



# Program of All-Inclusive Care for the Elderly

## Formulary

### 2026 List of Covered Drugs

THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN.  
HPMS Approved Formulary File Submission ID 00026398, Version 12

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

This formulary was updated on 5/1/2026.



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

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-992-6600 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-992-6600 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-992-6600 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-992-6600 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-992-6600 (TTY: 711) . Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-992-6600 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-992-6600 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-992-6600 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-992-6600 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-992-6600 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

## Arabic

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-866-992-6600 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-992-6600 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-992-6600 (TTY: 711) . Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-992-6600 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-992-6600 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-992-6600 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-992-6600 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

**Community Care:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - 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:
  - Qualified interpreters
  - 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 Drug List (formulary) for our plan which is current as of 5/1/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2026, and from time to time during the year.

## What is the Community Care formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. 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 change?

Most changes in drug coverage happen on January 1, but Community Care may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <http://www.communitycareinc.org>.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Community Care formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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. Alternatively, when a member requests a refill of the drug, they may receive a 34-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 5/1/2026. 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 page 2. Then look under the category name for your drug.

## Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 59. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## 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 prescriber 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 website. 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 vii 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.

### **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 Member Services and ask if your drug is covered. Community Care may cover your drug. For more information, 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 learn that Community Care does not cover your drug, you have two options:

- You can ask Member Services 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 a coverage restriction including prior authorization, step therapy, or a quantity limit 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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

### **What can I do if my drug is not on the formulary or has a restriction?**

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, 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.

### **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 59.

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

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

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## LEGEND

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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.

# List of Drugs by Drug Type

DRUG	REQUIREMENTS/LIMITS
<b>ANALGESICS</b>	
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>	
<i>celecoxib</i>	
DICLOFENAC EPOLAMINE	PA1
<i>diclofenac potassium (tab 25 mg, tab 50 mg)</i>	
<i>diclofenac sodium (tab dr 25 mg, tab dr 50 mg, tab dr 75 mg, tab er 24hr 100 mg)</i>	
<i>diclofenac sodium (topical) soln 1.5%</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</i>	
<i>sulindac</i>	
<b>OPIOID ANALGESICS, LONG-ACTING</b>	
<i>fentanyl</i>	
<i>methadone hcl (methadone hcl 5 mg/5ml solution, methadone hcl 10 mg/5ml solution, methadone hcl soln 5 mg/5ml, methadone hcl soln 10 mg/5ml, methadone hcl tab 5 mg, methadone hcl tab 10 mg)</i>	
<i>morphine sulfate (tab er 15 mg, tab er 30 mg, tab er 60 mg, tab er 100 mg, tab er 200 mg)</i>	
OXYCONTIN	
<i>tramadol hcl (tab er 100 mg, tab er 200 mg, tab er 300 mg)</i>	
TRAMADOL HCL ER (BIPHASIC)	
<b>OPIOID ANALGESICS, SHORT-ACTING</b>	
<i>acetaminophen w/ codeine</i>	
ACETAMINOPHEN-CODEINE	
CODEINE SULFATE (CODEINE SULFATE, CODEINE SULFATE)	
<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	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
MORPHINE SULFATE (CONCENTRATE)	
MORPHINE SULFATE (MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 15 MG TAB, MORPHINE SULFATE 20 MG/5ML SOLUTION, MORPHINE SULFATE 30 MG TAB, MORPHINE SULFATE ORAL SOLN 10 MG/5ML, MORPHINE SULFATE ORAL SOLN 20 MG/5ML, MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML), MORPHINE SULFATE TAB 15 MG, MORPHINE SULFATE TAB 30 MG)	
<i>oxycodone hcl (conc 100 mg/5ml (20 mg/ml), soln 5 mg/5ml, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	
<i>oxycodone w/ acetaminophen</i>	
<i>tramadol hcl (tab 50 mg, tab 100 mg)</i>	
<i>tramadol-acetaminophen</i>	
<b>ANESTHETICS</b>	
<b>LOCAL ANESTHETICS</b>	
AGONEAZE	
<i>lidocaine hcl (mouth-throat)</i>	
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine oint 5%</i>	
<i>lidocaine patch 5%</i>	PA1
<i>lidocaine-prilocaine</i>	
LIVIXIL PAK	
PREMIUM LIDOCAINE	
PRILOVIX	
PRILOVIX PLUS	
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>	
<b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>	
<i>acamprosate calcium</i>	
<i>disulfiram</i>	
<b>OPIOID DEPENDENCE</b>	
<i>buprenorphine hcl (tab 2 mg equiv, tab 8 mg equiv)</i>	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	
<i>naltrexone hcl</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>OPIOID REVERSAL AGENTS</b>	
KLOXXADO	
<i>naloxone hcl (naloxone hcl, naloxone hcl inj 0.4 mg/ml, naloxone hcl soln prefilled syringe 0.4 mg/ml, naloxone hcl soln prefilled syringe 2 mg/2ml)</i>	
OPVEE	
<b>SMOKING CESSATION AGENTS</b>	
<i>bupropion hcl (smoking deterrent)</i>	
NICOTROL NS	
<i>varenicline tartrate</i>	
<b>ANTIBACTERIALS</b>	
<b>AMINOGLYCOSIDES</b>	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
ARIKAYCE	
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION)	
<i>gentamicin sulfate (topical)</i>	
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>neomycin sulfate</i>	
STREPTOMYCIN SULFATE	
TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE, TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION)	
<b>ANTIBACTERIALS, OTHER</b>	
<i>acetic acid (otic)</i>	
<i>aztreonam</i>	
CLEOCIN 100 MG SUPPOS	
<i>clindamycin hcl</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate (300 mg/2ml, 600 mg/4ml, 900 mg/6ml)</i>	
<i>clindamycin phosphate in d5w</i>	
<i>clindamycin phosphate vaginal</i>	
<i>colistimethate sodium</i>	
<i>daptomycin (daptomycin, daptomycin)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>fosfomycin tromethamine</i>	
<i>linezolid</i>	
<i>methenamine hippurate</i>	
METRONIDAZOLE (METRONIDAZOLE, METRONIDAZOLE 500 MG/100ML SOLUTION)	
<i>metronidazole (topical)</i>	
<i>metronidazole vaginal</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohyd macro</i>	
<i>polymyxin b sulfate</i>	
SIVEXTRO	
TIGECYCLINE (TIGECYCLINE, TIGECYCLINE)	
<i>tinidazole</i>	
<i>trimethoprim (trimethoprim, trimethoprim)</i>	
VANCOMYCIN HCL (VANCOMYCIN HCL, VANCOMYCIN HCL 1 GM RECON SOLN, VANCOMYCIN HCL 1.25 GM RECON SOLN, VANCOMYCIN HCL 1.5 GM RECON SOLN, VANCOMYCIN HCL 5 GM RECON SOLN, VANCOMYCIN HCL 10 GM RECON SOLN, VANCOMYCIN HCL 100 GM RECON SOLN, VANCOMYCIN HCL 500 MG RECON SOLN, VANCOMYCIN HCL 500 MG/100ML SOLUTION, VANCOMYCIN HCL 750 MG RECON SOLN, VANCOMYCIN HCL 750 MG/150ML SOLUTION, VANCOMYCIN HCL 1000 MG/200ML SOLUTION, VANCOMYCIN HCL 1250 MG/250ML SOLUTION, VANCOMYCIN HCL 1500 MG/300ML SOLUTION, VANCOMYCIN HCL 1750 MG/350ML SOLUTION, VANCOMYCIN HCL 2000 MG/400ML SOLUTION)	
VANCOMYCIN HCL IN DEXTROSE	
VANCOMYCIN HCL IN NAACL	
XIFAXAN	
<b>BETA-LACTAM, CEPHALOSPORINS</b>	
<i>cefadroxil (cefadroxil, cefadroxil)</i>	
CEFAZOLIN SODIUM (CEFAZOLIN SODIUM, CEFAZOLIN SODIUM 1 GM RECON SOLN)	
<i>cefdinir</i>	
<i>cefepime hcl</i>	
CEFIXIME (CEFIXIME, CEFIXIME)	
<i>cefoxitin sodium</i>	
CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL, CEFPODOXIME PROXETIL)	
<i>cefprozil</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>ceftazidime (ceftazidime, ceftazidime)</i>	
CEFTRIAXONE SODIUM (CEFTRIAXONE SODIUM, CEFTRIAXONE SODIUM 1 GM RECON SOLN, CEFTRIAXONE SODIUM 2 GM RECON SOLN)	
<i>cefuroxime axetil</i>	
<i>cefuroxime sodium</i>	
<i>cephalexin</i>	
TEFLARO	
<b>BETA-LACTAM, PENICILLINS</b>	
<i>amoxicillin &amp; pot clavulanate</i>	
AMOXICILLIN (AMOXICILLIN, AMOXICILLIN)	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	
<i>ampicillin &amp; sulbactam sodium</i>	
AMPICILLIN (AMPICILLIN, AMPICILLIN)	
<i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium for inj 1 gm, ampicillin sodium for inj 2 gm, ampicillin sodium for iv soln 10 gm)</i>	
AMPICILLIN-SULBACTAM SODIUM	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium (nafcillin sodium, nafcillin sodium)</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 (penicillin v potassium, penicillin v potassium)</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
<b>CARBAPENEMS</b>	
<i>ertapenem sodium</i>	
<i>imipenem-cilastatin (imipenem-cilastatin, imipenem-cilastatin)</i>	
<i>meropenem (soln 1 gm, soln 500 mg)</i>	
<b>MACROLIDES</b>	
<i>azithromycin</i>	
<i>clarithromycin (clarithromycin, clarithromycin)</i>	
ERYTHROCIN LACTOBIONATE	
ERYTHROCIN STEARATE	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ERYTHROMYCIN BASE (ERYTHROMYCIN BASE, ERYTHROMYCIN BASE)	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate, erythromycin ethylsuccinate for susp 200 mg/5ml, erythromycin ethylsuccinate for susp 400 mg/5ml)</i>	
<i>erythromycin lactobionate</i>	
ERYTHROMYCIN STEARATE	
<i>fidaxomicin</i>	
<b>QUINOLONES</b>	
<i>ciprofloxacin hcl</i>	
CIPROFLOXACIN IN D5W (CIPROFLOXACIN 200 MG/100ML IN D5W, CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION)	
<i>levofloxacin (oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)</i>	
<i>levofloxacin in d5w (in soln 500 mg/100ml, in soln 750 mg/150ml)</i>	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	
MOXIFLOXACIN HCL IN NAACL	
<i>ofloxacin (ofloxacin, ofloxacin)</i>	
<b>SULFONAMIDES</b>	
<i>sulfacetamide sodium (acne)</i>	
<i>sulfadiazine</i>	
<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	
<b>TETRACYCLINES</b>	
<i>demeclocycline hcl</i>	
<i>doxycycline (monohydrate)</i>	
<i>doxycycline hyclate</i>	
<i>minocycline hcl</i>	
MINOCYCLINE HCL ER	
TETRACYCLINE HCL (TETRACYCLINE HCL, TETRACYCLINE HCL)	
<b>ANTICONVULSANTS</b>	
<b>ANTICONVULSANTS, OTHER</b>	
BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	
DIACOMIT	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>divalproex sodium</i>	
EPIDIOLEX	PA2
<i>felbamate</i>	
FINTEPLA	
<i>lamotrigine</i>	
<i>levetiracetam (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)</i>	
<i>perampanel</i>	
SPRITAM (250 MG TAB, 500 MG TAB)	
SUBVENITE	
<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, oral soln 25 mg/ml, sprinkle cap 15 mg, sprinkle cap 25 mg, sprinkle cap 50 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>	
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>	
<i>ethosuximide</i>	
<i>methsuximide</i>	
<b>GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS</b>	
<i>clobazam</i>	
<i>diazepam (anticonvulsant)</i>	
<i>gabapentin</i>	
NAYZILAM	
<i>phenobarbital (phenobarbital, phenobarbital)</i>	
<i>primidone (primidone, primidone)</i>	
SYMPAZAN	
<i>tiagabine hcl (tiagabine hcl, tiagabine hcl)</i>	
VALTOCO 10 MG DOSE	
VALTOCO 15 MG DOSE	
VALTOCO 20 MG DOSE	
VALTOCO 5 MG DOSE	
<i>vigabatrin</i>	
ZTALMY	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
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### SODIUM CHANNEL AGENTS

<i>carbamazepine (carbamazepine, carbamazepine)</i>	
DILANTIN 30 MG CAP	
<i>eslicarbazepine acetate</i>	
<i>lacosamide (lacosamide, lacosamide oral solution 10 mg/ml, lacosamide tab 50 mg, lacosamide tab 100 mg, lacosamide tab 150 mg, lacosamide 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</i>	
<i>phenytoin sodium extended</i>	
<i>rufinamide</i>	
XCOPRI	
XCOPRI (250 MG DAILY DOSE)	
XCOPRI (350 MG DAILY DOSE)	
ZONISADE	
<i>zonisamide</i>	

### ANTIDEMENTIA AGENTS

#### ANTIDEMENTIA AGENTS, OTHER

<i>memantine hcl-donepezil hcl</i>	
NAMZARIC 7-10 MG CAP ER 24H	

#### CHOLINESTERASE INHIBITORS

<i>donepezil hydrochloride (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg)</i>	
<i>galantamine hydrobromide</i>	
<i>rivastigmine</i>	
<i>rivastigmine tartrate</i>	

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

MEMANTINE HCL (MEMANTINE HCL, MEMANTINE HCL CAP ER 24HR 14 MG, MEMANTINE HCL CAP ER 24HR 21 MG, MEMANTINE HCL CAP ER 24HR 28 MG, MEMANTINE HCL CAP ER 24HR 7 MG, MEMANTINE HCL TAB 5 MG, MEMANTINE HCL TAB 10 MG)	
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Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>ANTIDEPRESSANTS</b>	
<b>ANTIDEPRESSANTS, OTHER</b>	
AUVELITY	
<i>bupropion hcl</i>	
BUPROPION HCL ER (XL)	
EXXUA	
EXXUA TITRATION PACK	
<i>mirtazapine</i>	
ZURZUVAE	
<b>MONOAMINE OXIDASE INHIBITORS</b>	
EMSAM	
MARPLAN	
PHENELZINE SULFATE	
<i>tranylcypromine sulfate</i>	
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>	
<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	
DESVENLAFAXINE ER	
<i>desvenlafaxine succinate</i>	
<i>escitalopram oxalate</i>	
FETZIMA	
FETZIMA TITRATION	
<i>fluoxetine hcl (fluoxetine hcl, fluoxetine hcl)</i>	
FLUOXETINE HCL (PMDD)	
<i>fluvoxamine maleate</i>	
NEFAZODONE HCL	
RALDESY	
SERTRALINE HCL (SERTRALINE HCL, SERTRALINE HCL)	
<i>trazodone hcl</i>	
TRINTELLIX	
<i>vilazodone hcl</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>TRICYCLICS</b>	
<i>amitriptyline hcl</i>	
<i>amoxapine</i>	
<i>clomipramine hcl</i>	
<i>desipramine hcl</i>	
DOXEPIN HCL (DOXEPIN HCL, DOXEPIN HCL)	
<i>imipramine hcl</i>	
<i>imipramine pamoate</i>	
<i>nortriptyline hcl</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate</i>	
<b>ANTIEMETICS</b>	
<b>ANTIEMETICS, OTHER</b>	
<i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>	
<i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml) equiv), tab 5 mg equivalent, tab 10 mg 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>	
<b>EMETOGENIC THERAPY ADJUNCTS</b>	
<i>aprepitant</i>	PA3
<i>dronabinol</i>	PA1
<i>ondansetron</i>	PA3
<i>ondansetron hcl (oral soln 4 mg/5ml, tab 4 mg, tab 8 mg)</i>	PA3
<b>ANTIFUNGALS</b>	
AMPHOTERICIN B	PA3
<i>amphotericin b liposome</i>	PA3
<i>casprofungin acetate (casprofungin acetate, casprofungin acetate)</i>	
<i>clotrimazole</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

