

## Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at the fourth quarter 2019 Pharmacy and Therapeutics Committee meeting. Effective May 1, 2020, the following formulary changes will apply. This notice applies to Anthem Blue Cross and Blue Shield Medicaid (Anthem) benefits in Kentucky.

EFFECTIVE FOR ALL PATIENTS ON MAY 1, 2020			
Therapeutic class	Drug	Revised status	Potential alternatives
<b>TOPICAL ANESTHETICS</b>	(GENERIC OTC CAPSAICIN) CAPSAICIN CREAM 0.025% DOULEURIN LOTION CAPSAICIN XL PAD 0.025% CAPSAICIN CREAM 0.1% MENTHOZEN CREAM ALLEVESS PAD 0.05-5% BIO-THERM LOTION	PREFERRED	N/A
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	(GENERIC SYMBICORT) BUDESONIDE/FORMOTEROL AER 80-4.5 BUDESONIDE/FORMOTEROL AER 160-4.5	PREFERRED	N/A
<b>PLATELET AGGREGATION INHIBITORS</b>	BRILINTA TAB 60MG BRILINTA TAB 90MG PRASUGREL TAB 5MG PRASUGREL TAB 10MG	PREFERRED	N/A
<b>PEDIATRIC MULTIPLE VITAMINS</b>	(BRAND) POLY-VI-SOL DROPS POLY-VI-SOL WITH IRON DROPS	PREFERRED	N/A
<b>DIABETIC SUPPLIES LANCETS</b>	LANCETS MANUFACTURER: ABLE DIAGNOSTIC ACCESS DIABETIC SUPPLY ACCESS LLC ACON LABORATORIES AMBIMEDINC ARKRAY USA CHAIN DRUG CONSORTIUM COVIDIEN MEDICAL SUPPLIES CVS PHARMACY HEALTHCARE CVS/PHARMACY DELTA HI-TECH DIATHRIVE FACET TECHNOLOGIES	PREFERRED	N/A



<https://mediproviders.anthem.com/ky>

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PLEASE NOTE: Information being presented is current as of the date of publication and is subject to change based on guidance from the Department for Medicaid Services.

AKYPEC-2436-20 April 2020

	FIFTY50 PHARMACEUTICALS FUTURA MEDICAL CORPORATION GLUCO PERFECT H&H WHOLESALE INC HARRINGTON HARRINGTON HOLD HEALTH ALLIANCE HTL-STREFA HY-VEE INFOPIA USA INTERNATIONAL VITAMIN CORPORATION I-SENS KMR PHARMACEUTICALS LINKS MEDICAL LIVONGO HEALTH MEDICAL PLASTIC DEVICES MEDICINE SHOPPE MEDICORE MEDLINE INDUS MEIJER NIPRO DIAGNOSTICS NOVA BIOMEDICAL ONE PHARMA & MEDICAL SUPPLY ONE PHARMACEUTICALS OWEN MUMFORD PERRIGO DIABETES CARE PERRIGO-WALMART PHARMAVITE PROGRESSIVE HEALTH RELIAMED RITE AID CORPORATION SAM'S WEST SELECT BRAND SHERWOOD MEDICAL TELCARE INC. THERASENSE INC. TOPCO WALGREENS WAL-MART STORES	PREFERRED	
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**UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN AUGUST 1, 2020**  
*NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY*

<b>ANTIMYCOBACTERIAL AGENTS</b>	PRETOMANID TAB 200MG	ADD PRIOR AUTHORIZATION (PA)
<b>ANTINEOPLASTIC AGENTS</b>	ZEVALIN KIT Y-90 AZEDRA DOSIM INJ 15MCI/ML AZEDRA THERA INJ 15MCI/ML	ADD PA
<b>ANTINEOPLASTIC AGENTS</b>	HERCEPTIN HYLEC SOL 60-10000	ADD STEP THERAPY (ST)
<b>ANTINEOPLASTIC AGENTS</b>	BRUKINSA CAPSULE 80MG	ADD PA AND QUANTITY LIMIT (QL) QL: 4 CAPS PER DAY
<b>ANTINEOPLASTIC AGENTS</b>	INREBIC CAPSULE 100MG	ADD PA AND QL QL: 4 CAPS PER DAY
<b>ANTINEOPLASTIC AGENTS</b>	ROZLYTREK CAPSULE 100MG ROZLYTREK CAPSULE 200MG	ADD PA AND QL 100 MG CAPSULE QL: 1 CAPS PER DAY 200 MG CAPSULE QL: 3 CAPS PER DAY
<b>ANTIRETROVIRALS</b>	APTIVUS SOLUTION APTIVUS CAP 250MG	ADD PA

<b>ANTIRETROVIRALS</b>	DESCOVY TAB 200/25	ADD ST
<b>ANTISPASMODICS</b>	GLYCOPYRROLATE TAB 1.5MG	ADD PA
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>	KHAPZORY SOL 175MG KHAPZORY SOL 300MG	ADD PA
<b>DIGESTIVE ENZYMES</b>	CREON CAPSULES PANCREAZE CAPSULES PERTZYE CAPSULES VIOKACE TABLETS ZENPEP CAPSULES	ADD PA
<b>ESTROGEN COMBINATIONS</b>	DUAVEE TAB 0.45-20	ADD PA
<b>ESTROGENS</b>	DEPO-ESTRADIOL INJ 5MG/ML	ADD PA
<b>OPHTHALMIC AGENTS</b>	BEOVU INJ 6/0.05ML	ADD PA
<b>URINARY STONE AGENTS</b>	THIOLA TAB 100MG THIOLA EC TAB 100MG THIOLA EC TAB 300MG	ADD PA
<b>HEMATOLOGICAL AGENTS - MISC.</b>	GIVLAARI INJ 189MG/ML	ADD PA
<b>ANTIHEMOPHILIC PRODUCTS</b>	ESPEROCT INJ 3000UNIT	ADD PA
<b>ORAL DIABETIC AGENTS</b>	RYBELSUS 3 MG TABLETS RYBELSUS 7 MG TABLETS RYBELSUS 14 MG TABLETS	ADD ST AND QL 3 MG TABLET QL: 1 CARTON (30 TABLETS), PER ONE TIME FILL. 7 MG, 14 MG TABLET QL: 1 CARTON (30 TABLETS) PER 30 DAYS
<b>AGENTS FOR SICKLE CELL ANEMIA</b>	OXBRYTA TAB 500MG	ADD PA AND QL QL: 3 TABLETS PER DAY
<b>AGENTS FOR SICKLE CELL ANEMIA</b>	ADAKVEO INJ 100/10ML	ADD PA AND QL
<b>ANTIDEPRESSANTS</b>	DRIZALMA CAP 20MG DR DRIZALMA CAP 30MG DR DRIZALMA CAP 40MG DR DRIZALMA CAP 60MG DR	ADD PA AND QL 30 MG CAPSULES QL: 1 CAP PER DAY 40 MG CAPSULE QL: 1 CAP PER DAY
<b>ANTICONVULSANTS</b>	XCOPRI TABLETS	ADD PA AND QL 12.5 MG, 25 MG, 50 MG, 100 MG, 150 MG QL: 1 TABLET PER DAY 200 MG QL: 2 TABLETS PER DAY
<b>BIOSIMILAR</b>	CYTELZO INJECTION	ADD PA AND QL QL: 2 SYRINGES PER 28 DAYS
<b>BIOSIMILAR</b>	HADLIMA INJECTION	ADD PA AND QL QL: 2 SYRINGES PER 28 DAYS
<b>BIOSIMILAR</b>	ETICOVO SYRINGE	ADD PA AND QL 25 MG/0.5 ML PREFILLED SYRINGE QL: 8 SYRINGES PER 28 DAYS 50 MG/ML PREFILLED SYRINGE QL: 4 SYRINGES PER 28 DAYS
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>	RINVOQ TAB 15MG ER	ADD PA AND QL QL: 1 TABLET PER DAY
<b>MULTIPLE SCLEROSIS AGENTS</b>	VUMERITY CAPSULE 231MG	ADD PA AND QL QL: 4 CAPS PER 30 DAYS
<b>CYSTIC FIBROSIS AGENTS</b>	TRIKAFTA TABLET	ADD PA AND QL QL: 1 CARTON (84 TABLETS) PER 28 DAYS

