPASMODICS, GASTROINTESTINAL	
<i>dicyclomine hcl (cap 10 mg, oral soln 10 mg/5ml, tab 20 mg)</i>	
<i>glycopyrrolate (oral soln 1 mg/5ml, tab 1 mg, 1.5 mg tab, tab 2 mg)</i>	
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)	

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

DRUG NAME	REQUIREMENTS/LIMITS
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>	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
GENITOURINARY AGENTS	
ANTISPASMODICS, URINARY	
<i>darifenacin hydrobromide</i>	
MYRBETRIQ (25 MG TAB ER, 50 MG TAB ER)	
<i>oxybutynin chloride (syrup 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)</i>	
OXYTROL	
<i>solifenacin succinate</i>	
<i>tolterodine tartrate</i>	
<i>tropium chloride</i>	
BENIGN PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl</i>	
<i>dutasteride</i>	
<i>dutasteride-tamsulosin hcl</i>	
<i>finasteride</i>	
<i>tamsulosin hcl</i>	
GENITOURINARY AGENTS, OTHER	
<i>bethanechol chloride</i>	
ELMIRON	
<i>penicillamine</i>	
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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>prednisolone</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	PA
INCRELEX	
NORDITROPIN FLEXPRO	PA
NUTROPIN AQ NUSPIN 10	PA
NUTROPIN AQ NUSPIN 20	PA
NUTROPIN AQ NUSPIN 5	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	PA
SAIZEN	PA
SAIZENPREP	PA
SEROSTIM	PA
ZORBTIVE	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

<i>misoprostol</i>	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	
ANABOLIC STEROIDS	
<i>oxandrolone</i>	
ANDROGENS	
ANDRODERM	
<i>danazol</i>	
<i>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)</i>	
<i>testosterone cypionate (im inj in oil 100 mg/ml, 200 mg/ml solution, im inj in oil 200 mg/ml)</i>	
<i>testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)</i>	
ESTROGENS	
<i>desogestrel & ethinyl estradiol</i>	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	
<i>drospirenone-ethinyl estradiol</i>	
<i>estradiol & norethindrone acetate</i>	
<i>estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg, td patch weekly 0.025 mg/24hr, td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), td patch weekly 0.05 mg/24hr, td patch weekly 0.06 mg/24hr, td patch weekly 0.075 mg/24hr, td patch weekly 0.1 mg/24hr)</i>	
<i>estradiol vaginal (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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB)	
<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	
<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	

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 (PITUITARY)	
<i>cabergoline</i>	
ELIGARD	PA - TO CONFIRM PART D COVERAGE
FIRMAGON	
FIRMAGON (240 MG DOSE)	
<i>leuprolide acetate</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	
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
<i>methimazole</i>	
<i>propylthiouracil</i>	
IMMUNOLOGICAL AGENTS	
ANGIOEDEMA AGENTS	
CINRYZE	PA
<i>icatibant acetate</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
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 DOSE)	
SKYRIZI (150 MG/ML SOLN PRSYR, 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	
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	
INTRON A (10000000 UNIT RECON SOLN, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN)	
PEGASYS	
PEGASYS PROCLICK 180 MCG/0.5ML SOLN A-INJ	

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

DRUG NAME	REQUIREMENTS/LIMITS
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 (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	
ENBREL 25 MG RECON SOLN	PA
ENBREL MINI	
ENBREL SURECLICK	
ENVARUSUS XR	PA - 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
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

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

DRUG NAME	REQUIREMENTS/LIMITS
VACCINES	
ACTHIB	
ADACEL	
BCG VACCINE	
BEXSERO	
BOOSTRIX	
DAPTACEL	
DIPHTHERIA-TETANUS TOXOIDS DT	
ENGERIX-B	PA - TO CONFIRM PART D COVERAGE
GARDASIL 9	
HAVRIX	
HIBERIX	
IMOVAX RABIES	
INFANRIX	
IPOL	
IXIARO	
KINRIX	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO	
PEDIARIX	
PEDVAX HIB	
PENTACEL	
PREHEVBRIO	PA - TO CONFIRM PART D COVERAGE
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	
RECOMBIVAX HB	PA - TO CONFIRM PART D COVERAGE
ROTARIX	

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

DRUG NAME	REQUIREMENTS/LIMITS
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, enema 4 gm, suppos 1000 mg, tab delayed release 1.2 gm, tab delayed release 800 mg)

mesalamine w/ cleanser

PENTASA

sulfasalazine

GLUCOCORTICOIDS

budesonide

hydrocortisone

hydrocortisone (intrarectal)

METABOLIC BONE DISEASE AGENTS

alendronate sodium (tab 10 mg, tab 35 mg, tab 70 mg)

calcitonin (salmon) nasal soln 200 unit/act

calcitriol (cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)

cinacalcet hcl

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>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 SWABS	
ALCOHOL WIPES 70 % PAD	
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)	
AUM SAFETY PEN NEEDLE	
AURORA PEN NEEDLES	
AURORA UNIFINE PENTIPS	
BAND-AID GAUZE SMALL	
BD AUTOSHIELD	
BD AUTOSHIELD DUO	
BD INSULIN SYR ULTRAFINE II	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
CARETOUCH ALCOHOL PREP	
CARETOUCH INSULIN SYRINGE	
CARETOUCH PEN NEEDLES	
CLEVER CHOICE COMFORT EZ	
CLICKFINE PEN NEEDLES	
COMFORT ASSIST INSULIN SYRINGE	
COMFORT EZ 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
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	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
EASY TOUCH 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	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
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 (27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 29G X 1" 0.3 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 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)	
INSULIN SYRINGE-NEEDLE U-100	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
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 (29G X 12MM, 31G X 5 MM, 31G X 6 MM, 31G X 8 MM, 32G X 4 MM, 32G X 5 MM, 32G X 6 MM, 33G X 4 MM)	
PEN NEEDLES 1/2"	
PEN NEEDLES 3/16"	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
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 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	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
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 SYRINGE	
ULTICARE MICRO PEN NEEDLES	
ULTICARE MINI PEN NEEDLES	
ULTICARE PEN NEEDLES	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
WEGMANS UNIFINE PENTIPS PLUS	
ZEVRX INSULIN SYRINGE	
ZEVRX 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

