HAMPSHIRE COUNTY GROUP INSURANCE TRUST

Insurance Advisory Committee
Meeting Notice and Agenda
May 28, 2025
10:00 A.M.
ZOOM Meeting

Call to Order	RC
Discussion on GLP-1 Formulary Change for 7/1/25 (vote)	JS
Other Last Minute Items	JS
Adjournment	RC

Meeting Schedule

Insurance Advisory Committee – May 28, 2025,10:00 a.m. ZOOM
Executive Committee – June 18, 2025, 9:00 a.m. ZOOM
Insurance Advisory Committee – July 16, 2025,10:00 a.m. ZOOM

Joseph Shea is inviting you to a scheduled Zoom meeting.

Topic: My Meeting
Time: May 28, 2025 10:00 AM Eastern Time (US and Canada)
Join Zoom Meeting
https://us02web.zoom.us/j/81804386927?pwd=S9OLdJRsBAH3zaLV8auV7baHAIFxY1.1

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Meeting ID: 818 0438 6927
Passcode: 654338

Find your local number: https://us02web.zoom.us/u/kd2snbIcGw

DATA INFORMATION

GLP1 USEAGE

	# of Users	Cost	# of Users	Cost
January 2024	**WL = 52**	$86,583.33	**T2 = 126**	$169,359.82
July 2024	**WL = 133**	$180,891.94	**T2 = 124**	$147,207.03
January 2025	**WL = 280**	$422,965.44	**T2 = 143**	$188,107.00
April 2025	**WL = 333**	$456,011.36	**T2 = 143**	$170,524.65

7,410 = Covered members age 18+ enrolled in the HMO/PPO plans (GLP1 eligible).

TRUST FINANCIAL RESERVE CASH

	CD Account Balance	Investment Account Balance
January 2024	$10,326,622.59	$10.612.104.16
July 2024	$7,560,585.17	$10,650,294.36
January 2025	$6,233,987.90	$8,224,068.06
April 2025	$3,839.051.76	$6,851,991.84
May 2025		
Already Reduced by	($1,800,000.00)	($2,000,000.00)
Current Remaining Bal	**Approx. $2 million**	**Approx. $4.8 million**

GLP1 COST & FORMULARY CHANGE SAVINGS

CURRENT COST:
$1,370 per person **x 333** user = **$456k per month**
$456k per month **x 12** months = **$5.4m for a year**

FORMULARY CHANGE SAVINGS:

Ingredient Cost Savings	$5.4m
Lost Rebates	($2.6m)
Net Trust Savings	**$2.8m**

MISC INFO & CONSIDERATIONS

TRUST OPTIONS

IMMEDIATELY:

- Do Nothing = Face mid-year increase and another double digit increase next year. Potential closure of the Trust, impacting 73 units.
- Carveout As Proposed = Help reduce the monthly losses, try to keep Trust sustainable.

FUTURE:

- Make plan design changes = shifting more liability to individuals by adding deductibles and increasing copays (historically the majority of units and members do not want this).
- Increase rates = always have a steady increase, never allowing zero. Maintaining all reserves for potential spikes in claims as we've seen now instead of using any to lessen increases.
- Need to rebuild reserves to be sustainable going forward.

OTHER ENTITIES

- **BCBSMA** = Carving out GLP1 class, except for Type 2 Diabetes diagnoses eff 1/1/2026
- **Point32 =** Carving out GLP1 class, except for Type 2 Diabetes diagnoses eff 1/1/2026. If a member wants it covered, they pay more for it.
- **CVS Caremark** = No longer covering Zepbound eff 7/1/2025 – partnered with Wegovy
- **Medicare** = Does not cover GLP1s for weight loss
- **MIIA** = Follows BCBS protocols
- **GIC** = Running large deficits but has the state to bail them out ($240m current year)
- **MA LAW** = allows Carriers (which the Trust is) to choose at their own discretion to cover or not cover GLP1s for anything other than the medical necessity for Type 2 Diabetes.

RATES

The rate increases for 7/1/2025 will remain in effect.