<b>ANTIPARKINSON ADJUVANTS</b>	NOURIANZ TABLET 20MG NOURIANZ TABLET 40MG	ADD PA AND QL QL: 1 TABLET PER DAY
<b>ANTI-NARCOLEPSY AGENTS</b>	WAKIX TAB 4.45MG WAKIX TAB 17.8MG	ADD PA AND QL QL: 2 TABS PER DAY
<b>LHRH/GNRH AGONIST</b>	LUPRON DEPOT-PED INJ 11.25 MG	ADD PA AND QL QL: 1 KIT PER 84 DAYS
<b>ANTIRETROVIRALS</b>	DELSTRIGO TABLET	REMOVE PA
<b>AMPHETAMINES</b>	PROCENTRA 5 MG/5 ML ORAL SOLUTION	ADD QL 1920ML PER 30 DAYS
<b>AMPHETAMINES</b>	VYVANSE 10 MG CAPSULE VYVANSE 10 MG CHEWABLE TABLET	ADD QL 1 CAP/TAB PER DAY
<b>AMPHETAMINES</b>	DESOXYN 5 MG TABLET	ADD QL 5 TABLETS PER DAY
<b>AMPHETAMINES</b>	ADDERALL 5 MG TABLET ADDERALL 7.5 MG TABLET ADDERALL 10 MG TABLET ADDERALL 12.5 MG TABLET ADDERALL 15 MG TABLET ADDERALL 20 MG TABLET ADDERALL 30 MG TABLET	ADD QL 3 TABLETS PER DAY
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	EDARBI 40 MG TABLET EDARBI 80 MG TABLET ATACAND 32 MG TABLET EPROSARTAN 600 MG TABLET OLMESARTAN 20 MG TABLET OLMESARTAN 40 MG TABLET MICARDIS 20 MG TABLET	ADD QL 1 TABLET PER DAY
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	ATACAND 4 MG TABLET ATACAND 8 MG TABLET ATACAND 16 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>	CATAPRES-TTS DIS 0.1/24HR CATAPRES-TTS DIS 0.2/24HR CATAPRES-TTS DIS 0.3/24HR	ADD QL 8 PATCHES PER MONTH
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>	CATAPRES 0.1 MG TABLET CATAPRES 0.2 MG TABLET CATAPRES 0.3 MG TABLET	ADD QL 10 TABLETS PER DAY
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>	GUANFACINE 1 MG TABLET GUANFACINE 2 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>ANTIANKXIETY AGENTS - MISC.</b>	BUSPIRONE 5 MG TABLET BUSPIRONE 7.5 MG TABLET BUSPIRONE 10 MG TABLET BUSPIRONE 15 MG TABLET BUSPIRONE 30 MG TABLET	ADD QL 3 TABLETS PER DAY
<b>ANTIANKXIETY AGENTS - MISC.</b>	HYDROXYZINE HCL 10 MG TABLET HYDROXYZINE HCL 25 MG TABLET HYDROXYZINE PAMOATE 25 MG CAPSULE HYDROXYZINE PAMOATE 50 MG CAPSULE HYDROXYZINE PAMOATE 100 MG CAPSULE MEPROBAMATE 200 MG TABLET MEPROBAMATE 400 MG TABLET	ADD QL 4 CAPSULES/TABLETS PER DAY
<b>ANTIANKXIETY AGENTS - MISC.</b>	HYDROXYZINE HCL 50 MG TABLET	ADD QL 8 TABLETS PER DAY
<b>ANTIANKXIETY AGENTS - MISC.</b>	HYDROXYZINE HCL 10 MG/5 ML ORAL SOLUTION	ADD QL 100ML PER DAY

<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>	FASENRA PEN INJ 30MG/ML	30 MG (1 SYRINGE/AUTOINJECTOR) EVERY 8 WEEKS
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>	NUCALA 100 MG VIAL NUCALA 100 MG/ML PREFILLED SYRINGE/AUTOINJECTOR	ADD QL 100 MG (1 VIAL/SYRINGE/AUTOINJECTOR) EVERY 4 WEEKS
<b>ANTICONVULSANTS</b>	DIASTAT PED GEL 2.5M GEL DIASTAT ACDL GEL 5-10MG DIASTAT ACDL GEL 12.5-20MG	ADD QL 2 SYRINGES PER FILL; 5 FILLS PER 30 DAYS
<b>ANTICONVULSANTS</b>	NAYZILAM SPRAY 5MG	ADD QL 50 MG PER 30 DAYS
<b>ANTICONVULSANTS</b>	ONFI SUS 2.5MG/ML	ADD QL 16 ML PER DAY
<b>ANTICONVULSANTS</b>	LAMICTAL XR STARTER	ADD QL 1 TABLET PER DAY
<b>ANTICONVULSANTS</b>	ONFI TAB 10MG ONFI TAB 20MG BRIVIACT 10 MG TABLET BRIVIACT 25 MG TABLET BRIVIACT 50 MG TABLET TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE TEGRETOL XR 200 MG TABLET TEGRETOL XR 400 MG TABLET VIMPAT 150 MG TABLET VIMPAT 200 MG TABLET LAMICTAL 100 MG TABLET LAMICTAL 150 MG TABLET LAMICTAL 150 MG TABLET LAMICTAL ODT 200 MG LAMICTAL XR 200 MG TABLET LAMICTAL XR 250 MG TABLET LAMICTAL XR 300 MG TABLET TRILEPTAL 150 MG TABLET TRILEPTAL 300 MG TABLET TOPAMAX 25 MG TABLET TOPAMAX 50 MG TABLET TOPAMAX 100 MG TABLET TOPAMAX 200 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>ANTICONVULSANTS</b>	SYMPAZAN MIS 10MG SYMPAZAN MIS 20MG	ADD QL 2 FILMS PER DAY
<b>ANTICONVULSANTS</b>	SYMPAZAN MIS 5MG	ADD QL 1 FILM PER DAY
<b>ANTICONVULSANTS</b>	VIMPAT 100 MG TABLET LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET LAMICTAL XR 100 MG TABLET	ADD QL 120 TABLETS PER 30 DAYS
<b>ANTICONVULSANTS</b>	VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION VIMPAT 10 MG/ML ORAL SOLUTION	ADD QL 1200ML PER 30 DAYS
<b>ANTICONVULSANTS</b>	VIMPAT 50 MG TABLET BANZEL 400 MG TABLET TOPAMAX 15 MG SPRINKLE CAPSULE TOPAMAX 25 MG SPRINKLE CAPSULE	ADD QL 240 TAB/CAP PER 30 DAYS
<b>ANTICONVULSANTS</b>	BANZEL 40 MG/ML ORAL SUSPENSION	ADD QL 2400ML PER 30 DAYS
<b>ANTICONVULSANTS</b>	LAMICTAL 25 MG CHEWABLE TABLET LAMICTAL ODT 25 MG LAMICTAL XR 25 MG TABLET LAMICTAL XR 50 MG TABLET	ADD QL 3 TABLETS PER DAY