BLEPHAMIDE S.O.P.

brimonidine tartrate-timolol maleate

cyclosporine (ophth)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>dorzolamide hcl-timolol maleate (sol 22.3-6.8 mg/ml pf, soln 22.3-6.8 mg/ml)</i>	
LACRISERT	
<i>neomycin-bacitracin zn-polymyxin</i>	
<i>neomycin-polymy-dexameth (oint, susp)</i>	
NEOMYCIN-POLYMYXIN-HC	
RESTASIS MULTIDOSE	
<i>sulfacetamide sod-prednisolone</i>	
SULFACETAMIDE-PREDNISOLONE	
TOBRADEX 0.3-0.1 % OINTMENT	
<i>tobramycin-dexamethasone</i>	
OPHTHALMIC ANTI-ALLERGY AGENTS	
<i>azelastine hcl (ophth)</i>	
<i>cromolyn sodium (ophth)</i>	
<i>olopatadine hcl</i>	
OPHTHALMIC ANTI-INFECTIVES	
AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
<i>ciprofloxacin hcl (ophth)</i>	
<i>erythromycin (ophth)</i>	
<i>gatifloxacin (ophth)</i>	
GENTAK	
<i>gentamicin sulfate (ophth)</i>	
<i>levofloxacin (ophth)</i>	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>tobramycin (ophth)</i>	
OPHTHALMIC ANTI-INFLAMMATORIES	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
<i>diclofenac sodium (ophth)</i>	
<i>difluprednate</i>	
<i>fluorometholone (ophth)</i>	
<i>flurbiprofen sodium (0.03 % solution, ophth soln 0.03%)</i>	
FML	
FML FORTE	
<i>ketorolac tromethamine (ophth)</i>	
LOTEMAX 0.5 % OINTMENT	
<i>loteprednol etabonate (gel, susp)</i>	
PRED MILD	
PREDNISOLONE ACETATE	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
<i>betaxolol hcl (ophth)</i>	
BETOPTIC-S	
CARTEOLOL HCL	
<i>levobunolol hcl (0.5 % solution, ophth soln 0.5%)</i>	
TIMOLOL MALEATE (0.25 % GEL F SOLN, 0.5 % GEL F SOLN)	
<i>timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, preservative free soln 0.5%, soln 0.25%, soln 0.5%, soln 0.5% (once-daily))</i>	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
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>	
<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
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
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))</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)
<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 (100-125 MG PACKET, 100-125 MG TAB, 150-188 MG PACKET, 200-125 MG TAB)	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
MAST CELL STABILIZERS	
<i>cromolyn sodium</i>	PA - TO CONFIRM PART D COVERAGE
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
DALIRESP	
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	
ESBRIET 267 MG CAP	
OFEV	
<i>pirfenidone (tab 267 mg, tab 801 mg)</i>	
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

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

DRUG NAME	REQUIREMENTS/LIMITS
TRELEGY ELLIPTA <i>wixela inhub</i>	
SKELETAL MUSCLE RELAXANTS	
<i>cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
<i>doxepin hcl (sleep)</i>	
HETLIOZ	PA
HETLIOZ LQ	PA
<i>ramelteon</i>	
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem tartrate (tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg)</i>	
WAKEFULNESS PROMOTING AGENTS	
<i>modafinil</i>	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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HM STERILE ALCOHOL PREP	63	ibandronate sodium	59
HM ULTICARE MINI PEN NEEDLES	63	IBRANCE	19
HUMALOG MIX 50/50	30	ibuprofen	2
HUMALOG MIX 50/50 KWIKPEN	30	icatibant acetate	54
HUMALOG MIX 75/25	30	ICLUSIG	19
HUMATROPE	51	icosapent ethyl	36
HUMIRA	56	IDHIFA	17
HUMIRA PEDIATRIC CROHNS START	56	imatinib mesylate	19
HUMIRA PEN	56	IMBRUVICA	19
HUMIRA PEN-CD/UC/HS STARTER	56	imipenem-cilastatin	7
HUMIRA PEN-PEDIATRIC UC START	56	imipramine hcl	13
HUMIRA PEN-PS/UV/ADOL HS START	56	imipramine pamoate	13
HUMIRA PEN-PSOR/UEVIT STARTER	56	imiquimod	39
HUMULIN 70/30	30	IMOVAX RABIES	57
		INATAL GT	43
		INCRELEX	51
		INCRUSE ELLIPTA	72
		indapamide	35
		indomethacin	2

