



Family Care Partnership
Formulary
2026 List of Covered Drugs
FOR PEOPLE ENROLLED IN MEDICARE

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

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.

HPMS approved formulary file submission ID 00026398, Version 7

This formulary was updated on 10/1/2025.



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

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs are covered by Community Care's Family Care Partnership Program. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Community Care. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.



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A. Disclaimers

This is a list of drugs that members can get in Community Care's Family Care Partnership Program.

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

Benefits, premiums, deductibles, and/or copayments/coinsurance may change on January 1, 2026.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. We will notify affected members about changes at least 30 days in advance.

- ❖ You can always check Community Care's up-to-date *List of Covered Drugs* online at <http://www.communitycareinc.org> or by calling Member Services toll free at 1-866-992-6600. TTY users should call 711. This call is free.
- ❖ This document is available for free in Chinese, Hmong, Spanish, Lao, Russian, and Serbo-Croatian. Please contact Member Services at 866-992-6600 (TTY users should call 711) for assistance.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services toll free at 1-866-992-6600. TTY users should call 711. You may call us 24 hours a day, 7 days a week. This call is free.

Interpreter Services

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。

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.



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 panggamot. 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 답해 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: 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 (TTY: 711) 1-866-992-6600. 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

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.



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ご紹介します。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:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

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

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.



- ❖ *Your preferred language is addressed during your initial assessment by Community Care and maintained in your health record. This information is available to all staff who interact and provide services to you. You can change your preferred language and/or communication format information by contacting any member of your care team.*

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “*Drug List*” for short.)

The drugs on the *Drug List* that starts in section C, page 15 are the drugs covered by Community Care’s Family Care Partnership Program. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Wisconsin Medicaid. Please visit the ForwardHealth website www.dhs.wisconsin.gov/forwardhealth/resources.htm for more information. You can also call the ForwardHealth Member Service Center at 1-800-362-3002 and TTY number 711 (Wisconsin Relay), 8:00 a.m. to 5:00 p.m. Monday through Friday. Please bring your ForwardHealth ID Card when getting prescriptions through Wisconsin Medicaid.

- Community Care’s Family Care Partnership Program will cover all medically necessary drugs on the *Drug List* if:
 - o your doctor or other prescriber says you need them to get better or stay healthy,
 - o Community Care’s Family Care Partnership Program agrees that the drug is medically necessary for you, **and**
 - o you fill the prescription at a Community Care’s Family Care Partnership Program network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at <http://www.communitycareinc.org> or call Member Services toll free at 1-866-992-6600 or for TTY users call 711.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.



B2. Does the *Drug List* ever change?

Yes, and Community Care must follow Medicare and Family Care Partnership rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Community Care before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check Community Care's Family Care Partnership Program's up-to-date *Drug List* online at <http://www.communitycareinc.org>. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services toll free at 1-866-992-6600 or for TTY users call 711 to check the current *Drug List*.

B3. What happens when there is a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.



- o We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
- o We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
- o You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. If you receive notice that a drug is taken off the market, contact your prescriber to discuss treatment alternatives.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 34-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**

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- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Community Care before you fill your prescription. Prior authorization is different from a referral. Community Care's Family Care Partnership Program may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Community Care's Family Care Partnership Program limits the amount of a drug you can get.
- **Step therapy:** Sometimes Community Care's Family Care Partnership Program requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in section C1. You can also get more information by visiting our website at <http://www.communitycareinc.org>. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled List of Drugs by drug type in section C, page 15 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Community Care's Family Care Partnership Program changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this

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advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find the Index that begins on page 83. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search by drug type, find the section C, page 15 labeled “List of Drugs by Drug Type”. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

B8. What if the drug I want to take isn’t on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Member Services toll free at 1-866-992-6600 or for TTY users call 711 and ask about it. If you learn that Community Care’s Family Care Partnership Program won’t cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask Community Care’s Family Care Partnership Program to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I’m a new Community Care Family Care Partnership Program member and can’t find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 34-day supply of your drug during the first 90 days you’re a member of Community Care’s Family Care Partnership Program. This will give you time to talk to your doctor or other prescriber. They can help you decide if there’s a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we’ll allow multiple refills to provide up to a maximum of 34 days of medication.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.



We'll cover a 34-day supply of your drug if:

- You're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Community Care's Family Care Partnership program, **or**
- you are taking a drug that's part of a step therapy restriction

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new Community Care Family Care Partnership Program member.
- This is in addition to the temporary supply during the first 90 days you're a member of Community Care's Family Care Partnership Program.

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

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Community Care's Family Care Partnership Program to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Community Care's Family Care Partnership Program may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services at 1-866-992-6600. TTY users should call the Wisconsin relay System at 711 or call 414-902-2529 for a plan representative. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9, section G** of the *Evidence of Coverage* to learn more about exceptions.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.



B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. Please fax coverage requests to 414-672-3958 or call 414-902-2539 or 1-866-992-6600. TTY users should call the Wisconsin relay System at 711.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Community Care's Family Care Partnership Program covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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 forms 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 more information on drug types, refer to **Chapter 5** of the *Evidence of Coverage*.

B15. What are OTC drugs?

OTC stands for "over-the-counter". OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Community Care's Family Care Partnership Program covers some OTC drugs when they are written as prescriptions by your provider.

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.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.



B16. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B17. What is my copay?

Community Care Family Care Partnership Program members have \$0 for prescriptions as long as the member follows the plan's rules. Refer to questions B15 for more information about OTC drugs.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Community Care's Family Care Partnership Program. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D, page 83. The index alphabetically lists all drugs covered by Community Care's Family Care Partnership Program.

C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the "Antimigraine Agents" category. That is where you will find drugs that treat migraines.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *lisinopril*), and brand name drugs are capitalized (for example, KERENDIA). The information in the "Necessary actions, restrictions, or limits on use" column tells you if Community Care has any rules for covering your drug.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.



LEGEND

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.

If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit  <http://www.communitycareinc.org>.