- The Trust has lost an excess of $14 million since January 2024.
- The hope with carving out these drugs in combination with the rate increase is to lessen the amount we are losing each month.
- We can only hope the claims will level off, so we can at least break even.
- Eventually we will also need to start rebuilding our reserves again to keep the Trust sustainable.

PROPOSAL

To discontinue coverage of the GLP1 class of drugs effective 7/1/25, with the exception of medical necessity for Type 2 diabetes diagnoses.

- There is already a pre-authorization process in place for Type 2 Diabetes diagnoses.
- This follows suit with the change BCBS is making for their book of business.
- This is considered a Formulary Change, not a Benefit Change.
- Formulary Change can always be rescinded in the future if pricing comes down.

NEGOTIATIONS NOT NEEDED

There is a difference between health insurance coverage and prescription drug coverage. They are two individual plans contracted by the Trust from two separate carriers. MGL 32B strictly refers to health insurance plans, not prescription drug plans, therefore most bargaining agreements only have stipulations regarding health insurance (meaning medical coverage) and not prescription drug coverage which is a separate service.

Health Plan Design Changes (take place on Medical coverage)

- **Definition**: Health plan design refers to the overall structure and features of a health insurance plan.
- **Impact**: Changes to health plan design can affect a wide range of aspects of coverage, including co-pays, coinsurance, deductibles, and access to services, not just medications.

Formulary Changes (take place on Prescription Drug coverage)

- **Definition**: A formulary is a list of approved medications that a health plan covers. It's like a "preferred drug list".
- **Impact**: Changes to a formulary can directly affect patients' access to specific medications and their out-of-pocket costs.

My plan is 'self-insured'. What does that mean?

Some employers do not use a traditional insurance plan to provide health insurance to their employees. Rather than paying a premium to an insurance company to insure their employees, employers will instead pay for employee healthcare costs directly, but they may use an insurance company to help process the paperwork. The insurance company is acting as a third party administrator to help with paperwork. This is a called a self-insured or self-funded plan. The Massachusetts Division of Insurance does not have jurisdiction over self-insured plans; the federal government through the Department of Labor does have jurisdiction over many of these plans. Your employer/HR department or plan administrator will be able to tell you if your plan is self-funded.

Does my health insurance plan include prescription drug benefits?

Most health plans help pay the cost of covered prescription drugs. Insurers often use a "formulary" that lists what medicines will be covered and how much of the cost you'll pay. If you need a specific prescription, you should review your plan's formulary, which is a listing of what medications are covered, to learn if the drug is covered. A formulary usually has different tiers based on the type of covered medicine. Prescription medicines listed in one tier may cost you more than those in another tier (ie: specialty or non-preferred brands vs generics). You may have to pay the full cost of prescription medicines until you reach your plan's deductible for the year. Prescriptions that you pay for will count toward your annual out-of-pocket maximum.

You can ask your insurance company for an exception if a drug you need is not on your plan's formulary. If the insurance company denies your request, you may be able to file a medical necessity appeal to the Office of Patent Protection.

Many drug manufacturers also offer discounts if you are having difficulty paying for your prescription.

What's a formulary and how do they work?

Posted: October 13, 2021(UHC)

Last updated date: January 06, 2025

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Simply put, a formulary is just another name for a drug list. A formulary is the list of generic and brand-name prescription drugs covered by a specific health insurance plan. Sometimes, health plan formularies are also referred to as preferred drug lists (PDLs).

What's the purpose of a formulary?

The purpose of a drug formulary is to help manage which drugs care providers can prescribe and that would be covered by a health plan in 2025. The goal of a medical formulary is to make sure that the drugs covered by a health plan are safe, effective and available at a reasonable cost.

Who creates a drug formulary?

Health plan formularies are typically created by a committee set up by the plan's health insurance company. The formulary committee would likely include pharmacists and doctors from various medical areas. This committee would then choose which prescription drugs to include on the health plan formulary. A health plan may change its formulary drug list from time to time. That may be because new drugs become available, changes in treatment or based on new medical information.

