

## SUMMARY PLAN DESCRIPTION

**Plan Name:** MCWAH Health Plan [Plan # 501]

**Plan Type:** Group Health Insurance

**Plan Year:** July 1 – June 30

**Employer\Policyholder\Plan Administrator\Plan Sponsor:**

Medical College of Wisconsin Affiliated Hospitals, Inc.  
8701 Watertown Plank Road  
Milwaukee WI 53226  
414-955-4575

EIN 39-1341366

**Type of Plan, Funding and Administration:**

Fully Insured Group Health Plan  
Group Insurance Policy underwritten by Insurer

**Insurer:** Wisconsin Physicians Insurance Corporation (WPS)  
1717 W. Broadway  
Madison WI 53708

**Claims Processing:** Insurer

**Premium Payments:** Employees contribute to the cost based upon a % of the actual premium paid

**Agent for Legal Process -** Service for legal process may be made upon the Plan Administrator as shown above or:

Kenneth B. Simons, MD - Executive Director  
Medical College of Wisconsin Affiliated Hospitals, Inc.  
8701 Watertown Plank Road  
Milwaukee WI 53226

**MCWAH Website\Provider Network:**

See the MCWAH Website at [www.mcw.edu/gme](http://www.mcw.edu/gme), under Health Insurance, for links to online listings of providers in the network (WPS Statewide Network), Plan Customer Service phone #s, and Plan Websites.

**Notices\Information\Insurance Plan Certificate:** The Summary of Benefits and Coverage (SBC), General Notice of COBRA Continuation Coverage Rights, and additional Notices\Information\Insurance Plan Certificate included in this Summary Plan Description are an important part of this Summary Plan Description. See those sections for general descriptions of coverage as well as detailed information including but not limited to: Eligibility, Effective Dates, Payment of Benefits, Covered Expenses, Deductibles, Copayments, Coinsurance, Annual Out-of-Pocket Limits, Cost Containment Provisions, Pre-Authorization Procedure, Termination of Benefits, Coordination of Benefits, COBRA continuation of Benefits, and other General Provisions.

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**Other Information:**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Each covered person who participates in the plan has access to this summary plan description. A hard copy will be provided to covered persons by the employer, without charge, upon request for a hard copy. Network Provider listings will be provided, without charge, as a separate document if requested. Qualified Medical Child Support Order (QMCSO) information and procedures are available upon request, without charge, from the plan administrator.

The Plan contract, plan certificate, plan benefits, and/or employee premium contributions may be modified or amended from time to time. The plan may be terminated at any time by the Plan Sponsor. Significant changes to the plan, including termination, will be communicated to participants.

If there is a conflict between the summary plan description and the group policy contract, the group policy contract governs.

**Statement of ERISA Rights:**

If you are a participant in the plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA):

ERISA provides that all plan participants shall be entitled to:

*Receive Information About Your Plan and Benefits* - Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration. Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies. Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

*Continue Group Health Plan Coverage* - Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation coverage rights. Reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

*Prudent Actions by Plan Fiduciaries* - In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

*Enforce Your Rights* - If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

*Assistance with Your Questions* - If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

***SEE the FOLLOWING PAGES for the items below  
that are an important part of this  
SUMMARY PLAN DESCRIPTION***

- **Who to Contact – How to Find Information**
  - **Includes Provider Network and Directory Information**
- **Summary of Benefits and Coverage (SBC)**
- **Notice of Health Care Exchange Marketplace**
- **Medicaid and the Children’s Health Insurance Program (CHIP)**
- **Women's Health and Cancer Rights Act Notice**
- **Statement of Rights under the Newborns’ and Mothers’ Health Protection Act**
- **General Notice of COBRA Continuation Coverage Rights**
- **General Information**

Your Health Plan ID Card, Customer Service  
Changes in Coverage Status, Miscellaneous Coverage Issues  
How to File Claims  
Members’ Rights and Responsibilities  
2020 Preferred Formulary List  
WPS Drug Preauthorization (including FAQs)  
Telehealth Services Overview  
Notice of Privacy Practices, Privacy Notice

- **Notice of Plan Changes for 7/1/20**
- **Medical Benefits (Preferred Provider Plan Certificate)**

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# MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS

## YOUR WPS HEALTH INSURANCE PLAN

### \*WHO TO CONTACT - HOW TO FIND INFORMATION\*

**WPS Health Insurance Company**  
**Group Number 10006555**

#### **Customer Service**

**1-800-223-6048**

**[www.wpsic.com](http://www.wpsic.com)**

**Express Scripts (RX Prescription Drug Coverage)**  
**(Use your WPS card)**

**1-800-818-0107**

**[www.express-scripts.com](http://www.express-scripts.com)**

- Immediate Coverage upon effective starting date in MCWAH program.
- No waiting period for pre-existing conditions (including maternity care).
- Annual Open Enrollment prior to every July 1<sup>st</sup>.
- Housestaff pay 20% of the premium with a pre-tax monthly payroll deduction.
- The pre-tax monthly payroll deduction is \$133.85 single and \$331.35 family as of 7/1/20.

See the **[Summary of Benefits and Coverage \(SBC\)](#)** for summary information as to Covered Health Benefits, Prescription Drug Coverage, Cost-Sharing (Deductibles, Copayments, Coinsurance, and Out of Pocket Costs), Limitations & Exceptions, Coverage Examples and more. The SBC follows a standardized template utilizing a uniform glossary of terms and can be used to compare this benefit plan to other benefit plans available to you. Note: Exact details and coverage are subject to the terms of the plan certificate.

#### **Provider Network – WPS STATEWIDE NETWORK**

Most members of MCW faculty participate. Most MCWAH Affiliated Hospitals participate.

#### **To Find a Doctor or Facility**

Go To **[www.wpsic.com](http://www.wpsic.com)** and click “Find A Doctor”.

**If you have a WPS Member # (example: 000123456 - from your WPS card):**

1. Use “Existing Subscriber”
2. Enter your Member #
3. Click “continue” and Start your Provider Search

**Or, Call WPS Customer Service at 1-800-223-6048**

**If you are not yet enrolled:**

1. Use “Open Enrollee or New Hire”
2. Select “Statewide” from the “select a network” list
3. Enter a Zip Code
4. Click “continue” and Start your Provider Search

Once you chose a provider, you are urged to **Confirm with the provider that they participate in the WPS Statewide Network**, before having services performed.

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**YOUR INDIVIDUAL MEMBERSHIP INFORMATION** – Go to **[www.wpsic.com](http://www.wpsic.com)** and access the “Customers” Section. Once you register, you can login to your account and do the following:

- Check the status of a claim
- Review your benefits
- Update your contact information
- Replace lost ID cards and more



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [wpshealth.com](https://wpshealth.com) or call 1-800-223-6048. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> /or call 1-800-223-6048 to request a copy.

| Important Questions   | Answers  | Why This Matters:   |
|---|--|---|
| What is the overall <a href="#">deductible</a> ?                                | For preferred <a href="#">providers</a> : \$200/Covered Person or \$600/Family; For non-preferred <a href="#">providers</a> : \$700/Covered Person or \$2,100/Family.  | Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .  |
| Are there services covered before you meet your <a href="#">deductible</a> ?    | Yes. <a href="#">Preventive care</a> services, office visits and prescription drugs purchased from a pharmacy are covered before you meet your <a href="#">deductible</a> .  | This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .   |
| Are there other <a href="#">deductibles</a> for specific services?              | No.  | You don't have to meet <a href="#">deductibles</a> for specific services.   |
| What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ? | For preferred <a href="#">providers</a> : \$400/Covered Person or \$1,200/Family; (excludes <a href="#">copayments</a> ), up to a maximum out-of-pocket (includes <a href="#">copayments</a> ) of \$7,350 Person/\$14,700; Family. For non-preferred <a href="#">providers</a> : \$1,300/Covered Person or \$3,900/Family. | The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.   |
| What is not included in the <a href="#">out-of-pocket limit</a> ?               | <a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.   | Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .   |
| Will you pay less if you use a <a href="#">network provider</a> ?               | Yes. See <a href="https://connect.wpsic.com/Gateway/commercialGateway/unauth/fadHome.do">https://connect.wpsic.com/Gateway/commercialGateway/unauth/fadHome.do</a> or call 1-800-223-6048 for a list of <a href="#">network providers</a> .  | This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services. |

|  |     |  |
|--|-----|--|
| Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?   | No. | You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> . |
|  All <a href="#">copayment</a> and <a href="#">coinsurance</a> costs shown in this chart are after your <a href="#">deductible</a> has been met, if a <a href="#">deductible</a> applies. |     |  |

| Common Medical Event   | Services You May Need                                  | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information   |
|--|--|--|--|--|
|  |  | Preferred Provider<br>(You will pay the least)   | Non-Preferred Provider<br>(You will pay the most)  |  |
| If you visit a health care <a href="#">provider's</a> office or clinic | Primary care visit to treat an injury or illness       | \$20 <a href="#">copayment</a> /office visit and 10% <a href="#">coinsurance</a> for other outpatient services; <a href="#">deductible</a> does not apply to the office visit charge | \$25 <a href="#">copayment</a> /office visit and 30% <a href="#">coinsurance</a> for other outpatient services; <a href="#">deductible</a> does not apply to the office visit charge | \$10 <a href="#">copayment</a> /telehealth visit charge with our approved telehealth provider (non-preferred telehealth providers are not covered)<br><br>\$20 <a href="#">copayment</a> /office visit charge for a preferred convenient care clinic visit<br><br>\$20 <a href="#">copayment</a> /visit for chiropractor                 |
|  | <a href="#">Specialist</a> visit                       | \$35 <a href="#">copayment</a> /office visit and 10% <a href="#">coinsurance</a> for other outpatient services; <a href="#">deductible</a> does not apply to the office visit charge | \$45 <a href="#">copayment</a> /office visit and 30% <a href="#">coinsurance</a> for other outpatient services; <a href="#">deductible</a> does not apply to the office visit charge | None   |
|  | <a href="#">Preventive care/screening/immunization</a> | No charge  | \$25 <a href="#">copayment</a> /office visit and 30% <a href="#">coinsurance</a> for other outpatient services; <a href="#">deductible</a> does not apply to the office visit charge | You may have to pay for services that aren't <a href="#">preventive care</a> . Ask your <a href="#">provider</a> if the services you need are <a href="#">preventive care</a> . Then check what your <a href="#">plan</a> will pay for. You also have no charge for immunizations provided by a non-preferred <a href="#">provider</a> . |
| If you have a test   | <a href="#">Diagnostic test</a> (x-ray, blood work)    | 10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> does not apply if provided in an office or outpatient   | 30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> does not apply if provided in an office or outpatient   | Certain genetic tests and high-technology imaging require prior authorization. Benefits may not be payable if you do not obtain prior authorization.   |
|  | Imaging (CT/PET scans, MRIs)                           | 10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> does not apply if provided in an office or outpatient   | 30% <a href="#">coinsurance</a> ; <a href="#">deductible</a> does not apply if provided in an office or outpatient   |  |

| Common Medical Event   | Services You May Need                          | What You Will Pay   |   | Limitations, Exceptions, & Other Important Information  |
|--|--|---|---|---|
|  |  | Preferred Provider (You will pay the least)   | Non-Preferred Provider (You will pay the most)  |   |
| <b>If you need drugs to treat your illness or condition</b><br>More information about <a href="https://wpshealth.com/resources/files/32053_2020-preferred-drug-guide.pdf">prescription drug coverage</a> is available at <a href="https://wpshealth.com/resources/files/32053_2020-preferred-drug-guide.pdf">https://wpshealth.com/resources/files/32053_2020-preferred-drug-guide.pdf</a> | Generic drugs                                  | Retail: \$10 <a href="#">copayment</a> / prescription & \$20 <a href="#">copayment</a> / prescription for home delivery | Retail: \$10 <a href="#">copayment</a> / prescription & \$20 <a href="#">copayment</a> / prescription for home delivery | <a href="#">Deductible</a> does not apply to prescription drugs purchased from a pharmacy.<br><br>Covers up to a 90-day supply.<br><br>Retail <a href="#">copayments</a> applied as follows:<br>1-30-day supply = one <a href="#">copayment</a><br>31-60-day supply = two <a href="#">copayments</a><br>61-90-day supply = three <a href="#">copayments</a><br><br>If brand is dispensed when a generic is available, you are responsible for the cost difference between the brand and generic which does not count toward your <a href="#">out-of-pocket limit</a> . Drugs provided by an entity other than a pharmacy require prior authorization. Benefits may not be payable if you do not obtain prior authorization. |
|  | Preferred brand drugs                          | Retail: \$20 <a href="#">copayment</a> / prescription & \$40 <a href="#">copayment</a> / prescription for home delivery | Retail: \$20 <a href="#">copayment</a> / prescription & \$40 <a href="#">copayment</a> / prescription for home delivery | <a href="#">Specialty drugs</a> are always limited to a 30-day supply. <a href="#">Specialty drugs</a> require prior authorization. Benefits may not be payable if you do not obtain prior authorization.   |
|  | Non-preferred brand drugs                      | Retail: \$30 <a href="#">copayment</a> / prescription & \$60 <a href="#">copayment</a> / prescription for home delivery | Retail: \$30 <a href="#">copayment</a> / prescription & \$60 <a href="#">copayment</a> / prescription for home delivery |   |
|  | <a href="#">Specialty drugs</a>                | Subject to applicable <a href="#">copayments</a> listed above   | Subject to applicable <a href="#">copayments</a> listed above   |   |
| <b>If you have outpatient surgery</b>  | Facility fee (e.g., ambulatory surgery center) | 10% <a href="#">coinsurance</a>   | 30% <a href="#">coinsurance</a>   | None  |
|  | Physician/surgeon fees                         | 10% <a href="#">coinsurance</a>   | 30% <a href="#">coinsurance</a>   | None  |
| <b>If you need immediate medical attention</b>   | <a href="#">Emergency room care</a>            | 10% <a href="#">coinsurance</a>   | 30% <a href="#">coinsurance</a>   | <a href="#">Urgent care</a> billed from a clinic location (a location outside of the hospital emergency room or any other facility as an extension of a hospital emergency room) maybe be subject to the \$20 primary care office <a href="#">copayment</a> or \$35 <a href="#">specialist</a> office visit <a href="#">copayment</a> depending on the specialty of the physician providing treatment.  |

| Common Medical Event  | Services You May Need                            | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information  |
|---|--|--|--|---|
|   |  | Preferred Provider (You will pay the least)  | Non-Preferred Provider (You will pay the most)   |   |
|   | <a href="#">Emergency medical transportation</a> | 10% <a href="#">coinsurance</a>  | 30% <a href="#">coinsurance</a>  |   |
|   | <a href="#">Urgent care</a>                      | 10% <a href="#">coinsurance</a>  | 30% <a href="#">coinsurance</a>  |   |
| If you have a hospital stay   | Facility fee (e.g., hospital room)               | 10% <a href="#">coinsurance</a>  | 30% <a href="#">coinsurance</a>  | All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you do not obtain prior authorization.  |
|   | Physician/surgeon fees                           | 10% <a href="#">coinsurance</a>  | 30% <a href="#">coinsurance</a>  | All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you do not obtain prior authorization.  |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services                              | \$20 <a href="#">copayment</a> /therapy office visit and 10% <a href="#">coinsurance</a> for other outpatient services; <a href="#">deductible</a> does not apply to the therapy office visit charge | \$25 <a href="#">copayment</a> /office visit and 30% <a href="#">coinsurance</a> for other outpatient services; <a href="#">deductible</a> does not apply to the office visit charge | All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you do not obtain prior authorization.  |
|   | Inpatient services                               | 10% <a href="#">coinsurance</a>  | 30% <a href="#">coinsurance</a>  |   |
| If you are pregnant   | Office visits                                    | \$20 <a href="#">copayment</a> /office visit and 10% <a href="#">coinsurance</a> for other outpatient services; <a href="#">deductible</a> does not apply to the office visit charge                 | \$25 <a href="#">copayment</a> /office visit and 30% <a href="#">coinsurance</a> for other outpatient services; <a href="#">deductible</a> does not apply to the office visit charge | <a href="#">Cost sharing</a> does not apply to certain <a href="#">preventive services</a> . Depending on the type of services, <a href="#">coinsurance</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you do not obtain prior authorization. |
|   | Childbirth/delivery professional services        | 10% <a href="#">coinsurance</a>  | 30% <a href="#">coinsurance</a>  |   |
|   | Childbirth/delivery facility services            | 10% <a href="#">coinsurance</a>  | 30% <a href="#">coinsurance</a>  |   |

| Common Medical Event   | Services You May Need                     | What You Will Pay                           |  | Limitations, Exceptions, & Other Important Information   |
|--|---|---|--|--|
|  |   | Preferred Provider (You will pay the least) | Non-Preferred Provider (You will pay the most) |  |
| If you need help recovering or have other special health needs | <a href="#">Home health care</a>          | 10% <a href="#">coinsurance</a>             | 30% <a href="#">coinsurance</a>                | Coverage is limited to 100 visits in a 12 month period   |
|  | <a href="#">Rehabilitation services</a>   | 10% <a href="#">coinsurance</a>             | 30% <a href="#">coinsurance</a>                | None   |
|  | <a href="#">Habilitation services</a>     | 10% <a href="#">coinsurance</a>             | 30% <a href="#">coinsurance</a>                |  |
|  | <a href="#">Skilled nursing care</a>      | 10% <a href="#">coinsurance</a>             | 30% <a href="#">coinsurance</a>                | Coverage is limited to 30 days per confinement in a skilled nursing facility. All non-emergent admissions require prior authorization. Benefits may not be payable if you do not obtain prior authorization.   |
|  | <a href="#">Durable medical equipment</a> | 10% <a href="#">coinsurance</a>             | 30% <a href="#">coinsurance</a>                | Prior authorization required for: <ul style="list-style-type: none"> <li>• All CPAP purchases and rentals</li> <li>• Purchases over \$1,000</li> <li>• All other rentals as stated on our website</li> </ul> Benefits may not be payable if you do not obtain prior authorization. |
|  | <a href="#">Hospice services</a>          | 10% <a href="#">coinsurance</a>             | 30% <a href="#">coinsurance</a>                | Hospice services require prior authorization. Benefits may not be payable if you do not obtain prior authorization.  |
| If your child needs dental or eye care                         | Children's eye exam                       | No charge                                   | 30% <a href="#">coinsurance</a>                | None   |
|  | Children's glasses                        | Not covered                                 | Not covered                                    | Not Covered  |
|  | Children's dental check-up                | Not covered                                 | Not covered                                    | Not Covered  |

#### Excluded Services & Other Covered Services:

| Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .) |   |   |
|---|---|---|
| <ul style="list-style-type: none"><li>• Cosmetic Surgery</li><li>• Infertility Treatment</li></ul>  | <ul style="list-style-type: none"><li>• Long Term Care</li><li>• Private Duty Nursing</li></ul>   | <ul style="list-style-type: none"><li>• Routine Foot Care (unless associated with a specific medical diagnosis)</li><li>• Weight loss programs</li></ul>  |
| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)  |   |   |
| <ul style="list-style-type: none"><li>• Chiropractic Care</li></ul>   | <ul style="list-style-type: none"><li>• Dental Care (adult), limited to certain oral surgical procedures, treatment of an injury, and extraction of teeth and sealants on existing teeth related to treatment of neoplastic disease</li></ul> | <ul style="list-style-type: none"><li>• Hearing aids, limited to the cost of one hearing aid, per ear, for each member under age 18 every three years</li><li>• Routine eye care limited to eye exams</li></ul> |



- Acupuncture - limited to adults over age 18 for postoperative nausea and vomiting, nausea and vomiting due to anti-neoplastic agents, and postoperative dental pain
- Bariatric Surgery

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: for the U.S. Department of Labor, Employee Benefits Security Administration 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the Department of Health and Human Services at 1-877-267-2323 x 61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: WPS at 1-800-223-6048. You may also contact your state insurance department at 1-800-236-8517 or the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

**Does this plan provide Minimum Essential Coverage? Yes.**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet Minimum Value Standards? Yes.**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

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*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

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## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

|   |       |
|---|-------|
| ■ The <a href="#">plan's</a> overall <a href="#">deductible</a> | \$200 |
| ■ <a href="#">Specialist copayment</a>                          | \$35  |
| ■ Hospital (facility) <a href="#">coinsurance</a>               | 10%   |
| ■ Other <a href="#">coinsurance</a>                             | 10%   |

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

|                           |                 |
|---------------------------|-----------------|
| <b>Total Example Cost</b> | <b>\$12,800</b> |
|---------------------------|-----------------|

#### In this example, Peg would pay:

| Cost Sharing                      |              |
|-----------------------------------|--------------|
| Deductibles                       | \$200        |
| Copayments                        | \$70         |
| Coinsurance                       | \$200        |
| What isn't covered                |              |
| Limits or exclusions              | \$10         |
| <b>The total Peg would pay is</b> | <b>\$480</b> |

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

|   |       |
|---|-------|
| ■ The <a href="#">plan's</a> overall <a href="#">deductible</a> | \$200 |
| ■ <a href="#">Specialist copayment</a>                          | \$35  |
| ■ Hospital (facility) <a href="#">coinsurance</a>               | 10%   |
| ■ Other <a href="#">coinsurance</a>                             | 10%   |

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$7,400</b> |
|---------------------------|----------------|

#### In this example, Joe would pay:

| Cost Sharing                      |                |
|-----------------------------------|----------------|
| Deductibles                       | \$200          |
| Copayments                        | \$1,270        |
| Coinsurance                       | \$0            |
| What isn't covered                |                |
| Limits or exclusions              | \$0            |
| <b>The total Joe would pay is</b> | <b>\$1,470</b> |

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

|   |       |
|---|-------|
| ■ The <a href="#">plan's</a> overall <a href="#">deductible</a> | \$200 |
| ■ <a href="#">Specialist copayment</a>                          | \$35  |
| ■ Hospital (facility) <a href="#">coinsurance</a>               | 10%   |
| ■ Other <a href="#">coinsurance</a>                             | 10%   |

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$1,900</b> |
|---------------------------|----------------|

#### In this example, Mia would pay:

| Cost Sharing                      |              |
|-----------------------------------|--------------|
| Deductibles                       | \$200        |
| Copayments                        | \$70         |
| Coinsurance                       | \$150        |
| What isn't covered                |              |
| Limits or exclusions              | \$0          |
| <b>The total Mia would pay is</b> | <b>\$420</b> |



## Non-Discrimination and Language Access Policy

Wisconsin Physicians Service Insurance Corporation/WPS Health Plan Inc. d/b/a Arise Health Plan/The EPIC Life Insurance Company (WPS/Arise/EPIC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. WPS/Arise/EPIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### WPS/Arise/EPIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call us at the phone number on the attached correspondence, your ID card, or the number listed on [wpsic.com](http://wpsic.com), [arisehealthplan.com](http://arisehealthplan.com), or [epiclife.com](http://epiclife.com).

If you believe that WPS/Arise/EPIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

WPS/Arise/EPIC  
Nondiscrimination Grievance Coordinator  
P.O. Box 7458  
Madison, WI 53707  
Email: [WPSNondiscrimination@wpsic.com](mailto:WPSNondiscrimination@wpsic.com)

You can file a grievance in person, by mail, or by email. If you need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; or by phone at 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

29792-054-1611

**EPIC** | SPECIALTY  
BENEFITS  
*Small Company, Big Service.*

*Arise* | HEALTH PLAN  
*Choose It and Use It.*

**WPS** | HEALTH  
INSURANCE  
*Local. Honest. Independent.*

Albanian VINI RE: Nëse flisni shqip, ju ofrohen shërbime ndihme gjuhësore falas. Na telefononi në numrin e telefonit që gjendet në korespondencën e bashkëngjitur, në pjesën e përparme të kartës suaj ID ose në numrin e renditur në adresën [www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com) ose [www.epiclife.com](http://www.epiclife.com) (TTY: 711).

أماامية لبطاقة تعريف الهوية الخاصة بك أو على الرقم المدرج بالمواقع الإلكترونية التالية [www.wpsic.com](http://www.wpsic.com) أو [www.arisehealthplan.com](http://www.arisehealthplan.com) أو [www.epiclife.com](http://www.epiclife.com) (الهاتف النصي: 711).

French À NOTER : Si vous parlez le français, des services d'assistance linguistique gratuits sont à votre disposition.

Appelez-nous au numéro de téléphone indiqué sur le courrier joint, au recto de votre carte d'identité ou au numéro indiqué sur le site Internet [www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com) ou [www.epiclife.com](http://www.epiclife.com) (ATS : 711).

German HINWEIS: Wenn Sie Deutsch sprechen, stehen für Sie kostenlos Sprachassistenzen zur Verfügung. Rufen Sie uns an. Sie finden die Telefonnummer auf dem beigefügten Schreiben, auf der Vorderseite Ihrer ID-Karte oder unter [www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com) oder [www.epiclife.com](http://www.epiclife.com) (TTY: 711).

Hindi ध्यान दें: अगर आप हिन्दी बोलते हैं तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। हमें संलग्न पत्राचार पता, आपके पहचान पत्र (आईडी कार्ड) के सामने के पृष्ठ पर दिए गए फ़ोन नंबर या [www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com) या [www.epiclife.com](http://www.epiclife.com) पर दिए गए नंबर पर कॉल करें (TTY: 711)।

Hmong TSHWJ XEEB: Yog hais tias koj hais lus Hmoob, peb muaj cov kev pab cuam hais ua koj hom lus pub rau koj yam tsis xam tus nqi hlo li. Hu rau peb tus nab npawb xov tooj nyob rau ntawm daim ntawv, sab hauv ntej ntawm koj daim id lossis nab npawb xov tooj nyob rau hauv [www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com) lossis [www.epiclife.com](http://www.epiclife.com) (TTY: 711).

Korean 주목해 주세요: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 첨부된 서신, ID 카드 앞면 또는 [www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com)이나 [www.epiclife.com](http://www.epiclife.com)에 나와 있는 전화번호로 연락해 주십시오(TTY: 711).

Polish UWAGA: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany w załączonej korespondencji, z przodu karty identyfikacyjnej lub numer podany na stronie [www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com) lub [www.epiclife.com](http://www.epiclife.com) (TTY: 711).

Russian ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните по любому номеру, указанному: в прикрепленном письме, на лицевой стороне Вашей идентификационной карты или на сайтах [www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com) и [www.epiclife.com](http://www.epiclife.com) (телетайп: 711).

Spanish ATENCIÓN: Si habla español, los servicios de asistencia de idioma están disponibles para usted, sin ningún costo para usted. Llámenos al número de teléfono que se encuentra en la correspondencia adjunta, en la parte de adelante de su tarjeta de identificación o en el número indicado en [www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com) o [www.epiclife.com](http://www.epiclife.com) (TTY: 711).

Tagalog BIGYANG-PANSIN: Kung Tagalog ang ginagamit mong wika, may mga serbisyong tulong sa wika na makukuha mo nang walang babayaran. Tawagan kami sa numero ng telepono na nasa nakalaki na sulat, nasa harapang bahagi ng iyong id card o nakalintang numero sa [www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com) o [www.epiclife.com](http://www.epiclife.com) (TTY: 711).

Traditional Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打隨附之通訊上、ID 卡正面或以下網址：[www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com) 或 [www.epiclife.com](http://www.epiclife.com) 列出的電話號碼與我們聯絡 (TTY: 711)。

Vietnamese CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi cho chúng tôi theo số điện thoại có trên thư từ đính kèm, mặt trước thẻ id của quý vị hoặc số điện thoại được niêm yết trên [www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com) hoặc [www.epiclife.com](http://www.epiclife.com) (TTY: 711).

Pennsylvania Dutch GEB ACHT: Wann du Deutsch schwetzst, du kannst Schprooch Services griege, mitaus Koschd. Ruf uns mit der Nummer uff die attached correspondence, die vonne Seide vun dei ID Kaarde odder die Nummer uff [www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com) or [www.epiclife.com](http://www.epiclife.com) (TTY: 711).

Lao ສໍາລັບທ່ານທີ່ສົນໃຈ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ຄິດຄ່າໃຊ້ຈ່າຍ ສໍາລັບທ່ານ. ທ່ານສາມາດໂທຫາພວກເຮົາໄດ້ທີ່ໝາຍເລກຢູ່ເທິງຈົດໝາຍຕິດຕໍ່ທີ່ຕິດຄັດມາ. ດ້ານໜ້າບັດປະຈຳຕົວຂອງທ່ານ ຫຼື ໝາຍເລກທີ່ລະບຸໄວ້ໃນ [www.wpsic.com](http://www.wpsic.com), [www.arisehealthplan.com](http://www.arisehealthplan.com) or [www.epiclife.com](http://www.epiclife.com) (TTY: 711).



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 11-30-2013)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Medical College of Wisconsin Affiliated Hospitals Inc. at (414-955-4575) or via email at [gme@mcw.edu](mailto:gme@mcw.edu)

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|   |                |   |  |
|---|----------------|---|--|
| 3. Employer name<br>Medical College of Wisconsin Affiliated Hospitals, Inc.                                 |                | 4. Employer Identification Number (EIN)<br>39-1341366 |  |
| 5. Employer address<br>8701 Watertown Plank Road  |                | 6. Employer phone number<br>(414) 955-4575            |  |
| 7. City<br>Milwaukee  | 8. State<br>WI | 9. ZIP code<br>53226                                  |  |
| 10. Who can we contact about employee health coverage at this job?<br>Graduate Medical Education Department |                |   |  |
| 11. Phone number (if different from above)  |                | 12. Email address<br>gme@mcw.edu                      |  |

Here is some basic information about health coverage offered by this employer:

- We offer a health plan to employees and their dependents based upon eligibility as defined in the Health Plan Summary Plan Description. Most employees are eligible.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid   | CALIFORNIA – Medicaid   |
|--|---|
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447  | Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCOnt.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCOnt.aspx</a><br>Phone: 916-440-5676   |
| ALASKA – Medicaid  | COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)  |
| The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a> | Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711<br>CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a><br>HIBI Customer Service: 1-855-692-6442 |
| ARKANSAS – Medicaid  | FLORIDA – Medicaid  |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)   | Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268   |

| GEORGIA – Medicaid   | MASSACHUSETTS – Medicaid and CHIP   |
|--|---|
| Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br>Phone: 678-564-1162 ext 2131   | Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a><br>Phone: 1-800-862-4840   |
| INDIANA – Medicaid   | MINNESOTA – Medicaid  |
| Healthy Indiana Plan for low-income adults 19-64<br>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br>Phone 1-800-457-4584  | Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br>Phone: 1-800-657-3739 |
| IOWA – Medicaid and CHIP (Hawki)   | MISSOURI – Medicaid   |
| Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br>Medicaid Phone: 1-800-338-8366<br>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br>Hawki Phone: 1-800-257-8563   | Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br>Phone: 573-751-2005   |
| KANSAS – Medicaid  | MONTANA – Medicaid  |
| Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a><br>Phone: 1-800-792-4884  | Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084   |
| KENTUCKY – Medicaid  | NEBRASKA – Medicaid   |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br>Phone: 1-855-459-6328<br>Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a><br><br>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br>Phone: 1-877-524-4718<br><br>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178   |
| LOUISIANA – Medicaid   | NEVADA – Medicaid   |
| Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)   | Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900   |
| MAINE – Medicaid   | NEW HAMPSHIRE – Medicaid  |
| Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br><br>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: 1-800-977-6740.<br>TTY: Maine relay 711  | Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext 5218  |

|   |   |
|---|---|
| <b>NEW JERSEY – Medicaid and CHIP</b>   | <b>SOUTH DAKOTA - Medicaid</b>  |
| Medicaid Website:<br><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Medicaid Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059   |
| <b>NEW YORK – Medicaid</b>  | <b>TEXAS – Medicaid</b>   |
| Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831   | Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br>Phone: 1-800-440-0493   |
| <b>NORTH CAROLINA – Medicaid</b>  | <b>UTAH – Medicaid and CHIP</b>   |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100   | Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>Phone: 1-877-543-7669 |
| <b>NORTH DAKOTA – Medicaid</b>  | <b>VERMONT– Medicaid</b>  |
| Website:<br><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br>Phone: 1-844-854-4825  | Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br>Phone: 1-800-250-8427   |
| <b>OKLAHOMA – Medicaid and CHIP</b>   | <b>VIRGINIA – Medicaid and CHIP</b>   |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742   | Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a><br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-855-242-8282  |
| <b>OREGON – Medicaid</b>  | <b>WASHINGTON – Medicaid</b>  |
| Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a><br>Phone: 1-800-699-9075  | Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022   |
| <b>PENNSYLVANIA – Medicaid</b>  | <b>WEST VIRGINIA – Medicaid</b>   |
| Website:<br><a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a><br>Phone: 1-800-692-7462  | Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)  |
| <b>RHODE ISLAND – Medicaid and CHIP</b>   | <b>WISCONSIN–Medicaid and CHIP</b>  |
| Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)   | Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002                                  |
| <b>SOUTH CAROLINA – Medicaid</b>  | <b>WYOMING – Medicaid</b>   |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820   | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269    |



To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)





**THIS NOTIFICATION CONTAINS IMPORTANT INFORMATION  
ABOUT YOUR HEALTH INSURANCE**

**PLEASE READ CAREFULLY**

**As an employer, you are receiving these notices as part of your group annual renewal materials. You must forward this notice free of charge to all of your employees, regardless of whether or not they are enrolled in your group health plan.**

**WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE**  
Reconstructive Surgery Following Mastectomy

This renewal includes benefits made available through the Women's Health and Cancer Rights Act of 1998, which applies to your benefit plan. This law mandates that a participant/member or eligible beneficiary who is receiving benefits, on or after the law's effective date, for a covered mastectomy and who elects breast reconstruction in connection with the mastectomy, will also receive coverage for:

1. Reconstruction of the breast on which the mastectomy has been performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and treatment of physical complications of all stages of mastectomy, including lymphedemas

This coverage will be provided in consultation with the patient and the patient's attending physician and will be subject to the same annual deductible, coinsurance and/or copayment provisions otherwise applicable under the policy/plan.

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**STATEMENT OF RIGHTS UNDER THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Under federal law, health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the policy/plan may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, the policy/plan may not set the level of benefits or out-of-pocket costs so that any later portion of the 48 hours (or 96 hours) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a policy/plan may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain provider or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification.

# General Notice of COBRA Continuation Coverage Rights

## Sample COBRA OnQue Notice

September 17, 2020

Mr. John Doe  
123 Main Street  
Anytown, CA 00000

**From:** Medical College of Wisconsin Affiliated Hospitals, Inc  
**Subject:** Your Group Health Coverage Continuation Rights under COBRA

### IMPORTANT INFORMATION ABOUT THIS NOTICE

**PURPOSE OF THIS NOTICE:** You are enrolled, or soon will be enrolled in group health benefits under Medical College of Wisconsin Affiliated Hospitals, Inc Group Health Plan (the "Plan"). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.

This notice also contains information about other health coverage alternatives that may be available to you, including through the Health Insurance Marketplace at [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.

**WHO MUST READ THIS NOTICE:** Each addressee, including the parent or legal guardian of dependent children who are Plan participants, *must* read this notice.

#### **TERMS USED IN THIS NOTICE:**

- "you" and "your" refer to each addressee of this notice;
- "we," "us" and "our" refer to Medical College of Wisconsin Affiliated Hospitals, Inc;
- "plan" refers to one or more health plans maintained by us that are subject to COBRA.

**ADDRESS CORRECTIONS:** If any Plan participant does not live at the above address, you must inform us immediately of the correct mailing address. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

#### **PLAN ADMINISTRATOR:**

Medical College of Wisconsin Affiliated Hospitals, Inc  
Wisconsin Medical Society Insurance & Fin Svcs  
P. O. Box 1109  
Madison, WI 53701

#### **Administrative Contact:**

COBRA Administrator  
(608) 442-3725

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is the federal law that created a right to a temporary continuation of group health coverage when eligibility for such coverage is lost due to the occurrence of a qualifying event. This notice provides a general explanation of COBRA continuation coverage, and covers the following topics:

- COBRA Qualifying Events and Maximum Coverage Periods;
- Qualified Beneficiaries;

- Premium Payments;
- Available Coverage;
- Qualifying Event Reporting Obligations;
- Your COBRA Election Rights;
- Extending COBRA Coverage; and,
- Adding Dependents to COBRA Coverage.

### **COBRA Qualifying Events and Maximum Coverage Periods**

**What Is a Qualifying Event?** A qualifying event is a certain type of event that causes an individual to lose eligibility for coverage under a COBRA-eligible plan. Specific qualifying events are listed in the table below.

**Loss of Eligibility Is Required.** To be COBRA-qualifying, the event must result in a loss of eligibility under the Plan rules; the employee's voluntary termination of his or her coverage, or the coverage of a spouse or dependent child, is never a qualifying event.

**The Events Listed Below Do Not Always Trigger a Loss of Eligibility.** For example, some plans do not terminate coverage when a divorce or legal separation occurs, and plans rarely terminate coverage when an active employee becomes entitled to Medicare. For more information about Plan eligibility rules, refer to the summary plan description or contact the plan administrator.

### **COBRA Qualifying Events**

| <b>Events Applicable to the <u>Employee</u></b>                              | <b>Maximum Coverage</b> |
|--|-------------------------|
| Termination of employment for reasons other than gross misconduct            | 18 months               |
| Reduction in hours of employment   | 18 months               |
| <b>Events Applicable to the <u>Employee's Spouse</u></b>                     |                         |
| Termination of employee's employment for reasons other than gross misconduct | 18 months               |
| Reduction in the employee's hours of employment                              | 18 months               |
| Death of the employee  | 36 months               |
| Divorce or legal separation from the employee                                | 36 months               |
| Employee becomes entitled to Medicare benefits                               | 36 months               |
| <b>Events Applicable to the <u>Employee's Dependent Children</u></b>         |                         |
| Termination of employee's employment for reasons other than gross misconduct | 18 months               |
| Reduction in employee's hours of employment                                  | 18 months               |
| Death of the employee  | 36 months               |
| Divorce or legal separation of the employee                                  | 36 months               |
| Ceases to be a dependent under the plan                                      | 36 months               |
| Employee becomes entitled to Medicare benefits                               | 36 months               |

### **Qualified Beneficiaries**

**Employees, Spouses and Dependent Children** A "qualified beneficiary" is an individual who was covered by the Plan on the day before a qualifying event occurred that caused him or her to lose coverage. A qualified beneficiary must be a covered employee, the employee's spouse or former spouse, or the employee's dependent child.

**Children Covered under a Qualified Medical Child Support Order.** A child of the covered employee who is enrolled in the Plan due to a Qualified Medical Child Support Order received by Medical College of Wisconsin Affiliated Hospitals, Inc during the covered employee's employment has the same COBRA rights as an eligible dependent child of the covered employee.

**Can a Domestic Partner Be a Qualified Beneficiary?** Under federal law, a domestic partner of an employee, whether of the same or opposite sex, cannot be a qualified beneficiary under COBRA and thus does not have the right to independently elect COBRA coverage. However, an employee who elects COBRA may add the domestic partner to his or her coverage without having to wait for the next open enrollment period, provided the domestic partner was actively enrolled under the employee's group coverage on the day before the qualifying event.

**Dropping Coverage in Anticipation of a Qualifying Event** If an employee drops the coverage of a dependent spouse or child in anticipation of a qualifying event, such as divorce or legal separation, the dependent will be entitled to COBRA benefits from the date coverage would otherwise have been lost as a result of the qualifying event.

**Bankruptcy May Be a Qualifying Event for Retirees and Their Families.** If we file a proceeding in bankruptcy under Title 11 of the United States Code, and that bankruptcy results in the loss of coverage of any retired employee under the plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse and dependent children will also be qualified beneficiaries if the bankruptcy results in the loss of their coverage under the plan.

### **Premium Payments**

**You Are Required to Pay the Premiums for Your Coverage under COBRA.** Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay the applicable COBRA premium. An administration fee may be added to the premium as allowed by law.

### **Available Coverage**

If you become qualified for continuation coverage under COBRA, we will offer coverage that is identical to the group coverage provided to you on the day before the qualifying event occurred. If coverage under the Plan is modified for similarly situated active employees, your COBRA coverage will be identically modified. Once enrolled in COBRA, all qualified beneficiaries will have the same options to change coverage as do similarly situated active employees. Be aware that COBRA continuation coverage may not be available for voluntary benefits.

Medical College of Wisconsin Affiliated Hospitals, Inc Group Health Plan currently offers the following COBRA-eligible coverage. The coverage offered is subject to change at any time.

Dental  
Medical  
Vision

**Maximum Coverage Period for Health FSA.** The maximum continuation period of enrollment in a health flexible spending arrangement (health FSA) under COBRA may be limited to the balance of the current health FSA plan year. Qualified beneficiaries who have overspent their health FSA account allocations for the plan year may not be permitted to continue health FSA coverage under COBRA.

**Are There Other Coverage Options Besides COBRA Continuation Coverage?** Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP) (<https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/>) or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

**Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?** In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period (<https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>) to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit [www.medicare.gov/medicare-and-you](http://www.medicare.gov/medicare-and-you).

### **Qualifying Event Reporting Obligations**

You must notify the plan administrator when certain life events occur. Failure to provide timely notification of these events may result in the loss of COBRA rights for one or more qualified beneficiaries. Notification procedures are enclosed with this notice; contact the plan administrator if you need assistance.

#### **You must immediately notify the plan administrator of:**

- A change in address for any covered family member.

#### **You must notify the plan administrator within 30 Days of the following events:**

- A family member becomes covered under another group health plan
- The Social Security Administration determines that a family member, after electing COBRA, is no longer disabled.

#### **You must notify the plan administrator within 60 Days of the following events:**

- Divorce or legal separation of the employee and spouse
- A child loses dependent status under the Plan (for example, ineligibility due to age)
- The occurrence of a secondary qualifying event after a qualified beneficiary is entitled to COBRA continuation coverage (described later in this notice under "Extending COBRA Coverage")
- A qualified beneficiary becomes disabled (described later in this notice under "Extending COBRA Coverage")

Refer to the enclosed notification procedures for details regarding your reporting obligations.

### **Your COBRA Election Rights**

**We Will Notify You of Your COBRA Election Rights.** When we receive timely notification that you have experienced a qualifying event, we will send you a notice called the "Notice of Right to Elect COBRA Continuation Coverage." The election notice summarizes your rights and obligations with respect to the qualifying event and includes instructions for electing COBRA. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouse, and parents may elect COBRA continuation coverage on behalf of their children.

## **Extending COBRA Coverage**

When the qualifying event is termination of employment or reduction in hours, qualified beneficiaries may be entitled to extend the maximum continuation period as a result of certain subsequent qualifying events.

### **Extension Due to Medicare Entitlement**

When the qualifying event is the termination of employment or the reduction in the employee's hours, and the employee became entitled to Medicare less than 18 months before the qualifying event, the employee's spouse and dependent children may be entitled to an extension of the 18-month period. The extended maximum continuation period ends on the later of:

- 36 months after the employee's Medicare entitlement date; or
- 18 months (or 29 months, if there is a disability extension) after the employee's termination of employment or reduction in hours.

For example, an employee and her spouse are covered under the group health plan at the time she voluntarily terminates her employment. If she became entitled to Medicare six months prior to the start of the 18-month COBRA coverage period, then her spouse's actual continuation coverage period will be a maximum of 30 months (36 months measured from the Medicare entitlement date; 30 months from the COBRA start date).

**SSA Disability and the 29-Month Maximum Coverage Period** If the qualifying event is the termination of employment or the reduction in the employee's hours, and the Social Security Administration (SSA) determines that a qualified beneficiary is disabled, the 18-month COBRA coverage period may be extended by 11 months to a maximum of 29 months. The extension applies to the disabled qualified beneficiary and to all other qualified beneficiaries who initially elected COBRA and who are still enrolled in continuation coverage at the time the disability determination is reported to the plan administrator. The following conditions must be met to qualify for the 11-month extension:

1. The SSA must determine that the qualified beneficiary is disabled;
2. The onset date of the disability, as determined by the SSA, must be no later than the 60<sup>th</sup> day of COBRA coverage<sup>\*</sup>; and;
3. The plan administrator must be notified of the SSA determination of disability within the original 18-month coverage period, but no later than 60 days after the latest of: 1) the date of the determination of disability by the SSA, 2) the date of the initial qualifying event, or 3) the date when coverage was originally lost.

<sup>\*</sup> If the disabled individual is a child who is born to, adopted by, or placed for adoption with the employee during his or her period of COBRA continuation coverage, the first 60-day period of COBRA coverage is measured from the date of birth, adoption or placement for adoption.

An administration fee of no more than 50 percent of the monthly premium may be charged during the 11-month extension period. Also be aware that the law requires you to notify the plan administrator within 30 days after the date of any final determination by the SSA that the qualified beneficiary is no longer disabled.

**Second Qualifying Events That Extend the Coverage Period to 36 Months** When certain events occur, the maximum coverage period for the spouse and/or a dependent child, if they are qualified beneficiaries, may be extended from 18 or 29 months to a maximum of 36 months from the date COBRA coverage began. The plan administrator must be notified of a second qualifying event within 60 days of its occurrence.

Events that may extend coverage to 36 months are:

- Divorce or legal separation from the employee;
- Death of the employee; and
- A child loses dependent status under the plan (only the child is eligible for the extension).

#### *Medicare Entitlement as a Second Qualifying Event*

Under rare circumstances, Medicare entitlement will constitute a second qualifying event. If the covered employee becomes entitled to Medicare *after* he or she elects COBRA coverage, and the Medicare entitlement results in a loss of eligibility under the Plan terms, the employee's spouse and dependent children (if they are qualified beneficiaries) will be entitled to an extension of continuation coverage to a maximum of 36 months.

#### **Adding Dependents to COBRA Coverage**

Generally, dependents added to continuation coverage are not qualified beneficiaries; they do not have independent election rights nor can they continue coverage independently of the person who added them. However, a child who is born to or placed for adoption with a covered employee during a period of continuation coverage is a qualified beneficiary with independent election and continuation rights.

#### **For More Information about Your Rights**

This notice does not fully describe continuation coverage or other rights under the plan. For more information about your rights under the plan, refer to your summary plan description or contact the plan administrator (contact information listed on page 1 of this notice).

#### **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified in this notice. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

## **YOUR HEALTH PLAN ID CARD**

Whenever you or your covered dependents receive care, please present your ID Card to the provider's office staff. They need the information provided on your card in order to complete any claims for payments.

### **Important things to remember:**

- Carry your ID Card at all times.
- Present it when you receive any services.
- Notify our Customer Service Department if your ID Card is lost or stolen.
- It is illegal to let anyone not specified on your plan to use your ID Card.

If you need additional ID Cards, please contact our Customer Service Department at the number shown on your ID Card or at 1-800-221-5313.



## **CUSTOMER SERVICE**

### **What to do if you have questions about your benefits:**

Our Customer Service Department is prepared to answer questions about your benefits. Be sure to tell us the customer number shown on your ID Card whenever you call or write us.

To contact us:

- Call the toll-free number shown on your ID Card.
- Write to the WPS address shown on your ID Card and include: "Attention: Customer Service."

### **When to call our Customer Service Department:**

- For an explanation of your covered benefits.
- To request additional or replacement ID Cards.
- For benefits and eligibility information.
- To find out whether a particular health care provider is a preferred provider.

## ***CHANGES IN COVERAGE STATUS***

To make sure you receive the coverage you're entitled to, it's important you notify us about changes in status. If you're part of a group plan, you can notify your employer of such changes. If you have an individual policy, please contact our Customer Service Department.

Whenever you are requesting coverage for a new spouse or dependent, or changing existing coverage (i.e., single to family or family to single), you must complete an enrollment application and return it to us within the time period specified in your benefit plan information. If you apply for coverage outside of the specified time periods and/or you have an individual policy, some requests for coverage may require health underwriting.

**Name change** - Submit an enrollment application with the appropriate name change(s).

**Your marriage** - You may apply for coverage for your spouse within 31 days of marriage.

**Newborn children, grandchildren, and newly adopted or prospective adoptive children** - Requirements differ for adding newborn children, grandchildren, and newly adopted or prospective adoptive children. For further details, please refer to your certificate of insurance, benefits booklet or policy.

**Marriage of a covered dependent** - If a covered dependent marries, coverage for that dependent ends on the date he/she marries.

**Covered dependent reaching limiting age or is now self-supporting** - If a covered dependent reaches the limiting age identified in your benefit information or provides 50% of his/her own support, he/she is no longer eligible for coverage under your benefit plan.

If your child is disabled, coverage may continue beyond the age limit specified in your benefit plan for dependent children (not dependent students.). Please notify us within 31 days of the date dependent coverage would typically end, explaining the child's disability and the name and address of the physician treating your child for the disability.

**Divorce or Annulment** - Your covered spouse's coverage ends on the date you are no longer married due to divorce or annulment.

**Death of a member, spouse or dependent** - Coverage ends on the date of death.

If a participant's coverage ends, he/she may be eligible for state continuation of coverage, federal continuation (COBRA) coverage, or a conversion policy. For further details, please see the appropriate sections of your certificate of insurance, benefits booklet or policy.

A certificate of insurance, benefits booklet, or policy is included in or with this Member Guide. Please review this information for answers to any eligibility questions you may have. If you need further assistance, please do not hesitate to contact our Customer Service Department at the number shown on your ID card.

## MISCELLANEOUS COVERAGE ISSUES

If you have any questions about the following coverage issues or any other aspect of your coverage, please feel free to call our Customer Service Department at the number shown on your ID Card.

- **Other Insurance Coverage** – If you, or any family member enrolled in our benefit plan, are also covered by another health insurance plan or health benefit plan, you must inform us as soon as possible. Having multiple health insurance or health benefit plans requires proper coordination. Once we are aware of any other existing plans you may have, we will be able to coordinate your benefits with them.

Coordination means that whenever two or more plans are involved, the plans work together to pay up to 100% of the covered charges-but not more. If you have questions about coordination of benefits, please call our Customer Service Department.

- **Medicare Carve-Out** – If covered charges are incurred by a member who is eligible to apply for Medicare, we will determine the benefits, if any, payable for those charges for covered health care services using our Medicare “Carve-Out” method. A member who is eligible for Medicare is considered enrolled in and covered under Medicare Parts A and B, whether or not he/she is actually enrolled in one or both parts of Medicare.

For example, if a member is eligible to enroll in Medicare Part B, but fails to do so, or terminates his/her Medicare Part B coverage, we will still determine the covered benefits payable under the policy as if that member had Medicare Part B coverage and Medicare paid Part B benefits, even if Medicare didn’t pay any Part B benefits.

## ***HOW TO FILE CLAIMS***

### ***How Do My Claims Get Processed?***

Present your ID Card to your provider at the time of your visit.