INFANRIX.....	57	isosorbide dinitrate.....	36
INLYTA.....	19	isosorbide mononitrate.....	36
INQOVI.....	17	isotretinoin.....	38
INREBIC.....	17	itraconazole.....	14
INSULIN ASP PROT & ASP FLEXPEN.....	30	ivermectin.....	21
INSULIN ASPART.....	30	IXIARO.....	57
INSULIN ASPART FLEXPEN.....	30		
INSULIN ASPART PENFILL.....	30	J	
INSULIN ASPART PROT & ASPART.....	30	J & J GAUZE.....	63
INSULIN GLARGINE.....	30	JAKAFI.....	19
INSULIN GLARGINE SOLOSTAR.....	30	JARDIANCE.....	29
INSULIN GLARGINE-YFGN.....	30	JULUCA.....	26
INSULIN LISPRO.....	30	JUXTAPID.....	36
INSULIN LISPRO (1 UNIT DIAL).....	30		
INSULIN LISPRO JUNIOR KWIKPEN.....	30	K	
INSULIN LISPRO PROT & LISPRO.....	30	KALYDECO.....	72
INSULIN SYRINGE.....	63	KCL IN DEXTROSE-NACL.....	41
INSULIN SYRINGE-NEEDLE U-100.....	63	KCL-LACTATED RINGERS-D5W.....	41
INSULIN SYRINGE/NEEDLE.....	63	KERENDIA.....	35
INSUPEN PEN NEEDLES.....	63	ketoconazole.....	14
INSUPEN SENSITIVE.....	63	ketoconazole (topical).....	14
INSUPEN ULTRAFIN.....	63	ketorolac tromethamine (ophth).....	70
INTELENCE.....	26	KINERET.....	55
INTRALIPID.....	41	KINRAY INSULIN SYRINGE.....	63
INTRON A (10000000 UNIT RECON SOLN, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN).....	55	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
ipratropium-albuterol.....	73	KMART VALU INSULIN SYRINGE 29G.....	63
irbesartan.....	32	KMART VALU INSULIN SYRINGE 30G.....	63
irbesartan-hydrochlorothiazide.....	34	KORLYM.....	50
IRESSA.....	19	KOSHER PRENATAL PLUS IRON.....	43
ISENTRESS.....	25	KROGER INSULIN SYRINGE.....	64
ISENTRESS HD.....	25	KROGER PEN NEEDLES.....	64
ISOLYTE-P IN D5W.....	41		
ISONIAZID.....	16	L	
		labetalol hcl.....	33
		lacosamide.....	10

LACRISERT	69	levonorgestrel-eth estradiol (triphasic)	52
lactic acid (ammonium lactate)	39	levonorgestrel-ethinyl estradiol (91-day)	52
LACTULOSE	48	levonorgestrel-ethinyl estradiol (continuous)	52
lactulose (encephalopathy)	48	levothyroxine sodium	53
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	LIDOTREX	3
latanoprost	71	linezolid	5
LATUDA	24	LINZESS	48
LEADER INSULIN SYRINGE	64	liothyronine sodium	53
LEADER UNIFINE PENTIPS	64	lisinopril	32
LEADER UNIFINE PENTIPS PLUS	64	lisinopril & hydrochlorothiazide	34
LEDIPASVIR-SOFOSBUVIR	25	LITETOUCH INSULIN SYRINGE	64
leflunomide	56	LITETOUCH PEN NEEDLES	64
lenalidomide	16	lithium carbonate	29
LENVIMA (10 MG DAILY DOSE)	19	LONGS INSULIN SYRINGE	64
LENVIMA (12 MG DAILY DOSE)	19	LONSURF	17
LENVIMA (14 MG DAILY DOSE)	19	loperamide hcl	48
LENVIMA (18 MG DAILY DOSE)	19	lopinavir-ritonavir	27
LENVIMA (20 MG DAILY DOSE)	19	lorazepam	28
LENVIMA (24 MG DAILY DOSE)	19	LORBRENA	19
LENVIMA (4 MG DAILY DOSE)	19	losartan potassium	32
LENVIMA (8 MG DAILY DOSE)	19	losartan potassium & hydrochlorothiazide	34
letrozole	18	LOTEMAX	70
leucovorin calcium	21	loteprednol etabonate	70
LEUKERAN	16	loxapine succinate	23
LEUKINE	31	LUBIPROSTONE	48
leuprolide acetate	54	LUMAKRAS	17
levabuterol hcl	72	LUPRON DEPOT (1-MONTH)	54
LEVALBUTEROL TARTRATE	72	LUPRON DEPOT (3-MONTH)	54
levetiracetam	9	LUPRON DEPOT (4-MONTH)	54
levobunolol hcl	70	LUPRON DEPOT (6-MONTH)	54
levocetirizine dihydrochloride	71	LYBALVI	11
levofloxacin	8	LYNPARZA	19
levofloxacin (ophth)	69	LYSODREN	53
levofloxacin in d5w	8		
levonorgestrel & eth estradiol	52		