If a prescription isn't on your health plan's formulary, you'd probably have to pay for it out of pocket

Joe Shea

From: Regal, Genevieve O <Genevieve.Regal@CVSHealth.com>
Sent: Tuesday, February 11, 2025 4:58 PM
To: Joe Shea; Cindy Graves; John Garrish; claverty@truveris.com
Cc: Prentiss, Jill C.; Morris, Kelsey; Regal, Genevieve O
Subject: Hampshire Standard Control Formulary + Advanced Control Specialty Formulary Effective April 1, 2025
Attachments: 04-2025 PDL SC ACSF.pdf; 04-2025 Advanced Control Specialty Formulary.pdf

Great news! **No one was impacted by this formulary change. No action is needed**. In our ongoing effort to assist you in maximizing your health care investment while offering your plan members clinically appropriate prescription therapy, we are announcing changes to the **Standard Control Formulary + Advanced Control Specialty Formulary** effective **April 1st 2025**. A copy of the **Performance Drug List** and **Advanced Control Specialty Formulary** are attached for your reference. As you recall, these changes are made on a quarterly basis and this communication will be sent every quarter.

The formulary review process focused on many factors, including:
(**Key for table: UPPER CASE** = brand-name medication, **lower case** = generic medication, *Class has existing formulary exclusions, **Multi-source Brand Product)
(# of members utilizing each medication in the most recent 3 months, excluding acute and non-maintenance medications)

Adding products that have demonstrated enhanced clinical efficacy and/or provide more convenient dosage forms.

Drug Class	Drug name(s)
Antineoplastic Agents, Kinase Inhibitors*	MEKINIST TABLETS, TAFINLAR CAPSULES
Autoimmune Agents, Self-Administered*	ADALIMUMAB-FKJP^

Tier 3 to Tier 2

Drug Class	Drug name(s)
Antineoplastic Agents, Kinase Inhibitors*	MEKINIST SOLUTION, PIQRAY, TAFINLAR TABLETS, TRUQAP
Ophthalmic, Anti-Infectives*	XDEMVY DROPS

Removing products that may have less convenient dosage forms, more side effects or cost more than other available options on the CVS Caremark® Drug List.

Formulary exclusions

Drug Class	Drug name(s)	Alternative(s)
Antineoplastic Agents, Kinase Inhibitors*	COTELLIC	MEKINIST, MEKTOVI
	SPRYCEL**	dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX
	ZELBORAF	BRAFTOVI, TAFINLAR
Central Nervous System, Antidepressants*	FLUOXETINE TABLET 60MG	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX

Tier 2 to Tier 3

Drug Class	Drug name(s)	Alternative(s)
Cardiovascular, Heart Failure*	CORLANOR**	ivabradine

Indication based strategy updates

Indication	Formulary Options
Autoimmune Agents, Self-Administered, Hidradenitis Suppurativa†	ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SUBCUTANEOUS, HYRIMOZ

Mailing Process:

As always, notifications will be sent to members who are negatively affected by tier changes or drug exclusions. Please encourage your members to use the CVS Caremark website, Caremark.com, to view the most current version of the drug list, as well as to review their prescription drug benefit information, request mail service orders and research drug information.

We appreciate the opportunity to serve you and your members' prescription benefit needs. If you have any questions regarding these changes, please do not hesitate to contact me.

Genevieve Regal, Pharm.D., Healthcare-MBA (She.Her.Hers.)
Clinical Pharmacy Advisor, Key Account Services

p 717-317-0940
Harrisburg, Pennsylvania - Eastern Standard Time

From: Regal, Genevieve O <Genevieve.Regal@CVSHealth.com>
Sent: Wednesday, October 23, 2024 11:36 AM
To: joes@hcgit.org; Cindys@hcgit.org; John Garrish <john.garrish@brfox.com>; claverty@truveris.com
Cc: Prentiss, Jill C. <Jill.Prentiss@CVSHealth.com>; Morris, Kelsey <Kelsey.Rix@CVSHealth.com>; Regal, Genevieve O <Genevieve.Regal@CVSHealth.com>
Subject: Hampshire Standard Control Formulary + Advanced Control Specialty Formulary Effective January 1, 2025

In our ongoing effort to assist you in maximizing your health care investment while offering your plan members clinically appropriate prescription therapy, we are announcing changes to the **Standard Control Formulary + Advanced Control Specialty Formulary** effective **January 1st 2025**. A copy of the **Performance Drug List** and **Advanced Control Specialty Formulary** are attached for your reference. **No action is needed**. As you recall, these changes are made on a quarterly basis and this communication will be sent every quarter.