List of Drugs by Drug Type

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	
DICLOFENAC EPOLAMINE	PA
<i>diclofenac potassium (25 mg tab, 50 mg tab)</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 1.5 % solution</i>	
<i>ec-naproxen</i>	
<i>etodolac</i>	
<i>etodolac er</i>	
<i>ibu 400 mg tab</i>	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	
<i>indomethacin er</i>	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	
<i>naproxen dr</i>	
<i>sulindac (150 mg tab, 200 mg tab)</i>	
OPIOID ANALGESICS, LONG-ACTING	
<i>fentanyl</i>	
<i>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 5 mg tab, methadone hcl 5 mg/5ml solution, methadone hcl 10 mg/5ml solution, methadone hcl 5 mg/5ml solution, methadone hcl 10 mg tab)</i>	
<i>morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	
OXYCONTIN	
TRAMADOL HCL ER (BIPHASIC)	
<i>tramadol hcl er (er 100 mg tab er, er 200 mg tab er, er 300 mg tab er)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OPIOID ANALGESICS, SHORT-ACTING	
ACETAMINOPHEN-CODEINE (ACETAMINOPHEN-CODEINE, ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION, ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION)	
CODEINE SULFATE (CODEINE SULFATE, CODEINE SULFATE 30 MG TAB)	
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-325 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-325 mg tab)</i>	
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	
<i>hydromorphone hcl pf (hydromorphone hcl pf 10 mg/ml solution, hydromorphone hcl pf 50 mg/5ml solution, hydromorphone hcl pf 500 mg/50ml solution, hydromorphone hcl pf 10 mg/ml solution)</i>	
MORPHINE SULFATE (CONCENTRATE) (MORPHINE SULFATE (CONCENTRATE), MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION)	
MORPHINE SULFATE (MORPHINE SULFATE 30 MG TAB, MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 15 MG TAB, MORPHINE SULFATE 20 MG/5ML SOLUTION, MORPHINE SULFATE 30 MG TAB, MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 15 MG TAB, MORPHINE SULFATE 20 MG/5ML SOLUTION)	
<i>oxycodone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 10-325 mg tab, oxycodone-acetaminophen 5-325 mg/5ml solution, oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab)</i>	
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	
<i>tramadol-acetaminophen</i>	
ANESTHETICS	
LOCAL ANESTHETICS	
<i>agoneaze</i>	
<i>lidocaine 5 % ointment</i>	
<i>lidocaine 5 % patch</i>	PA
<i>lidocaine hcl 4 % solution</i>	
<i>lidocaine viscous hcl</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lidocaine-prilocaine</i>	
<i>livixil pak</i>	
<i>premium lidocaine</i>	
<i>prilovix</i>	
<i>prilovix lite</i>	
<i>prilovix lite plus</i>	
<i>prilovix plus</i>	
<i>prilovix ultralite</i>	
<i>prilovix ultralite plus</i>	
<i>tridacaine iii</i>	PA
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENTS/ANTI-CRAVING	
<i>acamprosate calcium</i>	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	
OPIOID DEPENDENCE	
<i>buprenorphine hcl (2 mg tab, 8 mg tab)</i>	
<i>buprenorphine hcl-naloxone hcl</i>	
<i>naltrexone hcl 50 mg tab</i>	
OPIOID REVERSAL AGENTS	
KLOXXADO	
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLN CART)	
OPVEE	
SMOKING CESSATION AGENTS	
<i>bupropion hcl er (smoking det)</i>	
NICOTROL NS	
<i>varenicline tartrate</i>	
<i>varenicline tartrate (starter)</i>	
<i>varenicline tartrate(continue)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIBACTERIALS	
AMINOGLYCOSIDES	
<i>amikacin sulfate 500 mg/2ml solution</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 (0.1 % cream, 0.1 % ointment, 40 mg/ml solution)</i>	
<i>neomycin sulfate 500 mg tab</i>	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	
TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION)	
ANTIBACTERIALS, OTHER	
<i>acetic acid 2 % solution</i>	
<i>aztreonam</i>	
CLEOCIN 100 MG SUPPOS	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	
<i>clindamycin palmitate hcl</i>	
<i>clindamycin phosphate (2 % cream, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)</i>	
<i>clindamycin phosphate in d5w</i>	
<i>colistimethate sodium (cba)</i>	
<i>daptomycin (daptomycin, daptomycin)</i>	
<i>fosfomycin tromethamine</i>	
<i>linezolid</i>	
<i>methenamine hippurate</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>metronidazole (metronidazole 500 mg/100ml solution, metronidazole 0.75 % cream, metronidazole 0.75 % gel, metronidazole 0.75 % lotion, metronidazole 1 % gel, metronidazole 250 mg tab, metronidazole 375 mg cap, metronidazole 500 mg tab, metronidazole 500 mg/100ml solution)</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohyd macro</i>	
<i>polymyxin b sulfate 500000 unit recon soln</i>	
SIVEXTRO	
TIGECYCLINE (TIGECYCLINE, TIGECYCLINE)	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	
<i>trimethoprim (trimethoprim 100 mg tab, trimethoprim 100 mg tab)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VANCOMYCIN HCL (VANCOMYCIN HCL 1.5 GM RECON SOLN, VANCOMYCIN HCL 5 GM RECON SOLN, VANCOMYCIN HCL 50 MG/ML RECON SOLN, VANCOMYCIN HCL 125 MG CAP, 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 250 MG 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 1 GM RECON SOLN, VANCOMYCIN HCL 1.25 GM RECON SOLN, VANCOMYCIN HCL 10 GM RECON SOLN, VANCOMYCIN HCL 25 MG/ML RECON SOLN, VANCOMYCIN HCL 250 MG CAP, VANCOMYCIN HCL 250 MG/5ML RECON SOLN, VANCOMYCIN HCL 500 MG RECON SOLN, 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 750 MG RECON SOLN)	
VANCOMYCIN HCL IN DEXTROSE	
VANCOMYCIN HCL IN NACL	
XIFAXAN	
BETA-LACTAM, CEPHALOSPORINS	
CEFADROXIL (CEFADROXIL 500 MG/5ML RECON SUSP, CEFADROXIL 1 GM TAB, CEFADROXIL 250 MG/5ML RECON SUSP, CEFADROXIL 500 MG CAP)	
<i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i>	
<i>cefdinir</i>	
<i>cefepime hcl (1 gm soln, 2 gm soln)</i>	
<i>cefixime</i>	
<i>cefoxitin sodium</i>	
CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP, CEFPODOXIME PROXETIL 100 MG TAB, CEFPODOXIME PROXETIL 200 MG TAB, CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP)	
<i>cefprozil</i>	
CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)	
<i>ceftriaxone sodium (1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln)</i>	
<i>cefuroxime axetil</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cefuroxime sodium</i>	
<i>cephalexin</i>	
TEFLARO	
BETA-LACTAM, PENICILLINS	
AMOXICILLIN (AMOXICILLIN 125 MG/5ML RECON SUSP, AMOXICILLIN 125 MG CHEW TAB, AMOXICILLIN 200 MG/5ML RECON SUSP, AMOXICILLIN 500 MG CAP, AMOXICILLIN 250 MG CHEW TAB, AMOXICILLIN 250 MG CAP, AMOXICILLIN 250 MG/5ML RECON SUSP, AMOXICILLIN 400 MG/5ML RECON SUSP, AMOXICILLIN 500 MG TAB, AMOXICILLIN 875 MG TAB)	
AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN-POT CLAVULANATE 200-28.5 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 250-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 250-62.5 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 400-57 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 500-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 600-42.9 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 875-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB)	
AMOXICILLIN-POT CLAVULANATE ER	
AMPICILLIN (AMPICILLIN, AMPICILLIN)	
AMPICILLIN SODIUM (AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 10 GM RECON SOLN, AMPICILLIN SODIUM 1 GM RECON SOLN)	
AMPICILLIN-SULBACTAM SODIUM (AMPICILLIN-SULBACTAM SODIUM, AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) GM RECON SOLN)	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium (nafcillin sodium, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</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 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)</i>	
<i>piperacillin sod-tazobactam so</i>	
CARBAPENEMS	
<i>ertapenem sodium</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)</i>	
<i>meropenem (1 gm soln, 500 mg soln)</i>	
MACROLIDES	
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab)</i>	
<i>clarithromycin (clarithromycin 250 mg/5ml recon susp, clarithromycin 250 mg tab, clarithromycin 500 mg tab, clarithromycin 125 mg/5ml recon susp)</i>	
<i>clarithromycin er</i>	
DIFICID 200 MG TAB	
<i>erythrocin lactobionate (erythrocin lactobionate, erythrocin lactobionate)</i>	
ERYTHROCIN STEARATE	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	
<i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 500 mg tab dr, erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab)</i>	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate 400 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab)</i>	
ERYTHROMYCIN STEARATE	
QUINOLONES	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	
<i>ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)</i>	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	
<i>levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)</i>	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	
MOXIFLOXACIN HCL IN NACL	
OFLOXACIN (OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB, OFLOXACIN 400 MG TAB)	
SULFONAMIDES	
<i>sulfacetamide sodium (acne)</i>	
<i>sulfadiazine 500 mg tab</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	
TETRACYCLINES	
<i>coremino</i>	
<i>demeclocycline hcl</i>	
<i>doxy 100</i>	
<i>doxycycline hyclate (doxycycline hyclate 50 mg tab, doxycycline hyclate 150 mg tab, doxycycline hyclate 80 mg tab dr, doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 50 mg tab dr, doxycycline hyclate 75 mg tab, doxycycline hyclate 75 mg tab dr, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg recon soln, doxycycline hyclate 100 mg tab, doxycycline hyclate 100 mg tab dr, doxycycline hyclate 150 mg tab dr, doxycycline hyclate 200 mg tab dr)</i>	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg cap, 150 mg tab)</i>	
<i>minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i>	
<i>minocycline hcl er (minocycline hcl er, minocycline hcl er 45 mg tab er 24h, minocycline hcl er 90 mg tab er 24h, minocycline hcl er 135 mg tab er 24h)</i>	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	
ANTICONVULSANTS	
ANTICONVULSANTS, OTHER	
<i>BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)</i>	
<i>DIACOMIT</i>	
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	
<i>divalproex sodium er</i>	
<i>EPIDIOLEX</i>	PA2
<i>felbamate</i>	
<i>FINTEPLA</i>	
<i>FYCOMPA 0.5 MG/ML SUSPENSION</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lamotrigine (5 mg chew tab, 21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 42 x 50 mg & 14x100 mg kit, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)</i>	
<i>lamotrigine er</i>	
<i>lamotrigine starter kit-blue</i>	
<i>lamotrigine starter kit-green</i>	
<i>lamotrigine starter kit-orange</i>	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	
<i>levetiracetam er</i>	
<i>perampanel</i>	
SPRITAM	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 25 mg/ml solution, 50 mg cap sprink, 50 mg tab, 100 mg tab, 200 mg tab)</i>	
<i>topiramate er (er 25 mg cp24 sprnk, er 50 mg cp24 sprnk, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cap er 24h, er 200 mg cp24 sprnk)</i>	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	
CALCIUM CHANNEL MODIFYING AGENTS	
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	
<i>methsuximide</i>	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS	
<i>clobazam</i>	
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	
NAYZILAM	
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	
PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB)	
SYMPAZAN	
<i>tiagabine hcl</i>	
VALTOCO 10 MG DOSE	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VALTOCO 15 MG DOSE	
VALTOCO 20 MG DOSE	
VALTOCO 5 MG DOSE	
<i>vigabatrin</i>	
ZTALMY	
SODIUM CHANNEL AGENTS	
CARBAMAZEPINE (CARBAMAZEPINE 200 MG TAB, CARBAMAZEPINE 200 MG/10ML SUSPENSION, CARBAMAZEPINE 200 MG CHEW TAB, CARBAMAZEPINE 100 MG CHEW TAB, CARBAMAZEPINE 100 MG/5ML SUSPENSION)	
<i>carbamazepine er</i>	
DILANTIN 30 MG CAP	
<i>eslicarbazepine acetate</i>	
<i>lacosamide (lacosamide 10 mg/ml solution, lacosamide 50 mg tab, lacosamide 50 mg/5ml solution, lacosamide 100 mg tab, lacosamide 100 mg/10ml solution, lacosamide 150 mg tab, lacosamide 200 mg tab, lacosamide 10 mg/ml solution)</i>	
<i>oxcarbazepine</i>	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	
<i>phenytoin infatabs</i>	
<i>phenytoin sodium extended</i>	
<i>rufinamide</i>	
XCOPRI	
XCOPRI (250 MG DAILY DOSE)	
XCOPRI (350 MG DAILY DOSE)	
ZONISADE	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, OTHER	
<i>memantine hcl-donepezil hcl</i>	
NAMZARIC 7-10 MG CAP ER 24H	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CHOLINESTERASE INHIBITORS	
<i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	
<i>galantamine hydrobromide er</i>	
<i>rivastigmine</i>	
<i>rivastigmine tartrate</i>	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	
<i>memantine hcl (5 mg tab, 10 mg tab, 28 x 5 mg & 21 x 10 mg tab)</i>	
<i>memantine hcl er</i>	
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
AUVELITY	
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	
<i>bupropion hcl er (sr)</i>	
<i>bupropion hcl er (xl)</i>	
<i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	
ZURZUVAE	
MONOAMINE OXIDASE INHIBITORS	
EMSAM	
MARPLAN	
PHENELZINE SULFATE (PHENELZINE SULFATE 15 MG TAB, PHENELZINE SULFATE 15 MG TAB)	
<i>tranylcypromine sulfate</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	
DESVENLAFAXINE ER	
<i>desvenlafaxine succinate er</i>	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FETZIMA	
FETZIMA TITRATION	
<i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 10 mg tab, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg tab, fluoxetine hcl 40 mg cap, fluoxetine hcl 60 mg tab, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 90 mg cap dr, fluoxetine hcl 60 mg tab)</i>	
FLUOXETINE HCL (PMDD)	
<i>fluvoxamine maleate</i>	
<i>fluvoxamine maleate er</i>	
NEFAZODONE HCL	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	
RALDESY	
<i>sertraline hcl (sertraline hcl 20 mg/ml conc, sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab, sertraline hcl 150 mg cap, sertraline hcl 200 mg cap, sertraline hcl 150 mg cap, sertraline hcl 200 mg cap)</i>	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	
TRINTELLIX	
<i>venlafaxine hcl 37.5 mg tab</i>	
<i>venlafaxine hcl er (er 37.5 mg cap er, er 75 mg cap er, er 75 mg tab er, er 150 mg tab er, er 225 mg tab er)</i>	
<i>vilazodone hcl</i>	
TRICYCLICS	
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	
<i>amoxapine</i>	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	
<i>imipramine pamoate</i>	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIEMETICS	
ANTIEMETICS, OTHER	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	
<i>prochlorperazine</i>	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	
<i>scopolamine</i>	
EMETOGENIC THERAPY ADJUNCTS	
<i>aprepitant</i>	PA3
<i>dronabinol</i>	PA
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	PA3
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>	PA3
ANTIFUNGALS	
<i>AMPHOTERICIN B 50 MG RECON SOLN</i>	PA3
<i>amphotericin b liposome</i>	PA3
<i>caspofungin acetate (casopfungin acetate, caspofungin acetate)</i>	
<i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>	
<i>CRESEMBA (74.5 MG CAP, 186 MG CAP)</i>	PA
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	
<i>fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)</i>	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	
<i>itraconazole 100 mg cap</i>	
<i>ketoconazole (2 % cream, 2 % foam, 2 % shampoo, 200 mg tab)</i>	
<i>klayesta</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>micafungin sodium (micafungin sodium, micafungin sodium)</i>	
MICONAZOLE 3	
<i>nyamyc</i>	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab)</i>	
<i>nystop</i>	
<i>posaconazole (40 mg/ml suspension, 100 mg tab dr)</i>	
<i>terbinafine hcl 250 mg tab</i>	
<i>terconazole</i>	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	
VORICONAZOLE (VORICONAZOLE 200 MG RECON SOLN, VORICONAZOLE 200 MG RECON SOLN)	PA3
ANTIGOUT AGENTS	
<i>allopurinol (100 mg tab, 200 mg tab, 300 mg tab)</i>	
<i>colchicine (0.6 mg cap, 0.6 mg tab)</i>	
<i>colchicine-probenecid</i>	
<i>febuxostat</i>	
<i>probenecid</i>	
ANTIMIGRAINE AGENTS	
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS	
AJOVY	PA
NURTEC	QL (18 PER 30 OVER TIME)
QULIPTA	
UBRELVY	QL (16 PER 30 OVER TIME)
ERGOT ALKALOIDS	
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	
ERGOTAMINE-CAFFEINE	
PROPHYLACTIC	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	
<i>propranolol hcl er</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	
SEROTONIN (5-HT) RECEPTOR AGONIST	
<i>naratriptan hcl</i>	QL (9 PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	QL (12 PER 30 OVER TIME)
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	QL (9 PER 30 OVER TIME)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	
<i>sumatriptan succinate refill 6 mg/0.5ml soln cart</i>	
ANTIMYASTHENIC AGENTS	
PARASYMPATHOMIMETICS	
<i>pyridostigmine bromide (pyridostigmine bromide 30 mg tab, pyridostigmine bromide 60 mg tab, pyridostigmine bromide 60 mg/5ml solution)</i>	
<i>pyridostigmine bromide er 180 mg tab</i>	
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
<i>dapsone (25 mg tab, 100 mg tab)</i>	
<i>rifabutin</i>	
ANTITUBERCULARS	
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	
<i>ISONIAZID (ISONIAZID 50 MG/5ML SYRUP, ISONIAZID 100 MG TAB, ISONIAZID 300 MG TAB, ISONIAZID 100 MG TAB)</i>	
<i>PRETOMANID</i>	
<i>PRIFTIN</i>	
<i>pyrazinamide 500 mg tab</i>	
<i>rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)</i>	
<i>SIRTURO</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTINEOPLASTICS	
ALKYLATING AGENTS	
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	PA3
GLEOSTINE	
LEUKERAN	
MATULANE	
VALCHLOR	
ANTIANDROGENS	
<i>abiraterone acetate</i>	
<i>bicalutamide</i>	
ERLEADA	
EULEXIN	
<i>nilutamide</i>	
NUBEQA	
XTANDI	
YONSA	
ANTIANGIOGENIC AGENTS	
<i>lenalidomide</i>	
POMALYST	LA
THALOMID (50 MG CAP, 100 MG CAP)	
ANTIESTROGENS/MODIFIERS	
ORSERDU	
SOLTAMOX	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	
<i>toremifene citrate</i>	
ANTIMETABOLITES	
<i>mercaptopurine (50 mg tab, 2000 mg/100ml suspension)</i>	
ONUREG	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TABLOID	
ANTINEOPLASTICS, OTHER	
AKEEGA	
AUGTYRO	
FRUZAQLA	
<i>hydroxyurea 500 mg cap</i>	
INQOVI	
IWILFIN	
LONSURF	
LYSODREN	
MODEYSO	
OGSIVEO	
OJJAARA	
ZOLINZA	
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole 1 mg tab</i>	
<i>exemestane</i>	
<i>letrozole 2.5 mg tab</i>	
ENZYME INHIBITORS	
AVMAPKI FAKZYNJA CO-PACK	
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	
MOLECULAR TARGET INHIBITORS	
ALECENSA	
ALUNBRIG	
AYVAKIT	
BALVERSA	
BOSULIF	
BRAFTOVI	
BRUKINSA 80 MG CAP	
CABOMETYX	
CALQUENCE	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CAPRELSA	
COMETRIQ	
COPIKTRA	
COTELLIC	
DANZITEN	
<i>dasatinib</i>	
DAURISMO	
ERIVEDGE	
<i>erlotinib hcl</i>	
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	
FOTIVDA	
GAVRETO	
<i>gefitinib</i>	
GILOTRIF	
GOMEKLI	
HERNEXEOS	
IBRANCE	
IBTROZI	
ICLUSIG	
IDHIFA	
<i>imatinib mesylate (100 mg tab, 400 mg tab)</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 (10 MG CAP, 25 MG CAP)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KRAZATI	
<i>lapatinib ditosylate</i>	
LAZCLUZE	
LENVIMA	
LORBRENA	
LUMAKRAS	
LYNPARZA	
LYTGOBI	
MEKINIST	
MEKTOVI	
NERLYNX	
<i>nilotinib hcl</i>	
NINLARO	
ODOMZO	
OJEMDA	
<i>pazopanib hcl</i>	
PEMAZYRE	
PIQRAY (200 MG DAILY DOSE)	
PIQRAY (250 MG DAILY DOSE)	
PIQRAY (300 MG DAILY DOSE)	
QINLOCK	
RETEVMO	
REVUFORJ	
REZLIDHIA	
ROMVIMZA	
ROZLYTREK	
RUBRACA	
RYDAPT	
SCEMBLIX	
<i>sorafenib tosylate</i>	
STIVARGA	
<i>sunitinib malate</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TABRECTA	
TAFINLAR	
TAGRISSO	
TALZENNA	
TAZVERIK	
TEPMETKO	
TIBSOVO	
TRUQAP (160 MG TAB, 200 MG TAB)	
TUKYSA	
TURALIO 125 MG CAP	
VANFLYTA	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VIJOICE	
VITRAKVI	
VIZIMPRO	
VORANIGO	
XALKORI	
XOSPATA	
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	
XPOVIO (40 MG ONCE WEEKLY) (MG 10 MG TAB THPK, MG 40 MG TAB THPK)	
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	
XPOVIO (60 MG TWICE WEEKLY)	
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	
XPOVIO (80 MG TWICE WEEKLY)	
ZEJULA	
ZELBORAF	
ZYDELIG	
ZYKADIA	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RETINOIDS	
<i>bexarotene 1 % gel</i>	PA2
<i>bexarotene 75 mg cap</i>	
PANRETIN	
<i>tretinoin 10 mg cap</i>	
TREATMENT ADJUNCTS	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	
<i>mesna 400 mg tab</i>	
VONJO	
ANTIPARASITICS	
ANTHELMINTICS	
<i>albendazole 200 mg tab</i>	
IVERMECTIN (IVERMECTIN 3 MG TAB, IVERMECTIN 6 MG TAB)	
<i>praziquantel 600 mg tab</i>	
ANTIPROTOZOALS	
<i>atovaquone</i>	
<i>atovaquone-proguanil hcl</i>	
CHLOROQUINE PHOSPHATE (CHLOROQUINE PHOSPHATE 250 MG TAB, CHLOROQUINE PHOSPHATE 250 MG TAB, CHLOROQUINE PHOSPHATE 500 MG TAB)	
COARTEM	
<i>hydroxychloroquine sulfate (100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	
IMPAVIDO	
<i>mefloquine hcl</i>	
<i>nitazoxanide 500 mg tab</i>	
<i>pentamidine isethionate</i>	PA3
<i>primaquine phosphate (primaquine phosphate, primaquine phosphate)</i>	
<i>pyrimethamine 25 mg tab</i>	
<i>quinine sulfate 324 mg cap</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	
ANTIPARKINSON AGENTS, OTHER	
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	
<i>carbidopa-levodopa-entacapone</i>	
<i>entacapone</i>	
ONGENTYS	
<i>tolcapone</i>	
DOPAMINE AGONISTS	
<i>apomorphine hcl 30 mg/3ml soln cart</i>	
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	
NEUPRO	
<i>pramipexole dihydrochloride</i>	
<i>ropinirole hcl</i>	
<i>ropinirole hcl er</i>	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
<i>carbidopa 25 mg tab</i>	
<i>carbidopa-levodopa</i>	
<i>carbidopa-levodopa er</i>	
RYTARY	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc)</i>	
<i>fluphenazine decanoate 25 mg/ml solution</i>	
<i>fluphenazine hcl (fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 5 mg/ml conc)</i>	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	
<i>haloperidol decanoate (50 mg/ml, 100 mg/ml)</i>	
<i>haloperidol lactate</i>	
<i>loxapine succinate</i>	
MOLINDONE HCL	
PIMOZIDE	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	
<i>thiothixene</i>	
<i>trifluoperazine hcl</i>	
2ND GENERATION/ATYPICAL	
ABILIFY ASIMTUFII	
ABILIFY MAINTENA	
<i>aripiprazole</i>	
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate</i>	
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK A	
INVEGA HAFYERA	
INVEGA SUSTENNA	
INVEGA TRINZA	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lurasidone hcl</i>	
LYBALVI	
NUPLAZID	PA2
<i>olanzapine</i>	
OPIPZA	
<i>paliperidone er</i>	
PERSERIS	
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	
<i>quetiapine fumarate er</i>	
REXULTI	
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 0.5 mg tab disp, risperidone 1 mg tab, risperidone 1 mg tab disp, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 2 mg tab disp, risperidone 3 mg tab, risperidone 3 mg tab disp, risperidone 4 mg tab disp, risperidone 0.25 mg tab disp, risperidone 4 mg tab)</i>	
<i>risperidone microspheres er</i>	
SECUADO	
UZEDY	
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	
<i>ziprasidone hcl</i>	
<i>ziprasidone mesylate</i>	
ANTIPSYCHOTICS, OTHER	
COBENFY	
COBENFY STARTER PACK	
TREATMENT-RESISTANT	
<i>clozapine (clozapine 25 mg tab, clozapine 50 mg tab, clozapine 12.5 mg tab disp, clozapine 25 mg tab disp, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>	
VERSACLOZ	
ANTISPASTICITY AGENTS	
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
LIVTENCITY	
PREVYMIS (240 MG TAB, 480 MG TAB)	
<i>valganciclovir hcl</i>	
ANTI-HEPATITIS B (HBV) AGENTS	
<i>adefovir dipivoxil</i>	
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine 100 mg tab</i>	
ANTI-HEPATITIS C (HCV) AGENTS	
LEDIPASVIR-SOFOSBUVIR	PA
MAVYRET 100-40 MG TAB	PA
RIBAVIRIN (200 MG CAP, 200 MG TAB)	
SOFOSBUVIR-VELPATASVIR	PA
SOVALDI 400 MG TAB	PA
VOSEVI	PA
ZEPATIER	PA
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)	
BIKTARVY	
DOVATO	
GENVOYA	
ISENTRESS	
ISENTRESS HD	
JULUCA	
STRIBILD	
TIVICAY 50 MG TAB	
TIVICAY PD	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
DELSTRIGO	
EDURANT	
EDURANT PED	
EFAVIRENZ (EFAVIRENZ 200 MG CAP, EFAVIRENZ 600 MG TAB, EFAVIRENZ 50 MG CAP)	
<i>efavirenz-emtricitab-tenofo df</i>	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR (EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB, EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TAB)	
<i>emtricitab-rilpivir-tenofov df</i>	
<i>etravirine</i>	
INTELENCE 25 MG TAB	
<i>nevirapine (nevirapine 200 mg tab, nevirapine 50 mg/5ml suspension)</i>	
<i>nevirapine er 400 mg tab 24h</i>	
ODEFSEY	
PIFELTRO	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
<i>abacavir sulfate</i>	
<i>abacavir sulfate-lamivudine</i>	
CIMDUO	
DESCOVY	
<i>emtricitabine</i>	
<i>emtricitabine-tenofovir df</i>	
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)</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)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>zidovudine</i>	
ANTI-HIV AGENTS, OTHER	
<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	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS	
<i>atazanavir sulfate</i>	
<i>darunavir</i>	
EVOTAZ	
<i>fosamprenavir calcium</i>	
KALETRA 400-100 MG/5ML SOLUTION	
<i>lopinavir-ritonavir</i>	
NORVIR 100 MG PACKET	
PREZCOBIX 800-150 MG TAB	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	
REYATAZ 50 MG PACKET	
<i>ritonavir</i>	
SYMTUZA	
VIRACEPT	
ANTI-INFLUENZA AGENTS	
<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	
RELENZA DISKHALER	
ANTIHERPETIC AGENTS	
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	
<i>acyclovir sodium</i>	PA3
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIVIRAL, CORONAVIRUS AGENTS	
LAGEVRIO	
PAXLOVID	
PAXLOVID (150/100)	
PAXLOVID (300/100)	
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	
HYDROXYZINE PAMOATE (HYDROXYZINE PAMOATE 50 MG CAP, HYDROXYZINE PAMOATE 100 MG CAP, HYDROXYZINE PAMOATE 25 MG CAP)	
BENZODIAZEPINES	
<i>alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>	
<i>alprazolam er</i>	
ALPRAZOLAM INTENSOL	
<i>alprazolam xr</i>	
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>	
<i>clorazepate dipotassium</i>	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	
<i>diazepam intensol</i>	
<i>lorazepam (0.5 mg tab, 1 mg tab, 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc)</i>	
<i>lorazepam intensol</i>	
<i>oxazepam</i>	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
PAROXETINE HCL 10 MG/5ML SUSPENSION	
<i>paroxetine hcl er</i>	
<i>paroxetine mesylate</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VENLAFAXINE BESYLATE ER	
<i>venlafaxine hcl (25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	
<i>venlafaxine hcl er (er 37.5 mg tab er, er 150 mg cap er)</i>	
BIPOLAR AGENTS	
MOOD STABILIZERS	
<i>lithium</i>	
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)</i>	
<i>lithium carbonate er</i>	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	
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 (1 mg tab, 2 mg tab, 4 mg tab)</i>	
GLIPIZIDE (GLIPIZIDE 2.5 MG TAB, GLIPIZIDE 5 MG TAB, GLIPIZIDE 10 MG TAB)	
<i>glipizide er</i>	
<i>glipizide xl</i>	
<i>glipizide-metformin hcl</i>	
JANUVIA	
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 1000 mg tab, metformin hcl 625 mg tab, metformin hcl 850 mg tab)</i>	
<i>metformin hcl er</i>	
<i>metformin hcl er (mod)</i>	
<i>metformin hcl er (osm)</i>	
MOUNJARO	PA
<i>nateglinide</i>	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN)	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	PA
OZEMPIC (2 MG/DOSE)	PA
<i>pioglitazone hcl</i>	
<i>pioglitazone hcl-metformin hcl</i>	
<i>repaglinide</i>	
<i>saxagliptin-metformin er</i>	
SYMLINPEN 120	
SYMLINPEN 60	
TRULICITY	PA
GLYCEMIC AGENTS	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide 50 mg/ml suspension</i>	
GLUCAGEN HYPOKIT	
GLUCAGON EMERGENCY (GLUCAGON EMERGENCY, GLUCAGON EMERGENCY 1 MG RECON SOLN)	
INSULINS	
FIASP	
FIASP FLEXTOUCH	
FIASP PENFILL	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTRATED)	
HUMULIN R U-500 KWIKPEN	
INSULIN GLARGINE	
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	
INSULIN GLARGINE-YFGN	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
NOVOLOG RELION	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i>
ELIQUIS (2.5 MG TAB, 5 MG TAB)
ELIQUIS DVT/PE STARTER PACK

