



Capital BlueCross Selectively Closed Formulary Update
(3rd Quarter 2017)

The Capital BlueCross formulary is a reference list of prescription drugs that contains a wide range of generic and brand drugs that have been approved by the U.S. Food and Drug Administration (FDA). The formulary is updated on a quarterly basis or when new generic or brand-name medications become available and as discontinued drugs are removed from the marketplace.

The Capital BlueCross Selectively Closed formulary serves as a reference for Exchange/Marketplace prescription drug benefit designs.

- A *Selectively Closed* formulary provides access to select generic and select brand medications. Under a Selectively Closed formulary, drugs that are not listed are not covered unless approved via the Non-Formulary Consideration Process. The provider may request that coverage be granted when medically necessary. The Non-Formulary Consideration Process may require the trial and failure of 2 formulary alternatives (if 2 are available) prior to approval of the non-formulary medication. Approvals will be member-and drug-specific. Each unique non-formulary drug exception must be reviewed and approved separately.

Certain medications are subject to *Prior Authorization* (PAR) due to health care concerns and/or safety reasons. In order to have these medications covered under your prescription drug benefit, you may be required to try a formulary alternative first or to complete the Prior Authorization process.

To obtain Prior Authorization, your physician or pharmacist should call or fax a request with supporting clinical information to the CVS/caremark™ Prior Authorization Department at 800.294.5979 (Fax: 888.836.0730). Members may initiate a Prior Authorization request by calling CVS/caremark at 800.585.5794 or by visiting the website at capbluecross.com.

The following medications have been **added** to the Prior Authorization (PAR) program.

Pharmacy Management Program Update KEY: (PAR)# = Prior Authorization Required; (EPA) = Enhanced Prior Authorization Required; (QLL) = Quantity Level Limits Apply lowercase bold print = generic; UPPERCASE PRINT = BRAND	
Prior Authorization (PAR) Program Effective January 1, 2018	
Drug Class/Drug	Purpose/Guidelines
adapalene gel/pump (PAR)#	Diagnosis of acne vulgaris and the member had a trial/failure or contraindication to the preferred over-the-counter formulary alternative
AKYNZEO (PAR)#	Member using for prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy and the member had a trial/failure or contraindication to the preferred formulary alternative

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**Prior Authorization (PAR) Program
 Effective January 1, 2018**

Drug Class/Drug	Purpose/Guidelines
ALINIA 500 mg Tablets or 100 mg/5 mL Oral Suspension (PAR, QLL)#	Diagnosis of diarrhea and the member had a trial/failure or contraindication to the preferred formulary alternative
ALTABAX (PAR)#	Diagnosis of impetigo (up to 100 cm ² in total area in adults or 2% total body surface area in pediatric patients aged 9 months or older) and the member had a trial/failure or contraindication to the preferred formulary alternative
BELSOMRA (PAR)#	The member has a diagnosis of insomnia and the member had a trial/failure or contraindication to the preferred formulary alternative
BESIVANCE 0.6% (PAR)#	Diagnosis of bacterial conjunctivitis and the member had a trial/failure or contraindication to the preferred formulary alternative
celecoxib (PAR)#	Diagnosis of the following conditions Osteoarthritis (OA), Rheumatoid Arthritis (RA), Juvenile Rheumatoid Arthritis (JRA) in patients 2 years and older, Ankylosing Spondylitis (AS), Acute Pain (AP), Primary Dysmenorrhea (PD) and the member had a trial/failure or contraindication to the preferred formulary alternative
CESAMET (PAR)#	Diagnosis of nausea and vomiting associated with cancer chemotherapy > 18 years of age and the member had a trial/failure or contraindication to the preferred formulary alternative
CIPRODEX (PAR)#	Diagnosis of Acute Otitis Media in pediatric patients (age 6 months and older) with tympanostomy tubes OR Acute Otitis Externa in pediatric (age 6 months and older), adult and elderly patients and the member had a trial/failure or contraindication to the preferred formulary alternative
CIPRO HC otic suspension (PAR)#	Diagnosis of Acute Otitis Media or Acute Otitis Externa (age 6 months and older) with tympanostomy and the member had a trial/failure or contraindication to the preferred formulary alternative
CYSTADANE* (PAR)#	Diagnosis of homocystinuria to decrease elevated homocysteine blood levels, including Cystathionine beta-synthase (CBS) deficiency, 5,10-methylenetetrahydrofolate reductase (MTHFR) deficiency, or Cobalamin cofactor metabolism (cbl) defect
DARAPRIM (PAR)#	Diagnosis of toxoplasmosis (in combination with a sulfonamide) and the member had a trial/failure or contraindication to the preferred formulary alternative
DENA VIR (PAR)#	Diagnosis of recurrent herpes labialis (cold sores) in adults and the member had a trial/failure or contraindication to the preferred formulary alternative
EYE ALLERGY PRODUCTS (ALOCRIL,ALOMIDE,BEPREVE,EMADINE, LASTACAFT) (PAR)#	Diagnosis of allergic conjunctivitis and the member had a trial/failure or contraindication to the preferred formulary alternative
ERGOLOID MESYLATES (PAR)#	Diagnosis of mental capacity decline and the member had a trial/failure or contraindication to the preferred formulary alternative
ERTACZO TOPICAL (PAR)#	Diagnosis of interdigital tinea pedis in immunocompetent patients 12 years and older and the member had a trial/failure or contraindication to the preferred formulary alternative
EXELDERM (PAR)#	Diagnosis of tinea pedis (athlete's foot), tinea cruris, and tinea corporis and the member had a trial/failure or contraindication to the preferred formulary alternative