<b>ANTICONVULSANTS</b>	TRILEPTAL 600 MG TABLET OXTELLAR XR 600 MG TABLET	ADD QL 4 TABLETS PER DAY
<b>ANTICONVULSANTS</b>	TEGRETOL 100 MG/5 ML ORAL SUSPENSION TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION	ADD QL 40ML PER DAY
<b>ANTICONVULSANTS</b>	BANZEL 200 MG TABLET	ADD QL 480 TABLETS PER 30 DAYS
<b>ANTICONVULSANTS</b>	SABRIL 500 MG TABLET	ADD QL 6 TABLETS PER DAY
<b>ANTICONVULSANTS</b>	SABRIL 500 MG ORAL POWDER PACKET	ADD QL 6 PACKETS PER DAY
<b>ANTICONVULSANTS</b>	TEGRETOL 200 MG TABLET CARBAMAZEPINE 100 MG CHEWABLE TABLET	ADD QL 8 TABLETS PER DAY
<b>ANTICONVULSANTS</b>	OXTELLAR XR 150 MG TABLET OXTELLAR XR 300 MG TABLET	ADD QL 90 TABLETS PER 30 DAYS
<b>ANTIDEMENTIA AGENTS</b>	GALANTAMINE 4 MG/ML ORAL SOLUTION	ADD QL 6ML PER DAY
<b>ANTIDEMENTIA AGENTS</b>	RAZADYNE ER 8 MG CAPSULE RAZADYNE ER 16 MG CAPSULE RAZADYNE ER 24 MG CAPSULE	ADD QL 1 TABLET PER DAY
<b>ANTIDEMENTIA AGENTS</b>	EXELON PATCH 9.5 MG/24 HR TRANSDERMAL EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL	ADD QL 1 PATCH PER DAY
<b>ANTIDEMENTIA AGENTS</b>	RIVASTIGMINE 1.5 MG CAPSULE RIVASTIGMINE 3 MG CAPSULE RIVASTIGMINE 4.5 MG CAPSULE RIVASTIGMINE 6 MG CAPSULE	ADD QL 2 CAPSULES PER DAY
<b>ANTIDEMENTIA AGENTS</b>	MEMANTINE 2 MG/ML ORAL SOLUTION	ADD QL 10ML PER DAY
<b>ANTIDEPRESSANTS</b>	MIRTAZAPINE 7.5 MG TABLET MIRTAZAPINE 45 MG TABLET REMERON 15 MG TABLET REMERON 30 MG TABLET REMERON SOLTAB 15 MG DISINTEGRATING TABLET REMERON SOLTAB 30 MG DISINTEGRATING TABLET REMERON SOLTAB 45 MG DISINTEGRATING TABLET	ADD QL 1 TABLET PER DAY
<b>ANTIDEPRESSANTS</b>	FORFIVO XL 450 MG TABLET APLENZIN 174 MG TABLET APLENZIN 348 MG TABLET APLENZIN 522 MG TABLET CELEXA 40 MG TABLET FLUOXETINE 60 MG TABLET FLUVOXAMINE 25 MG TABLET FLUVOXAMINE 50 MG TABLET PAXIL CR 12.5 MG TABLET PEXEVA 20 MG TABLET PEXEVA 40 MG TABLET DESVENLAFAXINE FUMARATE ER 50 MG TABLET TOFRANIL 25 MG TABLET IMPRAMINE PAMOATE 75 MG CAPSULE SURMONTIL 25 MG CAPSULE SURMONTIL 50 MG CAPSULE	ADD QL 1 TAB/CAP PER DAY
<b>ANTIDEPRESSANTS</b>	CELEXA 10 MG TABLET PEXEVA 10 MG TABLET	ADD QL 1.5 TABLETS PER DAY
<b>ANTIDEPRESSANTS</b>	EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH	ADD QL 1 PATCH PER DAY

	EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH	
<b>ANTIDEPRESSANTS</b>	WELLBUTRIN SR 100 MG TABLET WELLBUTRIN SR 150 MG TABLET WELLBUTRIN SR 200 MG TABLET FLUVOXAMINE ER 100 MG CAPSULE FLUVOXAMINE ER 150 MG CAPSULE PAXIL CR 37.5 MG TABLET PEXEVA 30 MG TABLET NEFAZODONE 50 MG TABLET NEFAZODONE 100 MG TABLET NEFAZODONE 150 MG TABLET NEFAZODONE 200 MG TABLET NEFAZODONE 250 MG TABLET TRAZODONE 50 MG TABLET TRAZODONE 300 MG TABLET ANAFRANIL 25 MG CAPSULE NORPRAMIN 25 MG TABLET DESIPRAMINE 50 MG TABLET DESIPRAMINE 75 MG TABLET DESIPRAMINE 150 MG TABLET DOXEPIN 25 MG CAPSULE DOXEPIN 50 MG CAPSULE DOXEPIN 75 MG CAPSULE DOXEPIN 100 MG CAPSULE DOXEPIN 150 MG CAPSULE TOFRANIL 10 MG TABLET IMIPRAMINE PAMOATE 100 MG CAPSULE IMIPRAMINE PAMOATE 125 MG CAPSULE IMIPRAMINE PAMOATE 150 MG CAPSULE PAMELOR 75 MG CAPSULE	ADD QL 2 TAB/CAPS PER D
<b>ANTIDEPRESSANTS</b>	MAPROTILINE 25 MG TABLET MAPROTILINE 50 MG TABLET MAPROTILINE 75 MG TABLET FLUVOXAMINE 100 MG TABLET TRAZODONE 100 MG TABLET TRAZODONE 150 MG TABLET AMITRIPTYLINE 10 MG TABLET AMITRIPTYLINE 25 MG TABLET AMITRIPTYLINE 50 MG TABLET AMITRIPTYLINE 75 MG TABLET AMITRIPTYLINE 100 MG TABLET AMITRIPTYLINE 150 MG TABLET ANAFRANIL 75 MG CAPSULE DESIPRAMINE 100 MG TABLET PAMELOR 50 MG CAPSULE SURMONTIL 100 MG CAPSULE	ADD QL 3 TAB/CAP PER DAY
<b>ANTIDEPRESSANTS</b>	BUPROPION HCL 75 MG TABLET BUPROPION HCL 100 MG TABLET NORPRAMIN 10 MG TABLET DOXEPIN 10 MG CAPSULE PAMELOR 10 MG CAPSULE PAMELOR 25 MG CAPSULE PROTRIPTYLINE 5 MG TABLET PROTRIPTYLINE 10 MG TABLET	ADD QL 4 TAB/CAP PER DAY
<b>ANTIDEPRESSANTS</b>	ANAFRANIL 50 MG CAPSULE	ADD QL 5 TABLETS PER DAY
<b>ANTIDEPRESSANTS</b>	NARDIL 15 MG TABLET PARNATE 10 MG TABLET TOFRANIL 50 MG TABLET	ADD QL 6 TABLETS PER DAY
<b>ANTIDEPRESSANTS</b>	FLUOXETINE 90 MG CAPSULE,DELAYED RELEASE	ADD QL 4 CAPSULES PER 28 DAYS

