

Quarterly pharmacy formulary change notice

BlueCross BlueShield of Western New York (BlueCross BlueShield) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this is specific to the MMC and CHPlus programs only.

The formulary changes listed below were reviewed and approved at our second quarter 2021 Pharmacy and Therapeutics committee meetings.

Effective November 1, 2021, the changes outlined below apply to all members of BlueCross BlueShield enrolled in MMC and CHPlus. Please remember to read the footnotes at the end of the table.

EFFECTIVE FOR ALL PATIENTS ON NOVEMBER 1, 2021

Therapeutic class	Drug	Revised status	Potential alternatives
5-HT3 RECEPTOR ANTAGONISTS	ONDANSETRON SOLUTION 4MG/5ML	PREFERRED	N/A
ANTIDIABETICS-BIGUANIDES	METFORMIN SOLUTION 500/5ML	NON-PREFERRED	METFORMIN TABLET 500MG ER (GENERIC GLUCOPHAGE XR) METFORMIN TABLET 750MG ER (GENERIC GLUCOPHAGE XR)
ANTIDIABETICS-BIGUANIDES	FORTAMET TABLET 500MG METFORMIN TABLET 500MG ER (GENERIC FORTAMET) FORTAMET TABLET 1000MG METFORMIN ER TABLET 1000MG (GENERIC FORTAMET)	NON-PREFERRED	METFORMIN TABLET 500MG ER (GENERIC GLUCOPHAGE XR) METFORMIN TABLET 750MG ER (GENERIC GLUCOPHAGE XR)
ANTIDIABETICS-BIGUANIDES	GLUMETZA TABLET 500MG METFORMIN TABLET 500MG ER (GENERIC GLUMETZA) GLUMETZA TABLET 1000MG METFORMIN TABLET 1000 ER (GENERIC GLUMETZA)	NON-PREFERRED	METFORMIN TABLET 500MG ER (GENERIC GLUCOPHAGE XR) METFORMIN TABLET 750MG ER (GENERIC GLUCOPHAGE XR)
DIABETIC SUPPLIES	BD PEN NEEDLES BD INSULIN SYRINGES	PREFERRED	PREFERRED FOR ALL MEMBERS (NOW INCLUDING EXISTING UTILIZERS)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) **	TRULICITY INJ 0.75/0.5 TRULICITY INJ 1.5/0.5 TRULICITY INJ 3/0.5 TRULICITY INJ 4.5/0.5	PREFERRED WITH STEP THERAPY REQUIRED	N/A
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	VICTOZA INJECTION 18MG/3ML	NON-PREFERRED CURRENT UTILIZERS WILL BE GRAND-	TRULICITY INJECTION

<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for BlueCross BlueShield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de BlueCross BlueShield of Western New York.

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		FATHERED UNTIL 02/01/2022	
LOCAL ANESTHETICS - TOPICAL	LIDOCAINE CREAM 3%	NON- PREFERRED	OTC LIDOCAINE CREAM 4%
NITRATES	NITRO-DUR DIS 0.1MG/HR NITRO-DUR DIS 0.3MG/HR NITRO-DUR DIS 0.8MG/HR	NON- PREFERRED	MINITRAN PATCH NITROGLYCERIN PATCH
VISCOSUPPLEMENTS	GELSYN-3 INJ 16.8/2ML	NON- PREFERRED	N/A
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN NOVEMBER 1, 2021 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
5-HT3 RECEPTOR ANTAGONISTS	ONDANSETRON SOLUTION 4MG/5ML		REMOVE PA
ANTIBIOTICS - TOPICAL	CENTANY OINTMENT 2% CENTANY AT KIT 2%		ADD ST
ANTIHYPERTENSIVES	ROSZET 5 MG/10 MG, 10 MG/10 MG, 20 MG/10 MG, 40 MG/10 MG		ADD ST AND QTY LIMIT: 1 TABLET PER DAY
ANTINEOPLASTIC - ANTIBODIES	RYBREVANT SOL 350/7ML		ADD PA
ANTINEOPLASTIC ENZYME INHIBITORS	LUMAKRAS TAB 120MG		ADD PA ADD QL: 8 TABLETS PER DAY
ANTINEOPLASTIC ENZYME INHIBITORS	TRUSELTIQ CAPSULES		ADD PA ADD QL: 50 MG DAILY DOSE CARTON: 1 CARTON PER 28 DAYS (42 CAPS OF 25 MG) 75 MG DAILY DOSE CARTON: 1 CARTON PER 28 DAYS (63 CAPS OF 25 MG) 100 MG DAILY DOSE CARTON: 1 CARTON PER 28 DAYS (21 CAPS OF 100 MG) 125 MG DAILY DOSE CARTON: 1 CARTON/28 DAYS
ANTINEOPLASTICS AGENTS*	CAMCEVI INJ		ADD PA
ANTINEOPLASTICS AGENTS	JEMPERLI SOL 500/10ML		ADD PA
ANTINEOPLASTICS AGENTS	ZYNLONTA SOL 10MG		ADD PA
CARDIOVASCULAR AGENTS - MISC.	VERQUVO 5 MG, 10 MG		ADD PA AND QTY LIMIT: 1 TABLET PER DAY
CYSTIC FIBROSIS AGENTS	BRONCHITOL (MANNITOL) 4 WEEK TREATMENT PACK (4 INHALERS, 560 40 MG CAPSULES)		ADD PA AND QTY LIMIT: 1 TREATMENT PACK (4 INHALERS, 560 40 MG CAPSULES IN TOTAL) PER 28 DAYS
CYSTIC FIBROSIS AGENTS	BRONCHITOL (MANNITOL) 7 DAY TREATMENT PACK (1 INHALER, 140 40 MG CAPSULES)		ADD PA AND QTY LIMIT: 4 TREATMENT PACKS (4 INHALERS, 560 40 MG CAPSULES IN TOTAL) PER 28 DAYS
ENTERAL NUTRITION SUPPLIES	RELIZORB CARTRIDGE		ADD PA AND QTY LIMIT: 2 CARTRIDGES PER DAY
ESTROGEN COMBINATION AGENTS	MYFEMBREE TAB		ADD PA QL: 1 TABLET PER DAY

FLUORIDE	SOD FLUORIDE DRO 0.5MG/ML	REMOVE QL
HEMATOLOGICAL AGENTS - MISC	EMPAVELI INJ 1080MG	ADD PA AND QTY LIMIT: 9 VIALS PER 28 DAYS
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	VICTOZA INJECTION 18MG/3ML	ADD STEP THERAPY
LOCAL ANESTHETICS - TOPICAL	LIDOCAINE CREAM 3% (RX & OTC)	ADD ST
MIGRAINE PRODUCTS	NURTEC ODT	UPDATE PA AND QTY LIMIT: ADD INTO CRITERIA FOR ACUTE MIGRAINE TX AND MIGRAINE PROPHYLAXIS; UPDATE QL OVERRIDE TO ALLOW FOR ADDITIONAL TABLETS PER 30 DAYS IF DX IS PROPHYLAXIS OF MIGRAINE REDUCE QL FROM 15 PER 30 DAYS TO 8 PER 30 DAYS GF INDIVIDUALS USING 9-15 TABLETS PER 30 DAYS
MULTIPLE SCLEROSIS AGENTS	PONVORY (PONESIMOD) STARTER PACK PONVORY (PONESIMOD) 20 MG	ADD PA AND QTY LIMIT: STARTER PACK: 1 PACK PER FILL, ONE TIME (STARTING DOSE TITRATION REGIMEN, 14 DAY SUPPLY) 20 MG TABLET: 1 TABLET PER DAY
ROSACEA AGENTS	ORACEA, DOXYCYCLINE IR-DR 40 MG	ADD ST
THIAZIDES AND THIAZIDE-LIKE DIURETICS	HYDROCHLOROTHIAZIDE CAPSULES 12.5MG HYDROCHLOROTHIAZIDE TABLETS 12.5MG HYDROCHLOROTHIAZIDE TABLETS 25MG	REMOVE QL
URINARY ANTISPASMODICS	MYRBETRIQ GRANULES	ADD PA AND QTY LIMIT: 3 BOTTLES (300 ML) PER 30 DAYS
URINARY ANTISPASMODICS	GEMTESA 75 MG	ADD PA AND QTY LIMIT: 1 TABLET PER DAY
QTY LIMIT: ADDS/UPDATES		
ADHD AGENTS	EVEKEO ODT TAB 5MG EVEKEO ODT TAB 10MG EVEKEO ODT TAB 15MG EVEKEO ODT TAB 20MG	2 ODT TABLETS PER DAY
ADHD AGENTS	FOCALIN TAB 10MG	2 TABLETS PER DAY
ADHD AGENTS	QUILLIVANT SUS 25MG/5ML	12 ML PER DAY
ALTERNATIVE MEDICINES	MELATONIN CAP 5MG MELATONIN CHW 5MG	2 TABLETS PER DAY