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>enoxaparin sodium (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 soln)</i>	
<i>fondaparinux sodium</i>	
<i>heparin sodium (porcine) (1000 unit/ml, 10000 unit/ml)</i>	PA3
<i>heparin sodium (porcine) (5000 unit/ml, 20000 unit/ml)</i>	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	PA3
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	
XARELTO	
XARELTO STARTER PACK	
BLOOD PRODUCTS AND MODIFIERS, OTHER	
<i>anagrelide hcl</i>	
ARANESP (ALBUMIN FREE)	PA
<i>eltrombopag olamine</i>	
LEUKINE	PA
NIVESTYM	PA
RETACRIT	PA
HEMOSTASIS AGENTS	
<i>tranexamic acid 650 mg tab</i>	
PLATELET MODIFYING AGENTS	
<i>aspirin-dipyridamole er</i>	
<i>cilostazol</i>	
<i>clopidogrel bisulfate 75 mg tab</i>	
<i>ticagrelor</i>	ST
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
<i>clonidine</i>	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	
<i>droxidopa</i>	
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ALPHA-ADRENERGIC BLOCKING AGENTS	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	
<i>terazosin hcl</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil</i>	
<i>irbesartan</i>	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	
<i>ramipril</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	
<i>digox</i>	
DIGOXIN (DIGOXIN 0.05 MG/ML SOLUTION, DIGOXIN 250 MCG TAB, DIGOXIN 0.05 MG/ML SOLUTION, DIGOXIN 125 MCG TAB)	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	
<i>propafenone hcl</i>	
<i>propafenone hcl er</i>	
<i>quinidine gluconate er</i>	
QUINIDINE SULFATE (QUINIDINE SULFATE, QUINIDINE SULFATE)	
<i>sotalol hcl</i>	
<i>sotalol hcl (af)</i>	
BETA-ADRENERGIC BLOCKING AGENTS	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	
<i>carvedilol</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	
<i>metoprolol succinate er</i>	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	
<i>pindolol</i>	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	
<i>nifedipine er</i>	
<i>nifedipine er osmotic release</i>	
<i>nimodipine 30 mg cap</i>	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	
<i>diltiazem hcl er</i>	
<i>diltiazem hcl er beads</i>	
<i>diltiazem hcl er coated beads</i>	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	
<i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 100 mg cap er 24h, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 300 mg cap er 24h, verapamil hcl er 360 mg cap er 24h)</i>	
CARDIOVASCULAR AGENTS, OTHER	
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	
<i>aliskiren fumarate</i>	
<i>amiloride-hydrochlorothiazide (amiloride-hydrochlorothiazide, amiloride-hydrochlorothiazide)</i>	
<i>amlodipine besy-benazepril hcl</i>	
<i>amlodipine besylate-valsartan</i>	
<i>amlodipine-valsartan-hctz</i>	
<i>atenolol-chlorthalidone</i>	
<i>bisoprolol-hydrochlorothiazide</i>	
<i>enalapril-hydrochlorothiazide</i>	
ENTRESTO	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>irbesartan-hydrochlorothiazide</i>	
<i>ivabradine hcl</i>	
<i>lisinopril-hydrochlorothiazide</i>	
<i>losartan potassium-hctz</i>	
<i>metoprolol-hydrochlorothiazide</i>	
<i>metyrosine</i>	
<i>pentoxifylline er</i>	
<i>ranolazine er</i>	
<i>spironolactone-hctz</i>	
<i>triamterene-hctz</i>	
<i>valsartan-hydrochlorothiazide</i>	
DIURETICS, LOOP	
<i>bumetanide</i>	
<i>furosemide (furosemide 10 mg/ml solution, furosemide 8 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	
<i>torseamide</i>	
DIURETICS, POTASSIUM-SPARING	
<i>amiloride hcl 5 mg tab</i>	
<i>triamterene (50 mg cap, 100 mg cap)</i>	
DIURETICS, THIAZIDE	
<i>chlorthalidone</i>	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	
<i>indapamide</i>	
<i>metolazone</i>	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
FENOFIBRATE (FENOFIBRATE 50 MG CAP, FENOFIBRATE 40 MG TAB, FENOFIBRATE 48 MG TAB, FENOFIBRATE 54 MG TAB, FENOFIBRATE 67 MG CAP, FENOFIBRATE 120 MG TAB, FENOFIBRATE 134 MG CAP, FENOFIBRATE 145 MG TAB, FENOFIBRATE 150 MG CAP, FENOFIBRATE 160 MG TAB, FENOFIBRATE 200 MG CAP)	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>gemfibrozil 600 mg tab</i>	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	
DYSLIPIDEMICS, OTHER	
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	
<i>cholestyramine light</i>	
<i>colesevelam hcl</i>	
<i>ezetimibe</i>	
<i>icosapent ethyl</i>	
JUXTAPID	PA
NEXLETOL	PA
<i>niacin er (antihyperlipidemic)</i>	
<i>omega-3-acid ethyl esters</i>	
REPATHA	
REPATHA SURECLICK	
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
<i>eplerenone</i>	
KERENDIA	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)	
DAPAGLIFLOZIN PROPANEDIOL	
FARXIGA	
JARDIANCE	
VASODILATORS, DIRECT-ACTING ARTERIAL	
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	
<i>isosorbide dinitrate</i>	
ISOSORBIDE MONONITRATE (ISOSORBIDE MONONITRATE, ISOSORBIDE MONONITRATE)	
<i>isosorbide mononitrate er</i>	
NITRO-BID	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 % ointment, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	
VERQUVO	
CENTRAL NERVOUS SYSTEM AGENTS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
<i>amphetamine-dextroamphet er</i>	
<i>amphetamine-dextroamphetamine</i>	
<i>dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	
<i>dextroamphetamine sulfate er</i>	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
<i>atomoxetine hcl</i>	
<i>dexmethylphenidate hcl</i>	
<i>dexmethylphenidate hcl er</i>	
<i>guanfacine hcl er</i>	
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	
<i>methylphenidate hcl er (cd)</i>	
<i>methylphenidate hcl er (la)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methylphenidate hcl er (methylphenidate hcl er 20 mg tab er, methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 18 mg tab er 24h, methylphenidate hcl er 27 mg tab er 24h, methylphenidate hcl er 36 mg tab er 24h, methylphenidate hcl er 54 mg tab er 24h, methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 27 mg tab er, methylphenidate hcl er 36 mg tab er)</i>	
<i>methylphenidate hcl er (osm) (methylphenidate hcl er (osm) 72 mg tab er, methylphenidate hcl er (osm) 18 mg tab er, methylphenidate hcl er (osm) 27 mg tab er, methylphenidate hcl er (osm) 36 mg tab er, methylphenidate hcl er (osm) 54 mg tab er, methylphenidate hcl er (osm) 45 mg tab er, methylphenidate hcl er (osm) 63 mg tab er, methylphenidate hcl er (osm) 72 mg tab er)</i>	
<i>methylphenidate hcl er (xr)</i>	
CENTRAL NERVOUS SYSTEM, OTHER	
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	
VEOZAH	
FIBROMYALGIA AGENTS	
DRIZALMA SPRINKLE	PA2
<i>duloxetine hcl (20 mg dr, 30 mg dr, 40 mg dr, 60 mg dr)</i>	
<i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	
MULTIPLE SCLEROSIS AGENTS	
AVONEX PEN	
AVONEX PREFILLED	
BETASERON	
<i>dalfampridine er</i>	PA
<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	
<i>dimethyl fumarate starter pack</i>	
<i>glatiramer acetate</i>	
REBIF	
REBIF REBIDOSE	
REBIF REBIDOSE TITRATION PACK	
REBIF TITRATION PACK	
<i>teriflunomide</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ZEPOSIA	
ZEPOSIA 7-DAY STARTER PACK	
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	
DENTAL AND ORAL AGENTS	
<i>chlorhexidine gluconate 0.12 % solution</i>	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	
<i>triamcinolone acetonide 0.1 % paste</i>	
DERMATOLOGICAL AGENTS	
ACNE AND ROSACEA AGENTS	
<i>acitretin</i>	
<i>benzoyl peroxide-erythromycin</i>	
<i>isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)</i>	
<i>tazarotene (tazarotene 0.05 % cream, tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel, tazarotene 0.1 % foam)</i>	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	
<i>tretinoin microsphere (tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.1 % gel, tretinoin microsphere 0.1 % gel)</i>	
TRETINOIN MICROSPHERE PUMP (PUMP 0.04 % GEL, PUMP 0.1 % GEL)	
DERMATITIS AND PRURITUS AGENTS	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.12 % foam, betamethasone valerate 0.1 % lotion)</i>	
<i>clobetasol prop emollient base</i>	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % liquid, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	
<i>clobetasol propionate e</i>	
<i>clobetasol propionate emulsion</i>	
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	
<i>doxepin hcl 5 % cream</i>	
EUCRISA	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	
<i>fluocinonide emulsified base</i>	
<i>fluticasone propionate (fluticasone propionate 0.05 % lotion, fluticasone propionate 0.05 % lotion, fluticasone propionate 0.005 % ointment, fluticasone propionate 0.05 % cream)</i>	
<i>hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)</i>	
<i>hydrocortisone (perianal) 2.5 % cream</i>	
<i>hydrocortisone valerate</i>	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	
<i>pimecrolimus</i>	
<i>procto-med hc</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
<i>selenium sulfide 2.5 % lotion</i>	
<i>tacrolimus (0.03 %, 0.1 %)</i>	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DERMATOLOGICAL AGENTS, OTHER	
<i>calcipotriene (calcipotriene 0.005 % ointment, calcipotriene 0.005 % solution, calcipotriene 0.005 % cream, calcipotriene 0.005 % solution)</i>	
CLOTRIMAZOLE-BETAMETHASONE (CLOTRIMAZOLE-BETAMETHASONE, CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION)	
<i>diclofenac sodium 3 % gel</i>	PA
FLUOROURACIL (FLUOROURACIL 5 % CREAM, FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION, FLUOROURACIL 0.5 % CREAM)	
<i>imiquimod (3.75 %, 5 %)</i>	
<i>imiquimod pump</i>	
METHOXSALEN RAPID	
<i>nystatin-triamcinolone</i>	
OTEZLA	PA
<i>podofilox (podofilox 0.5 % solution, podofilox 0.5 % solution)</i>	
SANTYL	
<i>silver sulfadiazine 1 % cream</i>	
<i>ssd (silver sulfadiazine)</i>	
PEDICULICIDES/SCABICIDES	
<i>malathion</i>	
<i>permethrin 5 % cream</i>	
TOPICAL ANTI-INFECTIVES	
<i>acyclovir (5 % cream, 5 % ointment)</i>	
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	
<i>clindamycin phos (once-daily)</i>	
<i>clindamycin phos (twice-daily)</i>	
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)</i>	
ERY	
ERYTHROMYCIN (ERYTHROMYCIN 2 % GEL, ERYTHROMYCIN 2 % GEL, ERYTHROMYCIN 2 % SOLUTION)	
<i>mupirocin 2 % ointment</i>	
<i>mupirocin calcium</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ELECTROLYTES/MINERALS/METALS/VITAMINS	
ELECTROLYTE/MINERAL REPLACEMENT	
<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>clinisol sf</i>	PA3
<i>dextrose (dextrose 10 % solution, dextrose 5 % solution, dextrose 5 % solution, dextrose 10 % solution)</i>	
DEXTROSE-NACL	
DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION)	
INTRALIPID	PA3
ISOLYTE-P IN D5W	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>kcl in dextrose-nacl (kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	
KCL-LACTATED RINGERS-D5W	
MAGNESIUM SULFATE (MAGNESIUM SULFATE 50 % SOLUTION, MAGNESIUM SULFATE 50 % SOLUTION)	
<i>nafrinse</i>	
NUTRILIPID	PA3
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 2 MEQ/ML SOLUTION, POTASSIUM CHLORIDE 10 % SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ PACKET, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/15ML (10%) SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/15ML (20%) SOLUTION)	
<i>potassium chloride crys er</i>	
POTASSIUM CHLORIDE ER (POTASSIUM CHLORIDE ER 8 MEQ CAP ER, POTASSIUM CHLORIDE ER 8 MEQ TAB ER, POTASSIUM CHLORIDE ER 10 MEQ CAP ER, POTASSIUM CHLORIDE ER 8 MEQ TAB ER, POTASSIUM CHLORIDE ER 15 MEQ TAB ER, POTASSIUM CHLORIDE ER 10 MEQ TAB ER, POTASSIUM CHLORIDE ER 20 MEQ TAB ER, POTASSIUM CHLORIDE ER 10 MEQ TAB ER)	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	
POTASSIUM CHLORIDE IN NACL (POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION)	
<i>potassium citrate er</i>	
POTASSIUM CL IN DEXTROSE 5%	
PREMASOL	PA3
PROSOL	PA3

