



Care Wisconsin Partnership

2019 Formulary

(List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 19517, Version Number 10

This formulary was updated on 4/10/2019. For more recent information or other questions, please contact Care Wisconsin Partnership Customer Service at 1-800-963-0035 or, for TTY users, Wisconsin Relay 711, 8 a.m. – 8 p.m., 7 days a week, or visit www.carewisc.org/partnership.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Care Wisconsin Health Plan. When it refers to “plan” or “our plan,” it means Care Wisconsin Partnership.

This document includes a list of the drugs (formulary) for our plan which is current as of 4/10/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the Care Wisconsin Partnership Formulary?

A formulary is a list of covered drugs selected by Care Wisconsin Partnership in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Care Wisconsin Partnership will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Care Wisconsin Partnership network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Care Wisconsin Partnership Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.

The enclosed formulary is current as of 4/10/2019. To get updated information about the drugs covered by Care Wisconsin Partnership, please contact us. Our contact information appears on the front and back cover pages.

In the events of a mid-year non-maintenance formulary change, we will mail you updates to the formulary as needed on a quarterly basis. You can also get these formulary updates by contacting your Care Team or printing them out from our Web site.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page number 2. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 71. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Care Wisconsin Partnership covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Care Wisconsin Partnership requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Care Wisconsin Partnership before you fill your prescriptions. If you don't get approval, Care Wisconsin Partnership may not cover the drug.
- **Quantity Limits:** For certain drugs, Care Wisconsin Partnership limits the amount of the drug that Care Wisconsin Partnership will cover. For example, Care Wisconsin Partnership provides 62 tablets per prescription for Xifaxan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Care Wisconsin Partnership requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Care Wisconsin Partnership may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Care Wisconsin Partnership will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Care Wisconsin Partnership to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Care Wisconsin Partnership formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that Care Wisconsin Partnership does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Care Wisconsin Partnership. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Care Wisconsin Partnership.
- You can ask Care Wisconsin Partnership to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Care Wisconsin Partnership Formulary?

You can ask Care Wisconsin Partnership to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Care Wisconsin Partnership limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Care Wisconsin Partnership will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31 day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Current members with a change in where they receive care

Care Wisconsin Partnership has a transition process that addresses unplanned transitions as members change treatment settings due to changes in the type of care they require. Changes in where you live or receive care may warrant a temporary one-time fill exception regardless of whether or not you are in the first 90 days of program enrollment. Examples of situations include:

- You were discharged from the hospital and were provided a discharge list of medications based upon the formulary of the hospital.
- You are in a skilled nursing facility and Medicare coverage (where payments include all pharmacy charges) comes to an end. In this circumstance your coverage will revert to our plan formulary.
- Beneficiaries who give up Hospice Status to revert back to standard Medicare or Medicaid benefits.
- Beneficiaries who are discharged from Chronic Psychiatric Hospitals with combinations of medications that are highly individualized.

Please note that our transition policy applies only to those drugs that are on our formulary and are supplied by a network pharmacy.

For more information

For more detailed information about your Care Wisconsin Partnership prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Care Wisconsin Partnership, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Care Wisconsin Partnership's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Care Wisconsin Partnership. If you have trouble finding your drug in the list, turn to the Index that begins on page 71.

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

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

LEGEND

1: Covered Medications

BD: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances.

HR: High Risk Medication (PA required for ages 65 or over).

LA: This prescription drug is limited to certain pharmacies.

PA: 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.

QL: There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: 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.

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Care Wisconsin (List of Covered Drugs)

Drug	Requirements/Limits
ANALGESICS	
OPIOID ANALGESICS, LONG-ACTING	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PA; QL (11 EA per 33 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>	QL (31 EA per 31 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	QL (500 ML per 31 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	QL (992 ML per 31 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	QL (248 EA per 31 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	QL (62 EA per 31 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	QL (62 EA per 31 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	QL (93 EA per 31 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	ST; QL (124 EA per 31 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg, 30 mg, 60 mg</i>	ST; QL (93 EA per 31 days)
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	QL (413 EA per 31 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	QL (5167 ML per 31 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	QL (413 EA per 31 days)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	PA; HR; QL (382 EA per 31 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	PA; HR; QL (381 EA per 31 days)
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	BD
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	QL (382 EA per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PA; QL (186 EA per 31 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	QL (5683 ML per 31 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	QL (381 EA per 31 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	QL (186 EA per 31 days)
<i>hydromorphone hcl injection solution 2 mg/ml</i>	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	QL (1984 ML per 31 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	QL (372 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>hydromorphone hcl oral tablet 8 mg</i>	QL (248 EA per 31 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	
<i>levorphanol tartrate oral tablet 2 mg</i>	QL (186 EA per 31 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	QL (415 ML per 31 days)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	QL (1550 ML per 31 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	QL (186 EA per 31 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	QL (372 ML per 31 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	QL (5580 ML per 31 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	QL (186 EA per 31 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	QL (381 EA per 31 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	QL (372 EA per 31 days)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	QL (372 EA per 31 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	PA; HR; QL (372 EA per 31 days)
<i>tramadol hcl oral tablet 50 mg</i>	QL (248 EA per 31 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	QL (381 EA per 31 days)
VICODIN ES ORAL TABLET 7.5-300 MG	QL (382 EA per 31 days)
VICODIN ORAL TABLET 5-300 MG	QL (382 EA per 31 days)
ANESTHETICS	
LOCAL ANESTHETICS	
<i>lidocaine external patch 5 %</i>	PA; QL (93 EA per 31 days)
<i>lidocaine hcl external gel 2 %</i>	
<i>lidocaine hcl external solution 4 %</i>	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENTS/ANTI-CRAVING	
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	
<i>naltrexone hcl oral tablet 50 mg</i>	
OPIOID ANTAGONISTS	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	QL (4 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>naloxone hcl injection solution 0.4 mg/ml</i>	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	
NARCAN NASAL LIQUID 4 MG/0.1ML	QL (2 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	
SMOKING CESSATION AGENTS	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	QL (93 EA per 31 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	PA; QL (56 EA per 28 days)
CHANTIX ORAL TABLET 0.5 MG	PA; QL (11 EA per 31 days)
CHANTIX ORAL TABLET 1 MG	PA; QL (174 EA per 84 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	PA; QL (53 EA per 28 days)
NICOTROL INHALATION INHALER 10 MG	PA
ANTIBACTERIALS	
AMINOGLYCOSIDES	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	
<i>gentamicin sulfate external cream 0.1 %</i>	
<i>gentamicin sulfate external ointment 0.1 %</i>	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	
<i>neomycin sulfate oral tablet 500 mg</i>	
<i>paromomycin sulfate oral capsule 250 mg</i>	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	
TOBI PODHALER INHALATION CAPSULE 28 MG	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	
ANTIBACTERIALS, OTHER	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	
<i>clindamycin phosphate external gel 1 %</i>	
<i>clindamycin phosphate external lotion 1 %</i>	
<i>clindamycin phosphate external solution 1 %</i>	
<i>clindamycin phosphate external swab 1 %</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	BD
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	
<i>linezolid intravenous solution 600 mg/300ml</i>	PA
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PA
<i>linezolid oral tablet 600 mg</i>	PA
<i>methenamine hippurate oral tablet 1 gm</i>	
<i>metronidazole external cream 0.75 %</i>	
<i>metronidazole external gel 0.75 %, 1 %</i>	
<i>metronidazole external lotion 0.75 %</i>	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	BD
<i>metronidazole oral tablet 250 mg, 500 mg</i>	
MONUROL ORAL PACKET 3 GM	QL (2 EA per 30 days)
<i>mupirocin external ointment 2 %</i>	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	PA; HR
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PA; HR
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	PA; HR; QL (620 ML per 31 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	PA; QL (6 EA per 28 days)
SIVEXTRO ORAL TABLET 200 MG	PA; QL (6 EA per 28 days)
<i>tigecycline intravenous solution reconstituted 50 mg</i>	BD
<i>trimethoprim oral tablet 100 mg</i>	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 1000 mg, 250 mg, 500 mg, 750 mg</i>	BD
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	
XIFAXAN ORAL TABLET 200 MG	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	QL (62 EA per 31 days)
BETA-LACTAM, CEPHALOSPORINS	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	
<i>cefadroxil oral capsule 500 mg</i>	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	
<i>cefadroxil oral tablet 1 gm</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	
<i>cefdinir oral capsule 300 mg</i>	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</i>	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	
SUPRAX ORAL CAPSULE 400 MG	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	BD
BETA-LACTAM, OTHER	
<i>aztreonam injection solution reconstituted 1 gm</i>	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	PA
<i>doripenem intravenous solution reconstituted 500 mg</i>	BD
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	
BETA-LACTAM, PENICILLINS	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	
<i>ampicillin oral capsule 500 mg</i>	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	BD
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm</i>	BD
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	
MACROLIDES	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	
<i>azithromycin oral packet 1 gm</i>	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	
<i>erythromycin external gel 2 %</i>	
<i>erythromycin external solution 2 %</i>	
QUINOLONES	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	
<i>levofloxacin intravenous solution 25 mg/ml</i>	
<i>levofloxacin oral solution 25 mg/ml</i>	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	
SULFONAMIDES	
PASER ORAL PACKET 4 GM	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	
<i>sulfadiazine oral tablet 500 mg</i>	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	
TETRACYCLINES	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	
ANTICONVULSANTS	
ANTICONVULSANTS, OTHER	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	PA
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	
<i>levetiracetam oral solution 100 mg/ml</i>	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	
<i>oxcarbazepine oral tablet 150 mg</i>	
ROWEEPRA ORAL TABLET 1000 MG, 500 MG, 750 MG	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	QL (93 EA per 31 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	QL (124 EA per 31 days)
BARBITURATES	
<i>clobazam oral suspension 2.5 mg/ml</i>	QL (496 ML per 31 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	PA; HR; QL (1550 ML per 31 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	PA; HR; QL (93 EA per 31 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	PA; HR; QL (124 EA per 31 days)
<i>phenobarbital oral tablet 30 mg</i>	PA; HR; QL (310 EA per 31 days)
BENZODIAZEPINES	
<i>clobazam oral tablet 10 mg, 20 mg</i>	QL (62 EA per 31 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	
<i>diazepam rectal gel 10 mg, 2.5 mg</i>	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	QL (62 EA per 31 days)
CALCIUM CHANNEL MODIFYING AGENTS	
CELONTIN ORAL CAPSULE 300 MG	
<i>ethosuximide oral capsule 250 mg</i>	
<i>ethosuximide oral solution 250 mg/5ml</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
LYRICA ORAL CAPSULE 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	
LYRICA ORAL SOLUTION 20 MG/ML	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	QL (744 ML per 31 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	QL (31 EA per 31 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	QL (279 EA per 31 days)
<i>gabapentin oral solution 250 mg/5ml</i>	QL (2232 ML per 31 days)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	QL (186 EA per 31 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	
SABRIL ORAL TABLET 500 MG	QL (186 EA per 31 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	
<i>valproate sodium oral solution 250 mg/5ml</i>	
<i>valproic acid oral capsule 250 mg</i>	
<i>vigabatrin oral packet 500 mg</i>	LA; QL (186 EA per 31 days)
GLUTAMATE REDUCING AGENTS	
<i>felbamate oral suspension 600 mg/5ml</i>	
<i>felbamate oral tablet 400 mg, 600 mg</i>	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	
<i>topiramate oral tablet 100 mg, 200 mg, 50 mg</i>	QL (124 EA per 31 days)
<i>topiramate oral tablet 25 mg</i>	QL (93 EA per 31 days)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
SODIUM CHANNEL AGENTS	
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	QL (31 EA per 31 days)
APTIOM ORAL TABLET 600 MG	QL (62 EA per 31 days)
BANZEL ORAL SUSPENSION 40 MG/ML	QL (2852 ML per 31 days)
BANZEL ORAL TABLET 200 MG	QL (496 EA per 31 days)
BANZEL ORAL TABLET 400 MG	QL (248 EA per 31 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	
<i>carbamazepine oral suspension 100 mg/5ml</i>	
<i>carbamazepine oral tablet 200 mg</i>	
<i>carbamazepine oral tablet chewable 100 mg</i>	
DILANTIN ORAL CAPSULE 30 MG	
EPITOL ORAL TABLET 200 MG	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	
<i>oxcarbazepine oral tablet 300 mg, 600 mg</i>	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	
PEGANONE ORAL TABLET 250 MG	
<i>phenytoin oral suspension 125 mg/5ml</i>	
<i>phenytoin oral tablet chewable 50 mg</i>	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	
VIMPAT ORAL SOLUTION 10 MG/ML	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, COMBINATIONS	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	
ANTIDEMENTIA AGENTS, OTHER	
<i>ergoloid mesylates oral tablet 1 mg</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
CHOLINESTERASE INHIBITORS	
<i>donepezil hcl oral tablet 10 mg</i>	QL (62 EA per 31 days)
<i>donepezil hcl oral tablet 23 mg, 5 mg</i>	QL (31 EA per 31 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	QL (62 EA per 31 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	QL (31 EA per 31 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	QL (31 EA per 31 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	
<i>memantine hcl oral solution 2 mg/ml</i>	QL (372 ML per 31 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	QL (62 EA per 31 days)
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	QL (49 EA per 28 days)
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	QL (124 EA per 31 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	QL (93 EA per 31 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	QL (62 EA per 31 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	QL (93 EA per 31 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	QL (186 EA per 31 days)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	QL (31 EA per 31 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	QL (31 EA per 31 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	ST; QL (31 EA per 31 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	
MONOAMINE OXIDASE INHIBITORS	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	ST; QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
MARPLAN ORAL TABLET 10 MG	ST
<i>phenelzine sulfate oral tablet 15 mg</i>	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	QL (620 ML per 31 days)
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	QL (31 EA per 31 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	QL (186 EA per 31 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg</i>	QL (62 EA per 31 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	QL (620 ML per 31 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	QL (47 EA per 31 days)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	QL (31 EA per 31 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	
<i>fluoxetine hcl oral capsule 10 mg</i>	QL (186 EA per 31 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	QL (124 EA per 31 days)
<i>fluoxetine hcl oral capsule 40 mg</i>	QL (62 EA per 31 days)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	QL (620 ML per 31 days)
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	QL (31 EA per 31 days)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	QL (62 EA per 31 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	QL (93 EA per 31 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 37.5 mg</i>	QL (62 EA per 31 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg</i>	QL (93 EA per 31 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	QL (31 EA per 31 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	QL (62 EA per 31 days)
PAXIL ORAL SUSPENSION 10 MG/5ML	ST; QL (930 ML per 31 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	QL (310 ML per 31 days)
<i>sertraline hcl oral tablet 100 mg</i>	QL (62 EA per 31 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	QL (93 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	QL (62 EA per 31 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	QL (31 EA per 31 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	
TRICYCLICS	
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PA; HR
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	PA; HR
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	PA; HR
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PA; HR
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PA; HR
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PA; HR
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PA; HR
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	PA; HR
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	PA; HR
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PA; HR
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	PA; HR
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	PA; HR
ANTIEMETICS	
ANTIEMETICS, OTHER	
<i>hydroxyzine hcl oral tablet 10 mg</i>	PA; HR
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PA; HR
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PA; HR
<i>promethazine hcl rectal suppository 50 mg</i>	PA; HR
EMETOGENIC THERAPY ADJUNCTS	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	BD; QL (31 EA per 31 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	BD; QL (12 EA per 31 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	PA; QL (62 EA per 31 days)
<i>granisetron hcl oral tablet 1 mg</i>	BD; QL (62 EA per 31 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	BD; QL (465 ML per 31 days)
<i>ondansetron hcl oral tablet 24 mg</i>	BD; QL (31 EA per 31 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	BD; QL (62 EA per 31 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	BD; QL (62 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	
VARUBI ORAL TABLET 90 MG	BD; QL (4 EA per 28 days)
ANTIFUNGALS	
ANTIFUNGALS	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	BD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	BD
<i>amphotericin b injection solution reconstituted 50 mg</i>	BD
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	BD
<i>ciclopirox external shampoo 1 %</i>	
<i>ciclopirox external solution 8 %</i>	
<i>ciclopirox olamine external cream 0.77 %</i>	
<i>ciclopirox olamine external suspension 0.77 %</i>	
<i>clotrimazole external cream 1 %</i>	
<i>clotrimazole external solution 1 %</i>	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	
<i>econazole nitrate external cream 1 %</i>	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	PA
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	BD
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	
<i>griseofulvin microsize oral tablet 500 mg</i>	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	
<i>itraconazole oral capsule 100 mg</i>	PA
<i>itraconazole oral solution 10 mg/ml</i>	PA
JUBLIA EXTERNAL SOLUTION 10 %	
<i>ketconazole external cream 2 %</i>	
<i>ketconazole external shampoo 2 %</i>	
<i>ketconazole oral tablet 200 mg</i>	
NOXAFIL ORAL SUSPENSION 40 MG/ML	QL (870 ML per 28 days)
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	QL (93 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	
<i>nystatin external cream 100000 unit/gm</i>	
<i>nystatin external ointment 100000 unit/gm</i>	
<i>nystatin external powder 100000 unit/gm</i>	
<i>nystatin oral tablet 500000 unit</i>	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	
<i>terbinafine hcl oral tablet 250 mg</i>	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PA; QL (124 EA per 31 days)
ANTIGOUT AGENTS	
ANTIGOUT AGENTS	
<i>allopurinol oral tablet 100 mg</i>	
<i>colchicine oral capsule 0.6 mg</i>	
<i>colchicine oral tablet 0.6 mg</i>	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	
<i>probenecid oral tablet 500 mg</i>	
ULORIC ORAL TABLET 40 MG, 80 MG	ST
ANTI-INFLAMMATORY AGENTS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	
<i>diclofenac potassium oral tablet 50 mg</i>	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	
<i>diflunisal oral tablet 500 mg</i>	
<i>etodolac oral capsule 200 mg, 300 mg</i>	
<i>etodolac oral tablet 400 mg, 500 mg</i>	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	
IBU ORAL TABLET 600 MG, 800 MG	
<i>ibuprofen oral suspension 100 mg/5ml</i>	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	
<i>indomethacin er oral capsule extended release 75 mg</i>	PA; HR
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PA; HR