<b>ANTIDEPRESSANTS</b>	FLUOXETINE 20 MG/5 ML (4 MG/ML) ORAL SOLUTION NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION	ADD QL 20ML PER DAY
<b>ANTIDEPRESSANTS</b>	DOXEPIN 10 MG/ML ORAL CONCENTRATE	ADD QL 30ML PER DAY
<b>ANTIDEPRESSANTS</b>	ESCITALOPRAM 5 MG/5 ML ORAL SOLUTION	ADD QL 600ML PER 30 DAYS
<b>ANTIDEPRESSANTS</b>	PAXIL 10 MG/5 ML ORAL SUSPENSION	ADD QL 1250ML PER 30 DAYS
<b>ANTIDIABETIC AGENTS</b>	DUETACT 30 MG-2 MG TABLET DUETACT 30 MG-4 MG TABLET ACTOPLUS MET XR 15 MG-1,000 MG TABLET ACTOPLUS MET XR 30 MG-1,000 MG TABLET	ADD QL 1 TABLET PER DAY
<b>ANTIDIABETIC AGENTS</b>	ACTOPLUS MET 15 MG-850 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>ANTIDIABETIC AGENTS</b>	ACTOPLUS MET 15 MG-500 MG TABLET	ADD QL 3 TABLETS PER DAY
<b>ANTI HISTAMINES</b>	ZYRTEC 10 MG TABLET	ADD QL 1 TABLET PER DAY
<b>ANTI HISTAMINES</b>	LEVOCETIRIZINE 2.5 MG/5 ML ORAL SOLUTION	ADD QL 10ML PER DAY
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>	VYTORIN 10 MG-10 MG TABLET EZETIMIBE 10 MG-SIMVASTATIN 20 MG TABLET EZETIMIBE 10 MG-SIMVASTATIN 40 MG TABLET EZETIMIBE 10 MG-SIMVASTATIN 80 MG TABLET	ADD QL 1 TABLET PER DAY
<b>ANTIHYPERTENSIVE COMBINATIONS</b>	AZOR 5 MG-20 MG TABLET AZOR 5 MG-40 MG TABLET AZOR 10 MG-20 MG TABLET AZOR 10 MG-40 MG TABLET EXFORGE 5 MG-160 MG TABLET EXFORGE 5 MG-320 MG TABLET EXFORGE 10 MG-160 MG TABLET EXFORGE 10 MG-320 MG TABLET TWINSTA 40 MG-5 MG TABLET TWINSTA 40 MG-10 MG TABLET TWINSTA 80 MG-5 MG TABLET TWINSTA 80 MG-10 MG TABLET EDARBYCLOR 40 MG-12.5 MG TABLET EDARBYCLOR 40 MG-25 MG TABLET CANDESARTAN 32 MG- HYDROCHLOROTHIAZIDE 12.5 MG TABLET CANDESARTAN 32 MG- HYDROCHLOROTHIAZIDE 25 MG TABLET MICARDIS HCT 40 MG-12.5 MG TABLET MICARDIS HCT 80 MG-25 MG TABLET EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET EXFORGE HCT 5 MG-160 MG-25 MG TABLET EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET EXFORGE HCT 10 MG-160 MG-25 MG TABLET EXFORGE HCT 10 MG-320 MG-25 MG TABLET	ADD QL 1 TABLET PER DAY ADD QL 1 TABLET PER DAY
<b>ANTIHYPERTENSIVE COMBINATIONS</b>	ATACAND HCT 16 MG-12.5 MG TABLET MICARDIS HCT 80 MG-12.5 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>ANTIMANIC AGENTS</b>	LITHIUM CARBONATE 150 MG CAPSULE LITHIUM CARBONATE 300 MG CAPSULE LITHIUM CARBONATE 600 MG CAPSULE LITHIUM CARBONATE 300 MG TABLET LITHIUM CARBONATE ER 300 MG TABLET LITHIUM CARBONATE ER 450 MG TABLET	ADD QL 3 TAB/ CAP PER DAY
<b>ANTINEOPLASTIC AGENTS</b>	VITRAKVI SOL 20MG/ML	ADD QL 10 ML PER DAY



<p><b>ANTIPARKINSON AGENTS</b></p>	<p>NEUPRO 1 MG/24 HOUR TRANSDERMAL          24 HOUR PATCH          NEUPRO 2 MG/24 HOUR TRANSDERMAL          24 HOUR PATCH          NEUPRO 3 MG/24 HOUR TRANSDERMAL          24 HOUR PATCH          NEUPRO 4 MG/24 HOUR TRANSDERMAL          24 HOUR PATCH          NEUPRO 6 MG/24 HOUR TRANSDERMAL          24 HOUR PATCH          NEUPRO 8 MG/24 HOUR TRANSDERMAL          24 HOUR PATCH</p>	<p>ADD QL          1 PATCH PER DAY</p>
<p><b>ANTIPSYCHOTICS AGENTS</b></p>	<p>LATUDA 20 MG TABLET          LATUDA 40 MG TABLET          LATUDA 120 MG TABLET          INVEGA 3 MG TABLET          INVEGA 9 MG TABLET          SYMBYAX 3 MG-25 MG CAPSULE          SYMBYAX 6 MG-25 MG CAPSULE          SYMBYAX 6 MG-50 MG CAPSULE          SYMBYAX 12 MG-25 MG CAPSULE          SYMBYAX 12 MG-50 MG CAPSULE          SEROQUEL XR 200 MG TABLET          PERPHENAZINE 16 MG TABLET</p>	<p>ADD QL          1 TAB/CAP PER DAY</p>
<p><b>ANTIPSYCHOTICS AGENTS</b></p>	<p>FANAPT 1 MG TABLET          FANAPT 2 MG TABLET          FANAPT 4 MG TABLET          FANAPT 6 MG TABLET          FANAPT 8 MG TABLET          FANAPT 10 MG TABLET          FANAPT 12 MG TABLET          LATUDA 80 MG TABLET          INVEGA 6 MG TABLET          SEROQUEL XR 300 MG TABLET          SEROQUEL XR 400 MG TABLET          TRIFLUOPERAZINE 1 MG TABLET          TRIFLUOPERAZINE 2 MG TABLET</p>	<p>ADD QL          2 TABLETS PER DAY</p>
<p><b>ANTIPSYCHOTICS AGENTS</b></p>	<p>SAPHRIS SUB 2.5MG</p>	<p>ADD QL          2 PER DAY</p>
<p><b>ANTIPSYCHOTICS AGENTS</b></p>	<p>HALOPERIDOL 0.5 MG TABLET          HALOPERIDOL 1 MG TABLET          HALOPERIDOL 2 MG TABLET          HALOPERIDOL 5 MG TABLET          HALOPERIDOL 10 MG TABLET          HALOPERIDOL 20 MG TABLET          FAZACLO 12.5 MG TABLET          FAZACLO 25 MG TABLET          THIOTHIXENE 1 MG CAPSULE          THIOTHIXENE 2 MG CAPSULE          THIOTHIXENE 5 MG CAPSULE          THIOTHIXENE 10 MG CAPSULE</p>	<p>ADD QL          3 TAB/CAP PER DAY</p>
<p><b>ANTIPSYCHOTICS AGENTS</b></p>	<p>LOXAPINE SUCCINATE 5 MG CAPSULE          LOXAPINE SUCCINATE 10 MG CAPSULE          LOXAPINE SUCCINATE 25 MG CAPSULE          CHLORPROMAZINE 10 MG TABLET          CHLORPROMAZINE 25MG TABLET          CHLORPROMAZINE 50MG TABLET          FLUPHENAZINE 1 MG TABLET          FLUPHENAZINE 2.5 MG TABLET          PERPHENAZINE 2 MG TABLET          THIORIDAZINE 10 MG TABLET</p>	<p>ADD QL          4 TABLETS PER DAY</p>