Most providers will file your claim for you. They may need additional information from you, such as whether you have other group medical coverage, before filing claims. If this does not occur, please contact your provider for a copy of the completed claim or itemized bill and forward it to the address shown on your ID Card. A specialized claim form isn't needed.

Both you and your provider will receive an Explanation of Benefits (EOB) explaining the processing of your claim. Payments will be forwarded directly to your provider unless otherwise indicated on the claim.

If you have a question, please contact our Customer Service Department at the toll-free phone number shown on your ID Card. To efficiently serve your needs, please present your customer number (shown on your ID Card) when placing the call.

### ***What Should be Submitted?***

Written proof of your claim should be submitted within 120 days of the date on which you receive the health care service and should contain the following items:

- Your customer number.
- The actual itemized bill for each health care service, including the diagnosis.
- The patient's name, date of birth, and nickname, if applicable, on each bill.
- If applicable, attach an Explanation of Benefits from another insurance company.
- Finally, please note if the bill(s) has been paid.

Send the bill(s) to the address shown on your ID card.

Should you have any questions, please feel free to call us between the hours of:

7:00 a.m. and 7:00 p.m., CST - Monday through Thursday

7:00 a.m. and 4:30 p.m., CST - Friday

# **MEMBERS' RIGHTS AND RESPONSIBILITIES**

As a member of WPS Health Insurance Company, we believe you have certain basic rights and responsibilities regarding your health care.

## **You have the Right To:**

1. Be treated with respect and recognition of your dignity and your right to privacy. You also have the right to privacy of your medical information received by us unless you allow the release of such information.
2. Participate with your physician or other health care provider in any decision making regarding your health care.
3. Have a candid discussion of appropriate or medically necessary treatment options for your medical condition.
4. Receive the right care at the right level at the right time by the right type of provider for your medical condition.
5. Receive information about preventive health care that is age and sex specific, and information about remaining as healthy as possible including self care and maintenance care for specific chronic diseases.
6. Receive care according to federal and state mandates.
7. Voice complaints or appeals about service from WPS Health Insurance or about care received.

## **You Have the Responsibility To:**

1. Provide, to the extent possible, information that WPS Health Insurance and your physician or health care provider need to care for you.
2. Be aware of your health care coverage and requirements/limitations under your certificate of coverage, including , but not limited to, precertification or prior authorization requirements and exclusions.
3. Ask questions about your diagnosis, your treatment plan and how to best manage your health.
4. Follow the plans and instructions for care on which you have agreed with your physician or other health care provider.



# 2020 Preferred Drug Guide

Large Group National Preferred Formulary

September 2020

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## LIST OF ABBREVIATIONS

### Route

|             |                   |                  |                  |
|-------------|-------------------|------------------|------------------|
| <b>CHEW</b> | chewable          | <b>IV</b>        | intravenous      |
| <b>DISP</b> | dispersible       | <b>LA</b>        | long acting      |
| <b>DR</b>   | delayed release   | <b>MISC</b>      | miscellaneous    |
| <b>EC</b>   | enteric coated    | <b>OPHTH</b>     | ophthalmic       |
| <b>ER</b>   | extended release  | <b>SC</b>        | subcutaneous     |
| <b>IR</b>   | immediate release | <b>SL</b>        | sublingual       |
| <b>INH</b>  | inhalation        | <b>SUSP</b>      | suspension       |
| <b>INJ</b>  | injection         | <b>TRANSDERM</b> | transdermal      |
| <b>IM</b>   | intramuscular     | <b>XR</b>        | extended release |

### Requirements / Limits

|               |  |
|---------------|--|
| <b>ACA</b>    | Affordable Care Act. The ACA requires that certain medications be provided at no cost to members for non-grandfathered plans.  |
| <b>LA, LD</b> | Limited Availability/Limited Distribution. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.  |
| <b>PA</b>     | Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug. Please check <a href="#">here</a> to find who would review your request.  |
| <b>QL</b>     | Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.  |
| <b>SP</b>     | Specialty drug. These drugs are typically higher cost and require special handling, administration, or monitoring. They may be available from a specialty pharmacy or via your retail pharmacy.  |
| <b>ST</b>     | Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. Please check <a href="#">here</a> to find who would review your request. |

## ACA PREVENTIVE DRUG LIST

This includes drugs covered at no cost to members for non-grandfathered plans due to the ACA mandates. Coverage is limited to: (1) generic drugs and (2) brand-name drugs when there is no generic equivalent.

1. **Aspirin** for the prevention of cardiovascular disease if you are between 50 - 69 years old.
2. **Fluoride supplements** if you are older than six months and less than 17 years old.
3. **Folic acid.**
4. **Oral contraceptives, contraceptive patches, contraceptive devices** for example, diaphragms, sponges, gel and female condoms) and **contraceptive vaginal rings** for birth control.
5. **Nicotine replacements** (for example, patches and gum) and covered drugs used for smoking cessation if you are at least 18 years old.
6. **Tamoxifen, raloxifene, anastrozole, or exemestane** for women  $\geq 35$  years old who are at increased risk for breast cancer and at low risk for adverse medication effects. A prior authorization may be required for coverage under the ACA mandate.
7. **Routine immunizations** recommended by the Centers for Disease Control Advisory Committee on Immunization Practices used in pediatrics and adults (not travel immunizations).
8. **Bowel preps** (limit of 2 prescriptions per year).
9. **Statins** (low/moderate dose, generic only) if you are between 40 - 75 years old.
10. **Preexposure prophylaxis (PrEP)** antiretroviral therapy for covered persons at high risk of HIV acquisition.



## ALPHABETICAL LISTING BY THERAPEUTIC CATEGORY AND DRUG CLASS

Inclusion on the list does not guarantee coverage.

The following list is not a complete list of products and prescription medical supplies that are on the formulary.

**PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription drug benefit programs.**

| Drug Name  | Route              | Requirements/<br>Limits | Drug Name  | Route | Requirements/<br>Limits |
|--|--------------------|-------------------------|--|-------|-------------------------|
| <b>ANTI - INFECTIVES</b>                                     |                    |                         | PYRIMETHAMINE TABLET   | oral  | PA; SP                  |
| <b>ANTIFUNGAL AGENTS</b>                                     |                    |                         | <i>quinine sulfate capsule</i>                                 | oral  |                         |
| <i>clotrimazole troche</i>                                   | mucous<br>membrane |                         | <b>ANTIMYCOBACTERIALS</b>                                      |       |                         |
| CRESEMBA CAPSULE   | oral               |                         | <i>ethambutol hcl tablet</i>                                   | oral  |                         |
| <i>fluconazole suspension;<br/>reconstituted; oral (ml)</i>  | oral               |                         | <i>isoniazid solution; oral</i>                                | oral  |                         |
| <i>fluconazole tablet</i>                                    | oral               |                         | <i>isoniazid tablet</i>  | oral  |                         |
| <i>fluconazole tablet 150 mg</i>                             | oral               | QL                      | PRIFTIN TABLET   | oral  |                         |
| <i>flucytosine capsule</i>                                   | oral               |                         | <i>pyrazinamide tablet</i>                                     | oral  |                         |
| <i>griseofulvin suspension;<br/>oral (final dose form)</i>   | oral               |                         | <i>rifabutin capsule</i>                                       | oral  |                         |
| <i>griseofulvin tablet</i>                                   | oral               |                         | <i>rifampin capsule</i>  | oral  |                         |
| <i>griseofulvin ultramicrosize<br/>tablet</i>                | oral               |                         | SIRTURO TABLET   | oral  | LA                      |
| <i>itraconazole capsule</i>                                  | oral               | QL                      | <b>ANTIPARASITICS</b>  |       |                         |
| <i>itraconazole solution; oral</i>                           | oral               |                         | <i>albendazole tablet</i>                                      | oral  |                         |
| <i>ketoconazole tablet</i>                                   | oral               |                         | ALINIA SUSPENSION;<br>RECONSTITUTED; ORAL<br>(ML)              | oral  |                         |
| NOXAFIL SUSPENSION;<br>ORAL (FINAL DOSE FORM)                | oral               |                         | ALINIA TABLET  | oral  |                         |
| <i>nystatin suspension; oral<br/>(final dose form)</i>       | oral               |                         | <i>atovaquone suspension;<br/>oral (final dose form)</i>       | oral  |                         |
| <i>nystatin tablet</i>                                       | oral               |                         | BENZNIDAZOLE TABLET  | oral  |                         |
| POSACONAZOLE<br>SUSPENSION; ORAL (FINAL<br>DOSE FORM)        | oral               |                         | EMVERM<br>TABLET;CHEWABLE                                      | oral  |                         |
| <i>posaconazole tablet;<br/>enteric coated</i>               | oral               |                         | IMPAVIDO CAPSULE   | oral  |                         |
| <i>terbinafine tablet</i>                                    | oral               |                         | <i>ivermectin tablet</i>                                       | oral  |                         |
| <i>voriconazole suspension;<br/>reconstituted; oral (ml)</i> | oral               |                         | <i>metronidazole capsule</i>                                   | oral  |                         |
| <i>voriconazole tablet</i>                                   | oral               |                         | <i>metronidazole tablet</i>                                    | oral  |                         |
| <b>ANTIMALARIALS</b>   |                    |                         | <i>paramomycin sulfate<br/>capsule</i>                         | oral  |                         |
| <i>atovaquone-proguanil hcl<br/>tablet</i>                   | oral               |                         | <i>pentamidine isethionate<br/>vial; nebulizer (ea)</i>        | INH   | QL                      |
| <i>chloroquine phosphate<br/>tablet</i>                      | oral               |                         | <i>praziquantel tablet</i>                                     | oral  |                         |
| COARTEM TABLET   | oral               |                         | SOLOSEC GRANULES;<br>DELAYED RELEASE; IN<br>PACKET             | oral  |                         |
| <i>hydroxychloroquine sulfate<br/>tablet</i>                 | oral               |                         | <i>tinidazole tablet</i>                                       | oral  |                         |
| <i>mefloquine hcl tablet</i>                                 | oral               |                         | <b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>                    |       |                         |
| <i>primaquine generic tablet</i>                             | oral               |                         | <i>azithromycin packet (ea)</i>                                | oral  |                         |
|  |                    |                         | <i>azithromycin suspension;<br/>reconstituted; oral (ml)</i>   | oral  |                         |
|  |                    |                         | <i>azithromycin tablet</i>                                     | oral  |                         |
|  |                    |                         | <i>clarithromycin suspension;<br/>reconstituted; oral (ml)</i> | oral  |                         |

Preferred Brand = UPPER CASE; generic = *lower case, italics*. Non-Preferred Brand medications are not listed. You can find information on what the symbols and abbreviations on this table mean by going to the [LIST OF ABBREVIATIONS](#) on page 2.

| Drug Name   | Route | Requirements/<br>Limits | Drug Name  | Route | Requirements/<br>Limits |
|---|-------|-------------------------|--|-------|-------------------------|
| <i>clarithromycin tablet</i>  | oral  |                         | CIMDUO TABLET  | oral  | SP                      |
| <i>clarithromycin er tablet;<br/>extended release 24 hr</i>                     | oral  |                         | CRIVAN CAPSULE   | oral  | SP                      |
| <i>e.e.s. tablet</i>  | oral  |                         | DESCOVY TABLET   | oral  | SP                      |
| <i>ery-tab tablet; enteric<br/>coated</i>                                       | oral  |                         | DIDANOSINE<br>CAPSULE;DELAYED<br>RELEASE (ENTERIC<br>COATED) | oral  | SP                      |
| <i>erythrocine stearate tablet</i>  | oral  |                         | DOVATO TABLET  | oral  | SP                      |
| <i>erythromycin<br/>capsule;delayed release<br/>(enteric coated)</i>            | oral  |                         | EDURANT TABLET   | oral  | SP                      |
| <i>erythromycin tablet</i>  | oral  |                         | EFAVIRENZA CAPSULE   | oral  | SP                      |
| <i>erythromycin tablet;<br/>enteric coated</i>                                  | oral  |                         | EFAVIRENZA TABLET  | oral  | SP                      |
| <i>erythromycin<br/>ethylsuccinate suspension;<br/>reconstituted; oral (ml)</i> | oral  |                         | EMTRIVA CAPSULE  | oral  | SP                      |
| <i>erythromycin<br/>ethylsuccinate tablet</i>                                   | oral  |                         | EMTRIVA SOLUTION; ORAL                                       | oral  | SP                      |
| <b>FIRST GENERATION CEPHALOSPORINS</b>  |       |                         | FOSAMPRENAVIR<br>CALCIUM TABLET                              | oral  | SP                      |
| <i>cefadroxil capsule</i>   | oral  |                         | FUZEON VIAL (EA)   | SC    | SP                      |
| <i>cefadroxil suspension;<br/>reconstituted; oral (ml)</i>                      | oral  |                         | GENVOYA TABLET   | oral  | SP                      |
| <i>cefadroxil tablet</i>  | oral  |                         | INTELENCE TABLET   | oral  | SP                      |
| <i>cephalexin capsule</i>   | oral  |                         | INVIRASE TABLET  | oral  | SP                      |
| <i>cephalexin suspension;<br/>reconstituted; oral (ml)</i>                      | oral  |                         | ISENTRESS POWDER IN<br>PACKET (EA)                           | oral  | SP                      |
| <i>cephalexin tablet</i>  | oral  |                         | ISENTRESS TABLET   | oral  | SP                      |
| <b>FLUOROQUINOLONES</b>   |       |                         | ISENTRESS<br>TABLET;CHEWABLE                                 | oral  | SP                      |
| BAXDELA TABLET  | oral  |                         | ISENTRESS HD TABLET  | oral  | SP                      |
| <i>ciprofloxacin suspension;<br/>microcapsule reconstituted</i>                 | oral  |                         | JULUCA TABLET  | oral  | SP                      |
| <i>ciprofloxacin hcl tablet</i>   | oral  |                         | KALETRA TABLET   | oral  | SP                      |
| <i>levofloxacin hemihydrate<br/>solution; oral</i>                              | oral  |                         | LAMIVUDINE SOLUTION;<br>ORAL                                 | oral  | SP                      |
| <i>levofloxacin hemihydrate<br/>tablet</i>                                      | oral  |                         | LAMIVUDINE TABLET  | oral  | SP                      |
| <i>moxifloxacin hcl tablet</i>  | oral  |                         | LAMIVUDINE-ZIDOVUDINE<br>TABLET                              | oral  | SP                      |
| <i>ofloxacin tablet</i>   | oral  |                         | LEXIVA SUSPENSION; ORAL<br>(FINAL DOSE FORM)                 | oral  | SP                      |
| <b>HIV/AIDS THERAPY</b>   |       |                         | LOPINAVIR-RITONAVIR<br>SOLUTION; ORAL                        | oral  | SP                      |
| ABACAIR SOLUTION;<br>ORAL   | oral  | SP                      | NEVIRAPINE SUSPENSION;<br>ORAL (FINAL DOSE FORM)             | oral  | SP                      |
| ABACAIR TABLET  | oral  | SP                      | NEVIRAPINE TABLET  | oral  | SP                      |
| ABACAIR-LAMIVUDINE<br>TABLET  | oral  | SP                      | NEVIRAPINE ER TABLET;<br>EXTENDED RELEASE 24 HR              | oral  | SP                      |
| ABACAIR-LAMIVUDINE-<br>ZIDOVUDINE TABLET  | oral  | SP                      | NORVIR POWDER IN<br>PACKET (EA)                              | oral  | SP                      |
| APTIVUS CAPSULE   | oral  | SP                      | NORVIR SOLUTION; ORAL  | oral  | SP                      |
| APTIVUS SOLUTION; ORAL  | oral  | SP                      | ODEFSEY TABLET   | oral  | SP                      |
| ATAZANAVIR SULFATE<br>CAPSULE   | oral  | SP                      | PREZISTA SUSPENSION;<br>ORAL (FINAL DOSE FORM)               | oral  | SP                      |
| BIKTARVY TABLET   | oral  | SP                      | PREZISTA TABLET  | oral  | SP                      |
|   |       |                         | RESCRIPTOR TABLET  | oral  | SP                      |
|   |       |                         | REYATAZ POWDER IN<br>PACKET (EA)                             | oral  | SP                      |

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| Drug Name  | Route | Requirements/<br>Limits |
|--|-------|-------------------------|
| RITONAVIR TABLET   | oral  | SP                      |
| SELZENTRY SOLUTION;<br>ORAL  | oral  | SP                      |
| SELZENTRY TABLET   | oral  | SP                      |
| STAVUDINE CAPSULE  | oral  | SP                      |
| SYMFI TABLET   | oral  | SP                      |
| SYMFI LO TABLET  | oral  | SP                      |
| SYMITUZA TABLET  | oral  | SP                      |
| TEMIXYS TABLET   | oral  | SP                      |
| TENOFOVIR DISOPROXIL<br>FUMARATE TABLET                                | oral  | SP                      |
| TIVICAY TABLET   | oral  | SP                      |
| TIVICAY PD TABLET FOR<br>SUSPENSION                                    | oral  | PA; SP                  |
| TRIUMEQ TABLET   | oral  | SP                      |
| TRUVADA TABLET   | oral  | SP                      |
| <i>truvada tablet 200-300 mg</i>                                       | oral  | ACA; SP                 |
| VIDEX SOLUTION;<br>RECONSTITUTED; ORAL                                 | oral  | SP                      |
| VIRACEPT TABLET  | oral  | SP                      |
| VIREAD POWDER (GRAM)   | oral  | SP                      |
| VIREAD TABLET  | oral  | SP                      |
| ZIDOVUDINE CAPSULE   | oral  | SP                      |
| ZIDOVUDINE SYRUP   | oral  | SP                      |
| ZIDOVUDINE TABLET  | oral  | SP                      |
| <b>MISC ANTIINFECTIVES</b>   |       |                         |
| ARIKAYCE VIAL; NEBULIZER<br>(ML)                                       | INH   | LA; PA; SP              |
| BETHKIS AMPUL FOR<br>NEBULIZATION (ML)                                 | INH   | PA; SP                  |
| CAYSTON VIAL; NEBULIZER<br>(ML)  | INH   | LA; PA; SP              |
| <i>clindamycin hcl capsule</i>   | oral  |                         |
| <i>clindamycin palmitate hcl<br/>solution; reconstituted;<br/>oral</i> | oral  |                         |
| <i>clindamycin pediatric<br/>solution; reconstituted;<br/>oral</i>     | oral  |                         |
| DALVANCE VIAL (EA)   | IV    | PA                      |
| <i>dapsone tablet</i>  | oral  |                         |
| KITABIS PAK AMPUL FOR<br>NEBULIZATION (ML)                             | INH   | PA; SP                  |
| <i>linezolid suspension;<br/>reconstituted; oral (ml)</i>              | oral  |                         |
| <i>linezolid tablet</i>  | oral  |                         |
| <i>neomycin sulfate tablet</i>   | oral  |                         |
| ORBACTIV VIAL (EA)   | IV    | PA                      |
| TOBI PODHALER CAPSULE  | INH   | PA; SP                  |
| TOBI PODHALER CAPSULE;<br>WITH INH DEVICE                              | INH   | PA; SP                  |

| Drug Name   | Route | Requirements/<br>Limits |
|---|-------|-------------------------|
| TOBRAMYCIN SULFATE<br>AMPUL FOR<br>NEBULIZATION (ML)                      | INH   | PA; SP                  |
| XIFAXAN TABLET 550 MG   | oral  |                         |
| <b>MISC ANTIVIRALS</b>  |       |                         |
| <i>acyclovir capsule</i>  | oral  |                         |
| <i>acyclovir suspension; oral<br/>(final dose form)</i>                   | oral  |                         |
| <i>acyclovir tablet</i>   | oral  |                         |
| <i>adefovir dipivoxil tablet</i>  | oral  |                         |
| <i>amantadine hcl capsule</i>   | oral  |                         |
| <i>amantadine hcl solution;<br/>oral</i>                                  | oral  |                         |
| <i>amantadine hcl tablet</i>  | oral  |                         |
| BARACLUDE SOLUTION;<br>ORAL   | oral  | PA                      |
| <i>entecavir tablet</i>   | oral  | PA                      |
| EPCLUSA TABLET  | oral  | PA; SP                  |
| EPIVIR HBV SOLUTION;<br>ORAL  | oral  |                         |
| <i>famciclovir tablet</i>   | oral  | QL                      |
| <i>ganciclovir sodium vial (ml)</i>                                       | IV    |                         |
| HARVONI PELLETS IN<br>PACKET (EA)   | oral  | PA; SP                  |
| HARVONI TABLET  | oral  | PA; SP                  |
| <i>lamivudine tablet 100 mg</i>   | oral  |                         |
| <i>oseltamivir phosphate<br/>capsule</i>                                  | oral  |                         |
| <i>oseltamivir phosphate<br/>suspension; reconstituted;<br/>oral (ml)</i> | oral  |                         |
| PREVYMIS TABLET   | oral  |                         |
| <i>ribavirin vial; nebulizer (ea)</i>                                     | INH   | PA                      |
| <i>rimantadine hcl tablet</i>   | oral  |                         |
| SYNAGIS VIAL (ML)   | IM    | LA; PA; SP              |
| <i>valacyclovir tablet</i>  | oral  | QL                      |
| <i>valganciclovir hcl solution;<br/>reconstituted; oral</i>               | oral  |                         |
| <i>valganciclovir hcl tablet</i>  | oral  |                         |
| VEMLIDY TABLET  | oral  | PA                      |
| VOSEVI TABLET   | oral  | PA; SP                  |
| ZEPATIER TABLET   | oral  | PA; SP                  |
| <b>PENICILLINS</b>  |       |                         |
| <i>amoxicillin capsule</i>  | oral  |                         |
| <i>amoxicillin suspension;<br/>reconstituted; oral (ml)</i>               | oral  |                         |
| <i>amoxicillin tablet</i>   | oral  |                         |
| <i>amoxicillin<br/>tablet; chewable</i>                                   | oral  |                         |

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| Drug Name  | Route | Requirements/<br>Limits | Drug Name   | Route | Requirements/<br>Limits |
|--|-------|-------------------------|---|-------|-------------------------|
| <i>amoxicillin-clavulanate pot<br/>er tablet; extended release<br/>12 hr</i>       | oral  |                         | <i>doxycycline hyclate<br/>capsule</i>                                      | oral  |                         |
| <i>amoxicillin-clavulanate<br/>potass suspension;<br/>reconstituted; oral (ml)</i> | oral  |                         | <i>doxycycline hyclate tablet</i>   | oral  |                         |
| <i>amoxicillin-clavulanate<br/>potass tablet</i>                                   | oral  |                         | <i>doxycycline hyclate tablet;<br/>enteric coated</i>                       | oral  |                         |
| <i>amoxicillin-clavulanate<br/>potass tablet;chewable</i>                          | oral  |                         | <i>doxycycline monohydrate<br/>capsule</i>                                  | oral  |                         |
| <i>ampicillin trihydrate<br/>capsule</i>   | oral  |                         | <i>doxycycline monohydrate<br/>suspension; reconstituted;<br/>oral (ml)</i> | oral  |                         |
| AUGMENTIN SUSPENSION;<br>RECONSTITUTED; ORAL<br>(ML)                               | oral  |                         | <i>doxycycline monohydrate<br/>tablet</i>                                   | oral  |                         |
| <i>dicloxacillin sodium<br/>capsule</i>  | oral  |                         | <i>minocycline hcl capsule</i>  | oral  |                         |
| <i>penicillin v potassium<br/>solution; reconstituted;<br/>oral</i>                | oral  |                         | <i>minocycline hcl tablet</i>   | oral  |                         |
| <i>penicillin v potassium<br/>tablet</i>   | oral  |                         | <i>minocycline hcl er tablet;<br/>extended release 24 hr</i>                | oral  | ST                      |
| SECOND GENERATION CEPHALOSPORINS   |       |                         | <i>monodoxyne nl capsule</i>  | oral  |                         |
| <i>cefaclor capsule</i>  | oral  |                         | <i>morgidox capsule</i>   | oral  |                         |
| <i>cefaclor suspension;<br/>reconstituted; oral (ml)</i>                           | oral  |                         | <i>okebo capsule</i>  | oral  |                         |
| <i>cefaclor er tablet;<br/>extended release 12 hr</i>                              | oral  |                         | ORACEA<br>CAPSULE;IMMEDIATE;<br>DELAY RELEASE;BIPHASE                       | oral  | ST                      |
| <i>cefepodoxime proxetil<br/>suspension; reconstituted;<br/>oral (ml)</i>          | oral  |                         | <i>tetracycline hcl capsule</i>   | oral  |                         |
| <i>cefepodoxime proxetil<br/>tablet</i>  | oral  |                         | THIRD GENERATION CEPHALOSPORINS   |       |                         |
| <i>cefprozil suspension;<br/>reconstituted; oral (ml)</i>                          | oral  |                         | <i>cefdinir capsule</i>   | oral  |                         |
| <i>cefprozil tablet</i>  | oral  |                         | <i>cefdinir suspension;<br/>reconstituted; oral (ml)</i>                    | oral  |                         |
| <i>cefuroxime axetil tablet</i>  | oral  |                         | <i>cefditoren pivoxil tablet</i>  | oral  |                         |
| SULFA'S & RELATED AGENTS   |       |                         | <i>cefixime capsule</i>   | oral  |                         |
| <i>sulfadiazine tablet</i>   | oral  |                         | <i>cefixime suspension;<br/>reconstituted; oral (ml)</i>                    | oral  |                         |
| <i>sulfamethoxazole/trimeth<br/>oprim suspension; oral<br/>(final dose form)</i>   | oral  |                         | URINARY TRACT AGENTS  |       |                         |
| <i>sulfamethoxazole/trimeth<br/>oprim tablet</i>                                   | oral  |                         | <i>methenamine hippurate<br/>tablet</i>                                     | oral  |                         |
| <i>sulfatrim suspension; oral<br/>(final dose form)</i>                            | oral  |                         | <i>methenamine mandelate<br/>tablet</i>                                     | oral  |                         |
| TETRACYCLINES  |       |                         | <i>nitrofurantoin capsule</i>   | oral  |                         |
| <i>avidoxy tablet</i>  | oral  |                         | <i>nitrofurantoin suspension;<br/>oral (final dose form)</i>                | oral  |                         |
| <i>coremino tablet; extended<br/>release 24 hr</i>                                 | oral  |                         | <i>nitrofurantoin<br/>macrocrystal capsule</i>                              | oral  |                         |
| <i>demeclocycline hcl tablet</i>   | oral  |                         | <i>trimethoprim tablet</i>  | oral  |                         |
|  |       |                         | VANCOMYCIN  |       |                         |
|  |       |                         | <i>vancomycin hcl capsule</i>   | oral  |                         |
|  |       |                         | <i>vancomycin hcl solution;<br/>reconstituted; oral</i>                     | oral  |                         |
|  |       |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT<br>DRUGS                                 |       |                         |
|  |       |                         | ADJUNCTIVE AGENTS   |       |                         |
|  |       |                         | <i>amifostine vial (ea)</i>   | IV    | PA                      |

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| Drug Name                         | Route | Requirements/<br>Limits |
|-----------------------------------|-------|-------------------------|
| ELITEK VIAL (EA)                  | IV    | PA                      |
| KEPIVANCE VIAL (EA)               | IV    | PA; SP                  |
| <i>leucovorin calcium tablet</i>  | oral  |                         |
| MESNEX TABLET                     | oral  |                         |
| VISTOGARD GRANULES IN PACKET (EA) | oral  | PA; SP                  |
| VORAXAZE VIAL (EA)                | IV    | PA                      |
| XGEVA VIAL (ML)                   | SC    | PA; SP                  |
| <b>ALKYLATING AGENTS</b>          |       |                         |
| BENDEKA VIAL (ML)                 | IV    | PA; SP                  |
| <i>busulfan vial (ml)</i>         | IV    | PA                      |
| <i>carboplatin vial (ml)</i>      | IV    | PA                      |
| <i>carmustine vial (ea)</i>       | IV    | PA                      |
| CYCLOPHOSPHAMIDE CAPSULE          | oral  |                         |
| GLEOSTINE CAPSULE                 | oral  | PA                      |
| LEUKERAN TABLET                   | oral  |                         |
| MELPHALAN HCL TABLET              | oral  |                         |
| <i>melphalan hcl vial (ea)</i>    | IV    | PA                      |
| MYLERAN TABLET                    | oral  | PA                      |
| <i>oxaliplatin vial (ea)</i>      | IV    | PA                      |
| <i>oxaliplatin vial (ml)</i>      | IV    | PA                      |
| <i>paraplatin vial (ml)</i>       | IV    | PA                      |
| TEMODAR VIAL (EA)                 | IV    | PA; SP                  |
| TEMOZOLOMIDE CAPSULE              | oral  | PA; SP                  |
| <i>thiotepa vial (ea)</i>         | INJ   | PA                      |
| TREANDA VIAL (EA)                 | IV    | PA; SP                  |
| ZANOSAR VIAL (EA)                 | IV    | PA                      |
| <b>ANTIANDROGENS</b>              |       |                         |
| ABIRATERONE ACETATE TABLET        | oral  | PA; SP                  |
| BICALUTAMIDE TABLET               | oral  |                         |
| ERLEADA TABLET                    | oral  | PA; SP                  |
| FLUTAMIDE CAPSULE                 | oral  | PA                      |
| NILUTAMIDE TABLET                 | oral  | PA                      |
| NUBEQA TABLET                     | oral  | LA; PA; SP              |
| XTANDI CAPSULE                    | oral  | PA; SP                  |
| YONSA TABLET                      | oral  | PA; SP                  |
| ZYTIGA TABLET                     | oral  | PA; SP                  |
| <b>ANTIESTROGENS</b>              |       |                         |
| ANASTROZOLE TABLET                | oral  | ACA                     |
| EXEMESTANE TABLET                 | oral  | ACA                     |
| <i>fulvestrant syringe (ml)</i>   | IM    | PA                      |
| LETROZOLE TABLET                  | oral  |                         |
| TAMOXIFEN CITRATE TABLET          | oral  | ACA                     |
| TOREMIFENE CITRATE TABLET         | oral  | PA                      |
| <b>ANTIMETABOLITES</b>            |       |                         |
| ALIMTA VIAL (EA)                  | IV    | PA                      |

| Drug Name   | Route | Requirements/<br>Limits |
|---|-------|-------------------------|
| ARRANON VIAL (ML)   | IV    | PA; SP                  |
| AZACITIDINE VIAL (EA)   | INJ   | PA; SP                  |
| CAPECITABINE TABLET   | oral  | PA; SP                  |
| <i>clofarabine vial (ml)</i>                                  | IV    | PA                      |
| <i>cytarabine vial (ml)</i>                                   | INJ   | PA                      |
| DECITABINE VIAL (EA)  | IV    | PA; SP                  |
| <i>floxuridine vial (ea)</i>                                  | INJ   | PA                      |
| FOLOTYN VIAL (ML)   | IV    | PA; SP                  |
| <i>gemcitabine hcl vial (ea)</i>                              | IV    | PA                      |
| <i>gemcitabine hcl vial (ml)</i>                              | IV    | PA                      |
| MERCAPTOPYRINE TABLET   | oral  |                         |
| METHOTREXATE TABLET   | oral  |                         |
| <i>methotrexate vial (ea)</i>                                 | INJ   |                         |
| <i>methotrexate vial (ml)</i>                                 | INJ   |                         |
| METHOTREXATE SODIUM TABLET                                    | oral  |                         |
| <i>methotrexate sodium vial (ea)</i>                          | INJ   |                         |
| <i>methotrexate sodium vial (ml)</i>                          | INJ   |                         |
| PURIXAN SUSPENSION;<br>ORAL (FINAL DOSE FORM)                 | oral  | PA; SP                  |
| <b>HORMONES</b>   |       |                         |
| <i>megestrol acetate suspension; oral (final dose form)</i>   | oral  |                         |
| MEGESTROL ACETATE TABLET                                      | oral  |                         |
| <b>IMMUNOSUPPRESSANT DRUGS</b>                                |       |                         |
| AZATHIOPRINE TABLET   | oral  | SP                      |
| CYCLOSPORINE CAPSULE  | oral  | SP                      |
| CYCLOSPORINE SOLUTION;<br>ORAL                                | oral  | SP                      |
| EVEROLIMUS TABLET   | oral  | PA; SP                  |
| GENGRAF CAPSULE   | oral  | SP                      |
| GENGRAF SOLUTION;<br>ORAL                                     | oral  | SP                      |
| MYCOPHENOLATE MOFETIL CAPSULE                                 | oral  | SP                      |
| MYCOPHENOLATE MOFETIL SUSPENSION;<br>RECONSTITUTED; ORAL (ML) | oral  | SP                      |
| MYCOPHENOLATE MOFETIL TABLET                                  | oral  | SP                      |
| MYCOPHENOLIC ACID TABLET; ENTERIC COATED                      | oral  | SP                      |
| NULOJIX VIAL (EA)   | IV    | PA; SP                  |
| PROGRAF GRANULES IN PACKET (EA)                               | oral  | SP                      |

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| Drug Name                                      | Route | Requirements/<br>Limits | Drug Name                            | Route | Requirements/<br>Limits |
|--|-------|-------------------------|--------------------------------------|-------|-------------------------|
| SANDIMMUNE SOLUTION;<br>ORAL                   | oral  | SP                      | ELIGARD SYRINGE (EA)                 | SC    | PA; SP                  |
| SIROLIMUS SOLUTION;<br>ORAL                    | oral  | SP                      | EMCYT CAPSULE                        | oral  |                         |
| SIROLIMUS TABLET                               | oral  | SP                      | ERBITUX VIAL (ML)                    | IV    | PA; SP                  |
| TACROLIMUS CAPSULE                             | oral  | SP                      | ERIVEDGE CAPSULE                     | oral  | PA; SP                  |
| ZORTRESS TABLET                                | oral  | PA; SP                  | ERLOTINIB HCL TABLET                 | oral  | PA; SP                  |
| <b>MISC ANTINEOPLASTIC DRUGS</b>               |       |                         | ETOPOSIDE CAPSULE                    | oral  |                         |
| ABRAXANE VIAL (EA)                             | IV    | PA; SP                  | EVEROLIMUS TABLET                    | oral  | PA; SP                  |
| ADAKVEO VIAL (ML)                              | IV    | PA; SP                  | FIRMAGON VIAL (EA)                   | SC    | PA; SP                  |
| ADCETRIS VIAL (EA)                             | IV    | PA; SP                  | GAZYVA VIAL (ML)                     | IV    | PA; SP                  |
| <i>adriamycin vial (ea)</i>                    | IV    | PA                      | GILOTRIF TABLET                      | oral  | PA; SP                  |
| <i>adriamycin vial (ml)</i>                    | IV    | PA                      | HALAVEN VIAL (ML)                    | IV    | PA; SP                  |
| AFINITOR TABLET                                | oral  | PA; SP                  | HYCAMTIN CAPSULE                     | oral  | PA; SP                  |
| AFINITOR DISPERZ TABLET<br>FOR SUSPENSION      | oral  | PA; SP                  | HYDROXYUREA CAPSULE                  | oral  |                         |
| ALECENSA CAPSULE                               | oral  | PA; SP                  | IBRANCE CAPSULE                      | oral  | PA; SP                  |
| ALIQOPA VIAL (EA)                              | IV    | LA; PA; SP              | IBRANCE TABLET                       | oral  | PA; SP                  |
| ALUNBRIG TABLET                                | oral  | PA; SP                  | ICLUSIG TABLET                       | oral  | PA; SP                  |
| ALUNBRIG TABLET; DOSE<br>PACK                  | oral  | PA; SP                  | <i>idarubicin hcl vial (ml)</i>      | IV    | PA                      |
| <i>arsenic trioxide vial (ml)</i>              | IV    | PA                      | IDHIFA TABLET                        | oral  | LA; PA; SP              |
| BALVERSA TABLET                                | oral  | LA; PA; SP              | IMATINIB MESYLATE<br>TABLET          | oral  | PA; SP                  |
| BAVENCIO VIAL (ML)                             | IV    | LA; PA; SP              | IMBRUVICA CAPSULE                    | oral  | PA; SP                  |
| BESPONSA VIAL (EA)                             | IV    | PA; SP                  | IMBRUVICA TABLET                     | oral  | PA; SP                  |
| BEXAROTENE CAPSULE                             | oral  | PA; SP                  | IMFINZI VIAL (ML)                    | IV    | LA; PA; SP              |
| <i>bleomycin sulfate vial (ea)</i>             | INJ   | PA                      | INLYTA TABLET                        | oral  | PA; SP                  |
| BLINCYTO KIT                                   | IV    | PA; SP                  | IRESSA TABLET                        | oral  | PA; SP                  |
| BOSULIF TABLET                                 | oral  | PA; SP                  | <i>irinotecan hcl vial (ml)</i>      | IV    | PA                      |
| CABOMETYX TABLET                               | oral  | LA; PA; SP              | ISTODAX VIAL (EA)                    | IV    | PA; SP                  |
| CAPRELSA TABLET                                | oral  | LA; PA; SP              | IXEMPRA VIAL (EA)                    | IV    | PA; SP                  |
| <i>cladribine vial (ml)</i>                    | IV    | PA                      | JAKAFI TABLET                        | oral  | PA; SP                  |
| COMETRIQ CAPSULE                               | oral  | PA; SP                  | JEVTANA VIAL (ML)                    | IV    | PA; SP                  |
| COTELLIC TABLET                                | oral  | LA; PA; SP              | KADCYLA VIAL (EA)                    | IV    | PA; SP                  |
| CYRAMZA VIAL (ML)                              | IV    | PA; SP                  | KEYTRUDA VIAL (ML)                   | IV    | PA; SP                  |
| <i>dacarbazine vial (ea)</i>                   | IV    | PA                      | KYMRIAH PLASTIC BAG; INJ<br>(EA)     | IV    | PA; SP                  |
| <i>dactinomycin vial (ea)</i>                  | IV    | PA                      | KYPROLIS VIAL (EA)                   | IV    | PA; SP                  |
| DARZALEX VIAL (ML)                             | IV    | LA; PA; SP              | LENVIMA CAPSULE                      | oral  | PA; SP                  |
| <i>daunorubicin hcl vial (ea)</i>              | IV    | PA                      | LEUPROLIDE ACETATE KIT               | SC    | PA; SP                  |
| <i>daunorubicin hcl vial (ml)</i>              | IV    | PA                      | <i>lipodox vial (ml)</i>             | IV    | PA                      |
| DOCEFREZ VIAL (EA)                             | IV    | PA                      | LONSURF TABLET                       | oral  | PA; SP                  |
| <i>docetaxel vial (ml)</i>                     | IV    | PA                      | LORBRENA TABLET                      | oral  | PA; SP                  |
| DOCETAXEL VIAL (ML)<br>200MG/10ML              | IV    | PA                      | LUPRON DEPOT SYRINGE<br>KIT (EA)     | IM    | PA; SP                  |
| <i>docetaxel vial (ml)</i>                     | IV    | PA                      | LUPRON DEPOT-PED KIT                 | IM    | PA; SP                  |
| <i>doxorubicin hcl vial (ea)</i>               | IV    | PA                      | LUPRON DEPOT-PED<br>SYRINGE KIT (EA) | IM    | PA; SP                  |
| <i>doxorubicin hcl vial (ml)</i>               | IV    | PA                      | LYNPARZA TABLET                      | oral  | PA; SP                  |
| <i>doxorubicin hcl liposomal<br/>vial (ml)</i> | IV    | PA                      | LYSODREN TABLET                      | oral  | PA                      |
| DROXIA CAPSULE                                 | oral  |                         | MARQIBO KIT                          | IV    | PA; SP                  |
|  |       |                         | MATULANE CAPSULE                     | oral  | PA; SP                  |
|  |       |                         | MEKINIST TABLET                      | oral  | PA; SP                  |

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|------------------------------------|---------|-------------------------|
| <i>mitomycin vial (ea)</i>         | IV      | PA                      |
| MITOXANTRONE VIAL (ML)             | IV      | PA; SP                  |
| MYLOTARG VIAL (EA)                 | IV      | LA; PA; SP              |
| NERLYNX TABLET                     | oral    | LA; PA; SP              |
| NEXAVAR TABLET                     | oral    | LA; PA; SP              |
| NINLARO CAPSULE                    | oral    | PA; SP                  |
| OCTREOTIDE ACETATE<br>AMPUL (ML)   | INJ     | PA; SP                  |
| OCTREOTIDE ACETATE<br>SYRINGE (ML) | INJ     | PA; SP                  |
| OCTREOTIDE ACETATE<br>VIAL (ML)    | INJ     | PA; SP                  |
| ODOMZO CAPSULE                     | oral    | LA; PA; SP              |
| ONCASPAR VIAL (ML)                 | INJ     | PA                      |
| ONIVYDE VIAL (ML)                  | IV      | PA; SP                  |
| OPDIVO VIAL (ML)                   | IV      | PA; SP                  |
| <i>paclitaxel vial (ml)</i>        | IV      | PA                      |
| PERJETA VIAL (ML)                  | IV      | PA; SP                  |
| PHOTOFRIN VIAL (EA)                | IV      | PA                      |
| ROZLYTREK CAPSULE                  | oral    | LA; PA; SP              |
| RUBRACA TABLET                     | oral    | LA; PA; SP              |
| RUXIENCE VIAL (ML)                 | IV      | PA; SP                  |
| RYDAPT CAPSULE                     | oral    | PA; SP                  |
| SIGNIFOR AMPUL (ML)                | SC      | PA; SP                  |
| SOMATULINE DEPOT<br>SYRINGE (ML)   | SC      | PA; SP                  |
| SPRYCEL TABLET                     | oral    | PA; SP                  |
| STIVARGA TABLET                    | oral    | PA; SP                  |
| SUTENT CAPSULE                     | oral    | PA; SP                  |
| SYLVANT VIAL (EA)                  | IV      | PA; SP                  |
| SYNRIBO VIAL (EA)                  | SC      | PA; SP                  |
| TAFINLAR CAPSULE                   | oral    | PA; SP                  |
| TAGRISSO TABLET                    | oral    | LA; PA; SP              |
| TALZENNA CAPSULE                   | oral    | PA; SP                  |
| TARGRETIN GEL (GRAM)               | topical | PA; SP                  |
| TASIGNA CAPSULE                    | oral    | PA; SP                  |
| TECENTRIQ VIAL (ML)                | IV      | LA; PA; SP              |
| TEMSIROLIMUS VIAL (ML)             | IV      | PA; SP                  |
| TENIPOSIDE AMPUL (ML)              | IV      | PA                      |
| THALOMID CAPSULE                   | oral    | PA; SP                  |
| TIBSOVO TABLET                     | oral    | PA; SP                  |
| TOPOTECAN HCL VIAL (EA)            | IV      | PA; SP                  |
| TOPOTECAN HCL VIAL (ML)            | IV      | PA; SP                  |
| TRAZIMERA VIAL (EA)                | IV      | PA; SP                  |
| TRETINOIN CAPSULE                  | oral    | PA                      |
| TRIPTODUR VIAL (EA)                | IM      | PA; SP                  |
| TYKERB TABLET                      | oral    | LA; PA; SP              |
| UNITUXIN VIAL (ML)                 | IV      | PA; SP                  |
| VANTAS KIT                         | implant | PA; SP                  |
| VECTIBIX VIAL (ML)                 | IV      | PA; SP                  |

| Drug Name  | Route | Requirements/<br>Limits |
|--|-------|-------------------------|
| VELCADE VIAL (EA)  | INJ   | PA; SP                  |
| VENCLEXTA TABLET   | oral  | LA; PA; SP              |
| VENCLEXTA STARTING<br>PACK TABLET; DOSE PACK                             | oral  | PA; SP                  |
| VERZENIO TABLET  | oral  | LA; PA; SP              |
| <i>vinorelbine tartrate vial<br/>(ml)</i>                                | IV    | PA                      |
| VITRAKVI CAPSULE   | oral  | LA; PA; SP              |
| VITRAKVI SOLUTION; ORAL  | oral  | LA; PA; SP              |
| VIZIMPRO TABLET  | oral  | PA; SP                  |
| VOTRIENT TABLET  | oral  | PA; SP                  |
| VYXEOS LIPOSOME VIAL<br>(EA)   | IV    | PA; SP                  |
| XALKORI CAPSULE  | oral  | PA; SP                  |
| XERMELO TABLET   | oral  | LA; PA; SP              |
| XOSPATA TABLET   | oral  | LA; PA; SP              |
| YERVOY VIAL (ML)   | IV    | PA; SP                  |
| YESCARTA PLASTIC BAG;<br>INJ (EA)  | IV    | PA; SP                  |
| YONDELIS VIAL (EA)   | IV    | PA; SP                  |
| ZALTRAP VIAL (ML)  | IV    | PA; SP                  |
| ZEJULA CAPSULE   | oral  | LA; PA; SP              |
| ZELBORAF TABLET  | oral  | PA; SP                  |
| ZEVALIN KIT  | IV    | PA                      |
| ZOLADEX IMPLANT (EA)   | SC    | PA; SP                  |
| ZOLINZA CAPSULE  | oral  | PA; SP                  |
| ZYDELIG TABLET   | oral  | PA; SP                  |
| ZYKADIA TABLET   | oral  | PA; SP                  |
| <b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp;<br/>PSYCH</b>              |       |                         |
| <b>ANTICONVULSANTS</b>   |       |                         |
| BANZEL SUSPENSION;<br>ORAL (FINAL DOSE FORM)                             | oral  | PA                      |
| BANZEL TABLET  | oral  | PA                      |
| <i>carbamazepine<br/>suspension; oral (final dose<br/>form)</i>          | oral  |                         |
| <i>carbamazepine tablet</i>  | oral  |                         |
| <i>carbamazepine<br/>tablet;chewable</i>                                 | oral  |                         |
| <i>carbamazepine er<br/>capsule;extended release<br/>multiphase 12hr</i> | oral  |                         |
| <i>carbamazepine er tablet;<br/>extended release 12 hr</i>               | oral  |                         |
| CELONTIN CAPSULE   | oral  |                         |
| <i>clobazam suspension; oral<br/>(final dose form)</i>                   | oral  | PA                      |
| <i>clobazam tablet</i>   | oral  | PA                      |
| <i>clonazepam tablet</i>   | oral  |                         |

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| Drug Name  | Route  | Requirements/<br>Limits | Drug Name   | Route | Requirements/<br>Limits |
|--|--------|-------------------------|---|-------|-------------------------|
| <i>clonazepam tablet;disintegrating</i>                    | oral   |                         | <i>oxcarbazepine suspension; oral (final dose form)</i> | oral  |                         |
| DIACOMIT CAPSULE   | oral   | PA; SP                  | <i>oxcarbazepine tablet</i>                             | oral  |                         |
| DIACOMIT POWDER IN PACKET (EA)                             | oral   | PA; SP                  | PEGANONE TABLET   | oral  |                         |
| <i>diazepam kit</i>  | rectal |                         | <i>phenobarbital elixir</i>                             | oral  |                         |
| DILANTIN CAPSULE   | oral   |                         | <i>phenobarbital tablet</i>                             | oral  |                         |
| <i>divalproex sodium capsule; delayed release sprinkle</i> | oral   |                         | <i>phenytoin suspension; oral (final dose form)</i>     | oral  |                         |
| <i>divalproex sodium tablet; enteric coated</i>            | oral   |                         | <i>phenytoin tablet;chewable</i>                        | oral  |                         |
| <i>divalproex sodium er tablet; extended release 24 hr</i> | oral   |                         | <i>phenytoin sodium capsule</i>                         | oral  |                         |
| EPIDIOLEX SOLUTION; ORAL                                   | oral   | LA; PA; SP              | <i>pregabalin capsule</i>                               | oral  |                         |
| <i>epitol tablet</i>                                       | oral   |                         | <i>pregabalin solution; oral</i>                        | oral  |                         |
| <i>ethosuximide capsule</i>                                | oral   |                         | <i>primidone tablet</i>                                 | oral  |                         |
| <i>ethosuximide solution; oral</i>                         | oral   |                         | QUDEXY XR CAPSULE SPRINKLE; EXTENDED RELEASE 24 HR      | oral  |                         |
| <i>felbamate suspension; oral (final dose form)</i>        | oral   |                         | <i>roweepra tablet</i>                                  | oral  |                         |
| <i>felbamate tablet</i>                                    | oral   |                         | <i>subvenite tablet</i>                                 | oral  |                         |
| FYCOMPA SUSPENSION; ORAL (FINAL DOSE FORM)                 | oral   |                         | <i>subvenite tablet; dose pack</i>                      | oral  |                         |
| FYCOMPA TABLET   | oral   |                         | <i>tiagabine hcl tablet</i>                             | oral  |                         |
| <i>gabapentin capsule</i>                                  | oral   |                         | <i>topiramate capsule; sprinkle</i>                     | oral  |                         |
| <i>gabapentin solution; oral</i>                           | oral   |                         | <i>topiramate tablet</i>                                | oral  |                         |
| <i>gabapentin tablet</i>                                   | oral   |                         | <i>valproic acid capsule</i>                            | oral  |                         |
| <i>lamotrigine tablet</i>                                  | oral   |                         | <i>valproic acid solution; oral</i>                     | oral  |                         |
| <i>lamotrigine tablet; chewable dispersible</i>            | oral   |                         | VIGABATRIN POWDER IN PACKET (EA)                        | oral  | LA; PA; SP              |
| <i>lamotrigine tablet; extended release 24 hr</i>          | oral   |                         | VIGABATRIN TABLET                                       | oral  | LA; PA; SP              |
| <i>lamotrigine (blue) tablet; dose pack</i>                | oral   |                         | VIGADRONE POWDER IN PACKET (EA)                         | oral  | PA; SP                  |
| <i>lamotrigine (green) tablet; dose pack</i>               | oral   |                         | VIMPAT SOLUTION; ORAL                                   | oral  |                         |
| <i>lamotrigine (orange) tablet; dose pack</i>              | oral   |                         | VIMPAT TABLET   | oral  |                         |
| <i>lamotrigine odt tablet;disintegrating</i>               | oral   |                         | <i>zonisamide capsule</i>                               | oral  |                         |
| <i>lamotrigine odt tablet;disintegrating; dose pack</i>    | oral   |                         | <b>ANTIPARKINSONISM AGENTS</b>                          |       |                         |
| <i>levetiracetam solution; oral</i>                        | oral   |                         | APOKYN CARTRIDGE (ML)                                   | SC    | LA; PA; SP              |
| <i>levetiracetam tablet</i>                                | oral   |                         | <i>benztropine mesylate tablet</i>                      | oral  |                         |
| <i>levetiracetam tablet; extended release 24 hr</i>        | oral   |                         | <i>bromocriptine mesylate capsule</i>                   | oral  |                         |
| NAYZILAM SPRAY; NON-AEROSOL (EA)                           | nasal  |                         | <i>bromocriptine mesylate tablet</i>                    | oral  |                         |
|  |        |                         | <i>carbidopa tablet</i>                                 | oral  |                         |
|  |        |                         | <i>carbidopa/levodopa tablet</i>                        | oral  |                         |
|  |        |                         | <i>carbidopa/levodopa tablet;disintegrating</i>         | oral  |                         |
|  |        |                         | <i>carbidopa-levodopa er tablet; extended release</i>   | oral  |                         |
|  |        |                         | <i>carbidopa-levodopa-entacapone tablet</i>             | oral  |                         |
|  |        |                         | <i>entacapone tablet</i>                                | oral  |                         |