<b>DRUG</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clotrimazole (topical)</i>	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	PA1
<i>fluconazole</i>	
<i>fluconazole in nacl</i>	
<i>flucytosine</i>	
<i>griseofulvin microsize</i>	
<i>griseofulvin ultramicrosize</i>	
<i>itraconazole cap 100 mg</i>	
<i>ketoconazole</i>	
<i>ketoconazole (topical)</i>	
<i>micafungin sodium (micafungin sodium, micafungin sodium)</i>	
MICONAZOLE 3	
<i>nystatin</i>	
<i>nystatin (mouth-throat)</i>	
<i>nystatin (topical)</i>	
<i>posaconazole (susp 40 mg/ml, tab delayed release 100 mg)</i>	
<i>terbinafine hcl</i>	
<i>terconazole vaginal</i>	
<i>voriconazole (for susp 40 mg/ml, tab 50 mg, tab 200 mg)</i>	
VORICONAZOLE (VORICONAZOLE, VORICONAZOLE FOR INJ 200 MG)	PA3

## **ANTIGOUT AGENTS**

<i>allopurinol</i>	
<i>colchicine</i>	
<i>colchicine w/ probenecid</i>	
<i>febuxostat</i>	
<i>probenecid</i>	

## **ANTIMIGRAINE AGENTS**

### **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS**

AJOVY	PA1
NURTEC	QL (18 PER 30 OVER TIME)
QULIPTA	
UBRELVY	QL (16 PER 30 OVER TIME)

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>ERGOT ALKALOIDS</b>	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	
ERGOTAMINE-CAFFEINE	
<b>PROPHYLACTIC</b>	
<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>	
TIMOLOL MALEATE (TIMOLOL MALEATE, TIMOLOL MALEATE)	
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>	
<i>naratriptan hcl</i>	QL (9 PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	QL (12 PER 30 OVER TIME)
<i>sumatriptan</i>	
<i>sumatriptan succinate (inj 6 mg/0.5ml, solution auto-injector 6 mg/0.5ml)</i>	
<i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	QL (9 PER 30 OVER TIME)
<b>ANTIMYASTHENIC AGENTS</b>	
<b>PARASYMPATHOMIMETICS</b>	
PYRIDOSTIGMINE BROMIDE (PYRIDOSTIGMINE BROMIDE, PYRIDOSTIGMINE BROMIDE)	
<b>ANTIMYCOBACTERIALS</b>	
<b>ANTIMYCOBACTERIALS, OTHER</b>	
<i>dapsone</i>	
<i>rifabutin</i>	
<b>ANTITUBERCULARS</b>	
<i>ethambutol hcl</i>	
ISONIAZID (ISONIAZID, ISONIAZID 100 MG TAB)	
PRETOMANID	
PRIFTIN	
<i>pyrazinamide</i>	
<i>rifampin</i>	
SIRTURO	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>ANTINEOPLASTICS</b>	
<b>ALKYLATING AGENTS</b>	
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB, CYCLOPHOSPHAMIDE CAP 25 MG, CYCLOPHOSPHAMIDE CAP 50 MG)	PA3
LEUKERAN	
<i>Iomustine</i>	
MATULANE	
VALCHLOR	
<b>ANTIANDROGENS</b>	
<i>abiraterone acetate</i>	
<i>bicalutamide</i>	
ERLEADA	
EULEXIN	
<i>nilutamide (nilutamide, nilutamide)</i>	
NUBEQA	
XTANDI	
YONSA	
<b>ANTIANGIOGENIC AGENTS</b>	
<i>lenalidomide</i>	
<i>pomalidomide</i>	
THALOMID (50 MG CAP, 100 MG CAP)	
<b>ANTIESTROGENS/MODIFIERS</b>	
INLURIYO	
ORSERDU	
SOLTAMOX	
<i>tamoxifen citrate</i>	
<i>toremifene citrate</i>	
<b>ANTIMETABOLITES</b>	
<i>mercaptopurine</i>	
ONUREG	
TABLOID	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>ANTINEOPLASTICS, OTHER</b>	
AKEEGA	
AUGTYRO	
FRUZAQLA	
<i>hydroxyurea</i>	
INQOVI	
IWILFIN	
LONSURF	
LYSODREN	
MODEYSO	
OGSIVEO (100 MG TAB, 150 MG TAB)	
OJJAARA	
ZOLINZA	
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	
<b>ENZYME INHIBITORS</b>	
AVMAPKI FAKZYNJA CO-PACK	
ENSACOVE	
<b>MOLECULAR TARGET INHIBITORS</b>	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI	
BRUKINSA 160 MG TAB	
CABOMETYX	
CALQUENCE 100 MG TAB	
CAPRELSA	
COMETRIQ	
COPIKTRA	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
COTELLIC	
DANZITEN	
<i>dasatinib</i>	
DAURISMO	
ERIVEDGE	
<i>erlotinib hcl</i>	
<i>everolimus</i>	
FOTIVDA	
GAVRETO	
<i>gefitinib</i>	
GILOTRIF	
GOMEKLI	
HERNEXEOS	
HYRNUO	
IBRANCE	
IBTROZI	
ICLUSIG	
IDHIFA	
<i>imatinib mesylate</i>	
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	
IMKELDI	
INLYTA	
INREBIC	
ITOVEBI	
JAKAFI	
JAYPIRCA	
KISQALI	
KISQALI FEMARA	
KOSELUGO	
KRAZATI	
<i>lapatinib ditosylate</i>	
LAZCLUZE	
LENVIMA	
LORBRENA	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
LUMAKRAS	
LYNPARZA	
LYTGOBI	
MEKINIST	
MEKTOVI	
NERLYNX	
NILOTINIB D-TARTRATE	
<i>nilotinib hcl</i>	
NINLARO	
ODOMZO	
OJEMDA	
<i>pazopanib hcl</i>	
PEMAZYRE	
PHYRAGO	
PIQRAY (200 MG DAILY DOSE)	
PIQRAY (250 MG DAILY DOSE)	
PIQRAY (300 MG DAILY DOSE)	
QINLOCK	
RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)	
REVUFORJ	
REZLIDHIA	
ROMVIMZA	
ROZLYTREK	
RUBRACA	
RYDAPT	
SCEMBLIX	
<i>sorafenib tosylate</i>	
STIVARGA	
<i>sunitinib malate</i>	
TABRECTA	
TAFINLAR	
TAGRISSO	
TALZENNA	
TAZVERIK	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
TEPMETKO	
TIBSOVO	
TRUQAP (200 MG TAB, 200 MG TAB THPK)	
TUKYSA	
TURALIO 125 MG CAP	
VANFLYTA	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VIJOICE	
VITRAKVI	
VIZIMPRO	
VORANIGO	
XALKORI	
XOSPATA	
XPOVIO (100 MG ONCE WEEKLY)	
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	
XPOVIO (40 MG TWICE WEEKLY)	
XPOVIO (60 MG ONCE WEEKLY)	
XPOVIO (60 MG TWICE WEEKLY)	
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	
XPOVIO (80 MG TWICE WEEKLY)	
ZEJULA	
ZELBORAF	
ZYDELIG	
ZYKADIA	
<b>RETINOIDS</b>	
<i>bexarotene</i>	
<i>bexarotene (topical)</i>	PA2
PANRETIN	
<i>tretinoin (chemotherapy)</i>	
<b>TREATMENT ADJUNCTS</b>	
<i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i>	
<i>mesna tab 400 mg</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
VONJO	
<b>ANTIPARASITICS</b>	
<b>ANTHELMINTICS</b>	
<i>albendazole</i>	
IVERMECTIN (IVERMECTIN, IVERMECTIN 6 MG TAB)	
<i>praziquantel</i>	
<b>ANTIPROTOZOALS</b>	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate (chloroquine phosphate, chloroquine phosphate)</i>	
COARTEM	
<i>hydroxychloroquine sulfate</i>	
IMPAVIDO	
<i>mefloquine hcl</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 (primaquine phosphate, primaquine phosphate)</i>	
<i>pyrimethamine</i>	
<i>quinine sulfate</i>	
<b>ANTIPARKINSON AGENTS</b>	
<b>ANTICHOLINERGICS</b>	
<i>benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>trihexyphenidyl hcl</i>	
<b>ANTIPARKINSON AGENTS, OTHER</b>	
<i>amantadine hcl</i>	
<i>carbidopa-levodopa-entacapone</i>	
<i>entacapone</i>	
ONGENTYS	
<i>tolcapone</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>DOPAMINE AGONISTS</b>	
<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>	
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>	
<i>carbidopa</i>	
<i>carbidopa-levodopa</i>	
CARBIDOPA-LEVODOPA ER	
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>	
<i>rasagiline mesylate</i>	
<i>selegiline hcl</i>	
<b>ANTIPSYCHOTICS</b>	
<b>1ST GENERATION/TYPICAL</b>	
<i>chlorpromazine hcl (chlorpromazine hcl, chlorpromazine hcl conc 30 mg/ml, chlorpromazine hcl conc 100 mg/ml, chlorpromazine hcl tab 10 mg, chlorpromazine hcl tab 25 mg, chlorpromazine hcl tab 50 mg, chlorpromazine hcl tab 100 mg, chlorpromazine hcl tab 200 mg)</i>	
<i>fluphenazine decanoate</i>	
FLUPHENAZINE HCL (FLUPHENAZINE HCL, FLUPHENAZINE HCL)	
<i>haloperidol</i>	
<i>haloperidol decanoate</i>	
<i>haloperidol lactate</i>	
<i>loxapine succinate</i>	
MOLINDONE HCL	
<i>pimozide</i>	
<i>thioridazine hcl</i>	
<i>thiothixene</i>	
<i>trifluoperazine hcl</i>	
<b>2ND GENERATION/ATYPICAL</b>	
ABILIFY ASIMTUFII	
ABILIFY MAINTENA	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>aripiprazole</i>	
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate</i>	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK A	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	
<i>lurasidone hcl</i>	
LYBALVI	
NUPLAZID	PA2
<i>olanzapine</i>	
OPIPZA	
<i>paliperidone</i>	
PERSERIS	
QUETIAPINE FUMARATE (QUETIAPINE FUMARATE, QUETIAPINE FUMARATE)	
REXULTI	
<i>risperidone (risperidone, risperidone)</i>	
<i>risperidone microspheres</i>	
SECUADO	
UZEDY	
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	
<i>ziprasidone hcl</i>	
<i>ziprasidone mesylate</i>	
<b>ANTIPSYCHOTICS, OTHER</b>	
COBENFY	
COBENFY STARTER PACK	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>TREATMENT-RESISTANT</b>	
<i>clozapine (clozapine, clozapine orally disintegrating tab 25 mg, clozapine orally disintegrating tab 100 mg, clozapine orally disintegrating tab 150 mg, clozapine orally disintegrating tab 200 mg, clozapine tab 25 mg, clozapine tab 50 mg, clozapine tab 100 mg, clozapine tab 200 mg)</i>	
VERSACLOZ	
<b>ANTISPASTICITY AGENTS</b>	
<i>baclofen (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>tizanidine hcl</i>	
<b>ANTIVIRALS</b>	
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>	
LIVTENCITY	
PREVYMIS (240 MG TAB, 480 MG TAB)	
<i>valganciclovir hcl</i>	
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>	
<i>adefovir dipivoxil</i>	
BARACLUDGE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine (hbv)</i>	
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>	
LEDIPASVIR-SOFOSBUVIR	PA1
MAVYRET 100-40 MG TAB	PA1
RIBAVIRIN	
SOFOSBUVIR-VELPATASVIR	PA1
SOVALDI 400 MG TAB	PA1
VOSEVI	PA1
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>	
BIKTARVY	
DOVATO	
GENVOYA	
ISENTRESS	
ISENTRESS HD	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
JULUCA	
STRIBILD	
TIVICAY 50 MG TAB	
TIVICAY PD	
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>	
DELSTRIGO	
EDURANT	
EDURANT PED	
EFAVIRENZ (EFAVIRENZ, EFAVIRENZ)	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	
<i>etravirine</i>	
INTELENCE 25 MG TAB	
<i>nevirapine (nevirapine, nevirapine)</i>	
ODEFSEY	
PIFELTRO	
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>	
<i>abacavir sulfate</i>	
<i>abacavir sulfate-lamivudine</i>	
CIMDUO	
DESCOVY	
<i>emtricitabine</i>	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine</i>	
<i>lamivudine-zidovudine</i>	
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	
TRIUMEQ PD	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>zidovudine</i>	
<b>ANTI-HIV AGENTS, OTHER</b>	
<i>maraviroc</i>	
RUKOBIA	
SELZENTRY 20 MG/ML SOLUTION	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB)	
TYBOST	
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>	
APTIVUS	
<i>atazanavir sulfate</i>	
<i>darunavir</i>	
EVOTAZ	
<i>fosamprenavir calcium</i>	
KALETRA 400-100 MG/5ML SOLUTION	
<i>lopinavir-ritonavir (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	
<b>ANTI-INFLUENZA AGENTS</b>	
<i>oseltamivir phosphate</i>	
RELENZA DISKHALER	
<b>ANTIHERPETIC AGENTS</b>	
<i>acyclovir</i>	
<i>acyclovir sodium</i>	PA3
<i>famciclovir</i>	
<i>valacyclovir hcl</i>	
<b>ANTIVIRAL, CORONAVIRUS AGENTS</b>	
LAGEVRIO	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
PAXLOVID (150/100)	
PAXLOVID (300/100 & 150/100)	
PAXLOVID (300/100)	
<b>ANXIOLYTICS</b>	
<b>ANXIOLYTICS, OTHER</b>	
<i>buspirone hcl</i>	
<i>hydroxyzine hcl</i>	
HYDROXYZINE PAMOATE (HYDROXYZINE PAMOATE, HYDROXYZINE PAMOATE)	
<b>BENZODIAZEPINES</b>	
<i>alprazolam</i>	
ALPRAZOLAM INTENSOL	
<i>clonazepam</i>	
<i>clorazepate dipotassium</i>	
<i>diazepam (conc 5 mg/ml, oral soln 1 mg/ml, tab 2 mg, tab 5 mg, tab 10 mg)</i>	
<i>lorazepam (conc 2 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>oxazepam</i>	
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>	
PAROXETINE HCL (PAROXETINE HCL, PAROXETINE HCL)	
<i>paroxetine mesylate (vasomotor)</i>	
VENLAFAXINE BESYLATE ER	
<i>venlafaxine hcl</i>	
<b>BIPOLAR AGENTS</b>	
<b>MOOD STABILIZERS</b>	
<i>lithium</i>	
LITHIUM CARBONATE (LITHIUM CARBONATE, LITHIUM CARBONATE)	
<b>BLOOD GLUCOSE REGULATORS</b>	
<b>ANTIDIABETIC AGENTS</b>	
<i>acarbose</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ALOGLIPTIN-METFORMIN HCL	
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	
CYCLOSET	
<i>glimepiride</i>	
<i>glipizide (glipizide, glipizide)</i>	
<i>glipizide-metformin hcl</i>	
JANUVIA	
<i>metformin hcl (tab 500 mg, tab 625 mg, tab 850 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg, tab er 24hr modified release 1000 mg, tab er 24hr modified release 500 mg, tab er 24hr osmotic 1000 mg, tab er 24hr osmotic 500 mg)</i>	
MOUNJARO	PA1
<i>nateglinide</i>	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN)	PA1
OZEMPIC (1 MG/DOSE)	PA1
OZEMPIC (2 MG/DOSE)	PA1
<i>pioglitazone hcl</i>	
<i>pioglitazone hcl-metformin hcl</i>	
<i>repaglinide</i>	
<i>saxagliptin-metformin hcl</i>	
TRULICITY	PA1
<b>GLYCEMIC AGENTS</b>	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide</i>	
GLUCAGEN HYPOKIT	
<i>glucagon</i>	
GLUCAGON EMERGENCY	
<b>INSULINS</b>	
FIASP	I
FIASP FLEXTOUCH	I
FIASP PENFILL	I
HUMALOG MIX 50/50 KWIKPEN	I
HUMALOG MIX 75/25	I

