

• FAMILY CARE PARTNERSHIP •

Community Care Family Care Partnership Program (HMO SNP)

Formulary

(2024 LIST OF COVERED DRUGS)

PLEASE READ:

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

HPMS Approved Formulary File Submission ID 00024336, Version 16

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 7/1/2024.

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

تنويه: إذا كنتم تتحدثون بالعربية، تتوفر لكم من اعدة لغوية مجانية. تواصلوا بالرقم
711 (1-866-992-6600) هاتف نصي: .

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 7/1/2024. 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, 2024, 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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 7/1/2024. 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 65. 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 them 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 65.

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. |
| PA2 | New Starts Only | Required for new starts only. |
| PA3 | B vs D | To confirm Part D coverage. |
| ST | Step Therapy | In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. |
| LA | Limited Access | This prescription drug is limited to certain pharmacies. |

2024 CCO (List of Covered Drugs)

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| ANALGESICS | |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS | |
| <i>celecoxib</i> | |
| DICLOFENAC EPOLAMINE | PA |
| <i>diclofenac potassium (tab 25 mg, tab 50 mg)</i> | |
| <i>diclofenac sodium</i> | |
| <i>diclofenac sodium (topical) (gel, gel (1.16% diethylamine equiv))</i> | |
| <i>etodolac</i> | |
| <i>ibuprofen (susp 100 mg/5ml, tab 400 mg, tab 600 mg, tab 800 mg)</i> | |
| <i>indomethacin (cap 25 mg, cap 50 mg, cap er 75 mg)</i> | |
| <i>meloxicam (tab 7.5 mg, tab 15 mg)</i> | |
| <i>nabumetone</i> | |
| <i>naproxen (susp 125 mg/5ml, tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg)</i> | |
| <i>sulindac</i> | |
| OPIOID ANALGESICS, LONG-ACTING | |
| <i>fentanyl</i> | |
| <i>methadone hcl (5 mg/5ml solution, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, 10 mg/5ml solution, tab 10 mg)</i> | |
| <i>morphine sulfate (tab er 15 mg, tab er 30 mg, tab er 60 mg, tab er 100 mg, tab er 200 mg)</i> | |
| OXYCODONE HCL ER (10 MG, 20 MG) | |
| OXYCONTIN (15 MG, 30 MG, 40 MG, 60 MG, 80 MG) | |
| TRAMADOL HCL ER (100 MG CAP ER, 200 MG CAP ER, 300 MG CAP ER) | |
| TRAMADOL HCL ER (BIPHASIC) | |
| 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> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| ACETAMINOPHEN-CODEINE | |
| CODEINE SULFATE (15 MG TAB, 30 MG TAB, TAB 30 MG, 60 MG TAB) | |
| <i>fentanyl citrate (a 200 mcg, a 400 mcg, a 600 mcg, a 800 mcg, a 1200 mcg, a 1600 mcg)</i> | PA |
| <i>hydrocodone-acetaminophen (soln 7.5-325 mg/15ml, tab 5-325 mg, tab 7.5-325 mg, tab 10-325 mg)</i> | |
| <i>hydromorphone hcl (preservative free (pf) inj 10 mg/ml, tab 2 mg, tab 4 mg, tab 8 mg)</i> | |
| HYDROMORPHONE HCL PF 10 MG/ML SOLUTION | |
| <i>morphine sulfate (10 mg/5ml solution, 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> | |
| MORPHINE SULFATE (CONCENTRATE) (20 MG/ML SOLUTION, 100 MG/5ML SOLUTION) | |
| <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> | |
| <hr/> | |
| ANESTHETICS | |
| <hr/> | |
| LOCAL ANESTHETICS | |
| <i>lidocaine hcl (mouth-throat)</i> | |
| <i>lidocaine hcl soln 4%</i> | |
| <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> | |
| <hr/> | |
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS | |
| <hr/> | |
| ALCOHOL DETERRENENTS/ANTI-CRAVING | |
| <i>acamprosate calcium</i> | |
| <i>disulfiram (tab 250 mg, 500 mg tab, tab 500 mg)</i> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| OPIOID DEPENDENCE | |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i> | |
| <i>buprenorphine hcl sl 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 | |
| <i>bupropion hcl (smoking deterrent)</i> | |
| NICOTROL | |
| <i>varenicline tartrate</i> | PA |
| ANTIBACTERIALS | |
| AMINOGLYCOSIDES | |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i> | |
| <i>gentamicin in saline (0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, inj 1.2 mg/ml, 1.6-0.9 mg/ml-% solution)</i> | |
| <i>gentamicin sulfate (topical)</i> | |
| <i>gentamicin sulfate inj 40 mg/ml</i> | |
| <i>neomycin sulfate</i> | |
| 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> | |
| 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 (topical) (lotion, swab)</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>clindamycin phosphate in d5w</i> | |
| <i>clindamycin phosphate inj 900 mg/6ml</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, tab 250 mg, 500 mg/100ml solution, iv soln 500 mg/100ml, 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> | |
| TRIMETHOPRIM 100 MG TAB | |
| <i>trimethoprim 100 mg tab</i> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| VANCOMYCIN HCL (1 GM RECON SOLN, CAP 125 MG (BASE EQUIVALENT), FOR IV SOLN 1 GM (BASE EQUIVALENT), 1.25 GM RECON SOLN, FOR IV SOLN 1.25 GM (BASE EQUIVALENT), 1.5 GM RECON SOLN, 5 GM RECON SOLN, CAP 250 MG (BASE EQUIVALENT), FOR IV SOLN 1.5 GM (BASE EQUIVALENT), FOR IV SOLN 5 GM (BASE EQUIVALENT), 10 GM RECON SOLN, FOR IV SOLN 10 GM (BASE EQUIVALENT), FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT), FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT), 100 GM RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 500 MG/100ML SOLUTION, FOR IV SOLN 500 MG (BASE EQUIVALENT), 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 750 MG/7.5ML SOLUTION, FOR IV SOLN 750 MG (BASE EQUIVALENT), 1000 MG/10ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/12.5ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/15ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/17.5ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/20ML SOLUTION, 2000 MG/400ML SOLUTION) | |
| VANCOMYCIN HCL IN DEXTROSE | |
| VANCOMYCIN HCL IN NACL (1-0.9 GM/200ML-% SOLUTION, 1-0.9 GM/250ML-% SOLUTION, 1.25-0.9 GM/250ML-% SOLUTION, 1.5-0.9 GM/250ML-% SOLUTION, 1.5-0.9 GM/500ML-% SOLUTION, 1.75-0.9 GM/250ML-% SOLUTION, 1.75-0.9 GM/500ML-% SOLUTION, 2-0.9 GM/500ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION, 750-0.9 MG/250ML-% SOLUTION) | |
| XIFAXAN | |
| BETA-LACTAM, CEPHALOSPORINS | |
| <i>cefadroxil (1 gm tab, cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml)</i> | |
| <i>cefazolin sodium (1 gm recon soln, for inj 1 gm, for inj 10 gm, for inj 500 mg)</i> | |
| <i>cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i> | |
| <i>cefepime hcl (inj 1 gm, iv soln 2 gm)</i> | |
| <i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</i> | |
| <i>cefoxitin sodium</i> | |
| <i>cefopodoxime proxetil (for susp 50 mg/5ml, for susp 100 mg/5ml, tab 100 mg, tab 200 mg)</i> | |
| <i>cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)</i> | |
| <i>ceftazidime</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>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 (inj 750 mg, iv soln 1.5 gm)</i> | |
| <i>cephalexin (250 mg tab, cap 250 mg, cap 500 mg, cap 750 mg, for susp 125 mg/5ml, for susp 250 mg/5ml, 500 mg tab)</i> | |
| TEFLARO | |
| BETA-LACTAM, PENICILLINS | |
| <i>amoxicillin & pot clavulanate (k for susp 200-28.5 mg/5ml, k for susp 250-62.5 mg/5ml, k for susp 400-57 mg/5ml, k for susp 600-42.9 mg/5ml, k tab 250-125 mg, k tab 500-125 mg, k tab 875-125 mg)</i> | |
| <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 | |
| <i>ampicillin & sulbactam sodium</i> | |
| <i>ampicillin (500 mg cap, cap 500 mg)</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 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> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| CARBAPENEMS | |
| <i>ertapenem sodium</i> | |
| <i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 500 mg)</i> | |
| <i>meropenem (soln 1 gm, soln 500 mg)</i> | |
| MACROLIDES | |
| <i>azithromycin (1 gm packet, for susp 100 mg/5ml, for susp 200 mg/5ml, iv for soln 500 mg, tab 250 mg, tab 500 mg, tab 600 mg)</i> | |
| <i>clarithromycin (125 mg/5ml recon susp, tab 250 mg, tab 500 mg, tab er 24hr 500 mg, 250 mg/5ml recon susp)</i> | |
| DIFICID 200 MG TAB | |
| 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)</i> | |
| <i>erythromycin ethylsuccinate (for susp 200 mg/5ml, 400 mg tab, for susp 400 mg/5ml)</i> | |
| <i>erythromycin lactobionate</i> | |
| ERYTHROMYCIN STEARATE | |
| QUINOLONES | |
| <i>ciprofloxacin 200 mg/100ml in d5w</i> | |
| <i>ciprofloxacin hcl (tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))</i> | |
| <i>levofloxacin (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 (400 mg/250ml solution, tab 400 mg (base equiv))</i> | |
| MOXIFLOXACIN HCL IN NAACL | |
| <i>ofloxacin (300 mg tab, tab 400 mg)</i> | |
| SULFONAMIDES | |
| <i>sulfacetamide sodium (acne)</i> | |
| <i>sulfadiazine (500 mg tab, tab 500 mg)</i> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| <i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i> | |
| TETRACYCLINES | |
| <i>demeclocycline hcl</i> | |
| <i>doxycycline (monohydrate) (cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, for susp 25 mg/5ml, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i> | |
| <i>doxycycline hyclate (cap 50 mg, tab 50 mg, tab delayed release 50 mg, tab delayed release 75 mg, 80 mg tab dr, cap 100 mg, for inj 100 mg, tab 20 mg, tab 75 mg, tab 100 mg, tab 150 mg, tab delayed release 100 mg, tab delayed release 150 mg, tab delayed release 200 mg)</i> | |
| <i>minocycline hcl</i> | |
| <i>tetracycline hcl (cap 250 mg, cap 500 mg)</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

PA2

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

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

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| <i>topiramate (cap er 24hr 200 mg, cap er 24hr sprinkle 100 mg, cap er 24hr sprinkle 150 mg, cap er 24hr sprinkle 200 mg, cap er 24hr sprinkle 25 mg, cap er 24hr sprinkle 50 mg, sprinkle cap 15 mg, sprinkle cap 25 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i> | |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> | |
| <i>valproic acid</i> | |
| XCOPRI | |
| XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK | |
| XCOPRI (350 MG DAILY DOSE) | |
| ZTALMY | |
| CALCIUM CHANNEL MODIFYING AGENTS | |
| <i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i> | |
| <i>methsuximide</i> | |
| GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS | |
| <i>clobazam (suspension 2.5 mg/ml, tab 10 mg, tab 20 mg)</i> | |
| <i>diazepam (anticonvulsant)</i> | |
| DIAZEPAM 2.5 MG GEL | |
| <i>gabapentin (cap 100 mg, cap 300 mg, cap 400 mg, oral soln 250 mg/5ml, tab 600 mg, tab 800 mg)</i> | |
| NAYZILAM | |
| <i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg)</i> | |
| <i>primidone (tab 50 mg, 125 mg tab, tab 250 mg)</i> | |
| SYMPAZAN | |
| <i>tiagabine hcl</i> | |
| <i>valtoco</i> | |
| <i>vigabatrin</i> | |
| SODIUM CHANNEL AGENTS | |
| APTIOM | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| <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 (10 mg/ml solution, 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> | |
| <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> | |
| ZONISADE | |
| <i>zonisamide</i> | |

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES

NAMZARIC

CHOLINESTERASE INHIBITORS

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

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

rivastigmine

rivastigmine tartrate

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

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

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY

bupropion hcl

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| BUPROPION HCL ER (XL) | |
| LYBALVI | |
| <i>mirtazapine</i> | |
| ZURZUVAE | |
| MONOAMINE OXIDASE INHIBITORS | |
| EMSAM | |
| MARPLAN | |
| <i>phenelzine sulfate (15 mg tab, tab 15 mg)</i> | |
| <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) | |
| <i>fluvoxamine maleate</i> | |
| NEFAZODONE HCL | |
| <i>paroxetine hcl (oral susp 10 mg/5ml (base equiv), tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg, tab er 24hr 12.5 mg, tab er 24hr 25 mg, tab er 24hr 37.5 mg)</i> | |
| <i>paroxetine mesylate (vasomotor)</i> | |
| <i>sertraline hcl (oral concentrate for solution 20 mg/ml, tab 25 mg, tab 50 mg, tab 100 mg, 150 mg cap, 200 mg cap)</i> | |
| <i>trazodone hcl</i> | |
| TRINTELLIX | |
| VENLAFAXINE BESYLATE ER | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| <i>venlafaxine hcl</i> | |
| <i>vilazodone hcl</i> | |
| TRICYCLICS | |
| <i>amitriptyline hcl</i> | |
| <i>amoxapine</i> | |
| <i>clomipramine hcl</i> | |
| <i>desipramine hcl</i> | |
| <i>doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml)</i> | |
| <i>imipramine hcl</i> | |
| <i>imipramine pamoate</i> | |
| <i>nortriptyline hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, soln 10 mg/5ml)</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 (oral soln 6.25 mg/5ml, suppos 12.5 mg, suppos 25 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i> | |
| <i>scopolamine</i> | |
| EMETOGENIC THERAPY ADJUNCTS | |
| <i>aprepitant</i> | PA3 |
| <i>dronabinol</i> | PA |
| <i>ondansetron</i> | PA3 |
| <i>ondansetron hcl (oral soln 4 mg/5ml, tab 4 mg, tab 8 mg)</i> | PA3 |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| ANTIFUNGALS | |
| ABELCET | PA3 |
| AMPHOTERICIN B | PA3 |
| <i>amphotericin b liposome</i> | PA3 |
| <i>caspofungin acetate (50 mg recon soln, for iv soln 50 mg, 70 mg recon soln, for iv soln 70 mg)</i> | |
| <i>ciclopirox olamine (cream (base equiv), susp (base equiv))</i> | |
| <i>clotrimazole</i> | |
| <i>clotrimazole (topical) (cream, soln)</i> | |
| <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 | |
| <i>nystatin (mouth-throat)</i> | |
| <i>nystatin (topical)</i> | |
| <i>nystatin tab 500000 unit</i> | |
| <i>posaconazole (susp 40 mg/ml, tab delayed release 100 mg)</i> | |
| <i>terbinafine hcl</i> | |
| TERCONAZOLE | |
| <i>terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)</i> | |
| <i>voriconazole (200 mg recon soln, for inj 200 mg)</i> | PA3 |
| <i>voriconazole (for susp 40 mg/ml, tab 50 mg, tab 200 mg)</i> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|--------------------------|
| ANTIGOUT AGENTS | |
| <i>allopurinol (tab 100 mg, 200 mg tab, tab 300 mg)</i> | |
| <i>colchicine</i> | |
| <i>colchicine w/ probenecid</i> | |
| <i>febuxostat</i> | |
| <i>probenecid</i> | |
| 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> | |
| ERGOTAMINE-CAFFEINE | |
| PROPHYLACTIC | |
| AJOVY | PA |
| <i>timolol maleate</i> | |
| SEROTONIN (5-HT) RECEPTOR AGONIST | |
| <i>naratriptan hcl</i> | QL (9 PER 30 OVER TIME) |
| <i>rizatriptan benzoate</i> | QL (12 PER 30 OVER TIME) |
| <i>sumatriptan</i> | |
| <i>sumatriptan succinate (inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution auto-injector 6 mg/0.5ml, solution cartridge 4 mg/0.5ml, solution cartridge 6 mg/0.5ml)</i> | |
| <i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i> | QL (9 PER 30 OVER TIME) |
| ANTIMYASTHENIC AGENTS | |
| PARASYMPATHOMIMETICS | |
| <i>pyridostigmine bromide (30 mg tab, oral soln 60 mg/5ml, tab 60 mg, tab er 180 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 |
|--|---------------------|
| ANTIMYCOBACTERIALS | |
| ANTIMYCOBACTERIALS, OTHER | |
| <i>dapsone</i> | |
| <i>rifabutin</i> | |
| ANTITUBERCULARS | |
| <i>ethambutol hcl</i> | |
| <i>isoniazid (syrup 50 mg/5ml, 100 mg tab, tab 300 mg)</i> | |
| PRETOMANID | |
| PRIFTIN | |
| <i>pyrazinamide</i> | |
| <i>rifampin</i> | |
| SIRTURO | |
| TRECATOR | |
| ANTINEOPLASTICS | |
| ALKYLATING AGENTS | |
| <i>cyclophosphamide (25 mg cap, 25 mg tab, cap 25 mg, 50 mg cap, 50 mg tab, cap 50 mg)</i> | PA3 |
| GLEOSTINE | |
| LEUKERAN | |
| MATULANE | |
| VALCHLOR | |
| ANTIANDROGENS | |
| <i>abiraterone acetate</i> | |
| <i>bicalutamide</i> | |
| ERLEADA | |
| <i>nilutamide</i> | |
| NUBEQA | |
| ORSERDU | |
| XTANDI | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| YONSA | |
| ANTIANGIOGENIC AGENTS | |
| <i>lenalidomide</i> | |
| POMALYST | LA |
| THALOMID | |
| ANTIESTROGENS/MODIFIERS | |
| SOLTAMOX | |
| <i>tamoxifen citrate tab (10 mg equivalent)</i> | |
| <i>tamoxifen citrate tab (20 mg equivalent)</i> | |
| <i>toremifene citrate</i> | |
| ANTIMETABOLITES | |
| <i>hydroxyurea</i> | |
| INQOVI | |
| <i>mercaptopurine</i> | |
| PURIXAN | |
| TABLOID | |
| ANTINEOPLASTICS, OTHER | |
| AKEEGA | |
| AUGTYRO | |
| BESREMI | |
| BRUKINSA | |
| EXKIVITY | |
| FOTIVDA | |
| IDHIFA | |
| INREBIC | |
| IWILFIN | |
| JAYPIRCA | |
| <i>kisqali femara</i> | |
| KOSELUGO | |
| KRAZATI | |
| LONSURF | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|-------------------|---------------------|
| LUMAKRAS | |
| NINLARO | |
| OGSIVEO 50 MG TAB | |
| ONUREG | |
| QINLOCK | |
| RETEVMO | |
| ROZLYTREK | |
| TABRECTA | |
| TAZVERIK | |
| VANFLYTA | |
| WELIREG | |
| <i>xpovio</i> | |
| ZOLINZA | |