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| Drug Name  | Route | Requirements/<br>Limits | Drug Name   | Route | Requirements/<br>Limits |
|--|-------|-------------------------|---|-------|-------------------------|
| INBRIJA CAPSULE; WITH INH DEVICE                     | INH   | PA; SP                  | <i>apap-caffeine-dihydrocodeine capsule</i>       | oral  |                         |
| <i>pramipexole di-hcl tablet</i>                     | oral  |                         | <i>apap-caffeine-dihydrocodeine tablet</i>        | oral  |                         |
| <i>pramipexole er tablet; extended release 24 hr</i> | oral  |                         | <i>asa-butalb-caff-cod capsule</i>                | oral  |                         |
| <i>rasagiline mesylate tablet</i>                    | oral  |                         | <i>ascomp with codeine capsule</i>                | oral  |                         |
| <i>ropinirole hcl tablet</i>                         | oral  |                         | <i>butalbital compound capsule</i>                | oral  |                         |
| <i>ropinirole hcl tablet; extended release 24 hr</i> | oral  |                         | <i>butalbital compound w/codeine capsule</i>      | oral  |                         |
| <i>selegiline hcl capsule</i>                        | oral  |                         | <i>butalbital w/acetaminophen tablet</i>          | oral  |                         |
| <i>selegiline hcl tablet</i>                         | oral  |                         | <i>butalbital/apap/caffeine capsule</i>           | oral  |                         |
| <i>tolcapone tablet</i>                              | oral  |                         | <i>butalbital/apap/caffeine tablet</i>            | oral  |                         |
| <i>trihexyphenidyl hcl elixir</i>                    | oral  |                         | <i>butalbital/caff/apap/codeine capsule</i>       | oral  |                         |
| <i>trihexyphenidyl hcl tablet</i>                    | oral  |                         | <i>butalbital-asp-caffeine capsule</i>            | oral  |                         |
| <b>ANXIOLYTICS</b>                                   |       |                         | <i>butalbital-asp-caffeine tablet</i>             | oral  |                         |
| <i>alprazolam tablet</i>                             | oral  |                         | <i>dvorah tablet</i>                              | oral  |                         |
| <i>alprazolam er tablet; extended release 24 hr</i>  | oral  |                         | <i>endocet tablet</i>                             | oral  |                         |
| <i>alprazolam intensol concentrate; oral</i>         | oral  |                         | <i>hydrocodone bit-ibuprofen tablet</i>           | oral  |                         |
| <i>alprazolam odt tablet; disintegrating</i>         | oral  |                         | <i>hydrocodone w/acetaminophen solution; oral</i> | oral  |                         |
| <i>alprazolam xr tablet; extended release 24 hr</i>  | oral  |                         | <i>hydrocodone w/acetaminophen tablet</i>         | oral  |                         |
| <i>buspirone hcl tablet</i>                          | oral  |                         | <i>lorcet tablet</i>                              | oral  |                         |
| <i>chlordiazepoxide hcl capsule</i>                  | oral  |                         | <i>lorcet hd tablet</i>                           | oral  |                         |
| <i>clorazepate dipotassium tablet</i>                | oral  |                         | <i>lorcet plus tablet</i>                         | oral  |                         |
| <i>diazepam concentrate; oral</i>                    | oral  |                         | <i>oxycodone hcl-ibuprofen tablet</i>             | oral  |                         |
| <i>diazepam solution; oral</i>                       | oral  |                         | <i>oxycodone w/acetaminophen tablet</i>           | oral  |                         |
| <i>diazepam tablet</i>                               | oral  |                         | <i>oxycodone w/aspirin tablet</i>                 | oral  |                         |
| <i>lorazepam concentrate; oral</i>                   | oral  |                         | <i>phrenilin forte capsule</i>                    | oral  |                         |
| <i>lorazepam tablet</i>                              | oral  |                         | <i>prolate tablet</i>                             | oral  |                         |
| <i>lorazepam intensol concentrate; oral</i>          | oral  |                         | <i>tencon tablet</i>                              | oral  |                         |
| <i>midazolam hcl syrup</i>                           | oral  |                         | <i>vtol lq solution; oral</i>                     | oral  |                         |
| <b>BUTYROPHENONES</b>                                |       |                         | <i>zebutal capsule</i>                            | oral  |                         |
| <i>haloperidol tablet</i>                            | oral  |                         | <b>HEADACHE THERAPY</b>                           |       |                         |
| <i>haloperidol lactate concentrate; oral</i>         | oral  |                         | AIMOVIG AUTOINJECTOR                              |       |                         |
| <b>COMBINATION NARCOTIC /ANALGESICS</b>              |       |                         | AUTO-INJECTOR (ML)                                | SC    | PA; QL                  |
| <i>acetaminophen w/butalbital tablet</i>             | oral  |                         | AJOVY SYRINGE (ML)                                | SC    | PA; QL                  |
| <i>acetaminophen w/codeine solution; oral</i>        | oral  |                         |   |       |                         |
| <i>acetaminophen w/codeine tablet</i>                | oral  |                         |   |       |                         |

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| Drug Name   | Route  | Requirements/<br>Limits |
|---|--------|-------------------------|
| AJOVY AUTOINJECTOR<br>AUTO-INJECTOR (ML)                                | SC     | PA                      |
| <i>almotriptan malate tablet</i>  | oral   | QL                      |
| <i>dihydroergotamine<br/>mesylate aerosol; spray<br/>with pump (ml)</i> | nasal  | QL; ST                  |
| <i>dihydroergotamine<br/>mesylate ampul (ml)</i>                        | INJ    |                         |
| <i>eletriptan hbr tablet</i>  | oral   | QL                      |
| EMGALITY PEN INJECTOR<br>(ML)   | SC     | PA; QL                  |
| EMGALITY SYRINGE<br>SYRINGE (ML)  | SC     | PA; QL                  |
| <i>ergotamine-caffeine tablet</i>                                       | oral   |                         |
| <i>frovatriptan succinate<br/>tablet</i>                                | oral   | QL                      |
| <i>migergot suppository;<br/>rectal</i>                                 | rectal |                         |
| <i>naratriptan hcl tablet</i>   | oral   | QL                      |
| <i>rizatriptan tablet</i>   | oral   | QL                      |
| <i>rizatriptan<br/>tablet;disintegrating</i>                            | oral   | QL                      |
| <i>sumatriptan spray; non-<br/>aerosol (ea)</i>                         | nasal  | QL                      |
| <i>sumatriptan succinate<br/>cartridge (ml)</i>                         | SC     | QL                      |
| <i>sumatriptan succinate pen<br/>injector (ml)</i>                      | SC     | QL                      |
| <i>sumatriptan succinate<br/>syringe (ml)</i>                           | SC     |                         |
| <i>sumatriptan succinate<br/>tablet</i>                                 | oral   | QL                      |
| <i>sumatriptan succinate vial<br/>(ml)</i>                              | SC     | QL                      |
| <i>sumatriptan succ-<br/>naproxen sod tablet</i>                        | oral   | QL; ST                  |
| <i>zolmitriptan tablet</i>  | oral   | QL                      |
| <i>zolmitriptan odt<br/>tablet;disintegrating</i>                       | oral   | QL                      |
| ZOMIG SPRAY; NON-<br>AEROSOL (EA) 2.5 MG                                | nasal  | ST                      |
| ZOMIG SPRAY; NON-<br>AEROSOL (EA) 5 MG                                  | nasal  | QL; ST                  |
| <b>HYPNOTIC AGENTS</b>  |        |                         |
| <i>doxepin hcl tablet</i>   | oral   | QL                      |
| <i>estazolam tablet</i>   | oral   |                         |
| <i>eszopiclone tablet</i>   | oral   | QL                      |
| <i>flurazepam hcl capsule</i>   | oral   |                         |
| <i>ramelteon tablet</i>   | oral   | QL                      |
| <i>seconal sodium capsule</i>   | oral   |                         |
| <i>triazolam tablet</i>   | oral   |                         |

| Drug Name  | Route | Requirements/<br>Limits |
|--|-------|-------------------------|
| <i>zaleplon capsule</i>  | oral  | QL                      |
| <i>zolpidem tartrate tablet</i>  | oral  | QL                      |
| <i>zolpidem tartrate tablet; sl</i>  | SL    | QL                      |
| <i>zolpidem tartrate er tablet;<br/>extended release<br/>multiphase</i>      | oral  | QL                      |
| <b>MAO INHIBITORS</b>  |       |                         |
| <i>phenelzine sulfate tablet</i>   | oral  |                         |
| <i>tranylcypromine sulfate<br/>tablet</i>                                    | oral  |                         |
| <b>MISC ANALGESICS</b>   |       |                         |
| <i>butorphanol tartrate<br/>aerosol; spray (ml)</i>                          | nasal | QL                      |
| <i>butorphanol tartrate vial<br/>(ml)</i>                                    | INJ   |                         |
| NUCYNTA TABLET   | oral  | QL                      |
| NUCYNTA ER TABLET;<br>EXTENDED RELEASE 12 HR                                 | oral  |                         |
| <i>tramadol hcl tablet</i>   | oral  | QL                      |
| <i>tramadol hcl er tablet;<br/>extended release 24 hr</i>                    | oral  | QL                      |
| <i>tramadol hcl er<br/>tablet;extended release<br/>multiphase 24 hr</i>      | oral  | QL                      |
| <i>tramadol hcl-<br/>acetaminophen tablet</i>                                | oral  | QL                      |
| <b>MISC ANTIDEPRESSANTS</b>  |       |                         |
| <i>amitriptyline/chlordiazepo<br/>xide tablet</i>                            | oral  |                         |
| <i>amitriptyline-perphenazine<br/>tablet</i>                                 | oral  |                         |
| <i>bupropion hcl tablet</i>  | oral  |                         |
| <i>bupropion hcl xl tablet;<br/>extended release 24 hr</i>                   | oral  |                         |
| <i>bupropion sr<br/>tablet;sustained-release 12<br/>hr</i>                   | oral  |                         |
| <i>desvenlafaxine succinate<br/>er tablet; extended release<br/>24 hr</i>    | oral  | ST                      |
| <i>duloxetine hcl<br/>capsule;delayed release<br/>(enteric coated)</i>       | oral  |                         |
| <i>duloxetine hcl<br/>capsule;delayed release<br/>(enteric coated) 40 mg</i> | oral  | ST                      |
| FETZIMA CAPSULE;<br>EXTENDED RELEASE 24HR                                    | oral  | ST                      |
| FETZIMA<br>CAPSULE;EXTENDED<br>RELEASE 24 HR DOSE PACK                       | oral  | ST                      |

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| Drug Name  | Route | Requirements/<br>Limits | Drug Name  | Route     | Requirements/<br>Limits |
|--|-------|-------------------------|--|-----------|-------------------------|
| <i>maprotiline hcl tablet</i>  | oral  |                         | <i>galantamine tablet</i>  | oral      |                         |
| <i>mirtazapine tablet</i>  | oral  |                         | <i>galantamine er capsule;<br/>extended release pellets 24<br/>hr</i>            | oral      |                         |
| <i>mirtazapine<br/>tablet;disintegrating</i>                         | oral  |                         | <i>memantine hcl solution;<br/>oral</i>  | oral      |                         |
| <i>trazodone hcl tablet</i>  | oral  |                         | <i>memantine hcl tablet</i>  | oral      |                         |
| <i>venlafaxine hcl tablet</i>  | oral  |                         | <i>memantine hcl er capsule<br/>sprinkle; extended release<br/>24 hr</i>         | oral      |                         |
| <i>venlafaxine hcl er capsule;<br/>ext release 24 hr</i>             | oral  |                         | NUDEXTA CAPSULE  | oral      |                         |
| <i>venlafaxine hcl er tablet;<br/>extended release 24 hr</i>         | oral  | ST                      | RADICAVA IV SOLUTION;<br>PIGGYBACK (ML)  | IV        | PA; SP                  |
| <b>MISC ANTIPSYCHOTICS</b>   |       |                         | <i>rivastigmine capsule</i>  | oral      |                         |
| <i>aripiprazole solution; oral</i>                                   | oral  |                         | <i>rivastigmine patch;<br/>transderm 24 hours</i>                                | transderm |                         |
| <i>aripiprazole tablet</i>   | oral  |                         | RUZURGI TABLET   | oral      | PA; SP                  |
| <i>aripiprazole odt<br/>tablet;disintegrating</i>                    | oral  |                         | TEGSEDI SYRINGE (ML)   | SC        | LA; PA; SP              |
| ARISTADA<br>SUSPENSION;EXTENDED<br>RELEASE SYRINGE (ML)              | IM    | PA                      | TETRABENAZINE TABLET   | oral      | PA; SP                  |
| <i>clozapine tablet</i>  | oral  |                         | TYSABRI VIAL (ML)  | IV        | LA; PA; SP              |
| <i>clozapine odt<br/>tablet;disintegrating</i>                       | oral  |                         | ZOLGENSMA KIT  | IV        | PA; SP                  |
| LATUDA TABLET  | oral  |                         | <b>MISC PSYCHOTHERAPEUTIC AGENTS</b>   |           |                         |
| <i>loxapine succinate capsule</i>                                    | oral  |                         | <i>amphetamine sulfate<br/>tablet</i>  | oral      |                         |
| <i>molindone hcl tablet</i>  | oral  |                         | <i>armodafinil tablet</i>  | oral      | PA                      |
| <i>olanzapine tablet</i>   | oral  |                         | <i>atomoxetine hcl capsule</i>   | oral      |                         |
| <i>olanzapine odt<br/>tablet;disintegrating</i>                      | oral  |                         | <i>clonidine hcl er tablet;<br/>extended release 12 hr</i>                       | oral      |                         |
| <i>olanzapine-fluoxetine hcl<br/>capsule</i>                         | oral  |                         | DAYTRANA PATCH;<br>TRANSDERM 24 HOURS  | transderm | ST                      |
| <i>paliperidone er tablet;<br/>extended release 24 hr</i>            | oral  |                         | <i>dexmethylphenidate hcl<br/>tablet</i>   | oral      |                         |
| <i>pimozide tablet</i>   | oral  |                         | <i>dexmethylphenidate hcl er<br/>capsule;extended release<br/>biphasic 50-50</i> | oral      |                         |
| <i>quetiapine fumarate tablet</i>                                    | oral  |                         | <i>dextroamphetamine<br/>sulfate solution; oral</i>                              | oral      |                         |
| <i>quetiapine fumarate er<br/>tablet; extended release 24<br/>hr</i> | oral  |                         | <i>dextroamphetamine<br/>sulfate tablet</i>                                      | oral      |                         |
| <i>risperidone solution; oral</i>                                    | oral  |                         | <i>dextroamphetamine<br/>sulfate er capsule;<br/>extended release</i>            | oral      |                         |
| <i>risperidone tablet</i>  | oral  |                         | <i>dextroamphetamine-<br/>amphet er capsule; ext<br/>release 24 hr</i>           | oral      |                         |
| <i>risperidone odt<br/>tablet;disintegrating</i>                     | oral  |                         | <i>dextroamphetamine-<br/>amphetamine tablet</i>                                 | oral      |                         |
| <i>thiothixene capsule</i>   | oral  |                         | DYANA VEL XR<br>SUSPENSION;IMMED;EXTE<br>N REL BIPHASIC 24HR                     | oral      | ST                      |
| <i>ziprasidone hcl capsule</i>                                       | oral  |                         | <i>ergoloid mesylates tablet</i>   | oral      |                         |
| <b>MISC NEUROLOGICAL THERAPY</b>                                     |       |                         |  |           |                         |
| AUSTEDO TABLET   | oral  | LA; PA; SP              |  |           |                         |
| DALFAMPRIDINE ER<br>TABLET; EXTENDED<br>RELEASE 12 HR                | oral  | PA; SP                  |  |           |                         |
| <i>donepezil hcl tablet</i>  | oral  |                         |  |           |                         |
| <i>donepezil hcl<br/>tablet;disintegrating</i>                       | oral  |                         |  |           |                         |
| <i>galantamine solution; oral</i>                                    | oral  |                         |  |           |                         |

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|---|-------|-------------------------|---|-----------|-------------------------|
| <i>guanfacine hcl er tablet;<br/>extended release 24 hr</i>                   | oral  |                         | <i>cyclobenzaprine hcl<br/>capsule; ext release 24 hr</i>             | oral      |                         |
| <i>guanidine hcl tablet</i>   | oral  |                         | <i>cyclobenzaprine hcl tablet</i>                                     | oral      |                         |
| <i>lithium carbonate capsule</i>  | oral  |                         | <i>dantrolene sodium capsule</i>                                      | oral      |                         |
| <i>lithium carbonate tablet</i>   | oral  |                         | <i>metaxall tablet</i>  | oral      |                         |
| <i>lithium carbonate tablet;<br/>extended release</i>                         | oral  |                         | <i>metaxalone tablet</i>  | oral      |                         |
| <i>lithium citrate solution;<br/>oral</i>                                     | oral  |                         | <i>methocarbamol tablet</i>   | oral      |                         |
| <i>methamphetamine hcl<br/>tablet</i>   | oral  |                         | <i>orphenadrine citrate<br/>tablet; extended release</i>              | oral      |                         |
| <i>methylphenidate er<br/>capsule;extended release<br/>biphasic 30-70</i>     | oral  |                         | <i>orphenadrine-aspirin-<br/>caffeine tablet</i>                      | oral      |                         |
| <i>methylphenidate er<br/>capsule;extended release<br/>biphasic 50-50</i>     | oral  |                         | <i>orphengesic forte tablet</i>                                       | oral      |                         |
| <i>methylphenidate er tablet;<br/>extended release</i>                        | oral  |                         | <i>tizanidine hcl capsule</i>   | oral      |                         |
| <i>methylphenidate er tablet;<br/>extended release 24 hr</i>                  | oral  |                         | <i>tizanidine hcl tablet</i>  | oral      |                         |
| <i>methylphenidate hcl<br/>solution; oral</i>                                 | oral  |                         | <b>MYASTHENIA GRAVIS</b>  |           |                         |
| <i>methylphenidate hcl tablet</i>   | oral  |                         | <i>pyridostigmine bromide<br/>syrup</i>                               | oral      |                         |
| <i>methylphenidate hcl<br/>tablet;chewable</i>                                | oral  |                         | <i>pyridostigmine bromide<br/>tablet</i>                              | oral      |                         |
| <i>methylphenidate hcl cd<br/>capsule;extended release<br/>biphasic 30-70</i> | oral  |                         | <i>pyridostigmine bromide er<br/>tablet; extended release</i>         | oral      |                         |
| <i>methylphenidate la<br/>capsule;extended release<br/>biphasic 50-50</i>     | oral  |                         | <b>NARCOTIC ANTAGONISTS</b>   |           |                         |
| <i>modafinil tablet</i>   | oral  |                         | <i>buprenorphine-naloxone<br/>film; medicated (ea) 12<br/>mg-3 mg</i> | SL        |                         |
| MYDAYIS CAPSULE;<br>EXTENDED RELEASE<br>TRIPHASIC 24HR                        | oral  | ST                      | <i>buprenorphine-naloxone<br/>tablet; sl 8 mg-2 mg</i>                | SL        |                         |
| <i>procentra solution; oral</i>   | oral  |                         | <i>buprenorphine-naloxone<br/>tablet; sl 2 mg-0.5mg</i>               | SL        | QL                      |
| QUILLICHEW ER<br>TABLET;CHEW;IR AND ER<br>BIPHASIC REL 24HR                   | oral  | ST                      | <i>naloxone hcl cartridge (ml)</i>                                    | INJ       |                         |
| QUILLIVANT XR<br>SUSPENSION;EXTENDED<br>RELEASE;RECONST.24HR                  | oral  | ST                      | <i>naloxone hcl syringe (ml)</i>                                      | INJ       |                         |
| VYVANSE CAPSULE   | oral  | ST                      | <i>naloxone hcl vial (ml)</i>   | INJ       |                         |
| VYVANSE<br>TABLET;CHEWABLE  | oral  | ST                      | <i>naltrexone hydrochloride<br/>tablet</i>                            | oral      |                         |
| XYREM SOLUTION; ORAL  | oral  | LA; PA; SP              | NARCAN SPRAY; NON-<br>AEROSOL (EA)                                    | nasal     |                         |
| <i>zenzedi tablet</i>   | oral  |                         | ZUBSOLV TABLET; SL  | SL        |                         |
| <b>MUSCLE RELAXANTS &amp; ANTISPASMODIC AGENTS</b>                            |       |                         | <b>NARCOTICS</b>  |           |                         |
| <i>baclofen tablet</i>  | oral  |                         | BELBUCA FILM;<br>MEDICATED (EA)                                       | buccal    |                         |
| <i>chlorzoxazone tablet</i>   | oral  |                         | <i>buprenorphine patch;<br/>transderm weekly</i>                      | transderm |                         |
|   |       |                         | <i>buprenorphine<br/>hydrochloride tablet; sl</i>                     | SL        |                         |
|   |       |                         | <i>codeine sulfate tablet</i>   | oral      |                         |
|   |       |                         | <i>diskets tablet; soluble</i>  | oral      |                         |
|   |       |                         | <i>fentanyl patch; transderm<br/>72 hours</i>                         | transderm |                         |
|   |       |                         | <i>fentanyl citrate lozenge on<br/>a handle</i>                       | buccal    |                         |

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| Drug Name  | Route  | Requirements/<br>Limits | Drug Name  | Route     | Requirements/<br>Limits |
|--|--------|-------------------------|--|-----------|-------------------------|
| <i>hydrocodone bitartrate capsule;oral only; extended release 12hr</i> | oral   |                         | <b>NSAIDS</b>  |           |                         |
| <i>hydromorphone er tablet; extended release 24 hr</i>                 | oral   |                         | <i>diclofenac potassium tablet</i>   | oral      |                         |
| <i>hydromorphone hcl liquid (ml)</i>                                   | oral   |                         | <i>diclofenac sodium drops 1.5 %</i>   | topical   |                         |
| <i>hydromorphone hcl suppository; rectal</i>                           | rectal |                         | <i>diclofenac sodium gel (gram)</i>  | topical   |                         |
| <i>hydromorphone hcl tablet</i>  | oral   |                         | <i>diclofenac sodium tablet; enteric coated</i>                              | oral      |                         |
| HYSINGLA ER TABLET;ORAL ONLY;EXTENDED RELEASE 24 HR                    | oral   |                         | <i>diclofenac sodium tablet; extended release 24 hr</i>                      | oral      |                         |
| <i>levorphanol tartrate tablet</i>                                     | oral   |                         | <i>diclofenac sodium- misoprostol tablet;immediate;delay release;biphase</i> | oral      |                         |
| <i>methadone hcl concentrate; oral</i>                                 | oral   |                         | <i>etodolac capsule</i>  | oral      |                         |
| <i>methadone hcl solution; oral</i>                                    | oral   |                         | <i>etodolac er tablet; extended release 24 hr</i>                            | oral      |                         |
| <i>methadone hcl tablet</i>  | oral   |                         | <i>fenoprofen calcium tablet</i>   | oral      |                         |
| <i>methadone hcl tablet; soluble</i>                                   | oral   |                         | FLECTOR PATCH; TRANSDERM 12 HOURS  | transderm | QL                      |
| <i>methadose concentrate; oral</i>                                     | oral   |                         | <i>flurbiprofen tablet</i>   | oral      |                         |
| <i>methadose tablet; soluble</i>                                       | oral   |                         | <i>ibu tablet</i>  | oral      |                         |
| <i>morphine sulfate solution; oral</i>                                 | oral   |                         | <i>ibuprofen tablet</i>  | oral      |                         |
| <i>morphine sulfate suppository; rectal</i>                            | rectal |                         | <i>indomethacin capsule</i>  | oral      |                         |
| <i>morphine sulfate tablet</i>   | oral   |                         | <i>indomethacin capsule; extended release</i>                                | oral      |                         |
| <i>morphine sulfate er capsule; extended release pellets</i>           | oral   |                         | <i>ketoprofen capsule</i>  | oral      |                         |
| <i>morphine sulfate er capsule;extended release multiphase 24hr</i>    | oral   |                         | <i>ketoprofen capsule; extended release pellets 24 hr</i>                    | oral      |                         |
| <i>morphine sulfate er tablet; extended release</i>                    | oral   |                         | <i>ketorolac tromethamine tablet</i>   | oral      | QL                      |
| <i>oxycodone hcl capsule</i>   | oral   |                         | LICART PATCH; TRANSDERM 24 HOURS   | transderm |                         |
| <i>oxycodone hcl concentrate; oral</i>                                 | oral   |                         | <i>meclofenamate sodium capsule</i>  | oral      |                         |
| <i>oxycodone hcl solution; oral</i>                                    | oral   |                         | <i>mefenamic acid capsule</i>  | oral      |                         |
| <i>oxycodone hcl tablet</i>  | oral   |                         | <i>meloxicam tablet 15 mg</i>  | oral      |                         |
| OXYCONTIN TABLET;ORAL ONLY;EXTENDED RELEASE 12 HR                      | oral   |                         | <i>meloxicam tablet 7.5 mg</i>   | oral      | QL                      |
| <i>oxymorphone hcl tablet</i>  | oral   |                         | <i>nabumetone tablet</i>   | oral      |                         |
| <i>oxymorphone hcl er tablet; extended release 12 hr</i>               | oral   |                         | <i>naproxen suspension; oral (final dose form)</i>                           | oral      |                         |
|  |        |                         | <i>naproxen tablet</i>   | oral      |                         |
|  |        |                         | <i>naproxen tablet; enteric coated</i>                                       | oral      |                         |
|  |        |                         | <i>naproxen sodium tablet</i>  | oral      |                         |
|  |        |                         | <i>naproxen sodium er tablet;extended release multiphase 24 hr</i>           | oral      |                         |

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| Drug Name   | Route | Requirements/<br>Limits | Drug Name  | Route | Requirements/<br>Limits |
|---|-------|-------------------------|--|-------|-------------------------|
| <i>naproxen-esomeprazole mag tablet; immediate; delay release; biphasic</i> | oral  |                         | <i>citalopram hbr tablet</i>                                   | oral  |                         |
| <i>oxaprozin tablet</i>   | oral  |                         | <i>escitalopram oxalate solution; oral</i>                     | oral  |                         |
| <i>piroxicam capsule</i>  | oral  |                         | <i>escitalopram oxalate tablet</i>                             | oral  |                         |
| <i>sulindac tablet</i>  | oral  |                         | <i>fluoxetine dr capsule; delayed release (enteric coated)</i> | oral  |                         |
| <i>tolmetin sodium capsule</i>  | oral  |                         | <i>fluoxetine hcl capsule</i>                                  | oral  |                         |
| <i>tolmetin sodium tablet</i>   | oral  |                         | <i>fluoxetine hcl solution; oral</i>                           | oral  |                         |
| <b>NSAIDS- SPECIFIC COX-II INHIBITORS</b>                                   |       |                         | <i>fluoxetine hcl tablet</i>                                   | oral  | ST                      |
| <i>celecoxib capsule</i>  | oral  |                         | <i>fluvoxamine maleate capsule; ext release 24 hr</i>          | oral  | ST                      |
| <b>PHENOTHIAZINES</b>   |       |                         | <i>fluvoxamine maleate tablet</i>                              | oral  |                         |
| <i>chlorpromazine hcl tablet</i>  | oral  |                         | <i>paroxetine er tablet; extended release 24 hr</i>            | oral  | ST                      |
| <i>fluphenazine hcl concentrate; oral</i>                                   | oral  |                         | <i>paroxetine hcl tablet</i>                                   | oral  |                         |
| <i>fluphenazine hcl elixir</i>  | oral  |                         | <i>paroxetine mesylate capsule</i>                             | oral  | ST                      |
| <i>fluphenazine hcl tablet</i>  | oral  |                         | <i>sertraline hcl concentrate; oral</i>                        | oral  |                         |
| <i>perphenazine tablet</i>  | oral  |                         | <i>sertraline hcl tablet</i>                                   | oral  |                         |
| <i>thioridazine hcl tablet</i>  | oral  |                         | <b>VIIBRYD TABLET</b>  | oral  | ST                      |
| <i>trifluoperazine hcl tablet</i>   | oral  |                         | <b>VIIBRYD TABLET; DOSE PACK</b>                               | oral  | ST                      |
| <b>SALICYLATES</b>  |       |                         | <b>TRICYCLICS</b>  |       |                         |
| <i>aspir 81 tablet; enteric coated</i>                                      | oral  | ACA                     | <i>amitriptyline hcl tablet</i>                                | oral  |                         |
| <i>aspirin tablet</i>   | oral  | ACA                     | <i>amoxapine tablet</i>  | oral  |                         |
| <i>aspirin tablet; enteric coated</i>                                       | oral  | ACA                     | <i>clomipramine hcl capsule</i>                                | oral  |                         |
| <i>aspirin tablet; chewable</i>   | oral  | ACA                     | <i>desipramine hcl tablet</i>                                  | oral  |                         |
| <i>aspirin e.c. tablet; enteric coated</i>                                  | oral  | ACA                     | <i>doxepin hcl capsule</i>                                     | oral  |                         |
| <i>aspir-low tablet; enteric coated</i>                                     | oral  | ACA                     | <i>doxepin hcl concentrate; oral</i>                           | oral  |                         |
| <i>aspir-trin tablet; enteric coated</i>                                    | oral  | ACA                     | <i>imipramine hcl tablet</i>                                   | oral  |                         |
| <i>children's aspirin tablet; chewable</i>                                  | oral  | ACA                     | <i>imipramine pamoate capsule</i>                              | oral  |                         |
| <i>choline mag trisalicylate liquid (ml)</i>                                | oral  |                         | <i>nortriptyline hcl capsule</i>                               | oral  |                         |
| <i>diflunisal tablet</i>  | oral  |                         | <i>nortriptyline hcl solution; oral</i>                        | oral  |                         |
| <i>ecotrin tablet; enteric coated</i>                                       | oral  | ACA                     | <i>protriptyline hcl tablet</i>                                | oral  |                         |
| <i>ecpirin tablet; enteric coated</i>                                       | oral  | ACA                     | <i>trimipramine maleate capsule</i>                            | oral  |                         |
| <i>lite coat aspirin tablet</i>   | oral  | ACA                     | <b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b>               |       |                         |
| <i>low dose aspirin tablet; enteric coated</i>                              | oral  | ACA                     | <b>ACE INHIBITORS</b>  |       |                         |
| <i>salsalate tablet</i>   | oral  |                         | <i>benazepril hcl tablet</i>                                   | oral  |                         |
| <i>st. joseph aspirin tablet; chewable</i>                                  | oral  | ACA                     | <i>captopril tablet</i>  | oral  |                         |
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS</b>                              |       |                         | <i>enalapril maleate tablet</i>                                | oral  |                         |
| <i>citalopram hbr solution; oral</i>  | oral  |                         | <i>fosinopril sodium tablet</i>                                | oral  |                         |
|   |       |                         | <i>lisinopril tablet</i>                                       | oral  |                         |

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|---|-----------|-------------------------|--|-------|-------------------------|
| <i>moexipril hcl tablet</i>                                   | oral      |                         | <i>mexiletine hcl capsule</i>  | oral  |                         |
| <i>perindopril erbumine tablet</i>                            | oral      |                         | <i>pacerone tablet</i>   | oral  |                         |
| <i>quinapril tablet</i>                                       | oral      |                         | <i>procainamide hcl vial (ml)</i>  | INJ   |                         |
| <i>ramipril capsule</i>                                       | oral      |                         | <i>propafenone hcl tablet</i>  | oral  |                         |
| <i>trandolapril tablet</i>                                    | oral      |                         | <i>propafenone hcl er capsule; extended release 12 hr</i>                | oral  |                         |
| <b>ADRENERGIC ANTAGONISTS &amp; RELATED DRUGS</b>             |           |                         | <i>quinidine gluconate tablet; extended release</i>                      | oral  |                         |
| <i>clonidine hcl patch; transderm weekly</i>                  | transderm | QL                      | <i>quinidine sulfate tablet</i>  | oral  |                         |
| <i>clonidine hcl tablet</i>                                   | oral      |                         | <i>sotalol tablet</i>  | oral  |                         |
| <i>doxazosin mesylate tablet</i>                              | oral      | QL                      | <i>sotalol af tablet</i>   | oral  |                         |
| <i>guanfacine hcl tablet</i>                                  | oral      |                         | SOTYLIZE SOLUTION; ORAL  | oral  |                         |
| <i>methyldopa tablet</i>                                      | oral      |                         | <b>ANTICOAGULANTS</b>  |       |                         |
| <i>prazosin hcl capsule</i>                                   | oral      |                         | ELIQUIS TABLET   | oral  | PA                      |
| <i>terazosin hcl capsule</i>                                  | oral      | QL                      | ELIQUIS TABLET; DOSE PACK  | oral  | PA                      |
| <b>AGENTS FOR PHEOCHROMOCYTOMA</b>                            |           |                         | <i>jantoven tablet</i>   | oral  |                         |
| DEMSEER CAPSULE   | oral      |                         | <i>warfarin sodium tablet</i>  | oral  |                         |
| <i>phenoxybenzamine hcl capsule</i>                           | oral      | PA                      | XARELTO TABLET   | oral  |                         |
| <b>ANGIOTENSIN II RECEPTOR BLOCKERS &amp; RENIN INHIBITOR</b> |           |                         | XARELTO TABLET; DOSE PACK  | oral  |                         |
| <i>aliskiren tablet</i>                                       | oral      |                         | <b>ANTIPLATELET DRUGS</b>  |       |                         |
| <i>candesartan cilexetil tablet</i>                           | oral      |                         | <i>aspirin-dipyridamole er capsule; extended release multiphase 12hr</i> | oral  |                         |
| <i>candesartan-hydrochlorothiazid tablet</i>                  | oral      |                         | BRILINTA TABLET  | oral  |                         |
| EDARBI TABLET   | oral      | ST                      | <i>cilostazol tablet</i>   | oral  |                         |
| EDARBYCLOR TABLET   | oral      | ST                      | <i>clopidogrel tablet</i>  | oral  |                         |
| <i>eprosartan mesylate tablet</i>                             | oral      |                         | <i>dipyridamole tablet</i>   | oral  |                         |
| <i>irbesartan tablet</i>                                      | oral      |                         | <i>prasugrel hcl tablet</i>  | oral  |                         |
| <i>irbesartan-hydrochlorothiazide tablet</i>                  | oral      |                         | <b>BETA BLOCKERS</b>   |       |                         |
| <i>losartan potassium tablet</i>                              | oral      |                         | <i>acebutolol hcl capsule</i>  | oral  |                         |
| <i>losartan-hydrochlorothiazide tablet</i>                    | oral      |                         | <i>atenolol tablet</i>   | oral  |                         |
| <i>olmesartan medoxomil tablet</i>                            | oral      |                         | <i>betaxolol hcl tablet</i>  | oral  |                         |
| <i>olmesartan-hydrochlorothiazide tablet</i>                  | oral      |                         | <i>bisoprolol fumarate tablet</i>  | oral  |                         |
| TEKTURN HCT TABLET  | oral      |                         | BYSTOLIC TABLET  | oral  |                         |
| <i>telmisartan tablet</i>                                     | oral      |                         | <i>carvedilol tablet</i>   | oral  |                         |
| <i>telmisartan-hydrochlorothiazid tablet</i>                  | oral      |                         | <i>carvedilol er capsule; extended release multiphase 24hr</i>           | oral  |                         |
| <i>valsartan tablet</i>                                       | oral      |                         | <i>labetalol hcl cartridge (ml)</i>                                      | IV    |                         |
| <i>valsartan-hydrochlorothiazide tablet</i>                   | oral      |                         | <i>labetalol hcl tablet</i>  | oral  |                         |
| <b>ANTIARRHYTHMIC AGENTS</b>                                  |           |                         | <i>metoprolol succinate tablet; extended release 24 hr</i>               | oral  |                         |
| <i>amiodarone hcl tablet</i>                                  | oral      |                         | <i>metoprolol tartrate cartridge (ml)</i>                                | IV    |                         |
| <i>bretium tosylate vial (ml)</i>                             | INJ       |                         | <i>metoprolol tartrate tablet</i>  | oral  |                         |
| <i>dofetilide capsule</i>                                     | oral      |                         | <i>nadolol tablet</i>  | oral  |                         |
| <i>flecainide acetate tablet</i>                              | oral      |                         | <i>pindolol tablet</i>   | oral  |                         |

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| Drug Name  | Route | Requirements/<br>Limits |
|--|-------|-------------------------|
| <i>propranolol hcl solution;<br/>oral</i>                              | oral  |                         |
| <i>propranolol hcl tablet</i>  | oral  |                         |
| <i>propranolol hcl er capsule;<br/>extended release 24hr</i>           | oral  |                         |
| <i>timolol maleate tablet</i>  | oral  |                         |
| <b>CALCIUM CHANNEL BLOCKERS/DIHYDROPYRIDINES</b>                       |       |                         |
| <i>amlodipine besylate tablet</i>                                      | oral  |                         |
| <i>felodipine er tablet;<br/>extended release 24 hr</i>                | oral  |                         |
| <i>isradipine capsule</i>  | oral  |                         |
| <i>nicardipine hcl capsule</i>   | oral  |                         |
| <i>nifedipine er tablet;<br/>extended release</i>                      | oral  |                         |
| <i>nifedipine er tablet;<br/>extended release 24 hr</i>                | oral  |                         |
| <i>nisoldipine tablet;<br/>extended release 24 hr</i>                  | oral  |                         |
| <b>CALCIUM CHANNEL BLOCKERS/NON-DIHYDROPYRIDINES</b>                   |       |                         |
| <i>cartia xt capsule; ext<br/>release 24 hr</i>                        | oral  |                         |
| <i>diltiazem 24hr er (cd)<br/>capsule; ext release 24 hr</i>           | oral  |                         |
| <i>diltiazem 24hr er (la)<br/>tablet; extended release 24<br/>hr</i>   | oral  |                         |
| <i>diltiazem er capsule;<br/>extended release 12 hr</i>                | oral  |                         |
| <i>diltiazem er capsule;<br/>extended release 24hr</i>                 | oral  |                         |
| <i>diltiazem hcl tablet</i>  | oral  |                         |
| <i>dilt-xr capsule;extended-<br/>release 24hr degradable</i>           | oral  |                         |
| <i>matzim la tablet; extended<br/>release 24 hr</i>                    | oral  |                         |
| <i>nimodipine capsule</i>  | oral  |                         |
| <i>taztia xt capsule; extended<br/>release 24hr</i>                    | oral  |                         |
| <i>tiadylt er capsule;<br/>extended release 24hr</i>                   | oral  |                         |
| <i>verapamil er capsule;<br/>extended release pellets 24<br/>hr</i>    | oral  |                         |
| <i>verapamil er tablet;<br/>extended release</i>                       | oral  |                         |
| <i>verapamil er pm<br/>capsule;24hr extended<br/>release pellet ct</i> | oral  |                         |

| Drug Name  | Route | Requirements/<br>Limits |
|--|-------|-------------------------|
| <i>verapamil hcl capsule;<br/>extended release pellets 24<br/>hr</i> | oral  |                         |
| <i>verapamil hcl tablet</i>  | oral  |                         |
| <b>CARDIAC GLYCOSIDES</b>  |       |                         |
| <i>digitek tablet</i>  | oral  |                         |
| <i>digox tablet</i>  | oral  |                         |
| <i>digoxin solution; oral</i>  | oral  |                         |
| <i>digoxin tablet</i>  | oral  |                         |
| <b>HEMOSTATICS</b>   |       |                         |
| <i>aminocaproic acid<br/>solution; oral</i>                          | oral  |                         |
| <i>aminocaproic acid tablet</i>                                      | oral  |                         |
| DOPTLET TABLET   | oral  | LA; PA; SP              |
| NOVOSEVEN RT VIAL (EA)   | IV    | PA; SP                  |
| NPLATE VIAL (EA)   | SC    | PA; SP                  |
| PROMACTA POWDER IN<br>PACKET (EA)                                    | oral  | LA; PA; SP              |
| PROMACTA TABLET  | oral  | LA; PA; SP              |
| WILATE VIAL (EA)   | IV    | PA; SP                  |
| <b>HEPARIN</b>   |       |                         |
| ENOXAPARIN SODIUM<br>SYRINGE (ML)                                    | SC    | SP                      |
| ENOXAPARIN SODIUM<br>VIAL (ML)                                       | SC    | SP                      |
| FONDAPARINUX SODIUM<br>SYRINGE (ML)                                  | SC    | SP                      |
| FRAGMIN SYRINGE (ML)   | SC    | SP                      |
| FRAGMIN VIAL (ML)  | SC    | SP                      |
| <i>heparin lock flush kit</i>  | IV    |                         |
| <i>heparin lock flush syringe<br/>(ml)</i>                           | IV    |                         |
| <i>heparin lock flush vial (ml)</i>                                  | IV    |                         |
| <i>heparin sodium cartridge<br/>(ml)</i>                             | INJ   |                         |
| <i>heparin sodium syringe<br/>(ml)</i>                               | INJ   |                         |
| <i>heparin sodium vial (ml)</i>                                      | INJ   |                         |
| <i>heparin sodium in 0.45%<br/>nacl iv solution</i>                  | IV    |                         |
| <i>heparin sodium in 0.9%<br/>nacl iv solution</i>                   | IV    |                         |
| <i>heparin sodium in 5%<br/>dextrose iv solution</i>                 | IV    |                         |
| <b>LIPID/CHOLESTEROL LOWERING AGENTS</b>                             |       |                         |
| <i>amlodipine-atorvastatin<br/>tablet</i>                            | oral  | QL                      |
| <i>atorvastatin calcium tablet</i>                                   | oral  | QL                      |
| <i>atorvastatin calcium tablet</i>                                   | oral  | ACA; QL                 |
| <i>cholestyramine powder<br/>(gram)</i>                              | oral  |                         |

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| Drug Name   | Route | Requirements/<br>Limits | Drug Name  | Route     | Requirements/<br>Limits |
|---|-------|-------------------------|--|-----------|-------------------------|
| <i>cholestyramine powder in packet (ea)</i>                     | oral  |                         | REPATHA SYRINGE  |           |                         |
| <i>cholestyramine light powder (gram)</i>                       | oral  |                         | SYRINGE (ML)   | SC        | PA                      |
| <i>cholestyramine light powder in packet (ea)</i>               | oral  |                         | <i>rosuvastatin calcium tablet</i>                           | oral      | QL                      |
| <i>colesevelam hcl powder in packet (ea)</i>                    | oral  |                         | <i>rosuvastatin calcium tablet</i>                           | oral      | ACA; QL                 |
| <i>colesevelam hcl tablet</i>                                   | oral  |                         | <i>simvastatin tablet 80 mg</i>                              | oral      | QL                      |
| <i>colestipol hcl granules (gram)</i>                           | oral  |                         | <i>simvastatin tablet</i>                                    | oral      | ACA; QL                 |
| <i>colestipol hcl packet (ea)</i>                               | oral  |                         | <i>triklo capsule</i>  | oral      |                         |
| <i>colestipol hcl tablet</i>                                    | oral  |                         | VASCEPA CAPSULE  | oral      |                         |
| <i>ezetimibe tablet</i>   | oral  |                         | LONG ACTING NITRATES   |           |                         |
| <i>ezetimibe-simvastatin tablet</i>                             | oral  | QL                      | DILATRATE-SR CAPSULE;<br>EXTENDED RELEASE                    | oral      |                         |
| <i>fenofibrate capsule</i>                                      | oral  |                         | <i>isosorbide dinitrate tablet</i>                           | oral      |                         |
| <i>fenofibrate tablet</i>                                       | oral  |                         | <i>isosorbide mononitrate tablet</i>                         | oral      |                         |
| <i>fenofibric acid capsule;delayed release (enteric coated)</i> | oral  |                         | <i>isosorbide mononitrate tablet; extended release 24 hr</i> | oral      |                         |
| <i>fenofibric acid tablet</i>                                   | oral  |                         | <i>nitro-bid ointment (gram)</i>                             | transderm |                         |
| <i>fluvastatin er tablet; extended release 24 hr</i>            | oral  | ACA; QL                 | <i>nitroglycerin capsule; extended release</i>               | oral      |                         |
| <i>fluvastatin sodium capsule 40 mg</i>                         | oral  | ACA                     | <i>nitroglycerin patch; transderm 24 hours</i>               | transderm |                         |
| <i>fluvastatin sodium capsule 20 mg</i>                         | oral  | ACA; QL                 | <i>nitro-time capsule; extended release</i>                  | oral      |                         |
| <i>gemfibrozil tablet</i>                                       | oral  |                         | MISC CARDIOVASCULAR AGENTS                                   |           |                         |
| JUXTAPID CAPSULE  | oral  | LA; PA; SP              | CORLANOR SOLUTION;<br>ORAL                                   | oral      |                         |
| LIPOFEN CAPSULE   | oral  |                         | CORLANOR TABLET  | oral      |                         |
| LIVALO TABLET   | oral  | QL; ST                  | ENTRESTO TABLET  | oral      |                         |
| <i>lovastatin tablet</i>  | oral  | ACA; QL                 | <i>ranolazine er tablet; extended release 12 hr</i>          | oral      |                         |
| NEXLETOL TABLET   | oral  |                         | VYNDAMAX CAPSULE   | oral      | SP                      |
| NEXLIZET TABLET   | oral  |                         | VYNDAQEL CAPSULE   | oral      | PA; SP                  |
| <i>niacin tablet</i>  | oral  |                         | MISC COAGULATION AGENTS                                      |           |                         |
| <i>niacin er tablet; extended release 24 hr</i>                 | oral  |                         | ADVATE VIAL (EA)   | IV        | PA; SP                  |
| <i>omega-3 acid ethyl esters capsule</i>                        | oral  |                         | ADYNOVATE VIAL (EA)  | IV        | PA; SP                  |
| PRALUENT PEN PEN INJECTOR (ML)                                  | SC    | PA                      | AFSTYLA VIAL (EA)  | IV        | PA; SP                  |
| <i>pravastatin sodium tablet</i>                                | oral  | ACA; QL                 | ALPHANINE SD VIAL (EA)                                       | IV        | PA; SP                  |
| <i>prevalite powder (gram)</i>                                  | oral  |                         | ALPROLIX VIAL (EA)   | IV        | PA; SP                  |
| <i>prevalite powder in packet (ea)</i>                          | oral  |                         | BENEFIX VIAL (EA)  | IV        | PA; SP                  |
| REPATHA PUSHTRONEX WEARABLE INJECTOR                            | SC    | PA                      | CABLIVI KIT  | INJ       | LA; PA; SP              |
| REPATHA SURECLICK PEN INJECTOR (ML)                             | SC    | PA                      | CEPROTIN VIAL (EA)   | IV        | PA; SP                  |
|   |       |                         | COAGADEX VIAL (EA)   | IV        | PA; SP                  |
|   |       |                         | CORIFACT VIAL (EA)   | IV        | PA; SP                  |
|   |       |                         | ELOCTATE VIAL (EA)   | IV        | PA; SP                  |
|   |       |                         | ESPEROCT VIAL (EA)   | IV        | PA; SP                  |
|   |       |                         | FEIBA NF VIAL (EA)   | IV        | PA; SP                  |
|   |       |                         | HEMLIBRA VIAL (ML)   | SC        | PA; SP                  |
|   |       |                         | HEMOFIL-M VIAL (EA)  | IV        | PA; SP                  |
|   |       |                         | IXINITY VIAL (EA)  | IV        | PA; SP                  |