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	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 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	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN 70/30 FLEXPEN RELION	
NOVOLIN 70/30 RELION	
NOVOLIN N	
NOVOLIN N FLEXPEN	
NOVOLIN N FLEXPEN RELION	
NOVOLIN N RELION	
NOVOLIN R	
NOVOLIN R FLEXPEN	
NOVOLIN R FLEXPEN RELION	
NOVOLIN R RELION	
NOVOLOG	
NOVOLOG 70/30 FLEXPEN RELION	
NOVOLOG FLEXPEN	
NOVOLOG FLEXPEN RELION	
NOVOLOG MIX 70/30	
NOVOLOG MIX 70/30 FLEXPEN	
NOVOLOG MIX 70/30 RELION	
NOVOLOG PENFILL	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
NOVOLOG RELION	I
<b>BLOOD PRODUCTS AND MODIFIERS</b>	
<b>ANTICOAGULANTS</b>	
<i>dabigatran etexilate mesylate</i>	
ELIQUIS (2.5 MG TAB, 5 MG TAB)	
ELIQUIS DVT/PE STARTER PACK	
<i>enoxaparin sodium (soln 30 mg/0.3ml, soln 40 mg/0.4ml, soln 60 mg/0.6ml, soln 80 mg/0.8ml, soln 100 mg/ml, soln 120 mg/0.8ml, soln 150 mg/ml)</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	
XARELTO STARTER PACK	
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>	
<i>anagrelide hcl</i>	
ARANESP (ALBUMIN FREE)	PA1
<i>eltrombopag olamine</i>	
LEUKINE	PA1
NIVESTYM	PA1
RETACRIT	PA1
<b>HEMOSTASIS AGENTS</b>	
<i>tranexamic acid tab 650 mg</i>	
<b>PLATELET MODIFYING AGENTS</b>	
<i>aspirin-dipyridamole</i>	
<i>cilostazol</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	
<i>ticagrelor</i>	ST
<b>CARDIOVASCULAR AGENTS</b>	
<b>ALPHA-ADRENERGIC AGONISTS</b>	
<i>clonidine</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>clonidine hcl</i>	
<i>droxidopa</i>	
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>	
<i>doxazosin mesylate</i>	
<i>prazosin hcl</i>	
<i>terazosin hcl</i>	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	
<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>	
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>	
<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>lisinopril</i>	
<i>ramipril</i>	
<b>ANTIARRHYTHMICS</b>	
<i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>	
<i>digoxin (digoxin, digoxin oral soln 0.05 mg/ml, digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg))</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl</i>	
<i>propafenone hcl</i>	
<i>quinidine gluconate</i>	
<b>QUINIDINE SULFATE</b>	
<i>sotalol hcl</i>	
<i>sotalol hcl (afib/af)</i>	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>	
<i>atenolol</i>	
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

<b>DRUG</b>	<b>REQUIREMENTS/LIMITS</b>
<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>	
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>	
<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>	
<b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>	
<i>diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg, 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	
<b>CARDIOVASCULAR AGENTS, OTHER</b>	
<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	
<i>aliskiren fumarate</i>	
<i>amiloride &amp; hydrochlorothiazide</i>	
AMILORIDE-HYDROCHLOROTHIAZIDE	
<i>amlodipine besylate-benazepril hcl</i>	
<i>amlodipine besylate-valsartan</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>atenolol &amp; chlorthalidone</i>	
<i>bisoprolol &amp; hydrochlorothiazide</i>	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	
ENTRESTO	
<i>irbesartan-hydrochlorothiazide</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>ivabradine hcl</i>	
<i>lisinopril &amp; hydrochlorothiazide</i>	
<i>losartan potassium &amp; hydrochlorothiazide</i>	
<i>metoprolol &amp; hydrochlorothiazide</i>	
<i>metyrosine</i>	
<i>pentoxifylline</i>	
<i>ranolazine</i>	
<i>spironolactone &amp; hydrochlorothiazide</i>	
<i>triamterene &amp; hydrochlorothiazide</i>	
<i>valsartan-hydrochlorothiazide</i>	
<b>DIURETICS, LOOP</b>	
<i>bumetanide</i>	
FUROSEMIDE (FUROSEMIDE, FUROSEMIDE)	
<i>torseamide</i>	
<b>DIURETICS, POTASSIUM-SPARING</b>	
<i>amiloride hcl</i>	
<i>triamterene</i>	
<b>DIURETICS, THIAZIDE</b>	
<i>chlorthalidone</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>metolazone</i>	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>	
<i>choline fenofibrate</i>	
FENOFIBRATE (FENOFIBRATE, FENOFIBRATE)	
<i>fenofibrate micronized</i>	
<i>gemfibrozil</i>	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>	
<i>atorvastatin calcium</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium</i>	
<i>simvastatin</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>DYSLIPIDEMICS, OTHER</b>	
<i>cholestyramine</i>	
<i>cholestyramine light</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)	PA1
NEXLETOL	PA1
<i>niacin (antihyperlipidemic)</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	
REPATHA SURECLICK	
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>	
<i>eplerenone</i>	
KERENDIA	
<i>spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>	
<i>dapagliflozin</i>	
FARXIGA	
JARDIANCE	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>	
<i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>minoxidil</i>	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate</i>	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	
<i>nitroglycerin</i>	
<i>nitroglycerin (intra-anal)</i>	
VERQUVO	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>	
<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>	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>	
<i>atomoxetine hcl</i>	
<i>dexmethylphenidate hcl</i>	
<i>guanfacine hcl (adhd)</i>	
<i>methylphenidate hcl</i>	
METHYLPHENIDATE HCL ER	
METHYLPHENIDATE HCL ER (OSM)	
METHYLPHENIDATE HCL ER(DIFFUS)	
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>	
NUEDEXTA	PA1
<i>riluzole</i>	
<i>tetrabenazine</i>	
VEOZAH	
<b>FIBROMYALGIA AGENTS</b>	
DRIZALMA SPRINKLE	PA2
<i>duloxetine hcl</i>	
<i>pregabalin</i>	
<b>MULTIPLE SCLEROSIS AGENTS</b>	
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
<i>dalfampridine</i>	PA1
<i>dimethyl fumarate</i>	
<i>glatiramer acetate</i>	
REBIF	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
REBIF REBIDOSE	
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	
<i>teriflunomide</i>	
ZEPOSIA	
ZEPOSIA 7-DAY STARTER PACK	
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	

## DRUG

<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>
TAZAROTENE (TAZAROTENE, TAZAROTENE)
<i>tretinoin</i>
TRETINOIN MICROSPHERE (TRETINOIN MICROSPHERE, TRETINOIN MICROSPHERE GEL 0.04%, TRETINOIN MICROSPHERE GEL 0.1%)
TRETINOIN MICROSPHERE PUMP

### DERMATITIS AND PRURITUS AGENTS

<i>betamethasone dipropionate (topical)</i>
BETAMETHASONE DIPROPIONATE AUG
<i>betamethasone dipropionate augmented</i>
<i>betamethasone valerate (betamethasone valerate, betamethasone valerate)</i>
<i>clobetasol propionate</i>
<i>clobetasol propionate emollient base</i>
<i>clobetasol propionate emulsion</i>
<i>desonide (cream 0.05%, oint 0.05%)</i>
<i>doxepin hcl (antipruritic)</i>

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
EUCRISA	
<i>fluocinonide (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)</i>	
<i>fluocinonide emulsified base</i>	
FLUTICASONE PROPIONATE (FLUTICASONE PROPIONATE, FLUTICASONE PROPIONATE)	
<i>hydrocortisone (rectal)</i>	
<i>hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>	
HYDROCORTISONE 2.5 % LOTION	
<i>hydrocortisone valerate</i>	
<i>lactic acid (ammonium lactate)</i>	
<i>mometasone furoate</i>	
<i>pimecrolimus</i>	
<i>selenium sulfide (selenium sulfide 2.5 % lotion, 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>	
TRIAMCINOLONE ACETONIDE 0.025 % LOTION	
<b>DERMATOLOGICAL AGENTS, OTHER</b>	
CALCIPOTRIENE (CALCIPOTRIENE, CALCIPOTRIENE 0.005 % SOLUTION)	
<i>clotrimazole w/ betamethasone</i>	
CLOTRIMAZOLE-BETAMETHASONE	
<i>diclofenac sodium (actinic keratoses)</i>	PA1
FLUOROURACIL	
<i>fluorouracil (topical)</i>	
<i>imiquimod</i>	
METHOXSALEN RAPID	
<i>nystatin-triamcinolone</i>	
OTEZLA	PA1
OTEZLA XR	PA1
OTEZLA/OTEZLA XR INITIATION PK	PA1
PODOFILOX (PODOFILOX, PODOFILOX SOLN 0.5%)	
SANTYL	
<i>silver sulfadiazine</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>PEDICULICIDES/SCABICIDES</b>	
<i>malathion</i>	
<i>permethrin cream 5%</i>	
<b>TOPICAL ANTI-INFECTIVES</b>	
<i>acyclovir topical</i>	
<i>ciclopirox</i>	
<i>ciclopirox olamine</i>	
<i>clindamycin phosphate (topical)</i>	
ERY	
<i>erythromycin (acne aid)</i>	
ERYTHROMYCIN 2 % GEL	
<i>mupirocin</i>	
<i>mupirocin calcium (topical)</i>	
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>	
<b>ELECTROLYTE/MINERAL REPLACEMENT</b>	
<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 (dextrose 5 % solution, dextrose 10 % solution, dextrose inj 5%, dextrose inj 10%)</i>	
<i>dextrose w/ sodium chloride (2.5% 0.45%, 5% 0.45%, 5% 0.9%)</i>	
DEXTROSE-NACL	
DEXTROSE-SODIUM CHLORIDE (2.5-0.45 % SOLUTION, 5-0.2 % SOLUTION, 5-0.45 % SOLUTION, 5-0.9 % SOLUTION, 10-0.2 % SOLUTION, 10-0.45 % SOLUTION)	
INTRALIPID	PA3

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
ISOLYTE-P IN D5W	
KCL IN DEXTROSE-NACL	
KCL-LACTATED RINGERS-D5W	
<i>magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate inj 50%)</i>	
NUTRILIPID	PA3
<i>potassium chloride (potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride cap er 8 meq, potassium chloride cap er 10 meq, potassium chloride inj 2 meq/ml, potassium chloride inj 10 meq/100ml, potassium chloride inj 20 meq/100ml, potassium chloride inj 40 meq/100ml, potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride powder packet 20 meq, potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg))</i>	
POTASSIUM CHLORIDE ER	
<i>potassium chloride in dextrose</i>	
<i>potassium chloride in dextrose &amp; sodium chloride</i>	
POTASSIUM CHLORIDE IN NAACL (POTASSIUM CHLORIDE IN NAACL, POTASSIUM CHLORIDE IN NAACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NAACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NAACL 40-0.9 MEQ/L-% SOLUTION)	
<i>potassium chloride microencapsulated crystals er</i>	
<i>potassium citrate (alkalinizer)</i>	
POTASSIUM CL IN DEXTROSE 5%	
PREMASOL	PA3
PROSOL	PA3
<i>sodium chloride (gu irrigant)</i>	
<i>sodium chloride (sodium chloride 0.9 % solution, sodium chloride iv soln 0.45%, sodium chloride iv soln 0.9%, sodium chloride iv soln 3%, sodium chloride iv soln 5%, sodium chloride preservative free (pf) inj 0.9%)</i>	
SODIUM FLUORIDE (SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB, SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB, SODIUM FLUORIDE 2.2 (1 F) MG TAB, SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF), SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF), SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF))	
TRAVASOL	PA3
TROPHAMINE	PA3

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>	
<i>deferasirox</i>	
<i>deferiprone</i>	
FERRIPROX 100 MG/ML SOLUTION	
JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	
<i>tolvaptan (hyponatremia)</i>	
<i>tolvaptan (tab 15 mg, tab 30 mg)</i>	
<i>trientine hcl (trientine hcl, trientine hcl)</i>	
<b>POTASSIUM BINDERS</b>	
LOKELMA	
<i>sodium polystyrene sulfonate</i>	
SPS (SODIUM POLYSTYRENE SULF)	
VELTASSA	
<b>VITAMINS</b>	
ATABEX EC	
ATABEX OB	
AZESCO	
C-NATE DHA	
CITRANATAL 90 DHA	
CITRANATAL ASSURE	
CITRANATAL B-CALM	
CITRANATAL BLOOM	
CITRANATAL BLOOM DHA	
CITRANATAL DHA	
CITRANATAL ESSENCE	
CITRANATAL HARMONY	
CITRANATAL MEDLEY	
CO-NATAL FA	
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DERMACINRX PRETRATE	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
DUET DHA 400	
DUET DHA BALANCED	
ELITE-OB	
ENBRACE HR	
FOLIVANE-OB	
INATAL GT	
JENLIVA PRENATAL/POSTNATAL	
KOSHER PRENATAL PLUS IRON	
M-NATAL PLUS	
MATERNACEL	
MULTI-MAC	
NATACHEW	
NATAL PNV	
NATALVIT	
NEEVO DHA	
NEO-VITAL RX	
NEONATAL + DHA	
NEONATAL 19	
NEONATAL COMPLETE	
NEONATAL FE	
NEONATAL PLUS	
NESTABS	
NESTABS DHA	
NESTABS ONE	
NIVA-PLUS	
OB COMPLETE	
OB COMPLETE ONE	
OB COMPLETE PETITE	
OB COMPLETE PREMIER	
OB COMPLETE/DHA	
OBSTETRIX EC (WITH DOCUSATE)	
OBSTETRIX ONE (WITH DOCUSATE)	
ONE VITE WOMENS PLUS	
PNV PRENATAL PLUS MULTIVIT+DHA	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 20-1	
PNV-DHA	
PNV-DHA+DOCUSATE	
PNV-OMEGA	
PNV-SELECT	
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 (19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB)	
PRENATAL PLUS	
PRENATAL PLUS VITAMIN/MINERAL	
PRENATAL VITAMIN PLUS LOW IRON	
PRENATAL-U	
PRENATE	
PRENATE AM	
PRENATE DHA	
PRENATE ELITE	
PRENATE ENHANCE	
PRENATE ESSENTIAL	
PRENATE MINI	
PRENATE PIXIE	
PRENATE RESTORE	
PRENATOL-M	
PRENATRIX	
PRENATRYL	
PRENATVITE COMPLETE	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
PRENATVITE PLUS	
PRENATVITE RX	
PREPLUS	
PRIMACARE	
PROVIDA OB	
RELNATE DHA	
SE-NATAL 19	
SELECT-OB	
SELECT-OB+DHA	
TARON-C DHA	
THRIVITE RX	
TPN ELECTROLYTES	
TRICARE	
TRINATAL RX 1	
TRINATE	
TRISTART DHA	
TRISTART FREE	
TRISTART ONE	
VINATE DHA RF	
VINATE II	
VINATE ONE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITALARA	
VITAMEDMD ONE RX/QUATREFOLIC	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATHELY WITH GINGER	
VITATRUE	
VIVA DHA	
VP-PNV-DHA	
WESCAP-C DHA	
WESCAP-PN DHA	
WESNATAL DHA COMPLETE	
WESNATE DHA	
WESTAB PLUS	
WESTGEL DHA	
ZALVIT	
ZATEAN-PN DHA	
ZIPHEX	