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Drug Class/Drug	Purpose/Guidelines
FACTIVE (PAR)#	Diagnosis of chronic bronchitis or community-acquired pneumonia (mild to moderate) and the member had a trial/failure or contraindication to the preferred formulary alternative
GYNAZOLE (PAR)#	Diagnosis of vulvovaginal candidiasis and the member had a trial/failure or contraindication to the preferred formulary alternative
HALOG (PAR)#	Diagnosis corticosteroid-responsive dermatoses and the member had a trial/failure or contraindication to the preferred formulary alternative
JUBLIA (PAR)#	Diagnosis of onychomycosis of the toenail(s) and the member had a trial/failure or contraindication to the preferred formulary alternative
LUZU (PAR)#	The member has a diagnosis of interdigital tinea pedis, tinea cruris, and tinea corporis and the member had a trial/failure or contraindication to the preferred formulary alternative in patients 18 years and older
LYRICA (PAR)#	Diagnosis of one of the following: 1) Neuropathic pain associated with diabetic peripheral neuropathy (DPN) 2) Post herpetic neuralgia (PHN) 3) Adjunctive therapy for adult patients with partial onset seizures 4) Fibromyalgia 5) Neuropathic pain associated with spinal cord injury and the member had a trial/failure or contraindication to the preferred formulary alternative
MARPLAN (PAR)#	Diagnosis of depression and the member had a trial/failure or contraindication to the preferred formulary alternative
MENTAX (PAR)#	Diagnosis of either tinea (pityriasis) versicolor due to malassezia furfur, tinea pedis (athlete's foot), tinea cruris (jock itch), and tinea corporis (ringworm) and the member had a trial/failure or contraindication to the preferred formulary alternative
metaxalone (PAR)#	The member is utilizing the requested agent as an adjunct to rest, physical therapy, and other measures for the relief of discomforts associated with acute, painful musculoskeletal conditions, and is >12 years of age and the member had a trial/failure or contraindication to the preferred formulary alternative
MIRVASO (PAR)#	Diagnosis of persistent (non-transient) erythema of rosacea in adults 18 years and older and member has been diagnosed by a specialist (e.g. dermatologist) and the member had a trial/failure or contraindication to the preferred formulary alternative
OPHTHALMIC STEROID (DUREIOL,NEVANAC) (PAR)#	DUREZOL: diagnosis of endogenous anterior uveitis and inflammation and pain associated with ocular surgery; ILEVRO: treatment of pain and inflammation associated with cataract surgery; NEVANAC: diagnosis of pain and inflammation associated with cataract surgery; AND Requested drug is prescribed by a specialist: ophthalmologist
ORAVIG (PAR)#	Diagnosis of oropharyngeal candidiasis and the member had a trial/failure or contraindication to the preferred formulary alternative
PANRETIN (PAR)#	Diagnosis of cutaneous lesions in patients with AIDS-related Kaposi sarcoma (KS) and systemic therapy is not necessary, Age > 18 years and prescribed by a dermatologist or an HIV-specialist Currently on an antiretroviral regimen
PREGNYL*(PAR)#, chorionic gonadotropin* (PAR)#	Diagnosis of hypogonadism secondary to a pituitary deficiency in males or prepubertal cryptorchidism not caused by anatomic obstruction and the member had a trial/failure or contraindication to the preferred formulary alternative

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Drug Class/Drug	Purpose/Guidelines
quetiapine xr (PAR, QLL)#	Diagnosis of treatment of schizophrenia OR Acute treatment of manic or mixed episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to lithium or divalproex OR Acute treatment of depressive episodes associated with bipolar I disorder OR Maintenance treatment of bipolar I disorder as an adjunct to lithium or divalproex and the member had a trial/failure or contraindication to the preferred formulary alternative
tolcapone (PAR)#	The member has a diagnosis of idiopathic Parkinson Disease, >18 years of age, and using the requested therapy as an adjunct agent to levodopa/carbidopa and the member had a trial/failure or contraindication to the preferred formulary alternative
VEREGAN (PAR)#	Member is ≥ 18 years of age and has clinically documented diagnosis of external genital and perianal warts and is immunocompetent and the member had a trial/failure or contraindication to the preferred formulary alternative
ZIRGAN (PAR)#	Diagnosis of acute herpetic keratitis (dendritic ulcers) and the member had a trial/failure or contraindication to the preferred formulary alternative
ZYFLO CR (PAR)#	Diagnosis of chronic treatment of asthma, >12 years of age and the member had a trial/failure or contraindication to the preferred formulary alternative

Impacted members will be notified prior to change

* Indicates specialty medication

Certain medications are also subject to *Quantity Level Limit* (QLL) to help promote appropriate use of medications and enhance patient safety. Prescriptions written for more than the allowed quantity will only be filled up to the allowed amount. Your physician can direct quantity override requests to CVS/caremark by calling or faxing the request with supporting clinical information to 800.294.5979 (Fax: 888.836.0730).

The following medications have been **added** to the Quantity Level Limit (QLL) program.