M

M-M-R II	57	methenamine hippurate	5
M-NATAL PLUS	43	methimazole	54
M-VIT	43	methocarbamol	74
MAGELLAN INSULIN SAFETY SYR	64	methotrexate sodium	56
magnesium sulfate	41	METHOXSALEN RAPID	39
malathion	40	methylphenidate hcl	37
MARATHON MEDICAL PENTIPS	64	METHYLPHENIDATE HCL ER	37
maraviroc	27	methylprednisolone	50
MARNATAL-F	43	metoclopramide hcl	13
MARPLAN	11	metolazone	35
MATULANE	16	metoprolol & hydrochlorothiazide	34
MAVYRET	25	metoprolol succinate	33
MAXI-COMFORT INSULIN SYRINGE	64	metoprolol tartrate	33
MAXI-COMFORT SAFETY PEN NEEDLE	64	metronidazole	5
MAXICOMFORT II PEN NEEDLE	64	metronidazole (topical)	5
MAXICOMFORT SYR 27G X 1/2"	64	metronidazole vaginal	5
meclizine hcl	13	metyrosine	34
MEDICINE SHOPPE PEN NEEDLES	64	mexiletine hcl	33
medroxyprogesterone acetate	53	micalfungin sodium	14
medroxyprogesterone acetate (contraceptive)	53	MICONAZOLE 3	14
mefloquine hcl	21	MICRODOT PEN NEEDLE	64
megestrol acetate	53	midodrine hcl	32
MEIJER PEN NEEDLES	64	miglustat	49
MEKINIST	19	minocycline hcl	9
MEKTOVI	19	minoxidil	36
meloxicam	2	mirtazapine	11
memantine hcl	11	misoprostol	51
MENACTRA	57	MM INSULIN SYRINGE/NEEDLE	64
MENEST	53	MM PEN NEEDLES	64
MENQUADFI	57	modafinil	74
MENVEO	57	MOLINDONE HCL	23
mercaptopurine	17	mometasone furoate	39
meropenem	7	MONOJECT INSULIN SYRINGE	64
mesalamine	58	MONOJECT ULTRA COMFORT SYRINGE	64
mesalamine w/ cleanser	58	montelukast sodium	71
MESNEX	21	morphine sulfate	2
metformin hcl	29	moxifloxacin hcl	8
methadone hcl	2	MOXIFLOXACIN HCL (2X DAY)	69
methazolamide	70	moxifloxacin hcl (ophth)	69
		MS INSULIN SYRINGE	64
		MULTI-MAC	43

mupirocin	40	NESTABS DHA	44
mupirocin calcium (topical)	40	NESTABS ONE	44
mycophenolate mofetil	56	NEUPRO	22
mycophenolate sodium	56	nevirapine	26
MYNATAL	43	NEVIRAPINE ER	26
MYNATAL ADVANCE	43	NEXA PLUS	44
MYNATAL PLUS	43	niacin (antihyperlipidemic)	36
MYNATAL-Z	43	NICOTROL	4
MYNATE 90 PLUS	43	nifedipine	33
MYRBETRIQ	50	nilutamide	16
N			
nabumetone	2	nimodipine	33
nadolol	33	NINLARO	17
nafticillin sodium	7	nitazoxanide	21
NALOXONE HCL	4	NITRO-BID	36
naltrexone hcl	4	NITRO-DUR	36
NAMZARIC	11	nitrofurantoin macrocrystal	5
naproxen	2	nitrofurantoin monohyd macro	5
naratriptan hcl	15	nitroglycerin	36
NATACHEW	43	NIVA-PLUS	44
NATACYN	69	NIVESTYM	31
NATALVIT	43	NIZATIDINE	48
nateglinide	29	NORDITROPIN FLEXPRO	51
NATELLE ONE	43	norethin acet & estrad-fe	53
NATPARA	59	norethindrone & ethinyl estradiol-fe	53
NAYZILAM	10	norethindrone (contraceptive)	53
NEEVO DHA	43	norethindrone acet & eth estra	53
NEFAZODONE HCL	12	norethindrone acetate-ethinyl estradiol	53
neomycin sulfate	4	norethindrone acetate-ethinyl estradiol-fe	53
neomycin-bacitracin zn-polymyxin	69	norgestimate-ethinyl estradiol	53
neomycin-polymy-dexameth	69	norgestimate-ethinyl estradiol (triphasic)	53
NEOMYCIN-POLYMYXIN-HC	69	norgestrel & ethinyl estradiol	53
neomycin-polymyxin-hc (otic)	71	NORMOSOL-M IN D5W	41
NEONATAL + DHA	43	nortriptyline hcl	13
NEONATAL COMPLETE	43	NORVIR	27
NEONATAL FE	43	NOVOFINE AUTOCOVER PEN NEEDLE	64
NEONATAL PLUS	43	NOVOFINE PEN NEEDLE	64
NERLYNX	19	NOVOFINE PLUS PEN NEEDLE	64
NESTABS	43	NOVOLIN 70/30	30
NESTABS ABC	43	NOVOLIN 70/30 FLEXPEN	30
		NOVOLIN 70/30 FLEXPEN RELION	30
		NOVOLIN 70/30 RELION	30

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	51
NOVOLIN R RELION	31	ondansetron	13
NOVOTWIST PEN NEEDLE	64	ondansetron hcl	13
NOXAFIL	14	ONGENTYS	22
NUBEQA	16	ONUREG	17
NUCALA	73	OPSUMIT	73
NUEDEXTA	37	ORENCIA	55
NUPLAZID	24	ORENCIA CLICKJECT	55
NURTEC	15	ORGOVYX	54
NUTRILIPID	41	ORKAMBI	72
NUTROPIN AQ NUSPIN 10	51	oseltamivir phosphate	28
NUTROPIN AQ NUSPIN 20	51	OTEZLA	39
NUTROPIN AQ NUSPIN 5	51	oxandrolone	52
nystatin	14	oxazepam	28
nystatin (mouth-throat)	14	oxcarbazepine	10
nystatin (topical)	14	oxybutynin chloride	50
nystatin-triamcinolone	39	oxycodone hcl	3
O		OXYCODONE HCL ER	2
O-CAL FA	44	oxycodone w/ acetaminophen	3
O-CAL PRENATAL	44	OXYCODONE-ACETAMINOPHEN	3
OB COMPLETE	44	OXYTROL	50
OB COMPLETE ONE	44	P	
OB COMPLETE PETITE	44	paliperidone	24
OB COMPLETE PREMIER	44	PANRETIN	21
OB COMPLETE/DHA	44	pantoprazole sodium	49
OBSTETRIX DHA	44	paromomycin sulfate	4
OBSTETRIX EC	44	paroxetine hcl	12
OBSTETRIX ONE	44	paroxetine mesylate (vasomotor)	12
octreotide acetate	54	PASER	16
ODEFSEY	26	PC UNIFINE PENTIPS	64
ODOMZO	19	PEDIARIX	57
OFEV	73	PEDVAX HIB	57
OFLOXACIN	8	peg 3350-kcl-nacl-na sulfate-na ascorbate- ascorbic acid	48
ofloxacin (ophth)	69		

peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	48	PIQRAY (300 MG DAILY DOSE)	20
peg 3350-potassium chloride-sod bicarbonate-sod chloride	48	pirfenidone	73
PEGANONE	11	PNV FOLIC ACID + IRON	44
PEGASYS	55	PNV OB+DHA	44
PEGASYS PROCLICK	55	PNV PRENATAL PLUS MULTIVIT+DHA	44
PEMAZYRE	19	PNV PRENATAL PLUS MULTIVITAMIN	44
PEN NEEDLES	64	PNV TABS 20-1	44
PEN NEEDLES 1/2"	64	PNV TABS 29-1	44
PEN NEEDLES 3/16"	64	PNV-DHA	44
PEN NEEDLES 5/16"	65	PNV-DHA+DOCUSATE	44
penicillamine	50	PNV-OMEGA	44
PENICILLIN G POT IN DEXTROSE	7	PNV-SELECT	44
penicillin g potassium	7	podofilox	40
PENICILLIN G PROCAINE	7	polymyxin b sulfate	5
PENICILLIN G SODIUM	7	polymyxin b-trimethoprim	69
penicillin v potassium	7	POMALYST	16
PENTACEL	57	posaconazole	14
pentamidine isethionate	21	potassium chloride	41
PENTASA	58	POTASSIUM CHLORIDE ER	41
PENTIPS	65	potassium chloride in dextrose	41
pentoxifylline	34	potassium chloride in dextrose & sodium chloride	41
permethrin	40	POTASSIUM CHLORIDE IN NAACL	41
perphenazine	13	potassium chloride microencapsulated crystals er	41
PERSERIS	24	potassium citrate (alkalinizer)	41
PHARMACIST CHOICE ALCOHOL	65	PR NATAL 400	44
PHENELZINE SULFATE	11	PR NATAL 400 EC	44
phenobarbital	10	PR NATAL 430	44
phenytoin	11	PR NATAL 430 EC	44
phenytoin sodium extended	11	PRADAXA	31
PIFELTRO	26	pramipexole dihydrochloride	22
pilocarpine hcl	70	pravastatin sodium	35
pilocarpine hcl (oral)	38	praziquantel	21
PIMOZIDE	23	prazosin hcl	32
pindolol	33	PRECISION SURE-DOSE SYRINGE	65
pioglitazone hcl	29	PRECISION SUREDOSE PLUS SYR	65
pioglitazone hcl-metformin hcl	29	PRED MILD	70
piperacillin sodium-tazobactam sodium	7	prednisolone	51
PIQRAY (200 MG DAILY DOSE)	19	PREDNISOLONE ACETATE	70
PIQRAY (250 MG DAILY DOSE)	20	PREDNISOLONE SODIUM PHOSPHATE	51

prednisone	51	PRETOMANID	16
PREDNISONE INTENSOL	51	PREVENT DROPSAFE PEN NEEDLES	65
PREFERA OB	44	PREVYMIS	25
PREFERAOB +DHA	44	PREZCOBIX	27
PREFERAOB ONE	44	PREZISTA	27
PREFERRED PLUS INSULIN SYRINGE	65	PRIFTIN	16
PREFERRED PLUS UNIFINE PENTIPS	65	PRIMACARE	45
pregabalin	37	primaquine phosphate	21
PREGEN DHA	45	primidone	10
PREGENNA	45	PRIORIX	57
PREHEVBRIO	57	PRIVIGEN	55
PREMARIN	53	PRO COMFORT ALCOHOL	65
PREMASOL	41	PRO COMFORT INSULIN SYRINGE	65
PREMPRO	53	PRO COMFORT PEN NEEDLES	65
PRENA 1 TRUE	45	probenecid	14
PRENA1	45	prochlorperazine	13
PRENA1 PEARL	45	prochlorperazine maleate	13
PRENAISSANCE	45	PRODIGY INSULIN SYRINGE	65
PRENAISSANCE PLUS	45	progesterone	53
PRENATA	45	PROGRAF	56
PRENATABS RX	45	PROLASTIN-C	49
PRENATAL	45	PROLIA	59
PRENATAL 19	45	PROMACTA	31
PRENATAL PLUS	45	promethazine hcl	13
PRENATAL PLUS IRON	45	propafenone hcl	33
PRENATAL PLUS VITAMIN/MINERAL	45	propranolol hcl	33
PRENATAL VITAMIN PLUS LOW IRON	45	propylthiouracil	54
PRENATAL-U	45	PROQUAD	57
PRENATE	45	PROSOL	41
PRENATE AM	45	protriptyline hcl	13
PRENATE DHA	45	PROVIDA DHA	45
PRENATE ELITE	45	PROVIDA OB	46
PRENATE ENHANCE	45	PULMICORT FLEXHALER	71
PRENATE ESSENTIAL	45	PULMOZYME	72
PRENATE MINI	45	PURE COMFORT ALCOHOL PREP	65
PRENATE PIXIE	45	PURE COMFORT PEN NEEDLE	65
PRENATE RESTORE	45	PUREFE OB PLUS	46
PRENATRIX	45	PURIXAN	17
PRENATRYL	45	PX EXTRA SHORT PEN NEEDLES	65
PREPLUS	45	PX INSULIN SYRINGE	65
PRETAB	45	PX MINI PEN NEEDLES	65