## GASTROINTESTINAL AGENTS

### ANTI-CONSTIPATION AGENTS

<i>lactulose (encephalopathy)</i>	
<i>lactulose (oral crystal packet 10 gm, solution 10 gm/15ml)</i>	
LINZESS	
<i>lubiprostone</i>	
RELISTOR	PA1

### ANTI-DIARRHEAL AGENTS

<i>alosetron hcl</i>	
<i>diphenoxylate w/ atropine</i>	
DIPHENOXYLATE-ATROPINE	
<i>loperamide hcl cap 2 mg</i>	
XERMELO	

### ANTISPASMODICS, GASTROINTESTINAL

<i>dicyclomine hcl (cap 10 mg, oral soln 10 mg/5ml, tab 20 mg)</i>	
<i>glycopyrrolate (glycopyrrolate 1.5 mg tab, glycopyrrolate oral soln 1 mg/5ml, glycopyrrolate tab 1 mg, glycopyrrolate tab 2 mg)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>GASTROINTESTINAL AGENTS, OTHER</b>	
GATTEX	PA1
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
URSODIOL (URSODIOL, URSODIOL)	
VOQUEZNA	
VOWST	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>	
<i>famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)</i>	
NIZATIDINE (NIZATIDINE, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	
<b>PROTECTANTS</b>	
<i>sucralfate tab 1 gm</i>	
<b>PROTON PUMP INHIBITORS</b>	
<i>esomeprazole magnesium (cap 20 mg (base eq), cap 40 mg (base eq), for susp packet 10 mg, for susp packet 20 mg, for susp packet 40 mg)</i>	
<i>lansoprazole</i>	
<i>omeprazole (cap 10 mg, cap 20 mg, cap 40 mg)</i>	
<i>pantoprazole sodium (ec tab 20 mg (base equiv), ec tab 40 mg (base equiv), for delayed release susp packet 40 mg)</i>	
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>	
ARALAST NP	PA3
<i>betaine</i>	
CERDELGA	
CREON	
<i>cromolyn sodium (mastocytosis)</i>	
CYSTAGON	
CYSTARAN	
GLASSIA 1000 MG/50ML SOLUTION	PA3
<i>glutamine (sickle cell)</i>	
<i>glycerol phenylbutyrate</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

<b>DRUG</b>	<b>REQUIREMENTS/LIMITS</b>
<i>miglustat</i>	
PROLASTIN-C	PA3
REVCOVI	
<i>sapropterin dihydrochloride</i>	
<i>sodium phenylbutyrate</i>	
SUCRAID	
WELIREG	
ZEMAIRA	PA3
ZENPEP	

## **GENITOURINARY AGENTS**

### **ANTISPASMODICS, URINARY**

<i>darifenacin hydrobromide</i>	
<i>mirabegron</i>	
<i>oxybutynin chloride</i>	
OXYTROL	
<i>solifenacin succinate</i>	
<i>tolterodine tartrate</i>	
<i>tropium chloride</i>	

### **BENIGN PROSTATIC HYPERTROPHY AGENTS**

<i>alfuzosin hcl</i>	
<i>dutasteride</i>	
<i>dutasteride-tamsulosin hcl</i>	
<i>finasteride</i>	
<i>tadalafil tab 5 mg</i>	PA2
<i>tamsulosin hcl</i>	

### **GENITOURINARY AGENTS, OTHER**

<i>bethanechol chloride</i>	
ELMIRON	
<i>penicillamine</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>	
<i>dexamethasone (dexamethasone, dexamethasone tab 0.5 mg, dexamethasone tab 0.75 mg, dexamethasone tab 1 mg, dexamethasone tab 1.5 mg, dexamethasone tab 2 mg, dexamethasone tab 4 mg, dexamethasone tab 6 mg, dexamethasone tab therapy pack 1.5 mg (21))</i>	
<i>fludrocortisone acetate</i>	
HEMADY	
<i>methylprednisolone</i>	
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE, PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION)	
<i>prednisolone soln 15 mg/5ml</i>	
<i>prednisone (prednisone, prednisone 5 mg/5ml solution)</i>	
PREDNISONE INTENSOL	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>	
<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	
<i>desmopressin acetate spray (desmopressin acetate spray, desmopressin acetate spray)</i>	
<i>desmopressin acetate spray refrigerated</i>	
GENOTROPIN	PA1
GENOTROPIN MINIQUICK	PA1
HUMATROPE	PA1
INCRELEX	
NORDITROPIN FLEXPPO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	PA1
OMNITROPE	PA1
SEROSTIM	PA1
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)</b>	
<i>misoprostol</i>	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)</b>	
<b>ANDROGENS</b>	
<i>danazol</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

**DRUG****REQUIREMENTS/LIMITS**

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

TESTOSTERONE CYPIONATE (TESTOSTERONE CYPIONATE, TESTOSTERONE CYPIONATE)

TESTOSTERONE ENANTHATE

**ESTROGENS**

*desogestrel-ethinyl estradiol (biphasic)*

*drospirenone-ethinyl estradiol*

*drospirenone-ethinyl estradiol-levomefolate calcium estrad-levomefolate tab 3-0.02-0.451 mg*

*estradiol & norethindrone acetate*

*estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg, td patch weekly 0.025 mg/24hr, td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), td patch weekly 0.05 mg/24hr, td patch weekly 0.06 mg/24hr, td patch weekly 0.075 mg/24hr, td patch weekly 0.1 mg/24hr)*

*estradiol vaginal*

ESTRING

*estrogens, conjugated*

*ethynodiol diacet & eth estrad*

*etonogestrel-ethinyl estradiol*

*levonorgestrel & eth estradiol*

*levonorgestrel-eth estradiol (triphasic)*

*levonorgestrel-ethinyl estradiol (91-day)*

*levonorgestrel-ethinyl estradiol (continuous)*

*levonorgestrel-ethinyl estradiol-ferrous bisglycinate*

*norelgestromin-ethinyl estradiol*

*norethin acet & estrad-fe (ace & ethinyl tab 1 mcg, ace-eth chew tab 1 mcg (24), ace-ethinyl cap 1 mcg (24))*

*norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg*

*norethindrone acet & eth estra ethinyl estradiol tab 1 mg-20 mcg*

*norethindrone acetate-ethinyl estradiol*

*norethindrone acetate-ethinyl estradiol-fe*

*norgestimate-ethinyl estradiol*

*norgestimate-ethinyl estradiol (triphasic)*

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>norgestrel &amp; ethinyl estradiol</i>	
PREMARIN 0.625 MG/GM CREAM	
PREMPRO	
<b>PROGESTINS</b>	
DEPO-SUBQ PROVERA 104	
<i>medroxyprogesterone acetate</i>	
<i>medroxyprogesterone acetate (contraceptive)</i>	
<i>megestrol acetate</i>	
MIRENA (52 MG)	
NEXPLANON	
<i>norethindrone (contraceptive)</i>	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>	
DUAVEE	
<i>raloxifene hcl</i>	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>	
<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</i>	
REZDIFFRA	
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>	
<i>cabergoline</i>	
ELIGARD	PA3
FIRMAGON	
FIRMAGON (240 MG DOSE)	
<i>leuprolide acetate</i>	
LEUPROLIDE ACETATE (3 MONTH)	
LUPRON DEPOT	PA3
<i>mifepristone (hyperglycemia)</i>	PA1
<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	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
RECORLEV	
SIGNIFOR	
SOMAVERT	
SYNAREL	
TRELSTAR MIXJECT	
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>	
<b>ANTITHYROID AGENTS</b>	
<i>methimazole</i>	
<i>propylthiouracil</i>	
<b>IMMUNOLOGICAL AGENTS</b>	
<b>ANGIOEDEMA AGENTS</b>	
CINRYZE	PA1
<i>icatibant acetate</i>	
<b>IMMUNOGLOBULINS</b>	
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
<b>IMMUNOLOGICAL AGENTS, OTHER</b>	
ARCALYST	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	PA1
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	PA1
KINERET	
OLUMIANT (1 MG TAB, 2 MG TAB)	
ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)	
ORENCIA CLICKJECT	
SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	
SKYRIZI PEN	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
TALTZ	
TAVNEOS	
TREMIFYA (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN PRSYR)	
TREMIFYA ONE-PRESS	
TREMIFYA PEN 200 MG/2ML SOLN A-INJ	
TREMIFYA-CD/UC INDUCTION	
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
VELSIPITY	
XELJANZ	PA1
XELJANZ XR	PA1
XOLAIR	PA1
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
<b>IMMUNOSTIMULANTS</b>	
ACTIMMUNE	
BESREMI	
PEGASYS	
<b>IMMUNOSUPPRESSANTS</b>	
ADALIMUMAB-AACF (2 PEN)	
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-AATY CD/UC/HS START	
ADALIMUMAB-ADAZ (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	
ADALIMUMAB-ADBM (2 PEN) 40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-ADBM (2 SYRINGE) (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	
ADALIMUMAB-FKJP (2 PEN)	
ADALIMUMAB-FKJP (2 SYRINGE)	
ASTAGRAF XL	PA3
<i>azathioprine</i>	PA3
<i>cyclosporine (cap 25 mg, cap 100 mg)</i>	PA3

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

<b>DRUG</b>	<b>REQUIREMENTS/LIMITS</b>
<i>cyclosporine modified (for microemulsion)</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
<i>leflunomide</i>	
METHOTREXATE SODIUM (METHOTREXATE SODIUM, METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML), METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV))	
<i>mycophenolate mofetil</i>	PA3
<i>mycophenolate sodium</i>	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	PA3
REZUROCK	
SIMPONI	
<i>sirolimus</i>	PA3
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	PA3
XATMEP	
<b>VACCINES</b>	
ABRYSSVO	V
ACTHIB	V
ADACEL	V
AREXVY	V
BCG VACCINE	V
BEXSERO	V
BOOSTRIX	V
DAPTACEL	
ENGERIX-B	PA3, V
GARDASIL 9	V
HAVRIX	V
HEPLISAV-B	PA3
HIBERIX	V
IMOVAX RABIES	V
INFANRIX	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

<b>DRUG</b>	<b>REQUIREMENTS/LIMITS</b>
IPOL	V
IXIARO	V
JYNNEOS	
KINRIX	
M-M-R II	V
MENQUADFI	V
MENVEO	V
MRESVIA	V
PEDIARIX	
PEDVAX HIB	V
PENBRAYA	V
PENMENVY	V
PENTACEL	
PRIORIX	V
PROQUAD	
QUADRACEL	
RABAVERT	V
RECOMBIVAX HB	PA3, V
ROTARIX SUSPENSION	
ROTATEQ	
SHINGRIX	V
TENIVAC	V
TICOVAC	
TRUMENBA	V
TWINRIX	V
TYPHIM VI	V
VAQTA	V
VARIVAX	V
VAXCHORA	
VIMKUNYA	
VIVOTIF	
YF-VAX	V

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>	
<b>AMINOSALICYLATES</b>	
<i>balsalazide disodium</i>	
DIPENTUM	
MESALAMINE (MESALAMINE, MESALAMINE)	
<i>mesalamine w/ cleanser</i>	
PENTASA 250 MG CAP ER	
<i>sulfasalazine</i>	
<b>GLUCOCORTICOIDS</b>	
<i>budesonide</i>	
<i>hydrocortisone</i>	
<i>hydrocortisone (intrarectal)</i>	
<b>METABOLIC BONE DISEASE AGENTS</b>	
<i>alendronate sodium (tab 10 mg, tab 35 mg, tab 70 mg)</i>	
BILDYOS	
BILPREVDA	PA1
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
<i>calcitriol</i>	
<i>cinacalcet hcl</i>	PA3
<i>doxercalciferol (doxercalciferol, doxercalciferol cap 0.5 mcg, doxercalciferol cap 1 mcg, doxercalciferol cap 2.5 mcg)</i>	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	
JUBBONTI	
TERIPARATIDE (TERIPARATIDE, TERIPARATIDE)	PA1
TYMLOS	PA1
WYOST	PA1
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>	
<i>alcohol swabs</i>	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	
BRONCHITOL	
BRONCHITOL TOLERANCE TEST	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>gauze pads &amp; dressings</i>	
<i>insulin pen needle</i>	
<i>insulin syringe, safety or non-safety (disp) u-100 0.3 ml</i>	
<i>insulin syringe, safety or non-safety (disp) u-100 1 ml</i>	
<i>insulin syringe, safety or non-safety (disp) u-100 1/2 ml</i>	
<i>insulin syringe, safety or non-safety (disp) u-500 1/2 ml</i>	
<i>needles, insulin disp., safety</i>	

## OPHTHALMIC AGENTS

### OPHTHALMIC AGENTS, OTHER

<i>atropine sulfate (ophthalmic) soln 1%</i>	
ATROPINE SULFATE 1 % SOLUTION	
BACITRA-NEOMYCIN-POLYMYXIN-HC	
<i>bacitracin-poly-neomycin-hc</i>	
BACITRACIN-POLYMYXIN B	
<i>bacitracin-polymyxin b (ophth)</i>	
<i>brimonidine tartrate-timolol maleate</i>	
<i>cyclosporine (ophth)</i>	
<i>dorzolamide hcl-timolol maleate</i>	
NEOMYCIN-BACITRACIN ZN-POLYMYX	
<i>neomycin-bacitracin zn-polymyxin</i>	
<i>neomycin-polymy-dexameth</i>	
NEOMYCIN-POLYMYXIN-HC	
RESTASIS MULTIDOSE	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	
TOBRADEX 0.3-0.1 % OINTMENT	
<i>tobramycin-dexamethasone</i>	
XDEMY	