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Quantity Level Limit (QLL) Program Effective January 1, 2018	
Drug Class/Drug	Quantity Limits
ALINIA 500 mg Tablets or 100 mg/5 mL Oral Suspension (PAR, QLL)#	60ml (1 bottle)/30 days or 6 tablets/30 day

Impacted members will be notified prior to change

MEDICATIONS NO LONGER COVERED ON THE SELECTIVELY CLOSED FORMULARY#
Effective January 1, 2018

ABSORICA CAP 30MG	ABSORICA CAP 40MG	ACAMPRO CAL TAB 333MG	ACANYA GEL 1.2-2.5%
ACETAZOLAMID CAP 500MG ER	ACETIC ACID SOL 0.25%IRR	ACTICLATE TAB 150MG	ACZONE GEL 5%
ACZONE GEL 7.5%	ADAPALENE CRE 0.1%	ADAPALENE GEL 0.1%	ADVATE INJ 1000UNIT
ADVATE INJ 1500UNIT	ADVATE VIA 3000UNIT	AFINITOR TAB 10MG	AFINITOR TAB 5MG
AFREZZA60X30 POW 4 &8UNIT	ALPHAGAN-P SOL 0.1%	ALPRAZOLAM ODT 0.25MG	ALPRAZOLAM ODT 0.5MG
ALPRAZOLM ER TAB 0.5MG	ALPRAZOLM ER TAB 1MG	ALPRAZOLM ER TAB 2MG	ALPRAZOLM ER TAB 3MG
ALPRAZOLM XR TAB 0.5MG	ALPRAZOLM XR TAB 2MG	ALREX SUS 0.2%	ALVESCO INH 80MCG
AMANTADINE TAB 100MG	AMICAR TAB 500MG	AML/VAL/HC10 TAB 160-12.5	AML/VAL/HC10 TAB 320-25
AML/VAL/HCT5 TAB 160-12.5	AML/VAL/HCT5 TAB 160-25	AMLOD/ATORVA TAB 10/10MG	AMLOD/ATORVA TAB 10/20MG
AMLOD/ATORVA TAB 5/10MG	AMLOD/ATORVA TAB 5/20MG	AMLOD/ATORVA TAB 5/40MG	AMRIX CAP 15MG
AMRIX CAP 30MG	ANDROGEL1.62 PAK 40.5MG	ANDROGEL1.62 PUM 20.25ACT	ANORO ELLIPT INH 62.5-25
ANUCORT-HC SUP 25MG	APIDRA 5'S PEN SOLOSTAR	APIDRA VIA U-100	APREPITANT KIT 125-80MG
APRISO CAP 0.375GM	ARANESP VIA 25MCG	ARMOUR THYRO TAB 1.5GR	ARMOUR THYRO TAB 2GR
ARMOUR THYRO TAB 3GR	ARMOUR THYRO TAB 4GR	ARNUITY ELPT INH 100MCG	ARNUITY ELPT INH 200MCG
ASCOMP CAP COD 30MG	ASTAGRAF XL CAP 1MG	ATROPINE SUL SOL 1% OP	ATROVENT INH HFA 200
AURYXIA TAB 210MG	AVONEX KIT 30MCG	AVONEX PEN KIT 30MCG	AVONEX PREFL KIT 30MCG
AXIRON SOL 30MG/ACT	AZELASTINE SPR NSL.15%	AZITHROMYCIN POW 1GM PAK	BELBUCA FLM 150MCG