AROMATASE INHIBITORS, 3RD GENERATION

anastrozole

exemestane

letrozole

MOLECULAR TARGET INHIBITORS

ALECENSA

ALUNBRIG

AYVAKIT

BALVERSA

BOSULIF

BRAFTOVI 75 MG CAP

CABOMETYX

CALQUENCE

CAPRELSA

COMETRIQ

COPIKTRA

COTELLIC

DAURISMO

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| ERIVEDGE | |
| <i>erlotinib hcl</i> | |
| <i>everolimus</i> | |
| FRUZAQLA | |
| GAVRETO | |
| <i>gefitinib</i> | |
| GILOTRIF | |
| IBRANCE | |
| ICLUSIG | |
| <i>imatinib mesylate</i> | |
| IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB) | |
| INLYTA | |
| JAKAFI | |
| <i>kisqali</i> | |
| <i>lapatinib ditosylate</i> | |
| <i>lenvima</i> | |
| LORBRENA | |
| LYNPARZA | |
| <i>lytgobi</i> | |
| MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB) | |
| MEKTOVI | |
| NERLYNX | |
| ODOMZO | |
| OJJAARA | |
| <i>pazopanib hcl</i> | |
| PEMAZYRE | |
| <i>piqray</i> | |
| REZLIDHIA | |
| RUBRACA | |
| RYDAPT | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| SCEMBLIX | |
| <i>sorafenib tosylate</i> | |
| SPRYCEL | |
| STIVARGA | |
| <i>sunitinib malate</i> | |
| TAFINLAR | |
| TAGRISSO | |
| TALZENNA | |
| TASIGNA | |
| TEPMETKO | |
| TIBSOVO | |
| TRUQAP | |
| TUKYSA | |
| TURALIO | |
| VENCLEXTA | |
| VENCLEXTA STARTING PACK | |
| VERZENIO | |
| VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP) | |
| VIZIMPRO | |
| XALKORI | |
| XOSPATA | |
| ZEJULA | |
| ZELBORAF | |
| ZYDELIG | |
| ZYKADIA | |
| RETINOIDS | |
| <i>bexarotene</i> | |
| <i>bexarotene (topical)</i> | PA2 |
| PANRETIN | |
| <i>tretinoin (chemotherapy)</i> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| TREATMENT ADJUNCTS | |
| <i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i> | |
| MESNEX 400 MG TAB | |
| VONJO | |
| ANTIPARASITICS | |
| ANTHELMINTHICS | |
| <i>albendazole</i> | |
| <i>ivermectin tab 3 mg</i> | |
| <i>praziquantel</i> | |
| ANTIPROTOZOALS | |
| <i>atovaquone</i> | |
| <i>atovaquone-proguanil hcl</i> | |
| <i>chloroquine phosphate</i> | |
| COARTEM | |
| <i>hydroxychloroquine sulfate</i> | |
| <i>mefloquine hcl tab 250 mg</i> | |
| <i>nitazoxanide</i> | |
| <i>pentamidine isethionate (inj soln 300 mg, soln 300 mg)</i> | |
| <i>pentamidine isethionate for nebulization soln 300 mg</i> | PA3 |
| <i>primaquine phosphate (26.3 (15 base) mg tab, tab 26.3 mg (15 mg base))</i> | |
| <i>pyrimethamine</i> | |
| <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> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| ANTIPARKINSON AGENTS, OTHER | |
| <i>amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)</i> | |
| <i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, tabs 12.5-50-200 mg, 18.75-75-200 mg tab, tabs 18.75-75-200 mg, tabs 25-100-200 mg, tabs 31.25-125-200 mg, 37.5-150-200 mg tab, tabs 37.5-150-200 mg, tabs 50-200-200 mg)</i> | |
| <i>entacapone</i> | |
| ONGENTYS | |
| <i>tolcapone</i> | |
| DOPAMINE AGONISTS | |
| <i>apomorphine hydrochloride</i> | |
| <i>bromocriptine mesylate</i> | |
| NEUPRO | |
| <i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i> | |
| <i>ropinirole hydrochloride</i> | |
| DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS | |
| <i>carbidopa</i> | |
| <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> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| 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 ASIMTUFII | |
| 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 | |
| ARISTADA INITIO | |
| <i>asenapine maleate</i> | |
| CAPLYTA | |
| FANAPT | |
| FANAPT TITRATION PACK | |
| INVEGA HAFYERA | |
| INVEGA SUSTENNA | |
| INVEGA TRINZA | |
| <i>lurasidone 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 |
|--|---------------------|
| NUPLAZID | PA2 |
| <i>olanzapine</i> | |
| <i>paliperidone</i> | |
| PERSERIS | |
| <i>quetiapine fumarate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg, tab er 24hr 150 mg, tab er 24hr 200 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg, 150 mg tab)</i> | |
| REXULTI | |
| <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> | |
| <i>risperidone microspheres</i> | |
| SECUADO | |
| UZEDY | |
| 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, orally disintegrating tab 150 mg, orally disintegrating tab 200 mg, tab 25 mg, tab 50 mg, tab 100 mg, 150 mg tab disp, 200 mg tab disp, tab 200 mg)</i> | |
| VERSACLOZ | |
| 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) | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| <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> | |
| <i>lamivudine (hbv)</i> | |
| ANTI-HEPATITIS C (HCV) AGENTS | |
| LEDIPASVIR-SOFOSBUVIR | PA |
| MAVYRET 100-40 MG TAB | PA |
| RIBAVIRIN (200 MG CAP, 200 MG TAB) | |
| <i>ribavirin (hepatitis c)</i> | |
| SOFOSBUVIR-VELPATASVIR | PA |
| SOVALDI 400 MG TAB | PA |
| VOSEVI | PA |
| ZEPATIER | PA |
| ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI) | |
| BIKTARVY | |
| DOVATO | |
| GENVOYA | |
| ISENTRESS | |
| ISENTRESS HD | |
| JULUCA | |
| STRIBILD | |
| TIVICAY | |
| TIVICAY PD | |
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI) | |
| COMPLERA | |
| DELSTRIGO | |
| EDURANT | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| <i>efavirenz (50 mg cap, 200 mg cap, tab 600 mg)</i> | |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> | |
| <i>etravirine</i> | |
| INTELENCE 25 MG TAB | |
| <i>nevirapine (tab er 24hr 400 mg, 50 mg/5ml suspension, tab 200 mg)</i> | |
| 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 | |
| <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>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 | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| SELZENTRY (20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB) | |
| SUNLENCA (4 X 300 MG TAB, 5 X 300 MG TAB) | |
| TYBOST | |
| ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI) | |
| APTIVUS 250 MG CAP | |
| <i>atazanavir sulfate</i> | |
| <i>darunavir</i> | |
| EVOTAZ | |
| <i>fosamprenavir calcium</i> | |
| LEXIVA 50 MG/ML SUSPENSION | |
| <i>lopinavir-ritonavir (soln 400-100 mg/5ml (80-20 mg/ml), tab 100-25 mg, tab 200-50 mg)</i> | |
| NORVIR 100 MG PACKET | |
| PREZCOBIX | |
| PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB) | |
| REYATAZ 50 MG PACKET | |
| <i>ritonavir</i> | |
| SYMTUZA | |
| VIRACEPT | |
| ANTI-INFLUENZA AGENTS | |
| <i>oseltamivir phosphate (cap 30 mg (base equiv), cap 45 mg (base equiv), cap 75 mg (base equiv), for susp 6 mg/ml (base equiv))</i> | |
| RELENZA DISKHALER | |
| ANTIHERPETIC AGENTS | |
| <i>acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)</i> | |
| <i>acyclovir sodium</i> | PA3 |
| <i>acyclovir topical</i> | |
| <i>famciclovir</i> | |
| TRIFLURIDINE | |
| <i>valacyclovir 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 |
|---|---------------------|
| ANXIOLYTICS | |
| ANXIOLYTICS, OTHER | |
| <i>bupirone 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 (5 mg/5ml solution, 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> | |
| BIPOLAR AGENTS | |
| MOOD STABILIZERS | |
| <i>lithium (8 meq/5ml solution, oral solution 8 meq/5ml)</i> | |
| <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 (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB) | |
| CYCLOSET | |
| DAPAGLIFLOZIN PROPANEDIOL | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| FARXIGA | |
| <i>glimepiride</i> | |
| <i>glipizide (2.5 mg tab, tab 5 mg, tab 10 mg, tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)</i> | |
| <i>glipizide-metformin hcl</i> | |
| JARDIANCE | |
| <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> | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN | |
| OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN | |
| OZEMPIC (2 MG/DOSE) | |
| OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN | |
| <i>pioglitazone hcl</i> | |
| <i>pioglitazone hcl-metformin hcl</i> | |
| <i>repaglinide</i> | |
| <i>saxagliptin hcl</i> | |
| <i>saxagliptin-metformin hcl</i> | |
| SYMLINPEN 120 | |
| SYMLINPEN 60 | |
| TRULICITY | |
| GLYCEMIC AGENTS | |
| BAQSIMI ONE PACK | |
| BAQSIMI TWO PACK | |
| <i>diazoxide</i> | |
| GLUCAGEN HYPOKIT | |
| GLUCAGON EMERGENCY | |
| INSULINS | |
| HUMALOG MIX 50/50 KWIKPEN | |
| HUMALOG MIX 75/25 | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| 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 100 UNIT/ML SOLN PEN | |
| INSULIN GLARGINE-YFGN | |
| INSULIN LISPRO | |
| INSULIN LISPRO (1 UNIT DIAL) | |
| INSULIN LISPRO JUNIOR KWIKPEN | |
| INSULIN LISPRO PROT & LISPRO | |
| NOVOLIN 70/30 (, (70-30) 100 UNIT/ML SUSPENSION) | |
| NOVOLIN 70/30 FLEXPEN | |
| NOVOLIN N | |
| NOVOLIN N FLEXPEN | |
| NOVOLIN R (, 100 UNIT/ML SOLUTION) | |
| NOVOLIN R FLEXPEN | |