### OPHTHALMIC ANTI-ALLERGY AGENTS

<i>azelastine hcl (ophth)</i>	
CROMOLYN SODIUM	
<i>cromolyn sodium (ophth)</i>	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>OPHTHALMIC ANTI-INFECTIVES</b>	
AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
<i>ciprofloxacin hcl (ophth)</i>	
<i>erythromycin (ophth)</i>	
ERYTHROMYCIN 5 MG/GM OINTMENT	
<i>gatifloxacin (ophth)</i>	
<i>gentamicin sulfate (ophth)</i>	
<i>levofloxacin (ophth)</i>	
LEVOFLOXACIN 0.5 % SOLUTION	
<i>moxifloxacin hcl (ophth)</i>	
<i>ofloxacin (ophth)</i>	
<i>polymyxin b-trimethoprim</i>	
<i>sulfacetamide sodium (ophth)</i>	
SULFACETAMIDE SODIUM 10 % SOLUTION	
<i>tobramycin (ophth)</i>	
TRIFLURIDINE	
ZIRGAN	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>	
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</i>	
PRED MILD	
<i>prednisolone acetate (ophth)</i>	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>	
BETAXOLOL HCL	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<i>betaxolol hcl (ophth)</i>	
BETOPTIC-S	
CARTEOLOL HCL	
LEVOBUNOLOL HCL	
<i>timolol maleate (ophth)</i>	
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>	
<i>acetazolamide cap er 12hr 500 mg</i>	
<i>brimonidine tartrate</i>	
<i>dorzolamide hcl</i>	
<i>methazolamide</i>	
<i>pilocarpine hcl (soln 1%, soln 2%, soln 4%)</i>	
RHOPRESSA	
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>	
<i>bimatoprost ophth soln 0.03%</i>	
<i>latanoprost</i>	
<i>travoprost</i>	
<b>OTIC AGENTS</b>	
CIPRO HC	
<i>ciprofloxacin hcl (otic)</i>	
<i>ciprofloxacin-dexamethasone</i>	
<i>hydrocortisone w/acetic acid</i>	
<i>neomycin-polymyxin-hc (otic)</i>	
<i>ofloxacin (otic)</i>	
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>	
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>	
<i>budesonide (inhalation)</i>	PA3
<i>flunisolide (nasal)</i>	
FLUTICASONE FUROATE ELLIPTA	
<i>fluticasone propionate (nasal)</i>	
<i>fluticasone propionate hfa (fluticasone propionate hfa, fluticasone propionate hfa)</i>	
PULMICORT FLEXHALER	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
<b>ANTIHISTAMINES</b>	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
CLEMASTINE FUMARATE 2.68 MG TAB	
<i>desloratadine</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	
<b>ANTILEUKOTRIENES</b>	
<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>zafirlukast</i>	
<i>zileuton</i>	
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>	
ATROVENT HFA	
INCRUSE ELLIPTA	
<i>ipratropium bromide</i>	PA3
<i>ipratropium bromide (nasal)</i>	
SPIRIVA RESPIMAT	
<i>tiotropium bromide</i>	
TUDORZA PRESSAIR	
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>	
<i>albuterol sulfate (albuterol sulfate, albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate soln nebu 0.5% (5 mg/ml), albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), albuterol sulfate soln nebu 1.25 mg/3ml (base equiv))</i>	PA3
<i>albuterol sulfate (inhal aero 108 mcg/act (90mcg base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg)</i>	
ALBUTEROL SULFATE HFA	
EPINEPHRINE (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	QL (2 PER 30 OVER TIME)
<i>epinephrine (anaphylaxis)</i>	QL (2 PER 30 OVER TIME)
<i>levalbuterol hcl</i>	PA3
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	
<b>CYSTIC FIBROSIS AGENTS</b>	
CAYSTON	
KALYDECO	
ORKAMBI	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

<b>DRUG</b>	<b>REQUIREMENTS/LIMITS</b>
PULMOZYME	PA3
SYMDEKO	
<i>tobramycin</i>	PA3
TRIKAFTA	
<b>MAST CELL STABILIZERS</b>	
<i>cromolyn sodium</i>	PA3
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>	
<i>roflumilast</i>	
THEO-24	
<i>theophylline (tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)</i>	
THEOPHYLLINE ER	
<b>PULMONARY ANTIHYPERTENSIVES</b>	
ADEMPAS	PA1
<i>ambrisentan</i>	
OPSUMIT	PA1
<i>sildenafil citrate (pulmonary hypertension) tab 20 mg</i>	PA2
<i>tadalafil (pulmonary hypertension)</i>	PA2
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	
WINREVAIR	PA1
<b>PULMONARY FIBROSIS AGENTS</b>	
OFEV	
PIRFENIDONE (PIRFENIDONE, PIRFENIDONE)	
<b>RESPIRATORY TRACT AGENTS, OTHER</b>	
<i>acetylcysteine</i>	PA3
<i>budesonide-formoterol fumarate dihydrate</i>	
COMBIVENT RESPIMAT	
FLUTICASONE FUROATE-VILANTEROL	
<i>fluticasone-salmeterol (fluticasone-salmeterol, fluticasone-salmeterol)</i>	
<i>ipratropium-albuterol</i>	PA3
NUCALA	PA1
TRELEGY ELLIPTA	

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

DRUG	REQUIREMENTS/LIMITS
UMECLIDINIUM-VILANTEROL	
Wixela Inhub	
<b>SKELETAL MUSCLE RELAXANTS</b>	
<i>cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	
<b>SLEEP DISORDER AGENTS</b>	
<b>SLEEP PROMOTING AGENTS</b>	
<i>doxepin hcl (sleep)</i>	
HETLIOZ LQ	PA1
<i>ramelteon</i>	
<i>tasimelteon</i>	PA1
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem tartrate</i>	
<b>WAKEFULNESS PROMOTING AGENTS</b>	
<i>modafinil</i>	PA1
SODIUM OXYBATE (SODIUM OXYBATE, SODIUM OXYBATE)	PA1

Descriptions for abbreviations found in the Requirements/Limits column of this table can be found on page 1.

# Index of Covered Drugs

## A

abacavir sulfate . . . . .	23	alfuzosin hcl . . . . .	44
abacavir sulfate-lamivudine . . . . .	23	aliskiren fumarate . . . . .	30
ABILIFY ASIMTUFII . . . . .	20	allopurinol . . . . .	12
ABILIFY MAINTENA . . . . .	20	ALOGLIPTIN-METFORMIN HCL . . . . .	26
abiraterone acetate . . . . .	14	ALOGLIPTIN-PIOGLITAZONE . . . . .	26
ABRYSVO . . . . .	50	alosetron hcl . . . . .	42
acamprosate calcium . . . . .	3	alprazolam . . . . .	25
acarbose . . . . .	25	ALPRAZOLAM INTENSOL . . . . .	25
acetaminophen w/ codeine . . . . .	2	ALUNBRIG . . . . .	15
ACETAMINOPHEN-CODEINE . . . . .	2	amantadine hcl . . . . .	19
acetazolamide . . . . .	30,55	ambrisentan . . . . .	57
acetic acid (otic) . . . . .	4	amikacin sulfate . . . . .	4
acetylcysteine . . . . .	57	amiloride & hydrochlorothiazide . . . . .	30
acitretin . . . . .	34	amiloride hcl . . . . .	31
ACTHIB . . . . .	50	AMILORIDE-HYDROCHLOROTHIAZIDE . . . . .	30
ACTIMMUNE . . . . .	49	amino acid infusion . . . . .	36
acyclovir . . . . .	24	amiodarone hcl . . . . .	29
acyclovir sodium . . . . .	24	amitriptyline hcl . . . . .	11
acyclovir topical . . . . .	36	amlodipine besylate . . . . .	30
ADACEL . . . . .	50	amlodipine besylate-benazepril hcl . . . . .	30
ADALIMUMAB-AACF (2 PEN) . . . . .	49	amlodipine besylate-valsartan . . . . .	30
ADALIMUMAB-AATY (1 PEN) . . . . .	49	amlodipine-valsartan-hydrochlorothiazide . . . . .	30
ADALIMUMAB-AATY CD/UC/HS START . . . . .	49	amoxapine . . . . .	11
ADALIMUMAB-ADAZ . . . . .	49	AMOXICILLIN . . . . .	6
ADALIMUMAB-ADBAM (2 PEN) . . . . .	49	amoxicillin & pot clavulanate . . . . .	6
ADALIMUMAB-ADBAM (2 SYRINGE) . . . . .	49	AMOXICILLIN-POT CLAVULANATE . . . . .	6
ADALIMUMAB-FKJP (2 PEN) . . . . .	49	amphetamine-dextroamphetamine . . . . .	33
ADALIMUMAB-FKJP (2 SYRINGE) . . . . .	49	AMPHOTERICIN B . . . . .	11
adefovir dipivoxil . . . . .	22	amphotericin b liposome . . . . .	11
ADEMPAS . . . . .	57	AMPICILLIN . . . . .	6
AGONEAZE . . . . .	3	ampicillin & sulbactam sodium . . . . .	6
AJOVY . . . . .	12	ampicillin sodium . . . . .	6
AKEEGA . . . . .	15	AMPICILLIN-SULBACTAM SODIUM . . . . .	6
albendazole . . . . .	19	anagrelide hcl . . . . .	28
albuterol sulfate . . . . .	56	anastrozole . . . . .	15
ALBUTEROL SULFATE HFA . . . . .	56	apomorphine hydrochloride . . . . .	20
alcohol swabs . . . . .	52	aprepitant . . . . .	11
ALECENSA . . . . .	15	APTIVUS . . . . .	24
alendronate sodium . . . . .	52	ARALAST NP . . . . .	43
		ARANESP (ALBUMIN FREE) . . . . .	28
		ARCALYST . . . . .	48

AREXVY	50	balsalazide disodium	52
ARIKAYCE	4	BALVERSA	15
aripiprazole	21	BAQSIMI ONE PACK	26
ARISTADA	21	BAQSIMI TWO PACK	26
ARISTADA INITIO	21	BARACLUDE	22
asenapine maleate	21	BCG VACCINE	50
aspirin-dipyridamole	28	BD INSULIN SYRINGE	52
ASTAGRAF XL	49	BENLYSTA	48
ATABEX EC	38	benzoyl peroxide-erythromycin	34
ATABEX OB	38	benztropine mesylate	19
atazanavir sulfate	24	BESREMI	49
atenolol	29	betaine	43
atenolol & chlorthalidone	30	betamethasone dipropionate (topical)	34
atomoxetine hcl	33	BETAMETHASONE DIPROPIONATE AUG	34
atorvastatin calcium	31	betamethasone dipropionate augmented	34
atovaquone	19	betamethasone valerate	34
atovaquone-proguanil hcl	19	BETASERON	33
ATROPINE SULFATE	53	BETAXOLOL HCL	54
atropine sulfate (ophthalmic)	53	betaxolol hcl (ophth)	55
ATROVENT HFA	56	bethanechol chloride	44
AUGTYRO	15	BETOPTIC-S	55
AUVELITY	10	bexarotene	18
AVMAPKI FAKZYNJA CO-PACK	15	bexarotene (topical)	18
AVONEX PEN	33	BEXSERO	50
AVONEX PREFILLED	33	bicalutamide	14
AYVAKIT	15	BICILLIN L-A	6
AZASITE	54	BIKTARVY	22
azathioprine	49	BILDYOS	52
azelastine hcl	56	BILPREVDA	52
azelastine hcl (ophth)	53	bimatoprost	55
AZESCO	38	bisoprolol & hydrochlorothiazide	30
azithromycin	6	bisoprolol fumarate	29
aztreonam	4	BOOSTRIX	50
		BOSULIF	15
<b>B</b>		BRAFTOVI	15
BACITRA-NEOMYCIN-POLYMYXIN-HC	53	brimonidine tartrate	55
BACITRACIN	54	brimonidine tartrate-timolol maleate	53
bacitracin-poly-neomycin-hc	53	BRIVIACT	7
BACITRACIN-POLYMYXIN B	53	bromocriptine mesylate	20
bacitracin-polymyxin b (ophth)	53	BRONCHITOL	52
baclofen	22	BRONCHITOL TOLERANCE TEST	52

BRUKINSA	15
budesonide	52
budesonide (inhalation)	55
budesonide-formoterol fumarate dihydrate	57
bumetanide	31
buprenorphine hcl	3
buprenorphine hcl-naloxone hcl dihydrate	3
bupropion hcl	10
bupropion hcl (smoking deterrent)	4
BUPROPION HCL ER (XL)	10
bupirone hcl	25

## C

C-NATE DHA	38
cabergoline	47
CABOMETYX	15
CALCIPOTRIENE	35
calcitonin (salmon)	52
calcitriol	52
CALQUENCE	15
candesartan cilexetil	29
CAPLYTA	21
CAPRELSA	15
carbamazepine	9
carbidopa	20
carbidopa-levodopa	20
CARBIDOPA-LEVODOPA ER	20
carbidopa-levodopa-entacapone	19
carglumic acid	36
CARTEOLOL HCL	55
carvedilol	29
caspofungin acetate	11
CAYSTON	56
cefadroxil	5
CEFAZOLIN SODIUM	5
cefdinir	5
cefepime hcl	5
CEFIXIME	5
cefoxitin sodium	5
CEFPODOXIME PROXETIL	5
cefprozil	5
ceftazidime	6
CEFTRIAZONE SODIUM	6
cefuroxime axetil	6
cefuroxime sodium	6
celecoxib	2
cephalexin	6
CERDELGA	43
chlorhexidine gluconate (mouth-throat)	34
chloroquine phosphate	19
chlorpromazine hcl	20
chlorthalidone	31
cholestyramine	32
cholestyramine light	32
choline fenofibrate	31
ciclopirox	36
ciclopirox olamine	36
cilostazol	28
CIMDUO	23
cinacalcet hcl	52
CINRYZE	48
CIPRO HC	55
ciprofloxacin hcl	7
ciprofloxacin hcl (ophth)	54
ciprofloxacin hcl (otic)	55
CIPROFLOXACIN IN D5W	7
ciprofloxacin-dexamethasone	55
citalopram hydrobromide	10
CITRANATAL 90 DHA	38
CITRANATAL ASSURE	38
CITRANATAL B-CALM	38
CITRANATAL BLOOM	38
CITRANATAL BLOOM DHA	38
CITRANATAL DHA	38
CITRANATAL ESSENCE	38
CITRANATAL HARMONY	38
CITRANATAL MEDLEY	38
clarithromycin	6
CLEMASTINE FUMARATE	56
CLEOCIN	4
clindamycin hcl	4
clindamycin palmitate hydrochloride	4