BELVIQ TAB 10MG	BENZEPRO MIS 6%	BETAMETH VAL AER 0.12%	BLEPHAMIDE OIN OP
BLEPHAMIDE SUS -10 OP	BRISDELLE CAP 7.5MG	BRIVIACT TAB 100MG	BUPRENORPHIN DIS 10MCG/HR
BUPRENORPHIN SUB 2MG	BUPRENORPHIN SUB 8MG	BUT/APAP/CAF CAP 300MG	BUT/ASA/CAF CAP COD 30MG
BUTAL/APAP TAB 50-325MG	BUTRANS DIS 10MCG/HR	BUTRANS DIS 20MCG/HR	BUTRANS DIS 5MCG/HR
BYDUREON PEN 2MG 4'S	BYDUREON VIA 2MG 4'S	BYSTOLIC TAB 10MG	BYSTOLIC TAB 2.5MG
BYSTOLIC TAB 20MG	BYSTOLIC TAB 5MG	CABOMETYX TAB 40MG	CALCIPOT/BET OIN .005/.06
CALCIPOTRIEN CRE 0.005%	CARAFATE SUS 1GM/10ML	CARB/LEVO ODT 25-100MG	CARBAMAZEPIN CAP 100MG ER
CARBAMAZEPIN CAP 200MG ER	CARBAMAZEPIN CAP 300MG ER	CARBAMAZEPIN TAB 100MG ER	CARBAMAZEPIN TAB 200MG ER
CARBAMAZEPIN TAB 400MG ER	CARTIA XT CAP 120/24HR	CARTIA XT CAP 180/24HR	CARTIA XT CAP 240/24HR
CARTIA XT CAP 300/24HR	CEPHALEXIN TAB 250MG	CEPHALEXIN TAB 500MG	CEVIMELINE CAP 30MG
CHLORD/CLIDI CAP 5-2.5MG	CHLORDIAZEP CAP 10MG	CHLORDIAZEP CAP 25MG	CHLORDIAZEP CAP 5MG
CICLOPIROX GEL 0.77%	CIPRO (10%) SUS 500MG/5	CIPROFLOXACN TAB 500MG ER	CLARAVIS CAP 20MG
CLARAVIS CAP 30MG	CLARAVIS CAP 40MG	CLIMARA DIS 0.025MG	CLIMARA DIS 0.0375MG
CLIMARA DIS 0.05MG	CLIMARA DIS 0.1MG	CLIMARA PRO DIS WEEKLY	CLINDA/TRETI GEL 1.2/.025
CLINDAMY/BEN GEL 1.2-5%(D)	CLINDAMY/BEN GEL 1-5%(B)	CLINDAMY/BEN GEL 1-5%PUMP	CLINDAMYCIN AER 1%
CLINDAMYCIN GEL 1%	CLINDAMYCIN LOT 1%	CLINPRO 5000 PST 1.1VANIL	CLOBETASOL AER .05%FOAM
CLOBETASOL AER EMUL.05%	CLOBETASOL CRE EMOL.05%	CLOBETASOL GEL 0.05%	CLOBETASOL LOT 0.05%
CLOBETASOL SHA 0.05%	CLOMIPHENE TAB 50MG	CLONAZEPAM ODT 0.125MG	CLONAZEPAM ODT 0.25MG
CLONAZEPAM ODT 0.5MG	CLONAZEPAM ODT 1MG	CLONAZEPAM TAB 0.5MG	CLONAZEPAM TAB 1MG
CLONAZEPAM TAB 2MG	CLONIDINE TAB 0.1MG ER	CLONIDIN-TTS DIS 0.1/24HR	CLONIDIN-TTS DIS 0.2/24HR
CLONIDIN-TTS DIS 0.3/24HR	CLORAZ DIPOT TAB 15MG	CLORAZ DIPOT TAB 3.75MG	CLORAZ DIPOT TAB 7.5MG