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

dabigatran etexilate mesylate

ELIQUIS

ELIQUIS DVT/PE STARTER PACK

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| <i>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)</i> | |
| <i>fondaparinux sodium</i> | |
| <i>heparin sodium (porcine) (1000 unit/ml, pf 1000 unit/ml, 10000 unit/ml)</i> | PA3 |
| <i>heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)</i> | |
| <i>warfarin sodium</i> | |
| XARELTO (2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB) | |
| XARELTO STARTER PACK | |
| BLOOD PRODUCTS AND MODIFIERS, OTHER | |
| <i>anagrelide hcl</i> | |
| ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR) | PA |
| LEUKINE | PA |
| NIVESTYM | PA |
| PROMACTA | |
| RETACRIT | PA |
| HEMOSTASIS AGENTS | |
| <i>tranexamic acid tab 650 mg</i> | |
| 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> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| <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> | |
| ANTIARRHYTHMICS | |
| <i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i> | |
| <i>dofetilide</i> | |
| <i>flecainide acetate</i> | |
| <i>mexiletine hcl</i> | |
| <i>propafenone hcl</i> | |
| <i>quinidine gluconate</i> | |
| <i>quinidine sulfate (200 mg tab, tab 200 mg, 300 mg tab, tab 300 mg)</i> | |
| <i>sotalol hcl (afib/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> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| <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> | |
| CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES | |
| <i>diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg, tab er 24hr 120 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg)</i> | |
| <i>diltiazem hcl coated beads</i> | |
| <i>diltiazem hcl extended release beads</i> | |
| <i>verapamil hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)</i> | |
| VERAPAMIL HCL ER | |
| CARDIOVASCULAR AGENTS, OTHER | |
| <i>acetazolamide (tab 125 mg, tab 250 mg)</i> | |
| <i>aliskiren fumarate</i> | |
| <i>amiloride & hydrochlorothiazide</i> | |
| AMILORIDE-HYDROCHLOROTHIAZIDE | |
| <i>amlodipine besylate-benazepril 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>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> | |
| <i>ranolazine</i> | |
| <i>spironolactone & hydrochlorothiazide</i> | |
| <i>triamterene & hydrochlorothiazide</i> | |
| <i>valsartan-hydrochlorothiazide</i> | |
| VERQUVO | |
| 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 (tab 25 mg, tab 50 mg, 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 |
|--|---------------------|
| DIURETICS, THIAZIDE | |
| <i>chlorthalidone</i> | |
| <i>hydrochlorothiazide</i> | |
| <i>indapamide</i> | |
| <i>metolazone</i> | |
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES | |
| <i>choline fenofibrate</i> | |
| <i>fenofibrate (tab 40 mg, tab 48 mg, 50 mg cap, tab 54 mg, tab 120 mg, tab 145 mg, 150 mg cap, tab 160 mg)</i> | |
| <i>fenofibrate micronized (cap 43 mg, cap 67 mg, 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</i> | |
| DYSLIPIDEMICS, OTHER | |
| <i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i> | |
| <i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i> | |
| <i>colesevelam hcl</i> | |
| <i>ezetimibe</i> | |
| <i>icosapent ethyl</i> | |
| JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP) | PA |
| <i>niacin (antihyperlipidemic) (tab er 500 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic), tab er 1000 mg (antihyperlipidemic))</i> | |
| <i>omega-3-acid ethyl esters</i> | |
| REPATHA | |
| REPATHA PUSHTRONEX SYSTEM | |
| REPATHA SURECLICK | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| VASODILATORS, DIRECT-ACTING ARTERIAL | |
| <i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i> | |
| <i>minoxidil</i> | |
| VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS | |
| <i>isosorbide dinitrate</i> | |
| <i>isosorbide mononitrate (10 mg tab, tab 10 mg, 20 mg tab, tab 20 mg, tab er 24hr 120 mg, tab er 24hr 30 mg, tab er 24hr 60 mg)</i> | |
| NITRO-BID | |
| NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH) | |
| <i>nitroglycerin (intra-anal)</i> | |
| <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> | |
| CENTRAL NERVOUS SYSTEM AGENTS | |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES | |
| <i>amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 12.5 mg, tab 15 mg, tab 20 mg, tab 30 mg)</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> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| <i>methylphenidate hcl (cap er 10 mg (cd), cap er 20 mg (cd), cap er 24hr 10 mg (la), cap er 24hr 10 mg (xr), cap er 24hr 15 mg (xr), cap er 24hr 20 mg (la), cap er 24hr 20 mg (xr), cap er 24hr 30 mg (la), cap er 24hr 30 mg (xr), cap er 24hr 40 mg (la), cap er 24hr 40 mg (xr), cap er 24hr 50 mg (xr), cap er 24hr 60 mg (la), cap er 24hr 60 mg (xr), cap er 30 mg (cd), cap er 40 mg (cd), cap er 50 mg (cd), cap er 60 mg (cd), chew tab 2.5 mg, chew tab 5 mg, chew tab 10 mg, soln 5 mg/5ml, soln 10 mg/5ml, tab 5 mg, tab 10 mg, tab 20 mg, tab er 10 mg, tab er 20 mg, tab er osmotic release (osm) 18 mg, tab er osmotic release (osm) 27 mg, tab er osmotic release (osm) 36 mg, tab er osmotic release (osm) 54 mg)</i> | |
| METHYLPHENIDATE HCL ER | |
| METHYLPHENIDATE HCL ER (OSM) | |
| CENTRAL NERVOUS SYSTEM, OTHER | |
| NUEDEXTA | PA |
| <i>riluzole</i> | |
| <i>tetrabenazine</i> | |
| FIBROMYALGIA AGENTS | |
| <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 | |
| 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 | |
| <i>teriflunomide</i> | |
| ZEPOSIA | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| ZEPOSIA 7-DAY STARTER PACK | |
| ZEPOSIA STARTER KIT | |
| DENTAL AND ORAL AGENTS | |
| <i>chlorhexidine gluconate (mouth-throat)</i> | |
| <i>pilocarpine hcl (oral)</i> | |
| <i>triamcinolone acetonide (mouth)</i> | |
| DERMATOLOGICAL AGENTS | |
| ACNE AND ROSACEA AGENTS | |
| <i>acitretin</i> | |
| <i>benzoyl peroxide-erythromycin</i> | |
| <i>isotretinoin</i> | |
| <i>tazarotene (gel 0.05%, 0.1 % foam, cream 0.1%, gel 0.1%)</i> | |
| TAZORAC 0.05 % CREAM | |
| <i>tretinoin</i> | |
| <i>tretinoin microsphere (gel 0.04%, gel 0.1%)</i> | |
| DERMATITIS AND PRURITUS AGENTS | |
| <i>betamethasone dipropionate (topical) (cream, lotion, oint)</i> | |
| BETAMETHASONE DIPROPIONATE AUG | |
| <i>betamethasone dipropionate augmented (cream, lotion, oint)</i> | |
| <i>betamethasone valerate (aerosol foam 0.12%, cream 0.1% (base equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent))</i> | |
| <i>clobetasol propionate (cream, foam, gel, lotion, oint, shampoo, soln, spray)</i> | |
| <i>clobetasol propionate emollient base</i> | |
| <i>clobetasol propionate emulsion</i> | |
| <i>doxepin hcl (antipruritic)</i> | |
| <i>fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%)</i> | |
| <i>fluticasone propionate (0.05 % lotion, cream 0.05%, lotion 0.05%, oint 0.005%)</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>hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i> | |
| HYDROCORTISONE 2.5 % LOTION | |
| <i>hydrocortisone perianal cream 2.5%</i> | |
| <i>lactic acid (ammonium lactate) (cream, lotion)</i> | |
| <i>mometasone furoate (cream, oint, solution (lotion))</i> | |
| <i>selenium sulfide lotion 2.5%</i> | |
| <i>tacrolimus (topical)</i> | |
| <i>triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)</i> | |
| DERMATOLOGICAL AGENTS, OTHER | |
| <i>calcipotriene (0.005 % solution, cream 0.005%, oint 0.005%, soln 0.005% (50 mcg/ml))</i> | |
| <i>clotrimazole w/ betamethasone (cream 1-0.05%, lotion 1-0.05%)</i> | |
| CLOTRIMAZOLE-BETAMETHASONE | |
| <i>diclofenac sodium (actinic keratoses)</i> | PA |
| FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION) | |
| <i>fluorouracil (topical) (cream, soln)</i> | |
| <i>imiquimod (cream 3.75%, cream 5%)</i> | |
| <i>methoxsalen rapid (10 mg cap, cap 10 mg)</i> | |
| <i>nystatin-triamcinolone</i> | |
| OTEZLA | PA |
| <i>podofilox (0.5 % solution, soln 0.5%)</i> | |
| SANTYL | |
| <i>silver sulfadiazine</i> | |
| PEDICULICIDES/SCABICIDES | |
| <i>malathion</i> | |
| <i>permethrin cream 5%</i> | |
| TOPICAL ANTI-INFECTIVES | |
| <i>ciclopirox (gel 0.77%, shampoo 1%, solution 8%)</i> | |
| <i>clindamycin phosphate (topical) (foam, gel, soln)</i> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| ERY | |
| <i>erythromycin (acne aid) (gel, soln)</i> | |
| <i>mupirocin</i> | |
| <i>mupirocin calcium (topical)</i> | |
| ELECTROLYTES/MINERALS/METALS/VITAMINS | |
| ELECTROLYTE/MINERAL REPLACEMENT | |
| <i>amino acid infusion</i> | PA3 |
| <i>carglumic acid</i> | |
| CLINIMIX E/DEXTROSE (2.75/5) | PA3 |
| CLINIMIX E/DEXTROSE (4.25/10) | PA3 |
| CLINIMIX E/DEXTROSE (4.25/5) | PA3 |
| CLINIMIX E/DEXTROSE (5/15) | PA3 |
| CLINIMIX E/DEXTROSE (5/20) | PA3 |
| CLINIMIX/DEXTROSE (4.25/10) | PA3 |
| CLINIMIX/DEXTROSE (4.25/5) | PA3 |
| CLINIMIX/DEXTROSE (5/15) | PA3 |
| CLINIMIX/DEXTROSE (5/20) | PA3 |
| <i>dextrose (5%, 10%)</i> | |
| <i>dextrose w/ sodium chloride (2.5% w/ 0.45%, 5% w/ 0.2%, 5% w/ 0.45%, 5% w/ 0.9%)</i> | |
| DEXTROSE-SODIUM CHLORIDE (2.5-0.45 % SOLUTION, 10-0.2 % SOLUTION, 10-0.45 % SOLUTION) | |
| INTRALIPID | PA3 |
| ISOLYTE-P IN D5W | |
| KCL (0.149%) IN NAACL | |
| KCL (0.298%) IN NAACL | |
| KCL IN DEXTROSE-NAACL 40-5-0.9 MEQ/L-%% SOLUTION | |
| KCL-LACTATED RINGERS-D5W | |
| <i>magnesium sulfate inj 50%</i> | |
| NUTRILIPID | PA3 |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| <i>potassium chloride (cap er 8 meq, inj 2 meq/ml, 10 meq/100ml solution, cap er 10 meq, inj 10 meq/100ml, 20 meq/100ml solution, inj 20 meq/100ml, inj 40 meq/100ml, oral soln 10% (20 meq/15ml), oral soln 20% (40 meq/15ml), powder packet 20 meq, tab er 8 meq (600 mg), tab er 10 meq, tab er 20 meq (1500 mg), 40 meq/100ml solution)</i> | |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> | |
| POTASSIUM CHLORIDE ER | |
| <i>potassium chloride in dextrose & sodium chloride</i> | |
| POTASSIUM CHLORIDE IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, KCL 20 MEQ/L (0.15%)0.45% INJ, KCL 20 MEQ/L (0.15%)0.9% INJ, 40-0.9 MEQ/L-% SOLUTION, KCL 40 MEQ/L (0.3%)0.9% INJ) | |
| <i>potassium chloride microencapsulated crystals er</i> | |
| <i>potassium citrate (alkalinizer)</i> | |
| PREMASOL | PA3 |
| PROSOL | PA3 |
| <i>sodium chloride (gu irrigant)</i> | |
| <i>sodium chloride (iv soln 0.45%, 0.9 % solution, iv soln 0.9%, iv soln 3%, iv soln 5%, preservative free (pf) inj 0.9%)</i> | |
| <i>sodium fluoride (chew tab 0.25 mg f (from 0.55 mg naf), chew tab 0.5 mg f (from 1.1 mg naf), chew tab 1 mg f (from 2.2 mg naf), 2.2 (1 f) mg tab)</i> | |
| TRAVASOL | PA3 |
| TROPHAMINE | PA3 |
| ELECTROLYTE/MINERAL/METAL MODIFIERS | |
| <i>deferasirox</i> | |
| <i>deferiprone</i> | |
| FERRIPROX 100 MG/ML SOLUTION | |
| <i>trientine hcl cap 250 mg</i> | |
| PHOSPHATE BINDERS | |
| <i>calcium acetate (phosphate binder)</i> | |
| FOSRENOL (750 MG, 1000 MG) | |
| <i>lanthanum carbonate</i> | |
| <i>sevelamer carbonate</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>sevelamer hcl</i> | |
| POTASSIUM BINDERS | |
| <i>*sodium polystyrene sulfonate powder**</i> | |
| LOKELMA | |
| SPS | |
| VELTASSA | |
| VITAMINS | |
| ATABEX EC | |
| ATABEX OB | |
| AZESCHEW PRENATAL/POSTNATAL | |
| AZESCO | |
| BAL-CARE DHA | |
| C-NATE DHA | |
| CITRANATAL 90 DHA | |
| CITRANATAL ASSURE | |
| CITRANATAL B-CALM | |
| CITRANATAL BLOOM | |
| CITRANATAL BLOOM DHA | |
| CITRANATAL DHA | |
| CITRANATAL ESSENCE | |
| CITRANATAL HARMONY | |
| CITRANATAL MEDLEY | |
| CITRANATAL RX | |
| CO-NATAL FA | |
| COMPLETE NATAL DHA | |
| COMPLETENATE | |
| CONCEPT DHA | |
| CONCEPT OB | |
| DERMACINRX PRETRATE | |
| DUET DHA 400 | |
| DUET DHA BALANCED | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|----------------------------|---------------------|
| ELITE-OB | |
| ENBRACE HR | |
| FOLIVANE-OB | |
| INATAL GT | |
| JENLIVA PRENATAL/POSTNATAL | |
| KOSHER PRENATAL PLUS IRON | |
| M-NATAL PLUS | |
| MARNATAL-F | |
| MULTI-MAC | |
| MYNATAL | |
| MYNATAL ADVANCE | |
| MYNATE 90 PLUS | |
| NATACHEW | |
| NATAL PNV | |
| NATALVIT | |
| NEEVO DHA | |
| NEONATAL + DHA | |
| NEONATAL 19 | |
| NEONATAL COMPLETE | |
| NEONATAL FE | |
| NEONATAL PLUS | |
| NESTABS | |
| NESTABS DHA | |
| NESTABS ONE | |
| NIVA-PLUS | |
| O-CAL PRENATAL | |
| OB COMPLETE | |
| OB COMPLETE ONE | |
| OB COMPLETE PETITE | |
| OB COMPLETE PREMIER | |
| OB COMPLETE/DHA | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| OBSTETRIX EC (WITH DOCUSATE) | |
| OBSTETRIX ONE (WITH DOCUSATE) | |
| ONE VITE WOMENS PLUS | |
| PNV PRENATAL PLUS MULTIVIT+DHA | |
| PNV PRENATAL PLUS MULTIVITAMIN | |
| PNV TABS 20-1 | |
| PNV TABS 29-1 | |
| PNV-DHA | |
| PNV-DHA+DOCUSATE | |
| PNV-OMEGA | |
| PNV-SELECT | |
| PR NATAL 400 | |
| PR NATAL 400 EC | |
| PR NATAL 430 | |
| PR NATAL 430 EC | |
| PREGEN DHA | |
| PREGENNA | |
| PREMESISRX | |
| PRENA 1 TRUE | |
| PRENA1 | |
| PRENA1 PEARL | |
| PRENAISSANCE | |
| PRENAISSANCE PLUS | |
| PRENARA | |
| PRENATAL (27-0.8 MG TAB, 27-1 MG TAB) | |
| PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB) | |
| PRENATAL LOW IRON 27-1 MG TAB | |
| PRENATAL PLUS | |
| PRENATAL PLUS IRON | |
| PRENATAL PLUS VITAMIN/MINERAL | |
| PRENATAL PLUS/IRON | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--------------------------------|---------------------|
| PRENATAL VITAMIN PLUS LOW IRON | |
| PRENATAL-U | |
| PRENATE | |
| PRENATE AM | |
| PRENATE DHA | |
| PRENATE ELITE | |
| PRENATE ENHANCE | |
| PRENATE ESSENTIAL | |
| PRENATE MINI | |
| PRENATE PIXIE | |
| PRENATE RESTORE | |
| PRENATOL-M | |
| PRENATRIX | |
| PRENATRYL | |
| PRENATVITE COMPLETE | |
| PRENATVITE PLUS | |
| PRENATVITE RX | |
| PREPLUS | |
| PRETAB | |
| PRIMACARE | |
| PROVIDA OB | |
| R-NATAL OB | |
| RELNATE DHA | |
| SE-NATAL 19 | |
| SELECT-OB | |
| SELECT-OB+DHA | |
| TARON-C DHA | |
| TARON-PREX | |
| THRIVITE RX | |
| TPN ELECTROLYTES | |
| TRI-TABS DHA | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|------------------------------|---------------------|
| TRICARE | |
| TRICARE PRENATAL DHA ONE | |
| TRINATAL RX 1 | |
| TRINATE | |
| TRINAZ | |
| TRISTART DHA | |
| TRISTART FREE | |
| TRISTART ONE | |
| TRIVEEN-DUO DHA | |
| VINATE DHA RF | |
| VINATE II | |
| VINATE ONE | |
| VIRT-C DHA | |
| VIRT-NATE DHA | |
| VIRT-PN DHA | |
| VIRT-PN PLUS | |
| VITAFOL FE+ | |
| VITAFOL GUMMIES | |
| VITAFOL STRIPS | |
| VITAFOL ULTRA | |
| VITAFOL-NANO | |
| VITAFOL-OB | |
| VITAFOL-OB+DHA | |
| VITAFOL-ONE | |
| VITAMEDMD ONE RX/QUATREFOLIC | |
| VITAMEDMD REDICHEW RX | |
| VITAPEARL | |
| VITATHELY WITH GINGER | |
| VITATRUE | |
| VIVA DHA | |
| VOL-PLUS | |