The formulary review process focused on many factors, including:
(**Key for table: UPPER CASE** = brand-name medication, **lower case** = generic medication, *Class has existing formulary exclusions, **Multi-source Brand Product) (# of members utilizing each medication in the most recent 3 months, excluding acute and non-maintenance medications)

Adding products that have demonstrated enhanced clinical efficacy and/or provide more convenient dosage forms.
Formulary additions

Drug Class	Drug name(s)
Antidiabetics, Dipeptidyl Peptidase-4 (DPP-4) Inhibitors*	ZITUVIMET^, ZITUVIMET XR^, ZITUVIO^
Antineoplastic Agents, Herceptin Biosimilars*	KANJINTI, TRAZIMERA
Antineoplastic Agents, Kinase Inhibitors*	LORBRENA (non-preferred)
Central Nervous System, Antipsychotics*	ABILIFY ASIMTUFII^

Central Nervous System, Botulinum Toxins*	DAXXIFY^
Central Nervous System, Miscellaneous*	VYVGART^, VYVGART HYTRULO^
Central Nervous System, Multiple Sclerosis Agents*	BAFIERTAM^
Endocrine and Metabolic, Central Precocious Puberty	TRIPTODUR
Endocrine and Metabolic, Diabetic Supplies*	TWIIST INSULIN PUMP AND SUPPLIES^
Endocrine and Metabolic, Enzyme Replacements	NEXVIAZYME^
Endocrine and Metabolic, Fertility Regulators*	PREGNYL
Endocrine and Metabolic, Insulin, Long-Acting*	INSULIN GLARGINE-YFGN^
Hematologic, Hemophilia Agents*	ALTUVIIIO^, BENEFIX
Respiratory, Steroid Inhalants*	ASMANEX HFA
Respiratory, Steroid/Beta-Agonist Combinations*	Breyna^, budesonide-formoterol^

Tier 3 to Tier 2

Drug Class	Drug name(s)
Anti-infectives, Antiretroviral Agents*	APRETUDE
Autoimmune Agents, Self-Administered*	LITFULO
Central Nervous System, Antiseizure Agents*	BRIVIACT

Removing products that may have less convenient dosage forms, more side effects or cost more than other available options on the CVS Caremark® Drug List.

Formulary exclusions

Drug Class	Drug name(s)	Alternative(s)
Antidiabetics, Dipeptidyl Peptidase-4 (DPP-4) Inhibitors*	JANUMET, JANUMET XR	saxagliptin-metformin ext-rel, ZITUVIMET, ZITUVIMET XR
	JANUVIA (10)	saxagliptin, ZITUVIO
Antidiabetics, Incretin Mimetic Agents*	VICTOZA**	liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY
Antineoplastic Agents, Herceptin Biosimilars*	HERZUMA, OGIVRI	KANJINTI, TRAZIMERA

Central Nervous System, Botulinum Toxins*	DYSPORT (2)	DAXXIFY, XEOMIN
Endocrine and Metabolic, Diabetic Supplies*	V-GO INSULIN INFUSION PUMP	OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP, TWIIST INSULIN INFUSION PUMP AND SUPPLIES
Endocrine and Metabolic, Fertility Regulators*	OVIDREL (3)	PREGNYL
Hematologic Agents, Paroxysmal Nocturnal Hemoglobinuria (PNH) Agents	SOLIRIS, ULTOMIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYRULO (For Myasthenia Gravis Only)
Hematologic, Thrombocytopenia Agents*	MULPLETA	DOPTELET
	PROMACTA, TAVALISSE	ALVAIZ, DOPTELET
Respiratory, Anticholinergics*	tiotropium bromide (1)	SPIRIVA HANDIHALER
Respiratory, Steroid/Beta-Agonist Combinations*	DULERA	budesonide-formoterol, fluticasone-salmeterol (generics for Advair Diskus by Hikma and Teva), Breyna, Wixela Inhub, BREO ELLIPTA (except the 14-inhalation pack)
Topical, Dermatology, Rosacea*	RHOFADE (1)	azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA

(21)

Indication-based strategy updates

Indication	Drug(s) added
Psoriasis	• BIMZELX add as a preferred product for Psoriasis • TALTZ (5) change from preferred to excluded product for Psoriasis
Ulcerative Colitis	• TREMFYA add as a preferred for Ulcerative Colitis

Mailing Process:

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information, request mail service orders and research drug information. We appreciate the opportunity to serve you and your members' prescription benefit needs. If you have any questions regarding these changes, please do not hesitate to contact me.

Thank you. I appreciate your efforts on this. Please let me know how I can assist.
Genevieve Regal, PharmD, HC-MBA | Clinical Advisor, Key Account Services | CVS/caremark |Harrisburg, Pennsylvania | Cell: 717-317-0940

CVSHealth

From: Regal, Genevieve O <Genevieve.Regal@CVSHealth.com>
Sent: Monday, August 19, 2024 4:31 PM
To: joes@hcgit.org; Cindys@hcgit.org; John Garrish <john.garrish@brfox.com>; claverty@truveris.com
Cc: Prentiss, Jill C. <Jill.Prentiss@CVSHealth.com>; Morris, Kelsey <Kelsey.Rix@CVSHealth.com>; Regal, Genevieve O <Genevieve.Regal@CVSHealth.com>
Subject: Hampshire October 2024 Standard Control Formulary + Advanced Control Specialty Formulary_No action required

Hello Hampshire team! In our ongoing effort to assist you in maximizing your health care investment while offering your plan members clinically appropriate prescription therapy, we are announcing changes to the **Standard Control Formulary + Advanced Control Specialty Formulary** effective **October 1st, 2024.** A copy of the **Performance Drug List** and **Advanced Control Specialty Formulary** are attached for your reference. **No action is needed**. As you recall, these changes are made on a quarterly basis and this communication will be sent every quarter.

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Adding products that have demonstrated enhanced clinical efficacy and/or provide more convenient dosage forms.
Formulary additions

Drug Class	Drug name(s)

Antineoplastic Agents, Kinase Inhibitors*	MEKINIST SOLUTION, TAFINLAR TABLETS (both non-preferred)
Cardiovascular, Pulmonary Arterial Hypertension*	TYVASO DPI
Hematologic, Thrombocytopenia Agents*	ALVAIZ

Tier 3 to Tier 2

Drug Class	Drug name(s)
Antidepressants, Miscellaneous	ZURZUVAE
Anti-infectives, Antivirals	PAXLOVID
Cardiovascular, Pulmonary Arterial Hypertension*	OPSYNVI, TYVASO SOL

Removing products that may have less convenient dosage forms, more side effects or cost more than other available options on the CVS Caremark® Drug List.

Formulary exclusions

Drug Class	Drug name(s)	Alternative(s)
Diabetic Supplies*	KETO-DIASTIX, KETOSTIX	Talk to your doctor
Migraine*	TRUDHESA	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH

Tier 2 to Tier 3

Drug Class	Drug name(s)	Alternative(s)
Anti-infectives, Antifungals	VFEND**	voriconazole
Anti-infectives, Antiretrovirals	EMTRIVA**	emtricitabine, lamivudine
	FUZEON	Talk to your doctor
Anti-Infectives, Tetracyclines	VIBRAMYCIN SUSP**	doxycycline hyclate, VIBRAMYCIN CAPSULE