clindamycin phosphate . . . . .	4	CONCEPT DHA . . . . .	38
clindamycin phosphate (topical) . . . . .	36	CONCEPT OB . . . . .	38
clindamycin phosphate in d5w . . . . .	4	COPIKTRA . . . . .	15
clindamycin phosphate vaginal . . . . .	4	COTELLIC . . . . .	16
CLINIMIX E/DEXTROSE (2.75/5) . . . . .	36	CREON . . . . .	43
CLINIMIX E/DEXTROSE (4.25/10) . . . . .	36	CRESEMBA . . . . .	12
CLINIMIX E/DEXTROSE (4.25/5) . . . . .	36	CROMOLYN SODIUM . . . . .	53
CLINIMIX E/DEXTROSE (5/15) . . . . .	36	cromolyn sodium . . . . .	57
CLINIMIX E/DEXTROSE (5/20) . . . . .	36	cromolyn sodium (mastocytosis) . . . . .	43
CLINIMIX/DEXTROSE (4.25/10) . . . . .	36	cromolyn sodium (ophth) . . . . .	53
CLINIMIX/DEXTROSE (4.25/5) . . . . .	36	cyclobenzaprine hcl . . . . .	58
CLINIMIX/DEXTROSE (5/15) . . . . .	36	CYCLOPHOSPHAMIDE . . . . .	14
CLINIMIX/DEXTROSE (5/20) . . . . .	36	CYCLOSET . . . . .	26
clobazam . . . . .	8	cyclosporine . . . . .	49
clobetasol propionate . . . . .	34	cyclosporine (ophth) . . . . .	53
clobetasol propionate emollient base . . . . .	34	cyclosporine modified (for microemulsion) . . . . .	50
clobetasol propionate emulsion . . . . .	34	CYSTAGON . . . . .	43
clomipramine hcl . . . . .	11	CYSTARAN . . . . .	43
clonazepam . . . . .	25		
clonidine . . . . .	28	<b>D</b>	
clonidine hcl . . . . .	29	dabigatran etexilate mesylate . . . . .	28
clopidogrel bisulfate . . . . .	28	dalfampridine . . . . .	33
clorazepate dipotassium . . . . .	25	danazol . . . . .	45
clotrimazole . . . . .	11	DANZITEN . . . . .	16
clotrimazole (topical) . . . . .	12	dapagliflozin . . . . .	32
clotrimazole w/ betamethasone . . . . .	35	dapsone . . . . .	13
CLOTTRIMAZOLE-BETAMETHASONE . . . . .	35	DAPTACEL . . . . .	50
clozapine . . . . .	22	daptomycin . . . . .	4
CO-NATAL FA . . . . .	38	darifenacin hydrobromide . . . . .	44
COARTEM . . . . .	19	darunavir . . . . .	24
COBENFY . . . . .	21	dasatinib . . . . .	16
COBENFY STARTER PACK . . . . .	21	DAURISMO . . . . .	16
CODEINE SULFATE . . . . .	2	deferasirox . . . . .	38
colchicine . . . . .	12	deferiprone . . . . .	38
colchicine w/ probenecid . . . . .	12	DELSTRIGO . . . . .	23
colesevelam hcl . . . . .	32	demeclocycline hcl . . . . .	7
colistimethate sodium . . . . .	4	DEPO-SUBQ PROVERA 104 . . . . .	47
COMBIVENT RESPIMAT . . . . .	57	DERMACINRX PRETRATE . . . . .	38
COMETRIQ . . . . .	15	DESCOVY . . . . .	23
COMPLETE NATAL DHA . . . . .	38	desipramine hcl . . . . .	11
COMPLETENATE . . . . .	38	desloratadine . . . . .	56

desmopressin acetate . . . . .	45	dofetilide . . . . .	29
desmopressin acetate spray . . . . .	45	donepezil hydrochloride . . . . .	9
desmopressin acetate spray refrigerated . . . . .	45	dorzolamide hcl . . . . .	55
desogestrel-ethinyl estradiol (biphasic) . . . . .	46	dorzolamide hcl-timolol maleate . . . . .	53
desonide . . . . .	34	DOVATO . . . . .	22
DESVENLAFAXINE ER . . . . .	10	doxazosin mesylate . . . . .	29
desvenlafaxine succinate . . . . .	10	DOXEPIN HCL . . . . .	11
dexamethasone . . . . .	45	doxepin hcl (antipruritic) . . . . .	34
DEXAMETHASONE SODIUM PHOSPHATE . . . . .	54	doxepin hcl (sleep) . . . . .	58
dexmethylphenidate hcl . . . . .	33	doxercalciferol . . . . .	52
dextroamphetamine sulfate . . . . .	33	doxycycline (monohydrate) . . . . .	7
dextrose . . . . .	36	doxycycline hyclate . . . . .	7
dextrose w/ sodium chloride . . . . .	36	DRIZALMA SPRINKLE . . . . .	33
DEXTROSE-NACL . . . . .	36	dronabinol . . . . .	11
DEXTROSE-SODIUM CHLORIDE . . . . .	36	drospirenone-ethinyl estradiol . . . . .	46
DIACOMIT . . . . .	7	drospirenone-ethinyl estradiol-levomefolate calcium . . . . .	46
diazepam . . . . .	25	droxidopa . . . . .	29
diazepam (anticonvulsant) . . . . .	8	DUAVEE . . . . .	47
diazoxide . . . . .	26	DUET DHA 400 . . . . .	39
DICLOFENAC EPOLAMINE . . . . .	2	DUET DHA BALANCED . . . . .	39
diclofenac potassium . . . . .	2	duloxetine hcl . . . . .	33
diclofenac sodium (actinic keratoses) . . . . .	35	DUPIXENT . . . . .	48
diclofenac sodium (ophth) . . . . .	54	dutasteride . . . . .	44
diclofenac sodium (tab dr 25 mg, tab dr 50 mg, tab dr 75 mg, tab er 24hr 100 mg) . . . . .	2	dutasteride-tamsulosin hcl . . . . .	44
diclofenac sodium (topical) . . . . .	2		
dicloxacillin sodium . . . . .	6	<b>E</b>	
dicyclomine hcl . . . . .	42	EDURANT . . . . .	23
difluprednate . . . . .	54	EDURANT PED . . . . .	23
digoxin . . . . .	29	EFAVIRENZ . . . . .	23
dihydroergotamine mesylate . . . . .	13	efavirenz-emtricitabine-tenofovir disoproxil fumarate . . . . .	23
DILANTIN . . . . .	9	EFAVIRENZ-LAMIVUDINE-TENOFOVIR . . . . .	23
diltiazem hcl . . . . .	30	efavirenz-lamivudine-tenofovir disoproxil fumarate . . . . .	23
diltiazem hcl coated beads . . . . .	30	ELIGARD . . . . .	47
diltiazem hcl extended release beads . . . . .	30	ELIQUIS . . . . .	28
dimethyl fumarate . . . . .	33	ELIQUIS DVT/PE STARTER PACK . . . . .	28
DIPENTUM . . . . .	52	ELITE-OB . . . . .	39
diphenoxylate w/ atropine . . . . .	42	ELMIRON . . . . .	44
DIPHENOXYLATE-ATROPINE . . . . .	42	eltrombopag olamine . . . . .	28
disulfiram . . . . .	3	EMSAM . . . . .	10
divalproex sodium . . . . .	8	emtricitabine . . . . .	23
		emtricitabine-rilpivirine-tenofovir disoproxil fumarate . . . . .	23

emtricitabine-tenofovir disoproxil fumarate . . . . .	23	estrogens, conjugated . . . . .	46
EMTRIVA . . . . .	23	ethambutol hcl . . . . .	13
enalapril maleate . . . . .	29	ethosuximide . . . . .	8
enalapril maleate & hydrochlorothiazide . . . . .	30	ethynodiol diacet & eth estrad . . . . .	46
ENBRACE HR . . . . .	39	etodolac . . . . .	2
ENBREL . . . . .	50	etonogestrel-ethinyl estradiol . . . . .	46
ENBREL MINI . . . . .	50	etravirine . . . . .	23
ENBREL SURECLICK . . . . .	50	EUCRISA . . . . .	35
ENGERIX-B . . . . .	50	EULEXIN . . . . .	14
enoxaparin sodium . . . . .	28	everolimus . . . . .	16
ENSACOVE . . . . .	15	everolimus (immunosuppressant) . . . . .	50
entacapone . . . . .	19	EVOTAZ . . . . .	24
entecavir . . . . .	22	exemestane . . . . .	15
ENTRESTO . . . . .	30	EXXUA . . . . .	10
ENVARUS XR . . . . .	50	EXXUA TITRATION PACK . . . . .	10
EPIDIOLEX . . . . .	8	ezetimibe . . . . .	32
EPINEPHRINE . . . . .	56		
epinephrine (anaphylaxis) . . . . .	56	<b>F</b>	
eplerenone . . . . .	32	famciclovir . . . . .	24
ERGOTAMINE-CAFFEINE . . . . .	13	famotidine . . . . .	43
ERIVEDGE . . . . .	16	FANAPT . . . . .	21
ERLEADA . . . . .	14	FANAPT TITRATION PACK A . . . . .	21
erlotinib hcl . . . . .	16	FARXIGA . . . . .	32
ertapenem sodium . . . . .	6	febuxostat . . . . .	12
ERY . . . . .	36	felbamate . . . . .	8
ERYTHROCIN LACTOBIONATE . . . . .	6	FENOFIBRATE . . . . .	31
ERYTHROCIN STEARATE . . . . .	6	fenofibrate micronized . . . . .	31
ERYTHROMYCIN . . . . .	36,54	fentanyl . . . . .	2
erythromycin (acne aid) . . . . .	36	FERRIPROX . . . . .	38
erythromycin (ophth) . . . . .	54	FETZIMA . . . . .	10
ERYTHROMYCIN BASE . . . . .	7	FETZIMA TITRATION . . . . .	10
erythromycin ethylsuccinate . . . . .	7	FIASP . . . . .	26
erythromycin lactobionate . . . . .	7	FIASP FLEXTOUCH . . . . .	26
ERYTHROMYCIN STEARATE . . . . .	7	FIASP PENFILL . . . . .	26
escitalopram oxalate . . . . .	10	fidaxomicin . . . . .	7
eslicarbazepine acetate . . . . .	9	finasteride . . . . .	44
esomeprazole magnesium . . . . .	43	FINTEPLA . . . . .	8
estradiol . . . . .	46	FIRMAGON . . . . .	47
estradiol & norethindrone acetate . . . . .	46	FIRMAGON (240 MG DOSE) . . . . .	47
estradiol vaginal . . . . .	46	flecainide acetate . . . . .	29
ESTRING . . . . .	46	fluconazole . . . . .	12

fluconazole in nacl	12
flucytosine	12
fludrocortisone acetate	45
flunisolide (nasal)	55
fluocinonide	35
fluocinonide emulsified base	35
fluorometholone (ophth)	54
FLUOROURACIL	35
fluorouracil (topical)	35
fluoxetine hcl	10
FLUOXETINE HCL (PMDD)	10
fluphenazine decanoate	20
FLUPHENAZINE HCL	20
FLURBIPROFEN SODIUM	54
FLUTICASONE FUROATE ELLIPTA	55
FLUTICASONE FUROATE-VILANTEROL	57
FLUTICASONE PROPIONATE	35
fluticasone propionate (nasal)	55
fluticasone propionate hfa	55
fluticasone-salmeterol	57
fluvoxamine maleate	10
FML FORTE	54
FOLIVANE-OB	39
fondaparinux sodium	28
fosamprenavir calcium	24
fosfomycin tromethamine	5
FOTIVDA	16
FRUZAQLA	15
FUROSEMIDE	31

## G

gabapentin	8
galantamine hydrobromide	9
GAMMAGARD	48
GAMMAGARD S/D LESS IGA	48
GAMMAPLEX	48
GAMUNEX-C	48
GARDASIL 9	50
gatifloxacin (ophth)	54
GATTEX	43
gauze pads & dressings	53

GAVRETO	16
gefitinib	16
gemfibrozil	31
GENOTROPIN	45
GENOTROPIN MINIQUICK	45
GENTAMICIN IN SALINE	4
gentamicin sulfate	4
gentamicin sulfate (ophth)	54
gentamicin sulfate (topical)	4
GENVOYA	22
GILOTRIF	16
GLASSIA	43
glatiramer acetate	33
glimepiride	26
glipizide	26
glipizide-metformin hcl	26
GLUCAGEN HYPOKIT	26
glucagon	26
GLUCAGON EMERGENCY	26
glutamine (sickle cell)	43
glycerol phenylbutyrate	43
glycopyrrolate	42
GOMEKLI	16
griseofulvin microsize	12
griseofulvin ultramicrosize	12
guanfacine hcl	29
guanfacine hcl (adhd)	33

## H

haloperidol	20
haloperidol decanoate	20
haloperidol lactate	20
HAVRIX	50
HEMADY	45
heparin sodium (porcine)	28
HEPLISAV-B	50
HERNEXEOS	16
HETLIOZ LQ	58
HIBERIX	50
HUMALOG MIX 50/50 KWIKPEN	26
HUMALOG MIX 75/25	26

HUMATROPE	45	IMKELDI	16
HUMULIN 70/30	27	IMOVAX RABIES	50
HUMULIN 70/30 KWIKPEN	27	IMPAVIDO	19
HUMULIN N	27	INATAL GT	39
HUMULIN N KWIKPEN	27	INCRELEX	45
HUMULIN R	27	INCRUSE ELLIPTA	56
HUMULIN R U-500 (CONCENTRATED)	27	indapamide	31
HUMULIN R U-500 KWIKPEN	27	indomethacin	2
hydralazine hcl	32	INFANRIX	50
hydrochlorothiazide	31	INLURIYO	14
hydrocodone-acetaminophen	2	INLYTA	16
HYDROCORTISONE	35	INQOVI	15
hydrocortisone	52	INREBIC	16
hydrocortisone (intrarectal)	52	INSULIN GLARGINE	27
hydrocortisone (rectal)	35	INSULIN GLARGINE SOLOSTAR	27
hydrocortisone (topical)	35	INSULIN GLARGINE-YFGN	27
hydrocortisone valerate	35	INSULIN LISPRO	27
hydrocortisone w/acetic acid	55	INSULIN LISPRO (1 UNIT DIAL)	27
hydromorphone hcl	2	INSULIN LISPRO JUNIOR KWIKPEN	27
HYDROMORPHONE HCL PF	2	INSULIN LISPRO PROT & LISPRO	27
hydroxychloroquine sulfate	19	insulin pen needle	53
hydroxyurea	15	insulin syringe, safety or non-safety (disp) u-100 0.3 ml	53
hydroxyzine hcl	25	insulin syringe, safety or non-safety (disp) u-100 1 ml	53
HYDROXYZINE PAMOATE	25	insulin syringe, safety or non-safety (disp) u-100 1/2 ml	53
HYRNUO	16	Insulin syringe, safety or non-safety (disp) u-500 1/2 ml	53
<b>I</b>		INTELENCE	23
ibandronate sodium	52	INTRALIPID	36
IBRANCE	16	INVEGA HAFYERA	21
IBTROZI	16	INVEGA SUSTENNA	21
ibuprofen	2	INVEGA TRINZA	21
icatibant acetate	48	IPOL	51
ICLUSIG	16	ipratropium bromide	56
icosapent ethyl	32	ipratropium bromide (nasal)	56
IDHIFA	16	ipratropium-albuterol	57
imatinib mesylate	16	irbesartan	29
IMBRUVICA	16	irbesartan-hydrochlorothiazide	30
imipenem-cilastatin	6	ISENTRESS	22
imipramine hcl	11		
imipramine pamoate	11		
imiquimod	35		

ISENTRESS HD	22
ISOLYTE-P IN D5W	37
ISONIAZID	13
isosorbide dinitrate	32
isosorbide mononitrate	32
isotretinoin	34
ITOVEBI	16
itraconazole	12
ivabradine hcl	31
IVERMECTIN	19
IWILFIN	15
IXIARO	51

## J

JAKAFI	16
JANUVIA	26
JARDIANCE	32
JAYPIRCA	16
JENLIVA PRENATAL/POSTNATAL	39
JUBBONTI	52
JULUCA	23
JUXTAPID	32
JYNARQUE	38
JYNNEOS	51

## K

KALETRA	24
KALYDECO	56
KCL IN DEXTROSE-NACL	37
KCL-LACTATED RINGERS-D5W	37
KERENDIA	32
ketoconazole	12
ketoconazole (topical)	12
ketorolac tromethamine (ophth)	54
KINERET	48
KINRIX	51
Kisqali	16
Kisqali FEMARA	16
KLOXXADO	4
KOSELUGO	16
KOSHER PRENATAL PLUS IRON	39