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

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

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

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

lactulose (encephalopathy)

LINZESS

lubiprostone

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

ANTI-DIARRHEAL AGENTS

alosetron hcl

diphenoxylate w/ atropine

DIPHENOXYLATE-ATROPINE

loperamide hcl cap 2 mg

XERMELO

ANTISPASMODICS, GASTROINTESTINAL

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

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

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| GASTROINTESTINAL AGENTS, OTHER | |
| GATTEX | PA |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> | |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> | |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | |
| URSODIOL (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, 300 MG CAP, CAP 300 MG) | |
| PROTECTANTS | |
| <i>sucralfate tab 1 gm</i> | |
| PROTON PUMP INHIBITORS | |
| <i>esomeprazole magnesium (cap 20 mg (base eq), cap 40 mg (base eq), for susp packet 10 mg, for susp packet 20 mg, for susp packet 40 mg)</i> | |
| <i>lansoprazole</i> | |
| <i>omeprazole (cap 10 mg, cap 20 mg, cap 40 mg)</i> | |
| <i>pantoprazole sodium (ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg)</i> | |
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT | |
| ARALAST NP | PA3 |
| <i>betaine</i> | |
| CERDELGA | |
| CREON | |
| <i>cromolyn sodium (mastocytosis)</i> | |
| CYSTAGON | |
| CYSTARAN | |
| ENDARI | |
| GLASSIA | PA3 |
| <i>miglustat</i> | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| PROLASTIN-C | PA3 |
| RAVICTI | |
| <i>sapropterin dihydrochloride</i> | |
| <i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i> | |
| SUCRAID | |
| VIJOICE (50 MG TAB, 125 MG TAB, 200 & 50 MG TAB) | |
| ZEMAIRA | PA3 |
| ZENPEP (3000-10000 DR, 5000-24000 DR, 10000-32000 DR, 15000-47000 DR, 20000-63000 DR, 25000-79000 DR, 40000-126000 DR) | |

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

darifenacin hydrobromide

mirabegron

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

OXYTROL

solifenacin succinate

tolterodine tartrate

trospium chloride

BENIGN PROSTATIC HYPERTROPHY AGENTS

alfuzosin hcl

dutasteride

dutasteride-tamsulosin hcl

finasteride

tamsulosin hcl

GENITOURINARY AGENTS, OTHER

bethanechol chloride

ELMIRON

penicillamine

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) | |
| DEXABLISS | |
| <i>dexamethasone (0.5 mg/5ml solution, tab 0.5 mg, 0.75 mg tab, tab 0.75 mg, tab 1 mg, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, tab 1.5 mg, 2 mg tab, tab 2 mg, tab 4 mg, tab 6 mg, tab therapy pack 1.5 mg (21))</i> | |
| <i>fludrocortisone acetate</i> | |
| HEMADY | |
| <i>methylprednisolone</i> | |
| <i>mifepristone (hyperglycemia)</i> | PA |
| <i>prednisolone (15 mg/5ml solution, soln 15 mg/5ml)</i> | |
| <i>prednisolone sodium phosphate (oral soln 25 mg/5ml (base eq), 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 15 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, 10 mg (21) tab thpk, 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> | |
| PREDNISON INTENSOL | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) | |
| <i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i> | |
| <i>desmopressin acetate spray</i> | |
| <i>desmopressin acetate spray refrigerated</i> | |
| GENOTROPIN | PA |
| GENOTROPIN MINIQUICK | PA |
| HUMATROPE (6 MG, 12 MG, 24 MG) | PA |
| INCRELEX | |
| NORDITROPIN FLEXP | PA |
| NUTROPIN AQ NUSPIN 10 | PA |
| NUTROPIN AQ NUSPIN 20 | PA |
| NUTROPIN AQ NUSPIN 5 | PA |
| OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART) | PA |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| SEROSTIM | PA |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) | |
| <i>misoprostol</i> | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) | |
| ANDROGENS | |
| <i>danazol</i> | |
| <i>testosterone (10 mg/act (2%) gel, 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> | |
| TESTOSTERONE ENANTHATE | |
| 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>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> | |
| <i>levonorgestrel & eth estradiol</i> | |
| <i>levonorgestrel-eth estradiol (triphasic)</i> | |
| <i>levonorgestrel-ethinyl estradiol (91-day)</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>levonorgestrel-ethinyl estradiol (continuous)</i> | |
| <i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i> | |
| MENEST | |
| <i>norethin acet & estrad-fe (ace-eth chew tab 1 mcg (24), ace-ethinyl cap 1 mcg (24), aceethinyl tab 1 mcg)</i> | |
| <i>norethindrone & ethinyl estradiol-fe</i> | |
| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | |
| <i>norethindrone acetate-ethinyl estradiol</i> | |
| <i>norethindrone acetate-ethinyl estradiol-fe</i> | |
| <i>norgestimate-ethinyl estradiol</i> | |
| <i>norgestimate-ethinyl estradiol (triphasic)</i> | |
| <i>norgestrel & ethinyl estradiol</i> | |
| PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB) | |
| PREMPRO | |
| PROGESTINS | |
| DEPO-SUBQ PROVERA 104 | |
| <i>medroxyprogesterone acetate</i> | |
| <i>medroxyprogesterone acetate (contraceptive)</i> | |
| <i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i> | |
| MIRENA (52 MG) | |
| <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> | |

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 (ADRENAL) | |
| LYSODREN | |
| RECORLEV | |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY) | |
| <i>cabergoline</i> | |
| ELIGARD | PA3 |
| FIRMAGON | |
| FIRMAGON (240 MG DOSE) | |
| <i>leuprolide acetate</i> | |
| LEUPROLIDE ACETATE (3 MONTH) | |
| LUPRON DEPOT | PA3 |
| <i>octreotide acetate (50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml))</i> | |
| ORGOVYX | |
| SIGNIFOR | |
| 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 | PA3 |
| GAMMAGARD S/D LESS IGA | PA3 |
| GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION) | PA3 |
| GAMUNEX-C 1 GM/10ML SOLUTION | PA3 |
| PRIVIGEN 20 GM/200ML SOLUTION | PA3 |
| IMMUNOLOGICAL AGENTS, OTHER | |
| ARCALYST | |
| DUPIXENT | PA |
| KINERET | |
| OLUMIANT (1 MG TAB, 2 MG TAB) | |
| ORENCIA (50 MG/0.4ML SOLN, 87.5 MG/0.7ML SOLN, 125 MG/ML SOLN) | |
| ORENCIA CLICKJECT | |
| SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART) | |
| SKYRIZI PEN | |
| STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR) | |
| TALTZ | |
| TREMFYA | |
| VELSIPITY | |
| XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB) | PA |
| XELJANZ XR | PA |
| XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) | PA |
| IMMUNOSTIMULANTS | |
| ACTIMMUNE | |
| PEGASYS | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| IMMUNOSUPPRESSANTS | |
| ADALIMUMAB-ADAZ | |
| ADALIMUMAB-FKJP | |
| ASTAGRAF XL | PA3 |
| <i>azathioprine</i> | PA3 |
| <i>cyclosporine (cap 25 mg, cap 100 mg)</i> | PA3 |
| <i>cyclosporine modified (for microemulsion) (cap 25 mg, cap 50 mg, cap 100 mg, oral soln 100 mg/ml)</i> | PA3 |
| ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR) | |
| ENBREL MINI | |
| ENBREL SURECLICK | |
| ENVARUSUS XR | PA3 |
| <i>everolimus (immunosuppressant)</i> | PA3 |
| HUMIRA (10 MG/0.1ML, 20 MG/0.2ML) | |
| HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT | |
| HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT | |
| HUMIRA PEDIATRIC CROHNS START (80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML) | |
| HUMIRA PEN-CD/UC/HS STARTER | |
| HUMIRA PEN-PEDIATRIC UC START | |
| HUMIRA PEN-PSOR/UEVIT STARTER | |
| HUMIRA-PS/UV/ADOL HS 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> | PA3 |
| <i>mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)</i> | PA3 |
| <i>mycophenolate sodium</i> | PA3 |
| PROGRAF (0.2 MG, 1 MG) | PA3 |
| REZUROCK | |
| SIMPONI | |
| <i>sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i> | PA3 |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| <i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i> | PA3 |
| XATMEP | PA3 |
| VACCINES | |
| ABRYSVO | |
| ACTHIB | |
| ADACEL | |
| AREXVY | |
| BCG VACCINE | |
| BEXSERO | |
| BOOSTRIX | |
| DAPTACEL | |
| DIPHTHERIA-TETANUS TOXOIDS DT | |
| ENGERIX-B | PA3 |
| GARDASIL 9 | |
| HAVRIX | |
| HEPLISAV-B | PA3 |
| HIBERIX | |
| IMOVAX RABIES | |
| INFANRIX | |
| IPOL | |
| IXCHIQ | |
| IXIARO | |
| JYNNEOS | |
| KINRIX 0.5 ML SUSP PRSYR | |
| M-M-R II | |
| MENACTRA | |
| MENQUADFI | |
| MENVEO (RECON SOLN, SOLUTION) | |
| PEDIARIX | |
| PEDVAX HIB | |
| PENBRAYA | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---------------|---------------------|
| PENTACEL | |
| PREHEVBRIO | PA3 |
| PRIORIX | |
| PROQUAD | |
| QUADRACEL | |
| RABAVERT | |
| RECOMBIVAX HB | PA3 |
| ROTARIX | |
| ROTATEQ | |
| SHINGRIX | |
| TDVAX | |
| TENIVAC | |
| TICOVAC | |
| TRUMENBA | |
| TWINRIX | |
| TYPHIM VI | |
| VAQTA | |
| VARIVAX | |
| YF-VAX | |

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

balsalazide disodium

DIPENTUM

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

mesalamine w/ cleanser

PENTASA 250 MG CAP ER

sulfasalazine

GLUCOCORTICOIDS

budesonide

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| <i>hydrocortisone (intrarectal)</i> | |
| <i>hydrocortisone (tab 5 mg, tab 10 mg, tab 20 mg)</i> | |

METABOLIC BONE DISEASE AGENTS

| | |
|---|-----|
| <i>alendronate sodium (tab 10 mg, tab 35 mg, tab 70 mg)</i> | |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i> | |
| <i>calcitriol (cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)</i> | |
| <i>cinacalcet hcl</i> | PA3 |
| <i>doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg)</i> | |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i> | |
| PROLIA | |
| TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN | PA |
| TYMLOS | PA |
| XGEVA | PA |

MISCELLANEOUS THERAPEUTIC AGENTS

| | |
|---|--|
| ALCOHOL SWABS | |
| BRONCHITOL | |
| BRONCHITOL TOLERANCE TEST | |
| GAUZE PADS & DRESSINGS | |
| INSULIN PEN NEEDLE | |
| INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 0.3 ML | |
| INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1 ML | |
| INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1/2 ML | |
| INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-500 1/2 ML | |
| LAGEVRIO | |
| NEEDLES, INSULIN DISP., SAFETY | |
| PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK | |
| PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| OPHTHALMIC AGENTS | |
| OPHTHALMIC AGENTS, OTHER | |
| ATROPINE SULFATE 1 % SOLUTION | |
| <i>atropine sulfate ophth soln 1%</i> | |
| <i>bacitracin-poly-neomycin-hc</i> | |
| <i>bacitracin-polymyxin b (ophth)</i> | |
| <i>brimonidine tartrate-timolol maleate</i> | |
| <i>cyclosporine (ophth)</i> | |
| <i>dorzolamide hcl-timolol maleate (pf soln 2-0.5%, sol 22.3-6.8 mg/ml pf, soln 2-0.5%, 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 | |
| SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION | |
| TOBRADEX 0.3-0.1 % OINTMENT | |
| <i>tobramycin-dexamethasone</i> | |
| OPHTHALMIC ANTI-ALLERGY AGENTS | |
| <i>azelastine hcl (ophth)</i> | |
| <i>cromolyn sodium (ophth)</i> | |
| CROMOLYN SODIUM 4 % SOLUTION | |
| OPHTHALMIC ANTI-INFECTIVES | |
| AZASITE | |
| BACITRACIN 500 UNIT/GM OINTMENT | |
| <i>ciprofloxacin hcl (ophth)</i> | |
| ERYTHROMYCIN | |
| <i>erythromycin (ophth)</i> | |
| <i>gatifloxacin (ophth)</i> | |
| <i>gentamicin sulfate ophth soln 0.3%</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>levofloxacin (ophth)</i> | |
| LEVOFLOXACIN 0.5 % SOLUTION | |
| <i>moxifloxacin hcl (ophth)</i> | |
| NATACYN | |
| <i>ofloxacin (ophth)</i> | |
| <i>polymyxin b-trimethoprim</i> | |
| <i>sulfacetamide sodium (ophth)</i> | |
| SULFACETAMIDE SODIUM 10 % OINTMENT | |
| <i>tobramycin (ophth)</i> | |
| OPHTHALMIC ANTI-INFLAMMATORIES | |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION | |
| <i>diclofenac sodium (ophth)</i> | |
| <i>difluprednate</i> | |
| <i>fluorometholone (ophth)</i> | |
| FLURBIPROFEN SODIUM | |
| FML FORTE | |
| <i>ketorolac tromethamine (ophth)</i> | |
| LOTEMAX 0.5 % OINTMENT | |
| <i>loteprednol etabonate (gel 0.5%, susp 0.2%, susp 0.5%)</i> | |
| PRED MILD | |
| PREDNISOLONE ACETATE | |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | |
| OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS | |
| <i>betaxolol hcl (ophth)</i> | |
| BETAXOLOL HCL 0.5 % SOLUTION | |
| BETOPTIC-S | |
| CARTEOLOL HCL | |
| LEVOBUNOLOL HCL | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| <i>timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, preservative free soln 0.25%, preservative free soln 0.5%, soln 0.25%, soln 0.5%, soln 0.5% (once-daily))</i> | |
| OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER | |
| <i>acetazolamide cap er 12hr 500 mg</i> | |
| <i>brimonidine tartrate</i> | |
| <i>dorzolamide hcl ophth soln 2%</i> | |
| <i>methazolamide</i> | |
| <i>pilocarpine hcl</i> | |
| RHOPRESSA | |
| OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS | |
| <i>bimatoprost</i> | |
| <i>latanoprost ophth soln 0.005%</i> | |
| <i>travoprost</i> | |
| OTIC AGENTS | |
| CIPRO HC | |
| CIPROFLOXACIN HCL 0.2 % SOLUTION | |
| <i>ciprofloxacin-dexamethasone</i> | |
| <i>hydrocortisone w/acetic acid</i> | |
| <i>neomycin-polymyxin-hc (otic)</i> | |
| <i>ofloxacin (otic)</i> | |
| RESPIRATORY TRACT/PULMONARY AGENTS | |
| ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS | |
| ARNUIITY ELLIPTA | |
| <i>budesonide (inhalation)</i> | PA3 |
| <i>flunisolide (nasal)</i> | |
| <i>fluticasone propionate (nasal)</i> | |
| FLUTICASONE PROPIONATE HFA | |
| PULMICORT FLEXHALER | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|-------------------------|
| ANTIHISTAMINES | |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> | |
| CLEMASTINE FUMARATE 2.68 MG TAB | |
| <i>desloratadine tab 5 mg</i> | |
| <i>levocetirizine dihydrochloride tab 5 mg</i> | |
| ANTILEUKOTRIENES | |
| <i>montelukast sodium tab 10 mg (base equiv)</i> | |
| <i>zafirlukast</i> | |
| <i>zileuton</i> | |
| BRONCHODILATORS, ANTICHOLINERGIC | |
| ATROVENT HFA | |
| INCRUSE ELLIPTA | |
| <i>ipratropium bromide</i> | PA3 |
| <i>ipratropium bromide (nasal)</i> | |
| SPIRIVA RESPIMAT | |
| <i>tiotropium bromide monohydrate</i> | |
| 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), (5 mg/ml) 0.5% soln)</i> | PA3 |
| 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> | PA3 |
| LEVALBUTEROL TARTRATE | |
| SEREVENT DISKUS | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|--|---------------------|
| CYSTIC FIBROSIS AGENTS | |
| CAYSTON | |
| KALYDECO | |
| ORKAMBI | |
| PULMOZYME | PA3 |
| SYMDEKO | |
| <i>tobramycin (soln 300 mg/4ml, soln 300 mg/5ml)</i> | PA3 |
| TRIKAFTA | |
| MAST CELL STABILIZERS | |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i> | PA3 |
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE | |
| <i>roflumilast</i> | |
| THEO-24 (100 MG CAP ER, 300 MG CAP ER, 400 MG CAP ER) | |
| <i>theophylline (tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)</i> | |
| THEOPHYLLINE ER | |
| PULMONARY ANTIHYPERTENSIVES | |
| ADEMPAS | PA |
| <i>ambrisentan</i> | |
| OPSUMIT | PA |
| <i>sildenafil citrate tab 20 mg</i> | PA2 |
| <i>tadalafil (pulmonary hypertension)</i> | PA2 |
| UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB) | |
| PULMONARY FIBROSIS AGENTS | |
| OFEV | |
| <i>pirfenidone (cap 267 mg, tab 267 mg, 534 mg tab, tab 801 mg)</i> | |
| RESPIRATORY TRACT AGENTS, OTHER | |
| <i>acetylcysteine</i> | PA3 |
| ANORO ELLIPTA | |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|---|---------------------|
| BUDESONIDE-FORMOTEROL FUMARATE | |
| <i>budesonide-formoterol fumarate dihydrate</i> | |
| COMBIVENT RESPIMAT | |
| FLUTICASONE FUROATE-VILANTEROL | |
| <i>fluticasone-salmeterol (45-21 mcg/act aerosol, 55-14 mcg/act aer pow ba, aer powder ba 100-50 mcg/act, 113-14 mcg/act aer pow ba, 115-21 mcg/act aerosol, 230-21 mcg/act aerosol, 232-14 mcg/act aer pow ba, aer powder ba 250-50 mcg/act, aer powder ba 500-50 mcg/act)</i> | |
| <i>ipratropium-albuterol</i> | PA3 |
| NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR) | PA |
| TRELEGY ELLIPTA | |
| <i>wixela inhub</i> | |
| SKELETAL MUSCLE RELAXANTS | |
| <i>cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)</i> | |
| <i>methocarbamol (tab 500 mg, tab 750 mg)</i> | |
| SLEEP DISORDER AGENTS | |
| SLEEP PROMOTING AGENTS | |
| <i>doxepin hcl (sleep)</i> | |
| HETLIOZ LQ | PA |
| <i>ramelteon</i> | |
| <i>tasimelteon</i> | PA |
| <i>temazepam</i> | |
| <i>triazolam</i> | |
| <i>zaleplon</i> | |
| <i>zolpidem tartrate (tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg)</i> | |
| WAKEFULNESS PROMOTING AGENTS | |
| <i>modafinil</i> | PA |
| SODIUM OXYBATE | PA |