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium chloride (pf)</i>	
<i>sodium chloride (sodium chloride 0.45 % solution, sodium chloride 0.9 % solution, sodium chloride 3 % solution, sodium chloride 5 % solution, sodium chloride 0.9 % solution)</i>	
<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)</i>	
TRAVASOL	PA3
TROPHAMINE	PA3
ELECTROLYTE/MINERAL/METAL MODIFIERS	
<i>deferasirox</i>	
<i>deferasirox granules</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 (tolvaptan 30 mg tab, tolvaptan 15 mg tab, tolvaptan 15 mg tab)</i>	
<i>trientine hcl (trientine hcl 250 mg cap, trientine hcl 500 mg cap)</i>	
POTASSIUM BINDERS	
LOKELMA	
<i>sodium polystyrene sulfonate</i>	
<i>sps (sodium polystyrene sulf) (sps (sodium polystyrene sulf) 30 gm/120ml suspension, sps (sodium polystyrene sulf) 15 gm/60ml suspension)</i>	
VELTASSA	
VITAMINS	
ATABEX EC	
ATABEX OB	
AZESCO	
C-NATE DHA	
CITRANATAL 90 DHA	
CITRANATAL ASSURE	
CITRANATAL B-CALM	
CITRANATAL BLOOM	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CITRANATAL BLOOM DHA	
CITRANATAL DHA	
CITRANATAL ESSENCE	
CITRANATAL HARMONY	
CITRANATAL MEDLEY	
CITRANATAL RX	
CO-NATAL FA	
COMPLETE NATAL DHA	
COMPLETENATE	
CONCEPT DHA	
CONCEPT OB	
DERMACINRX PRETRATE	
DUET DHA 400	
DUET DHA BALANCED	
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	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
PNV PRENATAL PLUS MULTIVITAMIN	
PNV TABS 20-1	
PNV TABS 29-1	
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)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PRENATAL PLUS	
PRENATAL PLUS IRON	
PRENATAL PLUS VITAMIN/MINERAL	
PRENATAL VITAMIN PLUS LOW IRON	
PRENATAL-U	
PRENATE	
PRENATE AM	
PRENATE DHA	
PRENATE ELITE	
PRENATE ENHANCE	
PRENATE ESSENTIAL	
PRENATE MINI	
PRENATE PIXIE	
PRENATE RESTORE	
PRENATOL-M	
PRENATRIX	
PRENATRYL	
PRENATVITE COMPLETE	
PRENATVITE PLUS	
PRENATVITE RX	
PREPLUS	
PRETAB	
PRIMACARE	
PROVIDA OB	
RELNATE DHA	
SE-NATAL 19	
SELECT-OB	
SELECT-OB+DHA	
TARON-C DHA	
TARON-PREX	
THRIVITE RX	
TPN ELECTROLYTES	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRICARE	
TRINATAL RX 1	
TRINATE	
TRINAZ	
TRISTART DHA	
TRISTART FREE	
TRISTART ONE	
VINATE DHA RF	
VINATE II	
VINATE ONE	
VIRT-C DHA	
VIRT-NATE DHA	
VIRT-PN DHA	
VIRT-PN PLUS	
VITAFOL FE+	
VITAFOL GUMMIES	
VITAFOL STRIPS	
VITAFOL ULTRA	
VITAFOL-NANO	
VITAFOL-OB	
VITAFOL-OB+DHA	
VITAFOL-ONE	
VITALARA	
VITAMEDMD ONE RX/QUATREFOLIC	
VITAMEDMD REDICHEW RX	
VITAPEARL	
VITATHELY WITH GINGER	
VITATRUE	
VIVA DHA	
VP-PNV-DHA	
WESCAP-C DHA	
WESCAP-PN DHA	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
WESNATAL DHA COMPLETE	
WESNATE DHA	
WESTAB PLUS	
WESTGEL DHA	
ZALVIT	
ZATEAN-PN DHA	
ZATEAN-PN PLUS	
ZIPHEX	
GASTROINTESTINAL AGENTS	
ANTI-CONSTIPATION AGENTS	
<i>constulose</i>	
<i>enulose</i>	
<i>generlac</i>	
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)</i>	
<i>lactulose encephalopathy</i>	
LINZESS	
<i>lubiprostone</i>	
RELISTOR	PA
ANTI-DIARRHEAL AGENTS	
<i>alosetron hcl</i>	
<i>diphenoxylate-atropine (diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid)</i>	
<i>loperamide hcl 2 mg cap</i>	
XERMELO	
ANTISPASMODICS, GASTROINTESTINAL	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution)</i>	
<i>glycopyrrolate (glycopyrrolate 1.5 mg tab, glycopyrrolate 1 mg tab, glycopyrrolate 1 mg/5ml solution, glycopyrrolate 2 mg tab)</i>	
GASTROINTESTINAL AGENTS, OTHER	
GATTEX	PA
<i>peg 3350-kcl-na bicarb-nacl</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>peg-3350/electrolytes</i>	
<i>peg-3350/electrolytes/ascorbat</i>	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	
URSODIOL (URSODIOL 250 MG TAB, URSODIOL 300 MG CAP, URSODIOL 500 MG TAB, URSODIOL 200 MG CAP, URSODIOL 400 MG CAP)	
VOQUEZNA	
VOWST	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	
PROTECTANTS	
<i>sucralfate 1 gm tab</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium (10 mg packet, 20 mg cap dr, 20 mg packet, 40 mg cap dr, 40 mg packet)</i>	
<i>lansoprazole (15 mg cap dr, 15 mg tab dr disp, 30 mg cap dr, 30 mg tab dr disp)</i>	
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	
<i>pantoprazole sodium (20 mg tab dr, 40 mg packet, 40 mg tab dr)</i>	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ARALAST NP	PA3
<i>betaine</i>	
CERDELGA	
CREON	
<i>cromolyn sodium 100 mg/5ml conc</i>	
CYSTAGON	
CYSTARAN	
GLASSIA 1000 MG/50ML SOLUTION	PA3
<i>L-glutamine 5 gm packet</i>	
<i>miglustat</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PROLASTIN-C	PA3
RAVICTI	
REVCovi	
<i>sapropterin dihydrochloride</i>	
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	
SUCRAID	PA3
WELIREG	
ZEMAIRA	
ZENPEP	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er</i>
<i>mirabegron er</i>
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>
<i>oxybutynin chloride er</i>
OXYTROL
<i>solifenacin succinate</i>
<i>tolterodine tartrate</i>
<i>tolterodine tartrate er</i>
<i>trospium chloride</i>
<i>trospium chloride er</i>