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>ketorolac tromethamine oral tablet 10 mg</i>	PA; HR; QL (20 EA per 5 days)
<i>meloxicam oral tablet 15 mg</i>	QL (31 EA per 31 days)
<i>meloxicam oral tablet 7.5 mg</i>	QL (62 EA per 31 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	
<i>naproxen oral suspension 125 mg/5ml</i>	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	
<i>sulindac oral tablet 150 mg, 200 mg</i>	
ANTIMIGRAINE AGENTS	
ERGOT ALKALOIDS	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	QL (9 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>	QL (8 EA per 28 days)
<i>sumatriptan nasal solution 5 mg/act</i>	QL (32 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	QL (9 EA per 28 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	QL (5 ML per 31 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	QL (6 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	QL (6 ML per 28 days)
ANTIMYASTHENIC AGENTS	
PARASYMPATHOMIMETICS	
<i>guanidine hcl oral tablet 125 mg</i>	
<i>pyridostigmine bromide oral tablet 60 mg</i>	
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
<i>dapsone oral tablet 100 mg, 25 mg</i>	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	
ANTITUBERCULARS	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>isoniazid oral syrup 50 mg/5ml</i>	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	
PRIFTIN ORAL TABLET 150 MG	
<i>pyrazinamide oral tablet 500 mg</i>	
<i>rifabutin oral capsule 150 mg</i>	
<i>rifampin intravenous solution reconstituted 600 mg</i>	
<i>rifampin oral capsule 150 mg, 300 mg</i>	
RIFATER ORAL TABLET 50-120-300 MG	
SIRTURO ORAL TABLET 100 MG	
TRECTOR ORAL TABLET 250 MG	
ANTINEOPLASTICS	
ALKYLATING AGENTS	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	BD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	
LEUKERAN ORAL TABLET 2 MG	
ANTIANGIOGENIC AGENTS	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	PA; LA; QL (31 EA per 31 days)
REVLIMID ORAL CAPSULE 20 MG	PA; QL (31 EA per 31 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	PA; QL (31 EA per 31 days)
THALOMID ORAL CAPSULE 150 MG	PA; QL (62 EA per 31 days)
ANTIMETABOLITES	
<i>mercaptopurine oral tablet 50 mg</i>	
<i>methotrexate oral tablet 2.5 mg</i>	BD
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	BD
<i>methotrexate sodium injection solution 250 mg/10ml</i>	BD
PURIXAN ORAL SUSPENSION 2000 MG/100ML	
TABLOID ORAL TABLET 40 MG	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	BD
XATMEP ORAL SOLUTION 2.5 MG/ML	BD
ANTINEOPLASTICS	
<i>abiraterone acetate oral tablet 250 mg</i>	QL (124 EA per 31 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	PA; LA
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	PA; QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	PA; QL (62 EA per 31 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	PA; QL (31 EA per 31 days)
ALECENSA ORAL CAPSULE 150 MG	
ALUNBRIG ORAL TABLET 180 MG	PA; QL (31 EA per 31 days)
ALUNBRIG ORAL TABLET 30 MG	PA; QL (186 EA per 31 days)
ALUNBRIG ORAL TABLET 90 MG	PA; QL (62 EA per 31 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	PA; QL (31 EA per 31 days)
<i>bexarotene oral capsule 75 mg</i>	
<i>bicalutamide oral tablet 50 mg</i>	QL (31 EA per 31 days)
BOSULIF ORAL TABLET 100 MG	PA; QL (124 EA per 31 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	PA; QL (31 EA per 31 days)
BRAFTOVI ORAL CAPSULE 50 MG	PA; LA; QL (279 EA per 31 days)
BRAFTOVI ORAL CAPSULE 75 MG	PA; LA; QL (186 EA per 31 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	
CALQUENCE ORAL CAPSULE 100 MG	PA; LA; QL (62 EA per 31 days)
CAPRELSA ORAL TABLET 100 MG	PA; QL (62 EA per 31 days)
CAPRELSA ORAL TABLET 300 MG	PA; QL (31 EA per 31 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	PA; QL (62 EA per 31 days)
COTELLIC ORAL TABLET 20 MG	PA; LA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	BD
EMCYT ORAL CAPSULE 140 MG	
ERIVEDGE ORAL CAPSULE 150 MG	QL (28 EA per 28 days)
ERLEADA ORAL TABLET 60 MG	LA
FARESTON ORAL TABLET 60 MG	QL (31 EA per 31 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	PA
<i>flutamide oral capsule 125 mg</i>	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	PA; QL (31 EA per 31 days)
<i>hydroxyurea oral capsule 500 mg</i>	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA
ICLUSIG ORAL TABLET 15 MG	PA; QL (62 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
ICLUSIG ORAL TABLET 45 MG	PA; QL (31 EA per 31 days)
IDHIFA ORAL TABLET 100 MG	PA; QL (31 EA per 31 days)
IDHIFA ORAL TABLET 50 MG	PA; QL (62 EA per 31 days)
<i>imatinib mesylate oral tablet 100 mg</i>	PA; QL (186 EA per 31 days)
<i>imatinib mesylate oral tablet 400 mg</i>	PA; QL (62 EA per 31 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	PA; QL (124 EA per 31 days)
IMBRUVICA ORAL TABLET 140 MG	PA; QL (124 EA per 31 days)
IMBRUVICA ORAL TABLET 280 MG	PA; QL (62 EA per 31 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	PA; QL (31 EA per 31 days)
INLYTA ORAL TABLET 1 MG	QL (186 EA per 31 days)
INLYTA ORAL TABLET 5 MG	QL (62 EA per 31 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	BD
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	BD
IRESSA ORAL TABLET 250 MG	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PA; QL (62 EA per 31 days)
KISQALI 200 DOSE ORAL TABLET 200 MG	PA
KISQALI 400 DOSE ORAL TABLET 200 MG	PA
KISQALI 600 DOSE ORAL TABLET 200 MG	PA
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	PA
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	PA
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	PA
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	PA
LENVIMA 12 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (3) MG	PA
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	PA
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 (2) MG	PA
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	PA
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
LENVIMA 4 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 MG	PA
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG	PA
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	PA
LORBRENA ORAL TABLET 100 MG	PA; QL (31 EA per 31 days)
LORBRENA ORAL TABLET 25 MG	PA; QL (124 EA per 31 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	PA; QL (1 EA per 31 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	PA; QL (1 EA per 90 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	PA; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	PA; QL (1 EA per 112 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	PA; LA
LYSODREN ORAL TABLET 500 MG	
MATULANE ORAL CAPSULE 50 MG	
<i>megestrol acetate oral suspension 40 mg/ml</i>	PA; HR
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	PA; HR
MEKINIST ORAL TABLET 0.5 MG	PA; LA; QL (124 EA per 31 days)
MEKINIST ORAL TABLET 2 MG	PA; LA; QL (31 EA per 31 days)
MEKTOVI ORAL TABLET 15 MG	PA; LA; QL (186 EA per 31 days)
NERLYNX ORAL TABLET 40 MG	PA; LA; QL (186 EA per 31 days)
NEXAVAR ORAL TABLET 200 MG	PA; LA; QL (124 EA per 31 days)
<i>nilutamide oral tablet 150 mg</i>	QL (62 EA per 31 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA
ODOMZO ORAL CAPSULE 200 MG	PA; LA
PANRETIN EXTERNAL GEL 0.1 %	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	PA
RYDAPT ORAL CAPSULE 25 MG	PA; QL (248 EA per 31 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	PA; QL (62 EA per 31 days)
SPRYCEL ORAL TABLET 140 MG	PA; QL (31 EA per 31 days)
SPRYCEL ORAL TABLET 20 MG	PA; QL (93 EA per 31 days)
STIVARGA ORAL TABLET 40 MG	PA; QL (84 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	PA; QL (31 EA per 31 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	
TAFINLAR ORAL CAPSULE 50 MG	PA; LA; QL (186 EA per 31 days)
TAFINLAR ORAL CAPSULE 75 MG	PA; LA; QL (124 EA per 31 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG	PA; QL (124 EA per 31 days)
TALZENNA ORAL CAPSULE 1 MG	PA; QL (31 EA per 31 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	
TARCEVA ORAL TABLET 100 MG, 150 MG	PA; QL (31 EA per 31 days)
TARCEVA ORAL TABLET 25 MG	PA; QL (93 EA per 31 days)
TARGRETIN EXTERNAL GEL 1 %	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	PA; QL (124 EA per 31 days)
TIBSOVO ORAL TABLET 250 MG	PA; LA; QL (62 EA per 31 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	
<i>tretinoin oral capsule 10 mg</i>	
TYKERB ORAL TABLET 250 MG	QL (186 EA per 31 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA; LA
VITRAKVI ORAL CAPSULE 100 MG	PA; QL (62 EA per 31 days)
VITRAKVI ORAL CAPSULE 25 MG	PA; QL (186 EA per 31 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	PA; QL (310 ML per 31 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA; QL (31 EA per 31 days)
VOTRIENT ORAL TABLET 200 MG	PA; QL (124 EA per 31 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA; QL (62 EA per 31 days)
XOSPATA ORAL TABLET 40 MG	PA; LA; QL (93 EA per 31 days)
XTANDI ORAL CAPSULE 40 MG	PA; QL (124 EA per 31 days)
YONSA ORAL TABLET 125 MG	PA; QL (124 EA per 31 days)
ZEJULA ORAL CAPSULE 100 MG	PA; QL (93 EA per 31 days)
ZELBORAF ORAL TABLET 240 MG	QL (248 EA per 31 days)
ZOLINZA ORAL CAPSULE 100 MG	QL (124 EA per 31 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
ZYKADIA ORAL CAPSULE 150 MG	QL (155 EA per 31 days)
ZYTIGA ORAL TABLET 500 MG	QL (124 EA per 31 days)
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole oral tablet 1 mg</i>	QL (31 EA per 31 days)
<i>exemestane oral tablet 25 mg</i>	QL (62 EA per 31 days)
<i>letrozole oral tablet 2.5 mg</i>	QL (31 EA per 31 days)
TREATMENT ADJUNCTS	
<i>allopurinol oral tablet 300 mg</i>	
MESNEX ORAL TABLET 400 MG	
ANTIPARASITICS	
ANTHELMINTICS	
<i>albendazole oral tablet 200 mg</i>	
ALBENZA ORAL TABLET 200 MG	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	
EMVERM ORAL TABLET CHEWABLE 100 MG	
<i>ivermectin oral tablet 3 mg</i>	
ANTIPROTOZOALS	
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	QL (155 ML per 31 days)
ALINIA ORAL TABLET 500 MG	QL (41 EA per 31 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	
COARTEM ORAL TABLET 20-120 MG	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	
<i>mefloquine hcl oral tablet 250 mg</i>	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	BD
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	
<i>primaquine phosphate oral tablet 26.3 mg</i>	
<i>quinine sulfate oral capsule 324 mg</i>	PA; QL (44 EA per 7 days)
PEDICULICIDES/SCABICIDES	
EURAX EXTERNAL CREAM 10 %	
EURAX EXTERNAL LOTION 10 %	
<i>lindane external shampoo 1 %</i>	
<i>malathion external lotion 0.5 %</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>permethrin external cream 5 %</i>	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	PA; HR
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	PA; HR
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	PA; HR
ANTIPARKINSON AGENTS, OTHER	
<i>amantadine hcl oral capsule 100 mg</i>	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	
<i>amantadine hcl oral tablet 100 mg</i>	
<i>entacapone oral tablet 200 mg</i>	QL (310 EA per 31 days)
DOPAMINE AGONISTS	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	PA; QL (62 ML per 28 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	QL (31 EA per 31 days)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	QL (93 EA per 31 days)
<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	QL (186 EA per 31 days)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	
DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	ST
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>selegiline hcl oral capsule 5 mg</i>	
<i>selegiline hcl oral tablet 5 mg</i>	
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	BD
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg</i>	
COMPRO RECTAL SUPPOSITORY 25 MG	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	
<i>haloperidol lactate injection solution 5 mg/ml, 5 mg/ml(1 ml prefilled syringe)</i>	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	
<i>pimozide oral tablet 1 mg, 2 mg</i>	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	
<i>prochlorperazine rectal suppository 25 mg</i>	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PA; HR
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	
2ND GENERATION/ATYPICAL	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	QL (1 EA per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	ST; QL (62 EA per 31 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	ST; QL (62 EA per 31 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	ST; QL (18 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 39 MG/0.25ML, 78 MG/0.5ML	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 234 MG/1.5ML	QL (2 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML	QL (0.875 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 410 MG/1.315ML	QL (1.315 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 546 MG/1.75ML	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 819 MG/2.625ML	QL (2.625 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	QL (31 EA per 31 days)
LATUDA ORAL TABLET 80 MG	QL (62 EA per 31 days)
NUPLAZID ORAL CAPSULE 34 MG	PA; LA
NUPLAZID ORAL TABLET 10 MG	PA; LA
NUPLAZID ORAL TABLET 17 MG	PA
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	QL (62 EA per 31 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	QL (31 EA per 31 days)
<i>olanzapine oral tablet 20 mg</i>	QL (62 EA per 31 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	QL (31 EA per 31 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	QL (31 EA per 31 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	QL (62 EA per 31 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	QL (93 EA per 31 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	QL (31 EA per 31 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	QL (62 EA per 31 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	QL (124 EA per 31 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	QL (31 EA per 31 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG	QL (4 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	QL (62 EA per 31 days)
<i>risperidone oral tablet 0.5 mg</i>	QL (124 EA per 31 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	ST; QL (62 EA per 31 days)
VRAYLAR ORAL CAPSULE 1.5 MG	ST; QL (124 EA per 31 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	ST; QL (62 EA per 31 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	ST; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	QL (62 EA per 31 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	ST; QL (2 EA per 28 days)
TREATMENT-RESISTANT	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	
<i>valganciclovir hcl oral tablet 450 mg</i>	
ZIRGAN OPHTHALMIC GEL 0.15 %	
ANTIHEPATITIS AGENTS	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	PA
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PA
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	PA
RIBASPHERE ORAL CAPSULE 200 MG	
RIBASPHERE ORAL TABLET 200 MG, 400 MG, 600 MG	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
ANTIHEPATITIS C (HCV) AGENTS, OTHER	
<i>adefovir dipivoxil oral tablet 10 mg</i>	
<i>ribavirin oral capsule 200 mg</i>	
<i>ribavirin oral tablet 200 mg</i>	
ANTI-HEPATITIS C(HCV) AGENTS, DIRECT ACTING	
MAVYRET ORAL TABLET 100-40 MG	PA
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	PA
VOSEVI ORAL TABLET 400-100-100 MG	PA
ANTIHERPETIC AGENTS	
<i>acyclovir oral capsule 200 mg</i>	
<i>acyclovir oral suspension 200 mg/5ml</i>	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	BD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	
<i>valacyclovir hcl oral tablet 1 gm</i>	QL (93 EA per 31 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	QL (62 EA per 31 days)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS	
EDURANT ORAL TABLET 25 MG	QL (31 EA per 31 days)
<i>efavirenz oral capsule 200 mg</i>	QL (124 EA per 31 days)
<i>efavirenz oral capsule 50 mg</i>	QL (496 EA per 31 days)
<i>efavirenz oral tablet 600 mg</i>	QL (31 EA per 31 days)
INTELENCE ORAL TABLET 100 MG, 25 MG	QL (124 EA per 31 days)
INTELENCE ORAL TABLET 200 MG	QL (62 EA per 31 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	QL (93 EA per 31 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	QL (31 EA per 31 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	QL (1240 ML per 31 days)
<i>nevirapine oral tablet 200 mg</i>	QL (62 EA per 31 days)
PIFELTRO ORAL TABLET 100 MG	QL (31 EA per 31 days)
RESCRIPTOR ORAL TABLET 100 MG	QL (372 EA per 31 days)
RESCRIPTOR ORAL TABLET 200 MG	QL (186 EA per 31 days)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	QL (1240 ML per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS	
<i>abacavir sulfate oral solution 20 mg/ml</i>	QL (995 ML per 31 days)
<i>abacavir sulfate oral tablet 300 mg</i>	QL (62 EA per 31 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	QL (31 EA per 31 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	QL (62 EA per 31 days)
CIMDUO ORAL TABLET 300-300 MG	QL (31 EA per 31 days)
DESCOVY ORAL TABLET 200-25 MG	
<i>didanosine oral capsule delayed release 200 mg</i>	QL (62 EA per 31 days)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	QL (31 EA per 31 days)
EMTRIVA ORAL CAPSULE 200 MG	QL (31 EA per 31 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	QL (705 ML per 28 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	
EVOTAZ ORAL TABLET 300-150 MG	
JULUCA ORAL TABLET 50-25 MG	QL (31 EA per 31 days)
<i>lamivudine oral solution 10 mg/ml</i>	QL (992 ML per 31 days)
<i>lamivudine oral tablet 100 mg</i>	
<i>lamivudine oral tablet 150 mg</i>	QL (62 EA per 31 days)
<i>lamivudine oral tablet 300 mg</i>	QL (31 EA per 31 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	QL (62 EA per 31 days)
PREZCOBIX ORAL TABLET 800-150 MG	
<i>stavudine oral capsule 15 mg, 20 mg</i>	QL (124 EA per 31 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	QL (62 EA per 31 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	QL (31 EA per 31 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	QL (31 EA per 31 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	QL (93 EA per 31 days)
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	QL (1240 ML per 31 days)
VIREAD ORAL POWDER 40 MG/GM	QL (248 GM per 31 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	QL (31 EA per 31 days)
<i>zidovudine oral capsule 100 mg</i>	QL (186 EA per 31 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	QL (1736 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	QL (62 EA per 31 days)
ANTI-HIV AGENTS, OTHER	
ATRIPLA ORAL TABLET 600-200-300 MG	QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
BIKTARVY ORAL TABLET 50-200-25 MG	QL (31 EA per 31 days)
COMPLERA ORAL TABLET 200-25-300 MG	QL (31 EA per 31 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	QL (31 EA per 31 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	QL (62 EA per 31 days)
ISENTRESS HD ORAL TABLET 600 MG	QL (62 EA per 31 days)
ISENTRESS ORAL PACKET 100 MG	QL (62 EA per 31 days)
ISENTRESS ORAL TABLET 400 MG	QL (124 EA per 31 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	QL (186 EA per 31 days)
ODEFSEY ORAL TABLET 200-25-25 MG	
SELZENTRY ORAL SOLUTION 20 MG/ML	QL (1860 ML per 31 days)
SELZENTRY ORAL TABLET 150 MG	QL (248 EA per 31 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	QL (124 EA per 31 days)
SELZENTRY ORAL TABLET 75 MG	QL (62 EA per 31 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	QL (31 EA per 31 days)
SYMFI LO ORAL TABLET 400-300-300 MG	QL (31 EA per 31 days)
SYMFI ORAL TABLET 600-300-300 MG	QL (31 EA per 31 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	QL (31 EA per 31 days)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	QL (62 EA per 31 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	
TYBOST ORAL TABLET 150 MG	
ANTI-HIV AGENTS, PROTEASE INHIBITORS	
APTIVUS ORAL CAPSULE 250 MG	QL (124 EA per 31 days)
APTIVUS ORAL SOLUTION 100 MG/ML	QL (295 ML per 28 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	QL (62 EA per 31 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	QL (31 EA per 31 days)
CRIXIVAN ORAL CAPSULE 200 MG	QL (465 EA per 31 days)