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| Drug Name   | Route | Requirements/<br>Limits |
|---|-------|-------------------------|
| JIVI VIAL (EA)  | IV    | PA; SP                  |
| KOGENATE FS VIAL (EA)   | IV    | PA; SP                  |
| KOVALTRY VIAL (EA)  | IV    | PA; SP                  |
| MONONINE VIAL (EA)  | IV    | PA; SP                  |
| NOVOEIGHT VIAL (EA)   | IV    | PA; SP                  |
| OBIZUR VIAL (EA)  | IV    | PA; SP                  |
| <i>pentoxifylline tablet;<br/>extended release</i>                              | oral  |                         |
| PROFILNINE SD VIAL (EA)   | IV    | PA; SP                  |
| RIASTAP EACH  | IV    | PA; SP                  |
| TRETEN VIAL (EA)  | IV    | PA; SP                  |
| VONVENDI VIAL (EA)  | IV    | PA; SP                  |
| <b>OTHER ANTIHYPERTENSIVE COMBINATIONS</b>                                      |       |                         |
| <i>amlodipine besylate-<br/>benazepril capsule</i>                              | oral  |                         |
| <i>amlodipine-olmesartan<br/>tablet</i>   | oral  |                         |
| <i>amlodipine-valsartan<br/>tablet</i>  | oral  |                         |
| <i>amlodipine-valsartan-hctz<br/>tablet</i>                                     | oral  |                         |
| <i>atenolol w/chlorthalidone<br/>tablet</i>                                     | oral  |                         |
| <i>benazepril hcl-hctz tablet</i>   | oral  |                         |
| <i>bisoprolol fumarate/hctz<br/>tablet</i>                                      | oral  |                         |
| <i>captopril/hydrochlorothiazide<br/>tablet</i>                                 | oral  |                         |
| <i>enalapril maleate/hctz<br/>tablet</i>  | oral  |                         |
| <i>fosinopril-<br/>hydrochlorothiazide tablet</i>                               | oral  |                         |
| <i>lisinopril-hctz tablet</i>   | oral  |                         |
| <i>methyldopa/hydrochlorothiazide<br/>tablet</i>                                | oral  |                         |
| <i>metoprolol-<br/>hydrochlorothiazide tablet</i>                               | oral  |                         |
| <i>nadolol-<br/>bendroflumethiazide tablet</i>                                  | oral  |                         |
| <i>olmesartan-amlodipine-<br/>hctz tablet</i>                                   | oral  |                         |
| <i>propranolol hcl-hctz tablet</i>  | oral  |                         |
| <i>quinapril-<br/>hydrochlorothiazide tablet</i>                                | oral  |                         |
| <i>telmisartan-amlodipine<br/>tablet</i>  | oral  |                         |
| <i>trandolapril-verapamil<br/>tablet;immed and extend<br/>rel biphasic 24hr</i> | oral  |                         |

| Drug Name   | Route        | Requirements/<br>Limits |
|---|--------------|-------------------------|
| <b>RAPID ACTING NITRATES</b>                        |              |                         |
| <i>nitroglycerin spray; non-<br/>aerosol (gram)</i> | translingual |                         |
| <i>nitroglycerin tablet; sl</i>                     | SL           |                         |
| <b>THIAZIDE &amp; RELATED DIURETICS</b>             |              |                         |
| <i>amiloride hcl tablet</i>                         | oral         |                         |
| <i>amiloride hcl w/hctz tablet</i>                  | oral         |                         |
| <i>bumetanide tablet</i>                            | oral         |                         |
| <i>chlorothiazide tablet</i>                        | oral         |                         |
| <i>chlorthalidone tablet</i>                        | oral         |                         |
| <i>eplerenone tablet</i>                            | oral         |                         |
| <i>ethacrynic acid tablet</i>                       | oral         |                         |
| <i>furosemide solution; oral</i>                    | oral         |                         |
| <i>furosemide tablet</i>                            | oral         |                         |
| <i>hydrochlorothiazide<br/>capsule</i>              | oral         |                         |
| <i>hydrochlorothiazide tablet</i>                   | oral         |                         |
| <i>indapamide tablet</i>                            | oral         |                         |
| <i>metolazone tablet</i>                            | oral         |                         |
| <i>spironolactone tablet</i>                        | oral         |                         |
| <i>spironolactone w/hctz<br/>tablet</i>             | oral         |                         |
| <i>toremide tablet</i>                              | oral         |                         |
| <i>triamterene capsule</i>                          | oral         |                         |
| <i>triamterene w/hctz<br/>capsule</i>               | oral         |                         |
| <i>triamterene w/hctz tablet</i>                    | oral         |                         |
| <b>VASODILATORS</b>                                 |              |                         |
| EPOPROSTENOL SODIUM<br>VIAL (EA)                    | IV           | PA; SP                  |
| FLOLAN VIAL (EA)                                    | IV           | PA; SP                  |
| <i>hydralazine hcl tablet</i>                       | oral         |                         |
| <i>minoxidil tablet</i>                             | oral         |                         |
| TREPROSTINIL VIAL (ML)                              | INJ          | PA; SP                  |
| UPTRAVI TABLET                                      | oral         | LA; PA; SP              |
| UPTRAVI TABLET; DOSE<br>PACK                        | oral         | LA; PA; SP              |
| VELETRI VIAL (EA)                                   | IV           | PA; SP                  |
| <b>VITAMIN K</b>                                    |              |                         |
| <i>phytonadione ampul (ml)</i>                      | INJ          |                         |
| PHYTONADIONE SYRINGE<br>(ML)                        | INJ          |                         |
| <i>phytonadione tablet</i>                          | oral         |                         |
| <i>vitamin k ampul (ml)</i>                         | INJ          |                         |
| <b>DERMATOLOGICALS/TOPICAL THERAPY</b>              |              |                         |
| <b>ANTIPSORIATIC / ANTISEBORRHEIC</b>               |              |                         |
| <i>acitretin capsule</i>                            | oral         |                         |
| <i>calcipotriene cream (gram)</i>                   | topical      |                         |
| <i>calcipotriene ointment<br/>(gram)</i>            | topical      |                         |

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|---|---------|-------------------------|--|---------|-------------------------|
| <i>calcipotriene solution; non-oral</i>                       | topical |                         | <i>pimecrolimus cream (gram)</i>                         | topical |                         |
| <i>calcipotriene-betamethasone suspension; topical (gram)</i> | topical |                         | <i>podofilox solution; non-oral</i>                      | topical |                         |
| <i>calcipotriene-betamethasone dp ointment (gram)</i>         | topical |                         | <i>prudoxin cream (gram)</i>                             | topical |                         |
| <i>calcitriol ointment (gram)</i>                             | topical |                         | REGRANEX GEL (GRAM)                                      | topical | QL                      |
| COSENTYX 150MG PEN INJECTOR (ML)                              | SC      | PA; SP                  | <i>tacrolimus ointment (gram)</i>                        | topical |                         |
| COSENTYX 150MG SYRINGE (ML)                                   | SC      | PA; SP                  | VALCHLOR GEL (GRAM)                                      | topical | PA; SP                  |
| COSENTYX 300MG PEN INJECTOR (ML)                              | SC      | PA; SP                  | <i>wintergreen oil (ml)</i>                              | misc    |                         |
| COSENTYX 300MG SYRINGE (ML)                                   | SC      | PA; SP                  | <b>THERAPY FOR ACNE</b>                                  |         |                         |
| <i>hc pramoxine cream (gram)</i>                              | topical |                         | <i>10-1 cleanser (gram)</i>                              | topical |                         |
| <i>selenium sulfide lotion (ml)</i>                           | topical |                         | <i>adapalene cream (gram)</i>                            | topical | PA                      |
| <i>selenium sulfide shampoo</i>                               | topical |                         | <i>adapalene gel (gram)</i>                              | topical | PA                      |
| SKYRIZI (2 SYRINGES) KIT SYRINGE KIT (EA)                     | SC      | PA; SP                  | <i>adapalene gel with pump (gram)</i>                    | topical | PA                      |
| <i>sodium sulfacetamide cleanser (ml)</i>                     | topical |                         | <i>adapalene solution; non-oral</i>                      | topical | PA                      |
| <i>sodium sulfacetamide cleanser; gel (ml)</i>                | topical |                         | <i>adapalene swab; medicated</i>                         | topical | PA                      |
| <i>sodium sulfacetamide shampoo</i>                           | topical |                         | <i>adapalene-benzoyl peroxide gel with pump (gram)</i>   | topical |                         |
| STELARA SYRINGE (ML)  | SC      | PA; SP                  | <i>amnesteeem capsule</i>                                | oral    |                         |
| STELARA VIAL (ML)   | SC      | PA; SP                  | <i>avar cleanser (gram)</i>                              | topical |                         |
| TREMFYA AUTO-INJECTOR (ML)                                    | SC      | PA; SP                  | <i>avita cream (gram)</i>                                | topical | PA                      |
| TREMFYA SYRINGE (ML)  | SC      | PA; SP                  | <i>azelaic acid gel (gram)</i>                           | topical | PA                      |
| <b>BURN THERAPY</b>   |         |                         | <i>benzepro towelette (ea)</i>                           | topical |                         |
| <i>silver sulfadiazine cream (gram)</i>                       | topical |                         | <i>benzoyl peroxide foam (gram)</i>                      | topical |                         |
| <i>ssd cream (gram)</i>                                       | topical |                         | <i>claravis capsule</i>                                  | oral    |                         |
| <b>MISC DERMATOLOGICALS</b>                                   |         |                         | <i>clindacin p swab; medicated</i>                       | topical |                         |
| <i>doxepin hcl cream (gram)</i>                               | topical |                         | <i>clindamycin phosphate foam (gram)</i>                 | topical |                         |
| DUPIXENT SYRINGE (ML)   | SC      | PA; SP                  | <i>clindamycin phosphate gel (gram)</i>                  | topical |                         |
| <i>fluorouracil cream (gram)</i>                              | topical |                         | <i>clindamycin phosphate lotion (ml)</i>                 | topical |                         |
| <i>fluorouracil solution; non-oral</i>                        | topical |                         | <i>clindamycin phosphate solution; non-oral</i>          | topical |                         |
| <i>iodine tincture</i>  | topical |                         | <i>clindamycin phosphate swab; medicated</i>             | topical |                         |
| <i>methoxsalen capsule; liquid-filled; rapid release</i>      | oral    |                         | <i>clindamycin phos-tretinoin gel (gram)</i>             | topical |                         |
| <i>methyl salicylate liquid (ml)</i>                          | topical |                         | <i>clindamycin-benzoyl peroxide gel (gram)</i>           | topical |                         |
| <i>methyl salicylate oil (ml)</i>                             | misc    |                         | <i>clindamycin-benzoyl peroxide gel with pump (gram)</i> | topical |                         |
| PICATO GEL (EA)   | topical |                         | <i>dapsone gel (gram)</i>                                | topical |                         |

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|---|---------|-------------------------|---|-----------------|-------------------------|
| <i>dapsone gel with pump (gram)</i>                           | topical |                         | <i>ss 10-2 cleanser (gram)</i>                            | topical         |                         |
| <i>ery swab; medicated</i>                                    | topical |                         | <i>sss 10-5 cream (gram)</i>                              | topical         |                         |
| <i>erygel gel (gram)</i>                                      | topical |                         | <i>sss 10-5 foam (gram)</i>                               | topical         |                         |
| <i>erythromycin gel (gram)</i>                                | topical |                         | <i>sulfacetamide sodium-sulfur cleanser (gram)</i>        | topical         |                         |
| <i>erythromycin solution; non-oral</i>                        | topical |                         | <i>sulfacleanse 8/4 suspension; topical (ml)</i>          | topical         |                         |
| <i>erythromycin swab; medicated</i>                           | topical |                         | <i>tazarotene cream (gram)</i>                            | topical         | PA                      |
| <i>erythromycin-benzoyl peroxide gel (gram)</i>               | topical |                         | TAZORAC CREAM (GRAM)                                      | topical         | PA                      |
| FINACEA FOAM (GRAM)   | topical | PA                      | TAZORAC GEL (GRAM)  | topical         | PA                      |
| <i>isotretinoin capsule</i>                                   | oral    |                         | <i>tretinoin cream (gram)</i>                             | topical         | PA                      |
| <i>ivermectin cream (gram)</i>                                | topical |                         | <i>tretinoin gel (gram)</i>                               | topical         | PA                      |
| <i>metronidazole cream (gram)</i>                             | topical |                         | <i>tretinoin microsphere gel (gram)</i>                   | topical         | PA                      |
| <i>metronidazole gel (gram)</i>                               | topical |                         | <i>tretinoin microsphere gel with pump (gram)</i>         | topical         | PA                      |
| <i>metronidazole gel with pump (gram)</i>                     | topical |                         | <i>zenatane capsule</i>                                   | oral            |                         |
| <i>metronidazole lotion (ml)</i>                              | topical |                         | TOPICAL ANESTHETICS                                       |                 |                         |
| <i>myorisan capsule</i>                                       | oral    |                         | <i>glydo jelly with prefilled applicator (ml)</i>         | mucous membrane |                         |
| <i>neuac gel (gram)</i>                                       | topical |                         | <i>lidocaine adhesive patch; medicated</i>                | topical         |                         |
| ONEXTON GEL WITH PUMP (GRAM)                                  | topical |                         | <i>lidocaine ointment (gram)</i>                          | topical         |                         |
| <i>rosadan cream (gram)</i>                                   | topical |                         |   | mucous membrane |                         |
| <i>rosadan gel (gram)</i>                                     | topical |                         | <i>lidocaine hcl jelly (ml)</i>                           | mucous membrane |                         |
| <i>rosula pads; medicated (ea)</i>                            | topical |                         | <i>lidocaine hcl jelly with prefilled applicator (ml)</i> | mucous membrane |                         |
| <i>sodium sulfacetamide/sulfur cleanser (gram)</i>            | topical |                         | <i>lidocaine hcl solution; non-oral</i>                   | mucous membrane |                         |
| <i>sodium sulfacetamide/sulfur cleanser (ml) 9 %-4 %</i>      | topical |                         | <i>lidocaine hcl solution; oral 2 %</i>                   | mucous membrane |                         |
| <i>sodium sulfacetamide/sulfur cream (gram)</i>               | topical |                         | <i>lidocaine hcl solution; oral 4 %</i>                   | topical         |                         |
| <i>sodium sulfacetamide/sulfur kit</i>                        | topical |                         | <i>lidocaine-hc cream (gram) 3 %-0.5 %</i>                | topical         |                         |
| <i>sodium sulfacetamide/sulfur lotion (gram)</i>              | topical |                         | <i>lidocaine-prilocaine cream (gram)</i>                  | topical         |                         |
| <i>sodium sulfacetamide/sulfur pads; medicated (ea)</i>       | topical |                         | <i>lidocaine-prilocaine kit</i>                           | topical         |                         |
| <i>sodium sulfacetamide/sulfur suspension; topical (gram)</i> | topical |                         | <i>pre-attached lta kit solution; oral</i>                | topical         |                         |
| <i>sodium sulfacetamide/sulfur suspension; topical (ml)</i>   | topical |                         | ZTLIDO ADHESIVE PATCH; MEDICATED                          | topical         |                         |
|   |         |                         | TOPICAL ANTIBACTERIALS                                    |                 |                         |
|   |         |                         | <i>gentamicin sulfate cream (gram)</i>                    | topical         |                         |
|   |         |                         | <i>gentamicin sulfate ointment (gram)</i>                 | topical         |                         |
|   |         |                         | <i>iodine solution; non-oral</i>                          | topical         |                         |
|   |         |                         | <i>lugol's solution; non-oral</i>                         | topical         |                         |
|   |         |                         | <i>mafenide acetate packet (ea)</i>                       | topical         |                         |

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|--|---------|-------------------------|
| <i>mupirocin cream (gram)</i>                        | topical |                         |
| <i>mupirocin ointment (gram)</i>                     | topical |                         |
| <i>sulfacetamide sodium suspension; topical (ml)</i> | topical |                         |
| SULFAMYLON CREAM (GRAM)                              | topical |                         |
| TOPICAL ANTIFUNGALS                                  |         |                         |
| <i>ciclodan cream (gram)</i>                         | topical |                         |
| <i>ciclopirox cream (gram)</i>                       | topical |                         |
| <i>ciclopirox gel (gram)</i>                         | topical |                         |
| <i>ciclopirox shampoo</i>                            | topical |                         |
| <i>ciclopirox suspension; topical (ml)</i>           | topical |                         |
| <i>clotrimazole/betamethasone cream (gram)</i>       | topical |                         |
| <i>clotrimazole/betamethasone lotion (ml)</i>        | topical |                         |
| <i>econazole nitrate cream (gram)</i>                | topical |                         |
| <i>ketoconazole cream (gram)</i>                     | topical |                         |
| <i>ketoconazole foam (gram)</i>                      | topical |                         |
| <i>ketoconazole shampoo</i>                          | topical |                         |
| <i>ketodan combination package (gram)</i>            | topical |                         |
| <i>ketodan foam (gram)</i>                           | topical |                         |
| <i>naftifine hcl cream (gram)</i>                    | topical |                         |
| <i>naftifine hcl gel (gram)</i>                      | topical |                         |
| <i>nyamyc powder (gram)</i>                          | topical |                         |
| <i>nystatin cream (gram)</i>                         | topical |                         |
| <i>nystatin ointment (gram)</i>                      | topical |                         |
| <i>nystatin powder (gram)</i>                        | topical |                         |
| <i>nystatin w/triamcinolone cream (gram)</i>         | topical |                         |
| <i>nystatin w/triamcinolone ointment (gram)</i>      | topical |                         |
| <i>nystatin/triamcinolone cream (gram)</i>           | topical |                         |
| <i>nystop powder (gram)</i>                          | topical |                         |
| <i>oxiconazole nitrate cream (gram)</i>              | topical |                         |
| TOPICAL ANTIVIRALS                                   |         |                         |
| <i>acyclovir cream (gram)</i>                        | topical |                         |
| <i>acyclovir ointment (gram)</i>                     | topical |                         |
| TOPICAL CORTICOSTEROIDS HIGH POTENCY                 |         |                         |
| <i>amcinonide cream (gram)</i>                       | topical |                         |
| <i>amcinonide lotion (ml)</i>                        | topical |                         |
| <i>apexicon e cream (gram)</i>                       | topical |                         |
| <i>betamethasone dipropionate cream (gram)</i>       | topical |                         |

| Drug Name   | Route   | Requirements/<br>Limits |
|---|---------|-------------------------|
| <i>betamethasone dipropionate gel (gram)</i>      | topical |                         |
| <i>betamethasone dipropionate lotion (ml)</i>     | topical |                         |
| <i>betamethasone dipropionate ointment (gram)</i> | topical |                         |
| <i>betamethasone valerate ointment (gram)</i>     | topical |                         |
| <i>desoximetasone gel (gram)</i>                  | topical |                         |
| <i>desoximetasone spray; non-aerosol (ml)</i>     | topical |                         |
| <i>diflorasone diacetate cream (gram)</i>         | topical |                         |
| <i>fluocinonide cream (gram)</i>                  | topical |                         |
| <i>fluocinonide gel (gram)</i>                    | topical |                         |
| <i>fluocinonide ointment (gram)</i>               | topical |                         |
| <i>fluocinonide solution; non-oral</i>            | topical |                         |
| <i>fluocinonide-e cream (gram)</i>                | topical |                         |
| <i>halcinonide cream (gram)</i>                   | topical |                         |
| TOPICAL CORTICOSTEROIDS LOW POTENCY               |         |                         |
| <i>alclometasone dipropionate cream (gram)</i>    | topical |                         |
| <i>alclometasone dipropionate ointment (gram)</i> | topical |                         |
| <i>desonide cream (gram)</i>                      | topical |                         |
| <i>desonide gel (gram)</i>                        | topical |                         |
| <i>desonide lotion (ml)</i>                       | topical |                         |
| <i>desonide ointment (gram)</i>                   | topical |                         |
| <i>fluocinolone acetonide cream (gram)</i>        | topical |                         |
| <i>fluocinolone acetonide oil (ml)</i>            | topical |                         |
| <i>fluocinolone acetonide solution; non-oral</i>  | topical |                         |
| <i>hydrocortisone cream (gram)</i>                | topical |                         |
| <i>hydrocortisone lotion (ml)</i>                 | topical |                         |
| <i>hydrocortisone ointment (gram)</i>             | topical |                         |
| <i>scalacort lotion (ml)</i>                      | topical |                         |
| TOPICAL CORTICOSTEROIDS MEDIUM POTENCY            |         |                         |
| <i>bese lotion (ml)</i>                           | topical |                         |
| <i>betamethasone valerate cream (gram)</i>        | topical |                         |
| <i>betamethasone valerate foam (gram)</i>         | topical |                         |

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|---|---------|-------------------------|--|------------|-------------------------|
| <i>betamethasone valerate lotion (ml)</i>         | topical |                         | <i>trianex ointment (gram)</i>                       | topical    |                         |
| <i>desoximetasone cream (gram)</i>                | topical |                         | <i>triderm cream (gram)</i>                          | topical    |                         |
| <i>desoximetasone ointment (gram)</i>             | topical |                         | <b>TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY</b>     |            |                         |
| <i>fluocinolone acetonide ointment (gram)</i>     | topical |                         | <i>clobetasol e cream (gram)</i>                     | topical    |                         |
| <i>flurandrenolide cream (gram)</i>               | topical |                         | <i>clobetasol emulsion foam (gram)</i>               | topical    |                         |
| <i>flurandrenolide lotion (ml)</i>                | topical |                         | <i>clobetasol propionate cream (gram)</i>            | topical    |                         |
| <i>flurandrenolide ointment (gram)</i>            | topical |                         | <i>clobetasol propionate foam (gram)</i>             | topical    |                         |
| <i>fluticasone propionate cream (gram)</i>        | topical |                         | <i>clobetasol propionate gel (gram)</i>              | topical    |                         |
| <i>fluticasone propionate lotion (ml)</i>         | topical |                         | <i>clobetasol propionate lotion (ml)</i>             | topical    |                         |
| <i>fluticasone propionate ointment (gram)</i>     | topical |                         | <i>clobetasol propionate ointment (gram)</i>         | topical    |                         |
| <i>hydrocortisone butyrate cream (gram)</i>       | topical |                         | <i>clobetasol propionate shampoo</i>                 | topical    |                         |
| <i>hydrocortisone butyrate lotion (ml)</i>        | topical |                         | <i>clobetasol propionate solution; non-oral</i>      | topical    |                         |
| <i>hydrocortisone butyrate ointment (gram)</i>    | topical |                         | <i>clobetasol propionate spray; non-aerosol (ml)</i> | topical    |                         |
| <i>hydrocortisone butyrate solution; non-oral</i> | topical |                         | <i>clodan shampoo</i>                                | topical    |                         |
| <i>hydrocortisone valerate cream (gram)</i>       | topical |                         | <i>diflorasone diacetate ointment (gram)</i>         | topical    |                         |
| <i>hydrocortisone valerate ointment (gram)</i>    | topical |                         | <i>halobetasol propionate cream (gram)</i>           | topical    |                         |
| <i>mometasone furoate cream (gram)</i>            | topical |                         | <i>halobetasol propionate ointment (gram)</i>        | topical    |                         |
| <i>mometasone furoate ointment (gram)</i>         | topical |                         | <i>tovet emollient foam (gram)</i>                   | topical    |                         |
| <i>mometasone furoate solution; non-oral</i>      | topical |                         | <b>TOPICAL ENZYMES</b>                               |            |                         |
| <i>nolix cream (gram)</i>                         | topical |                         | SANTYL OINTMENT (GRAM)                               | topical    |                         |
| <i>nolix lotion (ml)</i>                          | topical |                         | <b>TOPICAL SCABICIDES / PEDICULICIDES</b>            |            |                         |
| <i>prednicarbate cream (gram)</i>                 | topical |                         | <i>crotan lotion (gram)</i>                          | topical    |                         |
| <i>prednicarbate ointment (gram)</i>              | topical |                         | <i>lindane shampoo</i>                               | topical    |                         |
| <i>triamcinolone acetonide aerosol (gram)</i>     | topical |                         | <i>malathion lotion (ml)</i>                         | topical    |                         |
| <i>triamcinolone acetonide cream (gram)</i>       | topical |                         | <i>permethrin cream (gram)</i>                       | topical    |                         |
| <i>triamcinolone acetonide lotion (ml)</i>        | topical |                         | <i>spinosad suspension; topical (ml)</i>             | topical    |                         |
| <i>triamcinolone acetonide ointment (gram)</i>    | topical |                         | <b>DIAGNOSTICS &amp; MISC AGENTS</b>                 |            |                         |
|   |         |                         | <b>IRRIGATING SOLUTIONS</b>                          |            |                         |
|   |         |                         | <i>lactated ringers solution; irrigation</i>         | irrigation |                         |
|   |         |                         | <i>neomycin-polymyxin b ampul (ml)</i>               | irrigation |                         |
|   |         |                         | <i>neomycin-polymyxin b vial (ml)</i>                | irrigation |                         |
|   |         |                         | <i>ringers solution; irrigation</i>                  | irrigation |                         |

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| Drug Name  | Route      | Requirements/<br>Limits |
|--|------------|-------------------------|
| <i>tis-u-sol solution; irrigation</i>                          | irrigation |                         |
| <b>MISC AGENTS</b>   |            |                         |
| <i>acamprosate calcium tablet; enteric coated</i>              | oral       |                         |
| <i>acetic acid solution; irrigation</i>                        | irrigation |                         |
| <i>anagrelide hydrochloride capsule</i>                        | oral       |                         |
| <i>aqua care sodium chloride solution; irrigation</i>          | irrigation |                         |
| <i>aqua care sterile water irrig solution; irrigation</i>      | irrigation |                         |
| ARALAST NP VIAL (EA)   | IV         | LA; PA; SP              |
| <i>caffeine citrated solution; oral</i>                        | oral       |                         |
| CARBAGLU TABLET;<br>DISPERSIBLE                                | oral       | LA; PA; SP              |
| <i>cevimeline hcl capsule</i>                                  | oral       |                         |
| CHEMET CAPSULE   | oral       |                         |
| <i>clovique capsule</i>  | oral       | PA                      |
| DEFERASIROX TABLET   | oral       | PA; SP                  |
| DEFERASIROX TABLET;<br>DISPERSIBLE                             | oral       | PA; SP                  |
| <i>disulfiram tablet</i>                                       | oral       |                         |
| FERRIPROX SOLUTION;<br>ORAL                                    | oral       | PA; SP                  |
| FERRIPROX TABLET   | oral       | PA; SP                  |
| GLASSIA VIAL (EA)  | IV         | LA; PA; SP              |
| INCRELEX VIAL (ML)   | SC         | LA; PA; SP              |
| <i>levocarnitine solution; oral</i>                            | oral       |                         |
| <i>levocarnitine tablet</i>                                    | oral       |                         |
| <i>levocarnitine sf solution; oral</i>                         | oral       |                         |
| <i>midodrine hcl tablet</i>                                    | oral       |                         |
| NITISINONE CAPSULE   | oral       | LA; PA; SP              |
| NITYR TABLET   | oral       | LA; PA; SP              |
| <i>pilocarpine hcl tablet</i>                                  | oral       |                         |
| PROLASTIN C VIAL (EA)  | IV         | LA; PA; SP              |
| RAVICTI LIQUID (ML)  | oral       | PA; SP                  |
| REVCIVI VIAL (ML)  | IM         | PA; SP                  |
| <i>riluzole tablet</i>   | oral       |                         |
| <i>sodium chloride cartridge (ml)</i>                          | INJ        |                         |
| <i>sodium chloride iv solution</i>                             | IV         |                         |
| <i>sodium chloride piggyback with threaded port (ml)</i>       | IV         |                         |
| <i>sodium chloride piggyback with vial port (non-threaded)</i> | IV         |                         |
| <i>sodium chloride solution; irrigation</i>                    | irrigation |                         |

| Drug Name  | Route           | Requirements/<br>Limits |
|--|-----------------|-------------------------|
| <i>sodium chloride syringe (ml)</i>                    | INJ             |                         |
| <i>sodium chloride vial (ml)</i>                       | INJ             |                         |
| <i>sodium phenylbutyrate powder (gram)</i>             | oral            |                         |
| <i>sodium phenylbutyrate tablet</i>                    | oral            |                         |
| SOLIRIS VIAL (ML)                                      | IV              | PA; SP                  |
| <i>trientine hcl capsule</i>                           | oral            | PA                      |
| <i>water solution; irrigation</i>                      | irrigation      |                         |
| XURIDEN GRANULES IN PACKET (EA)                        | oral            | PA; SP                  |
| ZEMAIRA VIAL (EA)                                      | IV              | LA; PA; SP              |
| ZOLEDRONIC ACID IV SOLUTION; PIGGYBACK (ML)            | IV              | PA; SP                  |
| <b>SMOKING DETERRENTS</b>                              |                 |                         |
| <i>bupropion sr tablet; extended release 12 hr</i>     | oral            | ACA                     |
| <i>chantix tablet</i>                                  | oral            | ACA                     |
| <i>chantix tablet; dose pack</i>                       | oral            | ACA                     |
| <i>nicorette gum</i>                                   | buccal          | ACA                     |
| <i>nicotine lozenge</i>                                | buccal          | ACA                     |
| <i>nicotine mini lozenge</i>                           | buccal          | ACA                     |
| <i>nicotine patch; transderm 24 hours</i>              | transderm       | ACA                     |
| <i>nicotine patch; transderm daily; sequential</i>     | transderm       | ACA                     |
| <i>nicotine gum gum</i>                                | buccal          | ACA                     |
| <i>quit 2 gum</i>                                      | buccal          | ACA                     |
| <i>quit 2 lozenge</i>                                  | buccal          | ACA                     |
| <i>quit 4 gum</i>                                      | buccal          | ACA                     |
| <i>quit 4 lozenge</i>                                  | buccal          | ACA                     |
| <i>stop smoking aid lozenge</i>                        | buccal          | ACA                     |
| <b>EAR, NOSE &amp; THROAT MEDICATIONS</b>              |                 |                         |
| <b>MISC AGENTS</b>                                     |                 |                         |
| <i>azelastine hcl aerosol; spray with pump (ml)</i>    | nasal           | QL                      |
| <i>chlorhexidine gluconate mouthwash</i>               | mucous membrane |                         |
| <i>denta 5000 plus cream (gram)</i>                    | dental          |                         |
| <i>dentagel gel (gram)</i>                             | dental          |                         |
| FIRST-MOUTHWASH BLM MOUTHWASH                          | mucous membrane |                         |
| <i>ipratropium bromide aerosol; spray (ml)</i>         | nasal           | QL                      |
| <i>olopatadine hcl aerosol; spray with pump (gram)</i> | nasal           | QL                      |
| <i>oralone paste (gram)</i>                            | dental          |                         |

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| Drug Name  | Route              | Requirements/<br>Limits | Drug Name  | Route     | Requirements/<br>Limits |
|--|--------------------|-------------------------|--|-----------|-------------------------|
| <i>periogard mouthwash</i>   | mucous<br>membrane |                         | <i>fludrocortisone acetate<br/>tablet</i>                            | oral      |                         |
| <i>sf gel (gram)</i>   | dental             |                         | <i>hidex tablet; dose pack</i>                                       | oral      |                         |
| <i>sf 5000 plus cream (gram)</i>   | dental             |                         | <i>hydrocortisone tablet</i>   | oral      |                         |
| <i>sodium fluoride cream<br/>(gram)</i>  | dental             |                         | <i>methylprednisolone tablet</i>                                     | oral      |                         |
| <i>sodium fluoride gel (gram)</i>  | dental             |                         | <i>methylprednisolone tablet;<br/>dose pack</i>                      | oral      |                         |
| <i>sodium fluoride paste (ml)</i>  | dental             |                         | <i>millipred tablet</i>  | oral      |                         |
| <i>sodium fluoride 5000 plus<br/>cream (gram)</i>  | dental             |                         | <i>millipred tablet; dose pack</i>                                   | oral      |                         |
| <i>sodium fluoride sensitive<br/>paste (ml)</i>  | dental             |                         | <i>prednisolone solution; oral</i>                                   | oral      |                         |
| <i>triamcinolone acetamide<br/>paste (gram)</i>  | dental             |                         | <i>prednisolone sodium phos<br/>odt tablet;disintegrating</i>        | oral      |                         |
| <b>MISC OTIC PREPARATIONS</b>  |                    |                         | <i>prednisolone sodium<br/>phosphate solution; oral</i>              | oral      |                         |
| <i>acetic acid solution; non-<br/>oral</i>   | otic (ear)         |                         | <i>prednisone concentrate;<br/>oral</i>                              | oral      |                         |
| <i>acetic acid/hydrocortisone<br/>drops</i>  | otic (ear)         |                         | <i>prednisone solution; oral</i>                                     | oral      |                         |
| <i>ciprofloxacin hcl<br/>dropperette; single-use<br/>drop dispenser</i>                      | otic (ear)         |                         | <i>prednisone tablet</i>   | oral      |                         |
| <i>flac otic oil drops</i>   | otic (ear)         |                         | <i>prednisone tablet; dose<br/>pack</i>                              | oral      |                         |
| <i>fluocinolone acetamide oil<br/>drops</i>  | otic (ear)         |                         | <b>ANDROGENS</b>   |           |                         |
| <i>ofloxacin drops 0.3 %</i>   | otic (ear)         |                         | ANDRODERM PATCH;<br>TRANSDERM 24 HOURS                               | transderm | PA                      |
| <b>OTIC STEROID / ANTIBIOTIC</b>   |                    |                         | <i>danazol capsule</i>   | oral      |                         |
| CIPRODEX SUSPENSION;<br>DROPS(FINAL DOSAGE<br>FORM)(ML)                                      | otic (ear)         |                         | METHITEST TABLET   | oral      |                         |
| <i>neomycin/polymyxin/hc<br/>solution; non-oral</i>  | otic (ear)         |                         | <i>methyltestosterone<br/>capsule</i>                                | oral      |                         |
| <i>neomycin/polymyxin/hc<br/>suspension; drops(final<br/>dosage form)(ml) 3.5-10k-<br/>1</i> | otic (ear)         |                         | NATESTO GEL IN<br>METERED-DOSE PUMP                                  | nasal     | PA                      |
| OTOVEL VIAL (EA)   | otic (ear)         |                         | <i>oxandrolone tablet</i>  | oral      | PA                      |
| <b>ENDOCRINE/DIABETES</b>  |                    |                         | <i>testosterone gel (gram)</i>                                       | transderm | PA                      |
| <b>ADRENAL HORMONES</b>  |                    |                         | <i>testosterone gel in<br/>metered-dose pump</i>                     | transderm | PA                      |
| <i>cortisone acetate tablet</i>  | oral               |                         | <i>testosterone gel in packet<br/>(gram)</i>                         | transderm | PA                      |
| <i>decadron elixir</i>   | oral               |                         | <i>testosterone solution in<br/>metered-dose pump with<br/>appl.</i> | transderm | PA                      |
| <i>decadron tablet</i>   | oral               |                         | <i>testosterone cypionate vial<br/>(ml)</i>                          | IM        | PA                      |
| <i>deltasone tablet</i>  | oral               |                         | <i>testosterone enanthate<br/>vial (ml)</i>                          | IM        | PA                      |
| <i>dexabliss tablet; dose pack</i>   | oral               |                         | <i>testosterone propionate<br/>vial (ml)</i>                         | IM        |                         |
| <i>dexamethasone drops</i>   | oral               |                         | <b>ANTITHYROID AGENTS</b>  |           |                         |
| <i>dexamethasone elixir</i>  | oral               |                         | <i>methimazole tablet</i>  | oral      |                         |
| <i>dexamethasone solution;<br/>oral</i>  | oral               |                         | <i>propylthiouracil tablet</i>                                       | oral      |                         |
| <i>dexamethasone tablet</i>  | oral               |                         | <b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>               |           |                         |
| <i>dexamethasone tablet;<br/>dose pack</i>   | oral               |                         | FREESTYLE INSULINX STRIP   | misc      |                         |
|  |                    |                         | FREESTYLE INSULINX TEST<br>STRIPS STRIP                              | misc      |                         |

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| Drug Name   | Route | Requirements/<br>Limits | Drug Name   | Route | Requirements/<br>Limits |
|---|-------|-------------------------|---|-------|-------------------------|
| FREESTYLE LITE STRIPS STRIP                         | misc  | ST                      | AUTOSOFT XC INFUSION SETS-PARAPHERNALIA                 | misc  |                         |
| FREESTYLE LITE TEST STRIPS STRIP                    | misc  | ST                      | BD INTEGRA NEEDLE NEEDLE; DISPOSABLE                    | misc  |                         |
| FREESTYLE TEST STRIPS STRIP                         | misc  |                         | BD MICROTAINER LANCET EACH                              | misc  |                         |
| ONE TOUCH ULTRA TEST STRIPS STRIP                   | misc  |                         | BD NANO PEN NEEDLE NEEDLE; DISPOSABLE                   | misc  |                         |
| ONE TOUCH VERIO STRIP                               | misc  |                         | B-D NEEDLES NEEDLE; DISPOSABLE                          | misc  |                         |
| PRECISION XTRA STRIP                                | misc  |                         | B-D ULTRA FINE LANCETS EACH                             | misc  |                         |
| <b>GLUCOSE ELEVATING AGENTS</b>                     |       |                         | BREATHERITE SPACER (EA)                                 | misc  |                         |
| BAQSIMI SPRAY; NON-AEROSOL (EA)                     | nasal | QL                      | CARTRIDGE STAMPED CARTRIDGE (EA)                        | SC    |                         |
| <i>diazoxide suspension; oral (final dose form)</i> | oral  |                         | CLEO 90 INFUSION SET INFUSION SETS-PARAPHERNALIA        | misc  |                         |
| GLUCAGEN VIAL (EA) 1 MG/ML                          | INJ   |                         | COMFORT INFUSION SETS-PARAPHERNALIA                     | misc  |                         |
| GLUCAGEN VIAL (EA) 1 MG                             | INJ   | QL                      | COMFORT SHORT INFUSION SETS-PARAPHERNALIA               | misc  |                         |
| GLUCAGON EMERGENCY KIT VIAL (EA)                    | INJ   | QL                      | COMPACT SPACE CHAMBER SPACER (EA)                       | misc  |                         |
| GVOKE HYPOPEN AUTO-INJECTOR (ML)                    | SC    | QL                      | CONTACT DETACH INFUSION SET INFUSION SETS-PARAPHERNALIA | misc  |                         |
| GVOKE SYRINGE SYRINGE (ML)                          | SC    | QL                      | DEXCOM EACH   | misc  |                         |
| <b>GONADOTROPIN &amp; RELATED AGENTS</b>            |       |                         | DEXCOM G4 EACH  | misc  | QL                      |
| CETROTIDE KIT                                       | SC    | PA; SP                  | DEXCOM G5 EACH  | misc  |                         |
| GANIRELIX ACETATE GENERIC SYRINGE (ML)              | SC    | PA; SP                  | DEXCOM G6 EACH  | misc  |                         |
| ORILISSA TABLET                                     | oral  | ST                      | EASIVENT SPACER (EA)                                    | misc  |                         |
| <b>INSULIN SYRINGES/MISC DURABLE MEDICAL EQU</b>    |       |                         | FLEXICHAMBER SPACER (EA)                                | misc  |                         |
| ACCU-CHEK KIT                                       | misc  |                         | FREESTYLE CONTROL SOLUTION EACH                         | misc  |                         |
| ACE AEROSOL CLOUD ENHANCER SPACER (EA)              | misc  |                         | FREESTYLE FREEDOM KIT                                   | misc  | QL                      |
| AEROCHAMBER SPACER (EA)                             | misc  |                         | FREESTYLE FREEDOM LITE KIT                              | misc  | QL                      |
| AEROCHAMBER PLUS SPACER (EA)                        | misc  |                         | FREESTYLE INSULINX EACH                                 | misc  | QL                      |
| AEROCHAMBER Z-STAT PLUS SPACER (EA)                 | misc  |                         | FREESTYLE LIBRE READER EACH                             | misc  |                         |
| AEROTRACH PLUS SPACER (EA)                          | misc  |                         | FREESTYLE LIBRE SENSOR KIT                              | misc  |                         |
| AEROVENT PLUS SPACER (EA)                           | misc  |                         | FREESTYLE LITE METER KIT                                | misc  | QL                      |
| AUTOJECT 2 INSULIN PEN (EA)                         | SC    |                         | INFUSION SET INFUSION SETS-PARAPHERNALIA                | misc  |                         |
| AUTOPEN INSULIN PEN (EA)                            | SC    |                         | INSET 30 INFUSION SET INFUSION SETS-PARAPHERNALIA       | misc  |                         |
| AUTOSOFT 30 INFUSION SETS-PARAPHERNALIA             | misc  |                         |   |       |                         |
| AUTOSOFT 90 INFUSION SETS-PARAPHERNALIA             | misc  |                         |   |       |                         |

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|--|-------|-------------------------|
| INSET INFUSION SET<br>INFUSION SETS-<br>PARAPHERNALIA            | misc  |                         |
| INSPIRACHAMBER SPACER<br>(EA)                                    | misc  |                         |
| LANCET EACH  | misc  |                         |
| LANCING DEVICE EACH  | misc  |                         |
| LITEAIRE SPACER (EA)   | misc  |                         |
| MEDISENSE<br>COMBINATION PACKAGE<br>(EA)                         | misc  |                         |
| MEDISENSE GLUCOSE<br>KETONE CONTR<br>COMBINATION PACKAGE<br>(EA) | misc  |                         |
| MICROCHAMBER SPACER<br>(EA)                                      | misc  |                         |
| MICROSPACER SPACER<br>(EA)                                       | misc  |                         |
| MINIMED INFUSION SETS-<br>PARAPHERNALIA                          | misc  |                         |
| MINIMED MIO INFUSION<br>SETS-PARAPHERNALIA                       | misc  |                         |
| MINIMED MIO ADVANCE<br>INFUSION SETS-<br>PARAPHERNALIA           | misc  |                         |
| MINIMED SILHOUETTE<br>INFUSION SETS-<br>PARAPHERNALIA            | misc  |                         |
| MINIMED SURE T<br>INFUSION SETS-<br>PARAPHERNALIA                | misc  |                         |
| MIO INFUSION SET<br>INFUSION SETS-<br>PARAPHERNALIA              | misc  |                         |
| NOVOPEN 3 INSULIN PEN<br>(EA)                                    | SC    |                         |
| OMNIPOD EACH   | misc  |                         |
| OMNIPOD DASH<br>CARTRIDGE (EA)                                   | SC    |                         |
| ONE TOUCH PING EACH  | misc  |                         |
| ONE TOUCH ULTRA 2 EACH   | misc  | QL                      |
| ONE TOUCH ULTRA<br>CONTROL SOLN EACH                             | misc  |                         |
| ONE TOUCH ULTRAMINI<br>KIT                                       | misc  | QL                      |
| ONE TOUCH VERIO EACH   | misc  |                         |
| ONE TOUCH VERIO IQ<br>EACH                                       | misc  | QL                      |
| ONETOUCH VERIO FLEX<br>EACH                                      | misc  |                         |

| Drug Name  | Route | Requirements/<br>Limits |
|--|-------|-------------------------|
| ONETOUCH VERIO<br>REFLECT EACH                               | misc  |                         |
| OPTICHAMBER DIAMOND<br>SPACER (EA)                           | misc  |                         |
| POCKET CHAMBER SPACER<br>(EA)                                | misc  |                         |
| PRECISION XTRA EACH  | misc  | QL                      |
| PRECISION XTRA KETONE-<br>GLUCOSE KIT                        | misc  |                         |
| PRIMEAIRE SPACER (EA)  | misc  |                         |
| PROCHAMBER SPACER<br>(EA)                                    | misc  |                         |
| QUICK RELEASE SOFT<br>TEFLON INFUSION SETS-<br>PARAPHERNALIA | misc  |                         |
| QUICK-SET PARADIGM<br>INFUSION SETS-<br>PARAPHERNALIA        | misc  |                         |
| REVEL PROGRAMMABLE<br>PUMP EACH                              | misc  |                         |
| RITEFLO SPACER (EA)  | misc  |                         |
| SAFE-CLIP EACH   | misc  |                         |
| SILHOUETTE INFUSION<br>SETS-PARAPHERNALIA                    | misc  |                         |
| SOF-SET INFUSION SETS-<br>PARAPHERNALIA                      | misc  |                         |
| SOF-SET MICRO INFUSION<br>SETS-PARAPHERNALIA                 | misc  |                         |
| SURE-T PARADIGM<br>INFUSION SETS-<br>PARAPHERNALIA           | misc  |                         |
| T: 30 INFUSION SET<br>INFUSION SETS-<br>PARAPHERNALIA        | misc  |                         |
| T: 90 INFUSION SETS-<br>PARAPHERNALIA                        | misc  |                         |
| T: SLIM CARTRIDGE (EA)                                       | SC    |                         |
| T: SLIM G4 CARTRIDGE<br>(EA)                                 | SC    |                         |
| TRUSTEEL INFUSION SET<br>INFUSION SETS-<br>PARAPHERNALIA     | misc  |                         |
| VARISOFT INFUSION SET<br>INFUSION SETS-<br>PARAPHERNALIA     | misc  |                         |
| VGO 20 EACH  | misc  |                         |
| VGO 30 EACH  | misc  |                         |
| VGO 40 EACH  | misc  |                         |
| VORTEX SPACER (EA)   | misc  |                         |

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| Drug Name  | Route | Requirements/<br>Limits |
|--|-------|-------------------------|
| <b>INSULIN THERAPY</b>                             |       |                         |
| HUMALOG CARTRIDGE (ML)                             | SC    |                         |
| HUMALOG INSULIN PEN (ML)                           | SC    |                         |
| HUMALOG VIAL (ML)                                  | SC    |                         |
| HUMALOG JUNIOR KWIKPEN INSULIN PEN; HALF-UNIT (ML) | SC    |                         |
| HUMALOG MIX 50-50 INSULIN PEN (ML)                 | SC    |                         |
| HUMALOG MIX 50-50 VIAL (ML)                        | SC    |                         |
| HUMALOG MIX 75-25 INSULIN PEN (ML)                 | SC    |                         |
| HUMALOG MIX 75-25 VIAL (ML)                        | SC    |                         |
| HUMULIN 70/30 KWIKPEN INSULIN PEN (ML)             | SC    |                         |
| HUMULIN 70-30 VIAL (ML)                            | SC    |                         |
| HUMULIN N VIAL (ML)                                | SC    |                         |
| HUMULIN N KWIKPEN INSULIN PEN (ML)                 | SC    |                         |
| HUMULIN R VIAL (ML) 100/ML                         | INJ   |                         |
| HUMULIN R VIAL (ML) 500/ML                         | SC    |                         |
| HUMULIN R U-500 KWIKPEN INSULIN PEN (ML)           | SC    |                         |
| LANTUS VIAL (ML)                                   | SC    |                         |
| LANTUS SOLOSTAR INSULIN PEN (ML)                   | SC    |                         |
| LEVEMIR VIAL (ML)                                  | SC    |                         |
| LEVEMIR FLEXTouch INSULIN PEN (ML)                 | SC    |                         |
| LYUMJEV VIAL (ML)                                  | SC    |                         |
| LYUMJEV KWIKPEN U-100 INSULIN PEN (ML)             | SC    |                         |
| LYUMJEV KWIKPEN U-200 INSULIN PEN (ML)             | SC    |                         |
| SOLIQUA 100-33 INSULIN PEN (ML)                    | SC    | QL                      |
| TOUJEO MAX SOLOSTAR INSULIN PEN (ML)               | SC    |                         |
| TOUJEO SOLOSTAR INSULIN PEN (ML)                   | SC    |                         |
| TRESIBA VIAL (ML)                                  | SC    |                         |
| TRESIBA FLEXTouch U-100 INSULIN PEN (ML)           | SC    |                         |

| Drug Name   | Route | Requirements/<br>Limits |
|---|-------|-------------------------|
| TRESIBA FLEXTouch U-200 INSULIN PEN (ML)                  | SC    |                         |
| XULTOPHY 100-3.6 INSULIN PEN (ML)                         | SC    | QL                      |
| <b>MISC AGENTS</b>  |       |                         |
| ALDURAZYME VIAL (ML)                                      | IV    | PA; SP                  |
| BRINEURA KIT  | INJ   | PA; SP                  |
| <i>cabergoline tablet</i>                                 | oral  | QL                      |
| <i>calcitonin-salmon aerosol; spray with pump (ml)</i>    | nasal |                         |
| <i>calcitriol ampul (ml)</i>                              | IV    |                         |
| <i>calcitriol capsule</i>                                 | oral  |                         |
| <i>calcitriol solution; oral</i>                          | oral  |                         |
| CERDELGA CAPSULE  | oral  | PA; SP                  |
| CEREZYME VIAL (EA)  | IV    | PA; SP                  |
| <i>cinacalcet hcl tablet</i>                              | oral  |                         |
| CRYSVITA VIAL (ML)  | SC    | PA; SP                  |
| DDAVP SOLUTION; NON-ORAL                                  | nasal |                         |
| <i>desmopressin acetate aerosol; spray with pump (ml)</i> | nasal |                         |
| <i>desmopressin acetate tablet</i>                        | oral  |                         |
| <i>doxercalciferol capsule</i>                            | oral  |                         |
| ELAPRASE VIAL (ML)  | IV    | PA; SP                  |
| FABRAZYME VIAL (EA)                                       | IV    | PA; SP                  |
| KANUMA VIAL (ML)  | IV    | PA; SP                  |
| KUVAN POWDER IN PACKET (EA)                               | oral  | PA; SP                  |
| KUVAN TABLET; SOLUBLE                                     | oral  | PA; SP                  |
| LUMIZYME VIAL (EA)  | IV    | PA; SP                  |
| MEPSEVII VIAL (ML)  | IV    | PA; SP                  |
| MIACALCIN VIAL (ML)                                       | INJ   |                         |
| MIGLUSTAT CAPSULE   | oral  | LA; PA; SP              |
| MYALEPT VIAL (EA)   | SC    | LA; PA; SP              |
| NAGLAZYME VIAL (ML)                                       | IV    | LA; PA; SP              |
| NATPARA CARTRIDGE (EA)                                    | SC    | LA; PA; SP              |
| PALYNZIQ SYRINGE (ML)                                     | SC    | LA; PA; SP              |
| <i>paricalcitol capsule</i>                               | oral  |                         |
| <i>paricalcitol vial (ml)</i>                             | IV    |                         |
| SAMSCA TABLET   | oral  | PA; SP                  |
| SOMAVERT VIAL (EA)  | SC    | PA; SP                  |
| STIMATE AEROSOL; SPRAY WITH PUMP (ML)                     | nasal | SP                      |
| STRENSIQ VIAL (ML)  | SC    | LA; PA; SP              |
| SYNAREL AEROSOL; SPRAY (ML)                               | nasal |                         |
| TOLVAPTAN TABLET  | oral  | PA; SP                  |
| VIMIZIM VIAL (ML)   | IV    | PA; SP                  |