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er</i>	
<i>dutasteride 0.5 mg cap</i>	
<i>dutasteride-tamsulosin hcl</i>	
<i>finasteride 5 mg tab</i>	
<i>tadalafil 5 mg tab</i>	PA2
<i>tamsulosin hcl</i>	

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>
ELMIRON

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>penicillamine (250 mg cap, 250 mg tab)</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	
DEXAMETHASONE (DEXAMETHASONE 6 MG TAB, DEXAMETHASONE 1.5 MG (35) TAB THPK, DEXAMETHASONE 0.5 MG TAB, DEXAMETHASONE 1 MG TAB, DEXAMETHASONE 0.5 MG/5ML SOLUTION, DEXAMETHASONE 0.75 MG TAB, DEXAMETHASONE 1.5 MG (51) TAB THPK, DEXAMETHASONE 0.75 MG TAB, DEXAMETHASONE 1.5 MG (21) TAB THPK, DEXAMETHASONE 1.5 MG TAB, DEXAMETHASONE 2 MG TAB, DEXAMETHASONE 4 MG TAB)	
<i>fludrocortisone acetate 0.1 mg tab</i>	
HEMADY	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	
<i>prednisolone 15 mg/5ml solution</i>	
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 15 mg/5ml solution, prednisolone sodium phosphate 20 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i>	
PREDNISONE (PREDNISONE 5 MG/5ML SOLUTION, PREDNISONE 1 MG TAB, PREDNISONE 2.5 MG TAB, PREDNISONE 5 MG (21) TAB THPK, PREDNISONE 5 MG (48) TAB THPK, PREDNISONE 5 MG TAB, PREDNISONE 10 MG (21) TAB THPK, PREDNISONE 10 MG (48) TAB THPK, PREDNISONE 10 MG TAB, PREDNISONE 20 MG TAB, PREDNISONE 50 MG TAB)	
PREDNISONE INTENSOL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	
<i>desmopressin ace spray refrig</i>	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	
<i>desmopressin acetate spray (desmopressin acetate spray, desmopressin acetate spray)</i>	
GENOTROPIN	PA
GENOTROPIN MINIQUICK	PA
HUMATROPE	PA
INCRELEX	
NORDITROPIN FLEXPPO	PA
NUTROPIN AQ NUSPIN 10	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NUTROPIN AQ NUSPIN 20	PA
NUTROPIN AQ NUSPIN 5	PA
OMNITROPE	PA
SEROSTIM	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	
ANDROGENS	
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	
TESTOSTERONE (TESTOSTERONE 1.62 % GEL, TESTOSTERONE 25 MG/2.5GM (1%) GEL, TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 50 MG/5GM (1%) GEL, TESTOSTERONE 10 MG/ACT (2%) GEL, TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 20.25 MG/ACT (1.62%) GEL, TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL, TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL, TESTOSTERONE 30 MG/ACT SOLUTION, TESTOSTERONE 40.5 MG/2.5GM (1.62%) GEL, TESTOSTERONE 50 MG/5GM (1%) GEL, TESTOSTERONE 10 MG/ACT (2%) GEL)	
<i>testosterone cypionate (testosterone cypionate 200 mg/ml solution, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)</i>	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	
ESTROGENS	
<i>cryselle-28</i>	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	
<i>drospirenone-ethinyl estradiol</i>	
<i>estradiol (0.01 % cream, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)</i>	
<i>estradiol-norethindrone acet</i>	
ESTRING	
<i>ethynodiol diac-eth estradiol</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>etonogestrel-ethinyl estradiol</i>	
<i>levonorg-eth estrad triphasic</i>	
<i>levonorgest-eth est & eth est</i>	
<i>levonorgest-eth estrad 91-day</i>	
<i>levonorgest-eth estradiol-iron</i>	
<i>levonorgestrel-ethinyl estrad</i>	
<i>norelgestromin-eth estradiol</i>	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab)</i>	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	
<i>norethindron-ethinyl estrad-fe</i>	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	
<i>norethindrone-eth estradiol</i>	
<i>norgestim-eth estrad triphasic</i>	
<i>norgestimate-eth estradiol</i>	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	
PREMPRO	
<i>tri-legest fe</i>	
PROGESTINS	
DEPO-SUBQ PROVERA 104	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	
MIRENA (52 MG)	
NEXPLANON	
<i>norethindrone 0.35 mg tab</i>	
<i>progesterone (100 mg cap, 200 mg cap)</i>	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	
DUAVEE	
<i>raloxifene hcl</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

levothyroxine sodium (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 tab)

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

REZDIFFRA

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

cabergoline

ELIGARD

PA3

FIRMAGON

FIRMAGON (240 MG DOSE)

LEUPROLIDE ACETATE (3 MONTH)

leuprolide acetate 1 mg/0.2ml kit

LUPRON DEPOT

PA3

mifepristone 300 mg tab

PA

octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml)

ORGOVYX

RECORLEV

SIGNIFOR

SOMAVERT

SYNAREL

TRELSTAR MIXJECT

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

methimazole (5 mg tab, 10 mg tab)

propylthiouracil 50 mg tab

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IMMUNOLOGICAL AGENTS	
ANGIOEDEMA AGENTS	
CINRYZE	PA
<i>icatibant acetate</i>	
IMMUNOGLOBULINS	
GAMMAGARD 2.5 GM/25ML SOLUTION	PA3
GAMMAGARD S/D LESS IGA	PA3
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	PA3
GAMUNEX-C 1 GM/10ML SOLUTION	PA3
PRIVIGEN 20 GM/200ML SOLUTION	PA3
IMMUNOLOGICAL AGENTS, OTHER	
ARCALYST	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	PA
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)	PA
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	
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)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
VELSIPITY	
XELJANZ	PA
XELJANZ XR	PA
XOLAIR	PA
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	
IMMUNOSTIMULANTS	
ACTIMMUNE	
BESREMI	
PEGASYS	
IMMUNOSUPPRESSANTS	
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-ADB (2 PEN) 40 MG/0.8ML AUT-IJ KIT	
ADALIMUMAB-ADB (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 (50 mg tab, 75 mg tab, 100 mg tab)</i>	PA3
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	PA3
<i>cyclosporine modified</i>	PA3
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	
ENBREL MINI	
ENBREL SURECLICK	
ENVARUS XR	PA3
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	PA3

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>leflunomide (10 mg tab, 20 mg tab)</i>	
METHOTREXATE SODIUM (METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 250 MG/10ML SOLUTION, METHOTREXATE SODIUM 2.5 MG TAB)	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	PA3
<i>mycophenolate sodium</i>	PA3
<i>mycophenolic acid</i>	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	PA3
REZUROCK	
SIMPONI	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	PA3
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	PA3
XATMEP	
VACCINES	
ABRYSVO	
ACTHIB	
ADACEL	
AREXVY	
BCG VACCINE	
BEXSERO	
BOOSTRIX	
DAPTACEL	
ENGRIX-B	PA3
GARDASIL 9	
HAVRIX	
HEPLISAV-B	PA3
HIBERIX	
IMOVAX RABIES	
INFANRIX	
IPOL	
IXIARO	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JYNNEOS	
KINRIX	
M-M-R II	
MENQUADFI	
MENVEO	
MRESVIA	
PEDIARIX	
PEDVAX HIB	
PENBRAYA	
PENMENVY	
PENTACEL	
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	
RECOMBIVAX HB	PA3
ROTARIX SUSPENSION	
ROTATEQ	
SHINGRIX	
TENIVAC	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
VAXCHORA	
VIMKUNYA	
VIVOTIF	
YF-VAX	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INFLAMMATORY BOWEL DISEASE AGENTS	
AMINOSALICYLATES	
<i>balsalazide disodium</i>	
DIPENTUM	
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	
<i>mesalamine er</i>	
<i>mesalamine-cleanser</i>	
PENTASA 250 MG CAP ER	
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	
GLUCOCORTICOIDS	
<i>budesonide 3 mg cp dr part</i>	
<i>budesonide er</i>	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i>	
METABOLIC BONE DISEASE AGENTS	
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	
<i>calcitonin (salmon) 200 unit/act solution</i>	
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	
<i>cinacalcet hcl</i>	PA3
DOXERCALCIFEROL (DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP)	
<i>ibandronate sodium 150 mg tab</i>	
JUBBONTI	
TERIPARATIDE	PA
TYMLOS	PA
WYOST	PA
MISCELLANEOUS THERAPEUTIC AGENTS	
<i>alcohol swabs</i>	
BRONCHITOL	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BRONCHITOL TOLERANCE TEST	
<i>gauze pads & 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>ak-poly-bac</i>	
<i>atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)</i>	
<i>bacitra-neomycin-polymyxin-hc</i>	
<i>bacitracin-polymyxin b</i>	
<i>brimonidine tartrate-timolol</i>	
<i>cyclosporine 0.05 % emulsion</i>	
<i>dorzolamide hcl-timolol mal</i>	
<i>dorzolamide hcl-timolol mal pf</i>	
<i>neomycin-bacitracin zn-polymyx</i>	
<i>neomycin-polymyxin-dexameth</i>	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1SUSPENSION	
RESTASIS MULTIDOSE	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	
TOBRADEX 0.3-0.1 % OINTMENT	
<i>tobramycin-dexamethasone</i>	
XDEMZY	
OPHTHALMIC ANTI-ALLERGY AGENTS	
<i>azelastine hcl 0.05 % solution</i>	
CROMOLYN SODIUM (CROMOLYN SODIUM 4 % SOLUTION, CROMOLYN SODIUM 4 % SOLUTION)	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OPHTHALMIC ANTI-INFECTIVES	
AZASITE	
BACITRACIN 500 UNIT/GM OINTMENT	
<i>ciprofloxacin hcl 0.3 % solution</i>	
ERYTHROMYCIN (ERYTHROMYCIN 5 MG/GM OINTMENT, ERYTHROMYCIN 5 MG/GM OINTMENT)	
<i>gatifloxacin 0.5 % solution</i>	
<i>gentamicin sulfate 0.3 % solution</i>	
<i>levofloxacin (levofloxacin 0.5 % solution, levofloxacin 0.5 % solution)</i>	
<i>moxifloxacin hcl 0.5 % solution</i>	
<i>ofloxacin 0.3 % solution</i>	
<i>polymyxin b-trimethoprim</i>	
<i>sulfacetamide sodium (sulfacetamide sodium 10 % ointment, sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)</i>	
<i>tobramycin 0.3 % solution</i>	
TRIFLURIDINE	
ZIRGAN	
OPHTHALMIC ANTI-INFLAMMATORIES	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
<i>diclofenac sodium 0.1 % solution</i>	
<i>difluprednate</i>	
<i>fluorometholone</i>	
FLURBIPROFEN SODIUM	
FML FORTE	
<i>ketorolac tromethamine (0.4 %, 0.5 %)</i>	
LOTEMAX 0.5 % OINTMENT	
<i>loteprednol etabonate</i>	
PRED MILD	
<i>prednisolone acetate 1 % suspension</i>	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
BETAXOLOL HCL (BETAXOLOL HCL 0.5 % SOLUTION, BETAXOLOL HCL 0.5 % SOLUTION)	
BETOPTIC-S	
CARTEOLOL HCL	
LEVOBUNOLOL HCL	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	
<i>timolol maleate (once-daily)</i>	
<i>timolol maleate ocudose</i>	
<i>timolol maleate pf</i>	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
<i>acetazolamide er</i>	
<i>brimonidine tartrate (0.1 %, 0.15 %, 0.2 %)</i>	
<i>dorzolamide hcl 2 % solution</i>	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	
<i>pilocarpine hcl (1 %, 2 %, 4 %)</i>	
RHOPRESSA	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>bimatoprost 0.03 % solution</i>	
<i>latanoprost 0.005 % solution</i>	
<i>travoprost (bak free)</i>	
OTIC AGENTS	
CIPRO HC	
<i>ciprofloxacin hcl 0.2 % solution</i>	
<i>ciprofloxacin-dexamethasone</i>	
<i>hydrocortisone-acetic acid</i>	
<i>neomycin-polymyxin-hc</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	PA3
<i>flunisolide 25 mcg/act (0.025%) solution</i>	
FLUTICASONE FUROATE ELLIPTA	
<i>fluticasone propionate 50 mcg/act suspension</i>	
FLUTICASONE PROPIONATE HFA	
PULMICORT FLEXHALER	
ANTIHISTAMINES	
<i>azelastine hcl (0.1 %, 137 mcg/spray)</i>	
CLEMASTINE FUMARATE 2.68 MG TAB	
<i>desloratadine 5 mg tab</i>	
<i>levocetirizine dihydrochloride 5 mg tab</i>	
ANTILEUKOTRIENES	
<i>montelukast sodium 10 mg tab</i>	
<i>zafirlukast</i>	
<i>zileuton er</i>	
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA	
INCRUSE ELLIPTA	
<i>ipratropium bromide (0.03 %, 0.06 %)</i>	
<i>ipratropium bromide 0.02 % solution</i>	PA3
SPIRIVA RESPIMAT	
<i>tiotropium bromide</i>	
TUDORZA PRESSAIR	
BRONCHODILATORS, SYMPATHOMIMETIC	
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	PA3
<i>albuterol sulfate hfa (albuterol sulfate hfa, albuterol sulfate hfa)</i>	
<i>epinephrine (epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj)</i>	QL (2 PER 30 OVER TIME)
<i>levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)</i>	PA3
LEVALBUTEROL TARTRATE	
SEREVENT DISKUS	
CYSTIC FIBROSIS AGENTS	
CAYSTON	
KALYDECO	
ORKAMBI	
PULMOZYME	PA3
SYMDEKO	
<i>tobramycin (300 mg/4ml soln, 300 mg/5ml soln)</i>	PA3
TRIKAFTA	
MAST CELL STABILIZERS	
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
<i>roflumilast</i>	
THEO-24	
<i>theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h)</i>	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS	PA
<i>ambrisentan</i>	
OPSUMIT	PA
<i>sildenafil citrate 20 mg tab</i>	PA2
<i>tadalafil (pah)</i>	PA2