CRIXIVAN ORAL CAPSULE 400 MG	QL (279 EA per 31 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	QL (124 EA per 31 days)
INVIRASE ORAL TABLET 500 MG	QL (124 EA per 31 days)
KALETRA ORAL TABLET 100-25 MG	QL (310 EA per 31 days)
KALETRA ORAL TABLET 200-50 MG	QL (155 EA per 31 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	QL (1628 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	
NORVIR ORAL PACKET 100 MG	QL (372 EA per 31 days)
NORVIR ORAL SOLUTION 80 MG/ML	QL (496 ML per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	QL (372 ML per 31 days)
PREZISTA ORAL TABLET 150 MG	QL (248 EA per 31 days)
PREZISTA ORAL TABLET 600 MG	QL (62 EA per 31 days)
PREZISTA ORAL TABLET 75 MG	QL (496 EA per 31 days)
PREZISTA ORAL TABLET 800 MG	QL (31 EA per 31 days)
REYATAZ ORAL PACKET 50 MG	QL (186 EA per 31 days)
<i>ritonavir oral tablet 100 mg</i>	QL (372 EA per 31 days)
VIRACEPT ORAL TABLET 250 MG	QL (310 EA per 31 days)
VIRACEPT ORAL TABLET 625 MG	QL (124 EA per 31 days)
ANTI-INFLUENZA AGENTS	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	QL (540 ML per 31 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	
<i>rimantadine hcl oral tablet 100 mg</i>	
XOFLUZA ORAL TABLET THERAPY PACK 20 (2) MG, 40 (2) MG	
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PA; HR
<i>hydroxyzine hcl oral tablet 25 mg, 50 mg</i>	PA; HR
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	PA; HR
BENZODIAZEPINES	
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	QL (124 EA per 31 days)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	QL (310 ML per 31 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	QL (124 EA per 31 days)
<i>alprazolam oral tablet 1 mg</i>	QL (248 EA per 31 days)
<i>alprazolam oral tablet 2 mg</i>	QL (155 EA per 31 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	QL (186 EA per 31 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	QL (124 EA per 31 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	QL (186 EA per 31 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	QL (744 EA per 31 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	QL (372 EA per 31 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	QL (248 ML per 31 days)
<i>diazepam oral solution 5 mg/5ml</i>	QL (1240 ML per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>diazepam oral tablet 10 mg</i>	QL (124 EA per 31 days)
<i>diazepam oral tablet 2 mg</i>	QL (620 EA per 31 days)
<i>diazepam oral tablet 5 mg</i>	QL (248 EA per 31 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	QL (248 ML per 31 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	QL (155 EA per 31 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	QL (124 EA per 31 days)
BIPOLAR AGENTS	
MOOD STABILIZERS	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	
<i>lithium carbonate oral tablet 300 mg</i>	
<i>lithium oral solution 8 meq/5ml</i>	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	QL (93 EA per 31 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	
<i>glipizide oral tablet 10 mg, 5 mg</i>	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	
<i>global alcohol prep ease pad 70 %</i>	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	QL (62 EA per 31 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	QL (62 EA per 31 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	QL (31 EA per 31 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	QL (62 EA per 31 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	QL (62 EA per 31 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	QL (31 EA per 31 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	QL (31 EA per 31 days)
KORLYM ORAL TABLET 300 MG	PA
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	QL (124 EA per 31 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	QL (62 EA per 31 days)
<i>metformin hcl oral tablet 1000 mg, 850 mg</i>	QL (62 EA per 31 days)
<i>metformin hcl oral tablet 500 mg</i>	QL (124 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>nateglinide oral tablet 120 mg, 60 mg</i>	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE, 1 MG/DOSE	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	QL (31 EA per 31 days)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	ST
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	QL (62 EA per 31 days)
SYNJARDY ORAL TABLET 5-500 MG	QL (124 EA per 31 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	QL (31 EA per 31 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	QL (62 EA per 31 days)
<i>tolazamide oral tablet 250 mg, 500 mg</i>	
<i>tolbutamide oral tablet 500 mg</i>	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	ST
GLYCEMIC AGENTS	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	
INSULINS	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	
BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	
ANTICOAGULANTS	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	
ELIQUIS STARTER PACK ORAL TABLET 5 MG	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	QL (31 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	QL (24 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	QL (9 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	QL (12 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	QL (18 ML per 31 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	PA
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	ST
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	
BLOOD FORMATION MODIFIERS	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	PA
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	PA
PROMACTA ORAL PACKET 12.5 MG	PA; QL (360 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	PA; QL (62 EA per 31 days)
PROMACTA ORAL TABLET 25 MG, 50 MG, 75 MG	PA; QL (31 EA per 31 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	PA
<i>tranexamic acid oral tablet 650 mg</i>	
PLATELET MODIFYING AGENTS	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	
BRILINTA ORAL TABLET 60 MG, 90 MG	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	QL (4 EA per 28 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	
ALPHA-ADRENERGIC BLOCKING AGENTS	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	QL (62 EA per 31 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	QL (31 EA per 31 days)
<i>eprosartan mesylate oral tablet 600 mg</i>	QL (31 EA per 31 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	QL (31 EA per 31 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	QL (31 EA per 31 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	QL (31 EA per 31 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	QL (31 EA per 31 days)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	
MULTAQ ORAL TABLET 400 MG	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	
ANTIHYPERTENSIVE COMBINATIONS	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	QL (31 EA per 31 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	QL (31 EA per 31 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	QL (31 EA per 31 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	QL (31 EA per 31 days)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	QL (31 EA per 31 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	QL (62 EA per 31 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	QL (31 EA per 31 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	QL (31 EA per 31 days)
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	QL (31 EA per 31 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	QL (31 EA per 31 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	QL (31 EA per 31 days)
BETA-ADRENERGIC BLOCKING AGENTS	
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	QL (31 EA per 31 days)
BYSTOLIC ORAL TABLET 20 MG	QL (62 EA per 31 days)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	QL (62 EA per 31 days)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	
<i>pindolol oral tablet 10 mg, 5 mg</i>	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
CALCIUM CHANNEL BLOCKING AGENTS	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (31 EA per 31 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	QL (186 EA per 31 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	QL (31 EA per 31 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	QL (31 EA per 31 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	QL (31 EA per 31 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	QL (62 EA per 31 days)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	QL (31 EA per 31 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	QL (62 EA per 31 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	QL (62 EA per 31 days)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	
<i>nimodipine oral capsule 30 mg</i>	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	QL (62 EA per 31 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG	QL (31 EA per 31 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	QL (31 EA per 31 days)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 360 mg</i>	QL (62 EA per 31 days)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	
CARDIOVASCULAR AGENTS, OTHER	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	PA
DEMSER ORAL CAPSULE 250 MG	
DIGITEK ORAL TABLET 125 MCG	QL (31 EA per 31 days)
DIGITEK ORAL TABLET 250 MCG	PA; HR; QL (31 EA per 31 days)
DIGOX ORAL TABLET 125 MCG	QL (31 EA per 31 days)
DIGOX ORAL TABLET 250 MCG	PA; HR; QL (31 EA per 31 days)
<i>digoxin oral solution 0.05 mg/ml</i>	PA; HR
<i>digoxin oral tablet 125 mcg</i>	QL (31 EA per 31 days)
<i>digoxin oral tablet 250 mcg</i>	PA; HR; QL (31 EA per 31 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	PA
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	PA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	PA
<i>pentoxifylline er oral tablet extended release 400 mg</i>	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	PA; LA
DIURETICS, CARBONIC ANHYDRASE INHIBITORS	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	
DIURETICS, LOOP	
<i>bumetanide injection solution 0.25 mg/ml</i>	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	
DIURETICS, POTASSIUM-SPARING	
<i>amiloride hcl oral tablet 5 mg</i>	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	
DIURETICS, THIAZIDE	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	
<i>methyclothiazide oral tablet 5 mg</i>	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	QL (31 EA per 31 days)
<i>fenofibrate oral capsule 150 mg</i>	QL (31 EA per 31 days)
<i>fenofibrate oral capsule 50 mg</i>	QL (62 EA per 31 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	QL (31 EA per 31 days)
<i>fenofibrate oral tablet 48 mg, 54 mg</i>	QL (62 EA per 31 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	QL (31 EA per 31 days)
<i>gemfibrozil oral tablet 600 mg</i>	QL (62 EA per 31 days)
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (31 EA per 31 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	ST; QL (31 EA per 31 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	QL (31 EA per 31 days)
<i>lovastatin oral tablet 40 mg</i>	QL (62 EA per 31 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (31 EA per 31 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (31 EA per 31 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	QL (31 EA per 31 days)
DYSLIPIDEMICS, OTHER	
<i>cholestyramine light oral powder 4 gm/dose</i>	
<i>cholestyramine oral packet 4 gm</i>	
<i>colestipol hcl oral packet 5 gm</i>	
<i>colestipol hcl oral tablet 1 gm</i>	
<i>ezetimibe oral tablet 10 mg</i>	QL (31 EA per 31 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	PA
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	PA; QL (4 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	
NIACOR ORAL TABLET 500 MG	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	PA
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	
NITRO-BID TRANSDERMAL OINTMENT 2 %	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i>	QL (31 EA per 31 days)
<i>nitroglycerin transdermal patch 24 hour 0.4 mg/hr</i>	QL (62 EA per 31 days)
VASODILATORS, DIRECT-ACTING ARTERIAL	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	
CENTRAL NERVOUS SYSTEM AGENTS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	QL (31 EA per 31 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	QL (93 EA per 31 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	QL (62 EA per 31 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	QL (186 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	QL (124 EA per 31 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	QL (372 EA per 31 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	QL (186 EA per 31 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	QL (155 EA per 31 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	QL (93 EA per 31 days)
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i>	QL (31 EA per 31 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	QL (62 EA per 31 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	QL (248 EA per 31 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	QL (124 EA per 31 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	PA
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	QL (93 EA per 31 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	QL (93 EA per 31 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	QL (930 ML per 31 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	QL (1860 ML per 31 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	QL (93 EA per 31 days)
CENTRAL NERVOUS SYSTEM, OTHER	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	PA; QL (120 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	PA; QL (62 EA per 31 days)
<i>riluzole oral tablet 50 mg</i>	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	PA; LA; QL (6 ML per 28 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	
XYREM ORAL SOLUTION 500 MG/ML	LA; QL (558 ML per 31 days)
FIBROMYALGIA AGENTS	
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	QL (62 EA per 31 days)
LYRICA ORAL CAPSULE 100 MG	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	
MULTIPLE SCLEROSIS AGENTS	
AUBAGIO ORAL TABLET 14 MG, 7 MG	PA; LA; QL (31 EA per 31 days)
AVONEX INTRAMUSCULAR KIT 30 MCG	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	PA
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PA; QL (62 EA per 31 days)
GILENYA ORAL CAPSULE 0.5 MG	PA; QL (31 EA per 31 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PA; QL (31 ML per 31 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PA; QL (12 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	PA
TECFIDERA ORAL 120 & 240 MG	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	PA
DENTAL AND ORAL AGENTS	
DENTAL AND ORAL AGENTS	
<i>cevimeline hcl oral capsule 30 mg</i>	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	
<i>lidocaine viscous mouth/throat solution 2 %</i>	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	
ORAVIG BUCCAL TABLET 50 MG	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	
DERMATOLOGICAL AGENTS	
DERMATOLOGICAL AGENTS	
ABSORICA ORAL CAPSULE 25 MG, 35 MG	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	
<i>acyclovir external ointment 5 %</i>	
<i>adapalene external cream 0.1 %</i>	
<i>adapalene external gel 0.1 %, 0.3 %</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>alclometasone dipropionate external cream 0.05 %</i>	
<i>alclometasone dipropionate external ointment 0.05 %</i>	
<i>amcinonide external cream 0.1 %</i>	
<i>amcinonide external lotion 0.1 %</i>	
<i>amcinonide external ointment 0.1 %</i>	
<i>ammonium lactate external cream 12 %</i>	
<i>ammonium lactate external lotion 12 %</i>	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	
<i>betamethasone dipropionate external cream 0.05 %</i>	
<i>betamethasone dipropionate external lotion 0.05 %</i>	
<i>betamethasone dipropionate external ointment 0.05 %</i>	
<i>betamethasone valerate external cream 0.1 %</i>	
<i>betamethasone valerate external lotion 0.1 %</i>	
<i>betamethasone valerate external ointment 0.1 %</i>	
<i>calcipotriene external cream 0.005 %</i>	
<i>calcipotriene external ointment 0.005 %</i>	
<i>calcipotriene external solution 0.005 %</i>	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	
<i>clobetasol prop emollient base external cream 0.05 %</i>	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	
<i>clobetasol propionate external foam 0.05 %</i>	
<i>clobetasol propionate external gel 0.05 %</i>	
<i>clobetasol propionate external lotion 0.05 %</i>	
<i>clobetasol propionate external ointment 0.05 %</i>	
<i>clobetasol propionate external shampoo 0.05 %</i>	
<i>clobetasol propionate external solution 0.05 %</i>	
COSENTYX 300 DOSE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA
COSENTYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PA
<i>desonide external ointment 0.05 %</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	
<i>desoximetasone external gel 0.05 %</i>	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	
<i>diclofenac sodium transdermal gel 1 %</i>	PA
<i>diclofenac sodium transdermal gel 3 %</i>	PA; QL (100 GM per 31 days)
<i>diflorasone diacetate external cream 0.05 %</i>	
<i>diflorasone diacetate external ointment 0.05 %</i>	
ELIDEL EXTERNAL CREAM 1 %	ST
EUCRISA EXTERNAL OINTMENT 2 %	ST
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	
<i>fluocinolone acetonide external ointment 0.025 %</i>	
<i>fluocinolone acetonide external solution 0.01 %</i>	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	
<i>fluocinonide external cream 0.1 %</i>	
<i>fluocinonide external gel 0.05 %</i>	
<i>fluocinonide external ointment 0.05 %</i>	
<i>fluocinonide external solution 0.05 %</i>	
<i>fluorouracil external cream 5 %</i>	
<i>fluorouracil external solution 2 %, 5 %</i>	
<i>fluticasone propionate external cream 0.05 %</i>	
<i>fluticasone propionate external ointment 0.005 %</i>	
HALOG EXTERNAL CREAM 0.1 %	
HALOG EXTERNAL OINTMENT 0.1 %	
<i>hydrocortisone butyrate external cream 0.1 %</i>	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	
<i>hydrocortisone butyrate external solution 0.1 %</i>	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	
<i>hydrocortisone external lotion 2.5 %</i>	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	
<i>hydrocortisone valerate external cream 0.2 %</i>	
<i>hydrocortisone valerate external ointment 0.2 %</i>	
<i>imiquimod external cream 5 %</i>	
<i>methoxsalen rapid oral capsule 10 mg</i>	
<i>mometasone furoate external cream 0.1 %</i>	
<i>mometasone furoate external ointment 0.1 %</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
PICATO EXTERNAL GEL 0.015 %, 0.05 %	
<i>pimecrolimus external cream 1 %</i>	ST
<i>podofilox external solution 0.5 %</i>	
<i>prednicarbate external cream 0.1 %</i>	
<i>prednicarbate external ointment 0.1 %</i>	
PROCTO-MED HC RECTAL CREAM 2.5 %	
PROCTO-PAK RECTAL CREAM 1 %	
PROCTOSOL HC RECTAL CREAM 2.5 %	
PROCTOZONE-HC RECTAL CREAM 2.5 %	
REGRANEX EXTERNAL GEL 0.01 %	PA; QL (31 GM per 31 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	
<i>selenium sulfide external lotion 2.5 %</i>	
<i>silver sulfadiazine external cream 1 %</i>	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	ST
<i>tazarotene external cream 0.1 %</i>	PA
TAZORAC EXTERNAL CREAM 0.05 %	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	PA
TOLAK EXTERNAL CREAM 4 %	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	
UCERIS RECTAL FOAM 2 MG/ACT	ST
VALCHLOR EXTERNAL GEL 0.016 %	
ELECTROLYTES/MINERALS/METALS/VITAMINS	
ELECTROLYTE/MINERAL REPLACEMENT	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	
ELECTROLYTE/MINERAL/METAL MODIFIERS	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	
FERRIPROX ORAL TABLET 500 MG	
KIONEX ORAL SUSPENSION 15 GM/60ML	
LOKELMA ORAL PACKET 10 GM, 5 GM	
SAMSCA ORAL TABLET 15 MG, 30 MG	PA; QL (62 EA per 31 days)
<i>sodium polystyrene sulfonate oral powder</i>	
SPS ORAL SUSPENSION 15 GM/60ML	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	
NUTRIENTS	
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 8.5 %	BD
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	BD