	THIORIDAZINE 25 MG TABLET	
<b>ANTIPSYCHOTICS AGENTS</b>	ORAP 2 MG TABLET	ADD QL 5 TABLETS PER DAY
<b>ANTIPSYCHOTICS AGENTS</b>	FAZACLO 150 MG TABLET	ADD QL 6 TABLETS PER DAY
<b>ANTIPSYCHOTICS AGENTS</b>	FAZACLO 100 MG TABLET	ADD QL 9 TABLETS PER DAY
<b>ANTIPSYCHOTICS AGENTS</b>	ORAP 1 MG TABLET	ADD QL 10 TABLETS PER DAY
<b>ANTIPSYCHOTICS AGENTS</b>	LOXAPINE SUCCINATE 50 MG CAPSULE	ADD QL 4 CAPSULES PER DAY
<b>ANTIPSYCHOTICS AGENTS</b>	PERPHENAZINE 8 MG TABLET	90 TABLETS PER 30 DAYS
<b>ANTIPSYCHOTICS AGENTS</b>	CHLORPROMAZINE 100 MG TABLET CHLORPROMAZINE 200 MG TABLET FLUPHENAZINE 5 MG TABLET FLUPHENAZINE 10 MG TABLET PERPHENAZINE 4 MG TABLET THIORIDAZINE 50 MG TABLET THIORIDAZINE 100 MG TABLET TRIFLUOPERAZINE 5 MG TABLET TRIFLUOPERAZINE 10 MG TABLET	120 TABLETS PER 30 DAYS
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>	SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION	ADD QL 1 INJ PER 30 DAYS
<b>ADHD AGENTS</b>	APTENSIO XR 40 MG CAPSULE APTENSIO XR 60 MG CAPSULE	ADD QL 1 CAPSULE PER DAY
<b>ADHD AGENTS</b>	FOCALIN 2.5 MG TABLET	ADD QL 2 TABLET PER DAY
<b>ADHD AGENTS</b>	RITALIN 5 MG TABLET RITALIN 10 MG TABLET RITALIN 20 MG TABLET METHYLPHENIDATE ER 10 MG TABLET METHYLPHENIDATE 2.5 MG CHEWABLE TABLET METHYLPHENIDATE 5 MG CHEWABLE TABLET	ADD QL 3 TABLET PER DAY
<b>ADHD AGENTS</b>	METHYLPHENIDATE 10 MG CHEWABLE TABLET	ADD QL 180 TABLETS PER 30 DAYS
<b>ADHD AGENTS</b>	DAYTRANA 15 MG/9 HR DAILY PATCH DAYTRANA 20 MG/9 HR DAILY PATCH DAYTRANA 30 MG/9 HR DAILY PATCH	30 PATCHES PER 30 DAYS
<b>ADHD AGENTS</b>	QUILLIVANT XR 5 MG/ML ORAL SUSPENSION	12ML PER DAY
<b>ADHD AGENTS</b>	METHYLIN 10 MG/5 ML ORAL SOLUTION	900ML PER 30 DAYS
<b>ADHD AGENTS</b>	METHYLIN 5 MG/5 ML ORAL SOLUTION	1800ML PER 30 DAYS
<b>BARBITURATE HYPNOTICS</b>	PHENOBARBITAL 16.2 MG TABLET	ADD QL 741 TABLETS PER 30 DAYS
<b>BARBITURATE HYPNOTICS</b>	PHENOBARBITAL 30 MG TABLET	ADD QL 400 TABLETS PER 30 DAYS
<b>BARBITURATE HYPNOTICS</b>	PHENOBARBITAL 64.8 MG TABLET	ADD QL 185 TABLETS PER 30 DAYS
<b>BARBITURATE HYPNOTICS</b>	PHENOBARBITAL 97.2 MG TABLET	ADD QL 123 TABLETS PER 30 DAYS
<b>BARBITURATE HYPNOTICS</b>	PHENOBARBITAL 20 MG/5 ML (4 MG/ML) ORAL ELIXIR	ADD QL 3000ML PER 30 DAYS

<b>BENZODIAZEPINES</b>	XANAX XR TAB 0.5MG XANAX XR TAB 1MG XANAX XR TAB 2MG XANAX XR TAB 3MG	ADD QL 1 TABLET PER DAY
<b>BENZODIAZEPINES</b>	ATIVAN TAB 0.5MG ATIVAN TAB 1MG ATIVAN TAB 2MG ALPRAZOLAM TAB 0.25 ODT ALPRAZOLAM TAB 0.5MG ODT ALPRAZOLAM TAB 1MG ODT ALPRAZOLAM TAB 2MG ODT XANAX TAB 0.25MG XANAX TAB 0.5MG XANAX TAB 1MG XANAX TAB 2MG KLONOPIN TAB 0.5MG KLONOPIN TAB 1MG KLONOPIN TAB 2MG CLONAZEPAM ODT TAB 0.125MG CLONAZEPAM ODT TAB 0.25MG CLONAZEPAM ODT TAB 0.5MG CLONAZEPAM ODT TAB 1MG CLONAZEPAM ODT TAB 2MG	ADD QL 3 TABLETS PER DAY
<b>BENZODIAZEPINES</b>	LORAZEPAM ORAL CONCENTRATE 2MG/ML	ADD QL 3 ML PER DAY
<b>BENZODIAZEPINES</b>	CHLORDIAZEPOXIDE CAP 5MG CHLORDIAZEPOXIDE CAP 10MG CHLORDIAZEPOXIDE CAP 25MG CLORAZEPATE DIPOTASSIUM TAB 15MG CLORAZEPATE DIPOTASSIUM TAB 3.75MG CLORAZEPATE DIPOTASSIUM TAB 7.5MG CLORAZEPATE DIPOTASSIUM TAB 15MG VALIUM TAB 2MG VALIUM TAB 5MG VALIUM TAB 10MG OXAZEPAM CAP 10MG OXAZEPAM CAP 15MG OXAZEPAM CAP 30MG	ADD QL 4 TABS/CAPS PER DAY
<b>BENZODIAZEPINES</b>	ALPRAZOLAM ORAL CONCENTRATE 1 MG/ML	ADD QL 4 ML PER DAY
<b>BENZODIAZEPINES</b>	DIAZEPAM ORAL CONCENTRATE 5MG/ML	ADD QL 8 ML PER DAY
<b>BONE DENSITY REGULATORS</b>	BONIVA 150 MG TABLET ACTONEL 150 MG TABLET	ADD QL 1 TABLET PER 30 DAYS
<b>BONE DENSITY REGULATORS</b>	CALCITONIN (SALMON) 200 UNIT/ACTUATION NASAL SPRAY	ADD QL 1 BOTTLE PER 30 DAYS
<b>BONE DENSITY REGULATORS</b>	ETIDRONATE DISODIUM 200 MG TABLET ETIDRONATE DISODIUM 400 MG TABLET	ADD QL 3 TABLETS PER DAY
<b>BONE DENSITY REGULATORS</b>	BONIVA 3 MG/3 ML INTRAVENOUS SYRINGE	ADD QL 3 SYRINGES PER 30 DAYS
<b>BONE DENSITY REGULATORS</b>	BINOSTO 70 MG TABLET ATELVIA 35 MG TABLET	ADD QL 4 TABLETS PER 30 DAYS
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>	FIRAZYR INJ 30MG/3ML	ADD QL 24 SYRINGES PER 30 DAYS