	MELATONIN SUB 5MG	
ALTERNATIVE MEDICINES	MELATONIN 200 MCG, 300 MCG, 500 MCG, 1 MG, 2.5 MG, 3 MG, 5 MG	2 TABLETS/CAPSULES/CHEWABLE/ SUBLINGUAL TABLET/ORALLY DISINTEGRATING TABLET PER DAY
ALTERNATIVE MEDICINES	MELATONIN 10 MG, 12 MG	1 TABLET/SUBLINGUAL TABLET/ORALLY DISINTEGRATING TABLET PER DAY
ALTERNATIVE MEDICINES	MELATONIN LIQUID 2.5 MG/10 ML	40 ML PER DAY
ALTERNATIVE MEDICINES	MELATONIN 5 MG/15 ML	30 ML PER DAY
ALTERNATIVE MEDICINES	MELATONIN 1 MG/ML	10 ML PER DAY
ALTERNATIVE MEDICINES	MELATONIN 3.5 MG/2 ML (1.75 MG/ML)	6 ML PER DAY
ALTERNATIVE MEDICINES	MELATONIN 3 MG/0.9 ML	2.7 ML PER DAY
ALTERNATIVE MEDICINES	MELATONIN 5 MG/ML	2 ML PER DAY
ALTERNATIVE MEDICINES	MELATONIN 10 MG/ML	1 ML PER DAY
ALTERNATIVE MEDICINES	MELATONIN ER 1 MG, 3 MG, 5 MG, 10 MG	1 TABLET PER DAY
AMINOGLYCOSIDES	TOBRAMYCIN INJECTION	10 MG/ML, 40 MG/ML INJECTION: 90 VIALS PER 30 DAYS 1.2 G, 2 G INJECTION: 30 VIALS PER 30 DAYS
AMINOGLYCOSIDES	TOBI PODHALR CAP 28MG	224 CAPS PER 28 DAYS
AMINOGLYCOSIDES	TOBI NEB 300/5ML KITABIS PAK NEB 300/5ML	280 ML PER 28 DAYS
AMINOGLYCOSIDES	BETHKIS NEB 300/4ML	224 ML PER 28 DAYS
ANALGESICS - ANTI- INFLAMMATORY AGENTS	ZIPSOR CAP 25MG	4 CAPSULES PER DAY
ANALGESICS - ANTI- INFLAMMATORY AGENTS	CAMBIA POW 50MG	9 PACKETS PER 30 DAYS
ANALGESICS - ANTI- INFLAMMATORY AGENTS	IBUPROFEN CAP 200MG	100 CAPSULES PER 30 DAYS
ANALGESICS - ANTI- INFLAMMATORY AGENTS	SM IBUPROFEN TAB 100MG JR	100 TABLETS PER 90 DAYS
ANALGESICS - ANTI- INFLAMMATORY AGENTS	INDOMETHACIN CAP 25MG	3 CAPSULES PER DAY
ANALGESICS - ANTI- INFLAMMATORY AGENTS	INDOMETHACIN CAP 50MG	4 CAPSULES PER DAY
ANALGESICS - ANTI- INFLAMMATORY AGENTS	INDOMETHACIN CAP 75MG ER	2 CAPSULES PER DAY
ANALGESICS - ANTI- INFLAMMATORY AGENTS	INDOCIN SUS 25MG/5ML	40 ML PER DAY
ANALGESICS - ANTI- INFLAMMATORY AGENTS	READY KETORO KIT 15MG/ML	4 INJECTIONS (4 ML) PER 30 DAYS
ANALGESICS - ANTI- INFLAMMATORY AGENTS	NAPROXEN SOD CAP 220MG	100 CAPSULES PER 90 DAYS

ANALGESICS - ANTI-INFLAMMATORY AGENTS	TOLMETIN SOD TAB 200MG	3 TABLETS PER DAY
ANALGESICS - ANTI-INFLAMMATORY AGENTS	DICLO/MISOPR TAB 50-0.2MG	4 TABLETS PER DAY
ANALGESICS - ANTI-INFLAMMATORY AGENTS	DICLO/MISOPR TAB 75-0.2MG	2 TABLETS PER DAY
ANALGESICS - NON-NARCOTIC	ASPIRIN TAB 81MG EC	100 TABLETS PER 90 DAYS
ANALGESICS - NON-NARCOTIC	ASPIRIN TAB 325MG EC	100 TABLETS PER 25 DAYS
ANALGESICS - NON-NARCOTIC	ACETAMIN SOL 160/5ML	100 ML PER 25 DAYS
ANALGESICS - OPIOID	HYDROMO/NACL INJ 30/30ML HYDROMOR HCL INJ NACL	6 ML PER DAY
ANALGESICS - OPIOID	DEMEROL INJ 25MG/0.5 DEMEROL INJ 75MG/1.5	4 ML PER DAY
ANALGESICS - OPIOID	MORPHINE SUL INJ 150/30ML	1 VIALS (30 ML) PER DAY
ANALGESICS - OPIOID	MORPHINE SUL INJ 150/150 MORPHINE SUL INJ 1000/100 HYDROMO/NACL INJ 1MG/ML HYDROMO/NACL INJ 30/30ML HYDROMO/NACL INJ 55/55ML MORPHIN/NACL INJ 2MG/2ML MORPHINE SUL INJ SODIUM C MORPHINE SUL INJ 5MG/5ML MORPHINE SUL INJ 275/55	6 ML PER DAY
ANDROGENS-ANABOLIC	DANAZOL CAP 50MG DANAZOL CAP 100MG	2 TABLETS PER DAY
ANDROGENS-ANABOLIC	DANAZOL CAP 200MG	4 TABLETS PER DAY
ANDROGENS-ANABOLIC	OXANDROLONE TAB 2.5MG	4 TABLETS PER DAY
ANDROGENS-ANABOLIC	OXANDROLONE TAB 10MG	2 TABLETS PER DAY
ANTIANGINAL AGENTS	RANEXA TAB 500MG RANEXA TAB 1000MG	2 TABLETS PER DAY
ANTIARRHYTHMICS	MULTAQ TAB 400MG	2 TABLETS PER DAY
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	LONHALA MAGN SOL 25MCG	1 KIT PER 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	INCRUSE ELPT INH 62.5MCG	1 INHALER PER 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	PROAIR HFA AER VENTOLIN HFA AER PROVENTIL AER HFA	2 INHALERS PER 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	SEREVENT DIS AER 50MCG	1 INHALER PER 30 DAYS