CLOTRIM/BETA LOT 1%-0.05%	COLCHICINE CAP 0.6MG	COMBIPATCH DIS .05/.14	COMBIPATCH DIS .05/.25
COMBIVENT INH RESPIMAT	CONDYLOX GEL 0.5%	CONTRAIVE TAB 8-90MG	COREG CR CAP 80MG
CORLANOR TAB 5MG	COSENTYX PEN 150MG/ML	COSENTYX SYN 150MG/ML	COSOPT PF OP SOL 2-0.5%
CRINONE GEL 4% 1'S	CROMOLYN SOD CON 100MG/5	CYANOCOBALAM MDV 1000MCG	CYCLOBENZAPR TAB 7.5MG
CYCLOPENTOL SOL 1% OP	CYCLOSPOR(S) CAP 100MG	DAYTRANA DIS 30MG/9HR	DELZICOL CAP 400MG
DENTA 5000 CRE PLUS	DENTA 5000 CRE PLUS 2PK	DENTAGEL GEL 1.1%	DEPAKOTE ER TAB 250MG
DESCOVY TAB 200/25MG	DESLORATADIN TAB 5MG	DIAZEPAM TAB 10MG	DIAZEPAM TAB 2MG
DIAZEPAM TAB 5MG	DICLEGIS TAB 10-10MG	DICLO/MISOPR TAB 50-0.2MG	DICLO/MISOPR TAB 75/0.2MG
DICLO/MISOPR TAB 75-0.2MG	DICLOFEN POT TAB 50MG	DICLOFENAC GEL 3%	DILTIAZEM CD CAP 120/24HR
DILTIAZEM CD CAP 180/24HR	DILTIAZEM CD CAP 240/24HR	DILTIAZEM CD CAP 300/24HR	DILTIAZEM CD CAP 360/24HR
DILTIAZEM XR CAP 120MG/24	DILTIAZEM XR CAP 180MG/24	DILTIAZEM XR CAP 240MG/24	DILT-XR CAP 120MG/24
DIVALPROEX TAB 250MG ER	DIVALPROEX TAB 500MG ER	DONNATAL TAB	DOXYCYC MONO CAP 40MG DR
DOXYCYC MONO CAP 75MG	DROXIA CAP 200MG	DUEXIS TAB 800-26.6	DULERA INH 100-5MCG
DULERA INH 200-5MCG	DULOXETINE CAP 40MG DR	DUPIXENT SYN 300/2ML	DUTAST/TAMSU CAP 0.5-0.4
DYMISTA SPR 137-50	EDARBYCLOR TAB 40-12.5	EDLUAR SUB 10MG	EEMT HS TAB
EEMT TAB 1.25/2.5	EMEND TRIFLD KIT 125-80MG	ENVARBUS XR TAB 1MG	EPIDUO FORTE GEL 0.3-2.5%
EPIDUO PUMP GEL 0.1-2.5%	ERYTHRO/BENZ GEL 3%-5%	ESBRIET CAP 267MG	ESOMEPRAMAG CAP 40MG DR
ESTAZOLAM TAB 1MG	ESTRACE VAG CRE 0.1MG/GM	ESTRADIOL(C) DIS .0375/24	ESTRADIOL(C) DIS 0.025/24
ESTRADIOL(C) DIS 0.05/24	ESTRADIOL(C) DIS 0.06/24	ESTRADIOL(C) DIS 0.075/24	ESTRADIOL(C) DIS 0.1/24
ESTRADIOL(V) DIS .0375/24	ESTRADIOL(V) DIS 0.025/24	ESTRADIOL(V) DIS 0.05/24	ESTRADIOL(V) DIS 0.1/24
ESTRING VAG RING 2MG	ETODOLAC ER TAB 400MG	ETODOLAC ER TAB 500MG	EUCRISA OIN 2%
EZETIM/SIMVA TAB 10-10MG	EZETIM/SIMVA TAB 10-20MG	EZETIM/SIMVA TAB 10-40MG	EZETIM/SIMVA TAB 10-80MG
FA/B6/B12 TAB	FAMOTIDINE SUS 40MG/5ML	FAMOTIDINE TAB 40MG	FENOFIBRATE CAP 130MG
FENOFIBRATE CAP 43MG	FENOFIBRATE TAB 145MG	FENOFIBRATE TAB 48MG	FENOFIBRIC CAP 135MG DR
FENOFIBRIC CAP 45MG DR	FENOFIBRIC TAB 105MG	FER-IN-SOL DRO 15MG/ML	FEROCON CAP
FERRALET 90 TAB	FEROUS SULF DRO 15MG/ML	FETZIMA CAP 40MG	FETZIMA CAP 80MG
FIRAZYR SYR 30MG/3ML	FIRMAGON VIA 80MG	FIRST-LANSR SUS 3MG/ML	FIRST-OMEPRAM SUS 2MG/ML
FLECTOR 1.3% DIS PATCH	FLUOROURACIL CRE 5%	FLUOXETINE TAB 10MG	FLUOXETINE TAB 20MG
FLUOXETINE TAB 60MG	FLURAZEPAM CAP 15MG	FLURAZEPAM CAP 30MG	FLUVOXAMINE CAP 100MG ER
FLUVOXAMINE CAP 150MG ER	FML OIN 0.1% OP	FOLBEE TAB	FOLBIC TAB
FYCOMPA TAB 4MG	GABAPENTIN TAB 600MG	GABAPENTIN TAB 800MG	GELCLAIR GEL 15MLX15
GELNIQUE GEL 10% 30'S	GENOTROPIN M/Q 1MG	GENVOYA TAB	GLEOSTINE CAP 100MG
GLEOSTINE CAP 40MG	GLUCAGEN INJ HYPOKIT	GLYXAMBI TAB 10-5 MG	GLYXAMBI TAB 25-5 MG
GRALISE TAB 600MG	GRISEOFULVIN TAB ULTR 250	HALOPER DEC SDV 100MG/ML	HC BUTYRATE CRE 0.1%
HC BUTYRATE OIN 0.1%	HC PRAMOXINE CRE 1-1%	HC PRAMOXINE CRE 2.5-1%	HC VALERATE CRE 0.2%
HC VALERATE OIN 0.2%	HEP SOD 1ML VIA 10000/ML	HEPAR, IN SOD INJ 10000/ML	HEPAR, IN SOD MDV 10K/ML
HEPAR, IN SOD MDV 20000/ML	HEPAR, IN SOD VIA 5000U/ML	HORIZANT TAB 300MG	HORIZANT TAB 600MG
HUMULIN N PEN U-100KWP	HYDROC/APAP TAB 10-300MG	HYDROC/APAP TAB 5-300MG	HYDROC/APAP TAB 7.5-300