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %, 8.5 %	BD
AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	BD
AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 %	BD
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION 2.75 %	BD
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	BD
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	BD
<i>dextrose intravenous solution 10 %, 5 %</i>	
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	BD
HEPATAMINE INTRAVENOUS SOLUTION 8 %	BD
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	BD
<i>nutrilipid intravenous emulsion 20 %</i>	BD
PREMASOL INTRAVENOUS SOLUTION 10 %, 6 %	BD
PROCALAMINE INTRAVENOUS SOLUTION 3 %	BD
PROSOL INTRAVENOUS SOLUTION 20 %	BD
TRAVASOL INTRAVENOUS SOLUTION 10 %	BD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	BD
GASTROINTESTINAL AGENTS	
ANTISPASMODICS, GASTROINTESTINAL	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>dicyclomine hcl oral capsule 10 mg</i>	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	
<i>dicyclomine hcl oral tablet 20 mg</i>	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	
<i>propantheline bromide oral tablet 15 mg</i>	
DIGESTIVE ENZYMES	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	
<i>ursodiol oral capsule 300 mg</i>	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000- 79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	
GASTROINTESTINAL AGENTS, OTHER	
<i>amoxicill-clarithro-lansopraz oral</i>	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	
<i>enulose oral solution 10 gm/15ml</i>	
GATTEX SUBCUTANEOUS KIT 5 MG	
<i>generlac oral solution 10 gm/15ml</i>	
<i>loperamide hcl oral capsule 2 mg</i>	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	QL (31 EA per 31 days)
<i>ursodiol oral tablet 250 mg, 500 mg</i>	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	
<i>famotidine oral tablet 20 mg, 40 mg</i>	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	
IRRITABLE BOWEL SYNDROME AGENTS	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	QL (62 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	QL (62 EA per 31 days)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	
<i>balsalazide disodium oral capsule 750 mg</i>	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	QL (31 EA per 31 days)
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	
<i>mesalamine rectal enema 4 gm</i>	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	
<i>sulfasalazine oral tablet 500 mg</i>	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	
LAXATIVES	
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	
<i>lactulose oral solution 10 gm/15ml</i>	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	
PROTECTANTS	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	ST
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	
<i>sucralfate oral tablet 1 gm</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
ENZYME REPLACEMENT/ MODIFIERS	
CARBAGLU ORAL TABLET 200 MG	
CYSTADANE ORAL POWDER	
GALAFOLD ORAL CAPSULE 123 MG	PA; LA; QL (15 EA per 30 days)
KUVAN ORAL PACKET 100 MG, 500 MG	PA
KUVAN ORAL TABLET SOLUBLE 100 MG	PA
<i>levocarnitine oral solution 1 gm/10ml</i>	
<i>levocarnitine oral tablet 330 mg</i>	
<i>miglustat oral capsule 100 mg</i>	PA; QL (93 EA per 31 days)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	
ORFADIN ORAL SUSPENSION 4 MG/ML	LA
RAVICTI ORAL LIQUID 1.1 GM/ML	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	
XURIDEN ORAL PACKET 2 GM	PA
GENITOURINARY AGENTS	
ANTISPASMODICS, URINARY	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PA; HR; QL (62 EA per 31 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	PA; HR
<i>oxybutynin chloride oral tablet 5 mg</i>	PA; HR
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	
<i>trospium chloride oral tablet 20 mg</i>	
BENIGN PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	QL (31 EA per 31 days)
<i>dutasteride oral capsule 0.5 mg</i>	QL (31 EA per 31 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	QL (31 EA per 31 days)
<i>finasteride oral tablet 5 mg</i>	QL (31 EA per 31 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	QL (31 EA per 31 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	QL (62 EA per 31 days)
GENITOURINARY AGENTS, OTHER	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	
<i>sodium chloride irrigation solution 0.9 %</i>	
PHOSPHATE BINDERS	
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	
<i>sevelamer carbonate oral tablet 800 mg</i>	
VELPHORO ORAL TABLET CHEWABLE 500 MG	
VAGINAL PRODUCTS	
<i>clindamycin phosphate vaginal cream 2 %</i>	
<i>estradiol vaginal cream 0.1 mg/gm</i>	
<i>estradiol vaginal tablet 10 mcg</i>	
INTRAROSA VAGINAL INSERT 6.5 MG	PA
<i>metronidazole vaginal gel 0.75 %</i>	
<i>miconazole 3 vaginal suppository 200 mg</i>	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	
<i>terconazole vaginal suppository 80 mg</i>	
YUVAFEM VAGINAL TABLET 10 MCG	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	
GLUCOCORTICOIDS/MINERALOCORTICOIDS	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	ST
<i>budesonide oral capsule delayed release particles 3 mg</i>	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	
<i>prednisolone oral solution 15 mg/5ml</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	
<i>prednisone oral solution 5 mg/5ml</i>	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	
ANABOLIC STEROIDS	
ANADROL-50 ORAL TABLET 50 MG	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	PA; QL (62 EA per 31 days)
ANDROGENS	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	PA
CONTRACEPTIVES	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	
APRI ORAL TABLET 0.15-30 MG-MCG	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	
AUBRA ORAL TABLET 0.1-20 MG-MCG	
AVIANE ORAL TABLET 0.1-20 MG-MCG	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	
CAMILA ORAL TABLET 0.35 MG	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	
DEBLITANE ORAL TABLET 0.35 MG	
DELYLA ORAL TABLET 0.1-20 MG-MCG	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	
ENPRESSE-28 ORAL TABLET	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	
ERRIN ORAL TABLET 0.35 MG	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	
FALMINA ORAL TABLET 0.1-20 MG-MCG	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	
GIANVI ORAL TABLET 3-0.02 MG	
INCASSIA ORAL TABLET 0.35 MG	
INTROVALE ORAL TABLET 0.15-0.03 MG	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	
JOLIVETTE ORAL TABLET 0.35 MG	
JULEBER ORAL TABLET 0.15-30 MG-MCG	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	
KURVELO ORAL TABLET 0.15-30 MG-MCG	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
LARISSIA ORAL TABLET 0.1-20 MG-MCG	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	
LESSINA ORAL TABLET 0.1-20 MG-MCG	
LEVONEST ORAL TABLET	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg, 0.15-0.03 mg</i>	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	
<i>levonorg-eth estrad triphasic oral tablet</i>	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	
LORYNA ORAL TABLET 3-0.02 MG	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	
LUTERA ORAL TABLET 0.1-20 MG-MCG	
LYZA ORAL TABLET 0.35 MG	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	
MILI ORAL TABLET 0.25-35 MG-MCG	
MONONESSA ORAL TABLET 0.25-35 MG-MCG	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	
NIKKI ORAL TABLET 3-0.02 MG	
NORA-BE ORAL TABLET 0.35 MG	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	
<i>norethindrone oral tablet 0.35 mg</i>	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	
NORLYROC ORAL TABLET 0.35 MG	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
OCELLA ORAL TABLET 3-0.03 MG	
OGESTREL ORAL TABLET 0.5-50 MG-MCG	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	
QUASENSE ORAL TABLET 0.15-0.03 MG	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	
SETLAKIN ORAL TABLET 0.15-0.03 MG	
SHAROBEL ORAL TABLET 0.35 MG	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	
SRONYX ORAL TABLET 0.1-20 MG-MCG	
SYEDA ORAL TABLET 3-0.03 MG	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRIVORA (28) ORAL TABLET	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	
VIENVA ORAL TABLET 0.1-20 MG-MCG	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	
ZARAH ORAL TABLET 3-0.03 MG	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	
ESTROGENS	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PA; HR
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PA; HR
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PA; HR