ANTIASTHMATIC AND BRONCHODILATOR AGENTS	IPRATROPIUM/ SOL ALBUTER	540 ML PER 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	BEVESPI AER 9-4.8MCG	1 INHALER PER 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ADVAIR HFA AER 45/21 ADVAIR HFA AER 115/21 ADVAIR HFA AER 230/21	1 INHALER PER 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	BREO ELLIPTA INH 100-25 BREO ELLIPTA INH 200-25	1 INHALER PER 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	DULERA AER 100-5MCG DULERA AER 200-5MCG	1 INHALER PER 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	TRELEGY AER ELLIPTA	1 INHALER PER 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ELIXOPHYLLIN ELX 80/15ML	112.5 ML PER DAY
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	THEOPHYLLINE TAB 100MG CR THEOPHYLLINE TAB 200MG CR THEOPHYLLINE TAB 300MG ER THEOPHYLLINE TAB 300MG ER	2 CAPSULES PER DAY
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	THEOPHYLLINE TAB 400MG ER THEOPHYLLINE TAB 450MG ER THEOPHYLLINE TAB 600MG ER	1 TABLETS PER DAY
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ARNUITY ELPT INH 100MCG	1 INHALER PER 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ARNUITY ELPT INH 200MCG	1 INHALER POER 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	FLOVENT DISK AER 100MCG	1 INHALER PER 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	FLOVENT DISK AER 250MCG	4 INHALERS PER 30 DAYS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ZYFLO TAB 600MG ZILEUTON ER TAB 600MG	4 TABLETS PER DAY
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	SINGULAIR CHW 4MG SINGULAIR CHW 5MG SINGULAIR TAB 10MG	1 TABLET PER DAY
ANTICOAGULANTS	PRADAXA 75 MG PRADAXA 110 MG PRADAXA 150 MG	2 CAPSULES PER DAY
ANTICOAGULANTS	SAVAYSA TAB 15MG SAVAYSA TAB 30MG	1 TABLET PER DAY

	SAVAYSA TAB 60MG	
ANTICOAGULANTS	XARELTO TAB 10MG XARELTO TAB 20MG	1 TABLET PER DAY
ANTICOAGULANTS	XARELTO TAB 15MG	UPDATE: 90 TABLETS PER 90 DAYS
ANTICOAGULANTS	XARELTO STAR TAB 15/20MG	1 PACK PER YEAR
ANTICONVULSANTS	FYCOMPA TAB 2MG FYCOMPA TAB 4MG FYCOMPA TAB 6MG FYCOMPA TAB 8MG FYCOMPA TAB 10MG FYCOMPA TAB 12MG	1 TABLET PER DAY
ANTICONVULSANTS	FYCOMPA SUS 0.5MG/ML	24 ML PER DAY
ANTICONVULSANTS	BRIVIACT TAB 75MG BRIVIACT TAB 100MG	2 TABLETS PER DAY
ANTICONVULSANTS	BRIVIACT SOL 10MG/ML	20 ML PER DAY
ANTICONVULSANTS	TROKENDI XR CAP 25MG TROKENDI XR CAP 50MG TROKENDI XR CAP 100MG	1 CAPSULE PER DAY
ANTICONVULSANTS	TROKENDI XR CAP 200MG	2 CAPSULES PER DAY
ANTIDEPRESSANTS	TRINTELLIX TAB 5MG TRINTELLIX TAB 10MG TRINTELLIX TAB 20MG	1 TABLET PER DAY
ANTIDEPRESSANTS	DESVENLAFAX TAB 50MG ER DESVENLAFAX TAB 100MG ER	1 TABLET PER DAY
ANTIDEPRESSANTS	DRIZALMA CAP 20MG DR DRIZALMA CAP 60MG DR	2 CAPSULES PER DAY
ANTIDEPRESSANTS	DRIZALMA CAP 30MG DR DRIZALMA CAP 40MG DR	1 CAPSULE PER DAY
ANTIDIABETICS- INJECTABLE AGENTS	SYMLINPEN 60 INJ 1000MCG	2 BOXES PER 30 DAYS
ANTIDIABETICS- ORAL AGENTS	CHLORPROPAM TAB 100MG	7 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	CHLORPROPAM TAB 250MG	3 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	AMARYL TAB 1MG	8 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	AMARYL TAB 2MG	4 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	AMARYL TAB 4MG	2 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLIPIZIDE TAB 5MG GLIPIZIDE ER TAB 2.5MG	8 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLIPIZIDE ER TAB 5MG GLIPIZIDE TAB 10MG	4 TABLETS PER DAY

ANTIDIABETICS- ORAL AGENTS	GLIPIZIDE ER TAB 10MG	2 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYBURIDE TAB 1.25MG	16 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYBURIDE TAB 2.5MG	8 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYBURIDE TAB 5MG	4 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYNASE TAB 1.5MG	8 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYNASE TAB 3MG	4 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYNASE TAB 6MG	2 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	TOLAZAMIDE TAB 250MG	4 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	TOLAZAMIDE TAB 500MG	2 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	TOLBUTAMIDE TAB 500MG	6 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLUCOPHAGE TAB 500MG	5 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLUCOPHAGE TAB 850MG	3 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLUCOPHAGE TAB 1000MG	2 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	RIOMET SOL	2 BOTTLES PER 30 DAYS
ANTIDIABETICS- ORAL AGENTS	GLUCOPHAGE TAB 500MG XR GLUMETZA TAB 500MG	4 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLUCOPHAGE TAB 750MG XR	2 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	FORTAMET TAB 1000MG GLUMETZA TAB 1000MG	2 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	REPAGLINIDE 0.5 MG REPAGLINIDE 1 MG	4 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	REPAGLINIDE 2 MG	8 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	BAQSIMI ONE POW 3MG/DOSE BAQSIMI TWO POW 3MG/DOSE	1 PACK IN 30 DAYS
ANTIDIABETICS- ORAL AGENTS	KORLYM TAB 300MG	4 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	PRECOSE TAB 100MG	3 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYSET TAB 25MG GLYSET TAB 50MG GLYSET TAB 100MG	3 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	NESINA TAB 6.25MG NESINA TAB 12.5MG NESINA TAB 25MG	1 TABLET PER DAY

ANTIDIABETICS- ORAL AGENTS	TRADJENTA TAB 5MG	1 TABLET PER DAY
ANTIDIABETICS- ORAL AGENTS	CYCLOSET TAB 0.8MG	6 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	KAZANO 12.5- TAB 500MG KAZANO 12.5- TAB 1000MG	2 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	JENTADUETO TAB 2.5-500 JENTADUETO TAB 2.5-850 JENTADUETO TAB 2.5-1000	2 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	JANUMET XR TAB 50-500MG JANUMET XR TAB 50-1000	2 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	JANUMET XR TAB 100-1000	1 TABLET PER DAY
ANTIDIABETICS- ORAL AGENTS	OSENI TAB 12.5-15 OSENI TAB 12.5-30 OSENI TAB 12.5-45 OSENI TAB 25-15MG OSENI TAB 25-30MG OSENI TAB 25-45MG	1 TABLET PER DAY
ANTIDIABETICS- ORAL AGENTS	REPAGLINIDE TAB 1-500MG REPAGLINIDE TAB 2-500MG	5 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLIP/METFORM TAB 2.5-250M	8 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLIP/METFORM TAB 2.5-500M GLIP/METFORM TAB 5-500MG	4 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYB/METFORM TAB 1.25-250	8 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYB/METFORM TAB 2.5-500 GLYB/METFORM TAB 5-500MG	4 TABLETS PER DAY
ANTIDIABETICS- ORAL AGENTS	RIOMET ER SUS 500/5ML	2 BOTTLES PER 30 DAYS
ANTIDIARRHEAL AGENTS	LOPERAMIDE SOL 1/7.5ML LOPERAMIDE SOL 2MG/15ML	120 ML PER DAY
ANTIPSORIATICS	COSENTYX INJECTION 75MG/0.5 PF SYRINGE	1 SYRINGE PER 28 DAYS
ANTIPSORIATICS	SKYRIZI PEN INJECTION 150MG/ML	1 PEN PER 84 DAYS
ANTIFUNGALS	SPORANOX CAP PULSEPAK	126 CAPSULES PER 30 DAYS
ANTIFUNGALS	VFEND 200 MG TAB	2 TABLETS PER DAY
ANTIFUNGALS	VFEND 40 MG/ML ORAL SUSPENSION	10 ML PER DAY
ANTIHISTAMINES	BENADRYL ALG TAB 25MG	4 TABLETS PER DAY
ANTIHISTAMINES	CLEMASTINE SYP 0.5/5ML	60 ML PER DAY
ANTIHISTAMINES	ZYRTEC ALLGY CAP 10MG	1 CAPSULE PER DAY
ANTIHISTAMINES	ZYRTEC CHILD TAB 10MG	1 TABLET PER DAY
ANTIHISTAMINES	ALLEGRA ALRG TAB 30MG	2 TABLETS PER DAY