HYDROCO/APAP TAB 10-300MG	HYDROCO/APAP TAB 5-300MG	HYDROCO/APAP TAB 7.5-300	HYDROCOD/HOM SYP 5-1.5/5
HYDROCORT AC SUP 25MG	HYDROCORT AC SUP 30MG	HYDROMET SYP 5-1.5/5	HYDROXYZ HCL SYP 10MG/5ML
HYDROXYZ HCL TAB 10MG	HYDROXYZ HCL TAB 25MG	HYDROXYZ HCL TAB 50MG	HYDROXYZ PAM CAP 100MG
HYOPHEN TAB	HYOSCYAM ER TAB 0.375MG	HYOSCYAMINE ODT 0.125MG	HYOSCYAMINE SUB 0.125MG
HYOSCYAMINE TAB 0.125MG	HYOSCYAMINE TAB 0.375 SR	HYSINGLA ER TAB 20 MG	HYSINGLA ER TAB 40 MG
IBUPROFEN RX SUS 100/5ML	INCRUSE ELPT INH 62.5MCG	INDOMETHACIN CAP 75MG ER	INLYTA TAB 1MG
INLYTA TAB 5MG	INTELENCE TAB 100MG	INTELENCE TAB 200MG	INVOKAMET TAB 150-1000
INVOKAMET TAB 150-500	INVOKAMET TAB 50-1000	INVOKAMET XR TAB 150-500	INVOKANA TAB 100MG
INVOKANA TAB 300MG	IODOQUINO/HC CRE 1-1%	ISOMETH/APAP CAP DICHLOR	JAKAFI TAB 10MG
JANUMET TAB 50-1000	JANUMET TAB 50-500MG	JANUMET XR TAB 100-1000	JANUMET XR TAB 50-1000
JENTADUETO TAB 2.5-1000	JENTADUETO TAB 2.5-500	JENTADUETO TAB 2.5-850	JENTADUETO TAB XR5/1000
KAPVAY TAB 0.1 MG	KERYDIN SOL 5%	KETOCONAZOLE TAB 200MG	KETOPROFEN CAP 200MG ER
KETOROLAC SDV 30MG/1ML	KETOROLAC SDV 30MG/ML	KLONOPIN TAB 0.5MG	KLOR-CON M15 TAB 15MEQ ER
KOMBIGLYZ XR TAB 2.5-1000	LAMICTAL TAB ODT 100MG	LAMOTRIGINE TAB 100MG ER	LAMOTRIGINE TAB 200MG ER
LAMOTRIGINE TAB 250MG ER	LAMOTRIGINE TAB 25MG ER	LAMOTRIGINE TAB 300MG ER	LAMOTRIGINE TAB 50MG ER
LANSOPRAZ DR CAP 15MG RX	LANSOPRAZOLE CAP 15MG DR	LATUDA TAB 120MG	LATUDA TAB 20MG
LATUDA TAB 40MG	LATUDA TAB 60MG	LATUDA TAB 80MG	LEVOCARNITIN SOL 10% ORAL
LEVOCARNITIN TAB 330MG	LEVOCETIRIZI TAB 5MG	LIALDA TAB 1.2GM	LIDOCAINE DIS 5% PATCH
LIDOCAINE OIN 5%	LIDOCAINE SOL TOPCL 4%	LINZESS CAP 72MCG	LITH CARB ER TAB 300MG
LITH CARB ER TAB 450MG	LITHIUM SOL 8MEQ/5ML	LOMUSTINE CAP 40MG	LONSURF TAB 15-6.14
LONSURF TAB 20-8.19	LOPERAMIDE CAP 2MG	LORZONE TAB 750MG	MATULANE CAP 50MG
MATZIM LA TAB 180MG/24	MATZIM LA TAB 240MG/24	MATZIM LA TAB 360MG/24	MAXIDEX SUS 0.1% OP
MENOPUR VIA 75IU 5'S	MESTINON SYP 60MG/5ML	METFORMIN ER TAB 1000MG F	METFORMIN ER TAB 500MG F
METHERGINE TAB 0.2MG	METHOTREX PF SDV 25MG/1ML	METHOTREXATE MDV 25MG/ML	METHYLPHENID CAP 10MG CD
METHYLPHENID CAP 20MG CD	METHYLPHENID CAP 20MGER24	METHYLPHENID CAP 30MG CD	METHYLPHENID CAP 30MGER24
METHYLPHENID CAP 40MGER24	METHYLPHENID CAP 50MG CD	METHYLPHENID TAB 10MG ER	METHYLPHENID TAB 18MG ER
METHYLPHENID TAB 20MG ER	METHYLPHENID TAB 27MG ER	METHYLPHENID TAB 36MG ER	METHYLPHENID TAB 54MG ER
METHYLTES/EE TAB 2.5-1.25	METHYLTES/EE TAB HS	METRONIDAZOL GEL 1%	METRONIDAZOL LOT 0.75%
MINIVELLE DIS 0.05MG	MINIVELLE DIS 0.1MG	MINOCYCLINE TAB 100MG	MINOCYCLINE TAB 50MG
MINOCYCLINE TAB 75MG	MINOCYCLINE TAB 90MG ER	MIRTAZAPINE ODT 15MG	MIRTAZAPINE ODT 30MG
MOMETASONE SPR 50MCG	MORPHINE (K) CAP 10MG ER	MORPHINE (K) CAP 20MG ER	MORPHINE (K) CAP 30MG ER
MYDAYIS CAP 12.5MG	MYDAYIS CAP 37.5MG	MYORISAN CAP 20MG	MYORISAN CAP 30MG
MYORISAN CAP 40MG	NAPROXEN SOD TAB 275MG	NAPROXEN SOD TAB 550MG	NASCOBAL SPR 500MCG
NASONEX SPR 50MCG	NATURE-THROI TAB 1.25GR	NATURE-THROI TAB 1.5GR	NATURE-THROI TAB 1.75GR
NATURE-THROI TAB 1/2GR	NATURE-THROI TAB 1/4GR	NATURE-THROI TAB 1GR	NATURE-THROI TAB 2GR
NATURE-THROI TAB 3/4 GR	NATURE-THROI TAB 4GR	NEO/POLY/DEX OIN 0.1% OP	NEO/POLY/DEX SUS 0.1% OP
NEO/POLY/GRA SOL OP	NERLYNX TAB 40MG	NEUPOGEN VIA 300/ML	NEXIUM CAP 40MG
NEXIUM GRA 10MG DR	NEXIUM GRA 2.5MG DR	NEXIUM GRA 20MG DR	NICAPRIN TAB
NITROGLYCER AER 400MCG	NITROGLYCRN PMP 0.4/DOSE	NITROGLYCRN PUM 0.4/DOSE	NIZATIDINE SOL 15MG/ML