Antineoplastic Agents, Alkylating Agents	LEUKERAN, MATULANE, MYLERAN	Talk to your doctor
Antineoplastic Agents, Antimetabolites	TABLOID	Talk to your doctor
	TREXALL (1)	methotrexate, RASUVO
Antineoplastic Agents, Hormonal	LYSODREN	Talk to your doctor
Antineoplastic Agents, Miscellaneous	ZOLINZA	Talk to your doctor
Cardiovascular, Antiarrhythmics	RYTHMOL SR**	propafenone, propafenone ER
Cardiovascular, Beta-Blocker/Diuretic Combinations	ZIAC**	bisoprolol/hydrochlorothiazide, metoprolol/hydrochlorothiazide
Dental Agents	SALAGEN**	pilocarpine
Dermatology, Acne	ONEXTON GEL	generic clindamycin/benzoyl peroxide, AKLIEF, EPIDUO, TWYNEO, WINLEVI
Gastrointestinal, Miscellaneous	UROCIT-K**	potassium citrate ER
	URSO**, URSO FORTE**	ursodiol tablets
Hematologic, Anticoagulants	FRAGMIN	enoxaparin, fondaparinux
Nutritional, Supplements, Vitamins	ROCALTROL**, ZEMPLAR**	calcitriol, doxercalciferol, paricalcitrol
Ophthalmic, Anti-inflammatories	PROLENSA*	bromfenac, diclofenac, ketorolac, ILEVRO

Mailing Process:

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Thank you. I appreciate your efforts on this. Please let me know how I can assist.

Genevieve Regal, PharmD, HC-MBA | Clinical Advisor, Key Account Services | **CVS/caremark** | Harrisburg, Pennsylvania | Cell: 717-317-0940

CVSHealth

From: Regal, Genevieve O <Genevieve.Regal@CVSHealth.com>
Sent: Friday, May 10, 2024 3:31 PM
To: joes@hcgit.org; Cindys@hcgit.org; John Garrish <john.garrish@brfox.com>; claverty@truveris.com
Cc: Prentiss, Jill C. <Jill.Prentiss@CVSHealth.com>; Regal, Genevieve O <Genevieve.Regal@CVSHealth.com>; Morris, Kelsey <Kelsey.Rix@CVSHealth.com>
Subject: Hampshire July 2024 Standard Control Formulary + Advanced Control Specialty Formulary_No action required

Hello Hampshire Team - In our ongoing effort to assist you in maximizing your health care investment while offering your plan members clinically appropriate prescription therapy, we are announcing changes to the **Standard Control Formulary + Advanced Control Specialty Formulary** effective **July 1st, 2024.** A copy of the **Performance Drug List** and **Advanced Control Specialty Formulary** are attached for your reference. **No action is needed**. As you recall, these changes are made on a quarterly basis and this communication will be sent every quarter.

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Adding products that have demonstrated enhanced clinical efficacy and/or provide more convenient dosage forms.
Formulary additions

Drug Class	Drug name(s)
Anti-Infectives, Antiretroviral Combination Agents*	CABENUVA^
Antineoplastic Agents, Kinase Inhibitors*	XALKORI ORAL PELLETS (non-preferred)
Cardiovascular, Antilipemics, Omega-3 Fatty Acids*	icosapent ethyl
Endocrine and Metabolic, Contraceptives*	EluRyng, EnilloRing, ethinyl estradiol-etonogestrel, Haloette
Endocrine and Metabolic, Enzyme Replacements*	ELFABRIO^
Gastrointestinal, Miscellaneous*	MOVANTIK

Tier 3 to Tier 2

Drug Class	Drug name(s)
Central Nervous System, Miscellaneous*	RADICAVA
Dermatology, Antiseborrheics*	ZORYVE
Endocrine and Metabolic, Androgens*	XYOSTED
Endocrine and Metabolic, Enzyme Replacements*	GALAFOLD, FABRAZYME

Removing products that may have less convenient dosage forms, more side effects or cost more than other available options on the CVS Caremark® Drug List.