KRAZATI	16
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## L

labetalol hcl	30
lacosamide	9
lactic acid (ammonium lactate)	35
lactulose	42
lactulose (encephalopathy)	42
LAGEVRIO	24
lamivudine	23
lamivudine (hbv)	22
lamivudine-zidovudine	23
lamotrigine	8
lansoprazole	43
lapatinib ditosylate	16
latanoprost	55
LAZCLUZE	16
LEDIPASVIR-SOFOSBUVIR	22
leflunomide	50
lenalidomide	14
Lenvima	16
letrozole	15
leucovorin calcium	18
LEUKERAN	14
LEUKINE	28
leuprolide acetate	47
LEUPROLIDE ACETATE (3 MONTH)	47
levalbuterol hcl	56
LEVALBUTEROL TARTRATE	56
levetiracetam	8
LEVOBUNOLOL HCL	55
levocetirizine dihydrochloride	56
levofloxacin	7
LEVOFLOXACIN	54
levofloxacin (ophth)	54
levofloxacin in d5w	7
levonorgestrel & eth estradiol	46
levonorgestrel-eth estradiol (triphasic)	46
levonorgestrel-ethinyl estradiol (91-day)	46
levonorgestrel-ethinyl estradiol (continuous)	46
levonorgestrel-ethinyl estradiol-ferrous bisglycinate	46

levothyroxine sodium . . . . .	47	MARPLAN . . . . .	10
lidocaine . . . . .	3	MATERNACEL . . . . .	39
lidocaine hcl . . . . .	3	MATULANE . . . . .	14
lidocaine hcl (mouth-throat) . . . . .	3	MAVYRET . . . . .	22
lidocaine-prilocaine . . . . .	3	meclizine hcl . . . . .	11
linezolid . . . . .	5	medroxyprogesterone acetate . . . . .	47
LINZESS . . . . .	42	medroxyprogesterone acetate (contraceptive) . . . . .	47
liothyronine sodium . . . . .	47	mefloquine hcl . . . . .	19
lisinopril . . . . .	29	megestrol acetate . . . . .	47
lisinopril & hydrochlorothiazide . . . . .	31	MEKINIST . . . . .	17
lithium . . . . .	25	MEKTOVI . . . . .	17
LITHIUM CARBONATE . . . . .	25	meloxicam . . . . .	2
LIVIXIL PAK . . . . .	3	MEMANTINE HCL . . . . .	9
LIVTENCITY . . . . .	22	memantine hcl-donepezil hcl . . . . .	9
LOKELMA . . . . .	38	MENQUADFI . . . . .	51
lomustine . . . . .	14	MENVEO . . . . .	51
LONSURF . . . . .	15	mercaptopurine . . . . .	14
loperamide hcl . . . . .	42	meropenem . . . . .	6
lopinavir-ritonavir . . . . .	24	MESALAMINE . . . . .	52
lorazepam . . . . .	25	mesalamine w/ cleanser . . . . .	52
LORBRENA . . . . .	16	mesna . . . . .	18
losartan potassium . . . . .	29	metformin hcl . . . . .	26
losartan potassium & hydrochlorothiazide . . . . .	31	methadone hcl . . . . .	2
LOTEMAX . . . . .	54	methazolamide . . . . .	55
loteprednol etabonate . . . . .	54	methenamine hippurate . . . . .	5
loxapine succinate . . . . .	20	methimazole . . . . .	48
lubiprostone . . . . .	42	methocarbamol . . . . .	58
LUMAKRAS . . . . .	17	METHOTREXATE SODIUM . . . . .	50
LUPRON DEPOT . . . . .	47	METHOXSALEN RAPID . . . . .	35
lurasidone hcl . . . . .	21	methsuximide . . . . .	8
LYBALVI . . . . .	21	methylphenidate hcl . . . . .	33
LYNPARZA . . . . .	17	METHYLPHENIDATE HCL ER . . . . .	33
LYSODREN . . . . .	15	METHYLPHENIDATE HCL ER (OSM) . . . . .	33
Lytgobi . . . . .	17	METHYLPHENIDATE HCL ER(DIFFUS) . . . . .	33
		methylprednisolone . . . . .	45
<b>M</b>		metoclopramide hcl . . . . .	11
M-M-R II . . . . .	51	metolazone . . . . .	31
M-NATAL PLUS . . . . .	39	metoprolol & hydrochlorothiazide . . . . .	31
magnesium sulfate . . . . .	37	metoprolol succinate . . . . .	30
malathion . . . . .	36	metoprolol tartrate . . . . .	30
maraviroc . . . . .	24	METRONIDAZOLE . . . . .	5

metronidazole (topical) . . . . .	5	NAMZARIC . . . . .	9
metronidazole vaginal . . . . .	5	naproxen . . . . .	2
metyrosine . . . . .	31	naratriptan hcl . . . . .	13
mexiletine hcl . . . . .	29	NATACHEW . . . . .	39
micafungin sodium . . . . .	12	NATAL PNV . . . . .	39
MICONAZOLE 3 . . . . .	12	NATALVIT . . . . .	39
midodrine hcl . . . . .	29	nateglinide . . . . .	26
mifepristone (hyperglycemia) . . . . .	47	NAYZILAM . . . . .	8
miglustat . . . . .	44	needles, insulin disp., safety . . . . .	53
minocycline hcl . . . . .	7	NEEVO DHA . . . . .	39
MINOCYCLINE HCL ER . . . . .	7	NEFAZODONE HCL . . . . .	10
minoxidil . . . . .	32	NEO-VITAL RX . . . . .	39
mirabegron . . . . .	44	neomycin sulfate . . . . .	4
MIRENA (52 MG) . . . . .	47	NEOMYCIN-BACITRACIN ZN-POLYMYX . . . . .	53
mirtazapine . . . . .	10	neomycin-bacitracin zn-polymyxin . . . . .	53
misoprostol . . . . .	45	neomycin-polymy-dexameth . . . . .	53
modafinil . . . . .	58	NEOMYCIN-POLYMYXIN-HC . . . . .	53
MODEYSO . . . . .	15	neomycin-polymyxin-hc (otic) . . . . .	55
MOLINDONE HCL . . . . .	20	NEONATAL + DHA . . . . .	39
mometasone furoate . . . . .	35	NEONATAL 19 . . . . .	39
montelukast sodium . . . . .	56	NEONATAL COMPLETE . . . . .	39
morphine sulfate . . . . .	2	NEONATAL FE . . . . .	39
MORPHINE SULFATE . . . . .	3	NEONATAL PLUS . . . . .	39
MORPHINE SULFATE (CONCENTRATE) . . . . .	3	NERLYNX . . . . .	17
MOUNJARO . . . . .	26	NESTABS . . . . .	39
MOXIFLOXACIN HCL . . . . .	7	NESTABS DHA . . . . .	39
moxifloxacin hcl (ophth) . . . . .	54	NESTABS ONE . . . . .	39
MOXIFLOXACIN HCL IN NAACL . . . . .	7	NEUPRO . . . . .	20
MRESVIA . . . . .	51	nevirapine . . . . .	23
MULTI-MAC . . . . .	39	NEXLETOL . . . . .	32
mupirocin . . . . .	36	NEXPLANON . . . . .	47
mupirocin calcium (topical) . . . . .	36	niacin (antihyperlipidemic) . . . . .	32
mycophenolate mofetil . . . . .	50	NICOTROL NS . . . . .	4
mycophenolate sodium . . . . .	50	nifedipine . . . . .	30
<b>N</b>		NILOTINIB D-TARTRATE . . . . .	17
nabumetone . . . . .	2	nilotinib hcl . . . . .	17
nadolol . . . . .	30	nilutamide . . . . .	14
nafcillin sodium . . . . .	6	nimodipine . . . . .	30
naloxone hcl . . . . .	4	NINLARO . . . . .	17
naltrexone hcl . . . . .	3	nitazoxanide . . . . .	19
		NITRO-DUR . . . . .	32

nitrofurantoin macrocrystal . . . . .	5	NUBEQA . . . . .	14
nitrofurantoin monohyd macro . . . . .	5	NUCALA . . . . .	57
nitroglycerin . . . . .	32	NUEDEXTA . . . . .	33
nitroglycerin (intra-anal) . . . . .	32	NUPLAZID . . . . .	21
NIVA-PLUS . . . . .	39	NURTEC . . . . .	12
NIVESTYM . . . . .	28	NUTRILIPID . . . . .	37
NIZATIDINE . . . . .	43	nystatin . . . . .	12
NORDITROPIN FLEXPEN . . . . .	45	nystatin (mouth-throat) . . . . .	12
norelgestromin-ethinyl estradiol . . . . .	46	nystatin (topical) . . . . .	12
norethin acet & estrad-fe . . . . .	46	nystatin-triamcinolone . . . . .	35
norethindrone & ethinyl estradiol-fe . . . . .	46		
norethindrone (contraceptive) . . . . .	47	<b>O</b>	
norethindrone acet & eth estra . . . . .	46	OB COMPLETE . . . . .	39
norethindrone acetate-ethinyl estradiol . . . . .	46	OB COMPLETE ONE . . . . .	39
norethindrone acetate-ethinyl estradiol-fe . . . . .	46	OB COMPLETE PETITE . . . . .	39
norgestimate-ethinyl estradiol . . . . .	46	OB COMPLETE PREMIER . . . . .	39
norgestimate-ethinyl estradiol (triphasic) . . . . .	46	OB COMPLETE/DHA . . . . .	39
norgestrel & ethinyl estradiol . . . . .	47	OBSTETRIX EC (WITH DOCUSATE) . . . . .	39
nortriptyline hcl . . . . .	11	OBSTETRIX ONE (WITH DOCUSATE) . . . . .	39
NORVIR . . . . .	24	octreotide acetate . . . . .	47
NOVOLIN 70/30 . . . . .	27	ODEFSEY . . . . .	23
NOVOLIN 70/30 FLEXPEN . . . . .	27	ODOMZO . . . . .	17
NOVOLIN 70/30 FLEXPEN RELION . . . . .	27	OFEV . . . . .	57
NOVOLIN 70/30 RELION . . . . .	27	ofloxacin . . . . .	7
NOVOLIN N . . . . .	27	ofloxacin (ophth) . . . . .	54
NOVOLIN N FLEXPEN . . . . .	27	ofloxacin (otic) . . . . .	55
NOVOLIN N FLEXPEN RELION . . . . .	27	OGSIVEO . . . . .	15
NOVOLIN N RELION . . . . .	27	OJEMDA . . . . .	17
NOVOLIN R . . . . .	27	OJJAARA . . . . .	15
NOVOLIN R FLEXPEN . . . . .	27	olanzapine . . . . .	21
NOVOLIN R FLEXPEN RELION . . . . .	27	OLUMIANT . . . . .	48
NOVOLIN R RELION . . . . .	27	omega-3-acid ethyl esters . . . . .	32
NOVOLOG . . . . .	27	omeprazole . . . . .	43
NOVOLOG 70/30 FLEXPEN RELION . . . . .	27	OMNITROPE . . . . .	45
NOVOLOG FLEXPEN . . . . .	27	ondansetron . . . . .	11
NOVOLOG FLEXPEN RELION . . . . .	27	ondansetron hcl . . . . .	11
NOVOLOG MIX 70/30 . . . . .	27	ONE VITE WOMENS PLUS . . . . .	39
NOVOLOG MIX 70/30 FLEXPEN . . . . .	27	ONGENTYS . . . . .	19
NOVOLOG MIX 70/30 RELION . . . . .	27	ONUREG . . . . .	14
NOVOLOG PENFILL . . . . .	27	OPIPZA . . . . .	21
NOVOLOG RELION . . . . .	28	OPSUMIT . . . . .	57

OPVEE	4	penicillamine	44
ORENCIA	48	PENICILLIN G POT IN DEXTROSE	6
ORENCIA CLICKJECT	48	penicillin g potassium	6
ORGOVYX	47	PENICILLIN G SODIUM	6
ORKAMBI	56	penicillin v potassium	6
ORSERDU	14	PENMENVY	51
oseltamivir phosphate	24	PENTACEL	51
OTEZLA	35	pentamidine isethionate	19
OTEZLA XR	35	PENTASA	52
OTEZLA/OTEZLA XR INITIATION PK	35	pentoxifylline	31
oxazepam	25	perampanel	8
oxcarbazepine	9	permethrin	36
oxybutynin chloride	44	perphenazine	11
oxycodone hcl	3	PERSERIS	21
oxycodone w/ acetaminophen	3	PHENELZINE SULFATE	10
OXYCONTIN	2	phenobarbital	8
OXYTROL	44	phenytoin	9
OZEMPIC (0.25 OR 0.5 MG/DOSE)	26	phenytoin sodium extended	9
OZEMPIC (1 MG/DOSE)	26	PHYRAGO	17
OZEMPIC (2 MG/DOSE)	26	PIFELTRO	23
<b>P</b>		pilocarpine hcl	55
paliperidone	21	pilocarpine hcl (oral)	34
PANRETIN	18	pimecrolimus	35
pantoprazole sodium	43	pimozide	20
PAROXETINE HCL	25	pindolol	30
paroxetine mesylate (vasomotor)	25	pioglitazone hcl	26
PAXLOVID (150/100)	25	pioglitazone hcl-metformin hcl	26
PAXLOVID (300/100 & 150/100)	25	piperacillin sodium-tazobactam sodium	6
PAXLOVID (300/100)	25	PIQRAY (200 MG DAILY DOSE)	17
pazopanib hcl	17	PIQRAY (250 MG DAILY DOSE)	17
PEDIARIX	51	PIQRAY (300 MG DAILY DOSE)	17
PEDVAX HIB	51	PIRFENIDONE	57
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	43	PNV PRENATAL PLUS MULTIVIT+DHA	39
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	43	PNV PRENATAL PLUS MULTIVITAMIN	40
peg 3350-potassium chloride-sod bicarbonate-sod chloride	43	PNV TABS 20-1	40
PEGASYS	49	PNV-DHA	40
PEMAZYRE	17	PNV-DHA+DOCUSATE	40
PENBRAYA	51	PNV-OMEGA	40
		PNV-SELECT	40
		PODOFILOX	35
		polymyxin b sulfate	5

polymyxin b-trimethoprim . . . . .	54	PRENATE . . . . .	40
pomalidomide . . . . .	14	PRENATE AM . . . . .	40
posaconazole . . . . .	12	PRENATE DHA . . . . .	40
potassium chloride . . . . .	37	PRENATE ELITE . . . . .	40
POTASSIUM CHLORIDE ER . . . . .	37	PRENATE ENHANCE . . . . .	40
potassium chloride in dextrose . . . . .	37	PRENATE ESSENTIAL . . . . .	40
potassium chloride in dextrose & sodium chloride . . . . .	37	PRENATE MINI . . . . .	40
POTASSIUM CHLORIDE IN NA CL . . . . .	37	PRENATE PIXIE . . . . .	40
potassium chloride microencapsulated crystals er . . . . .	37	PRENATE RESTORE . . . . .	40
potassium citrate (alkalinizer) . . . . .	37	PRENATOL-M . . . . .	40
POTASSIUM CL IN DEXTROSE 5% . . . . .	37	PRENATRIX . . . . .	40
pramipexole dihydrochloride . . . . .	20	PRENATRYL . . . . .	40
pravastatin sodium . . . . .	31	PRENATVITE COMPLETE . . . . .	40
praziquantel . . . . .	19	PRENATVITE PLUS . . . . .	41
prazosin hcl . . . . .	29	PRENATVITE RX . . . . .	41
PRED MILD . . . . .	54	PREPLUS . . . . .	41
prednisolone . . . . .	45	PRETOMANID . . . . .	13
prednisolone acetate (ophth) . . . . .	54	PREVYMIS . . . . .	22
PREDNISOLONE SODIUM PHOSPHATE . . . . .	45,54	PREZCOBIX . . . . .	24
prednisone . . . . .	45	PREZISTA . . . . .	24
PREDNISON E INTENSOL . . . . .	45	PRIFTIN . . . . .	13
pregabalin . . . . .	33	PRILOVIX . . . . .	3
PREGEN DHA . . . . .	40	PRILOVIX PLUS . . . . .	3
PREGENNA . . . . .	40	PRIMACARE . . . . .	41
PREMARIN . . . . .	47	primaquine phosphate . . . . .	19
PREMASOL . . . . .	37	primidone . . . . .	8
PREMESISR X . . . . .	40	PRIORIX . . . . .	51
PREMIUM LIDOCAINE . . . . .	3	PRIVIGEN . . . . .	48
PREMPRO . . . . .	47	probenecid . . . . .	12
PRENA 1 TRUE . . . . .	40	prochlorperazine . . . . .	11
PRENA1 . . . . .	40	prochlorperazine maleate . . . . .	11
PRENA1 PEARL . . . . .	40	progesterone . . . . .	47
PRENAISSANCE . . . . .	40	PROGRAF . . . . .	50
PRENAISSANCE PLUS . . . . .	40	PROLASTIN-C . . . . .	44
PRENARA . . . . .	40	promethazine hcl . . . . .	11
PRENATAL . . . . .	40	propafenone hcl . . . . .	29
PRENATAL 19 . . . . .	40	propranolol hcl . . . . .	13
PRENATAL PLUS . . . . .	40	propylthiouracil . . . . .	48
PRENATAL PLUS VITAMIN/MINERAL . . . . .	40	PROQUAD . . . . .	51
PRENATAL VITAMIN PLUS LOW IRON . . . . .	40	PROSOL . . . . .	37
PRENATAL-U . . . . .	40	protriptyline hcl . . . . .	11