NOXAFIL TAB 100MG	NP THYROID TAB 90MG	NUCALA VIA 100MG	NULEV MELT CHW 0.125MG
NYSTAT/TRIAM OIN	OCALIVA TAB 5MG	OL/AM/HCT 20 TAB 5-12.5MG	OL/AM/HCT 40 TAB 10-12.5M
OL/AM/HCT 40 TAB 10-25MG	OL/AM/HCT 40 TAB 5-12.5MG	OLANZA/FLUOX CAP 3-25MG	OLANZA/FLUOX CAP 6-25MG
OLANZAPINE ODT 15MG	OLANZAPINE ODT 5MG	OLOPATADINE SOL 0.2%	OLOPATADINE SPR 0.6%
OMEPR/SOD BI CAP 40-1100	OMEPRAZOL DR CAP 10MG RX	OMEPRAZOL DR CAP 20MG RX	OMEPRAZOLE CAP 20MG
OMEPRAZOLE CAP 20MG DR	ONDANSETRON TAB 4MG DR	ONDANSETRON TAB 8MG	ONEXTON GEL 1.2-3.75
ONFI TAB 10MG	ONGLYZA TAB 2.5MG	ONGLYZA TAB 5MG	OPANA ER TAB 10MG
OPIUM TIN 10MG/ML	ORACEA CAP 40MG	ORENCIA CLCK SYN 125MG/ML	ORENCIA SYN 125MG/ML
ORKAMBI TAB 200-125	OSMOPREP TAB 1.5GM	OSPHENA TAB 60MG	OTEZLA TAB 10/20/30
OTEZLA TAB 30MG	OXAZEPAM CAP 10MG	OXAZEPAM CAP 15MG	OXTELLAR XR TAB 150MG
OXTELLAR XR TAB 300MG	OXTELLAR XR TAB 600MG	OXYCODONE CAP 5MG	PAR, OXETINE TAB ER 25MG
PAR, OXETINE TAB ER12.5MG	PAR, OXETINE TAB ER37.5MG	PATADAY SOL 0.2% OP	PENNSAID SOL 2% PUMP
PENTASA CAP 250MG CR	PENTASA CAP 500MG CR	PERPHEN/AMIT TAB 2-10MG	PERPHEN/AMIT TAB 2-25MG
PHENOBARB TAB 15MG	PHENOBARB TAB 16.2MG	PHENOBARB TAB 30MG	PHENOBARB TAB 32.4MG
PHENOBARB TAB 60MG	PHENOBARB TAB 64.8MG	PHENOBARB TAB 97.2MG	PHOSPHA 250 TAB NEUTRAL
PNV-DHA CAP	POLY-IRON CAP 150 FORT	POT CHLORIDE SOL 10%ORG	POT CITRATE SOL CITR ACD
PRADAXA CAP 150MG	PRALUENT 2PK PEN 75MG/ML	PRAMIPEXOLE TAB 0.75MG/ER	PRAMIPEXOLE TAB 3MG ER
PRECISN XTRA TES KETONE	PRED MILD SUS 0.12% OP	PREMARIN TAB 0.3MG	PREMARIN TAB 0.45MG
PREMARIN TAB 0.625MG	PREMARIN TAB 0.9MG	PREMARIN TAB 1.25MG	PREMARIN VAG CRE 0.625MG
PREMPHASE TAB .625/5MG	PREMPRO TAB .625/2.5	PREMPRO TAB 0.3/1.5	PREMPRO TAB 0.45/1.5
PREVACID SOL ODT 15MG	PREVACID SOL ODT 30MG	PREVIDENT PL PST 5000 FRT	PREVIDENT SOL RINSE
PREZCOBIX TAB 800-150	PROCTOFOAM AER HC 1%	PROMACTA TAB 50MG	PROPANTHELIN TAB 15MG
PULMICRT FLX INH 180MCG	PULMOZYME SOL 1MG/ML	PURIXAN SUS 20MG/ML	PYRIDOSTIGMI TAB 180MG ER
QNASL SPR 80MCG	QUILLIVANTXR SUS 25MG/5ML	RANEXA TAB 1000MG	RANEXA TAB 500MG
RANITIDINE CAP 300MG	RANITIDINE TAB 300MG	RELISTOR INJ 12/0.6ML	RELISTOR SYR 12/0.6ML
RENAL CAP	RENA-VITE RX TAB	RENO CAP	REVELA TAB 800MG
REPATHA SURE PEN 140MG/ML	REPATHA SYN 140MG/ML	RETIN-A GEL 0.025%	RETIN-A MICR GEL 0.08%PMP
REVLIMID CAP 10MG	REVLIMID CAP 15MG	REVLIMID CAP 25MG	REVLIMID CAP 5MG
REXULTI TAB 0.25MG	REXULTI TAB 0.5MG	REXULTI TAB 1MG	REXULTI TAB 2MG
REXULTI TAB 3MG	RIOMET SOL 500MG/5M	RISEDRONATE TAB 35MG DR	RISPERIDONE ODT 0.5MG
RISPERIDONE ODT 1MG	ROPINIROLE TAB 12MG ER	ROPINIROLE TAB 2MG ER	ROPINIROLE TAB 4MG ER
ROPINIROLE TAB 6MG ER	RUBRACA TAB 300MG	RYTARY 36.25 CAP 145	SABRIL POW 500MG
SAL FL 0.9% SYR 10ML #1	SALICYLIC AC CRE 6%	SALICYLIC AC LIQ 27.5%	SALICYLIC AC SHA 6%
SALSALATE TAB 500MG	SALSALATE TAB 750MG	SANCUSO DIS 3.1MG	SANDOSTATIN KIT LAR 20MG
SANDOSTATIN KIT LAR 30MG	SAXENDA3MLX5 PEN 6MG/ML	SELEGILINE TAB 5MG	SEVELAMER TAB 800MG
SF 5000 PLUS CRE 1.1%	SILENOR TAB 6MG	SOD CHLORIDE INJ 0.9% PB	SOD FLUORIDE GEL 1.1%
SOD SUL/SULF EMU 10-5%	SOD SUL/SULF EMU 10-5%WSH	SOMAVERT VIA 10MG	SOMAVERT VIA 15MG
SOMAVERT VIA 20MG	SOOLANTRA CRE 1%	STENDRA TAB 200MG	STERIL WATER SOL IRRIG
STIOLTO RESP INH 2.5-2.5	STIVARGA TAB 40MG	STRIBILD TAB	STRIVERDI INH 2.5 RESP
SULFACLEANSE SUS 8-4%	SUPRAX CAP 400MG	SYMBICORT INH 160-4.5	SYMBICORT INH 80-4.5
SYNJARDY TAB 12.51000	SYNJARDY TAB 5-1000MG	SYNJARDY TAB 5-500MG	TACLONEX SUS TOPICAL
TAGRISSO TAB 80MG	TEGRETOL-XR TAB 100MG	TEGRETOL-XR TAB 200MG	TEGRETOL-XR TAB 400MG
TEMAZEPAM CAP 15MG	TEMAZEPAM CAP 22.5MG	TEMAZEPAM CAP 30MG	TEMAZEPAM CAP 7.5MG