ANTIHISTAMINES	ALLEGRA ODT 30 MG	2 TABLETS PER DAY
ANTIHISTAMINES	XYZAL TAB 5MG	1 TABLET PER DAY
ANTIHISTAMINES	CLARITIN CAP 10MG	1 CAPSULE PER DAY
ANTIHISTAMINES	LORATADINE CHW 5MG	1 TABLET PER DAY
ANTIHYPERTENSIVES	QUESTRAN POW 4GM QUESTRAN POW 4GM LITE	24 G PER DAY
ANTIHYPERTENSIVES	PREVALITE POW 4GM PK	24 G PER DAY
ANTIHYPERTENSIVES	WELCHOL TAB 625MG	6 TABLETS PER DAY
ANTIHYPERTENSIVES	WELCHOL PAK 3.75GM	1 PACKET PER DAY
ANTIHYPERTENSIVES	COLESTID TAB 1GM	16 TABLETS PER DAY
ANTIHYPERTENSIVES	COLESTID GRA 5GM COLESTID POW 5GM	30 G PER DAY
ANTIHYPERTENSIVES	ANTARA CAP 30MG ANTARA CAP 90MG	1 CAPSULE PER DAY
ANTIHYPERTENSIVES	LOPID TAB 600MG	2 TABLETS PER DAY
ANTIHYPERTENSIVES	LIVALO TAB 1MG LIVALO TAB 2MG LIVALO TAB 4MG	1 TABLET PER DAY
ANTIHYPERTENSIVES	NIASPAN TAB 750MG ER NIASPAN TAB 1000 ER	2 TABLETS PER DAY
ANTIHYPERTENSIVES	MOEXIPRIL TAB 7.5MG	2 TABLETS PER DAY
ANTIHYPERTENSIVES	MOEXIPRIL TAB 15MG	4 TABLETS PER DAY
ANTIHYPERTENSIVES	TRANDOLAPRIL TAB 1MG TRANDOLAPRIL TAB 2MG TRANDOLAPRIL TAB 4MG	2 TABLTS PER DAY
ANTIHYPERTENSIVES	BENICAR TAB 5MG	2 TABLETS PER DAY
ANTIHYPERTENSIVES	CORZIDE TAB 40-5MG CORZIDE TAB 80-5MG	1 TABLET PER DAY
ANTIHYPERTENSIVES	CLONIDINE 0.1 MG, 0.2 MG, 0.3 MG	4 TABLETS PER DAY
ANTIHYPERTENSIVES	METHYLDOPA 250 MG	4 TABLETS PER DAY
ANTIHYPERTENSIVES	METHYLDOPA 500 MG	6 TABLETS PER DAY
ANTIHYPERTENSIVES	METHYLDOPA/HYDROCHLOROTHIAZIDE 250 MG/15 MG	3 TABLETS PER DAY
ANTIHYPERTENSIVES	METHYLDOPA/HYDROCHLOROTHIAZIDE 250 MG/25 MG	2 TABLETS PER DAY
ANTIHYPERTENSIVES	ZIAC (BISOPROLOL/HYDROCHLOROTHIAZIDE) 2.5 MG/6.25 MG, 5 MG/6.25 MG, 10 MG/6.25 MG	2 TABLETS PER DAY

ANTIHYPERTENSIVES	NYMALIZE (NIMODIPINE ORAL SOLUTION) 60 MG/10 ML PREFILLED ORAL SYRINGE, 30 MG/5 ML PREFILLED ORAL SYRINGE	6 PREFILLED SYRINGES PER DAY
ANTIHYPERTENSIVES	NYMALIZE (NIMODIPINE ORAL SOLUTION) 6 MG/ML	60 ML PER DAY
ANTIHYPERTENSIVES	ALDACTAZIDE (SPIRONOLACTONE/HYDROCHLOROTHIAZIDE) 50 MG/50 MG	4 TABLETS PER DAY
ANTIHYPERTENSIVES	ALDACTONE (SPIRONOLACTONE) 100 MG	4 TABLETS PER DAY
ANTI-INFECTIVE AGENTS - MISC.	CEFTRIAZONE INJECTION	500 MG, 1 G, 2 G: 60 VIALS/BAGS PER 30 DAYS 10 G, 100 G INJECTION: 1 VIAL/BAG PER 30 DAYS
ANTI-INFECTIVE AGENTS - MISC.	CAYSTON INH 75MG	84 VIALS PER 28 DAYS
ANTI-INFECTIVE AGENTS - MISC.	CLEOCIN CAPSULES	75 MG CAPS: 4 CAPSULES PER DAY 150 MG CAPS: 12 CAPSULES PER DAY 300 MG CAPS: 8 CAPSULES PER DAY
ANTI-INFECTIVE AGENTS - MISC.	CLEOCIN PHOS INJ 300/2ML CLEOCIN PHOS INJ 600/4ML CLEOCIN PHOS INJ 900/6ML CLEOCIN PHOS INJ 9GM/60ML CLEOCIN PHOS INJ 300/2ML CLEOCIN PHOS INJ 600/4ML CLEOCIN PHOS INJ 900/6ML	20 ML PER DAY
ANTI-INFECTIVE AGENTS - MISC.	VANCOMYCIN INJECTION	250 MG INJECTION: 4 VIALS PER DAY 500 MG, 750 MG, 1 G, 1.25 G, 1.5 G: 2 VIALS/BAGS PER DAY 1.75 G, 2 G: 2 BAGS PER DAY 5 G, 10 G, 100 G: 1 VIAL PER 30 DAYS
ANTI-INFECTIVE AGENTS - MISC.	FURADANTIN SUS 25MG/5ML	80 ML PER DAY
ANTI-INFECTIVE AGENTS - MISC.	MACRODANTIN CAP 25MG MACRODANTIN CAP 50MG MACRODANTIN CAP 100MG	4 CAPSULES PER DAY
ANTI-INFECTIVE AGENTS - MISC.	MACROBID CAP 100MG	14 CAPSULES PER FILL; 1 FILL PER 30 DAYS
ANTINEOPLASTICS AGENTS	CASODEX TAB 50MG	1 TABLET PER DAY
ANTINEOPLASTICS AGENTS	ZYKADIA TAB 150MG	3 TABLETS PER DAY
ANTINEOPLASTICS AGENTS	ICLUSIG TAB 30MG	1 TABLET PER DAY
ANTINEOPLASTICS AGENTS	ZEJULA CAP 100MG	3 TABLETS PER DAY
ANTINEOPLASTICS AGENTS	PHESGO 1200-600-30000	1 VIAL PER 42 DAYS