<b>BRONCHODILATORS - ANTICHOLINERGICS</b>	TUDORZA PRESSAIR 400 MCG/ACTUATION INHALER	ADD QL 1 INHALER PER 30 DAYS
<b>CALCIUM CHANNEL BLOCKERS</b>	NYMALIZE 60 MG/20 ML ORAL SOLUTION NYMALIZE 30 MG/10 ML ORAL SOLUTION	ADD QL 12ML PER DAY
<b>CARDIOVASCULAR AGENTS COMBINATION</b>	AMLODIPINE 2.5 MG-ATORVASTATIN 10 MG TABLET AMLODIPINE 2.5 MG-ATORVASTATIN 20 MG TABLET AMLODIPINE 2.5 MG-ATORVASTATIN 40 MG TABLET CADUET 5 MG-10 MG TABLET CADUET 5 MG-20 MG TABLET CADUET 5 MG-40 MG TABLET CADUET 5 MG-80 MG TABLET CADUET 10 MG-10 MG TABLET CADUET 10 MG-20 MG TABLET CADUET 10 MG-40 MG TABLET CADUET 10 MG-80 MG TABLET	ADD QL 1 TABLET PER DAY
<b>CENTRAL MUSCLE RELAXANTS</b>	BACLOFEN TAB 5MG BACLOFEN TAB 10MG	ADD QL 3 TABLET PER DAY
<b>CENTRAL MUSCLE RELAXANTS</b>	BACLOFEN TAB 20MG METAXALONE 400 MG TABLET	ADD QL 4 TABLET PER DAY
<b>CENTRAL MUSCLE RELAXANTS</b>	OZOBAX SOLUTION 5MG/5ML	ADD QL 80 ML PER DAY
<b>CONTRACEPTIVES - ORAL</b>	SLYND TAB 4MG	ADD QL 1 TABLET PER DAY
<b>COMPLEMENT INHIBITORS</b>	BERINERT INJ 500UNIT	ADD QL 24 VIALS PER 30 DAYS
<b>COMPLEMENT INHIBITORS</b>	RUCONEST INJ 2100UNIT	ADD QL 16 VIALS PER 30 DAYS
<b>COMPLEMENT INHIBITORS</b>	CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION	ADD QL 20 ML PER 30 DAYS
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>	CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>DIABETIC AGENTS</b>	BAQSIMI ONE POW 3MG/DOSE BAQSIMI TWO POW 3MG/DOSE GVOKE PFS INJ	ONE PACK: 2 PACKS PER 30 DAYS TWO PACK: 1 PACK PER 30 DAYS
<b>ESTROGENS</b>	EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY	ADD QL 2 PUMPS PER 30 DAYS
<b>FIBRIC ACID DERIVATIVES</b>	FENOFIBRATE MICRONIZED 134 MG CAPSULE	ADD QL 1 TABLET PER DAY
<b>FLUOROQUINOLONES</b>	CIPRO XR 1,000 MG TABLET	ADD QL 14 TABLETS PER 30 DAYS
<b>HEPATITIS AGENTS</b>	HARVONI 45-200MG TABLET HARVONI 45 MG/200 MG PELLETS HARVONI 33.75 MG/150 MG PELLETS	ADD QL 45 MG/200 MG TABLETS; 1 PER DAY 45 MG/200 MG PELLETS: 2 PACKETS PER DAY 33.75 MG/150 MG PELLETS: 1 PACKET PER DAY
<b>HEPATITIS AGENTS</b>	SOVALDI 200MG TABLET SOVALDI 200 MG PELLETS SOVALDI 150 MG PELLETS	200 MG TABLETS: 1 PER DAY 200 MG PELLETS: 2 PACKETS PER DAY 150 MG PELLETS: 1 PACKET PER DAY
<b>HMG COA REDUCTASE INHIBITORS</b>	LESCOL XL 80 MG TABLET ALTOPREV 20 MG TABLET ALTOPREV 40 MG TABLET	ADD QL 1 TABLET PER DAY

	ALTOPREV 60 MG TABLET LIVALO 1 MG TABLET LIVALO 2 MG TABLET LIVALO 4 MG TABLET	
<b>HORMONE RECEPTOR MODULATORS</b>	EVISTA 60 MG TABLET	ADD QL 1 TABLET PER DAY
<b>INSULIN THERAPY</b>	INSULIN LISPRO	ADD QL 30 ML PER 30 DAYS
<b>MULTIPLE SCLEROSIS AGENTS</b>	GLATOPA INJ 40MG/ML	ADD QL 40 MG/ML: 12 SYRINGES PER 28 DAYS
<b>NASAL ANTIALLERGY</b>	PATANASE 0.6 % NASAL SPRAY	ADD QL 1 BOTTLE PER 30 DAYS
<b>NASAL ANTICHOLINERGICS</b>	IPRATROPIUM BROMIDE 0.03 % NASAL SPRAY IPRATROPIUM BROMIDE 42 MCG (0.06 %) NASAL SPRAY	ADD QL 2 BOTTLES PER 30 DAYS
<b>NON-BARBITURATE HYPNOTICS</b>	INTERMEZZO 1.75 MG SUBLINGUAL TABLET INTERMEZZO 3.5 MG SUBLINGUAL TABLET EDLUAR 5 MG SUBLINGUAL TABLET EDLUAR 10 MG SUBLINGUAL TABLET	ADD QL 1 TABLET PER DAY
<b>NON-BARBITURATE HYPNOTICS</b>	ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY	ADD QL 1 BOTTLE PER 30 DAYS
<b>NON-BARBITURATE HYPNOTICS</b>	DORAL TAB 15MG ESTAZOLAM TAB 1MG ESTAZOLAM TAB 2MG FLURAZEPAM CAP 15MG FLURAZEPAM CAP 30MG TRIAZOLAM TAB 0.125MG TRIAZOLAM TAB 0.25MG RESTORIL CAP 7.5MG RESTORIL CAP 15MG RESTORIL CAP 22.5MG RESTORIL CAP 30MG	ADD QL 1 TAB/CAP PER DAY
<b>NON-BARBITURATE HYPNOTICS</b>	MIDAZOLAM SYP 2MG/ML	ADD QL 10 ML PER FILL
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>	MOBIC 7.5 MG TABLET MOBIC 15 MG TABLET	ADD QL 1 TABLET PER DAY
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>	VIMOVO 375 MG-20 MG TABLET VIMOVO 500 MG-20 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>	ZORVOLEX 18 MG CAPSULE ZORVOLEX 35 MG CAPSULE DAYPRO 600 MG TABLET	ADD QL 3 TAB/CAP PER DAY
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>	NALFON 400 MG CAPSULE	ADD QL 4 CAPSULES PER DAY
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>	KETOROLAC 60 MG/2 ML INTRAMUSCULAR SOLUTION	ADD QL 2ML PER 30 DAYS
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>	SPRIX 15.75 MG/SPRAY NASAL SPRAY	ADD QL 5ML PER 30 DAYS
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>	MELOXICAM 7.5 MG/5 ML ORAL SUSPENSION	ADD QL 10ML PER DAY
<b>OPHTHALMIC STEROIDS</b>	DUREZOL 0.05 % EYE DROPS	ADD QL 10ML PER 30 DAYS

<b>OPIOID AGONISTS</b>	INFUMORPH INJ 10MG/ML INFUMORPH INJ 25MG/ML	ADD QL 2 VIALS PER MONTH
<b>PHOSPHATE BINDER AGENTS</b>	FOSRENOL 500 MG CHEWABLE TABLET FOSRENOL 750 MG CHEWABLE TABLET FOSRENOL 1,000 MG CHEWABLE TABLET VELPHORO 500 MG CHEWABLE TABLET	ADD QL 3 TABLETS PER DAY
<b>PHOSPHATE BINDER AGENTS</b>	FOSRENOL 750 MG ORAL POWDER PACKET FOSRENOL 1,000 MG ORAL POWDER PACKET	ADD QL 3 PCAKETS PER DAY
<b>PHOSPHATE BINDER AGENTS</b>	CALCIUM ACETATE 667 MG CAPSULE CALCIUM ACETATE 667 MG TABLET	ADD QL 3 TABS/CAPS PER DAY
<b>PHOSPHATE BINDER AGENTS</b>	RENVELA 0.8 GRAM ORAL POWDER PACKET RENVELA 2.4 GRAM ORAL POWDER PACKET	ADD QL 90 PACKETS PER 30 DAYS
<b>PLASMA KALLIKREIN INHIBITORS</b>	KALBITOR INJ 10MG/ML	ADD QL 48 VIALS PER 30 DAYS
<b>PLATELET AGGREGATION INHIBITORS</b>	EFFIENT 5 MG TABLET EFFIENT 10 MG TABLET	ADD QL 1 TABLET PER DAY
<b>PLATELET AGGREGATION INHIBITORS</b>	BRILINTA TAB 60MG BRILINTA TAB 90MG	ADD QL 2 TABLET PER DAY
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	ERGOLOID 1 MG TABLET	ADD QL 3 TABLETS PER DAY
<b>SOMATOSTATIC AGENTS</b>	SIGNIFOR LAR INJ 10MG SIGNIFOR LAR INJ 30MG	ADD QL 10, 30 MG: 1 KIT PER 28 DAYS
<b>SYMPATHOMIMETICS</b>	PRIMATENE MIST 0.125 MG/ACTUATION HFA AEROSOL INHALER	ADD QL 3 INHALERS PER 30 DAYS
<b>SYMPATHOMIMETICS</b>	ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION DULERA 50 MCG/5 MCG INHALER AIRDUO DIGIHALER 60 ACTUATION/INHAL	ADD QL 1 INHALER PER 30 DAYS
<b>TOPICAL LOCAL ANESTHETICS</b>	PLIAGLIS CREAM 7-7%	QL QL: 30 GRAMS PER 30 DAYS
<b>TOPICAL LOCAL ANESTHETICS</b>	SYNERA DIS 70-70MG	ADD QL QL: 2 PATCHES PER 30 DAYS
<b>URINARY STONE AGENTS</b>	THIOLA EC TAB 100MG THIOLA EC TAB 300MG	ADD QL 100 MG: 10 PER DAY 300 MG: 3 PER DAY
<b>REVISED QTY LIMITS</b>		
<b>ADHD AGENTS</b>	METHYLPHENIDATE CAP 10MG	REVISED QL 1 CAPSULE PER DAY
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	VALSARTAN 160 MG TABLET	REVISED QL 2 TABLETS PER DAY
	VALSARTAN 320 MG TABLET	REVISED QL 1 TABLET PER DAY
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>	GUANFACINE TAB 2MG	REVISED QL DECREASE TO 1 PER DAY
<b>ANTIBIOTICS - TOPICAL</b>	MUPIROCIN CRE 2%	REVISED QL 30 GM PER 30 DAYS
	CENTANY OIN 2%	REVISED QL 30 GM PER FILL; 1 FILL PER 30 DAYS