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

Index of Drugs

A

| | | | |
|-----------------------------|----|--|----|
| abacavir sulfate | 26 | alosetron hcl | 47 |
| abacavir sulfate-lamivudine | 26 | alprazolam | 28 |
| ABELCET | 14 | ALPRAZOLAM INTENSOL | 28 |
| ABILIFY ASIMTUFI | 23 | ALUNBRIG | 18 |
| ABILIFY MAINTENA | 23 | amantadine hcl | 22 |
| abiraterone acetate | 16 | ambrisentan | 63 |
| ABRYVO | 56 | amikacin sulfate | 4 |
| acamprosate calcium | 3 | amiloride & hydrochlorothiazide | 33 |
| acarbose | 28 | amiloride hcl | 34 |
| acetaminophen w/ codeine | 2 | AMILORIDE-HYDROCHLOROTHIAZIDE | 33 |
| ACETAMINOPHEN-CODEINE | 3 | amino acid infusion | 40 |
| acetazolamide | 33 | amiodarone hcl | 32 |
| acetic acid (otic) | 4 | amitriptyline hcl | 13 |
| acetylcysteine | 63 | amlodipine besylate | 33 |
| acitretin | 38 | amlodipine besylate-benazepril hcl | 33 |
| ACTHIB | 56 | amlodipine besylate-valsartan | 34 |
| ACTIMMUNE | 54 | amlodipine-valsartan-hydrochlorothiazide | 34 |
| acyclovir | 27 | amoxapine | 13 |
| acyclovir sodium | 27 | amoxicillin | 7 |
| acyclovir topical | 27 | amoxicillin & pot clavulanate | 7 |
| ADACEL | 56 | AMOXICILLIN-POT CLAVULANATE | 7 |
| ADALIMUMAB-ADAZ | 55 | AMOXICILLIN-POT CLAVULANATE ER | 7 |
| ADALIMUMAB-FKJP | 55 | amphetamine-dextroamphetamine | 36 |
| adefovir dipivoxil | 25 | AMPHOTERICIN B | 14 |
| ADEMPAS | 63 | amphotericin b liposome | 14 |
| AJOVY | 15 | AMPICILLIN | 7 |
| AKEEGA | 17 | ampicillin & sulbactam sodium | 7 |
| albendazole | 21 | AMPICILLIN SODIUM | 7 |
| albuterol sulfate | 62 | AMPICILLIN-SULBACTAM SODIUM | 7 |
| ALBUTEROL SULFATE HFA | 62 | anagrelide hcl | 31 |
| ALCOHOL SWABS | 58 | anastrozole | 18 |
| ALECENSA | 18 | ANORO ELLIPTA | 63 |
| alendronate sodium | 58 | apomorphine hydrochloride | 22 |
| alfuzosin hcl | 49 | aprepitant | 13 |
| aliskiren fumarate | 33 | APTIOM | 10 |
| allopurinol | 15 | APTIVUS | 27 |
| ALOGLIPTIN BENZOATE | 28 | ARALAST NP | 48 |
| ALOGLIPTIN-METFORMIN HCL | 28 | ARANESP (ALBUMIN FREE) | 31 |
| ALOGLIPTIN-PIOGLITAZONE | 28 | ARCALYST | 54 |
| | | AREXVY | 56 |
| | | aripiprazole | 23 |

| | | | |
|--------------------------------|----|--|----|
| ARISTADA | 23 | BAQSIMI TWO PACK | 29 |
| ARISTADA INITIO | 23 | BARACLUDE | 25 |
| ARNUIITY ELLIPTA | 61 | BCG VACCINE | 56 |
| asenapine maleate | 23 | benzoyl peroxide-erythromycin | 38 |
| aspirin-dipyridamole | 31 | benztropine mesylate | 21 |
| ASTAGRAF XL | 55 | BESREMI | 17 |
| ATABEX EC | 42 | betaine | 48 |
| ATABEX OB | 42 | betamethasone dipropionate (topical) | 38 |
| atazanavir sulfate | 27 | BETAMETHASONE DIPROPIONATE AUG | 38 |
| atenolol | 32 | betamethasone dipropionate augmented | 38 |
| atenolol & chlorthalidone | 34 | betamethasone valerate | 38 |
| atomoxetine hcl | 36 | BETASERON | 37 |
| atorvastatin calcium | 35 | BETAXOLOL HCL | 60 |
| atovaquone | 21 | betaxolol hcl (ophth) | 60 |
| atovaquone-proguanil hcl | 21 | bethanechol chloride | 49 |
| ATROPINE SULFATE | 59 | BETOPTIC-S | 60 |
| atropine sulfate (ophthalmic) | 59 | bexarotene | 20 |
| ATROVENT HFA | 62 | bexarotene (topical) | 20 |
| AUGTYRO | 17 | BEXSERO | 56 |
| AUVELITY | 11 | bicalutamide | 16 |
| AVONEX PEN | 37 | BICILLIN L-A | 7 |
| AVONEX PREFILLED | 37 | BIKTARVY | 25 |
| AYVAKIT | 18 | bimatoprost | 61 |
| AZASITE | 59 | bisoprolol & hydrochlorothiazide | 34 |
| azathioprine | 55 | bisoprolol fumarate | 33 |
| azelastine hcl | 62 | BOOSTRIX | 56 |
| azelastine hcl (ophth) | 59 | BOSULIF | 18 |
| AZESCHEW PRENATAL/POSTNATAL | 42 | BRAFTOVI | 18 |
| AZESCO | 42 | BRILINTA | 31 |
| azithromycin | 8 | brimonidine tartrate | 61 |
| aztreonam | 4 | brimonidine tartrate-timolol maleate | 59 |
| B | | BRIVIACT | 9 |
| BACITRACIN | 59 | bromocriptine mesylate | 22 |
| bacitracin-poly-neomycin-hc | 59 | BRONCHITOL | 58 |
| bacitracin-polymyxin b (ophth) | 59 | BRONCHITOL TOLERANCE TEST | 58 |
| baclofen | 24 | BRUKINSA | 17 |
| BAL-CARE DHA | 42 | budesonide | 57 |
| balsalazide disodium | 57 | budesonide (inhalation) | 61 |
| BALVERSA | 18 | BUDESONIDE-FORMOTEROL FUMARATE | 64 |
| BAQSIMI ONE PACK | 29 | budesonide-formoterol fumarate dihydrate | 64 |
| | | bumetanide | 34 |

| | | | |
|--|----|--|----|
| buprenorphine hcl sl tab 2 mg (base equiv) | 4 | celecoxib | 2 |
| buprenorphine hcl sl tab 8 mg (base equiv) | 4 | cephalexin | 7 |
| buprenorphine hcl-naloxone hcl dihydrate | 4 | CERDELGA | 48 |
| bupropion hcl | 11 | chlorhexidine gluconate (mouth-throat) | 38 |
| bupropion hcl (smoking deterrent) | 4 | chloroquine phosphate | 21 |
| BUPROPION HCL ER (XL) | 12 | chlorpromazine hcl | 23 |
| bupirone hcl | 28 | chlorthalidone | 35 |
| C | | cholestyramine | 35 |
| C-NATE DHA | 42 | cholestyramine light | 35 |
| cabergoline | 53 | choline fenofibrate | 35 |
| CABOMETYX | 18 | ciclopirox | 39 |
| CALCIPOTRIENE | 39 | ciclopirox olamine | 14 |
| calcitonin (salmon) | 58 | cilostazol | 31 |
| calcitriol | 58 | CIMDUO | 26 |
| calcium acetate (phosphate binder) | 41 | cinacalcet hcl | 58 |
| CALQUENCE | 18 | CINRYZE | 53 |
| candesartan cilexetil | 32 | CIPRO HC | 61 |
| CAPLYTA | 23 | ciprofloxacin hcl | 8 |
| CAPRELSA | 18 | CIPROFLOXACIN HCL | 61 |
| carbamazepine | 11 | ciprofloxacin hcl (ophth) | 59 |
| carbidopa | 22 | ciprofloxacin in d5w | 8 |
| carbidopa-levodopa | 22 | ciprofloxacin-dexamethasone | 61 |
| CARBIDOPA-LEVODOPA-ENTACAPONE | 22 | citalopram hydrobromide | 12 |
| carglumic acid | 40 | CITRANATAL 90 DHA | 42 |
| CARTEOLOL HCL | 60 | CITRANATAL ASSURE | 42 |
| carvedilol | 33 | CITRANATAL B-CALM | 42 |
| caspofungin acetate | 14 | CITRANATAL BLOOM | 42 |
| CAYSTON | 63 | CITRANATAL BLOOM DHA | 42 |
| cefadroxil | 6 | CITRANATAL DHA | 42 |
| CEFAZOLIN SODIUM | 6 | CITRANATAL ESSENCE | 42 |
| cefdinir | 6 | CITRANATAL HARMONY | 42 |
| cefepime hcl | 6 | CITRANATAL MEDLEY | 42 |
| cefixime | 6 | CITRANATAL RX | 42 |
| cefoxitin sodium | 6 | clarithromycin | 8 |
| cefpodoxime proxetil | 6 | CLEMASTINE FUMARATE | 62 |
| cefprozil | 6 | CLEOCIN | 4 |
| ceftazidime | 6 | clindamycin hcl | 4 |
| ceftriaxone sodium | 7 | clindamycin palmitate hydrochloride | 4 |
| cefuroxime axetil | 7 | clindamycin phosphate | 5 |
| cefuroxime sodium | 7 | clindamycin phosphate (topical) | 4 |
| | | clindamycin phosphate in d5w | 5 |

| | | | |
|--------------------------------------|----|---|----|
| clindamycin phosphate vaginal | 5 | COTELLIC | 18 |
| CLINIMIX E/DEXTROSE (2.75/5) | 40 | CREON | 48 |
| CLINIMIX E/DEXTROSE (4.25/10) | 40 | CROMOLYN SODIUM | 59 |
| CLINIMIX E/DEXTROSE (4.25/5) | 40 | cromolyn sodium | 63 |
| CLINIMIX E/DEXTROSE (5/15) | 40 | cromolyn sodium (mastocytosis) | 48 |
| CLINIMIX E/DEXTROSE (5/20) | 40 | cromolyn sodium (ophth) | 59 |
| CLINIMIX/DEXTROSE (4.25/10) | 40 | cyclobenzaprine hcl | 64 |
| CLINIMIX/DEXTROSE (4.25/5) | 40 | CYCLOPHOSPHAMIDE | 16 |
| CLINIMIX/DEXTROSE (5/15) | 40 | CYCLOSET | 28 |
| CLINIMIX/DEXTROSE (5/20) | 40 | cyclosporine | 55 |
| clobazam | 10 | cyclosporine (ophth) | 59 |
| clobetasol propionate | 38 | cyclosporine modified (for microemulsion) | 55 |
| clobetasol propionate emollient base | 38 | CYSTAGON | 48 |
| clobetasol propionate emulsion | 38 | CYSTARAN | 48 |
| clomipramine hcl | 13 | | |
| clonazepam | 28 | D | |
| clonidine | 31 | dabigatran etexilate mesylate | 30 |
| clonidine hcl | 32 | dalfampridine | 37 |
| clopidogrel bisulfate | 31 | danazol | 51 |
| clorazepate dipotassium | 28 | DAPAGLIFLOZIN PROPANEDIOL | 28 |
| clotrimazole | 14 | dapsone | 16 |
| clotrimazole (topical) | 14 | DAPTACEL | 56 |
| clotrimazole w/ betamethasone | 39 | daptomycin | 5 |
| CLOTRIMAZOLE-BETAMETHASONE | 39 | darifenacin hydrobromide | 49 |
| clozapine | 24 | darunavir | 27 |
| CO-NATAL FA | 42 | DAURISMO | 18 |
| COARTEM | 21 | deferasirox | 41 |
| CODEINE SULFATE | 3 | deferiprone | 41 |
| colchicine | 15 | DELSTRIGO | 25 |
| colchicine w/ probenecid | 15 | demeclocycline hcl | 9 |
| colesevelam hcl | 35 | DEPO-SUBQ PROVERA 104 | 52 |
| colistimethate sodium | 5 | DERMACINRX PRETRATE | 42 |
| COMBIVENT RESPIMAT | 64 | DESCOVY | 26 |
| COMETRIQ | 18 | desipramine hcl | 13 |
| COMPLERA | 25 | desloratadine | 62 |
| COMPLETE NATAL DHA | 42 | desmopressin acetate | 50 |
| COMPLETENATE | 42 | desmopressin acetate spray | 50 |
| CONCEPT DHA | 42 | desmopressin acetate spray refrigerated | 50 |
| CONCEPT OB | 42 | desogestrel & ethinyl estradiol | 51 |
| COPIKTRA | 18 | desogestrel-ethinyl estradiol (biphasic) | 51 |
| CORLANOR | 34 | DESVENLAFAXINE ER | 12 |