ANTINEOPLASTICS AGENTS	PHESGO 600-600-20000	1 VIAL PER 21 DAYS
ANTINEOPLASTICS AGENTS	XPOVIO PAK 40MG XPOVIO PAK 60MG XPOVIO PAK 80MG XPOVIO PAK 100MG	1 CARTON/28 DAYS OR 1 PACK/7 DAYS
ANTINEOPLASTICS AGENTS	KISQALI 200 PAK FEMARA KISQALI 400 PAK FEMARA KISQALI 600 PAK FEMARA	1 CARTON PER 28 DAYS
ANTINEOPLASTICS AGENTS	LUPR DEP-PED INJ 3M 30MG	1 KIT PER 12 WEEKS
ANTINEOPLASTICS AGENTS	XTANDI 40 MG	4 TABLETS PER DAY
ANTINEOPLASTICS AGENTS	XTANDI 80 MG	2 TABLETS PER DAY
ANTIPARKINSON AGENTS	TASMAR TAB 100MG	6 TABLETS PER DAY
ANTIPARKINSON AGENTS	COMTAN TAB 200MG	8 TABLETS PER DAY
ANTIPARKINSON AGENTS	AMANTADINE TAB 100MG	4 TABLETS PER DAY
ANTIPARKINSON AGENTS	MIRAPEX ER TAB 0.375MG MIRAPEX ER TAB 0.75MG MIRAPEX ER TAB 1.5MG MIRAPEX ER TAB 2.25MG MIRAPEX ER TAB 3MG MIRAPEX ER TAB 3.75MG MIRAPEX ER TAB 4.5MG	1 TABLET PER DAY
ANTIPARKINSON AGENTS	RYTARY CAP 95MG	12 CAPSULES PER DAY
ANTIPARKINSON AGENTS	RYTARY CAP 145MG	9 CAPSULES PER DAY
ANTIPARKINSON AGENTS	RYTARY CAP 195MG	12 CAPSULES PER DAY
ANTIPARKINSON AGENTS	RYTARY CAP 245MG	10 CAPSULES PER DAY
ANTIPARKINSON AGENTS	AZILECT TAB 0.5MG	2 TABLETS PER DAY
ANTIPARKINSON AGENTS	AZILECT TAB 1MG	1 TABLET PER DAY
ANTIPARKINSON AGENTS	XADAGO TAB 50MG	2 TABLETS PER DAY
ANTIPARKINSON AGENTS	XADAGO TAB 100MG	1 TABLET PER DAY
ANTIPARKINSON AGENTS	ZELAPAR TAB 1.25MG	2 TABLETS PER DAY
ANTIPARKINSON AGENTS	APOKYN INJ 10MG/ML	2 ML PER DAY
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	FANAPT PAK	1 PACK PER YEAR
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	PALIPERIDONE TAB ER 1.5MG	1 TABLET PER DAY
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	HALDOL DECAN INJ 50MG/ML	5 AMPULES PER 30 DAYS

ANTIPSYCHOTICS/ ANTIMANIC AGENTS	VERSACLOZ SUS 50MG/ML	18 ML PER DAY
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	CLOZAPINE TAB 200/ODT	4 TABLETS PER DAY
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	ZYPREXA RELP INJ 210MG ZYPREXA RELP INJ 300MG	2 IM INJECTIONS EVERY 28 DAYS
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	ZYPREXA RELP INJ 405MG	1 IM INJECTION PER 28 DAYS
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	MOLINDONE TAB HCL 5MG	4 TABLETS PER DAY
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	MOLINDONE TAB HCL 10MG	5 TABLETS PER DAY
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	MOLINDONE TAB HCL 25MG	4 TABLETS PER DAY
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	FLUPHENAZINE ELX 2.5/5ML	80 ML PER DAY
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	FLUPHENAZINE CON 5MG/ML	8 ML PER DAY
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	ABILIFY MYCI TAB 30MG	1 TABLET PER DAY
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	LATUDA TAB 60MG	1 TABLET PER DAY
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	GEODON INJ 20MG	6 VIALS PER 28 DAYS
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	ABILIFY MAIN INJ 300MG ABILIFY MAIN INJ 400MG	1 IM INJECTION PER MONTH
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	ARISTADA INJ 441MG/1 ARISTADA INJ 662MG/2 ARISTADA INJ 882MG/3	1 KIT EVERY 30 DAYS
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	ARISTADA INJ 1064MG	1 PREFILLED SYRINGE PER FILL; 1 FILL PER 42 DAYS
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	HUMIRA (ADALIMUMAB) 80 MG/0.8 ML PREFILLED PEN ∞	2 PENS PER 28 DAYS
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	HUMIRA (ADALIMUMAB) PEDIATRIC ULCERATIVE COLITIS STARTER PACK 80 MG/0.8 ML PREFILLED SYRINGE	1 PACK (28 DAY SUPPLY, ONE TIME FILL)
ANTIVIRALS- HEPATITIS B	ADEFOV DIPIV TAB 10MG	1 TABLET PER DAY
ANTIVIRALS- HEPATITIS B	BARACLUDGE SOL	20 ML PER DAY
ANTIVIRALS- HEPATITIS C	RIBAVIRIN CAP 200MG REBETOL CAP 200MG RIBASPHERE CAP 200MG	6 CAPSULES PER DAY
ANTIVIRALS- HEPATITIS C	RIBASPHERE TAB 400MG RIBASPHERE TAB 600MG	2 TABLETS PER DAY
ANTIVIRALS- HEPATITIS C	REBETOL SOL 40MG/ML	30 ML PER DAY
ANTIVIRALS- HEPATITIS C	VOSEVI TAB	1 TABLET PER DAY

ANTIVIRALS	VEKLURY	10 DAYS
ANTIVIRALS- HEPATITIS C	MODERIBA PAK 1200/DAY	1 DOSE PACK PER 28 DAYS
ANTIVIRALS- HEPATITIS C	PEGASYS INJ PROCLICK PEGASYS INJ PEGINTRON KIT 50MCG	4 VIALS PER 28 DAYS
BARBITURATE HYPNOTICS	PHENOBARB TAB 15MG	800 TABLETS PER 30 DAYS
BARBITURATE HYPNOTICS	PHENOBARB TAB 60MG	200 TABLETS PER 30 DAYS
BARBITURATE HYPNOTICS	PHENOBARB TAB 100MG	4 TABLETS PER DAY
BETA BLOCKERS	BETAPACE TAB 80MG	3 TABLETS PER DAY
BETA BLOCKERS	BETAPACE TAB 120MG	3 TABLETS PER DAY
BETA BLOCKERS	BETAPACE TAB 160MG	4 TABLETS PER DAY
BETA BLOCKERS	SORINE TAB 240MG	2 TABLETS PER DAY
BETA BLOCKERS	TOPROL XL TAB 25MG	2 TABLETS PER DAY
BETA BLOCKERS	TOPROL XL TAB 50MG	1 TABLET PER DAY
BETA BLOCKERS	TOPROL XL TAB 100MG	1 TABLET PER DAY
BETA BLOCKERS	TOPROL XL TAB 200MG	2 TABLETS PER DAY
BETA BLOCKERS	METOPROL TAR TAB 25MG METOPROLOL TAB 37.5MG METOPROLOL TAB 75MG	2 TABLETS PER DAY
BETA BLOCKERS	ACEBUTOLOL 200 MG	6 CAPSULES PER DAY
BETA BLOCKERS	ACEBUTOLOL 400 MG	3 CAPSULES PER DAY
BETA BLOCKERS	BETAXOLOL 10 MG	1 TABLET PER DAY
BETA BLOCKERS	BETAXOLOL 20 MG	2 TABLETS PER DAY
BETA BLOCKERS	BISOPROLOL 5 MG	1 TABLET PER DAY
BETA BLOCKERS	BISOPROLOL 10 MG	2 TABLETS PER DAY
BETA BLOCKERS	COREG CR (CARVEDILOL ER) 10 MG, 20 MG, 40 MG, 80 MG	1 CAPSULE PER DAY
BETA BLOCKERS	CORGARD (NADOLOL) 20 MG	1 TABLET PER DAY
BETA BLOCKERS	CORGARD (NADOLOL) 40 MG	3 TABLETS PER DAY
BETA BLOCKERS	CORGARD (NADOLOL) 80 MG	4 TABLETS PER DAY
BETA BLOCKERS	INDERAL LA (PROPRANOLOL ER) 60 MG, 80 MG	1 CAPSULE PER DAY
BETA BLOCKERS	INDERAL LA (PROPRANOLOL ER) 120 MG	2 CAPSULES PER DAY