PX PEN NEEDLE.....	65	RELI-ON INSULIN SYRINGE.....	65
PX SHORTLENGTH PEN NEEDLES.....	65	RELION ALCOHOL SWABS.....	65
pyrazinamide.....	16	RELION INSULIN SYRINGE.....	66
pyridostigmine bromide.....	15	RELION MINI PEN NEEDLES.....	66
pyrimethamine.....	21	RELION PEN NEEDLES.....	66
		RELION SHORT PEN NEEDLES.....	66
Q		RELISTOR.....	48
QC ALCOHOL SWABS.....	65	repaglinide.....	29
QC PEN NEEDLES.....	65	REPATHA.....	36
QC STERILE PADS.....	65	REPATHA PUSHTRONEX SYSTEM.....	36
QC UNIFINE PENTIPS.....	65	REPATHA SURECLICK.....	36
QINLOCK.....	17	RESTASIS MULTIDOSE.....	69
QUADRACEL.....	57	RESTORE CONTACT LAYER.....	66
quetiapine fumarate.....	24	RETACRIT.....	31
quinidine gluconate.....	33	RETEVMO.....	17
quinidine sulfate.....	33	REVLIMID.....	16
quinine sulfate.....	22	REXULTI.....	24
QULIPTA.....	15	REYATAZ.....	27
		RHOPRESSA.....	70
R		ribavirin (hepatitis c).....	25
R-NATAL OB.....	46	rifabutin.....	15
RA ALCOHOL SWABS.....	65	rifampin.....	16
RA INSULIN SYRINGE.....	65	riluzole.....	37
RA PEN NEEDLES.....	65	RISPERDAL CONSTA.....	24
RA STERILE.....	65	risperidone.....	24
RABAVERT.....	57	ritonavir.....	27
raloxifene hcl.....	53	rivastigmine.....	11
ramelteon.....	74	rivastigmine tartrate.....	11
ramipril.....	32	rizatriptan benzoate.....	15
ranolazine.....	35	ropinirole hydrochloride.....	22
rasagiline mesylate.....	23	rosuvastatin calcium.....	35
RAVICTI.....	49	ROTARIX.....	57
REALITY INSULIN SYRINGE.....	65	ROTATEO.....	58
REALITY SWABS.....	65	ROZLYTREK.....	17
REBIF.....	38	RUBRACA.....	20
REBIF REBIDOSE.....	38	rufinamide.....	11
REBIF REBIDOSE TITRATION PACK.....	38	RUKOBIA.....	27
REBIF TITRATION PACK.....	38	RYDAPT.....	20
RECOMBIVAX HB.....	57	RYTARY.....	23
RECTIV.....	36		
RELENZA DISKHALER.....	28		

S

SAFESNAP INSULIN SYRINGE	66	SM GAUZE	66
SAIZEN	51	SM STERILE	66
SAIZENPREP	51	sodium chloride	41
SANTYL	40	sodium chloride (gu irrigant)	41
sapropterin dihydrochloride	49	sodium fluoride	41
SAPS CARE ALCOHOL PREP	66	SODIUM FLUORIDE	46
SAPS HEALTH ALCOHOL PREP	66	sodium phenylbutyrate	49
SAPS HEALTH CARE ALCOHOL PREP	66	sodium polystyrene sulfonate	42
SB INSULIN SYRINGE	66	SOFOSBUVIR-VELPATASVIR	25
SCSEMBLIX	20	solifenacin succinate	50
scopolamine	13	SOLTAMOX	17
SE-NATAL 19	46	SOMATULINE DEPOT	54
SECUADO	24	SOMAVERT	54
SECURESAFE SAFETY PEN NEEDLES	66	sorafenib tosylate	20
SELECT-OB	46	sotalol hcl	33
SELECT-OB+DHA	46	sotalol hcl (afib/afI)	33
selegiline hcl	23	SOVALDI	25
selenium sulfide	39	SPIRIVA HANDIHALER	72
SELZENTRY	27	SPIRIVA RESPIMAT	72
SEREVENT DISKUS	72	spironolactone	35
SEROSTIM	51	spironolactone & hydrochlorothiazide	35
sertraline hcl	12	SPRITAM	9
sevelamer carbonate	42	SPRYCEL	20
sevelamer hcl	42	SPS	42
SHINGRIX	58	STAVUDINE	26
SHOPKO UNIFINE PENTIPS	66	STELARA	55
SHOPKO UNIFINE PENTIPS PLUS	66	STERILE	66
SIGNIFOR	54	STERILE GAUZE	66
sildenafil citrate (pulmonary hypertension)	73	STIVARGA	20
silver sulfadiazine	40	STREPTOMYCIN SULFATE	4
SIMPONI	56	STRIBILD	26
simvastatin	35	SUCRAID	49
sirolimus	56	sucalfate	49
SIRTURO	16	sulfacetamide sod-prednisolone	69
SIVEXTRO	5	SULFACETAMIDE SODIUM	69
SKYRIZI	55	sulfacetamide sodium (acne)	8
SKYRIZI (150 MG DOSE)	55	sulfacetamide sodium (ophth)	69
SKYRIZI PEN	55	SULFACETAMIDE-PREDNISOLONE	69
SM ALCOHOL PREP	66	SULFADIAZINE	8
		sulfamethoxazole-trimethoprim	8
		sulfasalazine	58