| | | | |
|---|----|--|----|
| desvenlafaxine succinate | 12 | DOVATO | 25 |
| DEXABLISS | 50 | doxazosin mesylate | 32 |
| DEXAMETHASONE | 50 | doxepin hcl | 13 |
| DEXAMETHASONE SODIUM PHOSPHATE | 60 | doxepin hcl (antipruritic) | 38 |
| dexmethylphenidate hcl | 36 | doxepin hcl (sleep) | 64 |
| dextroamphetamine sulfate | 36 | doxercalciferol | 58 |
| dextrose | 40 | doxycycline (monohydrate) | 9 |
| dextrose w/ sodium chloride | 40 | doxycycline hyclate | 9 |
| DEXTROSE-SODIUM CHLORIDE | 40 | dronabinol | 13 |
| DIACOMIT | 9 | drospirenone-ethinyl estradiol | 51 |
| DIAZEPAM | 10 | drospirenone-ethinyl estradiol-levomefolate calcium | 51 |
| diazepam | 28 | droxidopa | 32 |
| diazepam (anticonvulsant) | 10 | DUAVEE | 52 |
| diazoxide | 29 | DUET DHA 400 | 42 |
| DICLOFENAC EPOLAMINE | 2 | DUET DHA BALANCED | 42 |
| diclofenac potassium | 2 | duloxetine hcl | 37 |
| diclofenac sodium | 2 | DUPIXENT | 54 |
| diclofenac sodium (actinic keratoses) | 39 | dutasteride | 49 |
| diclofenac sodium (ophth) | 60 | dutasteride-tamsulosin hcl | 49 |
| diclofenac sodium (topical) | 2 | | |
| dicloxacillin sodium | 7 | E | |
| dicyclomine hcl | 47 | EDURANT | 25 |
| DIFICID | 8 | efavirenz | 26 |
| difluprednate | 60 | efavirenz-emtricitabine-tenofovir disoproxil fumarate | 26 |
| digoxin | 34 | efavirenz-lamivudine-tenofovir disoproxil fumarate | 26 |
| dihydroergotamine mesylate | 15 | ELIGARD | 53 |
| DILANTIN | 11 | ELIQUIS | 30 |
| diltiazem hcl | 33 | ELIQUIS DVT/PE STARTER PACK | 30 |
| diltiazem hcl coated beads | 33 | ELITE-OB | 43 |
| diltiazem hcl extended release beads | 33 | ELMIRON | 49 |
| dimethyl fumarate | 37 | EMSAM | 12 |
| DIPENTUM | 57 | emtricitabine | 26 |
| diphenoxylate w/ atropine | 47 | emtricitabine-tenofovir disoproxil fumarate | 26 |
| DIPHENOXYLATE-ATROPINE | 47 | EMTRIVA | 26 |
| DIPHThERIA-TETANUS TOXOIDS DT | 56 | enalapril maleate | 32 |
| disulfiram | 3 | enalapril maleate & hydrochlorothiazide | 34 |
| divalproex sodium | 9 | ENBRACE HR | 43 |
| dofetilide | 32 | ENBREL | 55 |
| donepezil hydrochloride | 11 | | |
| dorzolamide hcl | 61 | | |
| dorzolamide hcl-timolol maleate | 59 | | |

| | | | |
|--|----|---|----|
| ENBREL MINI..... | 55 | etravirine..... | 26 |
| ENBREL SURECLICK..... | 55 | everolimus..... | 19 |
| ENDARI..... | 48 | everolimus (immunosuppressant)..... | 55 |
| ENGERIX-B..... | 56 | EVOTAZ..... | 27 |
| enoxaparin sodium..... | 31 | exemestane..... | 18 |
| entacapone..... | 22 | EXKIVITY..... | 17 |
| entecavir..... | 25 | ezetimibe..... | 35 |
| ENTRESTO..... | 34 | | |
| ENVARBUS XR..... | 55 | F | |
| EPIDIOLEX..... | 9 | famciclovir..... | 27 |
| EPINEPHRINE..... | 62 | famotidine..... | 48 |
| epinephrine (anaphylaxis)..... | 62 | FANAPT..... | 23 |
| eplerenone..... | 34 | FANAPT TITRATION PACK..... | 23 |
| EPRONTIA..... | 9 | FARXIGA..... | 29 |
| ERGOLOID MESYLATES..... | 11 | febuxostat..... | 15 |
| ERGOTAMINE-CAFFEINE..... | 15 | felbamate..... | 9 |
| ERIVEDGE..... | 19 | fenofibrate..... | 35 |
| ERLEADA..... | 16 | fenofibrate micronized..... | 35 |
| erlotinib hcl..... | 19 | fentanyl..... | 2 |
| ertapenem sodium..... | 8 | fentanyl citrate..... | 3 |
| ERY..... | 40 | FERRIPROX..... | 41 |
| ERYTHROCIN LACTOBIONATE..... | 8 | FETZIMA..... | 12 |
| ERYTHROCIN STEARATE..... | 8 | FETZIMA TITRATION..... | 12 |
| ERYTHROMYCIN..... | 59 | finasteride..... | 49 |
| erythromycin (acne aid)..... | 40 | FINTEPLA..... | 9 |
| erythromycin (ophth)..... | 59 | FIRMAGON..... | 53 |
| erythromycin base..... | 8 | FIRMAGON (240 MG DOSE)..... | 53 |
| erythromycin ethylsuccinate..... | 8 | flecainide acetate..... | 32 |
| erythromycin lactobionate..... | 8 | fluconazole..... | 14 |
| ERYTHROMYCIN STEARATE..... | 8 | fluconazole in nacl..... | 14 |
| escitalopram oxalate..... | 12 | flucytosine..... | 14 |
| esomeprazole magnesium..... | 48 | fludrocortisone acetate..... | 50 |
| estradiol..... | 51 | flunisolide (nasal)..... | 61 |
| estradiol & norethindrone acetate..... | 51 | fluocinonide (cream 0.05%, emulsified base cream 0.05%, gel 0.05%, ointment 0.05%, solution 0.05%)..... | 38 |
| estradiol vaginal..... | 51 | fluorometholone (ophth)..... | 60 |
| ESTRING..... | 51 | FLUOROURACIL..... | 39 |
| ethambutol hcl..... | 16 | fluorouracil (topical)..... | 39 |
| ethosuximide..... | 10 | fluoxetine hcl..... | 12 |
| ethynodiol diacet & eth estrad..... | 51 | FLUOXETINE HCL (PMDD)..... | 12 |
| etodolac..... | 2 | | |
| etonogestrel-ethinyl estradiol..... | 51 | | |

| | | | |
|--------------------------------|----|-------------------------------|----|
| fluphenazine decanoate | 23 | GENVOYA | 25 |
| fluphenazine hcl | 23 | GILOTRIF | 19 |
| FLURBIPROFEN SODIUM | 60 | GLASSIA | 48 |
| FLUTICASONE FUROATE-VILANTEROL | 64 | glatiramer acetate | 37 |
| fluticasone propionate | 38 | GLEOSTINE | 16 |
| fluticasone propionate (nasal) | 61 | glimepiride | 29 |
| FLUTICASONE PROPIONATE HFA | 61 | GLIPIZIDE | 29 |
| fluticasone-salmeterol | 64 | glipizide-metformin hcl | 29 |
| fluvoxamine maleate | 12 | GLUCAGEN HYPOKIT | 29 |
| FML FORTE | 60 | GLUCAGON EMERGENCY | 29 |
| FOLIVANE-OB | 43 | glycopyrrolate | 47 |
| fondaparinux sodium | 31 | griseofulvin microsize | 14 |
| fosamprenavir calcium | 27 | griseofulvin ultramicrosize | 14 |
| fosfomycin tromethamine | 5 | guanfacine hcl | 32 |
| FOSRENOL | 41 | guanfacine hcl (adhd) | 36 |
| FOTIVDA | 17 | | |
| FRUZAQLA | 19 | H | |
| furosemide | 34 | haloperidol | 23 |
| FUZEON | 26 | haloperidol decanoate | 23 |
| FYCOMPA | 9 | haloperidol lactate | 23 |
| | | HAVRIX | 56 |
| G | | HEMADY | 50 |
| gabapentin | 10 | heparin sodium (porcine) | 31 |
| galantamine hydrobromide | 11 | HEPLISAV-B | 56 |
| GAMMAGARD | 54 | HETLIOZ LQ | 64 |
| GAMMAGARD S/D LESS IGA | 54 | HIBERIX | 56 |
| GAMMAPLEX | 54 | HUMALOG MIX 50/50 KWIKPEN | 29 |
| GAMUNEX-C | 54 | HUMALOG MIX 75/25 | 29 |
| GARDASIL 9 | 56 | HUMATROPE | 50 |
| gatifloxacin (ophth) | 59 | HUMIRA | 55 |
| GATTEX | 48 | HUMIRA (2 PEN) | 55 |
| GAUZE PADS & DRESSINGS | 58 | HUMIRA (2 SYRINGE) | 55 |
| GAVRETO | 19 | HUMIRA PEDIATRIC CROHNS START | 55 |
| gefitinib | 19 | HUMIRA PEN-CD/UC/HS STARTER | 55 |
| gemfibrozil | 35 | HUMIRA PEN-PEDIATRIC UC START | 55 |
| GENOTROPIN | 50 | HUMIRA PEN-PSOR/UEIT STARTER | 55 |
| GENOTROPIN MINIQUICK | 50 | HUMIRA-PS/UV/ADOL HS STARTER | 55 |
| gentamicin in saline | 4 | HUMULIN 70/30 | 30 |
| gentamicin sulfate | 4 | HUMULIN 70/30 KWIKPEN | 30 |
| gentamicin sulfate (ophth) | 59 | HUMULIN N | 30 |
| gentamicin sulfate (topical) | 4 | HUMULIN N KWIKPEN | 30 |

| | | | |
|-------------------------------------|----|---|----|
| HUMULIN R..... | 30 | INQOVI..... | 17 |
| HUMULIN R U-500 (CONCENTRATED)..... | 30 | INREBIC..... | 17 |
| HUMULIN R U-500 KWIKPEN..... | 30 | INSULIN ASP PROT & ASP FLEXPEN..... | 30 |
| hydralazine hcl..... | 36 | INSULIN ASPART..... | 30 |
| hydrochlorothiazide..... | 35 | INSULIN ASPART FLEXPEN..... | 30 |
| hydrocodone-acetaminophen..... | 3 | INSULIN ASPART PENFILL..... | 30 |
| HYDROCORTISONE..... | 39 | INSULIN ASPART PROT & ASPART..... | 30 |
| hydrocortisone..... | 58 | INSULIN GLARGINE..... | 30 |
| hydrocortisone (intrarectal)..... | 58 | INSULIN GLARGINE SOLOSTAR..... | 30 |
| hydrocortisone (rectal)..... | 39 | INSULIN GLARGINE-YFGN..... | 30 |
| hydrocortisone (topical)..... | 39 | INSULIN LISPRO..... | 30 |
| hydrocortisone w/ acetic acid..... | 61 | INSULIN LISPRO (1 UNIT DIAL)..... | 30 |
| hydromorphone hcl..... | 3 | INSULIN LISPRO JUNIOR KWIKPEN..... | 30 |
| HYDROMORPHONE HCL PF..... | 3 | INSULIN LISPRO PROT & LISPRO..... | 30 |
| hydroxychloroquine sulfate..... | 21 | INSULIN PEN NEEDLE..... | 58 |
| hydroxyurea..... | 17 | INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 0.3 ML..... | 58 |
| hydroxyzine hcl..... | 28 | INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1 ML..... | 58 |
| hydroxyzine pamoate..... | 28 | INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-100 1/2 ML..... | 58 |
| I | | | |
| ibandronate sodium..... | 58 | INSULIN SYRINGE, SAFETY OR NON-SAFETY (DISP) U-500 1/2 ML..... | 58 |
| IBRANCE..... | 19 | INTELENCE..... | 26 |
| ibuprofen..... | 2 | INTRALIPID..... | 40 |
| icatibant acetate..... | 53 | INVEGA HAFYERA..... | 23 |
| ICLUSIG..... | 19 | INVEGA SUSTENNA..... | 23 |
| icosapent ethyl..... | 35 | INVEGA TRINZA..... | 23 |
| IDHIFA..... | 17 | IPOL..... | 56 |
| imatinib mesylate..... | 19 | ipratropium bromide..... | 62 |
| IMBRUVICA..... | 19 | ipratropium bromide (nasal)..... | 62 |
| IMIPENEM-CILASTATIN..... | 8 | ipratropium-albuterol..... | 64 |
| imipramine hcl..... | 13 | irbesartan..... | 32 |
| imipramine pamoate..... | 13 | irbesartan-hydrochlorothiazide..... | 34 |
| imiquimod..... | 39 | ISENTRESS..... | 25 |
| IMOVAX RABIES..... | 56 | ISENTRESS HD..... | 25 |
| INATAL GT..... | 43 | ISOLYTE-P IN D5W..... | 40 |
| INCRELEX..... | 50 | ISONIAZID..... | 16 |
| INCRUSE ELLIPTA..... | 62 | isosorbide dinitrate..... | 36 |
| indapamide..... | 35 | isosorbide mononitrate..... | 36 |
| indomethacin..... | 2 | isotretinoin..... | 38 |
| INFANRIX..... | 56 | | |
| INLYTA..... | 19 | | |