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>estropipate oral tablet 0.75 mg</i>	PA; HR
JINTELI ORAL TABLET 1-5 MG-MCG	PA; HR
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	PA; HR
MIMVEY LO ORAL TABLET 0.5-0.1 MG	PA; HR
MIMVEY ORAL TABLET 1-0.5 MG	PA; HR
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	PA; HR
OSPHENA ORAL TABLET 60 MG	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	PA; HR
PREMPHASE ORAL TABLET 0.625-5 MG	PA; HR
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	PA; HR
PROGESTINS	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	PA; HR
<i>norethindrone acetate oral tablet 5 mg</i>	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)	
<i>cabergoline oral tablet 0.5 mg</i>	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	PA
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	PA; QL (1 EA per 28 days)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	PA; LA; QL (62 ML per 31 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	PA; QL (62 EA per 31 days)
SYNAREL NASAL SOLUTION 2 MG/ML	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
<i>methimazole oral tablet 10 mg, 5 mg</i>	
<i>propylthiouracil oral tablet 50 mg</i>	
IMMUNOLOGICAL AGENTS	
IMMUNE SUPPRESSANTS	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	BD
AZASAN ORAL TABLET 100 MG, 75 MG	BD
<i>azathioprine oral tablet 50 mg</i>	BD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	BD
<i>cyclosporine modified oral solution 100 mg/ml</i>	BD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	BD
GENGRAF ORAL CAPSULE 100 MG, 25 MG	BD
GENGRAF ORAL SOLUTION 100 MG/ML	BD
<i>mycophenolate mofetil oral capsule 250 mg</i>	BD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	BD
<i>mycophenolate mofetil oral tablet 500 mg</i>	BD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	BD
RAPAMUNE ORAL SOLUTION 1 MG/ML	BD
SANDIMMUNE ORAL SOLUTION 100 MG/ML	BD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	BD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	BD
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG, 1 MG	BD; QL (62 EA per 31 days)
ZORTRESS ORAL TABLET 0.5 MG	BD; QL (124 EA per 31 days)
IMMUNIZING AGENTS, PASSIVE	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	BD
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	BD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	BD
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	BD
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	BD
GAMMAKED INJECTION SOLUTION 1 GM/10ML	BD
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	BD
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	BD
IMMUNOMODULATORS	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK), 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	QL (31 EA per 31 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	PA
VACCINES	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	
<i>bcg vaccine injection injectable</i>	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	BD
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	BD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	BD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	
IPOL INJECTION INJECTABLE	
IXIARO INTRAMUSCULAR SUSPENSION	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	
MENACTRA INTRAMUSCULAR INJECTABLE	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	
M-M-R II SUBCUTANEOUS INJECTABLE	
PEDIARIX INTRAMUSCULAR SUSPENSION	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	
PROQUAD SUBCUTANEOUS INJECTABLE	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	
QUADRACEL INTRAMUSCULAR SUSPENSION	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	BD
ROTARIX ORAL SUSPENSION RECONSTITUTED	
ROTATEQ ORAL SOLUTION	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG, 50 MCG/0.5ML	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	BD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	BD
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	BD
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	
YF-VAX SUBCUTANEOUS INJECTABLE	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
METABOLIC BONE DISEASE AGENTS	
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	
<i>paricalcitol oral capsule 4 mcg</i>	BD
SENSIPAR ORAL TABLET 30 MG	BD; QL (31 EA per 31 days)
SENSIPAR ORAL TABLET 60 MG	BD; QL (62 EA per 31 days)
SENSIPAR ORAL TABLET 90 MG	BD; QL (124 EA per 31 days)
METABOLIC BONE DISEASE AGENTS	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	BD; QL (4 ML per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	BD
<i>calcitriol oral solution 1 mcg/ml</i>	BD
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	
<i>ibandronate sodium oral tablet 150 mg</i>	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	BD
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	ST
<i>raloxifene hcl oral tablet 60 mg</i>	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	PA
MISCELLANEOUS	
MISCELLANEOUS	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	
<i>cvs gauze sterile pad 2"x2"</i>	
DEPEN TITRATABS ORAL TABLET 250 MG	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	
ENDARI ORAL PACKET 5 GM	PA; LA; QL (186 EA per 31 days)
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	
FIRDAPSE ORAL TABLET 10 MG	PA
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	
<i>trientine hcl oral capsule 250 mg</i>	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
OPHTHALMIC AGENTS	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>latanoprost ophthalmic solution 0.005 %</i>	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	
OPHTHALMIC AGENTS, OTHER	
<i>atropine sulfate ophthalmic solution 1 %</i>	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	PA
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	
RESTASIS OPHTHALMIC EMULSION 0.05 %	QL (62 EA per 31 days)
OPHTHALMIC ANTI INFECTIVES	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	
<i>levofloxacin ophthalmic solution 0.5 %</i>	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	
NATACYN OPHTHALMIC SUSPENSION 5 %	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	
<i>ofloxacin ophthalmic solution 0.3 %</i>	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	
<i>tobramycin ophthalmic solution 0.3 %</i>	
<i>trifluridine ophthalmic solution 1 %</i>	
OPHTHALMIC ANTI-ALLERGY AGENTS	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
BEPREVE OPHTHALMIC SOLUTION 1.5 %	
<i>cromolyn sodium ophthalmic solution 4 %</i>	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	
PAZEO OPHTHALMIC SOLUTION 0.7 %	
OPHTHALMIC ANTIGLAUCOMA AGENTS	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	
AZOPT OPHTHALMIC SUSPENSION 1 %	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	
<i>carteolol hcl ophthalmic solution 1 %</i>	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	
OPHTHALMIC ANTI-INFLAMMATORIES	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	PA
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	
DUREZOL OPHTHALMIC EMULSION 0.05 %	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	
LOTEMAX OPHTHALMIC GEL 0.5 %	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	
OTIC AGENTS	
OTIC AGENTS	
<i>acetic acid otic solution 2 %</i>	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	
<i>fluocinolone acetonide otic oil 0.01 %</i>	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	
<i>ofloxacin otic solution 0.3 %</i>	
RESPIRATORY TRACT AGENTS	
ANTI-HISTAMINES	
<i>cetirizine hcl oral solution 1 mg/ml</i>	QL (310 ML per 31 days)
<i>clemastine fumarate oral tablet 2.68 mg</i>	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	
<i>promethazine vc plain oral solution 6.25-5 mg/5ml</i>	PA; HR
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	PA; HR
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	QL (31 EA per 28 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	BD
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	QL (62 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	QL (24 GM per 28 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	QL (11 GM per 28 days)
ANTILEUKOTRIENES	
<i>montelukast sodium oral packet 4 mg</i>	QL (31 EA per 31 days)
<i>montelukast sodium oral tablet 10 mg</i>	QL (31 EA per 31 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	QL (31 EA per 31 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	QL (62 EA per 31 days)
BRONCHODILATORS, ANTICHOLINERGIC	
<i>ipratropium bromide inhalation solution 0.02 %</i>	BD
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	QL (31 EA per 28 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	QL (4 GM per 28 days)
BRONCHODILATORS, SYMPATHOMIMETIC	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	QL (62 EA per 28 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	QL (12 GM per 28 days)
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	BD
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	QL (62 EA per 28 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	QL (62 EA per 28 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	QL (4 GM per 28 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	BD
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	QL (27 GM per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	QL (3 EA per 31 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	QL (62 EA per 28 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	QL (4 GM per 28 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	ST; QL (62 EA per 28 days)
NASAL AGENTS	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	QL (50 ML per 31 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	QL (32 GM per 30 days)
<i>ipratropium bromide nasal solution 0.03 %</i>	QL (62 ML per 31 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	QL (31 ML per 31 days)
<i>olopatadine hcl nasal solution 0.6 %</i>	
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	QL (31 EA per 31 days)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	
<i>theophylline oral solution 80 mg/15ml</i>	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG	PA
OPSUMIT ORAL TABLET 10 MG	PA
<i>sildenafil citrate oral tablet 20 mg</i>	PA; QL (93 EA per 31 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	PA
TRACLEER ORAL TABLET SOLUBLE 32 MG	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	PA; LA
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	PA; LA
PULMONARY FIBROSIS AGENTS	
ESBRIET ORAL CAPSULE 267 MG	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
RESPIRATORY TRACT AGENTS, OTHER	
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	BD
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	QL (13 EA per 28 days)
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	QL (13 EA per 28 days)
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	QL (13 EA per 28 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	QL (26 GM per 28 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	BD
KALYDECO ORAL PACKET 50 MG, 75 MG	PA
KALYDECO ORAL TABLET 150 MG	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	PA; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	BD
PULMOZYME INHALATION SOLUTION 1 MG/ML	BD; QL (155 ML per 31 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	PA; LA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	BD
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	PA
SKELETAL MUSCLE RELAXANTS	
SKELETAL MUSCLE RELAXANTS	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	
<i>chlorzoxazone oral tablet 500 mg</i>	PA; HR
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PA; HR; QL (93 EA per 31 days)
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	PA; HR; QL (186 EA per 31 days)
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	
SLEEP DISORDER AGENTS	
BENZODIAZEPINES	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	QL (31 EA per 31 days)
<i>temazepam oral capsule 7.5 mg</i>	QL (124 EA per 31 days)
<i>triazolam oral tablet 0.125 mg</i>	QL (31 EA per 31 days)
<i>triazolam oral tablet 0.25 mg</i>	QL (62 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Drug	Requirements/Limits
GABA RECEPTOR MODULATORS	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PA; HR; QL (93 EA per 365 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PA; HR; QL (31 EA per 31 days)
SLEEP DISORDERS, OTHER	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	QL (31 EA per 31 days)
HETLIOZ ORAL CAPSULE 20 MG	PA; QL (31 EA per 31 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	PA; QL (62 EA per 31 days)
SILENOR ORAL TABLET 3 MG, 6 MG	QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 10 Last updated 03/13/2019 Effective Date: 04/01/2019