sulindac.....	2	TECHLITE INSULIN SYRINGE.....	66
sumatriptan.....	15	TECHLITE PEN NEEDLES.....	66
SUMATRIPTAN SUCCINATE.....	15	TEFLARO.....	6
sumatriptan succinate.....	15	temazepam.....	74
SUMATRIPTAN SUCCINATE REFILL.....	15	TENIVAC.....	58
sunitinib malate.....	20	tenofovir disoproxil fumarate.....	27
SUPRAX.....	6	TEPMETKO.....	20
SURE COMFORT ALCOHOL PREP.....	66	terazosin hcl.....	32
SURE COMFORT INSULIN SYRINGE.....	66	terbinafine hcl.....	14
SURE COMFORT PEN NEEDLES.....	66	terconazole vaginal.....	14
SURE-FINE PEN NEEDLES.....	66	TERIPARATIDE (RECOMBINANT).....	59
SURE-JECT INSULIN SYRINGE.....	66	testosterone.....	52
SURE-PREP ALCOHOL PREP.....	66	TESTOSTERONE CYPIONATE.....	52
SYMDEKO.....	72	testosterone enanthate.....	52
SYMLINPEN 120.....	29	tetrabenazine.....	37
SYMLINPEN 60.....	29	tetracycline hcl.....	9
SYMPAZAN.....	10	TGT ALCOHOL SWABS.....	66
SYMTUZA.....	27	THALOMID.....	16
SYNAREL.....	54	THEO-24.....	73
SYNRIBO.....	17	theophylline.....	73
T		thioridazine hcl.....	23
TABLOID.....	17	thiothixene.....	23
TABRECTA.....	17	THRIVITE RX.....	46
tacrolimus.....	56	tiagabine hcl.....	10
tacrolimus (topical).....	39	TIBSOVO.....	20
tadalafil (pulmonary hypertension).....	73	TICOVAC.....	58
TAFINLAR.....	20	tigecycline.....	5
TAGRISSE.....	20	timolol maleate.....	15
TALTZ.....	55	TIMOLOL MALEATE.....	70
TALZENNA.....	20	timolol maleate (ophth).....	70
tamoxifen citrate.....	17	TIVICAY.....	26
tamsulosin hcl.....	50	TIVICAY PD.....	26
TARON-BC.....	46	tizanidine hcl.....	25
TARON-C DHA.....	46	TL FOLATE.....	46
TARON-PREX.....	46	TL-CARE DHA.....	46
TASIGNA.....	20	TL-SELECT.....	46
tazarotene.....	38	TOBRADEX.....	69
TAZORAC.....	38	tobramycin.....	72
TAZVERIK.....	18	tobramycin (ophth).....	70
TDVAX.....	58	tobramycin sulfate.....	4
		tobramycin-dexamethasone.....	69

TODAYS HEALTH MINI PEN NEEDLES	66	TRINATAL RX 1	46
TODAYS HEALTH PEN NEEDLES	66	TRINATE	46
TODAYS HEALTH SHORT PEN NEEDLE	66	TRINAZ	46
tolcapone	22	TRINTELLIX	12
tolterodine tartrate	50	TRISTART DHA	46
TOPCARE CLICKFINE PEN NEEDLES	67	TRIUMEO	27
TOPCARE ULTRA COMFORT INS SYR	67	TRIUMEO PD	27
topiramate	9	TRIVEEN-DUO DHA	46
toremifene citrate	17	TRIZIVIR	27
torseamide	35	TROPHAMINE	41
TPN ELECTROLYTES	46	tropium chloride	50
tramadol hcl	2	TRUE COMFORT ALCOHOL PREP PADS	67
TRAMADOL HCL ER	2	TRUE COMFORT INSULIN SYRINGE	67
TRAMADOL HCL ER (BIPHASIC)	2	TRUE COMFORT PEN NEEDLES	67
tramadol-acetaminophen	3	TRUE COMFORT PRO ALCOHOL PREP	67
tranexamic acid	32	TRUE COMFORT PRO INSULIN SYR	67
tranylcypromine sulfate	12	TRUE COMFORT PRO PEN NEEDLES	67
TRAVASOL	41	TRUEPLUS 5-BEVEL PEN NEEDLES	67
travoprost	71	TRUEPLUS INSULIN SYRINGE	67
trazodone hcl	12	TRUEPLUS PEN NEEDLES	67
TRECTOR	16	TRULICITY	29
TRELEGY ELLIPTA	74	TRUMENBA	58
TRELSTAR MIXJECT	54	TRUSELTIQ (100MG DAILY DOSE)	20
TREMFYA	55	TRUSELTIQ (125MG DAILY DOSE)	20
tretinoin	38	TRUSELTIQ (50MG DAILY DOSE)	20
tretinoin (chemotherapy)	21	TRUSELTIQ (75MG DAILY DOSE)	20
tretinoin microsphere	38	TUDORZA PRESSAIR	72
TRI-TABS DHA	46	TUKYSA	20
triamcinolone acetonide (mouth)	38	TURALIO	20
triamcinolone acetonide (topical)	39	TWINRIX	58
triamterene & hydrochlorothiazide	35	TYBOST	27
triazolam	74	TYMLOS	59
TRICARE	46	TYPHIM VI	58
TRICARE PRENATAL DHA ONE	46		
trientine hcl	42	U	
trifluoperazine hcl	23	UBRELVY	15
TRIFLURIDINE	28	ULTICARE ALCOHOL SWABS	67
trihexyphenidyl hcl	22	ULTICARE INSULIN SAFETY SYR	67
TRIKAFTA	72	ULTICARE INSULIN SYRINGE	67
TRIMETHOPRIM	5	ULTICARE MICRO PEN NEEDLES	67
trimipramine maleate	13	ULTICARE MINI PEN NEEDLES	67