| | | | |
|-------------------------------------|----|---|----|
| itraconazole..... | 14 | lamivudine..... | 26 |
| ivermectin..... | 21 | lamivudine (hbv)..... | 25 |
| IWILFIN..... | 17 | lamivudine-zidovudine..... | 26 |
| IXCHIQ..... | 56 | lamotrigine..... | 9 |
| IXIARO..... | 56 | lansoprazole..... | 48 |
| J | | | |
| JAKAFI..... | 19 | lanthanum carbonate..... | 41 |
| JARDIANCE..... | 29 | lapatinib ditosylate..... | 19 |
| JAYPIRCA..... | 17 | latanoprost..... | 61 |
| JENLIVA PRENATAL/POSTNATAL..... | 43 | LEDIPASVIR-SOFOSBUVIR..... | 25 |
| JULUCA..... | 25 | leflunomide..... | 55 |
| JUXTAPID..... | 35 | lenalidomide..... | 17 |
| JYNNEOS..... | 56 | Lenvima..... | 19 |
| K | | | |
| KALYDECO..... | 63 | letrozole..... | 18 |
| KCL (0.149%) IN NAACL..... | 40 | leucovorin calcium..... | 21 |
| KCL (0.298%) IN NAACL..... | 40 | LEUKERAN..... | 16 |
| KCL IN DEXTROSE-NAACL..... | 40 | LEUKINE..... | 31 |
| KCL-LACTATED RINGERS-D5W..... | 40 | leuprolide acetate..... | 53 |
| KERENDIA..... | 34 | LEUPROLIDE ACETATE (3 MONTH)..... | 53 |
| ketoconazole..... | 14 | levabuterol hcl..... | 62 |
| ketoconazole (topical)..... | 14 | LEVALBUTEROL TARTRATE..... | 62 |
| ketorolac tromethamine (ophth)..... | 60 | levetiracetam..... | 9 |
| KINERET..... | 54 | LEVOBUNOLOL HCL..... | 60 |
| KINRIX..... | 56 | levocetirizine dihydrochloride..... | 62 |
| Kisqali..... | 19 | levofloxacin..... | 8 |
| Kisqali FEMARA..... | 17 | LEVOFLOXACIN..... | 60 |
| KOSELUGO..... | 17 | levofloxacin (ophth)..... | 60 |
| KOSHER PRENATAL PLUS IRON..... | 43 | levofloxacin in d5w..... | 8 |
| KRAZATI..... | 17 | levonorgestrel & eth estradiol..... | 51 |
| L | | | |
| labetalol hcl..... | 33 | levonorgestrel-eth estradiol (triphasic)..... | 51 |
| lacosamide..... | 11 | levonorgestrel-ethinyl estradiol (91-day)..... | 51 |
| LACRISERT..... | 59 | levonorgestrel-ethinyl estradiol (continuous)..... | 52 |
| lactic acid (ammonium lactate)..... | 39 | levonorgestrel-ethinyl estradiol-ferrous bisglycinate..... | 52 |
| LACTULOSE..... | 47 | levothyroxine sodium..... | 52 |
| lactulose (encephalopathy)..... | 47 | LEXIVA..... | 27 |
| LAGEVRIO..... | 58 | lidocaine..... | 3 |
| | | lidocaine hcl..... | 3 |
| | | lidocaine hcl (mouth-throat)..... | 3 |
| | | lidocaine-prilocaine..... | 3 |
| | | linezolid..... | 5 |
| | | LINZESS..... | 47 |

| | | | |
|---|----|----------------------------------|----|
| liothyronine sodium | 52 | MEKTOVI | 19 |
| lisinopril | 32 | meloxicam | 2 |
| lisinopril & hydrochlorothiazide | 34 | memantine hcl | 11 |
| LITHIUM | 28 | MENACTRA | 56 |
| lithium carbonate | 28 | MENEST | 52 |
| LOKELMA | 42 | MENQUADFI | 56 |
| LONSURF | 17 | MENVEO | 56 |
| loperamide hcl | 47 | mercaptopurine | 17 |
| lopinavir-ritonavir | 27 | meropenem | 8 |
| lorazepam | 28 | mesalamine | 57 |
| LORBRENA | 19 | mesalamine w/ cleanser | 57 |
| losartan potassium | 32 | MESNEX | 21 |
| losartan potassium & hydrochlorothiazide | 34 | metformin hcl | 29 |
| LOTEMAX | 60 | methadone hcl | 2 |
| loteprednol etabonate | 60 | methazolamide | 61 |
| loxapine succinate | 23 | methenamine hippurate | 5 |
| lubiprostone | 47 | methimazole | 53 |
| LUMAKRAS | 18 | methocarbamol | 64 |
| LUPRON DEPOT | 53 | methotrexate sodium | 55 |
| lurasidone hcl | 23 | METHOXSALEN RAPID | 39 |
| LYBALVI | 12 | methsuximide | 10 |
| LYNPARZA | 19 | methylphenidate hcl | 37 |
| LYSODREN | 53 | METHYLPHENIDATE HCL ER | 37 |
| Lytgobi | 19 | METHYLPHENIDATE HCL ER (OSM) | 37 |
| | | methyprednisolone | 50 |
| M | | metoclopramide hcl | 13 |
| M-M-R II | 56 | metolazone | 35 |
| M-NATAL PLUS | 43 | metoprolol & hydrochlorothiazide | 34 |
| magnesium sulfate | 40 | metoprolol succinate | 33 |
| malathion | 39 | metoprolol tartrate | 33 |
| maraviroc | 26 | metronidazole | 5 |
| MARNATAL-F | 43 | metronidazole (topical) | 5 |
| MARPLAN | 12 | metronidazole vaginal | 5 |
| MATULANE | 16 | metyrosine | 34 |
| MAVYRET | 25 | mexiletine hcl | 32 |
| meclizine hcl | 13 | micafungin sodium | 14 |
| medroxyprogesterone acetate | 52 | MICONAZOLE 3 | 14 |
| medroxyprogesterone acetate (contraceptive) | 52 | midodrine hcl | 32 |
| mefloquine hcl | 21 | mifepristone (hyperglycemia) | 50 |
| megestrol acetate | 52 | miglustat | 48 |
| MEKINIST | 19 | minocycline hcl | 9 |

| | | | |
|--------------------------------|----|--|----|
| minoxidil | 36 | NEFAZODONE HCL | 12 |
| mirabegron | 49 | neomycin sulfate | 4 |
| MIRENA (52 MG) | 52 | neomycin-bacitracin zn-polymyxin | 59 |
| mirtazapine | 12 | neomycin-polymy-dexameth | 59 |
| misoprostol | 51 | NEOMYCIN-POLYMYXIN-HC | 59 |
| modafinil | 64 | neomycin-polymyxin-hc (otic) | 61 |
| MOLINDONE HCL | 23 | NEONATAL + DHA | 43 |
| mometasone furoate | 39 | NEONATAL 19 | 43 |
| montelukast sodium | 62 | NEONATAL COMPLETE | 43 |
| morphine sulfate | 2 | NEONATAL FE | 43 |
| MORPHINE SULFATE | 3 | NEONATAL PLUS | 43 |
| MORPHINE SULFATE (CONCENTRATE) | 3 | NERLYNX | 19 |
| MOXIFLOXACIN HCL | 8 | NESTABS | 43 |
| moxifloxacin hcl (ophth) | 60 | NESTABS DHA | 43 |
| MOXIFLOXACIN HCL IN NACL | 8 | NESTABS ONE | 43 |
| MULTI-MAC | 43 | NEUPRO | 22 |
| mupirocin | 40 | nevirapine | 26 |
| mupirocin calcium (topical) | 40 | niacin (antihyperlipidemic) | 35 |
| mycophenolate mofetil | 55 | NICOTROL | 4 |
| mycophenolate sodium | 55 | nifedipine | 33 |
| MYNATAL | 43 | nilutamide | 16 |
| MYNATAL ADVANCE | 43 | nimodipine | 33 |
| MYNATE 90 PLUS | 43 | NINLARO | 18 |
| N | | nitazoxanide | 21 |
| nabumetone | 2 | NITRO-BID | 36 |
| nadolol | 33 | NITRO-DUR | 36 |
| nafcillin sodium | 7 | nitrofurantoin macrocrystal | 5 |
| NALOXONE HCL | 4 | nitrofurantoin monohyd macro | 5 |
| naltrexone hcl | 4 | nitroglycerin | 36 |
| NAMZARIC | 11 | nitroglycerin (intra-anal) | 36 |
| naproxen | 2 | NIVA-PLUS | 43 |
| naratriptan hcl | 15 | NIVESTYM | 31 |
| NATACHEW | 43 | NIZATIDINE | 48 |
| NATACYN | 60 | NORDITROPIN FLEXPRO | 50 |
| NATAL PNV | 43 | norethin acet & estrad-fe | 52 |
| NATALVIT | 43 | norethindrone & ethinyl estradiol-fe | 52 |
| nateglinide | 29 | norethindrone (contraceptive) | 52 |
| NAYZILAM | 10 | norethindrone acet & eth estra | 52 |
| NEEDLES, INSULIN DISP., SAFETY | 58 | norethindrone acetate-ethinyl estradiol | 52 |
| NEEVO DHA | 43 | norethindrone acetate-ethinyl estradiol-fe | 52 |
| | | norgestimate-ethinyl estradiol | 52 |

| | | | |
|--|----|--|----|
| norgestimate-ethinyl estradiol (triphasic) | 52 | OJJAARA | 19 |
| norgestrel & ethinyl estradiol | 52 | olanzapine | 24 |
| nortriptyline hcl | 13 | OLUMIANT | 54 |
| NORVIR | 27 | omega-3-acid ethyl esters | 35 |
| NOVOLIN 70/30 | 30 | omeprazole | 48 |
| NOVOLIN 70/30 FLEXPEN | 30 | OMNITROPE | 50 |
| NOVOLIN N | 30 | ondansetron | 13 |
| NOVOLIN N FLEXPEN | 30 | ondansetron hcl | 13 |
| NOVOLIN R | 30 | ONE VITE WOMENS PLUS | 44 |
| NOVOLIN R FLEXPEN | 30 | ONGENTYS | 22 |
| NUBEQA | 16 | ONUREG | 18 |
| NUCALA | 64 | OPSUMIT | 63 |
| NUEDEXTA | 37 | ORENCIA | 54 |
| NUPLAZID | 24 | ORENCIA CLICKJECT | 54 |
| NURTEC | 15 | ORGOVYX | 53 |
| NUTRILIPID | 40 | ORKAMBI | 63 |
| NUTROPIN AQ NUSPIN 10 | 50 | ORSERDU | 16 |
| NUTROPIN AQ NUSPIN 20 | 50 | oseltamivir phosphate | 27 |
| NUTROPIN AQ NUSPIN 5 | 50 | OTEZLA | 39 |
| nystatin | 14 | oxazepam | 28 |
| nystatin (mouth-throat) | 14 | oxcarbazepine | 11 |
| nystatin (topical) | 14 | oxybutynin chloride | 49 |
| nystatin-triamcinolone | 39 | oxycodone hcl | 3 |
| O | | OXYCODONE HCL ER | 2 |
| O-CAL PRENATAL | 43 | oxycodone w/ acetaminophen | 3 |
| OB COMPLETE | 43 | OXYCODONE-ACETAMINOPHEN | 3 |
| OB COMPLETE ONE | 43 | OXYCONTIN | 2 |
| OB COMPLETE PETITE | 43 | OXYTROL | 49 |
| OB COMPLETE PREMIER | 43 | OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN | 29 |
| OB COMPLETE/DHA | 43 | OZEMPIC (1 MG/DOSE) | 29 |
| OBSTETRIX EC (WITH DOCUSATE) | 44 | OZEMPIC (2 MG/DOSE) | 29 |
| OBSTETRIX ONE (WITH DOCUSATE) | 44 | OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN | 29 |
| octreotide acetate | 53 | P | |
| ODEFSEY | 26 | paliperidone | 24 |
| ODOMZO | 19 | PANRETIN | 20 |
| OFEV | 63 | pantoprazole sodium | 48 |
| OFLOXACIN | 8 | paroxetine hcl | 12 |
| ofloxacin (ophth) | 60 | paroxetine mesylate (vasomotor) | 12 |
| ofloxacin (otic) | 61 | | |
| OGSIVEO | 18 | | |

| | | | |
|--|----|--|----|
| PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK..... | 58 | pirfenidone..... | 63 |
| PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK..... | 58 | PNV PRENATAL PLUS MULTIVIT+DHA..... | 44 |
| pazopanib hcl..... | 19 | PNV PRENATAL PLUS MULTIVITAMIN..... | 44 |
| PEDIARIX..... | 56 | PNV TABS 20-1..... | 44 |
| PEDVAX HIB..... | 56 | PNV TABS 29-1..... | 44 |
| peg 3350-kcl-nacl-na sulfate-na ascorbate- ascorbic acid..... | 48 | PNV-DHA..... | 44 |
| peg 3350-kcl-sod bicarb-sod chloride-sod sulfate..... | 48 | PNV-DHA+DOCUSATE..... | 44 |
| peg 3350-potassium chloride-sod bicarbonate-sod chloride..... | 48 | PNV-OMEGA..... | 44 |
| PEGASYS..... | 54 | PNV-SELECT..... | 44 |
| PEMAZYRE..... | 19 | podofilox..... | 39 |
| PENBRAYA..... | 56 | polymyxin b sulfate..... | 5 |
| penicillamine..... | 49 | polymyxin b-trimethoprim..... | 60 |
| PENICILLIN G POT IN DEXTROSE..... | 7 | POMALYST..... | 17 |
| penicillin g potassium..... | 7 | posaconazole..... | 14 |
| PENICILLIN G SODIUM..... | 7 | potassium chloride..... | 41 |
| penicillin v potassium..... | 7 | POTASSIUM CHLORIDE ER..... | 41 |
| PENTACEL..... | 57 | potassium chloride in dextrose..... | 41 |
| pentamidine isethionate..... | 21 | potassium chloride in dextrose & sodium chloride..... | 41 |
| PENTASA..... | 57 | POTASSIUM CHLORIDE IN NAACL..... | 41 |
| pentoxifylline..... | 34 | potassium chloride microencapsulated crystals er..... | 41 |
| permethrin..... | 39 | potassium citrate (alkalinizer)..... | 41 |
| perphenazine..... | 13 | PR NATAL 400..... | 44 |
| PERSERIS..... | 24 | PR NATAL 400 EC..... | 44 |
| PHENELZINE SULFATE..... | 12 | PR NATAL 430..... | 44 |
| phenobarbital..... | 10 | PR NATAL 430 EC..... | 44 |
| phenytoin..... | 11 | pramipexole dihydrochloride..... | 22 |
| phenytoin sodium extended..... | 11 | pravastatin sodium..... | 35 |
| PIFELTRO..... | 26 | praziquantel..... | 21 |
| pilocarpine hcl..... | 61 | prazosin hcl..... | 32 |
| pilocarpine hcl (oral)..... | 38 | PRED MILD..... | 60 |
| PIMOZIDE..... | 23 | prednisolone..... | 50 |
| pindolol..... | 33 | PREDNISOLONE ACETATE..... | 60 |
| pioglitazone hcl..... | 29 | prednisolone sodium phosphate..... | 50 |
| pioglitazone hcl-metformin hcl..... | 29 | PREDNISOLONE SODIUM PHOSPHATE..... | 60 |
| piperacillin sodium-tazobactam sodium..... | 7 | prednisone..... | 50 |
| Piqray..... | 19 | PREDNISONE INTENSOL..... | 50 |
| | | pregabalin..... | 37 |
| | | PREGEN DHA..... | 44 |
| | | PREGENNA..... | 44 |