BETA BLOCKERS	INDERAL LA (PROPRANOLOL ER) 160 MG	4 CAPSULES PER DAY
BETA BLOCKERS	INDERAL XL (PROPRANOLOL ER) 80 MG, 120 MG	1 CAPSULE PER DAY
BETA BLOCKERS	INNOPRAN XL (PROPRANOLOL ER) 80 MG, 120 MG	1 CAPSULE PER DAY
BETA BLOCKERS	LABETALOL 100 MG, 200 MG, 300 MG	8 TABLETS PER DAY
BETA BLOCKERS	PINDOLOL 5 MG, 10 MG	6 TABLETS PER DAY
BETA BLOCKERS	PROPRANOLOL 10 MG, 20 MG, 40 MG, 60 MG	4 TABLETS PER DAY
BETA BLOCKERS	PROPRANOLOL 80 MG	8 TABLETS PER DAY
BETA BLOCKERS	PROPRANOLOL ORAL SOLUTION 20 MG/5 ML	20 ML PER DAY
BETA BLOCKERS	PROPRANOLOL ORAL SOLUTION 40 MG/5 ML	80 ML PER DAY
BETA BLOCKERS	PROPRANOLOL/HYDROCHLOROTHI AZIDE 40 MG/25 MG, 80 MG/25 MG	2 TABLETS PER DAY
BETA BLOCKERS	TENORMIN (ATENOLOL) 25 MG, 50 MG, 100 MG	2 TABLETS PER DAY
BETA BLOCKERS	TENORETIC (ATENOLOL/CHLORTHALIDONE) 50 MG/25 MG, 100 MG/25 MG	1 TABLET PER DAY
BETA BLOCKERS	TIMOLOL 5 MG, 10 MG	6 TABLETS PER DAY
BETA BLOCKERS	TIMOLOL 20 MG	3 TABLETS PER DAY
CARDIOTONICS	LANOXIN TAB 0.0625MG	1 TABLET PER DAY
CARDIOTONICS	DIGITEK TAB 0.125MG	1 TABLET PER DAY
CARDIOTONICS	DIGITEK TAB 0.25MG	2 TABLETS PER DAY
CARDIOVASCULAR AGENTS - MISC.	TYVASO START SOL 0.6MG/ML TYVASO SOL 0.6MG/ML	1 AMPULE PER DAY
CARDIOVASCULAR AGENTS - MISC.	BIDIL	6 TABLETS PER DAY
CARDIOVASCULAR AGENTS - MISC.*	VERQUVO 2.5 MG	1 TABLET PER DAY
CHEMICALS	COTTONSEED OIL	1 PACKAGE PER 20 DAYS
COUGH/COLD/ALLERGY	SEMPREX-D CAP 8-60MG	4 CAPSULES PER DAY
COUGH/COLD/ALLERGY	GUAIFENESIN SOL DAC	120 ML PER FILL; 2 FILLS PER 30 DAYS
COUGH/COLD/ALLERGY	MICLARA DM LIQ	20 ML PER DAY
CYSTIC FIBROSIS AGENTS	BRONCHITOL (MANNITOL) TOLERANCE TEST (1 INHALER, 10 40 MG CAPSULES)	1 TEST PER FILL, ONE TIME
DERMATOLOGICALS	WINLEVI CRE 1%	60 G PER 30 DAYS

DERMATOLOGICALS	ARAZLO LOT 0.045%	45 G PER 30
DERMATOLOGICALS	AKTIPAK GEL 5-3%	46.6 GRAMS PER 30 DAYS
DERMATOLOGICALS	MIRVASO GEL 0.33%	30 G PER 30
DERMATOLOGICALS	ZONALON CRE 5% PRUDOXIN CRE 5%	1 TUBE/FILL, 1 FILL/3 MONTHS
DERMATOLOGICALS	EUCRISA OIN 2%	100 G PER 30 DAYS
DERMATOLOGICALS	TARGRETIN GEL 1%	60 G PER 30 DAYS
DERMATOLOGICALS	EUCERIN LOT	480 ML PER 30 DAYS
DERMATOLOGICALS	AQUAPHILIC OIN	240 G PER 90 DAYS
DERMATOLOGICALS	PODOFILOX SOL 0.5%	1 BOTTLES (7 ML) PER 28 DAYS; 1 FILL TO LAST FOUR 1-WEEK CYCLES
DERMATOLOGICALS	CONDYLOX GEL 0.5%	1 TUBES (7 ML) PER 28 DAYS; 1 FILL TO LAST FOUR 1-WEEK CYCLES
DERMATOLOGICALS	VEREGEN OIN 15%	30 G PER 30 DAYS; 1 TOTAL FILLS
DERMATOLOGICALS	ZYCLARA PUMP CRE 2.5%	1 PUMP BOTTLE PER 28 DAYS; 56 DAYS OF TREATMENT PER YEAR
DERMATOLOGICALS	ZYCLARA PUMP CRE 3.75%	1 BOX (28 PACKETS) PER 28 DAYS; 56 DAYS OF TREATMENT PER YEAR
DERMATOLOGICALS	XYLOCAINE 4% SOLN	10 ML PER DAY
DERMATOLOGICALS	PLIAGLIS KIT 7-7%	30 GRAMS PER 30 DAYS
DERMATOLOGICALS	LIDO/PRILOCN KIT 2.5-2.5%	1 KIT PER 30 DAYS
DERMATOLOGICALS	ULESFIA LOT 5%	2 X 227 G PACKPER 30 DAYS
DERMATOLOGICALS	SKLICE LOT 0.5%	120 G PER 30 DAYS
DERMATOLOGICALS	NATROBA SUS 0.9%	120 ML PER 7 DAYS
DERMATOLOGICALS	REGRANEX GEL 0.01%	15 G PER 30 DAYS
DERMATOLOGICALS	ILUMYA SOL 100MG/ML	1 PREFILLED SYRINGE PER 84 DAYS
DIABETIC SUPPLIES	DIABETIC TEST STRIPS	UPDATE QL: 200 PER 30 DAYS FOR: 17 OR YOUNGER, OR USING INSULIN, OR PREGNANT 50 PER 30 DAYS FOR ALL OTHERS 50 PER 30 DAYS FOR THOSE USING A CGM
DIAGNOSTIC PRODUCTS	CORTROSYN INJ 0.25MG	1 INJECTION PER YEAR
ENDOCRINE AND METABOLIC AGENTS - MISC.	ACTONEL TAB 150MG	1 TABLET PER 28 DAYS