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	PA
PULMONARY FIBROSIS AGENTS	
OFEV	
PIRFENIDONE (PIRFENIDONE 267 MG CAP, PIRFENIDONE 267 MG TAB, PIRFENIDONE 534 MG TAB, PIRFENIDONE 801 MG TAB)	
RESPIRATORY TRACT AGENTS, OTHER	
<i>acetylcysteine (10 %, 20 %)</i>	PA3
<i>budesonide-formoterol fumarate</i>	
COMBIVENT RESPIMAT	
FLUTICASONE FUROATE-VILANTEROL	
<i>fluticasone-salmeterol (fluticasone-salmeterol 232-14 mcg/act aer pow ba, fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 45-21 mcg/act aerosol, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba, fluticasone-salmeterol 55-14 mcg/act aer pow ba, fluticasone-salmeterol 113-14 mcg/act aer pow ba, fluticasone-salmeterol 115-21 mcg/act aerosol, fluticasone-salmeterol 230-21 mcg/act aerosol)</i>	
<i>ipratropium-albuterol</i>	PA3
NUCALA	PA
TRELEGY ELLIPTA	
UMECLIDINIUM-VILANTEROL	
Wixela Inhub	
SKELETAL MUSCLE RELAXANTS	
<i>cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)</i>	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	
HETLIOZ LQ	PA
<i>ramelteon</i>	
<i>tasimelteon</i>	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

DRUG	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>temazepam</i>	
<i>triazolam</i>	
<i>zaleplon</i>	
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	
<i>zolpidem tartrate er</i>	
WAKEFULNESS PROMOTING AGENTS	
<i>modafinil (100 mg tab, 200 mg tab)</i>	PA
SODIUM OXYBATE	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 14.

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.



If you have questions, please call Community Care at 1-866-992-6600 or for TTY users call 711, 24 hours a day, 7 days a week. The call is free. **For more information**, visit <http://www.communitycareinc.org>.

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cabergoline	70	CHLOROQUINE PHOSPHATE	36
CABOMETYX	32	chlorpromazine hcl	38
calcipotriene	56	chlorthalidone	50
calcitonin (salmon)	75	cholestyramine	51
calcitriol	75	cholestyramine light	51
CALQUENCE	32	ciclopirox	56
candesartan cilexetil	48	ciclopirox olamine	56
CAPLYTA	38	cilostazol	47
CAPRELSA	33	CIMDUO	41
CARBAMAZEPINE	25	cinacalcet hcl	75
carbamazepine er	25	CINRYZE	71
carbidopa	37	CIPRO HC	78
carbidopa-levodopa	37	ciprofloxacin hcl	22,77,78
carbidopa-levodopa er	37	ciprofloxacin in d5w	22
carbidopa-levodopa-entacapone	37	ciprofloxacin-dexamethasone	78
carglumic acid	57	citalopram hydrobromide	26
CARTEOLOL HCL	78	CITRANATAL 90 DHA	59
carvedilol	48	CITRANATAL ASSURE	59
caspofungin acetate	28	CITRANATAL B-CALM	59
CAYSTON	80	CITRANATAL BLOOM	59
CEFADROXIL	20	CITRANATAL BLOOM DHA	60
cefazolin sodium	20	CITRANATAL DHA	60
cefdinir	20	CITRANATAL ESSENCE	60
cefepime hcl	20	CITRANATAL HARMONY	60
cefixime	20	CITRANATAL MEDLEY	60
cefoxitin sodium	20	CITRANATAL RX	60
CEFPODOXIME PROXETIL	20	clarithromycin	22
cefprozil	20	clarithromycin er	22
CEFTAZIDIME	20	CLEMASTINE FUMARATE	79
ceftriaxone sodium	20	CLEOCIN	18
cefuroxime axetil	20	clindamycin hcl	18
cefuroxime sodium	21	clindamycin palmitate hcl	18
celecoxib	15	clindamycin phos (once-daily)	56
cephalexin	21	clindamycin phos (twice-daily)	56
CERDELGA	65	clindamycin phosphate	18,56
		clindamycin phosphate in d5w	18
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		CLINIMIX E/DEXTROSE (4.25/10)	57
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CLINIMIX/DEXTROSE (4.25/10)	57	CROMOLYN SODIUM	76
CLINIMIX/DEXTROSE (4.25/5)	57	cryselle-28	68
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clobazam	24	cyclosporine	72,76
clobetasol prop emollient base	55	cyclosporine modified	72
clobetasol propionate	55	CYSTAGON	65
clobetasol propionate e	55	CYSTARAN	65
clobetasol propionate emulsion	55		
clomipramine hcl	27	D	
clonazepam	43	dabigatran etexilate mesylate	46
clonidine	47	dalfampridine er	53
clonidine hcl	47	danazol	68
clopidogrel bisulfate	47	DANZITEN	33
clorazepate dipotassium	43	DAPAGLIFLOZIN PROPANEDIOL	51
clotrimazole	28	dapsone	30
CLOTTRIMAZOLE-BETAMETHASONE	56	DAPTACEL	73
clozapine	39	daptomycin	18
CO-NATAL FA	60	darifenacin hydrobromide er	66
COARTEM	36	darunavir	42
COBENFY	39	dasatinib	33
COBENFY STARTER PACK	39	DAURISMO	33
CODEINE SULFATE	16	deferasirox	59
colchicine	29	deferasirox granules	59
colchicine-probenecid	29	deferiprone	59
colesevelam hcl	51	DELSTRIGO	41
colistimethate sodium (cba)	18	demeclocycline hcl	23
COMBIVENT RESPIMAT	81	DEPO-SUBQ PROVERA 104	69
COMETRIQ	33	DERMACINRX PRETRATE	60
COMPLETE NATAL DHA	60	DESCOVY	41
COMPLETENATE	60	desipramine hcl	27
CONCEPT DHA	60	desloratadine	79
CONCEPT OB	60	desmopressin ace spray refrig	67
constulose	64	desmopressin acetate	67
COPIKTRA	33	desmopressin acetate spray	67
coremino	23	desogestrel-ethinyl estradiol	68
COTELLIC	33	desonide	55
CREON	65	DESVENLAFAXINE ER	26
CRESEMBA	28	desvenlafaxine succinate er	26

DEXAMETHASONE	67	dorzolamide hcl-timolol mal	76
DEXAMETHASONE SODIUM PHOSPHATE	77	dorzolamide hcl-timolol mal pf	76
dexmethylphenidate hcl	52	DOVATO	40
dexmethylphenidate hcl er	52	doxazosin mesylate	48
dextroamphetamine sulfate	52	doxepin hcl	27,55,81
dextroamphetamine sulfate er	52	DOXERCALCIFEROL	75
dextrose	57	doxy 100	23
DEXTROSE-NACL	57	doxycycline hyclate	23
DEXTROSE-SODIUM CHLORIDE	57	doxycycline monohydrate	23
DIACOMIT	23	DRIZALMA SPRINKLE	53
DIAZEPAM	24	dronabinol	28
diazepam	43	drospiren-eth estrad-levomefol	68
diazepam intensol	43	drospirenone-ethinyl estradiol	68
diazoxide	45	droxidopa	47
DICLOFENAC EPOLAMINE	15	DUAVEE	69
diclofenac potassium	15	DUET DHA 400	60
diclofenac sodium	15,56,77	DUET DHA BALANCED	60
diclofenac sodium (tab dr 25 mg, tab dr 50 mg, tab dr 75 mg, tab er 24hr 100 mg)	15	duloxetine hcl	53
dicloxacillin sodium	21	DUPIXENT	71
dicyclomine hcl	64	dutasteride	66
DIFICID	22	dutasteride-tamsulosin hcl	66
difluprednate	77		
digox	48	E	
DIGOXIN	48	ec-naproxen	15
dihydroergotamine mesylate	29	EDURANT	41
DILANTIN	25	EDURANT PED	41
diltiazem hcl	49	EFAVIRENZ	41
diltiazem hcl er	49	efavirenz-emtricitab-tenofo df	41
diltiazem hcl er beads	49	EFAVIRENZ-LAMIVUDINE-TENOFOVIR	41
diltiazem hcl er coated beads	49	ELIGARD	70
dimethyl fumarate	53	ELIQUIS	46
dimethyl fumarate starter pack	53	ELIQUIS DVT/PE STARTER PACK	46
DIPENTUM	75	ELITE-OB	60
diphenoxylate-atropine	64	ELMIRON	66
disulfiram	17	eltrombopag olamine	47
divalproex sodium	23	EMSAM	26
divalproex sodium er	23	emtricitab-rilpivir-tenofov df	41
dofetilide	48	emtricitabine	41
donepezil hcl	26	emtricitabine-tenofovir df	41
dorzolamide hcl	78	EMTRIVA	41
		enalapril maleate	48

enalapril-hydrochlorothiazide	49	EUCRISA	55
ENBRACE HR	60	EULEXIN	31
ENBREL	72	everolimus	33,72
ENBREL MINI	72	EVOTAZ	42
ENBREL SURECLICK	72	exemestane	32
ENGERIX-B	73	ezetimibe	51
enoxaparin sodium	47		
entacapone	37	F	
entecavir	40	famciclovir	42
ENTRESTO	49	famotidine	65
enulose	64	FANAPT	38
ENVARUS XR	72	FANAPT TITRATION PACK A	38
EPIDIOLEX	23	FARXIGA	51
epinephrine	80	febuxostat	29
eplerenone	51	felbamate	23
ERGOTAMINE-CAFFEINE	29	FENOFIBRATE	50
ERIVEDGE	33	fenofibrate micronized	50
ERLEADA	31	fenofibric acid	50
erlotinib hcl	33	fentanyl	15
ertapenem sodium	21	FERRIPROX	59
ERY	56	FETZIMA	27
erythrocine lactobionate	22	FETZIMA TITRATION	27
ERYTHROCIN STEARATE	22	FIASP	45
erythromycin	22	FIASP FLEXTOUCH	45
ERYTHROMYCIN	56,77	FIASP PENFILL	45
erythromycin base	22	finasteride	66
erythromycin ethylsuccinate	22	FINTEPLA	23
ERYTHROMYCIN STEARATE	22	FIRMAGON	70
escitalopram oxalate	26	FIRMAGON (240 MG DOSE)	70
eslicarbazepine acetate	25	flecainide acetate	48
esomeprazole magnesium	65	fluconazole	28
estradiol	68	fluconazole in sodium chloride	28
estradiol-norethindrone acet	68	flucytosine	28
ESTRING	68	fludrocortisone acetate	67
ethambutol hcl	30	flunisolide	79
ethosuximide	24	fluocinonide	55
ethynodiol diac-eth estradiol	68	fluocinonide emulsified base	55
etodolac	15	fluorometholone	77
etodolac er	15	FLUOROURACIL	56
etonogestrel-ethinyl estradiol	69	fluoxetine hcl	27
etravirine	41	FLUOXETINE HCL (PMDD)	27

fluphenazine decanoate	38
fluphenazine hcl	38
FLURBIPROFEN SODIUM	77
FLUTICASONE FUROATE ELLIPTA	79
FLUTICASONE FUROATE-VILANTEROL	81
fluticasone propionate	55,79
FLUTICASONE PROPIONATE HFA	79
fluticasone-salmeterol	81
fluvoxamine maleate	27
fluvoxamine maleate er	27
FML FORTE	77
FOLIVANE-OB	60
fondaparinux sodium	47
fosamprenavir calcium	42
fosfomycin tromethamine	18
FOTIVDA	33
FRUZAQLA	32
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FYCOMPA	23

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gabapentin	24
galantamine hydrobromide	26
galantamine hydrobromide er	26
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GATTEX	64
gauze pads & dressings	76
GAVRETO	33
gefitinib	33
gemfibrozil	51
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GENOTROPIN MINIQUEL	67
GENTAMICIN IN SALINE	18
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GLASSIA	65
glatiramer acetate	53
GLEOSTINE	31
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GLIPIZIDE	44
glipizide er	44
glipizide xl	44
glipizide-metformin hcl	44
GLUCAGEN HYPOKIT	45
GLUCAGON EMERGENCY	45
glycopyrrolate	64
GOMEKLI	33
griseofulvin microsize	28
griseofulvin ultramicrosize	28
guanfacine hcl	47
guanfacine hcl er	52