ULTICARE PEN NEEDLES	67	VALUMARK PEN NEEDLES	68
ULTICARE SHORT PEN NEEDLES	67	VANCOMYCIN HCL	6
ULTIGUARD SAFEPAK PEN NEEDLE	67	VANISHPOINT INSULIN SYRINGE	68
ULTIGUARD SAFEPAK SYR/NEEDLE	67	VAQTA	58
ULTILET ALCOHOL SWABS	67	VARENICLINE TARTRATE	4
ULTILET PEN NEEDLE	67	VARIVAX	58
ULTIMATECARE ONE	46	VASCEPA	36
ULTRA COMFORT INSULIN SYRINGE	67	VELTASSA	42
ULTRA FLO INSULIN PEN NEEDLES	67	VENA-BAL DHA	46
ULTRA FLO INSULIN SYR 1/2 UNIT	67	VENCLEXTA	20
ULTRA FLO INSULIN SYRINGE	67	VENCLEXTA STARTING PACK	20
ULTRA THIN PEN NEEDLES	67	venlafaxine hcl	12
ULTRA-CARE ALCOHOL PREP PADS	67	verapamil hcl	34
ULTRA-COMFORT INSULIN SYRINGE	67	VERAPAMIL HCL ER	34
ULTRA-THIN II INS SYR SHORT	67	VERSACLOZ	24
ULTRA-THIN II INSULIN SYRINGE	68	VERZENIO	20
ULTRA-THIN II MINI PEN NEEDLE	68	VIBRAMYCIN	9
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	49
UNIFINE PENTIPS	68	vilazodone hcl	12
UNIFINE PENTIPS PLUS	68	VINATE DHA RF	46
UNIFINE SAFECONTROL PEN NEEDLE	68	VINATE II	46
UNIFINE ULTRA PEN NEEDLE	68	VINATE M	46
UPTRAVI	73	VINATE ONE	46
URSODIOL	48	VIRACEPT	27
V		VIREAD	27
valacyclovir hcl	28	VIRT-C DHA	46
VALCHLOR	16	VIRT-NATE DHA	46
valganciclovir hcl	25	VIRT-PN	47
valproate sodium	9	VIRT-PN DHA	47
valproic acid	9	VIRT-PN PLUS	47
valsartan	32	VITAFOL FE+	47
valsartan-hydrochlorothiazide	35	VITAFOL GUMMIES	47
VALTOCO 10 MG DOSE	10	VITAFOL ULTRA	47
VALTOCO 15 MG DOSE	10	VITAFOL-NANO	47
VALTOCO 20 MG DOSE	10	VITAFOL-OB	47
VALTOCO 5 MG DOSE	10	VITAFOL-OB+DHA	47
VALUE HEALTH INSULIN SYRINGE	68	VITAFOL-ONE	47
		VITAMEDMD ONE RX/QUATREFOLIC	47

VITAMEDMD REDICHEW RX	47
VITAPEARL	47
VITATRUE	47
VITRAKVI	20
VIVA DHA	47
VIZIMPRO	20
VOL-NATE	47
VOL-PLUS	47
VOL-TAB RX	47
VONJO	21
voriconazole	14
VOSEVI	25
VOTRIENT	20
VP INSULIN SYRINGE	68
VP-HEME OB + DHA	47
VP-PNV-DHA	47
VRAYLAR	24

W

warfarin sodium	31
WEBCOL ALCOHOL PREP LARGE	68
WEBCOL ALCOHOL PREP MEDIUM	68
WEGMANS UNIFINE PENTIPS PLUS	68
WELIREG	18
WESCAP-C DHA	47
WESCAP-PN DHA	47
WESNATE DHA	47
WESTAB PLUS	47
WESTGEL DHA	47
wixela inhub	74

X

XALKORI	20
XARELTO	31
XARELTO STARTER PACK	31
XATMEP	56
XCOPRI	10
XCOPRI (250 MG DAILY DOSE)	10
XCOPRI (350 MG DAILY DOSE)	10
XELJANZ	55
XELJANZ XR	55

XERMELO	48
XGEVA	59
XIFAXAN	6
XOLAIR	55
XOSPATA	20
XPOVIO (100 MG ONCE WEEKLY)	18
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	74

Y

YF-VAX	58
YONSA	16

Z

zafirlukast	71
zaleplon	74
ZALVIT	47
ZATEAN-PN DHA	47
ZATEAN-PN PLUS	47
ZEJULA	20
ZELBORAF	20
ZEMAIRA	49
ZENPEP	49
ZEPATIER	25
ZEPOSIA	38
ZEPOSIA 7-DAY STARTER PACK	38
ZEPOSIA STARTER KIT	38
ZEV RX INSULIN SYRINGE	68
ZEV RX PEN NEEDLES	68
zidovudine	27
zileuton	71
ziprasidone hcl	24
ziprasidone mesylate	24
ZIRGAN	25
ZOLINZA	18

zolpidem tartrate	74
zonisamide	11
ZORBTIVE	51
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 1/1/2023.

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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