PROVIDA OB	41
PULMICORT FLEXHALER	55
PULMOZYME	57
pyrazinamide	13
PYRIDOSTIGMINE BROMIDE	13
pyrimethamine	19

## Q

QINLOCK	17
QUADRACEL	51
QUETIAPINE FUMARATE	21
quinidine gluconate	29
QUINIDINE SULFATE	29
quinine sulfate	19
QULIPTA	12

## R

RABAVERT	51
RALDESY	10
raloxifene hcl	47
ramelteon	58
ramipril	29
ranolazine	31
rasagiline mesylate	20
REBIF	33
REBIF REBIDOSE	34
REBIF REBIDOSE TITRATION PACK	34
REBIF TITRATION PACK	34
RECOMBIVAX HB	51
RECORLEV	48
RELENZA DISKHALER	24
RELISTOR	42
RELNATE DHA	41
repaglinide	26
REPATHA	32
REPATHA SURECLICK	32
RESTASIS MULTIDOSE	53
RETACRIT	28
RETEVMO	17
REVCOVI	44
REVUFORJ	17

REXULTI	21
REYATAZ	24
REZDIFFRA	47
REZLIDHIA	17
REZUROCK	50
RHOPRESSA	55
RIBAVIRIN	22
rifabutin	13
rifampin	13
riluzole	33
risperidone	21
risperidone microspheres	21
ritonavir	24
rivastigmine	9
rivastigmine tartrate	9
rizatriptan benzoate	13
roflumilast	57
ROMVIMZA	17
ropinirole hydrochloride	20
rosuvastatin calcium	31
ROTARIX	51
ROTATEQ	51
ROZLYTREK	17
RUBRACA	17
rufinamide	9
RUKOBIA	24
RYDAPT	17

## S

SANTYL	35
sapropterin dihydrochloride	44
saxagliptin-metformin hcl	26
SCEMBLIX	17
scopolamine	11
SE-NATAL 19	41
SECUADO	21
SELECT-OB	41
SELECT-OB+DHA	41
selegiline hcl	20
selenium sulfide	35
SELZENTRY	24

SEREVENT DISKUS	56	sulfacetamide sodium (acne)	7
SEROSTIM	45	sulfacetamide sodium (ophth)	54
SERTRALINE HCL	10	SULFACETAMIDE-PREDNISOLONE	53
SHINGRIX	51	sulfadiazine	7
SIGNIFOR	48	sulfamethoxazole-trimethoprim	7
sildenafil citrate (pulmonary hypertension)	57	sulfasalazine	52
silver sulfadiazine	35	sulindac	2
SIMPONI	50	sumatriptan	13
simvastatin	31	sumatriptan succinate	13
sirolimus	50	sunitinib malate	17
SIRTURO	13	SUNLENCA	24
SIVEXTRO	5	SYMDEKO	57
SKYRIZI	48	SYMPAZAN	8
SKYRIZI PEN	48	SYMTUZA	24
sodium chloride	37	SYNAREL	48
sodium chloride (gu irrigant)	37		
SODIUM FLUORIDE	37	<b>T</b>	
SODIUM OXYBATE	58	TABLOID	14
sodium phenylbutyrate	44	TABRECTA	17
sodium polystyrene sulfonate	38	tacrolimus	50
SOFOSBUVIR-VELPATASVIR	22	tacrolimus (topical)	35
solifenacin succinate	44	tadalafil	44
SOLTAMOX	14	tadalafil (pulmonary hypertension)	57
SOMAVERT	48	TAFINLAR	17
sorafenib tosylate	17	TAGRISSO	17
sotalol hcl	29	TALTZ	49
sotalol hcl (afib/af)	29	TALZENNA	17
SOVALDI	22	tamoxifen citrate	14
SPIRIVA RESPIMAT	56	tamsulosin hcl	44
spironolactone	32	TARON-C DHA	41
spironolactone & hydrochlorothiazide	31	tasimelteon	58
SPRITAM	8	TAVNEOS	49
SPS (SODIUM POLYSTYRENE SULF)	38	TAZAROTENE	34
STELARA	49	TAZVERIK	17
STIVARGA	17	TEFLARO	6
STREPTOMYCIN SULFATE	4	temazepam	58
STRIBILD	23	TENIVAC	51
SUBVENITE	8	tenofovir disoproxil fumarate	23
SUCRAID	44	TEPMETKO	18
sucralfate	43	terazosin hcl	29
SULFACETAMIDE SODIUM	54	terbinafine hcl	12

terconazole vaginal . . . . .	12	tramadol hcl er (biphasic) . . . . .	2
teriflunomide . . . . .	34	tramadol-acetaminophen . . . . .	3
TERIPARATIDE . . . . .	52	tranexamic acid . . . . .	28
testosterone . . . . .	46	transylcypromine sulfate . . . . .	10
TESTOSTERONE CYPIONATE . . . . .	46	TRAVASOL . . . . .	37
TESTOSTERONE ENANTHATE . . . . .	46	travoprost . . . . .	55
tetrabenazine . . . . .	33	trazodone hcl . . . . .	10
TETRACYCLINE HCL . . . . .	7	TRELEGY ELLIPTA . . . . .	57
THALOMID . . . . .	14	TRELSTAR MIXJECT . . . . .	48
THEO-24 . . . . .	57	TREMFYA . . . . .	49
theophylline . . . . .	57	TREMFYA ONE-PRESS . . . . .	49
THEOPHYLLINE ER . . . . .	57	TREMFYA PEN . . . . .	49
thioridazine hcl . . . . .	20	TREMFYA-CD/UC INDUCTION . . . . .	49
thiothixene . . . . .	20	tretinoin . . . . .	34
THRIVITE RX . . . . .	41	tretinoin (chemotherapy) . . . . .	18
tiagabine hcl . . . . .	8	TRETINOIN MICROSPHERE . . . . .	34
TIBSOVO . . . . .	18	TRETINOIN MICROSPHERE PUMP . . . . .	34
ticagrelor . . . . .	28	TRIAMCINOLONE ACETONIDE . . . . .	35
TICOVAC . . . . .	51	triamcinolone acetonide (mouth) . . . . .	34
TIGECYCLINE . . . . .	5	triamcinolone acetonide (topical) . . . . .	35
TIMOLOL MALEATE . . . . .	13	triamterene . . . . .	31
timolol maleate (ophth) . . . . .	55	triamterene & hydrochlorothiazide . . . . .	31
tinidazole . . . . .	5	triazolam . . . . .	58
tiotropium bromide . . . . .	56	TRICARE . . . . .	41
TIVICAY . . . . .	23	trientine hcl . . . . .	38
TIVICAY PD . . . . .	23	trifluoperazine hcl . . . . .	20
tizanidine hcl . . . . .	22	TRIFLURIDINE . . . . .	54
TOBRADEX . . . . .	53	trihexyphenidyl hcl . . . . .	19
tobramycin . . . . .	57	TRIKAFTA . . . . .	57
tobramycin (ophth) . . . . .	54	trimethoprim . . . . .	5
TOBRAMYCIN SULFATE . . . . .	4	trimipramine maleate . . . . .	11
tobramycin-dexamethasone . . . . .	53	TRINATAL RX 1 . . . . .	41
tolcapone . . . . .	19	TRINATE . . . . .	41
tolterodine tartrate . . . . .	44	TRINTELLIX . . . . .	10
tolvaptan . . . . .	38	TRISTART DHA . . . . .	41
tolvaptan (hyponatremia) . . . . .	38	TRISTART FREE . . . . .	41
topiramate . . . . .	8	TRISTART ONE . . . . .	41
toremifene citrate . . . . .	14	TRIUMEQ . . . . .	23
toremide . . . . .	31	TRIUMEQ PD . . . . .	23
TPN ELECTROLYTES . . . . .	41	TROPHAMINE . . . . .	37
tramadol hcl . . . . .	2,3	trospium chloride . . . . .	44

TRULICITY	26	VELTASSA	38
TRUMENBA	51	VENCLEXTA	18
TRUQAP	18	VENCLEXTA STARTING PACK	18
TUDORZA PRESSAIR	56	VENLAFAXINE BESYLATE ER	25
TUKYSA	18	venlafaxine hcl	25
TURALIO	18	VEOZAH	33
TWINRIX	51	verapamil hcl	30
TYBOST	24	VERAPAMIL HCL ER	30
TYENNE	49	VERQUVO	32
TYMLOS	52	VERSACLOZ	22
TYPHIM VI	51	VERZENIO	18
		vigabatrin	8
<b>U</b>		VIJOICE	18
UBRELVY	12	vilazodone hcl	10
UMECLIDINIUM-VILANTEROL	58	VIMKUNYA	51
UPTRAVI	57	VINATE DHA RF	41
URSODIOL	43	VINATE II	41
USTEKINUMAB	49	VINATE ONE	41
UZEDY	21	VIRACEPT	24
		VIREAD	23
<b>V</b>		VIRT-C DHA	41
valacyclovir hcl	24	VIRT-NATE DHA	41
VALCHLOR	14	VIRT-PN DHA	41
valganciclovir hcl	22	VITAFOL FE+	41
valproate sodium	8	VITAFOL GUMMIES	41
valproic acid	8	VITAFOL STRIPS	41
valsartan	29	VITAFOL ULTRA	41
valsartan-hydrochlorothiazide	31	VITAFOL-NANO	41
VALTOCO 10 MG DOSE	8	VITAFOL-OB	41
VALTOCO 15 MG DOSE	8	VITAFOL-OB+DHA	41
VALTOCO 20 MG DOSE	8	VITAFOL-ONE	41
VALTOCO 5 MG DOSE	8	VITALARA	41
VANCOMYCIN HCL	5	VITAMEDMD ONE RX/QUATREFOLIC	41
VANCOMYCIN HCL IN DEXTROSE	5	VITAMEDMD REDICHEW RX	42
VANCOMYCIN HCL IN NACL	5	VITAPEARL	42
VANFLYTA	18	VITATHELY WITH GINGER	42
VAQTA	51	VITATRUE	42
varenicline tartrate	4	VITRAKVI	18
VARIVAX	51	VIVA DHA	42
VAXCHORA	51	VIVOTIF	51
VELSIPITY	49	VIZIMPRO	18

VONJO	19
VOQUEZNA	43
VORANIGO	18
voriconazole	12
VORICONAZOLE	12
VOSEVI	22
VOWST	43
VP-PNV-DHA	42
VRAYLAR	21

## W

warfarin sodium	28
WELIREG	44
WESCAP-C DHA	42
WESCAP-PN DHA	42
WESNATAL DHA COMPLETE	42
WESNATE DHA	42
WESTAB PLUS	42
WESTGEL DHA	42
WINREVAIR	57
Wixela Inhub	58
WYOST	52

## X

XALKORI	18
XARELTO	28
XARELTO STARTER PACK	28
XATMEP	50
XCOPRI	9
XCOPRI (250 MG DAILY DOSE)	9
XCOPRI (350 MG DAILY DOSE)	9
XDEMVY	53
XELJANZ	49
XELJANZ XR	49
XERMELO	42
XIFAXAN	5
XOLAIR	49
XOSPATA	18
XPOVIO (100 MG ONCE WEEKLY)	18
XPOVIO (40 MG ONCE WEEKLY)	18
XPOVIO (40 MG TWICE WEEKLY)	18

XPOVIO (60 MG ONCE WEEKLY)	18
XPOVIO (60 MG TWICE WEEKLY)	18
XPOVIO (80 MG ONCE WEEKLY)	18
XPOVIO (80 MG TWICE WEEKLY)	18
XTANDI	14

## Y

YESINTEK	49
YF-VAX	51
YONSA	14

## Z

zafirlukast	56
zaleplon	58
ZALVIT	42
ZATEAN-PN DHA	42
ZEJULA	18
ZELBORAF	18
ZEMAIRA	44
ZENPEP	44
ZEPOSIA	34
ZEPOSIA 7-DAY STARTER PACK	34
ZEPOSIA STARTER KIT	34
zidovudine	24
zileuton	56
ZIPHEX	42
ziprasidone hcl	21
ziprasidone mesylate	21
ZIRGAN	54
ZOLINZA	15
zolpidem tartrate	58
ZONISADE	9
zonisamide	9
ZTALMY	8
ZURZUVAE	10
ZYDELIG	18
ZYKADIA	18

## 2026 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)  
DICLOFENAC SODIUM GEL 1%  
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  
NALOXONE HCL NASAL SPRAY  
NEOMYCIN-BACITRACIN-POLYMYXIN  
NIACIN  
NICOTINE GUM, LOZENGE, PATCH PA  
OYSTER SHELL  
PERMETHRIN  
PETROLATUM (EMOLLIENT)  
PHENAZOPYRIDINE HCL TAB 200 MG 3 day supply  
PHYTONADIONE  
POLYETHYLENE GLYCOL 3350 POWDER  
POLYVINYL ALCOHOL  
PROSIGHT  
PSEUDOEPHEDRINE HCL  
PSYLLIUM  
PYRIDOXINE HCL  
SALINE  
SALINE, BACTERIOSTATIC  
SENNA  
SENNOSIDES-DOCUSATE SODIUM  
SIMETHICONE  
SKIN PROTECTANTS, MISC.  
SODIUM BICARBONATE (ANTACID)  
SODIUM CHLORIDE HYPERTONIC OPHTH OINT 5%  
SODIUM CHLORIDE HYPERTONIC OPHTH SOLN  
SORBITOL  
THIAMINE HCL  
TROLAMINE SALICYLATE  
UREA (EMOLLIENT)  
VAGINAL LUBRICANT  
VITAMIN A  
VITAMIN D  
VITAMINS A & D (TOPICAL)  
WHITE PETROLATUM  
WITCH HAZEL-GLYCERIN

This formulary was updated on 5/1/2026.

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

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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.

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