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| Drug Name  | Route | Requirements/<br>Limits | Drug Name  | Route  | Requirements/<br>Limits |
|--|-------|-------------------------|--|--------|-------------------------|
| ZOLEDRONIC ACID IV SOLUTION; PIGGYBACK; BOTTLE (ML)        | IV    | PA; SP                  | <i>miglitol tablet</i>                               | oral   |                         |
| ZOLEDRONIC ACID VIAL (EA)                                  | IV    | PA; SP                  | <i>nateglinide tablet</i>                            | oral   |                         |
| ZOLEDRONIC ACID VIAL (ML)                                  | IV    | PA; SP                  | OZEMPIC PEN INJECTOR (ML)                            | SC     | QL; ST                  |
| <b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>                     |       |                         | <i>pioglitazone hcl tablet</i>                       | oral   | QL                      |
| <i>acarbose tablet</i>                                     | oral  |                         | <i>pioglitazone-glimepiride tablet</i>               | oral   | QL                      |
| BYDUREON BCISE AUTO-INJECTOR (ML)                          | SC    | QL; ST                  | <i>pioglitazone-metformin tablet</i>                 | oral   | QL                      |
| BYDUREON PEN PEN INJECTOR (EA)                             | SC    | QL; ST                  | <i>repaglinide tablet</i>                            | oral   |                         |
| BYETTA PEN INJECTOR (ML)                                   | SC    | QL; ST                  | <i>repaglinide-metformin hcl tablet</i>              | oral   | QL                      |
| FARXIGA TABLET   | oral  | QL; ST                  | RYBELSUS TABLET                                      | oral   | QL; ST                  |
| <i>glimepiride tablet</i>                                  | oral  |                         | SEGLUROMET TABLET                                    | oral   | QL; ST                  |
| <i>glipizide tablet</i>                                    | oral  |                         | STEGLATRO TABLET                                     | oral   | QL; ST                  |
| <i>glipizide er tablet; extended release 24 hr</i>         | oral  |                         | SYMLINPEN 120 PEN INJECTOR (ML)                      | SC     | QL                      |
| <i>glipizide xl tablet; extended release 24 hr</i>         | oral  |                         | SYMLINPEN 60 PEN INJECTOR (ML)                       | SC     | QL                      |
| <i>glipizide-metformin tablet</i>                          | oral  |                         | SYNJARDY TABLET                                      | oral   | QL; ST                  |
| <i>glyburide tablet</i>                                    | oral  |                         | SYNJARDY XR TABLET;IMMED AND EXTEND REL BIPHASE 24HR | oral   | QL; ST                  |
| <i>glyburide micronized tablet</i>                         | oral  |                         | <i>tolbutamide tablet</i>                            | oral   |                         |
| <i>glyburide-metformin hcl tablet</i>                      | oral  |                         | TRADJENTA TABLET                                     | oral   | QL                      |
| GLYXAMBI TABLET  | oral  | QL; ST                  | TRIARDY XR TABLET;IMMED AND EXTEND REL BIPHASE 24HR  | oral   | ST                      |
| INVOKAMET TABLET   | oral  | QL; ST                  | TRULICITY PEN INJECTOR (ML)                          | SC     | QL; ST                  |
| INVOKAMET XR TABLET;IMMED AND EXTEND REL BIPHASE 24HR      | oral  | QL; ST                  | XIGDUO XR TABLET;IMMED AND EXTEND REL BIPHASE 24HR   | oral   | QL; ST                  |
| INVOKANA TABLET  | oral  | QL; ST                  | <b>THYROID HORMONES</b>                              |        |                         |
| JANUMET TABLET   | oral  | QL                      | ARMOUR THYROID TABLET                                | oral   |                         |
| JANUMET XR TABLET;EXTENDED RELEASE MULTIPHASE 24 HR        | oral  | QL                      | <i>euthyrox tablet</i>                               | oral   |                         |
| JANUVIA TABLET   | oral  | QL                      | <i>levo-t tablet</i>                                 | oral   |                         |
| JARDIANCE TABLET   | oral  | QL; ST                  | <i>levothyroxine sodium tablet</i>                   | oral   |                         |
| JENTADUETO TABLET  | oral  | QL                      | <i>levoxyl tablet</i>                                | oral   |                         |
| JENTADUETO XR TABLET;IMMED AND EXTEND REL BIPHASE 24HR     | oral  | QL                      | <i>liothyronine sodium tablet</i>                    | oral   |                         |
| <i>metformin hcl solution; oral</i>                        | oral  |                         | <i>nature-throid tablet</i>                          | oral   |                         |
| <i>metformin hcl tablet</i>                                | oral  |                         | <i>np thyroid tablet</i>                             | oral   |                         |
| <i>metformin hcl er tablet; er gastric retention 24 hr</i> | oral  | QL; ST                  | <i>thyroid tablet</i>                                | oral   |                         |
| <i>metformin hcl er tablet; extended release 24 hr</i>     | oral  | QL                      | <i>unithroid tablet</i>                              | oral   |                         |
|  |       |                         | <i>westhroid tablet</i>                              | oral   |                         |
|  |       |                         | <b>GASTROENTEROLOGY</b>                              |        |                         |
|  |       |                         | <b>ANTIDIARRHEALS</b>                                |        |                         |
|  |       |                         | <i>belladonna &amp; opium suppository; rectal</i>    | rectal |                         |

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| Drug Name  | Route  | Requirements/<br>Limits | Drug Name   | Route     | Requirements/<br>Limits |
|--|--------|-------------------------|---|-----------|-------------------------|
| <i>diphenoxylate w/atropine liquid (ml)</i>                  | oral   |                         | <i>granisetron hcl tablet</i>                             | oral      |                         |
| <i>diphenoxylate w/atropine tablet</i>                       | oral   |                         | <i>ondansetron hcl solution; oral</i>                     | oral      |                         |
| <i>opium tincture</i>  | oral   |                         | <i>ondansetron hcl tablet</i>                             | oral      |                         |
| <i>paregoric liquid (ml)</i>                                 | oral   |                         | <i>ondansetron odt tablet;disintegrating</i>              | oral      |                         |
| <b>ANTISPASMODICS</b>  |        |                         | <i>palonosetron hcl syringe (ml)</i>                      | IV        | PA                      |
| <i>anaspaz tablet;disintegrating</i>                         | oral   |                         | <i>palonosetron hcl vial (ml)</i>                         | IV        | PA                      |
| <i>dicyclomine hcl capsule</i>                               | oral   |                         | <i>prochlorperazine maleate suppository; rectal</i>       | rectal    |                         |
| <i>dicyclomine hcl solution; oral</i>                        | oral   |                         | <i>prochlorperazine maleate tablet</i>                    | oral      |                         |
| <i>dicyclomine hcl tablet</i>                                | oral   |                         | <i>scopolamine patch;transderm 3 day</i>                  | transderm |                         |
| <i>ed-spaz tablet;disintegrating</i>                         | oral   |                         | <i>trimethobenzamide hcl capsule</i>                      | oral      |                         |
| <i>glycopyrrolate tablet</i>                                 | oral   |                         | VARUBI TABLET   | oral      | PA                      |
| <i>hyoscyamine sulfate drops</i>                             | oral   |                         | <b>BILE ACIDS</b>   |           |                         |
| <i>hyoscyamine sulfate elixir</i>                            | oral   |                         | CHENODAL TABLET   | oral      | LA; PA; SP              |
| <i>hyoscyamine sulfate tablet</i>                            | oral   |                         | CHOLBAM CAPSULE   | oral      | PA; SP                  |
| <i>hyoscyamine sulfate tablet; extended release 12 hr</i>    | oral   |                         | <i>ursodiol capsule</i>                                   | oral      |                         |
| <i>hyoscyamine sulfate tablet; sl</i>                        | SL     |                         | <i>ursodiol tablet</i>                                    | oral      |                         |
| <i>hyoscyamine sulfate tablet;disintegrating</i>             | oral   |                         | <b>BOWEL EVACUANTS</b>                                    |           |                         |
| <i>hyosyne drops</i>   | oral   |                         | <i>clearlax powder (gram)</i>                             | oral      | ACA                     |
| <i>hyosyne elixir</i>  | oral   |                         | <i>clearlax powder in packet (ea)</i>                     | oral      | ACA                     |
| <i>oscimin tablet</i>  | oral   |                         | <i>clenpiq solution; oral</i>                             | oral      | ACA                     |
| <i>oscimin tablet;disintegrating</i>                         | oral   |                         | <i>gavilax powder (gram)</i>                              | oral      | ACA                     |
| <i>oscimin sl tablet; sl</i>                                 | SL     |                         | <i>gavilyte-c solution; reconstituted; oral</i>           | oral      | ACA                     |
| <i>oscimin sr tablet; extended release 12 hr</i>             | oral   |                         | <i>gavilyte-g solution; reconstituted; oral</i>           | oral      | ACA                     |
| <i>symax tablet;disintegrating</i>                           | oral   |                         | <i>gavilyte-n solution; reconstituted; oral</i>           | oral      | ACA                     |
| <i>symax-sl tablet; sl</i>                                   | SL     |                         | <i>gentlelax powder (gram)</i>                            | oral      | ACA                     |
| <i>symax-sr tablet; extended release 12 hr</i>               | oral   |                         | <i>glycolax powder (gram)</i>                             | oral      | ACA                     |
| <b>ANTIVERTIGO &amp; ANTIEMETIC AGENTS</b>                   |        |                         | <i>healthylax powder in packet (ea)</i>                   | oral      | ACA                     |
| <i>aprepitant capsule</i>                                    | oral   | PA                      | <i>laxa clear powder (gram)</i>                           | oral      | ACA                     |
| <i>aprepitant capsule; dose pack</i>                         | oral   | PA                      | <i>laxaclear powder (gram)</i>                            | oral      | ACA                     |
| CINVANTI VIAL (ML)   | IV     | PA                      | <i>laxative peg 3350 powder (gram)</i>                    | oral      | ACA                     |
| <i>compro suppository; rectal</i>                            | rectal |                         | <i>miralax powder in packet (ea)</i>                      | oral      | ACA                     |
| <i>doxylamine succ-pyridoxine hcl tablet; enteric coated</i> | oral   | QL                      | <i>natura-lax powder (gram)</i>                           | oral      | ACA                     |
| <i>dronabinol capsule</i>                                    | oral   |                         | <i>peg 3350-electrolyte solution; reconstituted; oral</i> | oral      | ACA                     |
| <i>fosaprepitant dimeglumine vial (ea)</i>                   | IV     | PA                      | <i>peg-prep kit</i>                                       | oral      | ACA                     |

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| Drug Name  | Route | Requirements/<br>Limits | Drug Name  | Route  | Requirements/<br>Limits |
|--|-------|-------------------------|--|--------|-------------------------|
| <i>polyethylene glycol powder (gram)</i>                         | oral  | ACA                     | <i>ranitidine hcl capsule</i>  | oral   |                         |
| <i>polyethylene glycol powder in packet (ea)</i>                 | oral  | ACA                     | <i>ranitidine hcl syrup</i>  | oral   |                         |
| <i>powderlax powder (gram)</i>                                   | oral  | ACA                     | <i>ranitidine hcl tablet</i>   | oral   |                         |
| <i>powderlax powder in packet (ea)</i>                           | oral  | ACA                     | <b>MISC AGENTS</b>   |        |                         |
| <i>prepopik powder in packet (ea)</i>                            | oral  | ACA                     | <i>calcium acetate capsule</i>   | oral   |                         |
| <i>purelax powder (gram)</i>                                     | oral  | ACA                     | <i>calcium acetate tablet</i>  | oral   |                         |
| <i>purelax powder in packet (ea)</i>                             | oral  | ACA                     | <i>kionex suspension; oral (final dose form)</i>                       | oral   |                         |
| <i>smoothlax powder (gram)</i>                                   | oral  | ACA                     | <i>lanthanum carbonate tablet; chewable</i>                            | oral   |                         |
| <i>smoothlax powder in packet (ea)</i>                           | oral  | ACA                     | LOKELMA POWDER IN PACKET (EA)  | oral   |                         |
| <i>suprep solution; reconstituted; oral</i>                      | oral  | ACA                     | PHOSLYRA SOLUTION; ORAL  | oral   |                         |
| <i>trilyte with flavor packets solution; reconstituted; oral</i> | oral  | ACA                     | <i>sevelamer carbonate powder in packet (ea)</i>                       | oral   |                         |
| <b>COMBINATION ANTICHOLINERGICS</b>                              |       |                         | <i>sevelamer carbonate tablet</i>                                      | oral   |                         |
| <i>belladonna-phenobarbital elixir</i>                           | oral  |                         | <i>sevelamer hcl tablet</i>  | oral   |                         |
| <i>belladonna-phenobarbital tablet</i>                           | oral  |                         | <i>sodium polystyrene sulfonate powder (gram)</i>                      | oral   |                         |
| <i>clidinium w/chlordiazepoxide capsule</i>                      | oral  |                         | <i>sodium polystyrene sulfonate suspension; oral (final dose form)</i> | oral   |                         |
| <i>phenobarbital-hyosc-atrop-scop elixir</i>                     | oral  |                         | <i>sps enema (ml)</i>  | rectal |                         |
| <i>phenobarbital-hyosc-atrop-scop tablet</i>                     | oral  |                         | <i>sps suspension; oral (final dose form)</i>                          | oral   |                         |
| <i>phenohydro elixir</i>   | oral  |                         | VELPHORO TABLET; CHEWABLE  | oral   |                         |
| <i>phenohydro tablet</i>   | oral  |                         | <b>MISC GASTROINTESTINAL AGENTS</b>                                    |        |                         |
| <b>DIGESTIVE ENZYMES</b>   |       |                         | <i>alopen pills tablet; enteric coated</i>                             | oral   | ACA                     |
| CREON CAPSULE; DELAYED RELEASE (ENTERIC COATED)                  | oral  |                         | <i>alosectron hcl tablet</i>   | oral   |                         |
| SUCRAID SOLUTION; ORAL   | oral  | PA; SP                  | <i>anucort-hc suppository; rectal</i>                                  | rectal |                         |
| VIOKACE TABLET   | oral  |                         | <i>balsalazide disodium capsule</i>                                    | oral   |                         |
| ZENPEP CAPSULE; DELAYED RELEASE (ENTERIC COATED)                 | oral  |                         | <i>bisacodyl tablet; enteric coated</i>                                | oral   | ACA                     |
| <b>H2 ANTAGONISTS</b>  |       |                         | <i>bisa-lax tablet; enteric coated</i>                                 | oral   | ACA                     |
| <i>cimetidine solution; oral</i>                                 | oral  |                         | <i>budesonide ec capsule; delayed; and extended release</i>            | oral   |                         |
| <i>cimetidine tablet</i>   | oral  |                         | <i>budesonide er tablet; delayed and extended release</i>              | oral   |                         |
| <i>famotidine suspension; oral (final dose form)</i>             | oral  |                         | <i>citrate of magnesia solution; oral</i>                              | oral   | ACA                     |
| <i>famotidine tablet</i>   | oral  |                         | <i>citroma solution; oral</i>  | oral   | ACA                     |
| <i>nizatidine capsule</i>  | oral  |                         | <i>colocort enema (ml)</i>   | rectal |                         |
| <i>nizatidine solution; oral</i>                                 | oral  |                         |  |        |                         |

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|---|---------|-------------------------|--|---------|-------------------------|
| <i>constulose solution; oral</i>                            | oral    |                         | <i>metoclopramide hcl tablet</i>                               | oral    |                         |
| <i>cromolyn sodium concentrate; oral</i>                    | oral    |                         | <i>metoclopramide hcl odt tablet; disintegrating</i>           | oral    |                         |
| CYSTADANE POWDER (GRAM)                                     | oral    | PA; SP                  | <i>milk of magnesia suspension; oral (final dose form)</i>     | oral    | ACA                     |
| <i>ducodyl tablet; enteric coated</i>                       | oral    | ACA                     | MOVANTIK TABLET  | oral    |                         |
| ENTYVIO VIAL (EA)   | IV      | PA; SP                  | OCALIVA TABLET   | oral    | LA; PA; SP              |
| <i>enulose solution; oral</i>                               | oral    |                         | <i>oral saline laxative liquid (ml)</i>                        | oral    | ACA                     |
| <i>feminine laxative tablet</i>                             | oral    | ACA                     | PENTASA CAPSULE; EXTENDED RELEASE                              | oral    |                         |
| <i>generlac solution; oral</i>                              | oral    |                         | <i>phosphate laxative liquid (ml)</i>                          | oral    | ACA                     |
| <i>gentle laxative tablet</i>                               | oral    | ACA                     | <i>pramoxine hcl w/hydrocortisone cream with applicator</i>    | rectal  |                         |
| <i>gentle laxative tablet; enteric coated</i>               | oral    | ACA                     | <i>procto-med hc cream with perineal applicator</i>            | topical |                         |
| <i>hc pramoxine cream with applicator</i>                   | rectal  |                         | <i>proctosol-hc cream with perineal applicator</i>             | topical |                         |
| <i>hemmorex-hc suppository; rectal</i>                      | rectal  |                         | <i>proctozone-hc cream with perineal applicator</i>            | topical |                         |
| <i>hydrocortisone cream with perineal applicator</i>        | topical |                         | RECTIV OINTMENT (GRAM)   | rectal  |                         |
| <i>hydrocortisone enema (ml)</i>                            | rectal  |                         | RELISTOR SYRINGE (ML)  | SC      |                         |
| <i>hydrocortisone acetate suppository; rectal</i>           | rectal  |                         | RELISTOR TABLET  | oral    |                         |
| <i>lactulose packet (ea)</i>                                | oral    |                         | RELISTOR VIAL (ML)   | SC      |                         |
| <i>lactulose solution; oral</i>                             | oral    |                         | <i>sulfasalazine tablet</i>                                    | oral    |                         |
| <i>laxative tablet</i>                                      | oral    | ACA                     | <i>sulfasalazine dr tablet; enteric coated</i>                 | oral    |                         |
| <i>laxative tablet; enteric coated</i>                      | oral    | ACA                     | SYMPROIC TABLET  | oral    |                         |
| <i>lidocaine-hc cream (gram) 3 %-0.5 %</i>                  | rectal  |                         | TRULANCE TABLET  | oral    |                         |
| <i>lidocaine-hc cream with applicator</i>                   | rectal  |                         | UCERIS AEROSOL; FOAM WITH APPLICATOR (GRAM)                    | rectal  |                         |
| <i>lidocaine-hc gel with applicator (gram)</i>              | rectal  |                         | VIBERZI TABLET   | oral    |                         |
| <i>lidocaine-hc kit</i>                                     | rectal  |                         | <i>woman's laxative tablet</i>                                 | oral    | ACA                     |
| LINZESS CAPSULE   | oral    |                         | <i>women's gentle laxative tablet; enteric coated</i>          | oral    | ACA                     |
| <i>magnesium citrate solution; oral</i>                     | oral    | ACA                     | <i>women's laxative tablet</i>                                 | oral    | ACA                     |
| <i>mesalamine enema (ml)</i>                                | rectal  |                         | <i>women's laxative tablet; enteric coated</i>                 | oral    | ACA                     |
| <i>mesalamine enema kit</i>                                 | rectal  |                         | OTHER ULCER THERAPY  |         |                         |
| <i>mesalamine suppository; rectal</i>                       | rectal  |                         | <i>lansoprazol-amoxicil-clarithro combination package (ea)</i> | oral    | QL                      |
| <i>mesalamine tablet; enteric coated</i>                    | oral    |                         | <i>sucrafate suspension; oral (final dose form)</i>            | oral    |                         |
| <i>mesalamine dr capsule (with delayed release tablets)</i> | oral    |                         | <i>sucrafate tablet</i>  | oral    |                         |
| <i>mesalamine er capsule; ext release 24 hr</i>             | oral    |                         | PROSTAGLANDINS   |         |                         |
| <i>metoclopramide hcl solution; oral</i>                    | oral    |                         | <i>misoprostol tablet</i>                                      | oral    |                         |

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|--|-------|-------------------------|
| <b>PROTON PUMP INHIBITORS</b>  |       |                         |
| <i>esomeprazole magnesium capsule;delayed release (enteric coated) 40 mg</i> | oral  |                         |
| <i>esomeprazole magnesium capsule;delayed release (enteric coated) 20 mg</i> | oral  | QL                      |
| <i>esomeprazole magnesium susp for recon;delayed rel. in a packet 40 mg</i>  | oral  |                         |
| <i>lansoprazole capsule;delayed release (enteric coated) 30 mg</i>           | oral  |                         |
| <i>lansoprazole capsule;delayed release (enteric coated) 15 mg</i>           | oral  | QL                      |
| <i>lansoprazole tablet;disintegrating; delayed release 30 mg</i>             | oral  |                         |
| <i>lansoprazole tablet;disintegrating; delayed release 15 mg</i>             | oral  | QL                      |
| NEXIUM RX SUSP FOR RECON;DELAYED REL. IN A PACKET                            | oral  | QL                      |
| omeppi capsule 40mg-1.1g   | oral  | ST                      |
| omeppi capsule 20mg-1.1g   | oral  | QL; ST                  |
| <i>omeprazole capsule;delayed release (enteric coated)</i>                   | oral  |                         |
| <i>omeprazole capsule;delayed release (enteric coated) 10 mg</i>             | oral  | QL                      |
| <i>omeprazole-sodium bicarbonate capsule 40mg-1.1g</i>                       | oral  | ST                      |
| <i>omeprazole-sodium bicarbonate capsule 20mg-1.1g</i>                       | oral  | QL; ST                  |
| <i>omeprazole-sodium bicarbonate packet (ea) 40-1680mg</i>                   | oral  | ST                      |
| <i>omeprazole-sodium bicarbonate packet (ea) 20-1680mg</i>                   | oral  | QL; ST                  |
| <i>pantoprazole sodium tablet; enteric coated 40 mg</i>                      | oral  |                         |
| <i>pantoprazole sodium tablet; enteric coated 20 mg</i>                      | oral  | QL                      |

| Drug Name  | Route | Requirements/<br>Limits |
|--|-------|-------------------------|
| <i>rabeprazole sodium tablet; enteric coated</i> | oral  |                         |
| <b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>  |       |                         |
| <b>ERYTHROID STIMULANTS</b>                      |       |                         |
| PROCRIT VIAL (ML)                                | INJ   | PA; SP                  |
| RETACRIT VIAL (ML)                               | INJ   | PA; SP                  |
| <b>GROWTH HORMONES</b>                           |       |                         |
| EGRIFTA VIAL (EA)                                | SC    | PA; SP                  |
| EGRIFTA SV VIAL (EA)                             | SC    | PA; SP                  |
| GENOTROPIN CARTRIDGE (EA)                        | SC    | PA; SP                  |
| GENOTROPIN SYRINGE (EA)                          | SC    | PA; SP                  |
| NORDITROPIN FLEXPEN INJECTOR (ML)                | SC    | PA; SP                  |
| SEROSTIM VIAL (EA)                               | SC    | PA; SP                  |
| <b>INTERFERONS</b>                               |       |                         |
| AVONEX ADMINISTRATION PACK KIT                   | IM    | PA; SP                  |
| AVONEX ADMINISTRATION PACK SYRINGE KIT (EA)      | IM    | PA; SP                  |
| AVONEX PEN INJECTOR KIT (EA)                     | IM    | PA; SP                  |
| BETASERON KIT                                    | SC    | PA; QL; SP              |
| GILENYA CAPSULE                                  | oral  | PA; SP                  |
| GLATIRAMER ACETATE SYRINGE (ML)                  | SC    | PA; SP                  |
| GLATOPA SYRINGE (ML)                             | SC    | PA; SP                  |
| MAYZENT TABLET                                   | oral  | PA; SP                  |
| OCREVUS VIAL (ML)                                | IV    | PA; SP                  |
| PEGASYS SYRINGE (ML)                             | SC    | PA; SP                  |
| PEGASYS VIAL (ML)                                | SC    | PA; SP                  |
| PLEGRIDY PEN INJECTOR (ML)                       | SC    | PA; SP                  |
| PLEGRIDY SYRINGE (ML)                            | SC    | PA; SP                  |
| POMALYST CAPSULE                                 | oral  | LA; PA; SP              |
| REBIF SYRINGE (ML)                               | SC    | PA; QL; SP              |
| REBIF REBIDOSE PEN INJECTOR (ML)                 | SC    | PA; QL; SP              |
| REVLIMID CAPSULE                                 | oral  | LA; PA; SP              |
| RIBAPAK TABLET; DOSE PACK                        | oral  | PA; SP                  |
| RIBASPHERE CAPSULE                               | oral  | PA; SP                  |
| RIBASPHERE TABLET                                | oral  | PA; SP                  |
| RIBAVIRIN CAPSULE                                | oral  | PA; SP                  |
| RIBAVIRIN TABLET                                 | oral  | PA; SP                  |
| SYLATRON KIT                                     | SC    | PA; SP                  |
| TECFIDERA CAPSULE;DELAYED                        | oral  | PA; SP                  |

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| Drug Name  | Route   | Requirements/<br>Limits | Drug Name  | Route | Requirements/<br>Limits |
|--|---------|-------------------------|--|-------|-------------------------|
| RELEASE (ENTERIC COATED)                           |         |                         | <i>engerix-b syringe (ml)</i>                      | IM    | ACA                     |
| VUMERITY CAPSULE; DELAYED RELEASE (ENTERIC COATED) | oral    | PA; SP                  | <i>engerix-b vial (ml)</i>                         | IM    | ACA                     |
| <b>INTERLEUKINS</b>                                |         |                         | <i>flud 2019-2020 syringe (ml)</i>                 | IM    | ACA                     |
| ACTIMMUNE VIAL (ML)                                | SC      | PA; SP                  | <i>flud 2020-2021 syringe (ml)</i>                 | IM    | ACA                     |
| ALFERON N VIAL (ML)                                | INJ     |                         | <i>flud quad 2020-2021 syringe (ml)</i>            | IM    | ACA                     |
| ILARIS VIAL (ML)                                   | SC      | LA; PA; SP              | <i>fluarix syringe (ml)</i>                        | IM    | ACA                     |
| <i>imiquimod cream in packet (ea)</i>              | topical |                         | <i>flublok quad 2019-2020 syringe (ml)</i>         | IM    | ACA                     |
| INTRON A VIAL (EA)                                 | INJ     | PA; SP                  | <i>flublok quad 2020-2021 syringe (ml)</i>         | IM    | ACA                     |
| INTRON A VIAL (ML)                                 | INJ     | PA; SP                  | <i>flucelvax quad 2019-2020 syringe (ml)</i>       | IM    | ACA                     |
| PROLEUKIN VIAL (EA)                                | IV      | PA; SP                  | <i>flucelvax quad 2019-2020 vial (ml)</i>          | IM    | ACA                     |
| <b>MYELOID STIMULANTS</b>                          |         |                         | <i>flucelvax quad 2020-2021 syringe (ml)</i>       | IM    | ACA                     |
| FULPHILA SYRINGE (ML)                              | SC      | PA; SP                  | <i>flucelvax quad 2020-2021 vial (ml)</i>          | IM    | ACA                     |
| LEUKINE VIAL (EA)                                  | INJ     | PA; SP                  | <i>flulaval syringe (ml)</i>                       | IM    | ACA                     |
| MOZOBIL VIAL (ML)                                  | SC      | PA; SP                  | <i>flulaval vial (ml)</i>                          | IM    | ACA                     |
| NEULASTA SYRINGE (ML)                              | SC      | PA; SP                  | <i>fluzone high-dose syringe (ml)</i>              | IM    | ACA                     |
| NEULASTA SYRINGE; WITH WEARABLE INJECTOR           | SC      | PA; SP                  | <i>fluzone high-dose quad 2020-21 syringe (ml)</i> | IM    | ACA                     |
| NIVESTYM SYRINGE (ML)                              | SC      | PA; SP                  | <i>fluzone quad 2019-2020 syringe (ml)</i>         | IM    | ACA                     |
| NIVESTYM VIAL (ML)                                 | INJ     | PA; SP                  | <i>fluzone quad 2019-2020 vial (ml)</i>            | IM    | ACA                     |
| UDENYCA SYRINGE (ML)                               | SC      | PA; SP                  | <i>fluzone quad 2020-2021 syringe (ml)</i>         | IM    | ACA                     |
| ZARXIO SYRINGE (ML)                                | INJ     | PA; SP                  | <i>fluzone quad 2020-2021 vial (ml)</i>            | IM    | ACA                     |
| ZIEXTENZO SYRINGE (ML)                             | SC      | PA; SP                  | <i>fluzone quad pedi 2019-2020 syringe (ml)</i>    | IM    | ACA                     |
| <b>VACCINES &amp; MISC IMMUNOLOGICALS</b>          |         |                         | GAMASTAN VIAL (ML)                                 | IM    | PA; SP                  |
| <i>acthib vial (ea)</i>                            | IM      | ACA                     | GAMASTAN S-D VIAL (ML)                             | IM    | PA; SP                  |
| <i>adacel syringe (ml)</i>                         | IM      | ACA                     | GAMMAGARD LIQUID VIAL (ML)                         | INJ   | PA; SP                  |
| <i>adacel vial (ml)</i>                            | IM      | ACA                     | GAMMAGARD S-D VIAL (EA)                            | IV    | PA; SP                  |
| <i>afluria quad 2019-20 (3yr up) syringe (ml)</i>  | IM      | ACA                     | GAMUNEX-C VIAL (ML)                                | INJ   | PA; SP                  |
| <i>afluria quad 2019-20 (6-35mo) syringe (ml)</i>  | IM      | ACA                     | <i>gardasil 9 syringe (ml)</i>                     | IM    | ACA                     |
| <i>afluria quad 2019-2020 vial (ml)</i>            | IM      | ACA                     | <i>gardasil 9 vial (ml)</i>                        | IM    | ACA                     |
| <i>afluria quad 2020-2021 vial (ml)</i>            | IM      | ACA                     | GRASTEK TABLET; SL                                 | SL    | PA                      |
| <i>afluria quad 2020-21 (3yr up) syringe (ml)</i>  | IM      | ACA                     | <i>havrix syringe (ml)</i>                         | IM    | ACA                     |
| <i>afluria quad 2020-21 (6-35mo) syringe (ml)</i>  | IM      | ACA                     | <i>havrix vial (ml)</i>                            | IM    | ACA                     |
| ATGAM AMPUL (ML)                                   | IV      | PA                      | <i>hiberix vial (ea)</i>                           | IM    | ACA                     |
| <i>bexsero syringe (ml)</i>                        | IM      | ACA                     | HIZENTRA VIAL (ML)                                 | SC    | PA; SP                  |
| <i>boostrix syringe (ml)</i>                       | IM      | ACA                     |  |       |                         |
| <i>boostrix vial (ml)</i>                          | IM      | ACA                     |  |       |                         |
| BOTOX VIAL (EA)                                    | INJ     | PA; SP                  |  |       |                         |
| <i>daptacel vial (ml)</i>                          | IM      | ACA                     |  |       |                         |
| <i>diphtheria-tetanus toxoids-ped vial (ml)</i>    | IM      | ACA                     |  |       |                         |

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| Drug Name                                       | Route        | Requirements/<br>Limits | Drug Name                                    | Route | Requirements/<br>Limits |
|---|--------------|-------------------------|--|-------|-------------------------|
| <i>infanrix syringe (ml)</i>                    | IM           | ACA                     | ACTEMRA VIAL (ML)                            | IV    | PA; SP                  |
| <i>infanrix vial (ml)</i>                       | IM           | ACA                     | ACTEMRA ACTPEN PEN<br>INJECTOR (ML)          | SC    | PA; SP                  |
| <i>ipol vial (ml)</i>                           | INJ          | ACA                     | BENLYSTA AUTO-INJECTOR<br>(ML)               | SC    | PA; SP                  |
| <i>menactra vial (ml)</i>                       | IM           | ACA                     | BENLYSTA SYRINGE (ML)                        | SC    | PA; SP                  |
| <i>m-m-r ii vaccine w/diluent<br/>vial (ea)</i> | SC           | ACA                     | BENLYSTA VIAL (EA)                           | IV    | PA; SP                  |
| MYOBLOC VIAL (ML)                               | IM           | PA; SP                  | ENBREL CARTRIDGE (ML)                        | SC    | PA; SP                  |
| ODACTRA TABLET; SL                              | SL           | PA                      | ENBREL PEN INJECTOR<br>(ML)                  | SC    | PA; SP                  |
| ORALAIR TABLET; SL                              | SL           | PA; SP                  | ENBREL SYRINGE (ML)                          | SC    | PA; SP                  |
| <i>pediarix syringe (ml)</i>                    | IM           | ACA                     | ENBREL VIAL (EA)                             | SC    | PA; SP                  |
| <i>pedvaxhib vial (ml)</i>                      | IM           | ACA                     | HUMIRA PEN INJECTOR KIT<br>(EA)              | SC    | PA; SP                  |
| <i>pentacel kit</i>                             | IM           | ACA                     | HUMIRA SYRINGE KIT (EA)                      | SC    | PA; SP                  |
| <i>pentacel acthib component<br/>vial (ea)</i>  | IM           | ACA                     | HUMIRA PEDIATRIC<br>SYRINGE KIT (EA)         | SC    | PA; SP                  |
| <i>pneumovax 23 syringe (ml)</i>                | INJ          | ACA                     | <i>leflunomide tablet</i>                    | oral  | QL                      |
| <i>pneumovax 23 vial (ml)</i>                   | INJ          | ACA                     | OTEZLA TABLET                                | oral  | PA; SP                  |
| <i>prevnar 13 syringe (ml)</i>                  | IM           | ACA                     | OTEZLA TABLET; DOSE<br>PACK                  | oral  | PA; SP                  |
| PRIVIGEN VIAL (ML)                              | IV           | PA; SP                  | OTREXUP AUTO-INJECTOR<br>(ML)                | SC    | PA                      |
| <i>proquad vial (ea)</i>                        | SC           | ACA                     | <i>penicillamine capsule</i>                 | oral  |                         |
| <i>quadracel dtap-ipv vial<br/>(ml)</i>         | IM           | ACA                     | <i>penicillamine tablet</i>                  | oral  |                         |
| RAGWITEK TABLET; SL                             | SL           | PA                      | RASUVO AUTO-INJECTOR<br>(ML)                 | SC    | PA                      |
| <i>recombivax hb syringe (ml)</i>               | IM           | ACA                     | RIDAURA CAPSULE                              | oral  | PA                      |
| <i>recombivax hb vial (ml)</i>                  | IM           | ACA                     | RINVOQ ER TABLET;<br>EXTENDED RELEASE 24 HR  | oral  | PA; SP                  |
| <i>roteq solution; oral</i>                     | oral         | ACA                     | SAVELLA TABLET                               | oral  | ST                      |
| <i>shingrix kit</i>                             | IM           | ACA                     | SAVELLA TABLET; DOSE<br>PACK                 | oral  | ST                      |
| SIPULEUCEL-T PROVENGE<br>PLASTIC BAG; INJ (ML)  | IV           | PA; SP                  | SIMPONI PEN INJECTOR<br>(ML)                 | SC    | PA; SP                  |
| <i>tetanus diphtheria toxoids<br/>vial (ml)</i> | IM           | ACA                     | SIMPONI SYRINGE (ML)                         | SC    | PA; SP                  |
| THYMOGLOBULIN VIAL<br>(EA)                      | IV           | PA; SP                  | XELJANZ TABLET                               | oral  | PA; SP                  |
| TICE BCG VIAL (EA)                              | intravesical | PA                      | XELJANZ XR TABLET;<br>EXTENDED RELEASE 24 HR | oral  | PA; SP                  |
| <i>trumenba syringe (ml)</i>                    | IM           | ACA                     | OSTEOPOROSIS THERAPY                         |       |                         |
| <i>twinrix syringe (ml)</i>                     | IM           | ACA                     | <i>alendronate sodium<br/>solution; oral</i> | oral  | QL                      |
| <i>varivax vaccine vial (ea)</i>                | SC           | ACA                     | <i>alendronate sodium tablet</i>             | oral  | QL                      |
| <i>varizig vial (ml)</i>                        | IM           | ACA                     | FORTEO PEN INJECTOR<br>(ML)                  | SC    | PA; SP                  |
| XEMBIFY VIAL (ML)                               | SC           | PA; SP                  | IBANDRONATE SODIUM<br>SYRINGE (ML)           | IV    | PA; SP                  |
| <b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>       |              |                         | <i>ibandronate sodium tablet</i>             | oral  | QL                      |
| <b>GOUT THERAPY</b>                             |              |                         | IBANDRONATE SODIUM<br>VIAL (ML)              | IV    | PA; SP                  |
| <i>allopurinol tablet</i>                       | oral         |                         | <i>raloxifene hcl tablet</i>                 | oral  | ACA                     |
| <i>colchicine tablet</i>                        | oral         |                         |  |       |                         |
| <i>febuxostat tablet</i>                        | oral         | ST                      |  |       |                         |
| KRYSTEXXA VIAL (ML)                             | IV           | PA; SP                  |  |       |                         |
| MITIGARE CAPSULE                                | oral         |                         |  |       |                         |
| <i>probenecid tablet</i>                        | oral         |                         |  |       |                         |
| <i>probenecid w/colchicine<br/>tablet</i>       | oral         |                         |  |       |                         |
| <b>MISC RHEUMATOLOGICAL AGENTS</b>              |              |                         |  |       |                         |
| ACTEMRA SYRINGE (ML)                            | SC           | PA; SP                  |  |       |                         |

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| Drug Name  | Route        | Requirements/<br>Limits |
|--|--------------|-------------------------|
| <i>risedronate sodium tablet</i>                       | oral         | QL                      |
| <i>risedronate sodium dr tablet; enteric coated</i>    | oral         | QL                      |
| TYMLOS PEN INJECTOR (ML)                               | SC           | PA; SP                  |
| <b>OBSTETRICS &amp; GYNECOLOGY</b>                     |              |                         |
| <b>ABORTIFACIENTS</b>                                  |              |                         |
| <i>mifepristone tablet</i>                             | oral         |                         |
| <b>DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES</b>    |              |                         |
| <i>eluryng ring; vaginal</i>                           | vaginal      | ACA; QL                 |
| <i>etonogestrel-ethinyl estradiol ring; vaginal</i>    | vaginal      | ACA; QL                 |
| <i>fc2 female condom each</i>                          | misc         | ACA                     |
| <i>femcap each</i>                                     | vaginal      | ACA                     |
| <i>gynol ii jelly with applicator (gram)</i>           | vaginal      | ACA                     |
| <i>kyleena intrauterine device</i>                     | intrauterine | ACA; SP                 |
| <i>mirena intrauterine device</i>                      | intrauterine | ACA; SP                 |
| <i>nexplanon implant (ea)</i>                          | SC           | ACA; SP                 |
| <i>skyla intrauterine device</i>                       | intrauterine | ACA; SP                 |
| <i>today contraceptive sponge contraceptive sponge</i> | vaginal      | ACA                     |
| <i>vcf aerosol; foam with applicator (gram)</i>        | vaginal      | ACA                     |
| <i>vcf film; medicated (ea)</i>                        | vaginal      | ACA                     |
| <i>vcf gel with prefilled applicator (gram)</i>        | vaginal      | ACA                     |
| <i>xulane patch; transderm weekly</i>                  | transderm    | ACA; QL                 |
| <b>ESTROGEN COMBINATIONS</b>                           |              |                         |
| <i>amabelz tablet</i>                                  | oral         |                         |
| COMBIPATCH PATCH; TRANSDERM SEMIWEEKLY                 | transderm    |                         |
| <i>covaryx tablet</i>                                  | oral         |                         |
| <i>covaryx h.s. tablet</i>                             | oral         |                         |
| DUAVEE TABLET  | oral         |                         |
| <i>eemt tablet</i>                                     | oral         |                         |
| <i>eemt hs tablet</i>                                  | oral         |                         |
| <i>estradiol-norethindrone acetat tablet</i>           | oral         |                         |
| <i>estrogen &amp; methyltestosterone tablet</i>        | oral         |                         |
| <i>fyavolv tablet</i>                                  | oral         |                         |
| <i>jinteli tablet</i>                                  | oral         |                         |
| <i>lopreeza tablet</i>                                 | oral         |                         |
| <i>mimvey tablet</i>                                   | oral         |                         |
| <i>mimvey lo tablet</i>                                | oral         |                         |

| Drug Name                                     | Route     | Requirements/<br>Limits |
|---|-----------|-------------------------|
| <i>norethindrone-ethin estradiol tablet</i>   | oral      |                         |
| PREMPHASE TABLET                              | oral      |                         |
| PREMPRO TABLET                                | oral      |                         |
| <b>ESTROGENS</b>                              |           |                         |
| DEPO-ESTRADIOL VIAL (ML)                      | IM        |                         |
| DIVIGEL GEL IN PACKET (EA) 0.75/0.75G         | transderm |                         |
| DIVIGEL GEL IN PACKET (GRAM) 1.25/1.25G       | transderm |                         |
| DIVIGEL GEL IN PACKET (GRAM) 1 MG/GRAM        | transderm | QL                      |
| <i>dotti patch; transderm semiweekly</i>      | transderm | QL                      |
| <i>estradiol cream with applicator</i>        | vaginal   |                         |
| <i>estradiol patch; transderm semiweekly</i>  | transderm | QL                      |
| <i>estradiol patch; transderm weekly</i>      | transderm | QL                      |
| <i>estradiol tablet 10 mcg</i>                | vaginal   |                         |
| <i>estradiol valerate vial (ml)</i>           | IM        |                         |
| ESTRING RING; VAGINAL                         | vaginal   | QL                      |
| PREMARIN CREAM WITH APPLICATOR                | vaginal   |                         |
| PREMARIN TABLET                               | oral      |                         |
| <i>yuvaferm tablet</i>                        | vaginal   |                         |
| <b>MONOPHASIC /BIPHASIC /TRIPHASIC AGENTS</b> |           |                         |
| <i>afirmelle tablet</i>                       | oral      | ACA; QL                 |
| <i>altavera tablet</i>                        | oral      | ACA; QL                 |
| <i>alyacen tablet</i>                         | oral      | ACA; QL                 |
| <i>amethia tablet; dose pack; 3 months</i>    | oral      | ACA; QL                 |
| <i>amethia lo tablet; dose pack; 3 months</i> | oral      | ACA; QL                 |
| <i>amethyst tablet</i>                        | oral      | ACA; QL                 |
| <i>apri tablet</i>                            | oral      | ACA; QL                 |
| <i>aranelle tablet</i>                        | oral      | ACA; QL                 |
| <i>ashlyna tablet; dose pack; 3 months</i>    | oral      | ACA; QL                 |
| <i>aubra tablet</i>                           | oral      | ACA; QL                 |
| <i>aubra eq tablet</i>                        | oral      | ACA; QL                 |
| <i>aurovela tablet</i>                        | oral      | ACA; QL                 |
| <i>aurovela 24 fe tablet</i>                  | oral      | ACA; QL                 |
| <i>aurovela fe tablet</i>                     | oral      | ACA; QL                 |
| <i>aviane tablet</i>                          | oral      | ACA; QL                 |
| <i>ayuna tablet</i>                           | oral      | ACA; QL                 |
| <i>azurette tablet</i>                        | oral      | ACA; QL                 |
| <i>balziva tablet</i>                         | oral      | ACA; QL                 |
| <i>bekyree tablet</i>                         | oral      | ACA; QL                 |

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| Drug Name                                     | Route | Requirements/<br>Limits | Drug Name   | Route | Requirements/<br>Limits |
|---|-------|-------------------------|---|-------|-------------------------|
| <i>blisovi 24 fe tablet</i>                   | oral  | ACA; QL                 | <i>juleber tablet</i>   | oral  | ACA; QL                 |
| <i>blisovi fe tablet</i>                      | oral  | ACA; QL                 | <i>junel tablet</i>   | oral  | ACA; QL                 |
| <i>briellyn tablet</i>                        | oral  | ACA; QL                 | <i>junel fe tablet</i>  | oral  | ACA; QL                 |
| <i>camrese tablet; dose pack; 3 months</i>    | oral  | ACA; QL                 | <i>kaitlib fe tablet;chewable</i>                                 | oral  | ACA; QL                 |
| <i>camrese lo tablet; dose pack; 3 months</i> | oral  | ACA; QL                 | <i>kalliga tablet</i>   | oral  | ACA; QL                 |
| <i>caziant tablet</i>                         | oral  | ACA; QL                 | <i>kariva tablet</i>  | oral  | ACA; QL                 |
| <i>charlotte 24 fe tablet;chewable</i>        | oral  | ACA; QL                 | <i>kelnor 1-35 tablet</i>   | oral  | ACA; QL                 |
| <i>chateal tablet</i>                         | oral  | ACA; QL                 | <i>kelnor 1-50 tablet</i>   | oral  | ACA; QL                 |
| <i>chateal eq tablet</i>                      | oral  | ACA; QL                 | <i>kurvelo tablet</i>   | oral  | ACA; QL                 |
| <i>cryselle tablet</i>                        | oral  | ACA; QL                 | <i>larin tablet</i>   | oral  | ACA; QL                 |
| <i>cyclafem tablet</i>                        | oral  | ACA; QL                 | <i>larin fe tablet</i>  | oral  | ACA; QL                 |
| <i>cyred tablet</i>                           | oral  | ACA; QL                 | <i>larissia tablet</i>  | oral  | ACA; QL                 |
| <i>cyred eq tablet</i>                        | oral  | ACA; QL                 | <i>layolis fe tablet;chewable</i>                                 | oral  | ACA; QL                 |
| <i>dasetta tablet</i>                         | oral  | ACA; QL                 | <i>leena tablet</i>   | oral  | ACA; QL                 |
| <i>daysee tablet; dose pack; 3 months</i>     | oral  | ACA; QL                 | <i>lessina tablet</i>   | oral  | ACA; QL                 |
| <i>desogestrel-ethinyl estradiol tablet</i>   | oral  | ACA; QL                 | <i>levonest tablet</i>  | oral  | ACA; QL                 |
| <i>desogestr-eth estrad eth estra tablet</i>  | oral  | ACA; QL                 | <i>levonorgestrel tablet</i>                                      | oral  | ACA; QL                 |
| <i>drospirenone-eth estra-levomef tablet</i>  | oral  | ACA; QL                 | <i>levonorgestrel-eth estradiol tablet</i>                        | oral  | ACA; QL                 |
| <i>drospirenone-ethinyl estradiol tablet</i>  | oral  | ACA; QL                 | <i>levonorgestrel-eth estradiol tablet; dose pack; 3 months</i>   | oral  | ACA; QL                 |
| <i>econtra ez tablet</i>                      | oral  | ACA; QL                 | <i>levonorg-eth estrad eth estrad tablet; dose pack; 3 months</i> | oral  | ACA; QL                 |
| <i>econtra one-step tablet</i>                | oral  | ACA; QL                 | <i>levora tablet</i>  | oral  | ACA; QL                 |
| <i>elinest tablet</i>                         | oral  | ACA; QL                 | <i>lillow tablet</i>  | oral  | ACA; QL                 |
| <i>emoquette tablet</i>                       | oral  | ACA; QL                 | <i>lo loestrin fe tablet</i>                                      | oral  | ACA; QL                 |
| <i>enpresse tablet</i>                        | oral  | ACA; QL                 | <i>lojaimiess tablet; dose pack; 3 months</i>                     | oral  | ACA; QL                 |
| <i>enskyce tablet</i>                         | oral  | ACA; QL                 | <i>loryna tablet</i>  | oral  | ACA; QL                 |
| <i>estarylla tablet</i>                       | oral  | ACA; QL                 | <i>low-ogestrel tablet</i>  | oral  | ACA; QL                 |
| <i>ethynodiol-ethinyl estradiol tablet</i>    | oral  | ACA; QL                 | <i>lo-zumandimine tablet</i>                                      | oral  | ACA; QL                 |
| <i>falmina tablet</i>                         | oral  | ACA; QL                 | <i>luteria tablet</i>   | oral  | ACA; QL                 |
| <i>fayosim tablet; dose pack; 3 months</i>    | oral  | ACA; QL                 | <i>marlissa tablet</i>  | oral  | ACA; QL                 |
| <i>femynor tablet</i>                         | oral  | ACA; QL                 | <i>melodetta 24 fe tablet;chewable</i>                            | oral  | ACA; QL                 |
| <i>gianvi tablet</i>                          | oral  | ACA; QL                 | <i>mibelas 24 fe tablet;chewable</i>                              | oral  | ACA; QL                 |
| <i>hailey tablet</i>                          | oral  | ACA; QL                 | <i>microgestin tablet</i>   | oral  | ACA; QL                 |
| <i>hailey fe tablet</i>                       | oral  | ACA; QL                 | <i>microgestin fe tablet</i>                                      | oral  | ACA; QL                 |
| <i>introvale tablet; dose pack; 3 months</i>  | oral  | ACA; QL                 | <i>mili tablet</i>  | oral  | ACA; QL                 |
| <i>isibloom tablet</i>                        | oral  | ACA; QL                 | <i>mono-lynyah tablet</i>   | oral  | ACA; QL                 |
| <i>jaimiess tablet; dose pack; 3 months</i>   | oral  | ACA; QL                 | <i>my choice tablet</i>   | oral  | ACA; QL                 |
| <i>jasmiel tablet</i>                         | oral  | ACA; QL                 | <i>my way tablet</i>  | oral  | ACA; QL                 |
| <i>jolessa tablet; dose pack; 3 months</i>    | oral  | ACA; QL                 | <i>necon tablet</i>   | oral  | ACA; QL                 |
|   |       |                         | <i>new day tablet</i>   | oral  | ACA; QL                 |
|   |       |                         | <i>nikki tablet</i>   | oral  | ACA; QL                 |
|   |       |                         | <i>norethindrone-ethin estradiol tablet</i>                       | oral  | ACA; QL                 |