<b>ANTICONVULSANTS – MISC.</b>	OXTELLAR XR TAB 150MG	REVISED QL 3 TABS PER DAY
	OXTELLAR XR TAB 600MG	REVISED QL 4 TABS PER DAY
	LEVETIRACETAM TAB 500MG ER	REVISED QL 6 TABLETS PER DAY
<b>ANTIDEPRESSANTS</b>	SURMONTIL CAP 25MG SURMONTIL CAP 50MG SURMONTIL CAP 100MG	REVISED QL 3 CAPSULES PER DAY
<b>ANTIMALARIALS</b>	ARAKODA TAB 100MG	REVISED QL 64 TABLETS PER YEAR
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>	IMBRUVICA CAP 140MG	REVISED QL 3 CAPSULES PER DAY
<b>ANTIPSYCHOTICS AGENTS</b>	ARISTADA INITIO INJ	REVISED QL 1 PRE-FILLED SYRINGE PER FILL; 1 FILL PER 42 DAYS
<b>ANTIPERISTALTIC AGENTS</b>	LOPERAMIDE SUS 1MG/7.5	REVISED QL 120ML PER DAY
<b>ANTISEBORRHEIC PRODUCTS</b>	SELENIUM SUL LOT 2.5%	REVISED QL 120 ML PER 30 DAYS
<b>BARBITURATE HYPNOTICS</b>	PHENOBARB TAB 32.4MG	REVISED QL 370 TABLETS PER 30 DAYS
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>	KAPSPARGO CAP 200MG	REVISED QL 2 CAPSULES PER DAY
<b>BIGUANIDES</b>	FORTAMET TAB 500MG	REVISED QL 4 TABLETS PER DAY
<b>HEMATOPOIETIC GROWTH FACTORS</b>	DOPTELET TAB 20MG	REVISED QL 60 TABLETS PER 30 DAYS
<b>HMG COA REDUCTASE INHIBITORS</b>	LOVASTATIN 10 MG TABLET LOVASTATIN 20 MG TABLET	ADD QL 2 TABLETS PER DAY
<b>INSULIN</b>	TOUJEO SOLO INJ 300IU/ML	REVISED QL 13.5 ML PER 30 DAYS
<b>LOCAL ANESTHETICS - TOPICAL</b>	ZTLIDO PAD 1.8%	REVISED QL 3 PATCHES PER DAY
	LIDO/PRILOCN CRE 2.5-2.5%	REVISED QL 30 GM PER 30 DAYS
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>	EMGALITY INJ 100MG/ML	REVISED QL 3 SYRINGES PER 30 DAYS
<b>MIGRAINE PRODUCTS - NSAIDS</b>	CAMBIA POW 50MG	REVISED QL 9 PACKETS PER 30 DAYS
<b>MISC. TOPICAL</b>	ZINC OXIDE OIN 20% ZINC OXIDE OIN 40% TRIPLE PASTE OIN 12.8%	REVISED QL 480GM PER 30 DAYS
<b>NASAL STEROIDS</b>	FLONASE SENS SUS 27.5MCG	REVISED QL 2 INHALERS PER 30 DAYS
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>	IBUPROFEN TAB 200MG	REVISED QL 100 TABLETS PER 25 DAYS
	IBUPROFEN DRO 50/1.25	REVISED QL 120ML PER 30 DAYS
<b>PRENATAL VITAMINS</b>	THERANATAL MIS COMPLETE	REVISED QL 3 (2 TABLETS/1 SOFTGEL) PER DAY
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>	DULOXETINE CAP 30MG	REVISED QL 1 CAPSULE PER DAY
<b>STEROID INHALANTS</b>	QVAR AER 40MCG	REVISED QL 1 INHALER PER 30 DAYS

	QVAR AER 80MCG	REVISED QL 2 INHALERS PER 30 DAYS
SYMPATHOMIMETICS	VENTOLIN HFA AER	REVISED QL 2 INHALERS PER 30 DAYS
	LEVALBUTEROL AER 45/ACT	REVISED QL 2 INHALERS PER 30 DAYS
	COMBIVENT AER 20-100	REVISED QL 2 INHALERS PER 30 DAYS
EMOLLIENT/KERATOLYTIC AGENTS	UREA 45% CREAM	REVISED QL 255 GM PER 30 DAYS
<b>REMOVED QTY LIMITS</b>		
ANALGESICS OTHER	ACETAMINOPHEN CHW 80MG ACETAMINOPHEN CHW 160MG	REMOVE QL
ANTACID COMBINATIONS	FOAM ANTACID CHW 80-20MG	REMOVE QL
ANTIDEMENTIA AGENTS	MEMANTINE HC CAP 7MG ER MEMANTINE HC CAP 14MG ER MEMANTINE HC CAP 21MG ER MEMANTINE HC CAP 28MG ER	REMOVE QL
ANTIDIABETIC - AMYLIN ANALOGS	SYMLIN PEN 60 INJ 1000MCG	REMOVE QL
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.	LACTOBACILLUS TAB	REMOVE QL
ANTIHISTAMINES - ETHANOLAMINES	DIPHENHYDRAMINE TAB 25MG	REMOVE QL
ANTIHISTAMINES - NON-SEDATING	CETIRIZINE CHW 5MG CETIRIZINE CHW 10MG	REMOVE QL
ANTIHYPERTENSIVE COMBINATIONS	CORZIDE TAB 40-5MG CORZIDE TAB 80-5MG	REMOVE QL
ANTINEOPLASTICS MISC.	ALFERON N INJ 5MU/ML	REMOVE QL
ANTIPARKINSON DOPAMINERGICS	STALEVO 50 TAB STALEVO 75 TAB STALEVO 100 TAB STALEVO 125 TAB STALEVO 150 TAB STALEVO 200 TAB	REMOVE QL
ANTITUSSIVES	TUSSIN COUGH LIQ 15MG/5ML TUSSIN MAX SYP 15MG/5ML	REMOVE QL
BETA BLOCKERS NON-SELECTIVE	SOTALOL HCL TAB 80MG SOTALOL HCL TAB 120MG SOTALOL HCL TAB 160MG SOTALOL HCL TAB 240MG	REMOVE QL
	SOTALOL AF TAB 80MG SOTALOL AF TAB 120MG SOTALOL AF TAB 160MG	REMOVE QL
BETA-BLOCKERS - OPTHALMIC	CARTEOLOL SOL 1% OP	REMOVE QL
	METIPRANOLOL SOL 0.3% OPH	REMOVE QL
	TIMOLOL MAL SOL 0.5% OP	REMOVE QL
	ISTALOL SOL 0.5% OP	REMOVE QL
BONE DENSITY REGULATORS	FOSAMAX + D TAB 70-5600	REMOVE QL