TEMOZOLOMIDE CAP 100MG	TEMOZOLOMIDE CAP 140MG	TEMOZOLOMIDE CAP 250MG	TERCONAZOL 3 SUP 80MG
TESTOST(F) GEL PUM 2%	TETRABENAZIN TAB 12.5MG	TETRACAINE SOL 0.5% OP	THALOMID CAP 50MG
THEO-24 CAP 200MG ER	THIOLA TAB 100MG	THYROID POW PORCINE	TINIDAZOLE TAB 500MG
TIROSINT CAP 137MCG	TIROSINT CAP 88MCG	TIVICAY TAB 50MG	TIZANIDINE CAP 2MG
TIZANIDINE CAP 4MG	TIZANIDINE CAP 6MG	TL GARD RX TAB	TOBRADEX OIN 0.3-0.1%
TOPIRAMAT ER CAP SPR25MG	TRAMADO/APAP TAB 37.5-325	TRETINOIN GEL 0.01%	TRETINOIN GEL 0.025%
TRETINOIN GEL 0.04%	TRETINOIN GEL 0.05%	TRETINOIN MI GEL 0.04%	TRETINOIN MI GEL 0.1%
TRETINOIN MI GEL 0.1%PMP	TREXIMET TAB 85-500MG	TRIANEX OIN 0.05%	TRIAZOLAM TAB 0.125MG
TRIAZOLAM TAB 0.25MG	TRIBENZOR 40 TAB 10/25MG	TRIBENZOR 40 TAB 5/25MG	TRIMET/POLYM SOL OPH
TRINTELLIX TAB 10MG	TRINTELLIX TAB 20MG	TRINTELLIX TAB 5MG	TRIPHROCAPS CAP
TRIUMEQ TAB	TROKENDI XR CAP 100MG	TROKENDI XR CAP 200MG	TROKENDI XR CAP 50MG
TRUVADA TAB 200-300	TYSABRI VIA 300/15ML	UCERIS TAB 9MG	ULORIC TAB 40MG
ULORIC TAB 80MG	UPTRAVI TAB 1600MCG	UREA CRE 39%	UREA CRE 40%
UREA LOT 40%	URSODIOL CAP 300MG	VALCHLOR GEL 0.016%	VALPROIC ACD CAP 250MG
VASCEPA CAP 1GM	VELTIN GEL	VENLAFAXINE TAB 150MG ER	VENLAFAXINE TAB 225MG ER
VENLAFAXINE TAB 75MG ER	VERAPAMIL PM CAP 100MG24H	VERAPAMIL PM CAP 300MG24H	VERAPAMIL SR CAP 120MG24H
VERAPAMIL SR CAP 180MG24H	VERAPAMIL SR CAP 240MG24H	VERAPAMIL SR CAP 360MG24H	V-GO 20 KIT
V-GO 30 KIT	V-GO 40 KIT	VIAGRA TAB 100MG	VIBERZI TAB 100MG
VIBERZI TAB 75MG	VICODIN TAB 5-300MG	VIMOVO TAB 500-20MG	VIRT-CAPS CAP
VIRT-PHOS TAB 250 NEUT	VIRT-VITE TAB	VIRT-VITE TAB FORTE	VITAMIN D2 CAP 50000IU
VIVLODEX CAP 5MG	VOTRIENT TAB 200MG	VP-VITE RX TAB	VYTORIN TAB 10/10MG
VYTORIN TAB 10/20MG	VYTORIN TAB 10/40MG	WP THYROID TAB 1/2GR	WP THYROID TAB 16.25MG
WP THYROID TAB 48.75MG	WP THYROID TAB 65MG	WP THYROID TAB 97.5MG	XENAZINE TAB 25MG
XIGDUO XR TAB 10-1000	XIGDUO XR TAB 5-1000MG	XIGDUO XR TAB 5-500MG	XIIDRA SOL 5%
XTAMPZA ER CAP 13.5MG	XULTOPHY PEN 100/3.6	XYREM SOL 500MG/ML	ZELBORAF TAB 240MG
ZENPEP CAP 25000UNT	ZEPATIER TAB 50-100MG	ZIANA GEL	ZOLINZA CAP 100MG
ZOLMITRIPTAN ODT 2.5 MG	ZOLMITRIPTAN ODT 5MG	ZOLPIDEM ER TAB 12.5MG	ZOLPIDEM ER TAB 6.25MG
ZOMIG NASL SPR 5MG 6'S	ZORTRESS TAB 0.25MG	ZORTRESS TAB 0.75MG	ZORVOLEX CAP 18MG
ZORVOLEX CAP 35MG	ZUBSOLV SUB 5.7-1.4	ZUBSOLV SUB 8.6-2.1	

Impacted members will be notified prior to change