ENDOCRINE AND METABOLIC AGENTS - MISC.	LUPR DEP-PED INJ 15MG LUPR DEP-PED INJ 11.25MG	1 KIT PER 4 WEEKS
ENDOCRINE AND METABOLIC AGENTS - MISC.	LUPANETA KIT 3.75-5	1 PACK PER 4 WEEKS
ENDOCRINE AND METABOLIC AGENTS - MISC.	LUPANETA KIT 11.25-5	1 PACK PER 12 WEEKS
ENDOCRINE AND METABOLIC AGENTS - MISC.	EGRIFTA SOL 1MG	2 VIALS PER DAY
ENDOCRINE AND METABOLIC AGENTS - MISC.	EGRIFTA SOL 2MG	1 VIAL PER DAY
ENDOCRINE AND METABOLIC AGENTS - MISC.	EGRIFTA SV INJ 2MG	1 VIAL PER DAY
ENDOCRINE AND METABOLIC AGENTS - MISC.	SAMSCA TAB 15MG	1 TABLET PER DAY
ENDOCRINE AND METABOLIC AGENTS - MISC.	JYNARQUE TAB 15MG	1 TABLET PER DAY
ENDOCRINE AND METABOLIC AGENTS - MISC.	SAMSCA TAB 30MG	2 TABLETS PER DAY
ENDOCRINE AND METABOLIC AGENTS - MISC.	JYNARQUE TAB 30MG	2 TABLETS PER DAY
ENDOCRINE AND METABOLIC AGENTS - MISC.	GALAFOLD CAP 123MG	14 CAPSULES PER 28 DAYS
ESTROGENS	DIVIGEL GEL 0.75MG	30 PACKETS PER 30 DAYS
FLUROQUINOLONES	CIPROFLOXACN TAB 500MG ER	3 TABLETS PER FILL; 1 FILL PER 30 DAYS
FLUROQUINOLONES	LEVOFLOXACIN INJ 25MG/ML	480 ML PER FILL; 1 FILL PER 30 DAYS
FLUROQUINOLONES	MOXIFLOXACIN TAB 400MG	21 TABLETS PER FILL; 1 FILL PER 30 DAYS
GASTROINTESTINAL AGENTS - MISC.	RELISTOR INJ 8/0.4ML RELISTOR INJ 12/0.6ML	1 VIAL/SYRINGE PER DAY
GASTROINTESTINAL AGENTS - MISC.	PHOSLYRA SOL	60 ML PER DAY
GASTROINTESTINAL AGENTS - MISC.	AURYXIA TAB 210MG	9 TABLETS PER DAY
GASTROINTESTINAL AGENTS - MISC.	SEVELAMER TAB 400MG	15 TABLETS PER DAY
GENITOURINARY AGENTS - MISCELLANEOUS	AVODART CAP 0.5MG	1 CAPSULE PER DAY

GENITOURINARY AGENTS - MISCELLANEOUS	CARDURA XL TAB 4MG CARDURA XL TAB 8MG	1 TABLET PER DAY
GENITOURINARY AGENTS - MISCELLANEOUS	RAPAFLO CAP 4MG RAPAFLO CAP 8MG	1 TABLET PER DAY
GENITOURINARY AGENTS - MISCELLANEOUS	JALYN CAP	1 CAPSULE PER DAY
H-2 ANTAGONISTS	CIMETIDINE TAB 800MG	3 TABLETS PER DAY
HEMATOLOGICAL AGENTS - MISC.	AGRYLIN CAP 0.5MG	20 CAPSULES PER DAY
HEMATOLOGICAL AGENTS - MISC.	PLAVIX TAB 300MG	1 TABLET PER 30 DAYS
HEMATOPOIETIC AGENTS	PROCRIT INJ 20000/ML	12 VIALS PER 28 DAYS
HEMATOPOIETIC AGENTS	CERDELGA CAP 84MG	2 CAPSULES PER DAY
HEMATOPOIETIC AGENTS	ZAVESCA CAP 100MG	3 CAPSULES PER DAY
HEMATOPOIETIC AGENTS	NEULASTA ONPRO	2 KITS PER 28 DAYS
HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	SECONAL SOD CAP 100MG	1 PER DAY
HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	ZOLPIMIST SPR 5MG	1 BOTTLE PER 30 DAYS
INSULIN	TOUJEO MAX INJ 300IU/ML	12 ML PER 30 DAYS
INSULIN	NOVOLIN R INJ 100 UNIT	30 ML PER 30 DAYS
LAXATIVES	COLACE CLEAR CAP 50MG	6 CAPSULES PER DAY
LAXATIVES	MIRALAX POW 3350 NF	2 PACKETS PER DAY
LAXATIVES	GAVILYTE-H PEG-PREP	1 KIT PER 30 DAYS
MACROLIDES	AZITHROMYCIN SUS 200/5ML	15 ML/FILL; 1 FILL/30 DAYS
MACROLIDES	CLARITHROMYC TAB 250MG CLARITHROMYC TAB 500MG	28 TABS/FILL; 1 FILL/30 DAYS
MACROLIDES	DIFICID TAB 200MG	20 TABS/FILL; 1 FILL/30 DAYS
MEDICAL DEVICES AND SUPPLIES	OMNIPOD MIS 5 PACK CARTRIDGE MIS 3ML ULTRAFLEX MIS 31/8MM CARTRIDGE MIS PUMP	15 PER 30 DAYS
MEDICAL DEVICES AND SUPPLIES	OMNIPOD KIT STARTER	1 PUMP EVERY 4 YEARS
MEDICAL DEVICES AND SUPPLIES	DEXCOM G6 MIS RECEIVER DEXCOM G5 MIS RECEIVER	1 RECEIVER PER YEAR
MEDICAL DEVICES AND SUPPLIES	DEXCOM G6 MIS SENSOR GUARDIAN MIS SENSOR 3	5 SENSORS PER 30 DAYS
MEDICAL DEVICES AND SUPPLIES	DEXCOM G6 MIS TRANSMIT DEXCOM G5 MIS TRANSMIT GUARDIAN CON MIS TRANSMIT	1 TRANSMITTER PER 90 DAYS

	EVERSENSE MIS TRANSMTR GUARDIAN CON MIS TRANSMIT	
MIGRAINE PRODUCTS	DIHYDROERGOT INJ 1MG/ML	24 ML PER 28 DAYS
MIGRAINE PRODUCTS	IMITREX INJ 6MG/0.5	6 PER 30 DAYS
MIGRAINE PRODUCTS	AIMOVIG INJ 70MG/ML	1 PER 30 DAYS
NASAL AGENTS - SYSTEMIC AND TOPICAL	RHINOCORT SUS ALLERGY BUDESONIDE SUS 32MCG FLONASE SENS SUS 27.5MCG	2 INHALERS PER 30 DAYS
NASAL AGENTS - SYSTEMIC AND TOPICAL	FLUTICASONE SPR 50MCG TRIAMCINOLON AER 55MCG/AC	1 INHALER PER 30 DAYS
NASAL AGENTS - SYSTEMIC AND TOPICAL	RHINARIS SPR 0.2%	2 FILLS PER 3 DAYS
NASAL AGENTS - SYSTEMIC AND TOPICAL	OCEAN NASAL SPR 0.65% AYR NASAL DRO 0.65% NASADROPS DRO 0.9%	2 FILLS PER 30 DAYS
NEUROMUSCULAR AGENTS	RILUTEK TAB 50MG	4 TABLETS PER DAY
OPHTHALMIC AGENTS	BETOPTIC-S SUS 0.25% OP	15 ML PER 30 DAYS
OPHTHALMIC AGENTS	TIMOPTIC SOL 0.5% OP	20 ML PER 30 DAYS
OPHTHALMIC AGENTS	ISTALOL SOL 0.5% OP	5 ML PER 30 DAYS
OPHTHALMIC AGENTS	COMBIGAN SOL 0.2/0.5%	15 ML PER 30 DAYS
OPHTHALMIC AGENTS	COSOPT PF SOL 2%-0.5%	12 ML PER 30 DAYS
OPHTHALMIC AGENTS	LOTEMAX SUS 0.5%	30 ML PER 30 DAYS
OPHTHALMIC AGENTS	INVELTYS SUS 1%	5.6 ML PER 30 DAYS
OPHTHALMIC AGENTS	LOTEMAX SM GEL 0.38% LOTEMAX GEL 0.5%	10 G PER 30 DAYS
OPHTHALMIC AGENTS	LOTEMAX OIN 0.5%	7 G PER 30 DAYS
OPHTHALMIC AGENTS	PREDNISOLONE SUS 1% OP PRED SOD PHO SOL 1% OP	20 ML PER 30 DAYS
OPHTHALMIC AGENTS	LUMIGAN SOL 0.01%	7.5 ML PER 30 DAYS
OPHTHALMIC AGENTS	XELPROS EMU 0.005%	5 ML PER 30 DAYS
OPHTHALMIC AGENTS	ZIOPTAN DRO 0.0015%	9 ML PER 30 DAYS
OPHTHALMIC AGENTS	PHOSPHOLINE SOL 0.125%OP	5 ML PER 30 DAYS
OPHTHALMIC AGENTS	SIMBRINZA SUS 1-0.2%	8 ML PER 30 DAYS
OPHTHALMIC AGENTS	RESTASIS EMU 0.05%	2 VIALS PER DAY
OPHTHALMIC AGENTS	PROLENSA SOL 0.07%	3 ML PER 30 DAYS
OPHTHALMIC AGENTS	BROMSITE DRO 0.075%	5 ML PER 30 DAYS