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haloperidol decanoate	38
haloperidol lactate	38
HAVRIX	73
HEMADY	67
heparin sodium (porcine)	47
heparin sodium (porcine) pf	47
HEPLISAV-B	73
HERNEXEOS	33
HETLIOZ LQ	81
HIBERIX	73
HUMALOG MIX 50/50 KWIKPEN	45
HUMALOG MIX 75/25	45
HUMATROPE	67
HUMULIN 70/30	45
HUMULIN 70/30 KWIKPEN	45
HUMULIN N	45
HUMULIN N KWIKPEN	45
HUMULIN R	45
HUMULIN R U-500 (CONCENTRATED)	45
HUMULIN R U-500 KWIKPEN	45
hydralazine hcl	51

hydrochlorothiazide	50	INQOVI	32
hydrocodone-acetaminophen	16	INREBIC	33
hydrocortisone	55,75	INSULIN GLARGINE	45
hydrocortisone (perianal)	55	INSULIN GLARGINE SOLOSTAR	45
hydrocortisone valerate	55	INSULIN GLARGINE-YFGN	45
hydrocortisone-acetic acid	78	INSULIN LISPRO	46
hydromorphone hcl	16	INSULIN LISPRO (1 UNIT DIAL)	46
hydromorphone hcl pf	16	INSULIN LISPRO JUNIOR KWIKPEN	46
hydroxychloroquine sulfate	36	INSULIN LISPRO PROT & LISPRO	46
hydroxyurea	32	insulin pen needle	76
hydroxyzine hcl	43	insulin syringe, safety or non-safety (disp) u-100 0.3 ml	76
HYDROXYZINE PAMOATE	43	insulin syringe, safety or non-safety (disp) u-100 1 ml	76
I		insulin syringe, safety or non-safety (disp) u-100 1/2 ml	76
ibandronate sodium	75	Insulin syringe, safety or non-safety (disp) u-500 1/2 ml	76
IBRANCE	33	INTELENCE	41
IBTROZI	33	INTRALIPID	57
ibu	15	INVEGA HAFYERA	38
ibuprofen	15	INVEGA SUSTENNA	38
icatibant acetate	71	INVEGA TRINZA	38
ICLUSIG	33	IPOL	73
icosapent ethyl	51	ipratropium bromide	79
IDHIFA	33	ipratropium-albuterol	81
imatinib mesylate	33	irbesartan	48
IMBRUVICA	33	irbesartan-hydrochlorothiazide	50
imipenem-cilastatin	22	ISENTRESS	40
imipramine hcl	27	ISENTRESS HD	40
imipramine pamoate	27	ISOLYTE-P IN D5W	57
imiquimod	56	ISONIAZID	30
imiquimod pump	56	isosorbide dinitrate	52
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IMOVAX RABIES	73	isosorbide mononitrate er	52
IMPAVIDO	36	isotretinoin	54
INATAL GT	60	ITOVEBI	33
INCRELEX	67	itraconazole	28
INCRUSE ELLIPTA	79	ivabradine hcl	50
indapamide	50	IVERMECTIN	36
indomethacin	15	IWILFIN	32
indomethacin er	15		
INFANRIX	73		
INLYTA	33		

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JAYPIRCA 33

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labetalol hcl 49

lacosamide 25

lactulose 64

lactulose encephalopathy 64

LAGEVRIO 43

lamivudine 40,41

lamivudine-zidovudine 41

lamotrigine 24

lamotrigine er 24

lamotrigine starter kit-blue 24

lamotrigine starter kit-green 24

lamotrigine starter kit-orange 24

lansoprazole 65

lapatinib ditosylate 34

latanoprost 78

LAZCLUZE 34

LEDIPASVIR-SOFOSBUVIR 40

leflunomide 73

lenalidomide 31

Lenvima 34

letrozole 32

leucovorin calcium 36

LEUKERAN 31

LEUKINE 47

leuprolide acetate 70

LEUPROLIDE ACETATE (3 MONTH) 70

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LEVALBUTEROL TARTRATE 80

levetiracetam 24

levetiracetam er 24

LEVOBUNOLOL HCL 78

levocetirizine dihydrochloride 79

levofloxacin 22,77

levofloxacin in d5w 22

levonorg-eth estrad triphasic 69

levonorgest-eth est & eth est 69

levonorgest-eth estrad 91-day 69

levonorgest-eth estradiol-iron 69

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levothyroxine sodium 70

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lidocaine hcl 16

lidocaine viscous hcl 16

lidocaine-prilocaine 17

linezolid 18

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liothyronine sodium 70

lisinopril 48

lisinopril-hydrochlorothiazide	50	MEKINIST	34
lithium	44	MEKTOVI	34
lithium carbonate	44	meloxicam	15
lithium carbonate er	44	memantine hcl	26
livixil pak	17	memantine hcl er	26
LIVTENCITY	40	memantine hcl-donepezil hcl	25
LOKELMA	59	MENQUADFI	74
LONSURF	32	MENVEO	74
loperamide hcl	64	mercaptopurine	31
lopinavir-ritonavir	42	meropenem	22
lorazepam	43	mesalamine	75
lorazepam intensol	43	mesalamine er	75
LORBRENA	34	mesalamine-cleanser	75
losartan potassium	48	mesna	36
losartan potassium-hctz	50	metformin hcl	44
LOTEMAX	77	metformin hcl er	44
loteprednol etabonate	77	metformin hcl er (mod)	44
loxapine succinate	38	metformin hcl er (osm)	44
lubiprostone	64	methadone hcl	15
LUMAKRAS	34	methazolamide	78
LUPRON DEPOT	70	methenamine hippurate	18
lurasidone hcl	39	methimazole	70
LYBALVI	39	methocarbamol	81
LYNPARZA	34	METHOTREXATE SODIUM	73
LYSODREN	32	methotrexate sodium (pf)	73
Lytgobi	34	METHOXSALEN RAPID	56
M		methsuximide	24
M-M-R II	74	methylphenidate hcl	52
M-NATAL PLUS	60	methylphenidate hcl er	53
MAGNESIUM SULFATE	58	methylphenidate hcl er (cd)	52
malathion	56	methylphenidate hcl er (la)	52
maraviroc	42	methylphenidate hcl er (osm)	53
MARPLAN	26	methylphenidate hcl er (xr)	53
MATERNACEL	60	methylprednisolone	67
MATULANE	31	metoclopramide hcl	28
MAVYRET	40	metolazone	50
meclizine hcl	28	metoprolol succinate er	49
medroxyprogesterone acetate	69	metoprolol tartrate	49
mefloquine hcl	36	metoprolol-hydrochlorothiazide	50
megestrol acetate	69	metronidazole	19
		metryrosine	50

mexiletine hcl	48	naproxen	15
micafungin sodium	29	naproxen dr	15
MICONAZOLE 3	29	naratriptan hcl	30
midodrine hcl	47	NATACHEW	60
mifepristone	70	NATAL PNV	60
miglustat	65	NATALVIT	60
minocycline hcl	23	nateglinide	44
minocycline hcl er	23	NAYZILAM	24
minoxidil	51	needles, insulin disp., safety	76
mirabegron er	66	NEEVO DHA	60
MIRENA (52 MG)	69	NEFAZODONE HCL	27
mirtazapine	26	NEO-VITAL RX	60
misoprostol	68	neomycin sulfate	18
modafinil	82	neomycin-bacitracin zn-polymyx	76
MODEYSO	32	neomycin-polymyxin-dexameth	76
MOLINDONE HCL	38	NEOMYCIN-POLYMYXIN-HC	76
mometasone furoate	55	neomycin-polymyxin-hc	78
montelukast sodium	79	NEONATAL + DHA	60
MORPHINE SULFATE	16	NEONATAL 19	60
MORPHINE SULFATE (CONCENTRATE)	16	NEONATAL COMPLETE	60
morphine sulfate er	15	NEONATAL FE	60
MOUNJARO	44	NEONATAL PLUS	61
MOXIFLOXACIN HCL	22	NERLYNX	34
moxifloxacin hcl	77	NESTABS	61
MOXIFLOXACIN HCL IN NACL	22	NESTABS DHA	61
MRESVIA	74	NESTABS ONE	61
MULTI-MAC	60	NEUPRO	37
mupirocin	56	nevirapine	41
mupirocin calcium	56	nevirapine er	41
mycophenolate mofetil	73	NEXLETOL	51
mycophenolate sodium	73	NEXPLANON	69
mycophenolic acid	73	niacin er (antihyperlipidemic)	51
N		NICOTROL NS	17
nabumetone	15	nifedipine er	49
nadolol	49	nifedipine er osmotic release	49
naftcillin sodium	21	nilotinib hcl	34
nafrinse	58	nilutamide	31
NALOXONE HCL	17	nimodipine	49
naltrexone hcl	17	NINLARO	34
NAMZARIC	25	nitazoxanide	36
		NITRO-BID	52

NITRO-DUR	52	NUCALA	81
nitrofurantoin macrocrystal	19	NUDEXTA	53
nitrofurantoin monohyd macro	19	NUPLAZID	39
nitroglycerin	52	NURTEC	29
NIVA-PLUS	61	NUTRILIPID	58
NIVESTYM	47	NUTROPIN AQ NUSPIN 10	67
NIZATIDINE	65	NUTROPIN AQ NUSPIN 20	68
NORDITROPIN FLEXPEN	67	NUTROPIN AQ NUSPIN 5	68
norelgestromin-eth estradiol	69	nyamyc	29
norethin ace-eth estrad-fe	69	nystatin	29
norethin-eth estradiol-fe	69	nystatin-triamcinolone	56
norethindron-ethinyl estrad-fe	69	nystop	29
norethindrone	69		
norethindrone acet-ethinyl est	69	O	
norethindrone-eth estradiol	69	OB COMPLETE	61
norgestim-eth estrad triphasic	69	OB COMPLETE ONE	61
norgestimate-eth estradiol	69	OB COMPLETE PETITE	61
nortriptyline hcl	27	OB COMPLETE PREMIER	61
NORVIR	42	OB COMPLETE/DHA	61
NOVOLIN 70/30	46	OBSTETRIX EC (WITH DOCUSATE)	61
NOVOLIN 70/30 FLEXPEN	46	OBSTETRIX ONE (WITH DOCUSATE)	61
NOVOLIN 70/30 FLEXPEN RELION	46	octreotide acetate	70
NOVOLIN 70/30 RELION	46	ODEFSEY	41
NOVOLIN N	46	ODOMZO	34
NOVOLIN N FLEXPEN	46	OFEV	81
NOVOLIN N FLEXPEN RELION	46	OFLOXACIN	22
NOVOLIN N RELION	46	ofloxacin	77
NOVOLIN R	46	OGSIVEO	32
NOVOLIN R FLEXPEN	46	OJEMDA	34
NOVOLIN R FLEXPEN RELION	46	OJJAARA	32
NOVOLIN R RELION	46	olanzapine	39
NOVOLOG	46	OLUMIANT	71
NOVOLOG 70/30 FLEXPEN RELION	46	omega-3-acid ethyl esters	51
NOVOLOG FLEXPEN	46	omeprazole	65
NOVOLOG FLEXPEN RELION	46	OMNITROPE	68
NOVOLOG MIX 70/30	46	ondansetron	28
NOVOLOG MIX 70/30 FLEXPEN	46	ondansetron hcl	28
NOVOLOG MIX 70/30 RELION	46	ONE VITE WOMENS PLUS	61
NOVOLOG PENFILL	46	ONGENTYS	37
NOVOLOG RELION	46	ONUREG	31
NUBEQA	31	OPIPZA	39

OPSUMIT	80
OPVEE	17
ORENCIA	71
ORENCIA CLICKJECT	71
ORGOVYX	70
ORKAMBI	80
ORSERDU	31
oseltamivir phosphate	42
OTEZLA	56
oxazepam	43
oxcarbazepine	25
oxybutynin chloride	66
oxybutynin chloride er	66
oxycodone hcl	16
oxycodone-acetaminophen	16
OXYCONTIN	15
OXYTROL	66
OZEMPIC (0.25 OR 0.5 MG/DOSE)	44
OZEMPIC (1 MG/DOSE)	45
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P