Alphabetical Listing

A

abacavir sulfate.....	29	AMBISOME	15	ARANELLE.....	54
abacavir sulfate-lamivudine ...	29	amcinonide	45	ARCALYST	60
abacavir-lamivudine-zidovudine	29	AMETHIA.....	54	ARIKAYCE	4
ABELCET	15	amikacin sulfate.....	4	aripiprazole.....	25
ABILIFY MAINTENA.....	25	amiloride hcl.....	40	ARNUITY ELLIPTA.....	66
abiraterone acetate.....	18	amiloride-hydrochlorothiazide	37	ASCOMP-CODEINE.....	2
ABSORICA.....	44	AMINOSYN II.....	48	ASHLYNA.....	54
acamprosate calcium	3	AMINOSYN		ASMANEX 120 METERED	
acarbose.....	32	II/ELECTROLYTES.....	48	DOSES	69
acebutolol hcl	38	AMINOSYN/ELECTROLYTE		ASMANEX 30 METERED	
acetaminophen-codeine.....	2	S.....	49	DOSES	69
acetaminophen-codeine #3.....	2	AMINOSYN-HBC.....	49	ASMANEX 60 METERED	
acetazolamide.....	40	AMINOSYN-PF.....	49	DOSES	69
acetic acid.....	66	AMINOSYN-RF.....	49	ASMANEX HFA	69
acetylcysteine	69	amiodarone hcl	36	aspirin-dipyridamole er	35
acitretin.....	44	AMITIZA	51	ASSURE ID INSULIN	
ACTHIB	61	amitriptyline hcl	14	SAFETY SYR	63
ACTIMMUNE	18	amlodipine besy-benazepril hcl	37	ASTAGRAF XL.....	59
acyclovir	28, 44	amlodipine besylate.....	39	atazanavir sulfate	30
acyclovir sodium	28	amlodipine besylate-valsartan	37	atenolol	38
ADACEL.....	61	amlodipine-atorvastatin	40	atenolol-chlorthalidone.....	37
adapalene.....	44	amlodipine-olmesartan	37	atomoxetine hcl	43
adefovir dipivoxil	28	amlodipine-valsartan-hctz	37	atorvastatin calcium.....	41
ADEMPAS.....	68	ammonium lactate	45	atovaquone.....	23
ADVAIR DISKUS.....	67	AMNESTEEM	45	atovaquone-proguanil hcl	23
ADVAIR HFA	67	amoxapine	14	ATRIPLA	29
AFINITOR	19	amoxicill-clarithro-lansopraz	50	atropine sulfate	64
AFINITOR DISPERZ.....	18, 19	amoxicillin.....	6, 7	AUBAGIO.....	43
albendazole.....	23	amoxicillin-pot clavulanate	7	AUBRA	54
ALBENZA	23	amphetamine-dextroamphet er	42	AURYXIA.....	53
albuterol sulfate.....	67	amphetamine-		AUSTEDO	43
albuterol sulfate er.....	67	dextroamphetamine	42	AVIANE.....	54
alclometasone dipropionate....	45	amphotericin b.....	15	AVONEX	43
ALECENSA	19	ampicillin.....	7	AVONEX PEN.....	44
alendronate sodium	63	ampicillin sodium.....	7	AVONEX PREFILLED	44
alfuzosin hcl er	52	ampicillin-sulbactam sodium ...	7	AZASAN.....	59
ALINIA	23	ANADROL-50	54	azathioprine	59
allopurinol	16, 23	anagrelide hcl	35	azelastine hcl	64, 68
alosetron hcl	50	anastrozole.....	23	azithromycin	7
ALPHAGAN P.....	65	ANORO ELLIPTA.....	67	AZOPT	65
alprazolam	31	APOKYN	24	aztreonam	6
alprazolam er	31	apraclonidine hcl	65	B	
ALPRAZOLAM INTENSOL	31	aprepitant	14	bacitracin	64
ALTAVERA	54	APRI.....	54	bacitracin-polymyxin b.....	64
ALUNBRIG	19	APRISO.....	51	bacitra-neomycin-polymyxin-hc	65
alyacen 1/35.....	54	APTIOM.....	11	.....	65
amantadine hcl.....	24	APTIVUS	30	baclofen	69
				balsalazide disodium	51
				BALZIVA.....	54

BANZEL	11	buprenorphine hcl.....	3	cefuroxime sodium	6
BARACLUDE	27	buprenorphine hcl-naloxone hcl		celecoxib.....	16
bcg vaccine.....	61	.....	3	CELONTIN	9
BELSOMRA	70	bupropion hcl.....	12	cephalexin.....	6
benazepril hcl	36	bupropion hcl er (smoking det)	4	cetirizine hcl	66
benazepril-hydrochlorothiazide		bupropion hcl er (sr).....	12	cevimeline hcl.....	44
.....	37	bupropion hcl er (xl).....	12	CHANTIX	4
BENLYSTA	59	buspironone hcl	31	CHANTIX CONTINUING	
benznidazole.....	23	butalbital-apap-caff-cod	2	MONTH PAK	4
benzoyl peroxide-erythromycin		BYSTOLIC	38	CHANTIX STARTING	
.....	45	C		MONTH PAK	4
benztropine mesylate.....	24	cabergoline	58	chlordiazepoxide hcl.....	31
BEPREVE	65	CABOMETYX.....	19	chlorhexidine gluconate.....	44
BESIVANCE	64	calcipotriene	45	chloroquine phosphate.....	23
betamethasone dipropionate...	45	calcitonin (salmon)	63	chlorothiazide	41
betamethasone dipropionate aug		calcitriol.....	63	chlorpromazine hcl	25
.....	45	calcium acetate (phos binder).	53	chlorthalidone.....	41
betamethasone valerate	45	CALQUENCE.....	19	chlorzoxazone.....	69
BETASERON	44	CAMILA	54	cholestyramine.....	41
betaxolol hcl	38, 65	candesartan cilexetil	36	cholestyramine light	41
bethanechol chloride	52	candesartan cilexetil-hctz	37	ciclopirox.....	15
bexarotene	19	CAPRELSA.....	19	ciclopirox olamine.....	15
BEXSERO.....	61	captopril.....	36	cilostazol.....	35
bicalutamide	19	captopril-hydrochlorothiazide	37	CIMDUO.....	29
BICILLIN C-R	7	CARBAGLU	52	CINRYZE.....	40
BICILLIN C-R 900/300.....	7	carbamazepine.....	11	CIPRODEX	66
BICILLIN L-A	7	carbamazepine er.....	11, 32	ciprofloxacin.....	8
BIKTARVY	30	carbidopa-levodopa	24	ciprofloxacin hcl.....	8, 64, 66
bisoprolol fumarate	38	carbidopa-levodopa er	24	ciprofloxacin in d5w.....	8
bisoprolol-hydrochlorothiazide		carbidopa-levodopa-entacapone		citalopram hydrobromide	13
.....	37	.....	24	CLARAVIS	45
BIVIGAM	60	CARIMUNE NF.....	60	clarithromycin.....	8
BLEPHAMIDE	65	carteolol hcl	65	clarithromycin er	7
BLEPHAMIDE S.O.P.....	65	CARTIA XT.....	39	clemastine fumarate.....	66
BLISOVI FE 1.5/30	54	carvedilol	38	CLENPIQ	51
BLISOVI FE 1/20	54	caspofungin acetate	15	clindamycin hcl	4
BOOSTRIX.....	61	CAYSTON	6	clindamycin palmitate hcl.....	4
BOSULIF	19	CAZIENT	55	clindamycin phos-benzoyl perox	
BRAFTOVI.....	19	cefaclor	5	.....	45
BREO ELLIPTA	67	cefadroxil.....	5	clindamycin phosphate ...4, 5, 53	
briellyn	54	cefazolin sodium.....	6	clindamycin phosphate in d5w .5	
BRILINTA	35	cefdinir.....	6	CLINIMIX E/DEXTROSE	
brimonidine tartrate	65	cefepime hcl	6	(2.75/10)	49
BRIVIACT.....	11	cefotaxime sodium	6	CLINIMIX E/DEXTROSE	
bromocriptine mesylate	24	cefoxitin sodium.....	6	(2.75/5)	49
BROMSITE.....	65	cefpodoxime proxetil.....	6	CLINIMIX E/DEXTROSE	
budesonide.....	53, 66	cefprozil.....	6	(4.25/10)	49
budesonide er.....	53	ceftazidime	6	CLINIMIX E/DEXTROSE	
bumetanide	40	ceftriaxone sodium	6	(4.25/25)	49
buprenorphine.....	3	cefuroxime axetil.....	6		

CLINIMIX E/DEXTROSE (4.25/5).....	49	CORLANOR.....	40	dexmethylphenidate hcl.....	43
CLINIMIX E/DEXTROSE (5/15).....	49	COSENTYX 300 DOSE.....	45	dextroamphetamine sulfate.....	43
CLINIMIX E/DEXTROSE (5/20).....	49	COSENTYX SENSOREADY 300 DOSE.....	45	dextroamphetamine sulfate er.....	42, 43
CLINIMIX/DEXTROSE (4.25/10).....	49	COTELLIC.....	19	dextrose.....	49
CLINIMIX/DEXTROSE (4.25/25).....	49	CREON.....	50	dextrose-nacl.....	47
CLINIMIX/DEXTROSE (4.25/5).....	49	CRIVAN.....	30	DIASTAT ACUDIAL.....	9
CLINIMIX/DEXTROSE (5/15)	49	cromolyn sodium.....	50, 65, 69	DIASTAT PEDIATRIC.....	9
CLINIMIX/DEXTROSE (5/20)	49	CRYSSELLE-28.....	55	diazepam.....	9, 31, 32
CLINIMIX/DEXTROSE (5/25)	49	cvx gauze sterile.....	63	DIAZEPAM INTENSOL.....	31
clobazam.....	9	CYCLAFEM 1/35.....	55	diclofenac potassium.....	16
clobetasol prop emollient base.....	45	CYCLAFEM 7/7/7.....	55	diclofenac sodium.....	16, 46, 65
clobetasol propionate.....	45	cyclobenzaprine hcl.....	69	diclofenac sodium er.....	16
clobetasol propionate emulsion	45	cyclophosphamide.....	18	dicloxacin sodium.....	7
clomipramine hcl.....	14	cyclosporine.....	60	dicyclomine hcl.....	50
clonazepam.....	9	cyclosporine modified.....	60	didanosine.....	29
clonidine.....	36	CYRED EQ.....	55	diflorasone diacetate.....	46
clonidine hcl.....	36	CYSTADANE.....	52	diflunisal.....	16
clopidogrel bisulfate.....	35	CYSTAGON.....	52	DIGITEK.....	40
clorazepate dipotassium.....	31	CYSTARAN.....	65	DIGOX.....	40
clotrimazole.....	15, 44	D		digoxin.....	40
clotrimazole-betamethasone... ..	15	dalfampridine er.....	44	dihydroergotamine mesylate ..	17
clozapine.....	27	DALIRESP.....	68	DILANTIN.....	11
COARTEM.....	23	danazol.....	54	diltiazem hcl.....	39
colchicine.....	16	dapsone.....	17	diltiazem hcl er.....	39
colchicine-probenecid.....	16	DAPTACEL.....	61	diltiazem hcl er beads.....	39
colestipol hcl.....	41	daptomycin.....	5	diltiazem hcl er coated beads..	39
colistimethate sodium (cba).....	5	DAURISMO.....	19	dilt-xr.....	39
COMBIGAN.....	65	DEBLITANE.....	55	diphenoxylate-atropine.....	50
COMBIVENT RESPIMAT ..	67	DELSTRIGO.....	30	diphtheria-tetanus toxoids dt ..	61
COMETRIQ (100 MG DAILY DOSE).....	19	DELYLA.....	55	dipyridamole.....	35
COMETRIQ (140 MG DAILY DOSE).....	19	DEMSEER.....	40	disulfiram.....	3
COMETRIQ (60 MG DAILY DOSE).....	19	DEPEN TITRATABS.....	63	divalproex sodium.....	10
COMFORT ASSIST INSULIN SYRINGE.....	63	DEPO-ESTRADIOL.....	57	divalproex sodium er.....	10
COMPLERA.....	30	DEPO-PROVERA.....	19	dofetilide.....	36
COMPRO.....	25	DESCOVY.....	29	donepezil hcl.....	12
COPIKTRA.....	19	desipramine hcl.....	14	doripenem.....	6
		desmopressin ace spray refig.....	58	dorzolamide hcl.....	65
		desmopressin acetate.....	58	dorzolamide hcl-timolol mal ..	65
		desogestrel-ethinyl estradiol... ..	55	doxazosin mesylate.....	36
		desonide.....	45	doxepin hcl.....	14
		desoximetasone.....	46	doxercalciferol.....	63
		desvenlafaxine er.....	13	DOXY 100.....	8
		desvenlafaxine succinate er ...	13	doxycycline hyclate.....	8
		dexamethasone.....	53	doxycycline monohydrate.....	8
		DEXAMETHASONE INTENSOL.....	53	dronabinol.....	14
		dexamethasone sodium phosphate.....	65	drospirenone-ethinyl estradiol	55
		DEXILANT.....	51	DROXIA.....	63
				duloxetine hcl.....	13, 43
				duramorph.....	2

DUREZOL	65	erythromycin ethylsuccinate.....	8	FLOVENT HFA.....	67
dutasteride	52	ESBRIET	68	fluconazole	15
dutasteride-tamsulosin hcl.....	52	escitalopram oxalate	13	fluconazole in sodium chloride	
E		esomeprazole magnesium.....	51	.....	15
econazole nitrate.....	15	ESTARYLLA.....	55	flucytosine	15
EDURANT.....	28	estradiol	53, 57	fludrocortisone acetate.....	53
efavirenz	28	estradiol valerate.....	57	flunisolide.....	68
ELIDEL.....	46	estradiol-norethindrone acet...57		fluocinolone acetonide.....	46, 66
ELIQUIS	34	estropipate	58	fluocinolone acetonide scalp ..	46
ELIQUIS STARTER PACK..	34	ethambutol hcl	17	fluocinonide.....	46
EMCYT.....	19	ethosuximide	9	fluorometholone	65
EMOQUETTE	55	ethynodiol diac-eth estradiol ..55		fluorouracil	46
EMSAM	12	etodolac	16	fluoxetine hcl.....	13
EMTRIVA.....	29	EUCRISA	46	fluphenazine decanoate	25
EMVERM	23	EURAX	23	fluphenazine hcl.....	25
enalapril maleate	36	EVOTAZ.....	29	flurazepam hcl	9
enalapril-hydrochlorothiazide	37	EXEL COMFORT POINT PEN		flurbiprofen.....	16
ENBREL	60	NEEDLE	63	flurbiprofen sodium	65
ENBREL SURECLICK	60	exemestane	23	flutamide.....	19
ENDARI.....	63	EXJADE.....	48	fluticasone propionate	46, 68
ENDOCET	2	ezetimibe	41	fluticasone-salmeterol.....	67
ENGERIX-B	61	F		fluvoxamine maleate	13
enoxaparin sodium	34	FALMINA.....	55	fluvoxamine maleate er	13
ENPRESSE-28.....	55	famciclovir.....	28	fondaparinux sodium.....	34
ENSKYCE	55	famotidine.....	50	fosamprenavir calcium	30
entacapone.....	24	FANAPT	26	fosinopril sodium.....	36
entecavir	27	FANAPT TITRATION PACK		fosinopril sodium-hctz.....	37
ENTRESTO	40	.....	26	FRAGMIN.....	34
enulose.....	50	FARESTON	19	FREAMINE HBC	49
EPIDIOLEX.....	9	FARYDAK.....	19	furosemide	40
epinastine hcl.....	65	felbamate	10	FUZEON	30
epinephrine	67	felodipine er.....	39	FYCOMPA.....	10
EPITOL	11	FEMYNOR	55	G	
EPIVIR HBV.....	29	fenofibrate	41	gabapentin.....	10
eplerenone	40	fenofibrate micronized	41	GALAFOLD.....	52
EPOGEN	35	fenofibric acid.....	41	galantamine hydrobromide....	12
eprosartan mesylate	36	fenentanyl.....	2	galantamine hydrobromide er.	12
ERAXIS	15	fenentanyl citrate.....	2	GAMMAGARD	60
ergoloid mesylates.....	11	FERRIPROX	48	GAMMAGARD S/D LESS IGA	
ergotamine-caffeine.....	17	FETZIMA.....	13	.....	60
ERIVEDGE.....	19	FETZIMA TITRATION	13	GAMMAKED	60
ERLEADA	19	FIASP	33	GAMMAPLEX	60
ERRIN.....	55	FIASP FLEXTOUCH	33	GAMUNEX-C.....	60
ertapenem sodium	6	finasteride	52	GARDASIL 9.....	61
ERY-TAB.....	8	FIRAZYR.....	40	gatifloxacin	64
ERYTHROCIN		FIRDAPSE.....	63	GATTEX	50
LACTOBIONATE.....	8	FIRVANQ.....	5	GAVILYTE-C.....	51
ERYTHROCIN STEARATE..	8	FLEBOGAMMA DIF	60	GAVILYTE-G.....	51
erythromycin	8, 64	flecainide acetate	36	GAVILYTE-N WITH FLAVOR	
erythromycin base	8	FLOVENT DISKUS	66	PACK	51