<b>BULK CHEMICALS</b>	HYDROXYPROG POW CAPROATE	REMOVE QL
<b>BULK LAXATIVES</b>	FIBER THERAP TAB 625MG	REMOVE QL
<b>CORTICOSTEROIDS - TOPICAL</b>	SYNALAR KIT 0.025%	REMOVE QL
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>	MUCUS RELIEF TAB 60-600MG	REMOVE QL
	ZYNCOF SYP 20-400/5	REMOVE QL
<b>DIABETIC SUPPLIES</b>	INSULIN SYR MIS BARR 1ML	REMOVE QL
	ACCU-CHEK KIT MLTICLIX	REMOVE QL
<b>DIAGNOSTIC DRUGS</b>	COSYNTROPIN INJ 0.25MG	REMOVE QL
	GLUCAGEN INJ 1MG	REMOVE QL
<b>DIAGNOSTIC TESTS</b>	KETO-DIASTIX TES	REMOVE QL
<b>DIAPER RASH PRODUCTS</b>	A+D PREVENT OIN	REMOVE QL
<b>DIGESTIVE ENZYMES</b>	DAIRY RELIEF TAB 4500UNIT	REMOVE QL
	ZENPEP CAP 5000UNIT	REMOVE QL
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>	UREA NAIL GEL 45%	REMOVE QL
<b>EMOLLIENTS</b>	MOISTURIZING CRE THERAPY	REMOVE QL
	NOBLE MYSTIQ CRE EMU-LAC	REMOVE QL
	LAC-HYDRIN LOT FIVE	REMOVE QL
	LACTIC ACID LOT 10%	REMOVE QL
	VITAMIN A&D OIN	REMOVE QL
<b>EXPECTORANTS</b>	MUCUS RELIEF TAB 600MG ER	REMOVE QL
<b>GLYCOPEPTIDES</b>	VANCOMYCIN 500 MG IV SOLUTION VANCOMYCIN 1,000 MG IV INJECTION	REMOVE QL
<b>GOUT AGENTS</b>	ZURAMPIC TAB 200MG	REMOVE QL
<b>H-2 ANTAGONISTS</b>	CIMETIDINE TAB 800MG	REMOVE QL
<b>HEPATITIS AGENTS</b>	ADEFOVIR DIPIV TAB 10MG	REMOVE QL
	BARACLUDE SOL	REMOVE QL
	RIBAVIRIN CAP 200MG	REMOVE QL
	REBETOL SOL 40MG/ML	REMOVE QL
	RIBAPAK TAB 600/DAY	REMOVE QL
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>	KETOCONAZOLE TAB 200MG	REMOVE QL
	FLUCONAZOLE TAB 50MG FLUCONAZOLE TAB 100MG FLUCONAZOLE TAB 150MG	REMOVE QL
	FLUCONAZOLE SUS 10MG/ML	REMOVE QL

	ONMEL TAB 200MG	REMOVE QL
	VFEND TAB 200MG	REMOVE QL
<b>IODINE ANTISEPTICS</b>	POVIDONE-IOD SOL 10%	REMOVE QL
<b>LINCOSAMIDES</b>	CLEOCIN PHOS INJ	REMOVE QL
<b>MISC. DEVICES</b>	NEUROPEN KIT	REMOVE QL
<b>NASAL AGENTS - MISC.</b>	RHINARIS SPR 0.2%	REMOVE QL
	BABY AYR SPR 0.65%	REMOVE QL
	AYR NASAL DRO 0.65%	REMOVE QL
	NASADROPS DRO 0.9%	REMOVE QL
<b>NICOTINIC ACID DERIVATIVES</b>	NIACIN ER TAB 1000MG	REMOVE QL
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>	FENOPROFEN TAB 600MG	REMOVE QL
	IBUPROFEN SUS 100/5ML	REMOVE QL
	MECLOFEN SOD CAP 50MG MECLOFEN SOD CAP 100MG	REMOVE QL
	NAPRELAN TAB 750MG CR	REMOVE QL
<b>OPIOID AGONISTS</b>	MORPHINE SUL INJ 150/30ML	REMOVE QL
<b>PROSTATIC HYPERTROPHY AGENTS</b>	CARDURA XL TAB 4MG	REMOVE QL
<b>SALICYLATES</b>	ASPIRIN LOW TAB 81MG EC	REMOVE QL
	ASPIRIN TAB 325MG ASPIRIN TAB 325MG EC	REMOVE QL
<b>SALINE LAXATIVES</b>	EPSOM SALT GRANULES	REMOVE QL
<b>SMOKING DETERRENTS</b>	NICOTINE TD DIS 7MG/24HR	REMOVE QL
	NICOTINE POL LOZ 2MG MINT NICOTINE POL LOZ 4MG MINT	REMOVE QL
<b>THYROID HORMONES</b>	NATURE-THROID TABLETS	REMOVE QL
	ARMOUR THYROID TABLETS	REMOVE QL
<b>URINARY ANALGESICS</b>	URINARY PAIN TAB 95MG	REMOVE QL
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>	OXYBUTYNIN SYP 5MG/5ML	REMOVE QL
	OXYBUTYNIN TAB 10MG ER OXYBUTYNIN TAB 15MG ER	REMOVE QL
	BETHANECHOL TAB 5MG BETHANECHOL TAB 10MG BETHANECHOL TAB 25MG BETHANECHOL TAB 50MG	REMOVE QL
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>	FLAVOXATE TAB 100MG	REMOVE QL

<b>VAGINAL ANTI-INFECTIVES</b>	CLOTRIMAZOLE CRE 1% VAG	REMOVE QL
	MICONAZOLE 3 KIT COMBO PK	REMOVE QL
	MONISTAT 7 KIT COMBO PK	REMOVE QL
	TERCONAZOLE CRE 0.4%	REMOVE QL
<b>VISCOSUPPLEMENTS</b>	HYALGAN INJ 20MG/2ML	REMOVE QL
	VISCO-3 INJ 25/2.5ML	REMOVE QL
	GEL-ONE INJ 30MG/3ML	REMOVE QL
	SYNVISC INJ 8MG/ML SYNVISC ONE INJ 8MG/ML	REMOVE QL
	HYMOVIS INJ 24MG/3ML	REMOVE QL
	ORTHOVISC INJ 15MG/ML	REMOVE QL
	MONOVISC INJ 88MG/4ML	REMOVE QL
	GELSYN-3 INJ 16.8/2ML	REMOVE QL
	EUFLEXXA INJ 10MG/ML	REMOVE QL
	HYALGAN INJ 20MG/2ML	REMOVE QL
	GENVISC 850 INJ 25/2.5	REMOVE QL
	SUPARTZ FX INJ 25/2.5ML	REMOVE QL
	<b>WOUND CARE PRODUCTS</b>	VASELINE PETROLATUM GAUZE PADS

### What action do I need to take?

Please review these changes and work with your Anthem patients to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific patients, you will need to obtain prior authorization (PA) to continue coverage beyond the applicable effective date.

### What if I need assistance?

We recognize the unique aspects of patient cases. If for medical reasons your Anthem patient cannot be converted to a formulary alternative, call our Pharmacy department at **1-855-661-2028** and follow the voice prompts for pharmacy PA. You can find the *Preferred Drug List* on our provider website at <https://mediproviders.anthem.com/ky/pages/pharmacy.aspx>.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-855-661-2028**.