OPHTHALMIC AGENTS	BROMFENAC SOL 0.09% OP	1.7 ML PER 30 DAYS
OPHTHALMIC AGENTS	DICLOFENAC SOL 0.1% OP	5 ML PER 30 DAYS
OPHTHALMIC AGENTS	FLURBIPROFEN 0.03% SOLN	2.5 ML PER 30 DAYS
OPHTHALMIC AGENTS	ACUVAIL SOL 0.45%	1 BOX (30 SINGLE-USE VIALS) PER 30 DAYS
OPHTHALMIC AGENTS	NEVANAC SUS 0.1%	3 ML PER 30 DAYS
OPHTHALMIC AGENTS	ILEVRO DRO 0.3% OP	1.7 ML PER 30 DAYS
OPHTHALMIC ANTI- INFECTIVES	ERYTHROMYCIN OIN 5MG/GM	3.5 GRAMS PER 30 DAYS
OPHTHALMICS - MISC.	ACULAR LS 0.4% SOLUTION	5 ML PER 30 DAYS
PRENATAL VITAMINS	CALNA TAB VITAFOL STRP MIS 1MG PRENATVITE TAB PLUS PRENATVITE TAB COMPLETE PRENARA CAP PRENATAL TRINAZ TAB 12-1MG PRENATAL CAP OMEGA-3 YOUR LIFE CAP PRENATAL NUTRIENTS TAB PRENATAL PREGENNA TAB AZESCHEW CHW 13-1MG ATABEX CHW PRENATAL PRENATAL MUL CAP DHA TRISTART ONE CAP 35-1-215 CITRANATAL CAP MEDLEY BE WELL PAK ROUNDED	1 TABLET/CAPSULE PER DAY
PRENATAL VITAMINS	VITAFOL FE+ CAP CITRANATAL PAK ESSENCE ENFAMIL MIS EXPECTA NEONATAL/DHA MIS	2 TABLETS/CAPSULES PER DAY
PROBIOTIC AGENTS	ACIDOPHILUS CAP	4 CAPSULES PER DAY
PROTON PUMP INHIBITORS	PANTOPRAZOLE PAK 40MG	1 PAK PER DAY
PROTON PUMP INHIBITORS	ESOMEPRAZOLE ODT 20 MG	2 TABLETS PER DAY
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	NAMENDA XR CAP 7MG NAMENDA XR CAP 14MG NAMENDA XR CAP 21MG NAMENDA XR CAP 28MG	1 CAPSULE PER DAY
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	NAMENDA XR CAP TITRATIO	1 PACK
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	NICOTROL NS SPRAY 10MG/ML	80 SPRAYS (40 DOSES) PER DAY

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	NICOTROL INH	16 CARTRIDGES PER DAY
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	TYSABRI INJ 300/15ML	1 VIAL PER 28 DAYS
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	MAVENCLAD PAK 10MG	1 BOX PER FILL, 2 FILLS PER 46 WEEKS
RESPIRATORY AGENTS - MISC.	SYMDEKO TAB 50-75MG	1 CARTON PER 28 DAYS
TARGETED IMMUNE MODULATORS	ARAVA TAB 10MG ARAVA TAB 20MG	1 TABLET PER DAY
TARGETED IMMUNE MODULATORS	HUMIRA PEN INJ 40MG/0.8	2 PER 28 DAYS
TARGETED IMMUNE MODULATORS	HUMIRA PEN INJ PS/UV	1 PACK- ONE TIME FILL
TARGETED IMMUNE MODULATORS	HUMIRA PEN INJ CD/UC/HS	1 PACK – ONE TIME FILL
TARGETED IMMUNE MODULATORS	HUMIRA KIT 40MG/0.8	2 SYRINGES PER 28 DAYS
TARGETED IMMUNE MODULATORS	HUMIRA PEDIA INJ CROHNS	1 PACK – ONE TIME FILL
TETRACYCLINES	DOXYCYCLINE HYCLATE (TARGADOX, ACTICLATE, GENERICS) 20 MG, 50 MG, 75 MG, 100 MG TABLETS/CAPSULES DOXYCYCLINE HYCLATE DR (DORYX, DORYX MPC, GENERICS) TABLET/CAPSULE 50 MG, 75 MG, 80 MG, 100 MG, 120 MG TABLETS DOXYCYCLINE MONOHYDRATE (MONODOXYNE NL, OKEBO, AVIDOXY, GENERICS) 50 MG, 75 MG, 100 MG DOXYCYCLINE HYCLATE DR (DORYX, GENERICS) 150 MG, 200 MG TABLETS	2 TABLETS/CAPSULES PER DAY
TETRACYCLINES	DOXYCYCLINE HYCLATE (ACTICLATE, GENERICS) 150 MG TABLET	1 TABLET PER DAY
TETRACYCLINES	DOXY 100 INJECTION 100 MG/VIAL	2 VIALS (200 MG) PER DAY
URINARY ANTISPASMODICS	OXYBUTYNIN SYP 5MG/5ML	20 ML PER DAY
URINARY ANTISPASMODICS	OXYBUTYNIN TAB 10MG ER OXYBUTYNIN TAB 15MG ER	2 TABLETS PER DAY
URINARY ANTISPASMODICS	VESICARE LS SUS 5MG/5ML	10 ML PER DAY
VAGINAL AND RELATED PRODUCTS	GYNE-LOTRIM CRE 1% VAG	45 G PER 30 DAYS

VAGINAL AND RELATED PRODUCTS	MONISTAT 3 KIT COMBO PK	1 PACK PER 30 DAYS
VAGINAL AND RELATED PRODUCTS	TERCONAZOLE CRE 0.4%	90 G PER 30 DAYS

***CHANGE IMPLEMENTED ON 08/01/2021*

**UM UPDATES WILL APPLY WHEN THE MEDICATION BECOMES AVAILABLE ON THE MARKET*

What actions do I need to take?

Please work with your patients to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific patients, you must obtain prior authorization to continue coverage beyond the applicable effective date.

What if I need assistance?

We recognize the unique aspects of patients' cases. If for medical reasons your BlueCross BlueShield patient cannot be converted to a formulary alternative, call Provider Services at **866-231-0847** and follow the voice prompts for pharmacy prior authorization. You can find the *Preferred Drug List* on our website at www.bcbswny.com/stateplans.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **866-231-0847**.



Email is the quickest and most direct way to receive important information from BlueCross BlueShield of Western New York.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/39mJ3dc>).