gemfibrozil	41	hydrocortisone-acetic acid.....	66	isoniazid.....	18
generlac	50	hydromorphone hcl.....	2, 3	isosorbide dinitrate	42
GENGRAF.....	60	hydromorphone hcl er	2	isosorbide dinitrate er	42
gentamicin in saline.....	4	hydromorphone hcl pf	3	isosorbide mononitrate	42
gentamicin sulfate	4, 64	hydroxychloroquine sulfate....	23	isosorbide mononitrate er	42
GEODON.....	26	hydroxyurea.....	19	isradipine	39
GIANVI.....	55	hydroxyzine hcl	14, 31	itraconazole.....	15
GILENYA	44	hydroxyzine pamoate	31	ivermectin	23
GILOTRIF.....	19	I		IXIARO	62
glatiramer acetate	44	ibandronate sodium	63	J	
GLEOSTINE.....	18	IBRANCE	19	JAKAFI	20
glimepiride	32	IBU	16	JANTOVEN	35
glipizide.....	32	ibuprofen	16	JANUMET	32
glipizide er.....	32	ICLUSIG	19, 20	JANUMET XR.....	32
glipizide-metformin hcl.....	32	IDHIFA	20	JANUVIA.....	32
global alcohol prep ease	32	ILEVRO	65	JARDIANCE.....	32
GLUCAGEN HYPOKIT	33	imatinib mesylate	20	JINTELI.....	58
GLUCAGON EMERGENCY	33	IMBRUVICA	20	JOLIVETTE	55
glycopyrrolate.....	50	imipenem-cilastatin	6	JUBLIA	15
granisetron hcl	14	imipramine hcl.....	14	JULEBER	55
griseofulvin microsize.....	15	imipramine pamoate	14	JULUCA.....	29
griseofulvin ultramicrosize....	15	imiquimod	46	JUNEL 1.5/30.....	55
guanfacine hcl	36	IMOVAX RABIES	62	JUNEL 1/20.....	55
guanfacine hcl er	43	INCASSIA.....	55	JUNEL FE 1.5/30	55
guanidine hcl	17	INCRELEX	58	JUNEL FE 1/20	55
H		indapamide	41	JUXTAPID	41
HALOG.....	46	indomethacin	16	K	
haloperidol.....	25	indomethacin er	16	KALETRA	30
haloperidol decanoate.....	25	INFANRIX.....	62	KALYDECO	69
haloperidol lactate	25	INLYTA	20	KARIVA.....	55
HAVRIX	61	INTELENCE.....	28	kcl in dextrose-nacl.....	47
heparin sodium (porcine)	35	INTRAROSA	53	kcl-lactated ringers-d5w	47
HEPATAMINE.....	49	INTRON A	20	KELNOR 1/35.....	55
HETLIOZ.....	70	INTROVALE	55	KELNOR 1/50.....	55
HIBERIX.....	61	INVEGA SUSTENNA.....	26	ketoconazole	15
HUMIRA.....	61	INVEGA TRINZA	26	ketorolac tromethamine	17, 65
HUMIRA PEDIATRIC		INVIRASE	30	KINRIX	62
CROHNS START	61	INVOKAMET.....	32	KIONEX.....	48
HUMIRA PEN	61	INVOKAMET XR	32	KISQALI 200 DOSE.....	20
HUMIRA PEN-CD/UC/HS		INVOKANA	32	KISQALI 400 DOSE.....	20
STARTER	61	IPOL	62	KISQALI 600 DOSE.....	20
HUMIRA PEN-PS/UV/ADOL		ipratropium bromide.....	67, 68	KISQALI FEMARA 200 DOSE	
HS START	61	ipratropium-albuterol.....	67	.....	20
hydralazine hcl	42	irbesartan	36	KISQALI FEMARA 400 DOSE	
hydrochlorothiazide.....	41	irbesartan-hydrochlorothiazide		.....	20
hydrocodone-acetaminophen ...	2	.....	37	KISQALI FEMARA 600 DOSE	
hydrocodone-ibuprofen	2	IRESSA	20	.....	20
hydrocortisone.....	46, 53	ISENTRESS	30	KLOR-CON	48
hydrocortisone butyrate.....	46	ISENTRESS HD	30	KLOR-CON 10	48
hydrocortisone valerate	46	ISIBLOOM.....	55	KLOR-CON M10.....	48

KLOR-CON M15.....	48	levetiracetam	9	LUPRON DEPOT (4-MONTH)	21
KLOR-CON M20.....	48	levetiracetam er	9	LUPRON DEPOT (6-MONTH)	21
KORLYM.....	32	levobunolol hcl	65	LUTERA	56
KURVELO.....	55	levocarnitine	52	LYNPARZA.....	21
KUVAN	52	levocetirizine dihydrochloride	66	LYRICA	10, 43
KYNAMRO	41	levofloxacin	8, 64	LYSODREN.....	21
L		levofloxacin in d5w	8	LYZA	56
labetalol hcl	38	LEVONEST	56	M	
lactulose.....	51	levonorgest-eth estrad 91-day	56	magnesium sulfate	48
lamivudine.....	29	levonorgestrel-ethinyl estrad ..	56	malathion	23
lamivudine-zidovudine.....	29	levonorg-eth estrad triphasic ..	56	maprotiline hcl.....	12
lamotrigine	10	LEVORA 0.15/30 (28)	56	marlissa.....	56
lamotrigine er	10	levorphanol tartrate.....	3	MARPLAN.....	13
lansoprazole.....	51	LEVO-T.....	59	MATULANE.....	21
LANTUS	34	levothyroxine sodium	59	MATZIM LA.....	39
LANTUS SOLOSTAR	33	LEVOXYL	59	MAVYRET	28
LARIN 1.5/30.....	55	LEXIVA	30	meclizine hcl.....	14
LARIN 1/20.....	55	lidocaine	3	medroxyprogesterone acetate	56,
LARIN FE 1.5/30.....	55	lidocaine hcl	3	58	
LARIN FE 1/20.....	55	lidocaine viscous	44	mefloquine hcl	23
LARISSIA.....	56	lidocaine-prilocaine	3	megestrol acetate	21, 58
latanoprost	64	lindane	23	MEKINIST	21
LATUDA	26	linezolid.....	5	MEKTOVI.....	21
LEENA.....	56	LINZESS.....	51	meloxicam	17
leflunomide.....	61	liothyronine sodium.....	59	memantine hcl	12
LENVIMA 10 MG DAILY		lisinopril.....	36	memantine hcl er	11
DOSE	20	lisinopril-hydrochlorothiazide	37	MENACTRA.....	62
LENVIMA 12 MG DAILY		lithium	32	MENEST	58
DOSE	20	lithium carbonate.....	32	MENVEO	62
LENVIMA 14 MG DAILY		lithium carbonate er.....	32	mercaptopurine	18
DOSE	20	LIVALO	41	meropenem	6
LENVIMA 18 MG DAILY		LOKELMA	48	mesalamine	51
DOSE	20	LONSURF.....	21	MESNEX.....	23
LENVIMA 20 MG DAILY		loperamide hcl	50	METADATE ER.....	43
DOSE	20	lopinavir-ritonavir	30	metformin hcl	32
LENVIMA 24 MG DAILY		lorazepam	32	metformin hcl er	32
DOSE	20	LORBRENA	21	methadone hcl.....	2
LENVIMA 4 MG DAILY		LORYNA	56	methazolamide.....	40
DOSE	21	losartan potassium	36	methenamine hippurate	5
LENVIMA 8 MG DAILY		losartan potassium-hctz	37	methimazole	59
DOSE	21	LOTEMAX	65, 66	methotrexate	18
LESSINA	56	lovastatin	41	methotrexate sodium	18
LETAIRIS	68	LOW-OGESTREL	56	methotrexate sodium (pf)	18
letrozole.....	23	loxapine succinate	25	methoxsalen rapid.....	46
leucovorin calcium	21	LUMIGAN	64	methscopolamine bromide.....	50
LEUKERAN	18	LUPRON DEPOT (1-MONTH)	21	methylclothiazide.....	41
LEUKINE.....	35	.....	21	methylphenidate hcl.....	43
leuprolide acetate.....	21	LUPRON DEPOT (3-MONTH)	21, 59	methylphenidate hcl er	43
LEVEMIR	34	.....		
LEVEMIR FLEXTOUCH	34				

methylprednisolone	53	nafcillin sodium.....	7	norethindrone acetate.....	58
metoclopramide hcl	50	naloxone hcl	4	norethindrone acet-ethinyl est	56
metolazone	41	naltrexone hcl	3	norethindrone-eth estradiol....	58
metoprolol succinate er	38	NAMZARIC.....	11	norgestimate-eth estradiol	56
metoprolol tartrate	38	naproxen	17	norgestim-eth estrad triphasic.	56
metoprolol-hydrochlorothiazide		naproxen dr.....	17	NORLYROC	56
.....	37	naproxen sodium	17	NORMOSOL-M IN D5W	48
metronidazole	5, 53	naratriptan hcl.....	17	NORMOSOL-R IN D5W	48
metronidazole in nacl	5	NARCAN	4	NORMOSOL-R PH 7.4.....	48
mexiletine hcl	37	NATACYN	64	NORTHERA	40
miconazole 3	53	nateglinide	33	NORTREL 0.5/35 (28).....	56
MICROGESTIN 1.5/30	56	NATPARA	63	NORTREL 1/35 (21).....	56
MICROGESTIN 1/20	56	NEBUPENT	23	NORTREL 1/35 (28).....	56
MICROGESTIN FE 1.5/30....	56	NECON 0.5/35 (28)	56	NORTREL 7/7/7	56
MICROGESTIN FE 1/20.....	56	nefazodone hcl.....	12	nortriptyline hcl	14
midodrine hcl.....	36	neomycin sulfate.....	4	NORVIR.....	30
miglustat	52	neomycin-bacitracin zn-		NOVOLIN 70/30.....	34
MILI	56	polymyx.....	64	NOVOLIN N.....	34
MIMVEY	58	neomycin-polymyxin-dexameth		NOVOLIN R	34
MIMVEY LO.....	58	.....	66	NOVOLOG	34
minocycline hcl	8, 9	neomycin-polymyxin-		NOVOLOG FLEXPEN.....	34
minoxidil	42	gramicidin.....	64	NOVOLOG MIX 70/30	34
mirtazapine	12	neomycin-polymyxin-hc	66	NOVOLOG MIX 70/30	
misoprostol.....	51	NEPHRAMINE.....	49	FLEXPEN.....	34
M-M-R II.....	62	NERLYNX.....	21	NOVOLOG PENFILL	34
modafinil	70	NEUPOGEN	35	NOXAFIL.....	15
moexipril hcl	36	NEUPRO.....	24	NUEDEXTA	43
moexipril-hydrochlorothiazide		nevirapine	28	NUPLAZID	26
.....	37	nevirapine er	28	nutrilipid	49
molindone hcl.....	25	NEXAVAR	21	NYAMYC	16
mometasone furoate	46	niacin er (antihyperlipidemic)	42	nystatin	16, 44
MONONESSA.....	56	NIACOR.....	42	nystatin-triamcinolone.....	16
montelukast sodium.....	67	nicardipine hcl	39	NYSTOP.....	16
MONUROL.....	5	NICOTROL.....	4	O	
morphine sulfate	3	nifedipine.....	39	OCELLA	57
morphine sulfate (concentrate).	3	nifedipine er.....	39	octreotide acetate	59
morphine sulfate er.....	2	nifedipine er osmotic release..	39	ODEFSEY	30
morphine sulfate er beads.....	2	NIKKI.....	56	ODOMZO.....	21
MOVANTIK	50	nilutamide.....	21	OFEV	68
MOXEZA.....	64	nimodipine.....	39	ofloxacin	64, 66
moxifloxacin hcl.....	64	NINLARO	21	OGESTREL.....	57
MULTAQ.....	37	nisoldipine er	39	olanzapine.....	26
mupirocin	5	NITRO-BID.....	42	olmesartan medoxomil	36
mycophenolate mofetil.....	60	nitrofurantoin.....	5	olmesartan medoxomil-hctz ...	38
mycophenolate sodium.....	60	nitrofurantoin macrocrystal	5	olmesartan-amlodipine-hctz ...	38
MYRBETRIQ	52	nitrofurantoin monohyd macro.	5	olopatadine hcl.....	65, 68
N		nitroglycerin	42	omega-3-acid ethyl esters	42
nabumetone	17	NORA-BE	56	omeprazole	51
nadolol.....	38	NORDITROPIN FLEXPRO ..	58	ondansetron.....	14
nadolol-bendroflumethiazide .	37	norethindrone.....	56	ondansetron hcl.....	14