| | | | |
|-------------------------------------|----|-------------------------------|----|
| PREHEVBRIO..... | 57 | PRIFTIN..... | 16 |
| PREMARIN..... | 52 | PRIMACARE..... | 45 |
| PREMASOL..... | 41 | primaquine phosphate..... | 21 |
| PREMESISRX..... | 44 | PRIMIDONE..... | 10 |
| PREMPRO..... | 52 | PRIORIX..... | 57 |
| PRENA 1 TRUE..... | 44 | PRIVIGEN..... | 54 |
| PRENA1..... | 44 | probenecid..... | 15 |
| PRENA1 PEARL..... | 44 | prochlorperazine..... | 13 |
| PRENAISSANCE..... | 44 | prochlorperazine maleate..... | 13 |
| PRENAISSANCE PLUS..... | 44 | progesterone..... | 52 |
| PRENARA..... | 44 | PROGRAF..... | 55 |
| PRENATAL..... | 44 | PROLASTIN-C..... | 49 |
| PRENATAL 19..... | 44 | PROLIA..... | 58 |
| PRENATAL LOW IRON..... | 44 | PROMACTA..... | 31 |
| PRENATAL PLUS..... | 44 | promethazine hcl..... | 13 |
| PRENATAL PLUS IRON..... | 44 | propafenone hcl..... | 32 |
| PRENATAL PLUS VITAMIN/MINERAL..... | 44 | propranolol hcl..... | 33 |
| PRENATAL PLUS/IRON..... | 44 | propylthiouracil..... | 53 |
| PRENATAL VITAMIN PLUS LOW IRON..... | 45 | PROQUAD..... | 57 |
| PRENATAL-U..... | 45 | PROSOL..... | 41 |
| PRENATE..... | 45 | protriptyline hcl..... | 13 |
| PRENATE AM..... | 45 | PROVIDA OB..... | 45 |
| PRENATE DHA..... | 45 | PULMICORT FLEXHALER..... | 61 |
| PRENATE ELITE..... | 45 | PULMOZYME..... | 63 |
| PRENATE ENHANCE..... | 45 | PURIXAN..... | 17 |
| PRENATE ESSENTIAL..... | 45 | pyrazinamide..... | 16 |
| PRENATE MINI..... | 45 | pyridostigmine bromide..... | 15 |
| PRENATE PIXIE..... | 45 | pyrimethamine..... | 21 |
| PRENATE RESTORE..... | 45 | | |
| PRENATOL-M..... | 45 | Q | |
| PRENATRIX..... | 45 | QINLOCK..... | 18 |
| PRENATRYL..... | 45 | QUADRACEL..... | 57 |
| PRENATVITE COMPLETE..... | 45 | quetiapine fumarate..... | 24 |
| PRENATVITE PLUS..... | 45 | quinidine gluconate..... | 32 |
| PRENATVITE RX..... | 45 | quinidine sulfate..... | 32 |
| PREPLUS..... | 45 | quinine sulfate..... | 21 |
| PRETAB..... | 45 | QULIPTA..... | 15 |
| PRETOMANID..... | 16 | | |
| PREVYMIS..... | 24 | R | |
| PREZCOBIX..... | 27 | R-NATAL OB..... | 45 |
| PREZISTA..... | 27 | RABAVERT..... | 57 |

| | | | |
|------------------------------------|----|--|----|
| raloxifene hcl..... | 52 | ROTARIX..... | 57 |
| ramelteon..... | 64 | ROTATEQ..... | 57 |
| ramipril..... | 32 | ROZLYTREK..... | 18 |
| ranolazine..... | 34 | RUBRACA..... | 19 |
| rasagiline mesylate..... | 22 | rufinamide..... | 11 |
| RAVICTI..... | 49 | RUKOBIA..... | 26 |
| REBIF..... | 37 | RYDAPT..... | 19 |
| REBIF REBIDOSE..... | 37 | RYTARY..... | 22 |
| REBIF REBIDOSE TITRATION PACK..... | 37 | | |
| REBIF TITRATION PACK..... | 37 | S | |
| RECOMBIVAX HB..... | 57 | SANTYL..... | 39 |
| RECORLEV..... | 53 | sapropterin dihydrochloride..... | 49 |
| RELENZA DISKHALER..... | 27 | saxagliptin hcl..... | 29 |
| RELISTOR..... | 47 | saxagliptin-metformin hcl..... | 29 |
| RELNATE DHA..... | 45 | SCSEMBLIX..... | 20 |
| repaglinide..... | 29 | scopolamine..... | 13 |
| REPATHA..... | 35 | SE-NATAL 19..... | 45 |
| REPATHA PUSHTRONEX SYSTEM..... | 35 | SECUADO..... | 24 |
| REPATHA SURECLICK..... | 35 | SELECT-OB..... | 45 |
| RESTASIS MULTIDOSE..... | 59 | SELECT-OB+DHA..... | 45 |
| RETACRIT..... | 31 | selegiline hcl..... | 22 |
| RETEVMO..... | 18 | selenium sulfide..... | 39 |
| REXULTI..... | 24 | SELZENTRY..... | 27 |
| REYATAZ..... | 27 | SEREVENT DISKUS..... | 62 |
| REZLIDHIA..... | 19 | SEROSTIM..... | 51 |
| REZUROCK..... | 55 | sertraline hcl..... | 12 |
| RHOPRESSA..... | 61 | sevelamer carbonate..... | 41 |
| RIBAVIRIN..... | 25 | sevelamer hcl..... | 42 |
| ribavirin (hepatitis c)..... | 25 | SHINGRIX..... | 57 |
| rifabutin..... | 16 | SIGNIFOR..... | 53 |
| rifampin..... | 16 | sildenafil citrate (pulmonary hypertension)..... | 63 |
| riluzole..... | 37 | silver sulfadiazine..... | 39 |
| risperidone..... | 24 | SIMPONI..... | 55 |
| risperidone microspheres..... | 24 | simvastatin..... | 35 |
| ritonavir..... | 27 | sirolimus..... | 55 |
| rivastigmine..... | 11 | SIRTURO..... | 16 |
| rivastigmine tartrate..... | 11 | SIVEXTRO..... | 5 |
| rizatriptan benzoate..... | 15 | SKYRIZI..... | 54 |
| roflumilast..... | 63 | SKYRIZI PEN..... | 54 |
| ropinirole hydrochloride..... | 22 | sodium chloride..... | 41 |
| rosuvastatin calcium..... | 35 | sodium chloride (gu irrigant)..... | 41 |

| | | | |
|---|----|---|----|
| SODIUM FLUORIDE..... | 41 | SYNAREL..... | 53 |
| SODIUM OXYBATE..... | 64 | | |
| sodium phenylbutyrate..... | 49 | T | |
| sodium polystyrene sulfonate..... | 42 | TABLOID..... | 17 |
| SOFOSBUVIR-VELPATASVIR..... | 25 | TABRECTA..... | 18 |
| solifenacin succinate..... | 49 | tacrolimus..... | 56 |
| SOLTAMOX..... | 17 | tacrolimus (topical)..... | 39 |
| SOMAVERT..... | 53 | tadalafil (pulmonary hypertension)..... | 63 |
| sorafenib tosylate..... | 20 | TAFINLAR..... | 20 |
| sotalol hcl..... | 32 | TAGRISSO..... | 20 |
| sotalol hcl (afib/afib)..... | 32 | TALTZ..... | 54 |
| SOVALDI..... | 25 | TALZENNA..... | 20 |
| SPIRIVA RESPIMAT..... | 62 | tamoxifen citrate tab (10 mg equivalent)..... | 17 |
| spironolactone..... | 34 | tamoxifen citrate tab (20 mg equivalent)..... | 17 |
| spironolactone & hydrochlorothiazide..... | 34 | tamsulosin hcl..... | 49 |
| SPRITAM..... | 9 | TARON-C DHA..... | 45 |
| SPRYCEL..... | 20 | TARON-PREX..... | 45 |
| SPS..... | 42 | TASIGNA..... | 20 |
| STELARA..... | 54 | tasimelteon..... | 64 |
| STIVARGA..... | 20 | tazarotene..... | 38 |
| STREPTOMYCIN SULFATE..... | 4 | TAZORAC..... | 38 |
| STRIBILD..... | 25 | TAZVERIK..... | 18 |
| SUCRAID..... | 49 | TDVAX..... | 57 |
| sucralfate..... | 48 | TEFLARO..... | 7 |
| SULFACETAMIDE SODIUM..... | 60 | temazepam..... | 64 |
| sulfacetamide sodium (acne)..... | 8 | TENIVAC..... | 57 |
| sulfacetamide sodium (ophth)..... | 60 | tenofovir disoproxil fumarate..... | 26 |
| SULFACETAMIDE-PREDNISOLONE..... | 59 | TEPMETKO..... | 20 |
| SULFADIAZINE..... | 8 | terazosin hcl..... | 32 |
| sulfamethoxazole-trimethoprim..... | 9 | terbinafine hcl..... | 14 |
| sulfasalazine..... | 57 | TERCONAZOLE..... | 14 |
| sulindac..... | 2 | terconazole vaginal..... | 14 |
| sumatriptan..... | 15 | teriflunomide..... | 37 |
| sumatriptan succinate..... | 15 | TERIPARATIDE (RECOMBINANT)..... | 58 |
| sunitinib malate..... | 20 | testosterone..... | 51 |
| SUNLENCA..... | 27 | TESTOSTERONE CYPIONATE..... | 51 |
| SYMDEKO..... | 63 | TESTOSTERONE ENANTHATE..... | 51 |
| SYMLINPEN 120..... | 29 | tetrabenazine..... | 37 |
| SYMLINPEN 60..... | 29 | tetracycline hcl..... | 9 |
| SYMPAZAN..... | 10 | THALOMID..... | 17 |
| SYMTUZA..... | 27 | THEO-24..... | 63 |

| | | | |
|--------------------------------|----|-----------------------------------|----|
| theophylline | 63 | tretinoin microsphere | 38 |
| THEOPHYLLINE ER | 63 | TRI-TABS DHA | 45 |
| thioridazine hcl | 23 | triamcinolone acetonide (mouth) | 38 |
| thiothixene | 23 | triamcinolone acetonide (topical) | 39 |
| THRIVITE RX | 45 | triamterene & hydrochlorothiazide | 34 |
| tiagabine hcl | 10 | triazolam | 64 |
| TIBSOVO | 20 | TRICARE | 46 |
| TICOVAC | 57 | TRICARE PRENATAL DHA ONE | 46 |
| tigecycline | 5 | trientine hcl | 41 |
| timolol maleate | 15 | trifluoperazine hcl | 23 |
| timolol maleate (ophth) | 61 | TRIFLURIDINE | 27 |
| tiotropium bromide monohydrate | 62 | trihexyphenidyl hcl | 21 |
| TIVICAY | 25 | TRIKAFTA | 63 |
| TIVICAY PD | 25 | TRIMETHOPRIM | 5 |
| tizanidine hcl | 24 | trimethoprim 100 mg tab | 5 |
| TOBRADEX | 59 | trimipramine maleate | 13 |
| tobramycin | 63 | TRINATAL RX 1 | 46 |
| tobramycin (ophth) | 60 | TRINATE | 46 |
| tobramycin sulfate | 4 | TRINAZ | 46 |
| tobramycin-dexamethasone | 59 | TRINTELLIX | 12 |
| tolcapone | 22 | TRISTART DHA | 46 |
| tolterodine tartrate | 49 | TRISTART FREE | 46 |
| topiramate | 10 | TRISTART ONE | 46 |
| toremifene citrate | 17 | TRIUMEO | 26 |
| toremide | 34 | TRIUMEO PD | 26 |
| TPN ELECTROLYTES | 45 | TRIVEEN-DUO DHA | 46 |
| tramadol hcl | 3 | TRIZIVIR | 26 |
| TRAMADOL HCL ER | 2 | TROPHAMINE | 41 |
| TRAMADOL HCL ER (BIPHASIC) | 2 | tropium chloride | 49 |
| tramadol-acetaminophen | 3 | TRULICITY | 29 |
| tranexamic acid | 31 | TRUMENBA | 57 |
| tranylcypromine sulfate | 12 | TRUQAP | 20 |
| TRAVASOL | 41 | TUDORZA PRESSAIR | 62 |
| travoprost | 61 | TUKYSA | 20 |
| trazodone hcl | 12 | TURALIO | 20 |
| TRECTOR | 16 | TWINRIX | 57 |
| TRELEGY ELLIPTA | 64 | TYBOST | 27 |
| TRELSTAR MIXJECT | 53 | TYMLOS | 58 |
| TREMFYA | 54 | TYPHIM VI | 57 |
| tretinoin | 38 | | |
| tretinoin (chemotherapy) | 20 | | |

U

| | |
|----------|----|
| UBRELVY | 15 |
| UPTRAVI | 63 |
| URSODIOL | 48 |
| UZEDY | 24 |

V

| | |
|-------------------------------|----|
| valacyclovir hcl | 27 |
| VALCHLOR | 16 |
| valganciclovir hcl | 25 |
| valproate sodium | 10 |
| valproic acid | 10 |
| valsartan | 32 |
| valsartan-hydrochlorothiazide | 34 |
| Valtoco | 10 |
| VANCOMYCIN HCL | 6 |
| VANCOMYCIN HCL IN DEXTROSE | 6 |
| VANCOMYCIN HCL IN NACL | 6 |
| VANFLYTA | 18 |
| VAQTA | 57 |
| varenicline tartrate | 4 |
| VARIVAX | 57 |
| VELSIPITY | 54 |
| VELTASSA | 42 |
| VENCLEXTA | 20 |
| VENCLEXTA STARTING PACK | 20 |
| VENLAFAXINE BESYLATE ER | 12 |
| venlafaxine hcl | 13 |
| verapamil hcl | 33 |
| VERAPAMIL HCL ER | 33 |
| VERQUVO | 34 |
| VERSACLOZ | 24 |
| VERZENIO | 20 |
| VIBRAMYCIN | 9 |
| vigabatrin | 10 |
| VIJOICE | 49 |
| vilazodone hcl | 13 |
| VINATE DHA RF | 46 |
| VINATE II | 46 |
| VINATE ONE | 46 |

| | |
|------------------------------|----|
| VIRACEPT | 27 |
| VIREAD | 26 |
| VIRT-C DHA | 46 |
| VIRT-NATE DHA | 46 |
| VIRT-PN DHA | 46 |
| VIRT-PN PLUS | 46 |
| VITAFOL FE+ | 46 |
| VITAFOL GUMMIES | 46 |
| VITAFOL STRIPS | 46 |
| VITAFOL ULTRA | 46 |
| VITAFOL-NANO | 46 |
| VITAFOL-OB | 46 |
| VITAFOL-OB+DHA | 46 |
| VITAFOL-ONE | 46 |
| VITAMEDMD ONE RX/QUATREFOLIC | 46 |
| VITAMEDMD REDICHEW RX | 46 |
| VITAPEARL | 46 |
| VITATHELY WITH GINGER | 46 |
| VITATRUE | 46 |
| VITRAKVI | 20 |
| VIVA DHA | 46 |
| VIZIMPRO | 20 |
| VOL-PLUS | 46 |
| VOL-TAB RX | 47 |
| VONJO | 21 |
| VORICONAZOLE | 14 |
| voriconazole | 14 |
| VOSEVI | 25 |
| VP-PNV-DHA | 47 |
| VRAYLAR | 24 |

W

| | |
|-----------------------|----|
| warfarin sodium | 31 |
| WELIREG | 18 |
| WESCAP-C DHA | 47 |
| WESCAP-PN DHA | 47 |
| WESNATAL DHA COMPLETE | 47 |
| WESNATE DHA | 47 |
| WESTAB PLUS | 47 |
| WESTGEL DHA | 47 |
| wixela inhub | 64 |

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 | 54 |
| XELJANZ XR | 54 |
| XERMELO | 47 |
| XGEVA | 58 |
| XIFAXAN | 6 |
| XOLAIR | 54 |
| XOSPATA | 20 |
| Xpovio | 18 |
| XTANDI | 16 |

Y

| | |
|--------|----|
| YF-VAX | 57 |
| YONSA | 17 |

Z

| | |
|----------------------------|----|
| zafirlukast | 62 |
| zaleplon | 64 |
| ZALVIT | 47 |
| ZATEAN-PN DHA | 47 |
| ZATEAN-PN PLUS | 47 |
| ZEJULA | 20 |
| ZELBORAF | 20 |
| ZEMAIRA | 49 |
| ZENPEP | 49 |
| ZEPATIER | 25 |
| ZEPOSIA | 37 |
| ZEPOSIA 7-DAY STARTER PACK | 38 |
| ZEPOSIA STARTER KIT | 38 |
| zidovudine | 26 |
| zileuton | 62 |
| ZIPHEX | 47 |
| ziprasidone hcl | 24 |

| | |
|----------------------|----|
| ziprasidone mesylate | 24 |
| ZIRGAN | 25 |
| ZOLINZA | 18 |
| zolpidem tartrate | 64 |
| ZONISADE | 11 |
| zonisamide | 11 |
| ZTALMY | 10 |
| ZURZUVAE | 12 |
| ZYDELIG | 20 |
| ZYKADIA | 20 |
| ZYPREXA RELPREVV | 24 |

2024 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 7/1/2024.

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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