paliperidone er	39
PANRETIN	36
pantoprazole sodium	65
paroxetine hcl	27
PAROXETINE HCL	43
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paroxetine mesylate	43
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peg 3350-kcl-na bicarb-nacl	64
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peg-3350/electrolytes/ascorbat	65
peg-kcl-nacl-nasulf-na asc-c	65
PEGASYS	72
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PENBRAYA	74
penicillamine	67
PENICILLIN G POT IN DEXTROSE	21
penicillin g potassium	21
PENICILLIN G SODIUM	21
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PENMENVY	74
PENTACEL	74
pentamidine isethionate	36
PENTASA	75
pentoxifylline er	50
perampanel	24
permethrin	56
perphenazine	28
PERSERIS	39
PHENELZINE SULFATE	26
phenobarbital	24
phenytoin	25
phenytoin infatabs	25
phenytoin sodium extended	25
PIFELTRO	41
pilocarpine hcl	54,78
pimecrolimus	55
PIMOZIDE	38
pindolol	49
pioglitazone hcl	45
pioglitazone hcl-metformin hcl	45
piperacillin sod-tazobactam so	21
PIQRAY (200 MG DAILY DOSE)	34
PIQRAY (250 MG DAILY DOSE)	34
PIQRAY (300 MG DAILY DOSE)	34
PIRFENIDONE	81
PNV PRENATAL PLUS MULTIVIT+DHA	61
PNV PRENATAL PLUS MULTIVITAMIN	61
PNV TABS 20-1	61
PNV TABS 29-1	61
PNV-DHA	61
PNV-DHA+DOCUSATE	61
PNV-OMEGA	61
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polymyxin b sulfate	19	PRENATAL VITAMIN PLUS LOW IRON	62
polymyxin b-trimethoprim	77	PRENATAL-U	62
POMALYST	31	PRENATE	62
posaconazole	29	PRENATE AM	62
POTASSIUM CHLORIDE	58	PRENATE DHA	62
potassium chloride crys er	58	PRENATE ELITE	62
POTASSIUM CHLORIDE ER	58	PRENATE ENHANCE	62
potassium chloride in dextrose	58	PRENATE ESSENTIAL	62
POTASSIUM CHLORIDE IN NACL	58	PRENATE MINI	62
potassium citrate er	58	PRENATE PIXIE	62
POTASSIUM CL IN DEXTROSE 5%	58	PRENATE RESTORE	62
pramipexole dihydrochloride	37	PRENATOL-M	62
pravastatin sodium	51	PRENATRIX	62
praziquantel	36	PRENATRYL	62
prazosin hcl	48	PRENATVITE COMPLETE	62
PRED MILD	77	PRENATVITE PLUS	62
prednisolone	67	PRENATVITE RX	62
prednisolone acetate	77	PREPLUS	62
prednisolone sodium phosphate	67	PRETAB	62
PREDNISOLONE SODIUM PHOSPHATE	77	PRETOMANID	30
PREDNISONE	67	PREVYMIS	40
PREDNISONE INTENSOL	67	PREZCOBIX	42
pregabalin	53	PREZISTA	42
PREGEN DHA	61	PRIFTIN	30
PREGENNA	61	prilovix	17
PREMARIN	69	prilovix lite	17
PREMASOL	58	prilovix lite plus	17
PREMESISRX	61	prilovix plus	17
premium lidocaine	17	prilovix ultralite	17
PREMPRO	69	prilovix ultralite plus	17
PRENA 1 TRUE	61	PRIMACARE	62
PRENA1	61	primaquine phosphate	36
PRENA1 PEARL	61	PRIMIDONE	24
PRENAISSANCE	61	PRIORIX	74
PRENAISSANCE PLUS	61	PRIVIGEN	71
PRENARA	61	probenecid	29
PRENATAL	61	prochlorperazine	28
PRENATAL 19	61	prochlorperazine maleate	28
PRENATAL PLUS	62	procto-med hc	55
PRENATAL PLUS IRON	62	proctosol hc	55
PRENATAL PLUS VITAMIN/MINERAL	62	proctozone-hc	55

progesterone	69	REBIF REBIDOSE TITRATION PACK	53
PROGRAF	73	REBIF TITRATION PACK	53
PROLASTIN-C	66	RECOMBIVAX HB	74
promethazine hcl	28	RECORLEV	70
propafenone hcl	48	RELENZA DISKHALER	42
propafenone hcl er	48	RELISTOR	64
propranolol hcl	29	RELNATE DHA	62
propranolol hcl er	29	repaglinide	45
propylthiouracil	70	REPATHA	51
PROQUAD	74	REPATHA SURECLICK	51
PROSOL	58	RESTASIS MULTIDOSE	76
protriptyline hcl	27	RETACRIT	47
PROVIDA OB	62	RETEVMO	34
PULMICORT FLEXHALER	79	REVCovi	66
PULMOZYME	80	REVUFORJ	34
pyrazinamide	30	REXULTI	39
pyridostigmine bromide	30	REYATAZ	42
pyridostigmine bromide er	30	REZDIFFRA	70
pyrimethamine	36	REZLIDHIA	34
		REZUROCK	73
Q		RHOPRESSA	78
QINLOCK	34	RIBAVIRIN	40
QUADRACEL	74	rifabutin	30
quetiapine fumarate	39	rifampin	30
quetiapine fumarate er	39	riluzole	53
quinidine gluconate er	48	risperidone	39
QUINIDINE SULFATE	48	risperidone microspheres er	39
quinine sulfate	36	ritonavir	42
QULIPTA	29	rivastigmine	26
		rivastigmine tartrate	26
R		rizatriptan benzoate	30
RABAVERT	74	roflumilast	80
RALDESY	27	ROMVIMZA	34
raloxifene hcl	69	ropinirole hcl	37
ramelteon	81	ropinirole hcl er	37
ramipril	48	rosuvastatin calcium	51
ranolazine er	50	ROTARIX	74
rasagiline mesylate	37	ROTATEQ	74
RAVICTI	66	ROZLYTREK	34
REBIF	53	RUBRACA	34
REBIF REBIDOSE	53	rufinamide	25

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RYDAPT	34
RYTARY	37

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sapropterin dihydrochloride	66
saxagliptin-metformin er	45
SCEMBLIX	34
scopolamine	28
SE-NATAL 19	62
SECUADO	39
SELECT-OB	62
SELECT-OB+DHA	62
selegiline hcl	37
selenium sulfide	55
SELZENTRY	42
SEREVENT DISKUS	80
SEROSTIM	68
sertraline hcl	27
SHINGRIX	74
SIGNIFOR	70
sildenafil citrate	80
silver sulfadiazine	56
SIMPONI	73
simvastatin	51
sirolimus	73
SIRTURO	30
SIVEXTRO	19
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SKYRIZI PEN	71
sodium chloride	59
sodium chloride (pf)	59
sodium fluoride	59
SODIUM OXYBATE	82
sodium phenylbutyrate	66
sodium polystyrene sulfonate	59
SOFOSBUVIR-VELPATASVIR	40
solifenacin succinate	66
SOLTAMOX	31
SOMAVERT	70

sorafenib tosylate	34
sotalol hcl	48
sotalol hcl (af)	48
SOVALDI	40
SPIRIVA RESPIMAT	79
spironolactone	51
spironolactone-hctz	50
SPRITAM	24
sps (sodium polystyrene sulf)	59
ssd (silver sulfadiazine)	56
STELARA	71
STIVARGA	34
STREPTOMYCIN SULFATE	18
STRIBILD	40
SUCRAID	66
sucralfate	65
sulfacetamide sodium	77
sulfacetamide sodium (acne)	22
SULFACETAMIDE-PREDNISOLONE	76
sulfadiazine	22
sulfamethoxazole-trimethoprim	23
sulfasalazine	75
sulindac	15
sumatriptan	30
sumatriptan succinate	30
sumatriptan succinate refill	30
sunitinib malate	34
SUNLENCA	42
SYMDEKO	80
SYMLINPEN 120	45
SYMLINPEN 60	45
SYMPAZAN	24
SYMTUZA	42
SYNAREL	70

T

TABLOID	32
TABRECTA	35
tacrolimus	55,73
tadalafil	66
tadalafil (pah)	80

TAFINLAR	35	timolol maleate pf	78
TAGRISSO	35	tinidazole	19
TALTZ	71	tiotropium bromide	79
TALZENNA	35	TIVICAY	40
tamoxifen citrate	31	TIVICAY PD	40
tamsulosin hcl	66	tizanidine hcl	40
TARON-C DHA	62	TOBRADEX	76
TARON-PREX	62	tobramycin	77,80
tasimelteon	81	TOBRAMYCIN SULFATE	18
TAVNEOS	71	tobramycin-dexamethasone	76
tazarotene	54	tolcapone	37
TAZVERIK	35	tolterodine tartrate	66
TEFLARO	21	tolterodine tartrate er	66
temazepam	82	tolvaptan	59
TENIVAC	74	topiramate	24
tenofovir disoproxil fumarate	41	topiramate er	24
TEPMETKO	35	toremifene citrate	31
terazosin hcl	48	torsemide	50
terbinafine hcl	29	TPN ELECTROLYTES	62
terconazole	29	tramadol hcl	16
teriflunomide	53	tramadol hcl er	15
TERIPARATIDE	75	tramadol hcl er (biphasic)	15
TESTOSTERONE	68	tramadol-acetaminophen	16
testosterone cypionate	68	tranexamic acid	47
TESTOSTERONE ENANTHATE	68	tranylcypromine sulfate	26
tetrabenazine	53	TRAVASOL	59
tetracycline hcl	23	travoprost (bak free)	78
THALOMID	31	trazodone hcl	27
THEO-24	80	TRELEGY ELLIPTA	81
theophylline er	80	TRELSTAR MIXJECT	70
thioridazine hcl	38	TREMFYA	71
thiothixene	38	TREMFYA ONE-PRESS	71
THRIVITE RX	62	TREMFYA PEN	71
tiagabine hcl	24	TREMFYA-CD/UC INDUCTION	71
TIBSOVO	35	tretinoin	36,54
ticagrelor	47	tretinoin microsphere	54
TICOVAC	74	TRETINOIN MICROSPHERE PUMP	54
TIGECYCLINE	19	tri-legest fe	69
timolol maleate	30,78	triamcinolone acetonide	54,55
timolol maleate (once-daily)	78	triamterene	50
timolol maleate ocudose	78	triamterene-hctz	50

triazolam	82
TRICARE	63
tridacaine iii	17
trientine hcl	59
trifluoperazine hcl	38
TRIFLURIDINE	77
trihexyphenidyl hcl	37
TRIKAFTA	80
trimethoprim	19
trimipramine maleate	27
TRINATAL RX 1	63
TRINATE	63
TRINAZ	63
TRINTELLIX	27
TRISTART DHA	63
TRISTART FREE	63
TRISTART ONE	63
TRIUMEQ	41
TRIUMEQ PD	41
TROPHAMINE	59
tropium chloride	66
tropium chloride er	66
TRULICITY	45
TRUMENBA	74
TRUQAP	32,35
TUDORZA PRESSAIR	79
TUKYSA	35
TURALIO	35
TWINRIX	74
TYBOST	42
TYENNE	71
TYMLOS	75
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UBRELVY	29
UMECLIDINIUM-VILANTEROL	81
UPTRAVI	81
URSODIOL	65
USTEKINUMAB	72
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valacyclovir hcl	42
VALCHLOR	31
valganciclovir hcl	40
valproic acid	24
valsartan	48
valsartan-hydrochlorothiazide	50
VALTOCO 10 MG DOSE	24
VALTOCO 15 MG DOSE	25
VALTOCO 20 MG DOSE	25
VALTOCO 5 MG DOSE	25
VANCOMYCIN HCL	20
VANCOMYCIN HCL IN DEXTROSE	20
VANCOMYCIN HCL IN NACL	20
VANFLYTA	35
VAQTA	74
varenicline tartrate	17
varenicline tartrate (starter)	17
varenicline tartrate(continue)	17
VARIVAX	74
VAXCHORA	74
VELSIPITY	72
VELTASSA	59
VENCLEXTA	35
VENCLEXTA STARTING PACK	35
VENLAFAXINE BESYLATE ER	44
venlafaxine hcl	27,44
venlafaxine hcl er	27,44
VEOZAH	53
verapamil hcl	49
verapamil hcl er	49
VERQUVO	52
VERSACLOZ	39
VERZENIO	35
vigabatrin	25
VIJOICE	35
vilazodone hcl	27
VIMKUNYA	74
VINATE DHA RF	63
VINATE II	63

VINATE ONE	63
VIRACEPT	42
VIREAD	41
VIRT-C DHA	63
VIRT-NATE DHA	63
VIRT-PN DHA	63
VIRT-PN PLUS	63
VITAFOL FE+	63
VITAFOL GUMMIES	63
VITAFOL STRIPS	63
VITAFOL ULTRA	63
VITAFOL-NANO	63
VITAFOL-OB	63
VITAFOL-OB+DHA	63
VITAFOL-ONE	63
VITALARA	63
VITAMEDMD ONE RX/QUATREFOLIC	63
VITAMEDMD REDICHEW RX	63
VITAPEARL	63
VITATHELY WITH GINGER	63
VITATRUE	63
VITRAKVI	35
VIVA DHA	63
VIVOTIF	74
VIZIMPRO	35
VONJO	36
VOQUEZNA	65
VORANIGO	35
voriconazole	29
VORICONAZOLE	29
VOSEVI	40
VOWST	65
VP-PNV-DHA	63
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warfarin sodium	47
WELIREG	66
WESCAP-C DHA	63
WESCAP-PN DHA	63
WESNATAL DHA COMPLETE	64

WESNATE DHA	64
WESTAB PLUS	64
WESTGEL DHA	64
WINREVAIR	81
Wixela Inhub	81
WYOST	75

X

XALKORI	35
XARELTO	47
XARELTO STARTER PACK	47
XATMEP	73
XCOPRI	25
XCOPRI (250 MG DAILY DOSE)	25
XCOPRI (350 MG DAILY DOSE)	25
XDEMVIY	76
XELJANZ	72
XELJANZ XR	72
XERMELO	64
XIFAXAN	20
XOLAIR	72
XOSPATA	35
XPOVIO (100 MG ONCE WEEKLY)	35
XPOVIO (40 MG ONCE WEEKLY)	35
XPOVIO (40 MG TWICE WEEKLY)	35
XPOVIO (60 MG ONCE WEEKLY)	35
XPOVIO (60 MG TWICE WEEKLY)	35
XPOVIO (80 MG ONCE WEEKLY)	35
XPOVIO (80 MG TWICE WEEKLY)	35
XTANDI	31

Y

YESINTEK	72
YF-VAX	74
YONSA	31

Z

zafirlukast	79
zaleplon	82
ZALVIT	64
ZATEAN-PN DHA	64

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ZEJULA.....	35
ZELBORAF.....	35
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ZEPOSIA 7-DAY STARTER PACK.....	54
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zileuton er.....	79
ZIPHEX.....	64
ziprasidone hcl.....	39
ziprasidone mesylate.....	39
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ZOLINZA.....	32
zolpidem tartrate.....	82
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zonisamide.....	25
ZTALMY.....	25
ZURZUVAE.....	26
ZYDELIG.....	35
ZYKADIA.....	35

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)
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 OPTH OINT 5%	
SODIUM CHLORIDE HYPERTONIC OPTH 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 10/1/2025.

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.

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

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