OPSUMIT	68	PERSERIS	26	PREMPRO	58
ORAVIG	44	phenelzine sulfate	13	PREPOPIK	51
ORFADIN	52	phenobarbital	9	PREVIFEM	57
ORKAMBI	69	phenytoin	11	PREZCOBIX	29
ORSYTHIA	57	phenytoin sodium extended... 11		PREZISTA	31
oseltamivir phosphate..... 31		PHOSPHOLINE IODIDE..... 65		PRIFTIN	18
OSPHERA	58	PICATO..... 47		primaquine phosphate..... 23	
oxacillin sodium	7	PIFELTRO	28	primidone..... 10	
oxandrolone..... 54		pilocarpine hcl	44, 64	PROAIR HFA	67
oxazepam..... 32		pimecrolimus	47	PROAIR RESPICLICK..... 68	
oxcarbazepine..... 9, 11		pimozide	25	probenecid	16
OXERVATE	64	PIMTREA	57	PROCALAMINE	49
OXTELLAR XR	11	pindolol..... 38		prochlorperazine	25
oxybutynin chloride..... 52		pioglitazone hcl	33	prochlorperazine maleate..... 25	
oxybutynin chloride er	52	pioglitazone hcl-glimepiride... 33		PROCRIT	35
oxycodone hcl	3	pioglitazone hcl-metformin hcl		PROCTO-MED HC..... 47	
oxycodone hcl er	2	..... 33		PROCTO-PAK..... 47	
oxycodone-acetaminophen..... 3		piperacillin sod-tazobactam so .7		PROCTOSOL HC	47
oxycodone-aspirin	3	PIRMELLA 1/35	57	PROCTOZONE-HC..... 47	
oxycodone-ibuprofen	3	piroxicam..... 17		progesterone micronized	58
OZEMPIC	33	PLEGRIDY	44	PROGLYCEM	33
P		PLEGRIDY STARTER PACK		PROLASTIN-C	69
PACERONE..... 37		..... 44		PROLENSA	66
paliperidone er..... 26		podofilox	47	PROLIA..... 63	
PANRETIN	21	polymyxin b-trimethoprim 64		PROMACTA..... 35	
pantoprazole sodium	51	POMALYST	21	promethazine hcl	14
paricalcitol..... 63		PORTIA-28	57	promethazine vc plain..... 66	
paromomycin sulfate..... 4		potassium chloride..... 48		promethazine-phenylephrine .. 66	
paroxetine hcl	13	potassium chloride crys er..... 48		propafenone hcl	37
paroxetine hcl er	13	potassium chloride er..... 48		propafenone hcl er	37
PASER	8	potassium chloride in dextrose		propantheline bromide..... 50	
PAXIL	13	..... 48		proparacaine hcl..... 64	
PAZEO..... 65		potassium chloride in nacl..... 48		propranolol hcl..... 38	
PEDIARIX	62	potassium citrate er..... 53		propranolol hcl er	38
PEDVAX HIB..... 62		PRADAXA..... 35		propranolol-hctz	38
peg 3350/electrolytes..... 51		PRALUENT	42	propylthiouracil	59
peg 3350-kcl-na bicarb-nacl... 51		pramipexole dihydrochloride .24		PROQUAD..... 62	
peg-3350/electrolytes	51	pravastatin sodium..... 41		PROSOL..... 49	
PEGANONE	11	prazosin hcl..... 36		protiptyline hcl	14
PEGASYS	27	prednicarbate	47	PULMOZYME..... 69	
PEGASYS PROCLICK	27	prednisolone	53	PURIXAN	18
penicillin g potassium..... 7		prednisolone acetate	66	pyrazinamide	18
penicillin v potassium..... 7		prednisolone sodium phosphate		pyridostigmine bromide..... 17	
PENTAM	23	..... 54, 66		Q	
PENTASA..... 51		prednisone	54	QUADRACEL	62
pentazocine-naloxone hcl..... 3		PREDNISONONE INTENSOL... 54		QUASENSE	57
pentoxifylline er	40	preferred plus insulin syringe .63		quetiapine fumarate	26
perindopril erbumine	36	PREMARIN	58	quetiapine fumarate er	26
permethrin	24	PREMASOL..... 49		quinapril hcl..... 36	
perphenazine..... 25		PREMPHASE	58	quinapril-hydrochlorothiazide 38	

quinidine gluconate er	37
quinidine sulfate	37
quinine sulfate	23
R	
RABAVERT	62
raloxifene hcl.....	63
ramipril	36
RANEXA	40
ranitidine hcl.....	50
RAPAMUNE	60
rasagiline mesylate	24
RAVICTI.....	52
RECLIPSEN.....	57
RECOMBIVAX HB	62
REGRANEX	47
RELENZA DISKHALER	31
RELI-ON INSULIN SYRINGE	63
repaglinide.....	33
REPATHA	42
REPATHA PUSHTRONEX SYSTEM	42
REPATHA SURECLICK	42
RESCRIPTOR.....	28
RESTASIS	64
RETACRIT	35
REVLIMID	18
REXULTI.....	27
REYATAZ	31
RIBASPHERE	27
ribavirin	28
rifabutin	18
rifampin	18
RIFATER	18
riluzole.....	43
rimantadine hcl.....	31
RISPERDAL CONSTA	27
risperidone.....	27
ritonavir	31
rivastigmine.....	12
rivastigmine tartrate.....	12
ropinirole hcl	24
rosuvastatin calcium.....	41
ROTARIX	62
ROTATEQ	62
ROWEEPRA.....	9
ROWEEPRA XR	9
RUBRACA.....	21
RYDAPT	21
RYTARY	24

S	
SABRIL.....	10
SAMSCA.....	48
SANDIMMUNE	60
SANTYL	47
SAPHRIS.....	27
SAVELLA.....	43
SAVELLA TITRATION PACK	43
scopolamine.....	15
selegiline hcl.....	25
selenium sulfide.....	47
SELZENTRY	30
SENSIPAR	63
SEREVENT DISKUS	68
sertraline hcl	13
SETLAKIN	57
sevelamer carbonate	53
SHAROBEL.....	57
SHINGRIX	62
SIGNIFOR.....	59
sildenafil citrate	68
SILENOR	70
silodosin.....	52
silver sulfadiazine.....	47
SIMBRINZA.....	65
SIMPONI.....	61
simvastatin.....	41
sirolimus	60
SIRTURO.....	18
SIVEXTRO	5
sodium chloride.....	48, 53
sodium phenylbutyrate	52
sodium polystyrene sulfonate.....	48
sofosbuvir-velpatasvir	28
SOLQUA	33
SOLTAMOX.....	21
SOMATULINE DEPOT	59
SOMAVERT	59
SORINE.....	38
sotalol hcl	38
sotalol hcl (af).....	38
SPIRIVA HANDIHALER	67
SPIRIVA RESPIMAT.....	67
spironolactone	40
spironolactone-hctz	38
SPRINTEC 28	57
SPRITAM.....	9
SPRYCEL	21
SPS	48

SRONYX.....	57
stavudine.....	29
STELARA	47
STIOLTO RESPIMAT.....	68
STIVARGA	21
streptomycin sulfate.....	4
STRIBILD	30
SUBOXONE	4
sucralfate.....	51
sulfacetamide sodium	64
sulfacetamide sodium (acne)....	8
sulfacetamide-prednisolone....	66
sulfadiazine.....	8
sulfamethoxazole-trimethoprim	8
sulfasalazine	51
sulindac.....	17
sumatriptan	17
sumatriptan succinate	17
sumatriptan succinate refill....	17
SUPRAX	6
SUPREP BOWEL PREP KIT	51
SUTENT.....	22
SYEDA.....	57
SYLATRON.....	22
SYMDEKO	69
SYMFI.....	30
SYMFI LO.....	30
SYMLINPEN 120	33
SYMLINPEN 60	33
SYMPAZAN	9
SYMITUZA.....	30
SYNAREL.....	59
SYNJARDY	33
SYNJARDY XR.....	33
SYNRIBO.....	22
T	
TABLOID.....	18
tacrolimus	47, 60
TAFINLAR	22
TAGRISSO.....	22
TAKHZYRO	40
TALZENNA.....	22
tamoxifen citrate.....	22
tamsulosin hcl.....	52
TARCEVA	22
TARGRETIN	22
TARINA FE 1/20	57
TASIGNA.....	22
tazarotene.....	47
TAZORAC	47

TAZTIA XT	39	tranylcypromine sulfate	13	VALCHLOR	47
TDVAX	62	TRAVASOL	49	valganciclovir hcl	27
TECFIDERA	44	TRAVATAN Z	64	valproate sodium	10
TEFLARO	6	trazodone hcl	12	valproic acid	10
TEGSEDI	43	TRECTOR	18	valsartan	36
telmisartan	36	TRELEGY ELLIPTA	68	valsartan-hydrochlorothiazide	38
telmisartan-amlodipine	38	TRELSTAR MIXJECT	22	vancomycin hcl	5
telmisartan-hctz	38	TRESIBA FLEXTOUCH	34	VAQTA	62
temazepam	69	tretinoin	22, 47	VARIVAX	62
TENIVAC	62	TREXALL	18	VARIZIG	62
tenofovir disoproxil fumarate	29	triamcinolone acetonide ...	44, 47	VARUBI	15
terazosin hcl	36	triamterene-hctz	38	VASCEPA	42
terbinafine hcl	16	triazolam	69	VELIVET	57
terbutaline sulfate	68	trientine hcl	63	VELPHORO	53
terconazole	53	TRI-ESTARYLLA	57	VELTASSA	48
testosterone	54	trifluoperazine hcl	25	VENCLEXTA	22
testosterone cypionate	54	trifluridine	64	VENCLEXTA STARTING	
testosterone enanthate	54	trihexyphenidyl hcl	24	PACK	22
tetanus-diphtheria toxoids td	62	TRI-LEGEST FE	57	venlafaxine hcl	14
tetrabenazine	43	TRILYTE	51	venlafaxine hcl er	14
tetracycline hcl	9	trimethoprim	5	verapamil hcl	39
THALOMID	18	TRI-MILI	57	verapamil hcl er	39
theophylline	68	trimipramine maleate	14	VERZENIO	22
theophylline er	68	TRINESSA (28)	57	VICODIN	3
thioridazine hcl	25	TRINTELLIX	12	VICODIN ES	3
thiothixene	25	TRI-PREVIFEM	57	VICTOZA	33
tiagabine hcl	10	TRI-SPRINTEC	57	VIDEX	29
TIBSOVO	22	TRIUMEQ	30	VIDEX EC	29
tigecycline	5	TRIVORA (28)	57	VIENVA	57
timolol maleate	38, 65	TRI-VYLIBRA	57	vigabatrin	10
TIVICAY	30	TROKENDI XR	10	VIIBRYD	12
tizanidine hcl	69	TROPHAMINE	49	VIIBRYD STARTER PACK	12
TOBI PODHALER	4	tropium chloride	52	VIMPAT	11
tobramycin	64, 69	tropium chloride er	52	VIRACEPT	31
tobramycin sulfate	4	TRULICITY	33	VIRAMUNE	28
tobramycin-dexamethasone	66	TRUMENBA	62	VIREAD	29
TOLAK	47	TRUVADA	29	VITRAKVI	22
tolazamide	33	TWINRIX	62	VIZIMPRO	22
tolbutamide	33	TYBOST	30	voriconazole	16
topiramate	10	TYKERB	22	VOSEVI	28
topiramate er	10	TYMLOS	63	VOTRIENT	22
torseamide	40	TYPHIM VI	62	VRAYLAR	27
TOUJEO MAX SOLOSTAR	34	U		VYFEMLA	57
TOUJEO SOLOSTAR	34	UCERIS	47	VYLIBRA	57
TPN ELECTROLYTES	48	ULORIC	16	VYZULTA	64
TRACLEER	68	UNITHROID	59	W	
tramadol hcl	3	UPTRAVI	68	warfarin sodium	35
tramadol-acetaminophen	3	ursodiol	50	X	
trandolapril	36	V		XALKORI	22
tranexamic acid	35	valacyclovir hcl	28	XARELTO	35

XARELTO STARTER PACK	35	XYREM.....	43	ziprasidone hcl.....	27
XATMEP	18	Y		ZIRGAN	27
XELJANZ	61	YF-VAX.....	62	ZOLINZA.....	22
XELJANZ XR.....	61	YONSA	22	zolpidem tartrate.....	70
XGEVA.....	63	YUVAFEM	53	zonisamide.....	10
XIFAXAN.....	5	Z		ZORTRESS	60
XOFLUZA	31	zafirlukast	67	ZOSTAVAX.....	62
XOLAIR.....	69	zaleplon	70	ZOVIA 1/35E (28)	57
XOSPATA	22	ZARAH	57	ZYDELIG.....	22
XTANDI.....	22	ZEJULA	22	ZYKADIA	23
XULTOPHY	33	ZELBORAF	22	ZYLET	66
XURIDEN.....	52	ZENPEP	50	ZYPREXA RELPREVV	27
		zidovudine	29	ZYTIGA	23

Care Wisconsin Partnership is a Coordinated Care Plan with a Medicare contract. Enrollment in Care Wisconsin Partnership depends on contract renewal.

Care Wisconsin Health Plan, Inc. complies with applicable Federal Civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Care Wisconsin Health Plan, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Care Wisconsin Health Plan, Inc. ua raws cov kev cailij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeem cov cai (Federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqaij tawv, lub tebchaws tuaj, hnuv nyoog, kev tsis taus, los yog poj niam txiv.

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-800-963-0035 (TTY: Wisconsin Relay System at 711).

Spanish

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-800-963-0035 (TTY: Wisconsin Relay System at 711).

Hmong

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwj yam lus muaj rau koj dawb xwb. Hu 1-800-963-0035 (TTY: Wisconsin Relay System at 711).

Chinese Mandarin

注意：如果您说中文，您可获得免费的语言协助服务。请致电 1-800-963-0035 (TTY 文字电话: Wisconsin Relay System at 711).

Laotian

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-800-963-0035 (TTY: Wisconsin Relay System at 711).

Russian

ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-800-963-0035 (TTY: Wisconsin Relay System at 711).

Care Wisconsin:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Auxiliary aids and services for hearing-impaired and vision-impaired members
- Provides free language access services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-963-0035.

This formulary was updated on 4/10/2019. For more recent information or other questions, please contact Care Wisconsin Partnership Customer Service at 1-800-963-0035 or, for TTY users, Wisconsin Relay 711, 8 a.m. – 8 p.m., 7 days a week, or visit www.carewisc.org/partnership.



Care Wisconsin Health Plan
1617 Sherman Avenue
Madison, WI 53704
1-800-963-0035
TTY/TDD Wisconsin Relay System 711
www.carewisc.org