Formulary exclusions

Drug Class	Drug name(s)	Alternative(s)
Anti-Infectives, Antivirals*	XERESE	acyclovir capsule, acyclovir tablet, valacyclovir
Cardiovascular, Antilipemics, Omega-3 Fatty Acids*	VASCEPA** (8)	icosapent ethyl, omega-3 acid ethyl esters
Endocrine and Metabolic, Contraceptives*	NUVARING** (13)	ethinyl estradiol-etonogestrel, ANNOVERA
Endocrine and Metabolic, Gaucher Disease*	VPRIV	CERDELGA, CEREZYME

Tier 2 to Tier 3

Drug Class	Drug name(s)	Alternative(s)
Anti-infectives, Antimalarials*	MALARONE**	atovaquone-proguanil
Anti-Infectives, Antitubercular Agents*	MYAMBUTOL**	ethambutol
Anti-Infectives, Miscellaneous*	CLEOCIN**	clindamycin
	CLEOCIN PEDIATRIC SOLUTION**	clindamycin oral solution

	MACROBID**	nitrofurantoin (except NDC 16571074024)
	VANCOCIN**	vancomycin capsules
Antineoplastic Agents, Hormonal Antineoplastic Agents*	ARIMIDEX**(1), AROMASIN**, FEMARA**	anastrozole, exemestane, letrozole
Antineoplastic Agents, Alkylating Agents*	ALKERAN**	melphalan
Antineoplastic Agents, Miscellaneous*	HYDREA**	hydroxyurea
Cardiovascular, ACE Inhibitor Combinations*	LOTREL**	amlodipine-benazepril
Cardiovascular, Aldosterone Receptor Antagonists*	INSPRA**	eplerenone, spironolactone
Cardiovascular, Diuretics*	ALDACTONE**	eplerenone, spironolactone
Cardiovascular, Miscellaneous*	CATAPRES-TTS**	clonidine patch
Cardiovascular, Nitrates*	NITRO-DUR**	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate, isosorbide mononitrate ext-rel, nitroglycerin patch
Central Nervous System, Antianxiety*	ANAFRANIL**	clomipramine, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), fluoxetine delayed-rel, fluvoxamine, fluvoxamine ext-rel, paroxetine, sertraline
Central Nervous System, Antidepressants*	NARDIL**, PARNATE**	phenelzine, tranylcypromine
	NORPRAMIN**, PAMELOR**	amitriptyline, desipramine, doxepin, imipramine hydrochloride, imipramine pamoate, nortriptyline
Central Nervous System, Antiseizure Agents*	TROKENDI XR**	generics, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI

Central Nervous System, Miscellaneous*	LITHOBID**	lithium carbonate, lithium carbonate ext-rel
Central Nervous System, Musculoskeletal Therapy Agents*	DANTRIUM**	baclofen, dantrolene, tizanidine, ZANAFLEX
Dermatology, Antibiotics*	SILVADENE**	silver sulfadiazine
Dermatology, Corticosteroids*	CLOBEX LOTION**, CLOBEX SHAMPOO**	betamethasone dipropionate augmented gel and ointment, clobetasol cream, foam (except clobetasol emollient foam), gel, lotion, ointment, and shampoo, clobetasol propionate solution, halobetasol cream and ointment
Dermatology, Local Anesthetics*	LIDODERM PATCH**	lidocaine patch
Dermatology, Miscellaneous Skin and Mucous Membrane*	CONDYLOX**	podofilox solution, imiquimod cream 3.75%, 5%, ZYCLARA
Dermatology, Scabicides and Pediculicides*	OVIDE LOTION**	ivermectin, malathion
Endocrine and Metabolic, Antidiabetics, Alpha-Glucosidase Inhibitors*	PRECOSE**	acarbose
Endocrine and Metabolic, Contraceptives*	DEPO-PROVERA**, DEPO-SUBQ	medroxyprogesterone injection
Endocrine and Metabolic, Estrogens*	DIVIGEL**	estradiol
Endocrine and Metabolic, Miscellaneous*	FORTEO**	teriparatide, PROLIA, TYMLOS
Gastrointestinal, Anticholinergics*	LEVSIN**(1), LEVSIN SL**	dicyclomine
Gastrointestinal, Antidiarrheals*	LOMOTIL**	diphenoxylate-atropine, loperamide
Gastrointestinal, Miscellaneous*	CYTOTEC**	misoprostol