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| Drug Name   | Route | Requirements/<br>Limits |
|---|-------|-------------------------|
| <i>norethin-eth estra ferrous fum tablet</i>          | oral  | ACA; QL                 |
| <i>norethin-eth estra ferrous fum tablet;chewable</i> | oral  | ACA; QL                 |
| <i>norgestimate-ethinyl estradiol tablet</i>          | oral  | ACA; QL                 |
| <i>nortrel tablet</i>                                 | oral  | ACA; QL                 |
| <i>ocella tablet</i>                                  | oral  | ACA; QL                 |
| <i>ogestrel tablet</i>                                | oral  | ACA; QL                 |
| <i>opcicon one-step tablet</i>                        | oral  | ACA; QL                 |
| <i>option 2 tablet</i>                                | oral  | ACA; QL                 |
| <i>orsythia tablet</i>                                | oral  | ACA; QL                 |
| <i>philith tablet</i>                                 | oral  | ACA; QL                 |
| <i>pimtrea tablet</i>                                 | oral  | ACA; QL                 |
| <i>pirmella tablet</i>                                | oral  | ACA; QL                 |
| <i>portia tablet</i>                                  | oral  | ACA; QL                 |
| <i>previfem tablet</i>                                | oral  | ACA; QL                 |
| <i>reclipsen tablet</i>                               | oral  | ACA; QL                 |
| <i>rivelsa tablet; dose pack; 3 months</i>            | oral  | ACA; QL                 |
| <i>setlakin tablet; dose pack; 3 months</i>           | oral  | ACA; QL                 |
| <i>simliya tablet</i>                                 | oral  | ACA; QL                 |
| <i>simpesse tablet; dose pack; 3 months</i>           | oral  | ACA; QL                 |
| <i>sprintec tablet</i>                                | oral  | ACA; QL                 |
| <i>sronyx tablet</i>                                  | oral  | ACA; QL                 |
| <i>syeda tablet</i>                                   | oral  | ACA; QL                 |
| <i>tarina fe tablet</i>                               | oral  | ACA; QL                 |
| <i>taytulla capsule</i>                               | oral  | ACA; QL                 |
| <i>tilia fe tablet</i>                                | oral  | ACA; QL                 |
| <i>tri femynor tablet</i>                             | oral  | ACA; QL                 |
| <i>tri-estarylla tablet</i>                           | oral  | ACA; QL                 |
| <i>tri-legest fe tablet</i>                           | oral  | ACA; QL                 |
| <i>tri-linyuh tablet</i>                              | oral  | ACA; QL                 |
| <i>tri-lo-estarylla tablet</i>                        | oral  | ACA; QL                 |
| <i>tri-lo-marzia tablet</i>                           | oral  | ACA; QL                 |
| <i>tri-lo-mili tablet</i>                             | oral  | ACA; QL                 |
| <i>tri-lo-sprintec tablet</i>                         | oral  | ACA; QL                 |
| <i>tri-mili tablet</i>                                | oral  | ACA; QL                 |
| <i>tri-previfem tablet</i>                            | oral  | ACA; QL                 |
| <i>tri-sprintec tablet</i>                            | oral  | ACA; QL                 |
| <i>trivora tablet</i>                                 | oral  | ACA; QL                 |
| <i>tri-vylibra tablet</i>                             | oral  | ACA; QL                 |
| <i>tydemy tablet</i>                                  | oral  | ACA; QL                 |
| <i>velivet tablet</i>                                 | oral  | ACA; QL                 |
| <i>vienva tablet</i>                                  | oral  | ACA; QL                 |
| <i>violele tablet</i>                                 | oral  | ACA; QL                 |
| <i>volnea tablet</i>                                  | oral  | ACA; QL                 |
| <i>vyfemla tablet</i>                                 | oral  | ACA; QL                 |
| <i>vylibra tablet</i>                                 | oral  | ACA; QL                 |

| Drug Name   | Route   | Requirements/<br>Limits |
|---|---------|-------------------------|
| <i>wera tablet</i>                                      | oral    | ACA; QL                 |
| <i>wymzya fe tablet;chewable</i>                        | oral    | ACA; QL                 |
| <i>zarah tablet</i>                                     | oral    | ACA; QL                 |
| <i>zovia tablet</i>                                     | oral    | ACA; QL                 |
| <i>zumandimine tablet</i>                               | oral    | ACA; QL                 |
| <b>OXYTOCICS</b>  |         |                         |
| <i>methergine tablet</i>                                | oral    | QL                      |
| <i>methylergonovine maleate tablet</i>                  | oral    | QL                      |
| <b>PROGESTINS</b>                                       |         |                         |
| <i>camila tablet</i>                                    | oral    | ACA; QL                 |
| <i>deblitane tablet</i>                                 | oral    | ACA; QL                 |
| ENDOMETRIN INSERT                                       | vaginal | PA; SP                  |
| <i>errin tablet</i>                                     | oral    | ACA; QL                 |
| <i>heather tablet</i>                                   | oral    | ACA; QL                 |
| HYDROXYPROGESTERONE CAPROATE VIAL (ML)                  | IM      | PA; SP                  |
| <i>hydroxyprogesterone caproate vial (ml) 250 mg/ml</i> | IM      | PA                      |
| <i>incassia tablet</i>                                  | oral    | ACA; QL                 |
| <i>jencycla tablet</i>                                  | oral    | ACA; QL                 |
| <i>lyza tablet</i>                                      | oral    | ACA; QL                 |
| <i>medroxyprogesterone acetate syringe (ml)</i>         | IM      | ACA; QL                 |
| <i>medroxyprogesterone acetate tablet</i>               | oral    |                         |
| <i>medroxyprogesterone acetate vial (ml)</i>            | IM      | ACA; QL                 |
| <i>nora-be tablet</i>                                   | oral    | ACA; QL                 |
| <i>norethindrone acetate tablet 5 mg</i>                | oral    |                         |
| <i>norethindrone acetate tablet 0.35 mg</i>             | oral    | ACA; QL                 |
| <i>norlyda tablet</i>                                   | oral    | ACA; QL                 |
| <i>progesterone capsule</i>                             | oral    | PA                      |
| PROGESTERONE VIAL (ML)                                  | IM      | PA; SP                  |
| <i>sharobel tablet</i>                                  | oral    | ACA; QL                 |
| <i>tulana tablet</i>                                    | oral    | ACA; QL                 |
| <b>SPECIALIZED OB/GYN DRUGS</b>                         |         |                         |
| <i>isoxsuprine hcl tablet</i>                           | oral    |                         |
| LUPANETA PACK KIT; SYRINGE AND TABLET                   | misc    | PA; SP                  |
| <i>tranexamic acid tablet</i>                           | oral    |                         |
| <b>VAGINAL ANTIFUNGALS</b>                              |         |                         |
| <i>terconazole cream with applicator</i>                | vaginal | QL                      |
| <i>terconazole suppository; vaginal</i>                 | vaginal | QL                      |

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| Drug Name   | Route       | Requirements/<br>Limits |
|---|-------------|-------------------------|
| <b>VAGINAL CLEANSER /ANTIINFECTIVES</b>               |             |                         |
| <i>clindamycin phosphate cream with applicator</i>    | vaginal     |                         |
| <i>fem ph jelly with applicator (gram)</i>            | vaginal     |                         |
| <i>metronidazole gel with applicator (gram)</i>       | vaginal     |                         |
| TRIMO-SAN JELLY WITH APPLICATOR (GRAM)                | vaginal     |                         |
| <i>vandazole gel with applicator (gram)</i>           | vaginal     |                         |
| <b>OPHTHALMOLOGY</b>                                  |             |                         |
| <b>ANTIBIOTICS</b>                                    |             |                         |
| <i>ak-poly-bac ointment (gram)</i>                    | ophth (eye) |                         |
| AZASITE DROPS   | ophth (eye) |                         |
| <i>bacitracin ointment (gram)</i>                     | ophth (eye) |                         |
| <i>bacitracin/polymyxin ointment (gram)</i>           | ophth (eye) |                         |
| <i>ciprofloxacin hcl drops</i>                        | ophth (eye) |                         |
| <i>erythromycin ointment (gram)</i>                   | ophth (eye) |                         |
| <i>gatifloxacin drops</i>                             | ophth (eye) |                         |
| <i>gentak ointment (gram)</i>                         | ophth (eye) |                         |
| <i>gentamicin sulfate drops</i>                       | ophth (eye) |                         |
| <i>levofloxacin hemihydrate drops</i>                 | ophth (eye) |                         |
| <i>moxifloxacin hcl drops</i>                         | ophth (eye) |                         |
| <i>moxifloxacin hcl drops; viscous (ml)</i>           | ophth (eye) |                         |
| NATACYN SUSPENSION; DROPS(FINAL DOSAGE FORM)(ML)      | ophth (eye) |                         |
| <i>neomycin/bacitracin/poly myxin ointment (gram)</i> | ophth (eye) |                         |
| <i>neomycin/polymyxin/gram icidin drops</i>           | ophth (eye) |                         |
| <i>neo-polycin ointment (gram)</i>                    | ophth (eye) |                         |
| <i>ofloxacin drops 0.3 %</i>                          | ophth (eye) |                         |
| <i>polycin ointment (gram)</i>                        | ophth (eye) |                         |
| <i>polymyxin b sul-trimethoprim drops</i>             | ophth (eye) |                         |
| <i>tobramycin sulfate drops</i>                       | ophth (eye) |                         |
| <b>ANTIVIRALS</b>                                     |             |                         |
| <i>trifluridine drops</i>                             | ophth (eye) |                         |
| <b>BETA-BLOCKERS</b>                                  |             |                         |
| <i>betaxolol hcl drops</i>                            | ophth (eye) |                         |
| <i>carteolol hcl drops</i>                            | ophth (eye) |                         |
| <i>levobunolol hcl drops</i>                          | ophth (eye) |                         |

| Drug Name                                       | Route       | Requirements/<br>Limits |
|---|-------------|-------------------------|
| <i>timolol maleate drops</i>                    | ophth (eye) |                         |
| <i>timolol maleate drops; once daily</i>        | ophth (eye) |                         |
| <i>timolol maleate gel-forming solution</i>     | ophth (eye) |                         |
| <b>CHOLINESTERASE INHIBITOR MIOTICS</b>         |             |                         |
| PHOSPHOLINE IODIDE DROPS                        | ophth (eye) |                         |
| <b>CYCLOPLEGIC MYDRIATICS</b>                   |             |                         |
| <i>atropine sulfate drops</i>                   | ophth (eye) |                         |
| <i>atropine sulfate ointment (gram)</i>         | ophth (eye) |                         |
| <i>cyclopentolate hcl drops</i>                 | ophth (eye) |                         |
| <i>homatropine drops</i>                        | ophth (eye) |                         |
| <i>homatropine hydrobromide drops</i>           | ophth (eye) |                         |
| <i>mydriatic3 (trop-cyclopent-pe) drops</i>     | ophth (eye) |                         |
| <i>tropicamide drops</i>                        | ophth (eye) |                         |
| <b>DIRECT ACTING MIOTICS</b>                    |             |                         |
| <i>pilocarpine hcl drops</i>                    | ophth (eye) |                         |
| <b>MISC OPHTHALMOLOGICS</b>                     |             |                         |
| <i>altacaine drops</i>                          | ophth (eye) |                         |
| <i>azelastine hcl drops</i>                     | ophth (eye) |                         |
| BEPREVE DROPS                                   | ophth (eye) |                         |
| <i>cromolyn sodium drops</i>                    | ophth (eye) |                         |
| CYSTARAN DROPS                                  | ophth (eye) | PA; SP                  |
| <i>epinastine hcl drops</i>                     | ophth (eye) |                         |
| EYLEA SYRINGE (ML)                              | intraocular | PA; SP                  |
| EYLEA VIAL (ML)                                 | intraocular | PA; SP                  |
| <i>flucaine drops</i>                           | ophth (eye) |                         |
| JETREA VIAL (ML)                                | intraocular | SP                      |
| LUXTURNAL VIAL (ML)                             | intraocular | PA; SP                  |
| OXERVATE DROPS                                  | ophth (eye) | PA; SP                  |
| PAZEO DROPS                                     | ophth (eye) |                         |
| <i>phenylephrine-lidocaine-water vial (ml)</i>  | intraocular |                         |
| <i>proparacaine hcl drops</i>                   | ophth (eye) |                         |
| <i>proparacaine-fluorescein drops</i>           | ophth (eye) |                         |
| RESTASIS DROPPERETTE; SINGLE-USE DROP DISPENSER | ophth (eye) | QL                      |
| RESTASIS MULTIDOSE DROPS                        | ophth (eye) |                         |
| <i>tetacaine drops</i>                          | ophth (eye) |                         |
| <i>tetracaine hcl drops</i>                     | ophth (eye) |                         |
| VISUDYNE VIAL (EA)                              | IV          | PA; SP                  |

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| Drug Name   | Route       | Requirements/<br>Limits |
|---|-------------|-------------------------|
| XIIDRA DROPPERETTE;<br>SINGLE-USE DROP<br>DISPENSER   | ophth (eye) | PA                      |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>   |             |                         |
| <i>bromfenac sodium drops</i>   | ophth (eye) |                         |
| <i>diclofenac sodium drops</i><br>0.1 %   | ophth (eye) |                         |
| <i>flurbiprofen sodium drops</i>  | ophth (eye) |                         |
| ILEVRO SUSPENSION;<br>DROPS(FINAL DOSAGE<br>FORM)(ML)   | ophth (eye) |                         |
| <i>ketorolac tromethamine<br/>drops</i>   | ophth (eye) |                         |
| PROLENSA DROPS  | ophth (eye) |                         |
| <b>ORAL DRUGS FOR GLAUCOMA</b>  |             |                         |
| <i>acetazolamide capsule;<br/>extended release</i>  | oral        |                         |
| <i>acetazolamide tablet</i>   | oral        |                         |
| <i>methazolamide tablet</i>   | oral        |                         |
| <b>OTHER GLAUCOMA DRUGS</b>   |             |                         |
| <i>bimatoprost drops</i>  | ophth (eye) |                         |
| COMBIGAN DROPS  | ophth (eye) |                         |
| <i>dorzolamide hcl drops</i>  | ophth (eye) |                         |
| <i>dorzolamide-timolol<br/>dropperette; single-use<br/>drop dispenser</i>                     | ophth (eye) |                         |
| <i>dorzolamide-timolol drops</i>  | ophth (eye) |                         |
| <i>latanoprost drops</i>  | ophth (eye) |                         |
| LUMIGAN DROPS   | ophth (eye) | ST                      |
| <i>miostat vial (ml)</i>  | intraocular |                         |
| RHOPRESSA DROPS   | ophth (eye) |                         |
| <i>travoprost drops</i>   | ophth (eye) |                         |
| ZIOPTAN DROPPERETTE;<br>SINGLE-USE DROP<br>DISPENSER  | ophth (eye) | ST                      |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>  |             |                         |
| <i>neo/polymyxin/dexametha<br/>sone ointment (gram)</i>                                       | ophth (eye) |                         |
| <i>neo/polymyxin/dexametha<br/>sone suspension;<br/>drops(final dosage<br/>form)(ml)</i>      | ophth (eye) |                         |
| <i>neomycin/bacitracin/poly/<br/>hc ointment (gram)</i>                                       | ophth (eye) |                         |
| <i>neomycin/polymyxin/hc<br/>suspension; drops(final<br/>dosage form)(ml) 3.5-10k-<br/>10</i> | ophth (eye) |                         |
| <i>neomycin-polymyxin-<br/>dexamethaso ointment<br/>(gram)</i>                                | ophth (eye) |                         |
| Drug Name   | Route       | Requirements/<br>Limits |
| <i>neo-polycin hc ointment<br/>(gram)</i>   | ophth (eye) |                         |
| TOBRADEX OINTMENT<br>(GRAM)   | ophth (eye) |                         |
| TOBRADEX ST<br>SUSPENSION;<br>DROPS(FINAL DOSAGE<br>FORM)(ML)                                 | ophth (eye) |                         |
| <i>tobramycin-<br/>dexamethasone<br/>suspension; drops(final<br/>dosage form)(ml)</i>         | ophth (eye) |                         |
| ZYLET SUSPENSION;<br>DROPS(FINAL DOSAGE<br>FORM)(ML)  | ophth (eye) |                         |
| <b>STERIODS</b>   |             |                         |
| ALREX SUSPENSION;<br>DROPS(FINAL DOSAGE<br>FORM)(ML)  | ophth (eye) |                         |
| <i>dexamethasone sodium<br/>phosphate drops</i>   | ophth (eye) |                         |
| <i>fluorometholone<br/>suspension; drops(final<br/>dosage form)(ml)</i>                       | ophth (eye) |                         |
| INVELTYS SUSPENSION;<br>DROPS(FINAL DOSAGE<br>FORM)(ML)                                       | ophth (eye) |                         |
| LOTEMAX DROPS; GEL<br>(GRAM)  | ophth (eye) |                         |
| LOTEMAX OINTMENT<br>(GRAM)  | ophth (eye) |                         |
| LOTEMAX SM DROPS; GEL<br>(GRAM)   | ophth (eye) |                         |
| <i>loteprednol etabonate<br/>suspension; drops(final<br/>dosage form)(ml)</i>                 | ophth (eye) |                         |
| OZURDEX IMPLANT (EA)  | intraocular | PA; SP                  |
| <i>prednisolone acetate<br/>suspension; drops(final<br/>dosage form)(ml)</i>                  | ophth (eye) |                         |
| <i>prednisolone sodium<br/>phosphate drops</i>  | ophth (eye) |                         |
| <b>STERIOD-SULFONAMIDE COMBINATIONS</b>   |             |                         |
| <i>sulfacetamide<br/>w/prednisolone drops</i>   | ophth (eye) |                         |
| <b>SULFONAMIDES</b>   |             |                         |
| <i>sulfacetamide sodium<br/>drops</i>   | ophth (eye) |                         |
| <i>sulfacetamide sodium<br/>ointment (gram)</i>   | ophth (eye) |                         |

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| Drug Name                                       | Route       | Requirements/<br>Limits |
|---|-------------|-------------------------|
| <b>SYMPATHOMIMETICS</b>                         |             |                         |
| ALPHAGAN P DROPS                                | ophth (eye) |                         |
| <i>apraclonidine hcl drops</i>                  | ophth (eye) |                         |
| <i>brimonidine tartrate drops</i>               | ophth (eye) |                         |
| <b>VASOCONSTRICTOR DECONGESTANTS</b>            |             |                         |
| <i>phenylephrine hcl drops</i>                  | ophth (eye) |                         |
| <b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>   |             |                         |
| <b>ADRENERGICS</b>                              |             |                         |
| <i>epinephrine auto-injector (ea)</i>           | INJ         | QL                      |
| SYMJEPI SYRINGE (EA)                            | INJ         |                         |
| <b>ANTI-HISTAMINES</b>                          |             |                         |
| <i>carbinoxamine liquid (ml)</i>                | oral        |                         |
| <i>carbinoxamine tablet</i>                     | oral        |                         |
| <i>cetirizine hcl solution; oral</i>            | oral        |                         |
| <i>clemastine fumarate tablet</i>               | oral        |                         |
| <i>cyproheptadine hcl syrup</i>                 | oral        |                         |
| <i>cyproheptadine hcl tablet</i>                | oral        |                         |
| <i>desloratadine tablet</i>                     | oral        |                         |
| <i>desloratadine tablet; disintegrating</i>     | oral        | QL                      |
| <i>hydroxyzine hcl solution; oral</i>           | oral        |                         |
| <i>hydroxyzine hcl tablet</i>                   | oral        |                         |
| <i>hydroxyzine pamoate capsule</i>              | oral        |                         |
| <i>phenadoz suppository; rectal</i>             | rectal      |                         |
| <i>promethazine hcl suppository; rectal</i>     | rectal      |                         |
| <i>promethazine hcl syrup</i>                   | oral        |                         |
| <i>promethazine hcl tablet</i>                  | oral        |                         |
| <i>promethazine suppository; rectal</i>         | rectal      |                         |
| <b>ANTITUSSIVE COMBINATIONS</b>                 |             |                         |
| <i>benzonatate capsule</i>                      | oral        |                         |
| <i>brompheniramine-pseudoephedrine dm syrup</i> | oral        |                         |
| <i>brompheniramine w/pseudoephedrine syrup</i>  | oral        |                         |
| <i>g tussin ac liquid (ml)</i>                  | oral        |                         |
| <i>guaifenesin with codeine liquid (ml)</i>     | oral        |                         |
| <i>guaifenesin ac liquid (ml)</i>               | oral        |                         |
| <i>guaifenesin ac liquid (ml)</i>               | oral        |                         |
| <i>hydrocodone/homatropine syrup</i>            | oral        |                         |
| <i>hydrocodone/homatropine tablet</i>           | oral        |                         |

| Drug Name  | Route | Requirements/<br>Limits |
|--|-------|-------------------------|
| <i>hydrocodone-chlorpheniramine suspension; extended release 12 hr</i> | oral  |                         |
| <i>hydromet syrup</i>  | oral  |                         |
| <i>loratadine ex syrup</i>   | oral  |                         |
| <i>m-clear wc liquid (ml)</i>  | oral  |                         |
| <i>promethazine vc w/codeine syrup</i>                                 | oral  |                         |
| <i>promethazine w/codeine syrup</i>                                    | oral  |                         |
| <i>promethazine w/dm syrup</i>   | oral  |                         |
| <i>virtussin ac liquid (ml)</i>  | oral  |                         |
| <i>virtussin dac syrup</i>   | oral  |                         |
| <b>BETA AGONISTS INHALERS</b>  |       |                         |
| <i>albuterol sulfate solution; non-oral</i>                            | INH   |                         |
| <i>albuterol sulfate vial; nebulizer (ea)</i>                          | INH   |                         |
| <i>albuterol sulfate vial; nebulizer (ml)</i>                          | INH   |                         |
| <i>albuterol sulfate hfa hfa aerosol with adapter (gram)</i>           | INH   | QL                      |
| <i>levalbuterol hcl vial; nebulizer (ea)</i>                           | INH   |                         |
| <i>levalbuterol hcl vial; nebulizer (ml)</i>                           | INH   |                         |
| PERFORMIST VIAL; NEBULIZER (ML)  | INH   | QL                      |
| PROAIR RESPICLICK AEROSOL POWDER; BREATH ACTIVATED (EA)                | INH   |                         |
| SEREVENT DISKUS BLISTER; WITH INH DEVICE                               | INH   | QL                      |
| VENTOLIN HFA HFA AEROSOL WITH ADAPTER (GRAM)                           | INH   | QL                      |
| <b>BETA AGONISTS ORAL</b>  |       |                         |
| <i>albuterol sulfate syrup</i>   | oral  |                         |
| <i>albuterol sulfate tablet</i>  | oral  |                         |
| <i>albuterol sulfate tablet; extended release 12 hr</i>                | oral  |                         |
| <i>metaproterenol sulfate syrup</i>                                    | oral  |                         |
| <i>terbutaline sulfate tablet</i>                                      | oral  |                         |
| <b>DECONGESTANT / ANTI-HISTAMINES</b>                                  |       |                         |
| <i>promethazine vc syrup</i>   | oral  |                         |
| <i>r-tanna tablet</i>  | oral  |                         |
| <b>EXPECTORANT COMBINATIONS</b>  |       |                         |
| <i>pe-guai drops</i>   | oral  |                         |

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| Drug Name   | Route | Requirements/<br>Limits | Drug Name  | Route | Requirements/<br>Limits |
|---|-------|-------------------------|--|-------|-------------------------|
| <b>INHALED CORTICOSTEROIDS</b>  |       |                         | BOSENTAN TABLET  | oral  | PA; SP                  |
| ARNUITY ELLIPTA BLISTER;<br>WITH INH DEVICE                           | INH   |                         | BREO ELLIPTA BLISTER;<br>WITH INH DEVICE                               | INH   |                         |
| ASMANEX AEROSOL<br>POWDER; BREATH<br>ACTIVATED (EA)<br>220MCG(14)     | INH   |                         | CINRYZE VIAL (EA)  | IV    | PA; SP                  |
| ASMANEX HFA HFA<br>AEROSOL WITH ADAPTER<br>(GRAM)                     | INH   |                         | COMBIVENT RESPIMAT<br>MIST INHALER (GRAM)                              | INH   | QL                      |
| <i>budesonide ampul for<br/>nebulization (ml)</i>                     | INH   | QL                      | <i>cromolyn sodium ampul<br/>for nebulization (ml)</i>                 | INH   |                         |
| FLOVENT DISKUS BLISTER;<br>WITH INH DEVICE                            | INH   | QL                      | DALIRESP TABLET  | oral  |                         |
| FLOVENT HFA AEROSOL<br>WITH ADAPTER (GRAM)                            | INH   | QL                      | DULERA HFA AEROSOL<br>WITH ADAPTER (GRAM)<br>50MCG-5MCG                | INH   |                         |
| PULMICORT FLEXHALER<br>AEROSOL POWDER;<br>BREATH ACTIVATED (EA)       | INH   | QL                      | ESBRIET CAPSULE  | oral  | PA; SP                  |
| QVAR REDHALER HFA<br>AEROSOL; BREATH<br>ACTIVATED (GRAM)              | INH   | QL                      | ESBRIET TABLET   | oral  | PA; SP                  |
| <b>INTRANASAL STEROIDS</b>  |       |                         | FASENRA SYRINGE (ML)   | SC    | PA; SP                  |
| <i>azelastine-fluticasone<br/>aerosol; spray with pump<br/>(gram)</i> | nasal | QL; ST                  | FASENRA PEN AUTO-<br>INJECTOR (ML)                                     | SC    | PA; SP                  |
| <i>flunisolide aerosol; spray<br/>(ml)</i>                            | nasal | QL; ST                  | FLUTICASONE-<br>SALMETEROL AEROSOL<br>POWDER; BREATH<br>ACTIVATED (EA) | INH   |                         |
| <i>fluticasone propionate<br/>spray; suspension</i>                   | nasal | QL                      | <i>fluticasone-salmeterol<br/>blister; with inh device</i>             | INH   | QL                      |
| <i>mometasone furoate<br/>aerosol; spray with pump<br/>(gram)</i>     | nasal | QL; ST                  | ICATIBANT SYRINGE (ML)   | SC    | PA; SP                  |
| QNASL HFA AEROSOL<br>WITH ADAPTER (GRAM) 40<br>MCG                    | nasal | ST                      | INCRUSE ELLIPTA BLISTER;<br>WITH INH DEVICE                            | INH   |                         |
| QNASL HFA AEROSOL<br>WITH ADAPTER (GRAM) 80<br>MCG                    | nasal | QL; ST                  | <i>ipratropium bromide<br/>solution; non-oral</i>                      | INH   |                         |
| <b>MISC PULMONARY AGENTS</b>  |       |                         | <i>ipratropium-albuterol<br/>ampul for nebulization (ml)</i>           | INH   | QL                      |
| <i>acetylcysteine vial (ml)</i>                                       | misc  |                         | KALYDECO GRANULES IN<br>PACKET (EA)                                    | oral  | PA; SP                  |
| ADEMPAS TABLET  | oral  | LA; PA; SP              | KALYDECO TABLET  | oral  | PA; SP                  |
| ADVAIR HFA HFA AEROSOL<br>WITH ADAPTER (GRAM)                         | INH   | QL                      | <i>montelukast sodium<br/>granules in packet (ea)</i>                  | oral  |                         |
| ALYQ TABLET   | oral  | PA; QL; SP              | <i>montelukast sodium tablet</i>                                       | oral  |                         |
| AMBRISANTAN TABLET  | oral  | LA; PA; SP              | <i>montelukast sodium<br/>tablet; chewable</i>                         | oral  |                         |
| ANORO ELLIPTA BLISTER;<br>WITH INH DEVICE                             | INH   |                         | <i>nebusal vial; nebulizer (ml)</i>                                    | INH   |                         |
| BEVESPI AEROSPHERE HFA<br>AEROSOL WITH ADAPTER<br>(GRAM)              | INH   |                         | NUCALA AUTO-INJECTOR<br>(ML)   | SC    | LA; PA; SP              |
|   |       |                         | NUCALA SYRINGE (ML)  | SC    | LA; PA; SP              |
|   |       |                         | NUCALA VIAL (EA)   | SC    | LA; PA; SP              |
|   |       |                         | OFEV CAPSULE   | oral  | PA; SP                  |
|   |       |                         | OPSUMIT TABLET   | oral  | LA; PA; SP              |
|   |       |                         | ORKAMBI GRANULES IN<br>PACKET (EA)                                     | oral  | PA; SP                  |
|   |       |                         | ORKAMBI TABLET   | oral  | PA; SP                  |
|   |       |                         | <i>pulmosal vial; nebulizer<br/>(ml)</i>                               | INH   |                         |

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|--|-------|-------------------------|
| PULMOZYME SOLUTION;<br>NON-ORAL                                      | INH   | PA; SP                  |
| RUCONEST VIAL (EA)   | IV    | PA; SP                  |
| SILDENAFIL CITRATE<br>SUSPENSION;<br>RECONSTITUTED; ORAL<br>(ML)     | oral  | PA; SP                  |
| SILDENAFIL CITRATE<br>TABLET 20 MG                                   | oral  | PA; QL; SP              |
| SILDENAFIL CITRATE VIAL<br>(ML)                                      | IV    | PA; SP                  |
| <i>sodium chloride vial;<br/>nebulizer (ml)</i>                      | INH   |                         |
| SPIRIVA CAPSULE; WITH<br>INH DEVICE                                  | INH   | QL                      |
| SPIRIVA RESPIMAT MIST<br>INHALER (GRAM)                              | INH   |                         |
| STIOLTO RESPIMAT MIST<br>INHALER (GRAM)                              | INH   |                         |
| SYMBICORT HFA AEROSOL<br>WITH ADAPTER (GRAM)                         | INH   | QL                      |
| SYMDEKO TABLET;<br>SEQUENTIAL  | oral  | PA; SP                  |
| TADALAFIL TABLET 20 MG   | oral  | PA; QL; SP              |
| TRACLEER TABLET FOR<br>SUSPENSION                                    | oral  | LA; PA; SP              |
| TRELEGY ELLIPTA BLISTER;<br>WITH INH DEVICE                          | INH   |                         |
| TRIKAFTA TABLET;<br>SEQUENTIAL                                       | oral  | PA; SP                  |
| TYVASO AMPUL FOR<br>NEBULIZATION (ML)                                | INH   | PA; SP                  |
| <i>wixela inhbl blister; with<br/>inh device</i>                     | INH   | QL                      |
| XOLAIR SYRINGE (ML)  | SC    | LA; PA; SP              |
| XOLAIR VIAL (EA)   | SC    | LA; PA; SP              |
| YUPELRI VIAL; NEBULIZER<br>(ML)                                      | INH   |                         |
| <i>zafirlukast tablet</i>  | oral  |                         |
| <i>zileuton tablet;extended<br/>release multiphase 12 hr</i>         | oral  |                         |
| <b>XANTHINES</b>   |       |                         |
| <i>theophylline anhydrous<br/>elixir</i>                             | oral  |                         |
| <i>theophylline anhydrous<br/>solution; oral</i>                     | oral  |                         |
| <i>theophylline anhydrous<br/>tablet; extended release 12<br/>hr</i> | oral  |                         |

| Drug Name  | Route     | Requirements/<br>Limits |
|--|-----------|-------------------------|
| <i>theophylline anhydrous<br/>tablet; extended release 24<br/>hr</i>           | oral      |                         |
| <b>UROLOGICALS</b>   |           |                         |
| <b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>                                   |           |                         |
| <i>darifenacin er tablet;<br/>extended release 24 hr</i>                       | oral      |                         |
| <i>flavoxate hcl tablet</i>  | oral      |                         |
| GELNIQUE GEL IN<br>METERED-DOSE PUMP   | transderm | ST                      |
| GELNIQUE GEL IN PACKET<br>(GRAM)   | transderm | QL; ST                  |
| MYRBETRIQ TABLET;<br>EXTENDED RELEASE 24 HR                                    | oral      | ST                      |
| <i>oxybutynin chloride syrup</i>   | oral      |                         |
| <i>oxybutynin chloride tablet</i>  | oral      |                         |
| <i>oxybutynin chloride er<br/>tablet; extended release 24<br/>hr</i>           | oral      |                         |
| <i>oxybutynin chloride er<br/>tablet; extended release 24<br/>hr 5 mg</i>      | oral      | QL                      |
| <i>solifenacin succinate tablet</i>  | oral      |                         |
| <i>tolterodine tartrate tablet</i>   | oral      |                         |
| <i>tolterodine tartrate er<br/>capsule; ext release 24 hr</i>                  | oral      |                         |
| TOVIAZ TABLET;<br>EXTENDED RELEASE 24 HR                                       | oral      | ST                      |
| <i>trospium chloride capsule;<br/>ext release 24 hr</i>                        | oral      |                         |
| <i>trospium chloride tablet</i>  | oral      |                         |
| <b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>                              |           |                         |
| <i>alfuzosin hcl er tablet;<br/>extended release 24 hr</i>                     | oral      |                         |
| <i>dutasteride capsule</i>   | oral      |                         |
| <i>dutasteride-tamsulosin<br/>capsule;extended release<br/>multiphase 24hr</i> | oral      |                         |
| <i>finasteride tablet</i>  | oral      |                         |
| <i>silodosin capsule</i>   | oral      |                         |
| <i>tadalafil tablet</i>  | oral      | PA; QL                  |
| <i>tamsulosin hcl capsule</i>  | oral      |                         |
| <b>CHOLINERGIC STIMULANTS</b>  |           |                         |
| <i>bethanechol chloride<br/>tablet</i>   | oral      |                         |
| <b>MISC UROLOGICALS</b>  |           |                         |
| CYSTAGON CAPSULE   | oral      | LA; PA; SP              |
| <i>cytra-k packet (ea)</i>   | oral      |                         |
| ELMIRON CAPSULE  | oral      |                         |
| <i>hyophen tablet</i>  | oral      |                         |

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| Drug Name   | Route      | Requirements/<br>Limits | Drug Name   | Route | Requirements/<br>Limits |
|---|------------|-------------------------|---|-------|-------------------------|
| K-PHOS ORIGINAL TABLET;<br>SOLUBLE                        | oral       |                         | <i>potassium chloride liquid (ml)</i>                             | oral  |                         |
| <i>me-naphos-mb-hyo 1 tablet</i>                          | oral       |                         | <i>potassium chloride packet (ea)</i>                             | oral  |                         |
| <i>phosphasal tablet</i>                                  | oral       |                         | <i>potassium chloride tablet; ext release; particles/crystals</i> | oral  |                         |
| <i>potassium citrate er tablet; extended release</i>      | oral       |                         | <i>potassium chloride tablet; extended release</i>                | oral  |                         |
| RENACIDIN SOLUTION;<br>IRRIGATION                         | irrigation |                         | <b>VITAMINS &amp; HEMATINICS</b>                                  |       |                         |
| <i>sildenafil citrate tablet</i>                          | oral       | QL                      | <i>b complex tablet</i>   | oral  |                         |
| <i>uretron d-s tablet</i>                                 | oral       |                         | <i>b complex tablet; extended release</i>                         | oral  |                         |
| <i>urimar-t tablet</i>                                    | oral       |                         | <i>b complex formula #1 tablet</i>                                | oral  |                         |
| <i>urin d.s. tablet</i>                                   | oral       |                         | <i>b complex w/c tablet</i>                                       | oral  |                         |
| <i>uro-458 tablet</i>                                     | oral       |                         | <i>b complex w-vitamin c tablet</i>                               | oral  |                         |
| <i>urogesic tablet</i>                                    | oral       |                         | <i>balance b tablet; extended release</i>                         | oral  |                         |
| <i>uro-mp capsule</i>                                     | oral       |                         | <i>balanced b-complex tablet</i>                                  | oral  |                         |
| <i>uryl tablet</i>  | oral       |                         | <i>bal-care dha combination package; tablet and dr cap</i>        | oral  |                         |
| <i>ustell capsule</i>                                     | oral       |                         | <i>b-balanced tablet</i>  | oral  |                         |
| <i>utira-c tablet</i>                                     | oral       |                         | <i>b-complex tablet</i>   | oral  |                         |
| <i>vilamit mb capsule</i>                                 | oral       |                         | <i>b-complex &amp; c tablet</i>                                   | oral  |                         |
| <i>vilevev mb tablet</i>                                  | oral       |                         | <i>c-nate dha capsule</i>   | oral  |                         |
| <b>URINARY ANESTHETICS</b>                                |            |                         | <i>complete natal dha combination package (ea)</i>                | oral  |                         |
| <i>phenazopyridine hcl tablet</i>                         | oral       |                         | <i>complex b-100 tablet; extended release</i>                     | oral  |                         |
| <b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>            |            |                         | <i>cyanocobalamin vial (ml)</i>                                   | INJ   |                         |
| <b>OTHER ELECTROLYTES</b>                                 |            |                         | <i>daily prenatal combination package (ea)</i>                    | oral  |                         |
| <i>calcium + vitamin d tablet</i>                         | oral       |                         | <i>dialyvite 800 tablet</i>                                       | oral  |                         |
| <i>calcium + vitamin d tablet;chewable</i>                | oral       |                         | <i>elite-ob tablet</i>  | oral  |                         |
| <i>calcium citrate w/vitamin d tablet</i>                 | oral       |                         | <i>fluoride tablet;chewable</i>                                   | oral  | ACA                     |
| <i>lugol's solution; oral</i>                             | oral       |                         | <i>fluoritab tablet;chewable</i>                                  | oral  | ACA                     |
| <i>oyster calcium w/vitamin d tablet</i>                  | oral       |                         | <i>folic acid tablet 1 mg</i>                                     | oral  |                         |
| <i>oyster shell calcium w/vit d tablet</i>                | oral       |                         | <i>folic acid tablet</i>  | oral  | ACA                     |
| <i>strong iodine solution; oral</i>                       | oral       |                         | <i>folivane-ob capsule</i>  | oral  |                         |
| <b>POTASSIUM</b>  |            |                         | <i>foltabs 800 tablet</i>   | oral  |                         |
| <i>effer-k tablet; effervescent</i>                       | oral       |                         | <i>full spectrum b tablet</i>                                     | oral  |                         |
| <i>klor-con packet (ea)</i>                               | oral       |                         | <i>hydroxocobalamin vial (ml)</i>                                 | IM    |                         |
| <i>klor-con tablet; extended release</i>                  | oral       |                         | <i>kobee tablet</i>   | oral  |                         |
| <i>klor-con m tablet; ext release; particles/crystals</i> | oral       |                         | <i>kpn tablet</i>   | oral  |                         |
| <i>klor-con-ef tablet; effervescent</i>                   | oral       |                         | <i>ludent fluoride tablet;chewable</i>                            | oral  | ACA                     |
| <i>k-tab tablet; extended release</i>                     | oral       |                         | <i>m-natal plus tablet</i>  | oral  |                         |
| <i>potassium chloride capsule; extended release</i>       | oral       |                         | <i>multivitamin with fluoride drops</i>                           | oral  | ACA                     |

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|---|-------|-------------------------|---|-------|-------------------------|
| <i>multivitamin with fluoride tablet;chewable</i>             | oral  | ACA                     | <i>prenatal multi + dha capsule</i>             | oral  |                         |
| <i>mvc-fluoride tablet;chewable</i>                           | oral  | ACA                     | <i>prenatal plus tablet</i>                     | oral  |                         |
| <i>mynatal capsule</i>  | oral  |                         | <i>prenatal vitamin tablet</i>                  | oral  |                         |
| <i>mynatal tablet</i>   | oral  |                         | <i>prenatal vitamin plus low iron tablet</i>    | oral  |                         |
| <i>mynatal advance tablet</i>                                 | oral  |                         | <i>prenatal-u capsule</i>                       | oral  |                         |
| <i>mynatal plus tablet</i>                                    | oral  |                         | <i>prenavite tablet</i>                         | oral  |                         |
| <i>mynatal-z tablet</i>                                       | oral  |                         | <i>preplus tablet</i>                           | oral  |                         |
| <i>mynate 90 plus tablet; extended release</i>                | oral  |                         | <i>pretab tablet</i>                            | oral  |                         |
| NASCOBAL SPRAY; NON-AEROSOL (EA)                              | nasal |                         | <i>rena-vite tablet</i>                         | oral  |                         |
| <i>newgen tablet</i>  | oral  |                         | <i>se-natal 19 tablet</i>                       | oral  |                         |
| <i>obstetrix dha combination package; tablet and dr cap</i>   | oral  |                         | <i>se-natal 19 tablet;chewable</i>              | oral  |                         |
| <i>perry prenatal tablet capsule</i>                          | oral  |                         | <i>sodium fluoride drops</i>                    | oral  | ACA                     |
| <i>pnv 29-1 tablet</i>  | oral  |                         | <i>sodium fluoride tablet;chewable</i>          | oral  | ACA                     |
| <i>pnv-dha capsule</i>  | oral  |                         | <i>stress formula tablet</i>                    | oral  |                         |
| <i>pnv-dha + docusate capsule</i>                             | oral  |                         | <i>stress formula vitamin + iron tablet</i>     | oral  |                         |
| <i>pnv-omega capsule</i>                                      | oral  |                         | <i>super b complex tablet</i>                   | oral  |                         |
| <i>pnv-select tablet</i>                                      | oral  |                         | <i>super b complex-vitamin c tablet</i>         | oral  |                         |
| <i>pnv-vp-u capsule</i>                                       | oral  |                         | <i>super b maxi complex tablet</i>              | oral  |                         |
| <i>pr natal 400 combination package (ea)</i>                  | oral  |                         | <i>super b-complex w/vitamin c tablet</i>       | oral  |                         |
| <i>pr natal 400 ec combination package; tablet and dr cap</i> | oral  |                         | <i>super quintis tablet</i>                     | oral  |                         |
| <i>pr natal 430 combination package (ea)</i>                  | oral  |                         | <i>super vitamin b tablet</i>                   | oral  |                         |
| <i>pr natal 430 ec combination package; tablet and dr cap</i> | oral  |                         | <i>superplex-t tablet</i>                       | oral  |                         |
| <i>prena1 chew tablet chew;immed and delay rel;biphase</i>    | oral  |                         | <i>taron prenatal capsule</i>                   | oral  |                         |
| <i>prena1 pearl capsule;immediate; delay release;biphase</i>  | oral  |                         | <i>taron-c dha capsule</i>                      | oral  |                         |
| <i>prena1 true combination package (ea)</i>                   | oral  |                         | <i>total b with c tablet</i>                    | oral  |                         |
| <i>prenaissance capsule</i>                                   | oral  |                         | <i>trinatal rx 1 tablet</i>                     | oral  |                         |
| <i>prenaissance plus capsule</i>                              | oral  |                         | <i>trinate tablet</i>                           | oral  |                         |
| <i>prenatabs fa tablet</i>                                    | oral  |                         | <i>triveen-duo dha combination package (ea)</i> | oral  |                         |
| <i>prenatabs rx tablet</i>                                    | oral  |                         | <i>tri-vitamin with fluoride drops</i>          | oral  | ACA                     |
| <i>prenatal tablet</i>  | oral  |                         | <i>trust natal dha combination package (ea)</i> | oral  |                         |
| <i>prenatal complete tablet</i>                               | oral  |                         | <i>ultra b-100 complex tablet</i>               | oral  |                         |
| <i>prenatal formula tablet</i>                                | oral  |                         | <i>virt-c dha capsule</i>                       | oral  |                         |
|   |       |                         | <i>virt-nate dha capsule</i>                    | oral  |                         |
|   |       |                         | <i>virt-pn dha capsule</i>                      | oral  |                         |
|   |       |                         | <i>virt-pn plus capsule</i>                     | oral  |                         |
|   |       |                         | <i>vita b comp w/c tablet</i>                   | oral  |                         |
|   |       |                         | <i>vitamin b complex tablet</i>                 | oral  |                         |
|   |       |                         | <i>vitamin b complex with c tablet</i>          | oral  |                         |

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|---|-------|-------------------------|--|-------|-------------------------|
| <i>vitamin b-complex &amp; c tablet</i> | oral  |                         | <i>vitamins a;c;d &amp; fluoride drops</i> | oral  | ACA                     |
| <i>vitamin d2 capsule</i>               | oral  |                         | <i>vp-ch-pnv capsule</i>                   | oral  |                         |
| <i>vitamin d3 capsule</i>               | oral  |                         | <i>zatean-pn dha capsule</i>               | oral  |                         |
| <i>vitamin d3 tablet</i>                | oral  |                         | <i>zatean-pn plus capsule</i>              | oral  |                         |
| <i>vitamin d3 tablet;chewable</i>       | oral  |                         | <i>zingiber tablet</i>                     | oral  |                         |

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## ALPHABETICAL LISTING BY DRUG NAME

Inclusion on the list does not guarantee coverage.

The following list is not a complete list of products and prescription medical supplies that are on the formulary.

**PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription drug benefit programs.**

| Drug Name   | Route      | Requirements/<br>Limits | Therapeutic Class                        |
|---|------------|-------------------------|--|
| 10-1 cleanser ( <i>gram</i> )                     | topical    |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| ABACAVIR SOLUTION; ORAL                           | oral       | SP                      | ANTI - INFECTIVES                        |
| ABACAVIR TABLET                                   | oral       | SP                      | ANTI - INFECTIVES                        |
| ABACAVIR-LAMIVUDINE TABLET                        | oral       | SP                      | ANTI - INFECTIVES                        |
| ABACAVIR-LAMIVUDINE-ZIDOVUDINE TABLET             | oral       | SP                      | ANTI - INFECTIVES                        |
| ABIRATERONE ACETATE TABLET                        | oral       | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| ABRAXANE VIAL (EA)                                | IV         | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>acamprosate calcium tablet; enteric coated</i> | oral       |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>acarbose tablet</i>                            | oral       |                         | ENDOCRINE/DIABETES                       |
| ACCU-CHEK KIT                                     | misc       |                         | ENDOCRINE/DIABETES                       |
| ACE AEROSOL CLOUD ENHANCER SPACER (EA)            | misc       |                         | ENDOCRINE/DIABETES                       |
| <i>acebutolol hcl capsule</i>                     | oral       |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>acetaminophen w/butalbital tablet</i>          | oral       |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>acetaminophen w/codeine solution; oral</i>     | oral       |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>acetaminophen w/codeine tablet</i>             | oral       |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>acetazolamide capsule; extended release</i>    | oral       |                         | OPHTHALMOLOGY                            |
| <i>acetazolamide tablet</i>                       | oral       |                         | OPHTHALMOLOGY                            |
| <i>acetic acid solution; irrigation</i>           | irrigation |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>acetic acid solution; non-oral</i>             | otic (ear) |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>acetic acid/hydrocortisone drops</i>           | otic (ear) |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>acetylcysteine vial (ml)</i>                   | misc       |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>acitretin capsule</i>                          | oral       |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| ACTEMRA SYRINGE (ML)                              | SC         | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| ACTEMRA VIAL (ML)                                 | IV         | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| ACTEMRA ACTPEN PEN INJECTOR (ML)                  | SC         | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>acthib vial (ea)</i>                           | IM         | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| ACTIMMUNE VIAL (ML)                               | SC         | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |

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| Drug Name  | Route   | Requirements/<br>Limits | Therapeutic Class                        |
|--|---------|-------------------------|--|
| <i>acyclovir capsule</i>                               | oral    |                         | ANTI - INFECTIVES                        |
| <i>acyclovir cream (gram)</i>                          | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>acyclovir ointment (gram)</i>                       | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>acyclovir suspension; oral (final dose form)</i>    | oral    |                         | ANTI - INFECTIVES                        |
| <i>acyclovir tablet</i>                                | oral    |                         | ANTI - INFECTIVES                        |
| <i>adacel syringe (ml)</i>                             | IM      | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>adacel vial (ml)</i>                                | IM      | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| ADAKVEO VIAL (ML)                                      | IV      | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>adapalene cream (gram)</i>                          | topical | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>adapalene gel (gram)</i>                            | topical | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>adapalene gel with pump (gram)</i>                  | topical | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>adapalene solution; non-oral</i>                    | topical | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>adapalene swab; medicated</i>                       | topical | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>adapalene-benzoyl peroxide gel with pump (gram)</i> | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| ADCETRIS VIAL (EA)                                     | IV      | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>adefovir dipivoxil tablet</i>                       | oral    |                         | ANTI - INFECTIVES                        |
| ADEMPAS TABLET   | oral    | LA; PA; SP              | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>adriamycin vial (ea)</i>                            | IV      | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>adriamycin vial (ml)</i>                            | IV      | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| ADVAIR HFA HFA AEROSOL WITH ADAPTER (GRAM)             | INH     | QL                      | RESPIRATORY, ALLERGY, COUGH & COLD       |
| ADVATE VIAL (EA)                                       | IV      | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| ADYNOVATE VIAL (EA)                                    | IV      | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| AEROCHAMBER SPACER (EA)                                | misc    |                         | ENDOCRINE/DIABETES                       |
| AEROCHAMBER PLUS SPACER (EA)                           | misc    |                         | ENDOCRINE/DIABETES                       |
| AEROCHAMBER Z-STAT PLUS SPACER (EA)                    | misc    |                         | ENDOCRINE/DIABETES                       |
| AEROTRACH PLUS SPACER (EA)                             | misc    |                         | ENDOCRINE/DIABETES                       |
| AEROVENT PLUS SPACER (EA)                              | misc    |                         | ENDOCRINE/DIABETES                       |
| AFINITOR TABLET  | oral    | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| AFINITOR DISPERZ TABLET FOR SUSPENSION                 | oral    | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>afirmelle tablet</i>                                | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |

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| Drug Name  | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|--|-------------|-------------------------|--|
| <i>afluria quad 2019-20 (3yr up) syringe (ml)</i>            | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>afluria quad 2019-20 (6-35mo) syringe (ml)</i>            | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>afluria quad 2019-2020 vial (ml)</i>                      | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>afluria quad 2020-2021 vial (ml)</i>                      | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>afluria quad 2020-21 (3yr up) syringe (ml)</i>            | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>afluria quad 2020-21 (6-35mo) syringe (ml)</i>            | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| AFSTYLA VIAL (EA)  | IV          | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| AIMOVIG AUTOINJECTOR AUTO-INJECTOR (ML)                      | SC          | PA; QL                  | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| AJOVY SYRINGE (ML)   | SC          | PA; QL                  | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| AJOVY AUTOINJECTOR AUTO-INJECTOR (ML)                        | SC          | PA                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>ak-poly-bac ointment (gram)</i>                           | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>albendazole tablet</i>                                    | oral        |                         | ANTI - INFECTIVES                        |
| <i>albuterol sulfate solution; non-oral</i>                  | INH         |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>albuterol sulfate syrup</i>                               | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>albuterol sulfate tablet</i>                              | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>albuterol sulfate tablet; extended release 12 hr</i>      | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>albuterol sulfate vial; nebulizer (ea)</i>                | INH         |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>albuterol sulfate vial; nebulizer (ml)</i>                | INH         |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>albuterol sulfate hfa hfa aerosol with adapter (gram)</i> | INH         | QL                      | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>alclometasone dipropionate cream (gram)</i>               | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>alclometasone dipropionate ointment (gram)</i>            | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| ALDURAZYME VIAL (ML)   | IV          | PA; SP                  | ENDOCRINE/DIABETES                       |
| ALECENSA CAPSULE   | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>alendronate sodium solution; oral</i>                     | oral        | QL                      | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>alendronate sodium tablet</i>                             | oral        | QL                      | MUSCULOSKELETAL & RHEUMATOLOGY           |
| ALFERON N VIAL (ML)  | INJ         |                         | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>alfuzosin hcl er tablet; extended release 24 hr</i>       | oral        |                         | UROLOGICALS                              |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| ALIMTA VIAL (EA)                                    | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| ALINIA SUSPENSION; RECONSTITUTED; ORAL (ML)         | oral        |                         | ANTI - INFECTIVES                        |
| ALINIA TABLET                                       | oral        |                         | ANTI - INFECTIVES                        |
| ALIQOPA VIAL (EA)                                   | IV          | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>aliskiren tablet</i>                             | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>allopurinol tablet</i>                           | oral        |                         | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>almotriptan malate tablet</i>                    | oral        | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>alophen pills tablet; enteric coated</i>         | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>alosetron hcl tablet</i>                         | oral        |                         | GASTROENTEROLOGY                         |
| ALPHAGAN P DROPS                                    | ophth (eye) |                         | OPHTHALMOLOGY                            |
| ALPHANINE SD VIAL (EA)                              | IV          | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>alprazolam tablet</i>                            | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>alprazolam er tablet; extended release 24 hr</i> | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>alprazolam intensol concentrate; oral</i>        | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>alprazolam odt tablet;disintegrating</i>         | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>alprazolam xr tablet; extended release 24 hr</i> | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| ALPROLIX VIAL (EA)                                  | IV          | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| ALREX SUSPENSION; DROPS(FINAL DOSAGE FORM)(ML)      | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>altacaine drops</i>                              | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>altavera tablet</i>                              | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| ALUNBRIG TABLET                                     | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| ALUNBRIG TABLET; DOSE PACK                          | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>alyacen tablet</i>                               | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| ALYQ TABLET   | oral        | PA; QL; SP              | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>amabelz tablet</i>                               | oral        |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>amantadine hcl capsule</i>                       | oral        |                         | ANTI - INFECTIVES                        |
| <i>amantadine hcl solution; oral</i>                | oral        |                         | ANTI - INFECTIVES                        |
| <i>amantadine hcl tablet</i>                        | oral        |                         | ANTI - INFECTIVES                        |
| AMBRISENTAN TABLET                                  | oral        | LA; PA; SP              | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>amcinonide cream (gram)</i>                      | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>amcinonide lotion (ml)</i>                       | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |

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| Drug Name  | Route | Requirements/<br>Limits | Therapeutic Class                           |
|--|-------|-------------------------|---|
| <i>amethia tablet; dose pack; 3 months</i>                                 | oral  | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>amethia lo tablet; dose pack; 3 months</i>                              | oral  | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>amethyst tablet</i>   | oral  | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>amifostine vial (ea)</i>  | IV    | PA                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>amiloride hcl tablet</i>  | oral  |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>amiloride hcl w/hctz tablet</i>   | oral  |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>aminocaproic acid solution; oral</i>                                    | oral  |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>aminocaproic acid tablet</i>  | oral  |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>amiodarone hcl tablet</i>   | oral  |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>amitriptyline hcl tablet</i>  | oral  |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>amitriptyline/chlordiazepoxide tablet</i>                               | oral  |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>amitriptyline-perphenazine tablet</i>                                   | oral  |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>amlodipine besylate tablet</i>  | oral  |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>amlodipine besylate-benazepril capsule</i>                              | oral  |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>amlodipine-atorvastatin tablet</i>                                      | oral  | QL                      | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>amlodipine-olmesartan tablet</i>  | oral  |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>amlodipine-valsartan tablet</i>   | oral  |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>amlodipine-valsartan-hctz tablet</i>                                    | oral  |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>amnestem capsule</i>  | oral  |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>amoxapine tablet</i>  | oral  |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>amoxicillin capsule</i>   | oral  |                         | ANTI - INFECTIVES                           |
| <i>amoxicillin suspension; reconstituted; oral (ml)</i>                    | oral  |                         | ANTI - INFECTIVES                           |
| <i>amoxicillin tablet</i>  | oral  |                         | ANTI - INFECTIVES                           |
| <i>amoxicillin tablet;chewable</i>   | oral  |                         | ANTI - INFECTIVES                           |
| <i>amoxicillin-clavulanate pot er tablet; extended release 12 hr</i>       | oral  |                         | ANTI - INFECTIVES                           |
| <i>amoxicillin-clavulanate potass suspension; reconstituted; oral (ml)</i> | oral  |                         | ANTI - INFECTIVES                           |
| <i>amoxicillin-clavulanate potass tablet</i>                               | oral  |                         | ANTI - INFECTIVES                           |
| <i>amoxicillin-clavulanate potass tablet;chewable</i>                      | oral  |                         | ANTI - INFECTIVES                           |
| <i>amphetamine sulfate tablet</i>  | oral  |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                           |
|---|-------------|-------------------------|---|
| <i>ampicillin trihydrate capsule</i>                          | oral        |                         | ANTI - INFECTIVES                           |
| <i>anagrelide hydrochloride capsule</i>                       | oral        |                         | DIAGNOSTICS & MISC AGENTS                   |
| <i>anaspaz tablet;disintegrating</i>                          | oral        |                         | GASTROENTEROLOGY                            |
| ANASTROZOLE TABLET  | oral        | ACA                     | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| ANDRODERM PATCH; TRANSDERM 24 HOURS                           | transderm   | PA                      | ENDOCRINE/DIABETES                          |
| ANORO ELLIPTA BLISTER; WITH INH DEVICE                        | INH         |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>anucort-hc suppository; rectal</i>                         | rectal      |                         | GASTROENTEROLOGY                            |
| <i>apap-caffeine-dihydrocodeine capsule</i>                   | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>apap-caffeine-dihydrocodeine tablet</i>                    | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>apexicon e cream (gram)</i>                                | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| APOKYN CARTRIDGE (ML)   | SC          | LA; PA; SP              | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>apraclonidine hcl drops</i>                                | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>aprepitant capsule</i>                                     | oral        | PA                      | GASTROENTEROLOGY                            |
| <i>aprepitant capsule; dose pack</i>                          | oral        | PA                      | GASTROENTEROLOGY                            |
| <i>apri tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| APTIVUS CAPSULE   | oral        | SP                      | ANTI - INFECTIVES                           |
| APTIVUS SOLUTION; ORAL  | oral        | SP                      | ANTI - INFECTIVES                           |
| <i>aqua care sodium chloride solution;<br/>irrigation</i>     | irrigation  |                         | DIAGNOSTICS & MISC AGENTS                   |
| <i>aqua care sterile water irrig solution;<br/>irrigation</i> | irrigation  |                         | DIAGNOSTICS & MISC AGENTS                   |
| ARALAST NP VIAL (EA)  | IV          | LA; PA; SP              | DIAGNOSTICS & MISC AGENTS                   |
| <i>aranelle tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| ARIKAYCE VIAL; NEBULIZER (ML)                                 | INH         | LA; PA; SP              | ANTI - INFECTIVES                           |
| <i>aripiprazole solution; oral</i>                            | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>aripiprazole tablet</i>                                    | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>aripiprazole odt tablet;disintegrating</i>                 | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| ARISTADA SUSPENSION;EXTENDED<br>RELEASE SYRINGE (ML)          | IM          | PA                      | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>armodafinil tablet</i>                                     | oral        | PA                      | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| ARMOUR THYROID TABLET   | oral        |                         | ENDOCRINE/DIABETES                          |
| ARNUITY ELLIPTA BLISTER; WITH INH<br>DEVICE                   | INH         |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| ARRANON VIAL (ML)   | IV          | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>arsenic trioxide vial (ml)</i>                             | IV          | PA                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>asa-butalb-caff-cod capsule</i>                            | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                           |
|---|-------------|-------------------------|---|
| <i>ascomp with codeine capsule</i>  | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>ashlyna tablet; dose pack; 3 months</i>                                  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| ASMANEX AEROSOL POWDER; BREATH<br>ACTIVATED (EA) 220MCG(14)                 | INH         |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| ASMANEX HFA HFA AEROSOL WITH<br>ADAPTER (GRAM)                              | INH         |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>aspir 81 tablet; enteric coated</i>                                      | oral        | ACA                     | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>aspirin tablet</i>   | oral        | ACA                     | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>aspirin tablet; enteric coated</i>                                       | oral        | ACA                     | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>aspirin tablet;chewable</i>  | oral        | ACA                     | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>aspirin e.c. tablet; enteric coated</i>                                  | oral        | ACA                     | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>aspirin-dipyridamole er capsule;extended<br/>release multiphase 12hr</i> | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>aspir-low tablet; enteric coated</i>                                     | oral        | ACA                     | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>aspir-trin tablet; enteric coated</i>                                    | oral        | ACA                     | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| ATAZANAVIR SULFATE CAPSULE  | oral        | SP                      | ANTI - INFECTIVES                           |
| <i>atenolol tablet</i>  | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>atenolol w/chlorthalidone tablet</i>                                     | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| ATGAM AMPUL (ML)  | IV          | PA                      | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>atomoxetine hcl capsule</i>  | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>atorvastatin calcium tablet</i>  | oral        | QL                      | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>atorvastatin calcium tablet</i>  | oral        | ACA; QL                 | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>atovaquone suspension; oral (final dose<br/>form)</i>                    | oral        |                         | ANTI - INFECTIVES                           |
| <i>atovaquone-proguanil hcl tablet</i>                                      | oral        |                         | ANTI - INFECTIVES                           |
| <i>atropine sulfate drops</i>   | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>atropine sulfate ointment (gram)</i>                                     | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>aubra tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>aubra eq tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| AUGMENTIN SUSPENSION;<br>RECONSTITUTED; ORAL (ML)                           | oral        |                         | ANTI - INFECTIVES                           |
| <i>aurovela tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>aurovela 24 fe tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>aurovela fe tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| AUSTEDO TABLET  | oral        | LA; PA; SP              | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| AUTOJECT 2 INSULIN PEN (EA)   | SC          |                         | ENDOCRINE/DIABETES                          |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| AUTOPEN INSULIN PEN (EA)                                      | SC          |                         | ENDOCRINE/DIABETES                       |
| AUTOSOFT 30 INFUSION SETS-PARAPHERNALIA                       | misc        |                         | ENDOCRINE/DIABETES                       |
| AUTOSOFT 90 INFUSION SETS-PARAPHERNALIA                       | misc        |                         | ENDOCRINE/DIABETES                       |
| AUTOSOFT XC INFUSION SETS-PARAPHERNALIA                       | misc        |                         | ENDOCRINE/DIABETES                       |
| <i>avar cleanser (gram)</i>                                   | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>aviane tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>avidoxy tablet</i>   | oral        |                         | ANTI - INFECTIVES                        |
| <i>avita cream (gram)</i>                                     | topical     | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| AVONEX ADMINISTRATION PACK KIT                                | IM          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| AVONEX ADMINISTRATION PACK SYRINGE KIT (EA)                   | IM          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| AVONEX PEN PEN INJECTOR KIT (EA)                              | IM          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>ayuna tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| AZACITIDINE VIAL (EA)   | INJ         | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| AZASITE DROPS   | ophth (eye) |                         | OPHTHALMOLOGY                            |
| AZATHIOPRINE TABLET   | oral        | SP                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>azelaic acid gel (gram)</i>                                | topical     | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>azelastine hcl aerosol; spray with pump (ml)</i>           | nasal       | QL                      | EAR, NOSE & THROAT MEDICATIONS           |
| <i>azelastine hcl drops</i>                                   | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>azelastine-fluticasone aerosol; spray with pump (gram)</i> | nasal       | QL; ST                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>azithromycin packet (ea)</i>                               | oral        |                         | ANTI - INFECTIVES                        |
| <i>azithromycin suspension; reconstituted; oral (ml)</i>      | oral        |                         | ANTI - INFECTIVES                        |
| <i>azithromycin tablet</i>                                    | oral        |                         | ANTI - INFECTIVES                        |
| <i>azurette tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>b complex tablet</i>                                       | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>b complex tablet; extended release</i>                     | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>b complex formula #1 tablet</i>                            | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>b complex w/c tablet</i>                                   | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>b complex w-vitamin c tablet</i>                           | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>bacitracin ointment (gram)</i>                             | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>bacitracin/polymyxin ointment (gram)</i>                   | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>baclofen tablet</i>  | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |

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| Drug Name  | Route  | Requirements/<br>Limits | Therapeutic Class                        |
|--|--------|-------------------------|--|
| <i>balance b tablet; extended release</i>                  | oral   |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>balanced b-complex tablet</i>                           | oral   |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>bal-care dha combination package; tablet and dr cap</i> | oral   |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>balsalazide disodium capsule</i>                        | oral   |                         | GASTROENTEROLOGY                         |
| BALVERSA TABLET  | oral   | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>balziva tablet</i>                                      | oral   | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| BANZEL SUSPENSION; ORAL (FINAL DOSE FORM)                  | oral   | PA                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| BANZEL TABLET  | oral   | PA                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| BAQSIMI SPRAY; NON-AEROSOL (EA)                            | nasal  | QL                      | ENDOCRINE/DIABETES                       |
| BARACLUDE SOLUTION; ORAL                                   | oral   | PA                      | ANTI - INFECTIVES                        |
| BAVENCIO VIAL (ML)   | IV     | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| BAXDELA TABLET   | oral   |                         | ANTI - INFECTIVES                        |
| <i>b-balanced tablet</i>                                   | oral   |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>b-complex tablet</i>                                    | oral   |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>b-complex &amp; c tablet</i>                            | oral   |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| BD INTEGRA NEEDLE NEEDLE; DISPOSABLE                       | misc   |                         | ENDOCRINE/DIABETES                       |
| BD MICROTAINER LANCET EACH                                 | misc   |                         | ENDOCRINE/DIABETES                       |
| BD NANO PEN NEEDLE NEEDLE; DISPOSABLE                      | misc   |                         | ENDOCRINE/DIABETES                       |
| B-D NEEDLES NEEDLE; DISPOSABLE                             | misc   |                         | ENDOCRINE/DIABETES                       |
| B-D ULTRA FINE LANCETS EACH                                | misc   |                         | ENDOCRINE/DIABETES                       |
| <i>bekyree tablet</i>                                      | oral   | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| BELBUCA FILM; MEDICATED (EA)                               | buccal |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>belladonna &amp; opium suppository; rectal</i>          | rectal |                         | GASTROENTEROLOGY                         |
| <i>belladonna-phenobarbital elixir</i>                     | oral   |                         | GASTROENTEROLOGY                         |
| <i>belladonna-phenobarbital tablet</i>                     | oral   |                         | GASTROENTEROLOGY                         |
| <i>benazepril hcl tablet</i>                               | oral   |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>benazepril hcl-hctz tablet</i>                          | oral   |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| BENDEKA VIAL (ML)  | IV     | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| BENEFIX VIAL (EA)  | IV     | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| BENLYSTA AUTO-INJECTOR (ML)                                | SC     | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| BENLYSTA SYRINGE (ML)                                      | SC     | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| BENLYSTA VIAL (EA)   | IV     | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |

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| Drug Name  | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|--|-------------|-------------------------|--|
| <i>benzebro towelette (ea)</i>                     | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| BENZNIDAZOLE TABLET                                | oral        |                         | ANTI - INFECTIVES                        |
| <i>benzonatate capsule</i>                         | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>benzoyl peroxide foam (gram)</i>                | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>benztropine mesylate tablet</i>                 | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| BEPREVE DROPS                                      | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>beser lotion (ml)</i>                           | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| BESPONSA VIAL (EA)                                 | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>betamethasone dipropionate cream (gram)</i>     | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>betamethasone dipropionate gel (gram)</i>       | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>betamethasone dipropionate lotion (ml)</i>      | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>betamethasone dipropionate ointment (gram)</i>  | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>betamethasone valerate cream (gram)</i>         | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>betamethasone valerate foam (gram)</i>          | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>betamethasone valerate lotion (ml)</i>          | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>betamethasone valerate ointment (gram)</i>      | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| BETASERON KIT                                      | SC          | PA; QL; SP              | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>betaxolol hcl drops</i>                         | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>betaxolol hcl tablet</i>                        | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>bethanechol chloride tablet</i>                 | oral        |                         | UROLOGICALS                              |
| BETHKIS AMPUL FOR NEBULIZATION (ML)                | INH         | PA; SP                  | ANTI - INFECTIVES                        |
| BEVESPI AEROSPHERE HFA AEROSOL WITH ADAPTER (GRAM) | INH         |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| BEXAROTENE CAPSULE                                 | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>bexsero syringe (ml)</i>                        | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| BICALUTAMIDE TABLET                                | oral        |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| BIKTARVY TABLET                                    | oral        | SP                      | ANTI - INFECTIVES                        |
| <i>bimatoprost drops</i>                           | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>bisacodyl tablet; enteric coated</i>            | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>bisa-lax tablet; enteric coated</i>             | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>bisoprolol fumarate tablet</i>                  | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| <i>bisoprolol fumarate/hctz tablet</i>                        | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>bleomycin sulfate vial (ea)</i>                            | INJ         | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| BLINCYTO KIT  | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>blisovi 24 fe tablet</i>                                   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>blisovi fe tablet</i>                                      | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>boostrix syringe (ml)</i>                                  | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>boostrix vial (ml)</i>                                     | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| BOSENTAN TABLET   | oral        | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| BOSULIF TABLET  | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| BOTOX VIAL (EA)   | INJ         | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| BREATHERITE SPACER (EA)                                       | misc        |                         | ENDOCRINE/DIABETES                       |
| BREO ELLIPTA BLISTER; WITH INH DEVICE                         | INH         |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>bretylium tosylate vial (ml)</i>                           | INJ         |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>briellyn tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| BRILINTA TABLET   | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>brimonidine tartrate drops</i>                             | ophth (eye) |                         | OPHTHALMOLOGY                            |
| BRINEURA KIT  | INJ         | PA; SP                  | ENDOCRINE/DIABETES                       |
| <i>bromfenac sodium drops</i>                                 | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>bromipheniramin-pseudoephed-dm syrup</i>                   | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>bromocriptine mesylate capsule</i>                         | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>bromocriptine mesylate tablet</i>                          | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>brompheniramine w/pseudoephed syrup</i>                    | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>budesonide ampul for nebulization (ml)</i>                 | INH         | QL                      | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>budesonide ec capsule; delayed; and extended release</i>   | oral        |                         | GASTROENTEROLOGY                         |
| <i>budesonide er tablet; delayed and extended release</i>     | oral        |                         | GASTROENTEROLOGY                         |
| <i>bumetanide tablet</i>                                      | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>buprenorphine patch; transderm weekly</i>                  | transderm   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>buprenorphine hydrochloride tablet; sl</i>                 | SL          |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>buprenorphine-naloxone film; medicated (ea) 12 mg-3 mg</i> | SL          |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |

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| Drug Name  | Route   | Requirements/<br>Limits | Therapeutic Class                        |
|--|---------|-------------------------|--|
| <i>buprenorphine-naloxone tablet; sl 8 mg-2 mg</i>     | SL      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>buprenorphine-naloxone tablet; sl 2 mg-0.5mg</i>    | SL      | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>bupropion hcl tablet</i>                            | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>bupropion hcl xl tablet; extended release 24 hr</i> | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>bupropion sr tablet; extended release 12 hr</i>     | oral    | ACA                     | DIAGNOSTICS & MISC AGENTS                |
| <i>bupropion sr tablet;sustained-release 12 hr</i>     | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>buspirone hcl tablet</i>                            | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>busulfan vial (ml)</i>                              | IV      | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>butalbital compound capsule</i>                     | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>butalbital compound w/codeine capsule</i>           | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>butalbital w/acetaminophen tablet</i>               | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>butalbital/apap/caffeine capsule</i>                | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>butalbital/apap/caffeine tablet</i>                 | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>butalbital/caff/apap/codeine capsule</i>            | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>butalbital-asp-caffeine capsule</i>                 | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>butalbital-asp-caffeine tablet</i>                  | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>butorphanol tartrate aerosol; spray (ml)</i>        | nasal   | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>butorphanol tartrate vial (ml)</i>                  | INJ     |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| BYDUREON BCISE AUTO-INJECTOR (ML)                      | SC      | QL; ST                  | ENDOCRINE/DIABETES                       |
| BYDUREON PEN PEN INJECTOR (EA)                         | SC      | QL; ST                  | ENDOCRINE/DIABETES                       |
| BYETTA PEN INJECTOR (ML)                               | SC      | QL; ST                  | ENDOCRINE/DIABETES                       |
| BYSTOLIC TABLET  | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>cabergoline tablet</i>                              | oral    | QL                      | ENDOCRINE/DIABETES                       |
| CABLIVI KIT  | INJ     | LA; PA; SP              | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| CABOMETYX TABLET                                       | oral    | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>caffeine citrated solution; oral</i>                | oral    |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>calcipotriene cream (gram)</i>                      | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>calcipotriene ointment (gram)</i>                   | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |

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| Drug Name  | Route   | Requirements/<br>Limits | Therapeutic Class                        |
|--|---------|-------------------------|--|
| <i>calcipotriene solution; non-oral</i>                          | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>calcipotriene-betamethasone suspension; topical (gram)</i>    | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>calcipotriene-betamethasone dp ointment (gram)</i>            | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>calcitonin-salmon aerosol; spray with pump (ml)</i>           | nasal   |                         | ENDOCRINE/DIABETES                       |
| <i>calcitriol ampul (ml)</i>                                     | IV      |                         | ENDOCRINE/DIABETES                       |
| <i>calcitriol capsule</i>  | oral    |                         | ENDOCRINE/DIABETES                       |
| <i>calcitriol ointment (gram)</i>                                | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>calcitriol solution; oral</i>                                 | oral    |                         | ENDOCRINE/DIABETES                       |
| <i>calcium + vitamin d tablet</i>                                | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>calcium + vitamin d tablet;chewable</i>                       | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>calcium acetate capsule</i>                                   | oral    |                         | GASTROENTEROLOGY                         |
| <i>calcium acetate tablet</i>                                    | oral    |                         | GASTROENTEROLOGY                         |
| <i>calcium citrate w/vitamin d tablet</i>                        | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>camila tablet</i>   | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>camrese tablet; dose pack; 3 months</i>                       | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>camrese lo tablet; dose pack; 3 months</i>                    | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>candesartan cilexetil tablet</i>                              | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>candesartan-hydrochlorothiazid tablet</i>                     | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| CAPECITABINE TABLET  | oral    | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| CAPRELSA TABLET  | oral    | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>captopril tablet</i>  | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>captopril/hydrochlorothiazide tablet</i>                      | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| CARBAGLU TABLET; DISPERSIBLE                                     | oral    | LA; PA; SP              | DIAGNOSTICS & MISC AGENTS                |
| <i>carbamazepine suspension; oral (final dose form)</i>          | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>carbamazepine tablet</i>                                      | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>carbamazepine tablet;chewable</i>                             | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>carbamazepine er capsule;extended release multiphase 12hr</i> | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>carbamazepine er tablet; extended release 12 hr</i>           | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>carbidopa tablet</i>  | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>carbidopa/levodopa tablet</i>                                 | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |

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| Drug Name  | Route       | Requirements/<br>Limits | Therapeutic Class                           |
|--|-------------|-------------------------|---|
| <i>carbidopa/levodopa tablet;disintegrating</i>                  | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>carbidopa-levodopa er tablet; extended release</i>            | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>carbidopa-levodopa-entacapone tablet</i>                      | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>carbinoxamine liquid (ml)</i>                                 | oral        |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>carbinoxamine tablet</i>                                      | oral        |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>carboplatin vial (ml)</i>                                     | IV          | PA                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>carmustine vial (ea)</i>                                      | IV          | PA                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>carteolol hcl drops</i>                                       | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>cartia xt capsule; ext release 24 hr</i>                      | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| CARTRIDGE STAMPED CARTRIDGE (EA)                                 | SC          |                         | ENDOCRINE/DIABETES                          |
| <i>carvedilol tablet</i>   | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>carvedilol er capsule;extended release multiphase 24hr</i>    | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| CAYSTON VIAL; NEBULIZER (ML)                                     | INH         | LA; PA; SP              | ANTI - INFECTIVES                           |
| <i>caziant tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>cefaclor capsule</i>  | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefaclor suspension; reconstituted; oral (ml)</i>             | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefaclor er tablet; extended release 12 hr</i>                | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefadroxil capsule</i>  | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefadroxil suspension; reconstituted; oral (ml)</i>           | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefadroxil tablet</i>   | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefdinir capsule</i>  | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefdinir suspension; reconstituted; oral (ml)</i>             | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefditoren pivoxil tablet</i>                                 | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefixime capsule</i>  | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefixime suspension; reconstituted; oral (ml)</i>             | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefpodoxime proxetil suspension; reconstituted; oral (ml)</i> | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefpodoxime proxetil tablet</i>                               | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefprozil suspension; reconstituted; oral (ml)</i>            | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefprozil tablet</i>  | oral        |                         | ANTI - INFECTIVES                           |
| <i>cefuroxime axetil tablet</i>                                  | oral        |                         | ANTI - INFECTIVES                           |
| <i>celecoxib capsule</i>   | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| CELONTIN CAPSULE   | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>cephalexin capsule</i>  | oral        |                         | ANTI - INFECTIVES                           |
| <i>cephalexin suspension; reconstituted; oral (ml)</i>           | oral        |                         | ANTI - INFECTIVES                           |

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| Drug Name   | Route           | Requirements/<br>Limits | Therapeutic Class                        |
|---|-----------------|-------------------------|--|
| <i>cephalexin tablet</i>                          | oral            |                         | ANTI - INFECTIVES                        |
| CEPROTIN VIAL (EA)                                | IV              | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| CERDELGA CAPSULE                                  | oral            | PA; SP                  | ENDOCRINE/DIABETES                       |
| CEREZYME VIAL (EA)                                | IV              | PA; SP                  | ENDOCRINE/DIABETES                       |
| <i>cetirizine hcl solution; oral</i>              | oral            |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| CETROTIDE KIT                                     | SC              | PA; SP                  | ENDOCRINE/DIABETES                       |
| <i>cevimeline hcl capsule</i>                     | oral            |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>chantix tablet</i>                             | oral            | ACA                     | DIAGNOSTICS & MISC AGENTS                |
| <i>chantix tablet; dose pack</i>                  | oral            | ACA                     | DIAGNOSTICS & MISC AGENTS                |
| <i>charlotte 24 fe tablet;chewable</i>            | oral            | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>chateal tablet</i>                             | oral            | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>chateal eq tablet</i>                          | oral            | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| CHEMET CAPSULE                                    | oral            |                         | DIAGNOSTICS & MISC AGENTS                |
| CHENODAL TABLET                                   | oral            | LA; PA; SP              | GASTROENTEROLOGY                         |
| <i>children's aspirin tablet;chewable</i>         | oral            | ACA                     | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>chlordiazepoxide hcl capsule</i>               | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>chlorhexidine gluconate mouthwash</i>          | mucous membrane |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>chloroquine phosphate tablet</i>               | oral            |                         | ANTI - INFECTIVES                        |
| <i>chlorothiazide tablet</i>                      | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>chlorpromazine hcl tablet</i>                  | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>chlorthalidone tablet</i>                      | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>chlorzoxazone tablet</i>                       | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| CHOLBAM CAPSULE                                   | oral            | PA; SP                  | GASTROENTEROLOGY                         |
| <i>cholestyramine powder (gram)</i>               | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>cholestyramine powder in packet (ea)</i>       | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>cholestyramine light powder (gram)</i>         | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>cholestyramine light powder in packet (ea)</i> | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>choline mag trisalicylate liquid (ml)</i>      | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>ciclodan cream (gram)</i>                      | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>ciclopirox cream (gram)</i>                    | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>ciclopirox gel (gram)</i>                      | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>ciclopirox shampoo</i>                         | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>ciclopirox suspension; topical (ml)</i>        | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| <i>cilostazol tablet</i>  | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| CIMDUO TABLET   | oral        | SP                      | ANTI - INFECTIVES                        |
| <i>cimetidine solution; oral</i>                                | oral        |                         | GASTROENTEROLOGY                         |
| <i>cimetidine tablet</i>  | oral        |                         | GASTROENTEROLOGY                         |
| <i>cinacalcet hcl tablet</i>                                    | oral        |                         | ENDOCRINE/DIABETES                       |
| CINRYZE VIAL (EA)   | IV          | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| CINVANTI VIAL (ML)  | IV          | PA                      | GASTROENTEROLOGY                         |
| CIPRODEX SUSPENSION; DROPS(FINAL DOSAGE FORM)(ML)               | otic (ear)  |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>ciprofloxacin suspension; microcapsule reconstituted</i>     | oral        |                         | ANTI - INFECTIVES                        |
| <i>ciprofloxacin hcl dropperette; single-use drop dispenser</i> | otic (ear)  |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>ciprofloxacin hcl drops</i>                                  | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>ciprofloxacin hcl tablet</i>                                 | oral        |                         | ANTI - INFECTIVES                        |
| <i>citalopram hbr solution; oral</i>                            | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>citalopram hbr tablet</i>                                    | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>citrate of magnesia solution; oral</i>                       | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>citroma solution; oral</i>                                   | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>cladribine vial (ml)</i>                                     | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>claravis capsule</i>   | oral        |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clarithromycin suspension; reconstituted; oral (ml)</i>      | oral        |                         | ANTI - INFECTIVES                        |
| <i>clarithromycin tablet</i>                                    | oral        |                         | ANTI - INFECTIVES                        |
| <i>clarithromycin er tablet; extended release 24 hr</i>         | oral        |                         | ANTI - INFECTIVES                        |
| <i>clearlax powder (gram)</i>                                   | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>clearlax powder in packet (ea)</i>                           | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>clemastine fumarate tablet</i>                               | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>clenpiq solution; oral</i>                                   | oral        | ACA                     | GASTROENTEROLOGY                         |
| CLEO 90 INFUSION SET INFUSION SETS-PARAPHERNALIA                | misc        |                         | ENDOCRINE/DIABETES                       |
| <i>clidinium w/chlordiazepoxide capsule</i>                     | oral        |                         | GASTROENTEROLOGY                         |
| <i>clindacin p swab; medicated</i>                              | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clindamycin hcl capsule</i>                                  | oral        |                         | ANTI - INFECTIVES                        |
| <i>clindamycin palmitate hcl solution; reconstituted; oral</i>  | oral        |                         | ANTI - INFECTIVES                        |
| <i>clindamycin pediatric solution; reconstituted; oral</i>      | oral        |                         | ANTI - INFECTIVES                        |
| <i>clindamycin phosphate cream with applicator</i>              | vaginal     |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>clindamycin phosphate foam (gram)</i>                        | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |

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| <b>Drug Name</b>   | <b>Route</b> | <b>Requirements/<br/>Limits</b> | <b>Therapeutic Class</b>                 |
|--|--------------|---------------------------------|--|
| <i>clindamycin phosphate gel (gram)</i>                  | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clindamycin phosphate lotion (ml)</i>                 | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clindamycin phosphate solution; non-oral</i>          | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clindamycin phosphate swab; medicated</i>             | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clindamycin phos-tretinoin gel (gram)</i>             | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clindamycin-benzoyl peroxide gel (gram)</i>           | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clindamycin-benzoyl peroxide gel with pump (gram)</i> | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clobazam suspension; oral (final dose form)</i>       | oral         | PA                              | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>clobazam tablet</i>                                   | oral         | PA                              | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>clobetasol e cream (gram)</i>                         | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clobetasol emulsion foam (gram)</i>                   | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clobetasol propionate cream (gram)</i>                | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clobetasol propionate foam (gram)</i>                 | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clobetasol propionate gel (gram)</i>                  | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clobetasol propionate lotion (ml)</i>                 | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clobetasol propionate ointment (gram)</i>             | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clobetasol propionate shampoo</i>                     | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clobetasol propionate solution; non-oral</i>          | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clobetasol propionate spray; non-aerosol (ml)</i>     | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clodan shampoo</i>                                    | topical      |                                 | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clofarabine vial (ml)</i>                             | IV           | PA                              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>clomipramine hcl capsule</i>                          | oral         |                                 | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>clonazepam tablet</i>                                 | oral         |                                 | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>clonazepam tablet;disintegrating</i>                  | oral         |                                 | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>clonidine hcl patch; transderm weekly</i>             | transderm    | QL                              | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |

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| Drug Name  | Route           | Requirements/<br>Limits | Therapeutic Class                        |
|--|-----------------|-------------------------|--|
| <i>clonidine hcl tablet</i>                            | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>clonidine hcl er tablet; extended release 12 hr</i> | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>clopidogrel tablet</i>                              | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>clorazepate dipotassium tablet</i>                  | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>clotrimazole troche</i>                             | mucous membrane |                         | ANTI - INFECTIVES                        |
| <i>clotrimazole/betamethasone cream (gram)</i>         | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clotrimazole/betamethasone lotion (ml)</i>          | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>clovique capsule</i>                                | oral            | PA                      | DIAGNOSTICS & MISC AGENTS                |
| <i>clozapine tablet</i>                                | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>clozapine odt tablet;disintegrating</i>             | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>c-nate dha capsule</i>                              | oral            |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| COAGADEX VIAL (EA)                                     | IV              | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| COARTEM TABLET   | oral            |                         | ANTI - INFECTIVES                        |
| <i>codeine sulfate tablet</i>                          | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>colchicine tablet</i>                               | oral            |                         | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>colesevelam hcl powder in packet (ea)</i>           | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>colesevelam hcl tablet</i>                          | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>colestipol hcl granules (gram)</i>                  | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>colestipol hcl packet (ea)</i>                      | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>colestipol hcl tablet</i>                           | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>colocort enema (ml)</i>                             | rectal          |                         | GASTROENTEROLOGY                         |
| COMBIGAN DROPS   | ophth (eye)     |                         | OPHTHALMOLOGY                            |
| COMBIPATCH PATCH; TRANSDERM SEMIWEEKLY                 | transderm       |                         | OBSTETRICS & GYNECOLOGY                  |
| COMBIVENT RESPIMAT MIST INHALER (GRAM)                 | INH             | QL                      | RESPIRATORY, ALLERGY, COUGH & COLD       |
| COMETRIQ CAPSULE                                       | oral            | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| COMFORT INFUSION SETS-PARAPHERNALIA                    | misc            |                         | ENDOCRINE/DIABETES                       |
| COMFORT SHORT INFUSION SETS-PARAPHERNALIA              | misc            |                         | ENDOCRINE/DIABETES                       |
| COMPACT SPACE CHAMBER SPACER (EA)                      | misc            |                         | ENDOCRINE/DIABETES                       |
| <i>complete natal dha combination package (ea)</i>     | oral            |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| <i>complex b-100 tablet; extended release</i>           | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>compro suppository; rectal</i>                       | rectal      |                         | GASTROENTEROLOGY                         |
| <i>constulose solution; oral</i>                        | oral        |                         | GASTROENTEROLOGY                         |
| CONTACT DETACH INFUSION SET INFUSION SETS-PARAPHERNALIA | misc        |                         | ENDOCRINE/DIABETES                       |
| <i>coremino tablet; extended release 24 hr</i>          | oral        |                         | ANTI - INFECTIVES                        |
| CORIFACT VIAL (EA)                                      | IV          | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| CORLANOR SOLUTION; ORAL                                 | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| CORLANOR TABLET   | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>cortisone acetate tablet</i>                         | oral        |                         | ENDOCRINE/DIABETES                       |
| COSENTYX 150MG PEN INJECTOR (ML)                        | SC          | PA; SP                  | DERMATOLOGICALS/TOPICAL THERAPY          |
| COSENTYX 150MG SYRINGE (ML)                             | SC          | PA; SP                  | DERMATOLOGICALS/TOPICAL THERAPY          |
| COSENTYX 300MG PEN INJECTOR (ML)                        | SC          | PA; SP                  | DERMATOLOGICALS/TOPICAL THERAPY          |
| COSENTYX 300MG SYRINGE (ML)                             | SC          | PA; SP                  | DERMATOLOGICALS/TOPICAL THERAPY          |
| COTELLIC TABLET   | oral        | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>covaryx tablet</i>                                   | oral        |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>covaryx h.s. tablet</i>                              | oral        |                         | OBSTETRICS & GYNECOLOGY                  |
| CREON CAPSULE;DELAYED RELEASE (ENTERIC COATED)          | oral        |                         | GASTROENTEROLOGY                         |
| CRESEMBA CAPSULE  | oral        |                         | ANTI - INFECTIVES                        |
| CRIVAN CAPSULE  | oral        | SP                      | ANTI - INFECTIVES                        |
| <i>cromolyn sodium concentrate; oral</i>                | oral        |                         | GASTROENTEROLOGY                         |
| <i>cromolyn sodium ampul for nebulization (ml)</i>      | INH         |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>cromolyn sodium drops</i>                            | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>crotan lotion (gram)</i>                             | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>cryselle tablet</i>                                  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| CRYSVITA VIAL (ML)                                      | SC          | PA; SP                  | ENDOCRINE/DIABETES                       |
| <i>cyanocobalamin vial (ml)</i>                         | INJ         |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>cyclafem tablet</i>                                  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>cyclobenzaprine hcl capsule; ext release 24 hr</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>cyclobenzaprine hcl tablet</i>                       | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>cyclopentolate hcl drops</i>                         | ophth (eye) |                         | OPHTHALMOLOGY                            |
| CYCLOPHOSPHAMIDE CAPSULE                                | oral        |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| CYCLOSPORINE CAPSULE                                    | oral        | SP                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |

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| Drug Name  | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|--|-------------|-------------------------|--|
| CYCLOSPORINE SOLUTION; ORAL                          | oral        | SP                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>cyproheptadine hcl syrup</i>                      | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>cyproheptadine hcl tablet</i>                     | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| CYRAMZA VIAL (ML)                                    | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>cyred tablet</i>                                  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>cyred eq tablet</i>                               | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| CYSTADANE POWDER (GRAM)                              | oral        | PA; SP                  | GASTROENTEROLOGY                         |
| CYSTAGON CAPSULE                                     | oral        | LA; PA; SP              | UROLOGICALS                              |
| CYSTARAN DROPS                                       | ophth (eye) | PA; SP                  | OPHTHALMOLOGY                            |
| <i>cytarabine vial (ml)</i>                          | INJ         | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>cytra-k packet (ea)</i>                           | oral        |                         | UROLOGICALS                              |
| <i>dacarbazine vial (ea)</i>                         | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>dactinomycin vial (ea)</i>                        | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>daily prenatal combination package (ea)</i>       | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| DALFAMPRIDINE ER TABLET; EXTENDED RELEASE 12 HR      | oral        | PA; SP                  | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| DALIRESP TABLET                                      | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| DALVANCE VIAL (EA)                                   | IV          | PA                      | ANTI - INFECTIVES                        |
| <i>danazol capsule</i>                               | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>dantrolene sodium capsule</i>                     | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>dapsone gel (gram)</i>                            | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>dapsone gel with pump (gram)</i>                  | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>dapsone tablet</i>                                | oral        |                         | ANTI - INFECTIVES                        |
| <i>daptacel vial (ml)</i>                            | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>darifenacin er tablet; extended release 24 hr</i> | oral        |                         | UROLOGICALS                              |
| DARZALEX VIAL (ML)                                   | IV          | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>dasetta tablet</i>                                | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>daunorubicin hcl vial (ea)</i>                    | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>daunorubicin hcl vial (ml)</i>                    | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>daysee tablet; dose pack; 3 months</i>            | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| DAYTRANA PATCH; TRANSDERM 24 HOURS                   | transderm   | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| DDAVP SOLUTION; NON-ORAL                             | nasal       |                         | ENDOCRINE/DIABETES                       |
| <i>deblitane tablet</i>                              | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| <i>decadron elixir</i>  | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>decadron tablet</i>  | oral        |                         | ENDOCRINE/DIABETES                       |
| DECITABINE VIAL (EA)  | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| DEFERASIROX TABLET  | oral        | PA; SP                  | DIAGNOSTICS & MISC AGENTS                |
| DEFERASIROX TABLET; DISPERSIBLE                                   | oral        | PA; SP                  | DIAGNOSTICS & MISC AGENTS                |
| <i>deltasone tablet</i>   | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>demeclocycline hcl tablet</i>                                  | oral        |                         | ANTI - INFECTIVES                        |
| DEMSER CAPSULE  | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>denta 5000 plus cream (gram)</i>                               | dental      |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>dentagel gel (gram)</i>  | dental      |                         | EAR, NOSE & THROAT MEDICATIONS           |
| DEPO-ESTRADIOL VIAL (ML)  | IM          |                         | OBSTETRICS & GYNECOLOGY                  |
| DESCOVY TABLET  | oral        | SP                      | ANTI - INFECTIVES                        |
| <i>desipramine hcl tablet</i>                                     | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>desloratadine tablet</i>                                       | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>desloratadine tablet;disintegrating</i>                        | oral        | QL                      | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>desmopressin acetate aerosol; spray with pump (ml)</i>         | nasal       |                         | ENDOCRINE/DIABETES                       |
| <i>desmopressin acetate tablet</i>                                | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>desogestrel-ethinyl estradiol tablet</i>                       | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>desogestr-eth estrad eth estra tablet</i>                      | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>desonide cream (gram)</i>                                      | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>desonide gel (gram)</i>  | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>desonide lotion (ml)</i>                                       | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>desonide ointment (gram)</i>                                   | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>desoximetasone cream (gram)</i>                                | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>desoximetasone gel (gram)</i>                                  | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>desoximetasone ointment (gram)</i>                             | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>desoximetasone spray; non-aerosol (ml)</i>                     | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>desvenlafaxine succinate er tablet; extended release 24 hr</i> | oral        | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>dexabliss tablet; dose pack</i>                                | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>dexamethasone drops</i>  | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>dexamethasone elixir</i>                                       | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>dexamethasone solution; oral</i>                               | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>dexamethasone tablet</i>                                       | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>dexamethasone tablet; dose pack</i>                            | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>dexamethasone sodium phosphate drops</i>                       | ophth (eye) |                         | OPHTHALMOLOGY                            |
| DEXCOM EACH   | misc        |                         | ENDOCRINE/DIABETES                       |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                           |
|---|-------------|-------------------------|---|
| DEXCOM G4 EACH  | misc        | QL                      | ENDOCRINE/DIABETES                          |
| DEXCOM G5 EACH  | misc        |                         | ENDOCRINE/DIABETES                          |
| DEXCOM G6 EACH  | misc        |                         | ENDOCRINE/DIABETES                          |
| <i>dexmethylphenidate hcl tablet</i>  | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>dexmethylphenidate hcl er capsule;extended release biphasic 50-50</i>    | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>dextroamphetamine sulfate solution; oral</i>                             | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>dextroamphetamine sulfate tablet</i>                                     | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>dextroamphetamine sulfate er capsule; extended release</i>               | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>dextroamphetamine-amphet er capsule; ext release 24 hr</i>               | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>dextroamphetamine-amphetamine tablet</i>                                 | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| DIACOMIT CAPSULE  | oral        | PA; SP                  | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| DIACOMIT POWDER IN PACKET (EA)  | oral        | PA; SP                  | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>dialyvite 800 tablet</i>   | oral        |                         | VITAMINS, HEMATINICS &<br>ELECTROLYTES      |
| <i>diazepam concentrate; oral</i>   | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>diazepam kit</i>   | rectal      |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>diazepam solution; oral</i>  | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>diazepam tablet</i>  | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>diazoxide suspension; oral (final dose form)</i>                         | oral        |                         | ENDOCRINE/DIABETES                          |
| <i>diclofenac potassium tablet</i>  | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>diclofenac sodium drops 0.1 %</i>  | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>diclofenac sodium drops 1.5 %</i>  | topical     |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>diclofenac sodium gel (gram)</i>   | topical     |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>diclofenac sodium tablet; enteric coated</i>                             | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>diclofenac sodium tablet; extended release 24 hr</i>                     | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>diclofenac sodium-misoprostol tablet;immediate;delay release;biphase</i> | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>dicloxacillin sodium capsule</i>   | oral        |                         | ANTI - INFECTIVES                           |
| <i>dicyclomine hcl capsule</i>  | oral        |                         | GASTROENTEROLOGY                            |
| <i>dicyclomine hcl solution; oral</i>                                       | oral        |                         | GASTROENTEROLOGY                            |
| <i>dicyclomine hcl tablet</i>   | oral        |                         | GASTROENTEROLOGY                            |
| DIDANOSINE CAPSULE;DELAYED RELEASE (ENTERIC COATED)                         | oral        | SP                      | ANTI - INFECTIVES                           |

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| Drug Name   | Route     | Requirements/<br>Limits | Therapeutic Class                        |
|---|-----------|-------------------------|--|
| <i>diflorasone diacetate cream (gram)</i>                       | topical   |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>diflorasone diacetate ointment (gram)</i>                    | topical   |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>diflunisal tablet</i>  | oral      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>digitek tablet</i>   | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>digox tablet</i>   | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>digoxin solution; oral</i>                                   | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>digoxin tablet</i>   | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>dihydroergotamine mesylate aerosol; spray with pump (ml)</i> | nasal     | QL; ST                  | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>dihydroergotamine mesylate ampul (ml)</i>                    | INJ       |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| DILANTIN CAPSULE  | oral      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| DILATRATE-SR CAPSULE; EXTENDED RELEASE                          | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>diltiazem 24hr er (cd) capsule; ext release 24 hr</i>        | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>diltiazem 24hr er (la) tablet; extended release 24 hr</i>    | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>diltiazem er capsule; extended release 12 hr</i>             | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>diltiazem er capsule; extended release 24hr</i>              | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>diltiazem hcl tablet</i>                                     | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>dilt-xr capsule;extended-release 24hr degradable</i>         | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>diphenoxylate w/atropine liquid (ml)</i>                     | oral      |                         | GASTROENTEROLOGY                         |
| <i>diphenoxylate w/atropine tablet</i>                          | oral      |                         | GASTROENTEROLOGY                         |
| <i>diphtheria-tetanus toxoids-ped vial (ml)</i>                 | IM        | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>dipyridamole tablet</i>                                      | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>diskets tablet; soluble</i>                                  | oral      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>disulfiram tablet</i>  | oral      |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>divalproex sodium capsule; delayed release sprinkle</i>      | oral      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>divalproex sodium tablet; enteric coated</i>                 | oral      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>divalproex sodium er tablet; extended release 24 hr</i>      | oral      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| DIVIGEL GEL IN PACKET (EA) 0.75/0.75G                           | transderm |                         | OBSTETRICS & GYNECOLOGY                  |
| DIVIGEL GEL IN PACKET (GRAM) 1.25/1.25G                         | transderm |                         | OBSTETRICS & GYNECOLOGY                  |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| DIVIGEL GEL IN PACKET (GRAM) 1 MG/GRAM                              | transderm   | QL                      | OBSTETRICS & GYNECOLOGY                  |
| DOCEFREZ VIAL (EA)  | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>docetaxel vial (ml)</i>  | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| DOCETAXEL VIAL (ML) 200MG/10ML                                      | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>docetaxel vial (ml)</i>  | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>dofetilide capsule</i>   | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>donepezil hcl tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>donepezil hcl tablet;disintegrating</i>                          | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| DOPTelet TABLET   | oral        | LA; PA; SP              | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>dorzolamide hcl drops</i>  | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>dorzolamide-timolol dropperette; single-use drop dispenser</i>   | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>dorzolamide-timolol drops</i>                                    | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>dotti patch; transderm semiweekly</i>                            | transderm   | QL                      | OBSTETRICS & GYNECOLOGY                  |
| DOVATO TABLET   | oral        | SP                      | ANTI - INFECTIVES                        |
| <i>doxazosin mesylate tablet</i>                                    | oral        | QL                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>doxepin hcl capsule</i>  | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>doxepin hcl concentrate; oral</i>                                | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>doxepin hcl cream (gram)</i>                                     | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>doxepin hcl tablet</i>   | oral        | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>doxercalciferol capsule</i>                                      | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>doxorubicin hcl vial (ea)</i>                                    | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>doxorubicin hcl vial (ml)</i>                                    | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>doxorubicin hcl liposomal vial (ml)</i>                          | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>doxycycline hyclate capsule</i>                                  | oral        |                         | ANTI - INFECTIVES                        |
| <i>doxycycline hyclate tablet</i>                                   | oral        |                         | ANTI - INFECTIVES                        |
| <i>doxycycline hyclate tablet; enteric coated</i>                   | oral        |                         | ANTI - INFECTIVES                        |
| <i>doxycycline monohydrate capsule</i>                              | oral        |                         | ANTI - INFECTIVES                        |
| <i>doxycycline monohydrate suspension; reconstituted; oral (ml)</i> | oral        |                         | ANTI - INFECTIVES                        |
| <i>doxycycline monohydrate tablet</i>                               | oral        |                         | ANTI - INFECTIVES                        |
| <i>doxylamine succ-pyridoxine hcl tablet; enteric coated</i>        | oral        | QL                      | GASTROENTEROLOGY                         |
| <i>dronabinol capsule</i>   | oral        |                         | GASTROENTEROLOGY                         |

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|--|---------|-------------------------|--|
| <i>drospirenone-eth estra-levomef tablet</i>                           | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>drospirenone-ethinyl estradiol tablet</i>                           | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| DROXIA CAPSULE   | oral    |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| DUAVEE TABLET  | oral    |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>ducodyl tablet; enteric coated</i>                                  | oral    | ACA                     | GASTROENTEROLOGY                         |
| DULERA HFA AEROSOL WITH ADAPTER (GRAM) 50MCG-5MCG                      | INH     |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>duloxetine hcl capsule;delayed release (enteric coated)</i>         | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>duloxetine hcl capsule;delayed release (enteric coated) 40 mg</i>   | oral    | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| DUPIXENT SYRINGE (ML)  | SC      | PA; SP                  | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>dutasteride capsule</i>   | oral    |                         | UROLOGICALS                              |
| <i>dutasteride-tamsulosin capsule;extended release multiphase 24hr</i> | oral    |                         | UROLOGICALS                              |
| <i>dvorah tablet</i>   | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| DYANAVEL XR SUSPENSION;IMMED;EXTEN REL BIPHASIC 24HR                   | oral    | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>e.e.s. tablet</i>   | oral    |                         | ANTI - INFECTIVES                        |
| EASIVENT SPACER (EA)   | misc    |                         | ENDOCRINE/DIABETES                       |
| <i>econazole nitrate cream (gram)</i>                                  | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>econtra ez tablet</i>   | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>econtra one-step tablet</i>   | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>ecotrin tablet; enteric coated</i>                                  | oral    | ACA                     | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>ecpirin tablet; enteric coated</i>                                  | oral    | ACA                     | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| EDARBI TABLET  | oral    | ST                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| EDARBYCLOR TABLET  | oral    | ST                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>ed-spaz tablet;disintegrating</i>                                   | oral    |                         | GASTROENTEROLOGY                         |
| EDURANT TABLET   | oral    | SP                      | ANTI - INFECTIVES                        |
| <i>eemt tablet</i>   | oral    |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>eemt hs tablet</i>  | oral    |                         | OBSTETRICS & GYNECOLOGY                  |
| EFAVIRENZ CAPSULE  | oral    | SP                      | ANTI - INFECTIVES                        |
| EFAVIRENZ TABLET   | oral    | SP                      | ANTI - INFECTIVES                        |
| <i>effe-k tablet; effervescent</i>                                     | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| EGRIFTA VIAL (EA)  | SC      | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| EGRIFTA SV VIAL (EA)   | SC      | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| ELAPRASE VIAL (ML)   | IV      | PA; SP                  | ENDOCRINE/DIABETES                       |
| <i>eletriptan hbr tablet</i>   | oral    | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |

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| Drug Name                            | Route   | Requirements/<br>Limits | Therapeutic Class                        |
|--------------------------------------|---------|-------------------------|--|
| ELIGARD SYRINGE (EA)                 | SC      | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>elinet tablet</i>                 | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| ELIQUIS TABLET                       | oral    | PA                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| ELIQUIS TABLET; DOSE PACK            | oral    | PA                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| ELITEK VIAL (EA)                     | IV      | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>elite-ob tablet</i>               | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| ELMIRON CAPSULE                      | oral    |                         | UROLOGICALS                              |
| ELOCTATE VIAL (EA)                   | IV      | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>eluryng ring; vaginal</i>         | vaginal | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| EMCYT CAPSULE                        | oral    |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| EMGALITY PEN INJECTOR (ML)           | SC      | PA; QL                  | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| EMGALITY SYRINGE SYRINGE (ML)        | SC      | PA; QL                  | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>emoquette tablet</i>              | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| EMTRIVA CAPSULE                      | oral    | SP                      | ANTI - INFECTIVES                        |
| EMTRIVA SOLUTION; ORAL               | oral    | SP                      | ANTI - INFECTIVES                        |
| EMVERM TABLET;CHEWABLE               | oral    |                         | ANTI - INFECTIVES                        |
| <i>enalapril maleate tablet</i>      | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>enalapril maleate/hctz tablet</i> | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| ENBREL CARTRIDGE (ML)                | SC      | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| ENBREL PEN INJECTOR (ML)             | SC      | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| ENBREL SYRINGE (ML)                  | SC      | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| ENBREL VIAL (EA)                     | SC      | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>endocet tablet</i>                | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| ENDOMETRIN INSERT                    | vaginal | PA; SP                  | OBSTETRICS & GYNECOLOGY                  |
| <i>engerix-b syringe (ml)</i>        | IM      | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>engerix-b vial (ml)</i>           | IM      | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| ENOXAPARIN SODIUM SYRINGE (ML)       | SC      | SP                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| ENOXAPARIN SODIUM VIAL (ML)          | SC      | SP                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>enpresse tablet</i>               | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>enskyce tablet</i>                | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |

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|--|-------------|-------------------------|---|
| <i>entacapone tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>entecavir tablet</i>  | oral        | PA                      | ANTI - INFECTIVES                           |
| ENTRESTO TABLET  | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| ENTYVIO VIAL (EA)  | IV          | PA; SP                  | GASTROENTEROLOGY                            |
| <i>enulose solution; oral</i>                                    | oral        |                         | GASTROENTEROLOGY                            |
| EPCLUSA TABLET   | oral        | PA; SP                  | ANTI - INFECTIVES                           |
| EPIDIOLEX SOLUTION; ORAL   | oral        | LA; PA; SP              | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>epinastine hcl drops</i>                                      | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>epinephrine auto-injector (ea)</i>                            | INJ         | QL                      | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>epitol tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| EPIVIR HBV SOLUTION; ORAL  | oral        |                         | ANTI - INFECTIVES                           |
| <i>eplerenone tablet</i>   | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| EPOPROSTENOL SODIUM VIAL (EA)                                    | IV          | PA; SP                  | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>eprosartan mesylate tablet</i>                                | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| ERBITUX VIAL (ML)  | IV          | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>ergoloid mesylates tablet</i>                                 | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>ergotamine-caffeine tablet</i>                                | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| ERIVEDGE CAPSULE   | oral        | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| ERLEADA TABLET   | oral        | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| ERLOTINIB HCL TABLET   | oral        | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>errin tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>ery swab; medicated</i>                                       | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>erygel gel (gram)</i>   | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>ery-tab tablet; enteric coated</i>                            | oral        |                         | ANTI - INFECTIVES                           |
| <i>erythrocin stearate tablet</i>                                | oral        |                         | ANTI - INFECTIVES                           |
| <i>erythromycin capsule;delayed release<br/>(enteric coated)</i> | oral        |                         | ANTI - INFECTIVES                           |
| <i>erythromycin gel (gram)</i>                                   | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>erythromycin ointment (gram)</i>                              | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>erythromycin solution; non-oral</i>                           | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>erythromycin swab; medicated</i>                              | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>erythromycin tablet</i>                                       | oral        |                         | ANTI - INFECTIVES                           |

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|--|-----------|-------------------------|--|
| <i>erythromycin tablet; enteric coated</i>                                   | oral      |                         | ANTI - INFECTIVES                        |
| <i>erythromycin ethylsuccinate suspension; reconstituted; oral (ml)</i>      | oral      |                         | ANTI - INFECTIVES                        |
| <i>erythromycin ethylsuccinate tablet</i>                                    | oral      |                         | ANTI - INFECTIVES                        |
| <i>erythromycin-benzoyl peroxide gel (gram)</i>                              | topical   |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| ESBRIET CAPSULE  | oral      | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| ESBRIET TABLET   | oral      | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>escitalopram oxalate solution; oral</i>                                   | oral      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>escitalopram oxalate tablet</i>   | oral      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>esomeprazole magnesium capsule;delayed release (enteric coated) 40 mg</i> | oral      |                         | GASTROENTEROLOGY                         |
| <i>esomeprazole magnesium capsule;delayed release (enteric coated) 20 mg</i> | oral      | QL                      | GASTROENTEROLOGY                         |
| <i>esomeprazole magnesium susp for recon;delayed rel. in a packet 40 mg</i>  | oral      |                         | GASTROENTEROLOGY                         |
| ESPEROCT VIAL (EA)   | IV        | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>estarylla tablet</i>  | oral      | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>estazolam tablet</i>  | oral      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>estradiol cream with applicator</i>                                       | vaginal   |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>estradiol patch; transderm semiweekly</i>                                 | transderm | QL                      | OBSTETRICS & GYNECOLOGY                  |
| <i>estradiol patch; transderm weekly</i>                                     | transderm | QL                      | OBSTETRICS & GYNECOLOGY                  |
| <i>estradiol tablet 10 mcg</i>   | vaginal   |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>estradiol valerate vial (ml)</i>  | IM        |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>estradiol-norethindrone acetat tablet</i>                                 | oral      |                         | OBSTETRICS & GYNECOLOGY                  |
| ESTRING RING; VAGINAL  | vaginal   | QL                      | OBSTETRICS & GYNECOLOGY                  |
| <i>estrogen &amp; methyltestosterone tablet</i>                              | oral      |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>eszopiclone tablet</i>  | oral      | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>ethacrynic acid tablet</i>  | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>ethambutol hcl tablet</i>   | oral      |                         | ANTI - INFECTIVES                        |
| <i>ethosuximide capsule</i>  | oral      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>ethosuximide solution; oral</i>   | oral      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>ethynodiol-ethinyl estradiol tablet</i>                                   | oral      | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>etodolac capsule</i>  | oral      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>etodolac er tablet; extended release 24 hr</i>                            | oral      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>etonogestrel-ethinyl estradiol ring; vaginal</i>                          | vaginal   | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| ETOPOSIDE CAPSULE  | oral      |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>euthyrox tablet</i>   | oral      |                         | ENDOCRINE/DIABETES                       |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| EVEROLIMUS TABLET   | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| EVEROLIMUS TABLET   | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| EXEMESTANE TABLET   | oral        | ACA                     | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| EYLEA SYRINGE (ML)  | intraocular | PA; SP                  | OPHTHALMOLOGY                            |
| EYLEA VIAL (ML)   | intraocular | PA; SP                  | OPHTHALMOLOGY                            |
| <i>ezetimibe tablet</i>   | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>ezetimibe-simvastatin tablet</i>                             | oral        | QL                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| FABRAZYME VIAL (EA)   | IV          | PA; SP                  | ENDOCRINE/DIABETES                       |
| <i>falmina tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>famciclovir tablet</i>                                       | oral        | QL                      | ANTI - INFECTIVES                        |
| <i>famotidine suspension; oral (final dose form)</i>            | oral        |                         | GASTROENTEROLOGY                         |
| <i>famotidine tablet</i>  | oral        |                         | GASTROENTEROLOGY                         |
| FARXIGA TABLET  | oral        | QL; ST                  | ENDOCRINE/DIABETES                       |
| FASENRA SYRINGE (ML)  | SC          | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| FASENRA PEN AUTO-INJECTOR (ML)                                  | SC          | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>fayosim tablet; dose pack; 3 months</i>                      | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>fc2 female condom each</i>                                   | misc        | ACA                     | OBSTETRICS & GYNECOLOGY                  |
| <i>febuxostat tablet</i>  | oral        | ST                      | MUSCULOSKELETAL & RHEUMATOLOGY           |
| FEIBA NF VIAL (EA)  | IV          | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>felbamate suspension; oral (final dose form)</i>             | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>felbamate tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>felodipine er tablet; extended release 24 hr</i>             | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>fem ph jelly with applicator (gram)</i>                      | vaginal     |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>femcap each</i>  | vaginal     | ACA                     | OBSTETRICS & GYNECOLOGY                  |
| <i>feminine laxative tablet</i>                                 | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>femynor tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>fenofibrate capsule</i>                                      | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>fenofibrate tablet</i>                                       | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>fenofibric acid capsule;delayed release (enteric coated)</i> | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>fenofibric acid tablet</i>                                   | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>fenoprofen calcium tablet</i>                                | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>fentanyl patch; transderm 72 hours</i>                       | transderm   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |

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| Drug Name   | Route           | Requirements/<br>Limits | Therapeutic Class                           |
|---|-----------------|-------------------------|---|
| <i>fentanyl citrate lozenge on a handle</i>         | buccal          |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| FERRIPROX SOLUTION; ORAL                            | oral            | PA; SP                  | DIAGNOSTICS & MISC AGENTS                   |
| FERRIPROX TABLET                                    | oral            | PA; SP                  | DIAGNOSTICS & MISC AGENTS                   |
| FETZIMA CAPSULE; EXTENDED RELEASE<br>24HR           | oral            | ST                      | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| FETZIMA CAPSULE;EXTENDED RELEASE 24<br>HR DOSE PACK | oral            | ST                      | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| FINACEA FOAM (GRAM)                                 | topical         | PA                      | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>finasteride tablet</i>                           | oral            |                         | UROLOGICALS                                 |
| FIRMAGON VIAL (EA)                                  | SC              | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| FIRST-MOUTHWASH BLM MOUTHWASH                       | mucous membrane |                         | EAR, NOSE & THROAT MEDICATIONS              |
| <i>flac otic oil drops</i>                          | otic (ear)      |                         | EAR, NOSE & THROAT MEDICATIONS              |
| <i>flavoxate hcl tablet</i>                         | oral            |                         | UROLOGICALS                                 |
| <i>flecainide acetate tablet</i>                    | oral            |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| FLECTOR PATCH; TRANSDERM 12 HOURS                   | transderm       | QL                      | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| FLEXICHAMBER SPACER (EA)                            | misc            |                         | ENDOCRINE/DIABETES                          |
| FOLAN VIAL (EA)                                     | IV              | PA; SP                  | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| FLOVENT DISKUS BLISTER; WITH INH<br>DEVICE          | INH             | QL                      | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| FLOVENT HFA AEROSOL WITH ADAPTER<br>(GRAM)          | INH             | QL                      | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>floxuridine vial (ea)</i>                        | INJ             | PA                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>fluad 2019-2020 syringe (ml)</i>                 | IM              | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>fluad 2020-2021 syringe (ml)</i>                 | IM              | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>fluad quad 2020-2021 syringe (ml)</i>            | IM              | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>fluarix syringe (ml)</i>                         | IM              | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>flublok quad 2019-2020 syringe (ml)</i>          | IM              | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>flublok quad 2020-2021 syringe (ml)</i>          | IM              | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>flucaïne drops</i>                               | ophth (eye)     |                         | OPHTHALMOLOGY                               |
| <i>flucelvax quad 2019-2020 syringe (ml)</i>        | IM              | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>flucelvax quad 2019-2020 vial (ml)</i>           | IM              | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>flucelvax quad 2020-2021 syringe (ml)</i>        | IM              | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>flucelvax quad 2020-2021 vial (ml)</i>           | IM              | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |

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|---|-------------|-------------------------|--|
| <i>fluconazole suspension; reconstituted; oral (ml)</i>         | oral        |                         | ANTI - INFECTIVES                        |
| <i>fluconazole tablet</i>                                       | oral        |                         | ANTI - INFECTIVES                        |
| <i>fluconazole tablet 150 mg</i>                                | oral        | QL                      | ANTI - INFECTIVES                        |
| <i>flucytosine capsule</i>                                      | oral        |                         | ANTI - INFECTIVES                        |
| <i>fludrocortisone acetate tablet</i>                           | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>flulaval syringe (ml)</i>                                    | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>flulaval vial (ml)</i>                                       | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>flunisolide aerosol; spray (ml)</i>                          | nasal       | QL; ST                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>fluocinolone acetonide cream (gram)</i>                      | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>fluocinolone acetonide oil (ml)</i>                          | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>fluocinolone acetonide ointment (gram)</i>                   | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>fluocinolone acetonide solution; non-oral</i>                | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>fluocinolone acetonide oil drops</i>                         | otic (ear)  |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>fluocinonide cream (gram)</i>                                | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>fluocinonide gel (gram)</i>                                  | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>fluocinonide ointment (gram)</i>                             | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>fluocinonide solution; non-oral</i>                          | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>fluocinonide-e cream (gram)</i>                              | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>fluoride tablet;chewable</i>                                 | oral        | ACA                     | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>fluoritab tablet;chewable</i>                                | oral        | ACA                     | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>fluorometholone suspension; drops(final dosage form)(ml)</i> | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>fluorouracil cream (gram)</i>                                | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>fluorouracil solution; non-oral</i>                          | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>fluoxetine dr capsule;delayed release (enteric coated)</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>fluoxetine hcl capsule</i>                                   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>fluoxetine hcl solution; oral</i>                            | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>fluoxetine hcl tablet</i>                                    | oral        | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>fluphenazine hcl concentrate; oral</i>                       | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                           |
|---|-------------|-------------------------|---|
| <i>fluphenazine hcl elixir</i>                                  | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>fluphenazine hcl tablet</i>                                  | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>flurandrenolide cream (gram)</i>                             | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>flurandrenolide lotion (ml)</i>                              | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>flurandrenolide ointment (gram)</i>                          | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>flurazepam hcl capsule</i>                                   | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>flurbiprofen tablet</i>                                      | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>flurbiprofen sodium drops</i>                                | ophth (eye) |                         | OPHTHALMOLOGY                               |
| FLUTAMIDE CAPSULE   | oral        | PA                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>fluticasone propionate cream (gram)</i>                      | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>fluticasone propionate lotion (ml)</i>                       | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>fluticasone propionate ointment (gram)</i>                   | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>fluticasone propionate spray; suspension</i>                 | nasal       | QL                      | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| FLUTICASONE-SALMETEROL AEROSOL<br>POWDER; BREATH ACTIVATED (EA) | INH         |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>fluticasone-salmeterol blister; with inh<br/>device</i>      | INH         | QL                      | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>fluvastatin er tablet; extended release 24 hr</i>            | oral        | ACA; QL                 | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>fluvastatin sodium capsule 40 mg</i>                         | oral        | ACA                     | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>fluvastatin sodium capsule 20 mg</i>                         | oral        | ACA; QL                 | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>fluvoxamine maleate capsule; ext release<br/>24 hr</i>       | oral        | ST                      | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>fluvoxamine maleate tablet</i>                               | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>fluzone high-dose syringe (ml)</i>                           | IM          | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>fluzone high-dose quad 2020-21 syringe<br/>(ml)</i>          | IM          | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>fluzone quad 2019-2020 syringe (ml)</i>                      | IM          | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>fluzone quad 2019-2020 vial (ml)</i>                         | IM          | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>fluzone quad 2020-2021 syringe (ml)</i>                      | IM          | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>fluzone quad 2020-2021 vial (ml)</i>                         | IM          | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |

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| Drug Name                                       | Route | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------|-------------------------|--|
| <i>fluzone quad pedi 2019-2020 syringe (ml)</i> | IM    | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>folic acid tablet 1 mg</i>                   | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>folic acid tablet</i>                        | oral  | ACA                     | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>folivane-ob capsule</i>                      | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| FOLOTYN VIAL (ML)                               | IV    | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>foltabs 800 tablet</i>                       | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| FONDAPARINUX SODIUM SYRINGE (ML)                | SC    | SP                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| FORTEO PEN INJECTOR (ML)                        | SC    | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| FOSAMPRENAVIR CALCIUM TABLET                    | oral  | SP                      | ANTI - INFECTIVES                        |
| <i>fosaprepitant dimeglumine vial (ea)</i>      | IV    | PA                      | GASTROENTEROLOGY                         |
| <i>fosinopril sodium tablet</i>                 | oral  |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>fosinopril-hydrochlorothiazide tablet</i>    | oral  |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| FRAGMIN SYRINGE (ML)                            | SC    | SP                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| FRAGMIN VIAL (ML)                               | SC    | SP                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| FREESTYLE CONTROL SOLUTION EACH                 | misc  |                         | ENDOCRINE/DIABETES                       |
| FREESTYLE FREEDOM KIT                           | misc  | QL                      | ENDOCRINE/DIABETES                       |
| FREESTYLE FREEDOM LITE KIT                      | misc  | QL                      | ENDOCRINE/DIABETES                       |
| FREESTYLE INSULINX EACH                         | misc  | QL                      | ENDOCRINE/DIABETES                       |
| FREESTYLE INSULINX STRIP                        | misc  |                         | ENDOCRINE/DIABETES                       |
| FREESTYLE INSULINX TEST STRIPS STRIP            | misc  |                         | ENDOCRINE/DIABETES                       |
| FREESTYLE LIBRE READER EACH                     | misc  |                         | ENDOCRINE/DIABETES                       |
| FREESTYLE LIBRE SENSOR KIT                      | misc  |                         | ENDOCRINE/DIABETES                       |
| FREESTYLE LITE METER KIT                        | misc  | QL                      | ENDOCRINE/DIABETES                       |
| FREESTYLE LITE STRIPS STRIP                     | misc  | ST                      | ENDOCRINE/DIABETES                       |
| FREESTYLE LITE TEST STRIPS STRIP                | misc  | ST                      | ENDOCRINE/DIABETES                       |
| FREESTYLE TEST STRIPS STRIP                     | misc  |                         | ENDOCRINE/DIABETES                       |
| <i>frovatriptan succinate tablet</i>            | oral  | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>full spectrum b tablet</i>                   | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| FULPHILA SYRINGE (ML)                           | SC    | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>fulvestrant syringe (ml)</i>                 | IM    | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>furosemide solution; oral</i>                | oral  |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>furosemide tablet</i>                        | oral  |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| FUZEON VIAL (EA)                                | SC    | SP                      | ANTI - INFECTIVES                        |

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|---|-------------|-------------------------|--|
| <i>fyavolv tablet</i>   | oral        |                         | OBSTETRICS & GYNECOLOGY                  |
| FYCOMPA SUSPENSION; ORAL (FINAL DOSE FORM)                    | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| FYCOMPA TABLET  | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>g tussin ac liquid (ml)</i>                                | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>gabapentin capsule</i>                                     | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>gabapentin solution; oral</i>                              | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>gabapentin tablet</i>                                      | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>galantamine solution; oral</i>                             | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>galantamine tablet</i>                                     | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>galantamine er capsule; extended release pellets 24 hr</i> | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| GAMASTAN VIAL (ML)  | IM          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| GAMASTAN S-D VIAL (ML)  | IM          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| GAMMAGARD LIQUID VIAL (ML)                                    | INJ         | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| GAMMAGARD S-D VIAL (EA)                                       | IV          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| GAMUNEX-C VIAL (ML)   | INJ         | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>ganciclovir sodium vial (ml)</i>                           | IV          |                         | ANTI - INFECTIVES                        |
| GANIRELIX ACETATE GENERIC SYRINGE (ML)                        | SC          | PA; SP                  | ENDOCRINE/DIABETES                       |
| <i>gardasil 9 syringe (ml)</i>                                | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>gardasil 9 vial (ml)</i>                                   | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>gatifloxacin drops</i>                                     | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>gavilax powder (gram)</i>                                  | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>gavilyte-c solution; reconstituted; oral</i>               | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>gavilyte-g solution; reconstituted; oral</i>               | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>gavilyte-n solution; reconstituted; oral</i>               | oral        | ACA                     | GASTROENTEROLOGY                         |
| GAZYVA VIAL (ML)  | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| GELNIQUE GEL IN METERED-DOSE PUMP                             | transderm   | ST                      | UROLOGICALS                              |
| GELNIQUE GEL IN PACKET (GRAM)                                 | transderm   | QL; ST                  | UROLOGICALS                              |
| <i>gemcitabine hcl vial (ea)</i>                              | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>gemcitabine hcl vial (ml)</i>                              | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>gemfibrozil tablet</i>                                     | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |

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| Drug Name  | Route           | Requirements/<br>Limits | Therapeutic Class                           |
|--|-----------------|-------------------------|---|
| <i>generlac solution; oral</i>                     | oral            |                         | GASTROENTEROLOGY                            |
| GENGRAF CAPSULE                                    | oral            | SP                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| GENGRAF SOLUTION; ORAL                             | oral            | SP                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| GENOTROPIN CARTRIDGE (EA)                          | SC              | PA; SP                  | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| GENOTROPIN SYRINGE (EA)                            | SC              | PA; SP                  | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>gentak ointment (gram)</i>                      | ophth (eye)     |                         | OPHTHALMOLOGY                               |
| <i>gentamicin sulfate cream (gram)</i>             | topical         |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>gentamicin sulfate drops</i>                    | ophth (eye)     |                         | OPHTHALMOLOGY                               |
| <i>gentamicin sulfate ointment (gram)</i>          | topical         |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>gentle laxative tablet</i>                      | oral            | ACA                     | GASTROENTEROLOGY                            |
| <i>gentle laxative tablet; enteric coated</i>      | oral            | ACA                     | GASTROENTEROLOGY                            |
| <i>gentlelax powder (gram)</i>                     | oral            | ACA                     | GASTROENTEROLOGY                            |
| GENVOYA TABLET                                     | oral            | SP                      | ANTI - INFECTIVES                           |
| <i>gianvi tablet</i>                               | oral            | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| GILENYA CAPSULE                                    | oral            | PA; SP                  | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| GILOTRIF TABLET                                    | oral            | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| GLASSIA VIAL (EA)                                  | IV              | LA; PA; SP              | DIAGNOSTICS & MISC AGENTS                   |
| GLATIRAMER ACETATE SYRINGE (ML)                    | SC              | PA; SP                  | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| GLATOPA SYRINGE (ML)                               | SC              | PA; SP                  | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| GLEOSTINE CAPSULE                                  | oral            | PA                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>glimepiride tablet</i>                          | oral            |                         | ENDOCRINE/DIABETES                          |
| <i>glipizide tablet</i>                            | oral            |                         | ENDOCRINE/DIABETES                          |
| <i>glipizide er tablet; extended release 24 hr</i> | oral            |                         | ENDOCRINE/DIABETES                          |
| <i>glipizide xl tablet; extended release 24 hr</i> | oral            |                         | ENDOCRINE/DIABETES                          |
| <i>glipizide-metformin tablet</i>                  | oral            |                         | ENDOCRINE/DIABETES                          |
| GLUCAGEN VIAL (EA) 1 MG/ML                         | INJ             |                         | ENDOCRINE/DIABETES                          |
| GLUCAGEN VIAL (EA) 1 MG                            | INJ             | QL                      | ENDOCRINE/DIABETES                          |
| GLUCAGON EMERGENCY KIT VIAL (EA)                   | INJ             | QL                      | ENDOCRINE/DIABETES                          |
| <i>glyburide tablet</i>                            | oral            |                         | ENDOCRINE/DIABETES                          |
| <i>glyburide micronized tablet</i>                 | oral            |                         | ENDOCRINE/DIABETES                          |
| <i>glyburide-metformin hcl tablet</i>              | oral            |                         | ENDOCRINE/DIABETES                          |
| <i>glycolax powder (gram)</i>                      | oral            | ACA                     | GASTROENTEROLOGY                            |
| <i>glycopyrrolate tablet</i>                       | oral            |                         | GASTROENTEROLOGY                            |
| <i>glydo jelly with prefilled applicator (ml)</i>  | mucous membrane |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| GLYXAMBI TABLET                                    | oral            | QL; ST                  | ENDOCRINE/DIABETES                          |
| <i>granisetron hcl tablet</i>                      | oral            |                         | GASTROENTEROLOGY                            |
| GRASTEK TABLET; SL                                 | SL              | PA                      | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |

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| Drug Name   | Route   | Requirements/<br>Limits | Therapeutic Class                        |
|---|---------|-------------------------|--|
| <i>griseofulvin suspension; oral (final dose form)</i>  | oral    |                         | ANTI - INFECTIVES                        |
| <i>griseofulvin tablet</i>                              | oral    |                         | ANTI - INFECTIVES                        |
| <i>griseofulvin ultramicrosize tablet</i>               | oral    |                         | ANTI - INFECTIVES                        |
| <i>guaifenesin with codeine liquid (ml)</i>             | oral    |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>guaitussin ac liquid (ml)</i>                        | oral    |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>guanfacine hcl tablet</i>                            | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>guanfacine hcl er tablet; extended release 24 hr</i> | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>guanidine hcl tablet</i>                             | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>guaitussin ac liquid (ml)</i>                        | oral    |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| GVOKE HYPOPEN AUTO-INJECTOR (ML)                        | SC      | QL                      | ENDOCRINE/DIABETES                       |
| GVOKE SYRINGE SYRINGE (ML)                              | SC      | QL                      | ENDOCRINE/DIABETES                       |
| <i>gynol ii jelly with applicator (gram)</i>            | vaginal | ACA                     | OBSTETRICS & GYNECOLOGY                  |
| <i>hailey tablet</i>                                    | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>hailey fe tablet</i>                                 | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| HALAVEN VIAL (ML)                                       | IV      | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>halcinonide cream (gram)</i>                         | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>halobetasol propionate cream (gram)</i>              | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>halobetasol propionate ointment (gram)</i>           | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>haloperidol tablet</i>                               | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>haloperidol lactate concentrate; oral</i>            | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| HARVONI PELLETS IN PACKET (EA)                          | oral    | PA; SP                  | ANTI - INFECTIVES                        |
| HARVONI TABLET  | oral    | PA; SP                  | ANTI - INFECTIVES                        |
| <i>havrix syringe (ml)</i>                              | IM      | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>havrix vial (ml)</i>                                 | IM      | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>hc pramoxine cream (gram)</i>                        | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>hc pramoxine cream with applicator</i>               | rectal  |                         | GASTROENTEROLOGY                         |
| <i>healthylax powder in packet (ea)</i>                 | oral    | ACA                     | GASTROENTEROLOGY                         |
| <i>heather tablet</i>                                   | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| HEMLIBRA VIAL (ML)                                      | SC      | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>hemmorex-hc suppository; rectal</i>                  | rectal  |                         | GASTROENTEROLOGY                         |
| HEMOFIL-M VIAL (EA)                                     | IV      | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>heparin lock flush kit</i>                           | IV      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |

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| Drug Name  | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|--|-------------|-------------------------|--|
| <i>heparin lock flush syringe (ml)</i>             | IV          |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>heparin lock flush vial (ml)</i>                | IV          |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>heparin sodium cartridge (ml)</i>               | INJ         |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>heparin sodium syringe (ml)</i>                 | INJ         |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>heparin sodium vial (ml)</i>                    | INJ         |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>heparin sodium in 0.45% nacl iv solution</i>    | IV          |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>heparin sodium in 0.9% nacl iv solution</i>     | IV          |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>heparin sodium in 5% dextrose iv solution</i>   | IV          |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>hiberix vial (ea)</i>                           | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>hidex tablet; dose pack</i>                     | oral        |                         | ENDOCRINE/DIABETES                       |
| HIZENTRA VIAL (ML)                                 | SC          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>homatropaire drops</i>                          | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>homatropine hydrobromide drops</i>              | ophth (eye) |                         | OPHTHALMOLOGY                            |
| HUMALOG CARTRIDGE (ML)                             | SC          |                         | ENDOCRINE/DIABETES                       |
| HUMALOG INSULIN PEN (ML)                           | SC          |                         | ENDOCRINE/DIABETES                       |
| HUMALOG VIAL (ML)                                  | SC          |                         | ENDOCRINE/DIABETES                       |
| HUMALOG JUNIOR KWIKPEN INSULIN PEN; HALF-UNIT (ML) | SC          |                         | ENDOCRINE/DIABETES                       |
| HUMALOG MIX 50-50 INSULIN PEN (ML)                 | SC          |                         | ENDOCRINE/DIABETES                       |
| HUMALOG MIX 50-50 VIAL (ML)                        | SC          |                         | ENDOCRINE/DIABETES                       |
| HUMALOG MIX 75-25 INSULIN PEN (ML)                 | SC          |                         | ENDOCRINE/DIABETES                       |
| HUMALOG MIX 75-25 VIAL (ML)                        | SC          |                         | ENDOCRINE/DIABETES                       |
| HUMIRA PEN INJECTOR KIT (EA)                       | SC          | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| HUMIRA SYRINGE KIT (EA)                            | SC          | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| HUMIRA PEDIATRIC SYRINGE KIT (EA)                  | SC          | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| HUMULIN 70/30 KWIKPEN INSULIN PEN (ML)             | SC          |                         | ENDOCRINE/DIABETES                       |
| HUMULIN 70-30 VIAL (ML)                            | SC          |                         | ENDOCRINE/DIABETES                       |
| HUMULIN N VIAL (ML)                                | SC          |                         | ENDOCRINE/DIABETES                       |
| HUMULIN N KWIKPEN INSULIN PEN (ML)                 | SC          |                         | ENDOCRINE/DIABETES                       |
| HUMULIN R VIAL (ML) 100/ML                         | INJ         |                         | ENDOCRINE/DIABETES                       |
| HUMULIN R VIAL (ML) 500/ML                         | SC          |                         | ENDOCRINE/DIABETES                       |
| HUMULIN R U-500 KWIKPEN INSULIN PEN (ML)           | SC          |                         | ENDOCRINE/DIABETES                       |
| HYCANTIN CAPSULE                                   | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>hydralazine hcl tablet</i>                      | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |

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| Drug Name   | Route   | Requirements/<br>Limits | Therapeutic Class                        |
|---|---------|-------------------------|--|
| <i>hydrochlorothiazide capsule</i>                                      | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>hydrochlorothiazide tablet</i>                                       | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>hydrocodone bitartrate capsule; oral only; extended release 12hr</i> | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>hydrocodone bit-ibuprofen tablet</i>                                 | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>hydrocodone w/acetaminophen solution; oral</i>                       | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>hydrocodone w/acetaminophen tablet</i>                               | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>hydrocodone/homatropine syrup</i>                                    | oral    |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>hydrocodone/homatropine tablet</i>                                   | oral    |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>hydrocodone-chlorpheniramine suspension; extended release 12 hr</i>  | oral    |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>hydrocortisone cream (gram)</i>                                      | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>hydrocortisone cream with perineal applicator</i>                    | topical |                         | GASTROENTEROLOGY                         |
| <i>hydrocortisone enema (ml)</i>  | rectal  |                         | GASTROENTEROLOGY                         |
| <i>hydrocortisone lotion (ml)</i>                                       | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>hydrocortisone ointment (gram)</i>                                   | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>hydrocortisone tablet</i>  | oral    |                         | ENDOCRINE/DIABETES                       |
| <i>hydrocortisone acetate suppository; rectal</i>                       | rectal  |                         | GASTROENTEROLOGY                         |
| <i>hydrocortisone butyrate cream (gram)</i>                             | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>hydrocortisone butyrate lotion (ml)</i>                              | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>hydrocortisone butyrate ointment (gram)</i>                          | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>hydrocortisone butyrate solution; non-oral</i>                       | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>hydrocortisone valerate cream (gram)</i>                             | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>hydrocortisone valerate ointment (gram)</i>                          | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>hydromet syrup</i>   | oral    |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>hydromorphone er tablet; extended release 24 hr</i>                  | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>hydromorphone hcl liquid (ml)</i>                                    | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>hydromorphone hcl suppository; rectal</i>                            | rectal  |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>hydromorphone hcl tablet</i>   | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |

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| Drug Name   | Route | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------|-------------------------|--|
| <i>hydroxocobalamin vial (ml)</i>                         | IM    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>hydroxychloroquine sulfate tablet</i>                  | oral  |                         | ANTI - INFECTIVES                        |
| HYDROXYPROGESTERONE CAPROATE VIAL (ML)                    | IM    | PA; SP                  | OBSTETRICS & GYNECOLOGY                  |
| <i>hydroxyprogesterone caproate vial (ml) 250 mg/ml</i>   | IM    | PA                      | OBSTETRICS & GYNECOLOGY                  |
| HYDROXYUREA CAPSULE                                       | oral  |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>hydroxyzine hcl solution; oral</i>                     | oral  |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>hydroxyzine hcl tablet</i>                             | oral  |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>hydroxyzine pamoate capsule</i>                        | oral  |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>hyophen tablet</i>                                     | oral  |                         | UROLOGICALS                              |
| <i>hyoscyamine sulfate drops</i>                          | oral  |                         | GASTROENTEROLOGY                         |
| <i>hyoscyamine sulfate elixir</i>                         | oral  |                         | GASTROENTEROLOGY                         |
| <i>hyoscyamine sulfate tablet</i>                         | oral  |                         | GASTROENTEROLOGY                         |
| <i>hyoscyamine sulfate tablet; extended release 12 hr</i> | oral  |                         | GASTROENTEROLOGY                         |
| <i>hyoscyamine sulfate tablet; sl</i>                     | SL    |                         | GASTROENTEROLOGY                         |
| <i>hyoscyamine sulfate tablet;disintegrating</i>          | oral  |                         | GASTROENTEROLOGY                         |
| <i>hyosyne drops</i>                                      | oral  |                         | GASTROENTEROLOGY                         |
| <i>hyosyne elixir</i>                                     | oral  |                         | GASTROENTEROLOGY                         |
| HYSINGLA ER TABLET;ORAL ONLY;EXTENDED RELEASE 24 HR       | oral  |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| IBANDRONATE SODIUM SYRINGE (ML)                           | IV    | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>ibandronate sodium tablet</i>                          | oral  | QL                      | MUSCULOSKELETAL & RHEUMATOLOGY           |
| IBANDRONATE SODIUM VIAL (ML)                              | IV    | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| IBRANCE CAPSULE   | oral  | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| IBRANCE TABLET  | oral  | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>ibu tablet</i>   | oral  |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>ibuprofen tablet</i>                                   | oral  |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| ICATIBANT SYRINGE (ML)                                    | SC    | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| ICLUSIG TABLET  | oral  | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>idarubicin hcl vial (ml)</i>                           | IV    | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| IDHIFA TABLET   | oral  | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| ILARIS VIAL (ML)  | SC    | LA; PA; SP              | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| ILEVRO SUSPENSION; DROPS(FINAL DOSAGE FORM)(ML)   | ophth (eye) |                         | OPHTHALMOLOGY                            |
| IMATINIB MESYLATE TABLET                          | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| IMBRUVICA CAPSULE                                 | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| IMBRUVICA TABLET                                  | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| IMFINZI VIAL (ML)                                 | IV          | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>imipramine hcl tablet</i>                      | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>imipramine pamoate capsule</i>                 | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>imiquimod cream in packet (ea)</i>             | topical     |                         | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| IMPAVIDO CAPSULE                                  | oral        |                         | ANTI - INFECTIVES                        |
| INBRIJA CAPSULE; WITH INH DEVICE                  | INH         | PA; SP                  | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>incassia tablet</i>                            | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| INCRELEX VIAL (ML)                                | SC          | LA; PA; SP              | DIAGNOSTICS & MISC AGENTS                |
| INCRUSE ELLIPTA BLISTER; WITH INH DEVICE          | INH         |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>indapamide tablet</i>                          | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>indomethacin capsule</i>                       | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>indomethacin capsule; extended release</i>     | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>infanrix syringe (ml)</i>                      | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>infanrix vial (ml)</i>                         | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| INFUSION SET INFUSION SETS-PARAPHERNALIA          | misc        |                         | ENDOCRINE/DIABETES                       |
| INLYTA TABLET                                     | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| INSET 30 INFUSION SET INFUSION SETS-PARAPHERNALIA | misc        |                         | ENDOCRINE/DIABETES                       |
| INSET INFUSION SET INFUSION SETS-PARAPHERNALIA    | misc        |                         | ENDOCRINE/DIABETES                       |
| INSPIRACHAMBER SPACER (EA)                        | misc        |                         | ENDOCRINE/DIABETES                       |
| INTELENCE TABLET                                  | oral        | SP                      | ANTI - INFECTIVES                        |
| INTRON A VIAL (EA)                                | INJ         | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| INTRON A VIAL (ML)                                | INJ         | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>introvale tablet; dose pack; 3 months</i>      | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| INVELTYS SUSPENSION; DROPS(FINAL DOSAGE FORM)(ML) | ophth (eye) |                         | OPHTHALMOLOGY                            |
| INVIRASE TABLET                                   | oral        | SP                      | ANTI - INFECTIVES                        |

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| Drug Name  | Route   | Requirements/<br>Limits | Therapeutic Class                           |
|--|---------|-------------------------|---|
| INVOKAMET TABLET   | oral    | QL; ST                  | ENDOCRINE/DIABETES                          |
| INVOKAMET XR TABLET;IMMED AND<br>EXTEND REL BIPHASE 24HR         | oral    | QL; ST                  | ENDOCRINE/DIABETES                          |
| INVOKANA TABLET  | oral    | QL; ST                  | ENDOCRINE/DIABETES                          |
| <i>iodine solution; non-oral</i>                                 | topical |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>iodine tincture</i>   | topical |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>ipol vial (ml)</i>  | INJ     | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>ipratropium bromide aerosol; spray (ml)</i>                   | nasal   | QL                      | EAR, NOSE & THROAT MEDICATIONS              |
| <i>ipratropium bromide solution; non-oral</i>                    | INH     |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>ipratropium-albuterol ampul for<br/>nebulization (ml)</i>     | INH     | QL                      | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>irbesartan tablet</i>   | oral    |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>irbesartan-hydrochlorothiazide tablet</i>                     | oral    |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| IRESSA TABLET  | oral    | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>irinotecan hcl vial (ml)</i>                                  | IV      | PA                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| ISENTRESS POWDER IN PACKET (EA)                                  | oral    | SP                      | ANTI - INFECTIVES                           |
| ISENTRESS TABLET   | oral    | SP                      | ANTI - INFECTIVES                           |
| ISENTRESS TABLET;CHEWABLE  | oral    | SP                      | ANTI - INFECTIVES                           |
| ISENTRESS HD TABLET  | oral    | SP                      | ANTI - INFECTIVES                           |
| <i>isibloom tablet</i>   | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>isoniazid solution; oral</i>                                  | oral    |                         | ANTI - INFECTIVES                           |
| <i>isoniazid tablet</i>  | oral    |                         | ANTI - INFECTIVES                           |
| <i>isosorbide dinitrate tablet</i>                               | oral    |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>isosorbide mononitrate tablet</i>                             | oral    |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>isosorbide mononitrate tablet; extended<br/>release 24 hr</i> | oral    |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>isotretinoin capsule</i>                                      | oral    |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>isoxsuprine hcl tablet</i>                                    | oral    |                         | OBSTETRICS & GYNECOLOGY                     |
| <i>isradipine capsule</i>  | oral    |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| ISTODAX VIAL (EA)  | IV      | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>itraconazole capsule</i>                                      | oral    | QL                      | ANTI - INFECTIVES                           |
| <i>itraconazole solution; oral</i>                               | oral    |                         | ANTI - INFECTIVES                           |
| <i>ivermectin cream (gram)</i>                                   | topical |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>ivermectin tablet</i>   | oral    |                         | ANTI - INFECTIVES                           |
| IXEMPRA VIAL (EA)  | IV      | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |

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| Drug Name  | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|--|-------------|-------------------------|--|
| IXINITY VIAL (EA)                                      | IV          | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>jaimiess tablet; dose pack; 3 months</i>            | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| JAKAFI TABLET  | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>jantoven tablet</i>                                 | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| JANUMET TABLET   | oral        | QL                      | ENDOCRINE/DIABETES                       |
| JANUMET XR TABLET;EXTENDED RELEASE MULTIPHASE 24 HR    | oral        | QL                      | ENDOCRINE/DIABETES                       |
| JANUVIA TABLET   | oral        | QL                      | ENDOCRINE/DIABETES                       |
| JARDIANCE TABLET                                       | oral        | QL; ST                  | ENDOCRINE/DIABETES                       |
| <i>jasmiel tablet</i>                                  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>jencycla tablet</i>                                 | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| JENTADUETO TABLET                                      | oral        | QL                      | ENDOCRINE/DIABETES                       |
| JENTADUETO XR TABLET;IMMED AND EXTEND REL BIPHASE 24HR | oral        | QL                      | ENDOCRINE/DIABETES                       |
| JETREA VIAL (ML)                                       | intraocular | SP                      | OPHTHALMOLOGY                            |
| JEVTANA VIAL (ML)                                      | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>jinteli tablet</i>                                  | oral        |                         | OBSTETRICS & GYNECOLOGY                  |
| JIVI VIAL (EA)   | IV          | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>jolessa tablet; dose pack; 3 months</i>             | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>juleber tablet</i>                                  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| JULUCA TABLET  | oral        | SP                      | ANTI - INFECTIVES                        |
| <i>junel tablet</i>                                    | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>junel fe tablet</i>                                 | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| JUXTAPID CAPSULE                                       | oral        | LA; PA; SP              | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| KADCYLA VIAL (EA)                                      | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>kaitlib fe tablet;chewable</i>                      | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| KALETRA TABLET   | oral        | SP                      | ANTI - INFECTIVES                        |
| <i>kalliga tablet</i>                                  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| KALYDECO GRANULES IN PACKET (EA)                       | oral        | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| KALYDECO TABLET  | oral        | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| KANUMA VIAL (ML)                                       | IV          | PA; SP                  | ENDOCRINE/DIABETES                       |
| <i>kariva tablet</i>                                   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>kelnor 1-35 tablet</i>                              | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>kelnor 1-50 tablet</i>                              | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| KEPIVANCE VIAL (EA)                                    | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>ketoconazole cream (gram)</i>                       | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>ketoconazole foam (gram)</i>                        | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>ketoconazole shampoo</i>                            | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |

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|---|--------------|-------------------------|--|
| <i>ketoconazole tablet</i>                                | oral         |                         | ANTI - INFECTIVES                        |
| <i>ketodan combination package (gram)</i>                 | topical      |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>ketodan foam (gram)</i>                                | topical      |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>ketoprofen capsule</i>                                 | oral         |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>ketoprofen capsule; extended release pellets 24 hr</i> | oral         |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>ketorolac tromethamine drops</i>                       | ophth (eye)  |                         | OPHTHALMOLOGY                            |
| <i>ketorolac tromethamine tablet</i>                      | oral         | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| KEYTRUDA VIAL (ML)  | IV           | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>kionex suspension; oral (final dose form)</i>          | oral         |                         | GASTROENTEROLOGY                         |
| KITABIS PAK AMPUL FOR NEBULIZATION (ML)                   | INH          | PA; SP                  | ANTI - INFECTIVES                        |
| <i>klor-con packet (ea)</i>                               | oral         |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>klor-con tablet; extended release</i>                  | oral         |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>klor-con m tablet; ext release; particles/crystals</i> | oral         |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>klor-con-ef tablet; effervescent</i>                   | oral         |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>kobee tablet</i>                                       | oral         |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| KOGENATE FS VIAL (EA)                                     | IV           | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| KOVALTRY VIAL (EA)  | IV           | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| K-PHOS ORIGINAL TABLET; SOLUBLE                           | oral         |                         | UROLOGICALS                              |
| <i>kpn tablet</i>   | oral         |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| KRYSTEXXA VIAL (ML)                                       | IV           | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>k-tab tablet; extended release</i>                     | oral         |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>kurvelo tablet</i>                                     | oral         | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| KUVAN POWDER IN PACKET (EA)                               | oral         | PA; SP                  | ENDOCRINE/DIABETES                       |
| KUVAN TABLET; SOLUBLE                                     | oral         | PA; SP                  | ENDOCRINE/DIABETES                       |
| <i>kyleena intrauterine device</i>                        | intrauterine | ACA; SP                 | OBSTETRICS & GYNECOLOGY                  |
| KYMRIAH PLASTIC BAG; INJ (EA)                             | IV           | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| KYPROLIS VIAL (EA)  | IV           | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>labetalol hcl cartridge (ml)</i>                       | IV           |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>labetalol hcl tablet</i>                               | oral         |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>lactated ringers solution; irrigation</i>              | irrigation   |                         | DIAGNOSTICS & MISC AGENTS                |

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| Drug Name  | Route       | Requirements/<br>Limits | Therapeutic Class                           |
|--|-------------|-------------------------|---|
| <i>lactulose packet (ea)</i>                                       | oral        |                         | GASTROENTEROLOGY                            |
| <i>lactulose solution; oral</i>                                    | oral        |                         | GASTROENTEROLOGY                            |
| LAMIVUDINE SOLUTION; ORAL  | oral        | SP                      | ANTI - INFECTIVES                           |
| <i>lamivudine tablet 100 mg</i>                                    | oral        |                         | ANTI - INFECTIVES                           |
| LAMIVUDINE TABLET  | oral        | SP                      | ANTI - INFECTIVES                           |
| LAMIVUDINE-ZIDOVUDINE TABLET                                       | oral        | SP                      | ANTI - INFECTIVES                           |
| <i>lamotrigine tablet</i>  | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>lamotrigine tablet; chewable dispersible</i>                    | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>lamotrigine tablet; extended release 24 hr</i>                  | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>lamotrigine (blue) tablet; dose pack</i>                        | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>lamotrigine (green) tablet; dose pack</i>                       | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>lamotrigine (orange) tablet; dose pack</i>                      | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>lamotrigine odt tablet;disintegrating</i>                       | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>lamotrigine odt tablet;disintegrating; dose pack</i>            | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| LANCET EACH  | misc        |                         | ENDOCRINE/DIABETES                          |
| LANCING DEVICE EACH  | misc        |                         | ENDOCRINE/DIABETES                          |
| <i>lansoprazol-amoxicil-clarithro combination package (ea)</i>     | oral        | QL                      | GASTROENTEROLOGY                            |
| <i>lansoprazole capsule;delayed release (enteric coated) 30 mg</i> | oral        |                         | GASTROENTEROLOGY                            |
| <i>lansoprazole capsule;delayed release (enteric coated) 15 mg</i> | oral        | QL                      | GASTROENTEROLOGY                            |
| <i>lansoprazole tablet;disintegrating; delayed release 30 mg</i>   | oral        |                         | GASTROENTEROLOGY                            |
| <i>lansoprazole tablet;disintegrating; delayed release 15 mg</i>   | oral        | QL                      | GASTROENTEROLOGY                            |
| <i>lanthanum carbonate tablet;chewable</i>                         | oral        |                         | GASTROENTEROLOGY                            |
| LANTUS VIAL (ML)   | SC          |                         | ENDOCRINE/DIABETES                          |
| LANTUS SOLOSTAR INSULIN PEN (ML)                                   | SC          |                         | ENDOCRINE/DIABETES                          |
| <i>larin tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>larin fe tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>larissia tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>latanoprost drops</i>   | ophth (eye) |                         | OPHTHALMOLOGY                               |
| LATUDA TABLET  | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>laxa clear powder (gram)</i>                                    | oral        | ACA                     | GASTROENTEROLOGY                            |
| <i>laxaclear powder (gram)</i>                                     | oral        | ACA                     | GASTROENTEROLOGY                            |
| <i>laxative tablet</i>   | oral        | ACA                     | GASTROENTEROLOGY                            |
| <i>laxative tablet; enteric coated</i>                             | oral        | ACA                     | GASTROENTEROLOGY                            |
| <i>laxative peg 3350 powder (gram)</i>                             | oral        | ACA                     | GASTROENTEROLOGY                            |
| <i>layolis fe tablet;chewable</i>                                  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>leena tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| <i>leflunomide tablet</i>   | oral        | QL                      | MUSCULOSKELETAL & RHEUMATOLOGY           |
| LENVIMA CAPSULE   | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>lessina tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| LETROZOLE TABLET  | oral        |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>leucovorin calcium tablet</i>                                  | oral        |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| LEUKERAN TABLET   | oral        |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| LEUKINE VIAL (EA)   | INJ         | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| LEUPROLIDE ACETATE KIT  | SC          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>levalbuterol hcl vial; nebulizer (ea)</i>                      | INH         |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>levalbuterol hcl vial; nebulizer (ml)</i>                      | INH         |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| LEVEMIR VIAL (ML)   | SC          |                         | ENDOCRINE/DIABETES                       |
| LEVEMIR FLEXTouch INSULIN PEN (ML)                                | SC          |                         | ENDOCRINE/DIABETES                       |
| <i>levetiracetam solution; oral</i>                               | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>levetiracetam tablet</i>                                       | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>levetiracetam tablet; extended release 24 hr</i>               | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>levobunolol hcl drops</i>                                      | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>levocarnitine solution; oral</i>                               | oral        |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>levocarnitine tablet</i>                                       | oral        |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>levocarnitine sf solution; oral</i>                            | oral        |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>levofloxacin hemihydrate drops</i>                             | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>levofloxacin hemihydrate solution; oral</i>                    | oral        |                         | ANTI - INFECTIVES                        |
| <i>levofloxacin hemihydrate tablet</i>                            | oral        |                         | ANTI - INFECTIVES                        |
| <i>levonest tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>levonorgestrel tablet</i>                                      | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>levonorgestrel-eth estradiol tablet</i>                        | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>levonorgestrel-eth estradiol tablet; dose pack; 3 months</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>levonorg-eth estrad eth estrad tablet; dose pack; 3 months</i> | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>levora tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>levorphanol tartrate tablet</i>                                | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>levo-t tablet</i>  | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>levothyroxine sodium tablet</i>                                | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>levoxyl tablet</i>   | oral        |                         | ENDOCRINE/DIABETES                       |
| LEXIVA SUSPENSION; ORAL (FINAL DOSE FORM)                         | oral        | SP                      | ANTI - INFECTIVES                        |
| LICART PATCH; TRANSDERM 24 HOURS                                  | transderm   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |

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| Drug Name   | Route           | Requirements/<br>Limits | Therapeutic Class                        |
|---|-----------------|-------------------------|--|
| <i>lidocaine adhesive patch; medicated</i>                | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>lidocaine ointment (gram)</i>                          | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>lidocaine hcl jelly (ml)</i>                           | mucous membrane |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>lidocaine hcl jelly with prefilled applicator (ml)</i> | mucous membrane |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>lidocaine hcl solution; non-oral</i>                   | mucous membrane |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>lidocaine hcl solution; oral 2 %</i>                   | mucous membrane |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>lidocaine hcl solution; oral 4 %</i>                   | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>lidocaine-hc cream (gram) 3 %-0.5 %</i>                | rectal          |                         | GASTROENTEROLOGY                         |
| <i>lidocaine-hc cream (gram) 3 %-0.5 %</i>                | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>lidocaine-hc cream with applicator</i>                 | rectal          |                         | GASTROENTEROLOGY                         |
| <i>lidocaine-hc gel with applicator (gram)</i>            | rectal          |                         | GASTROENTEROLOGY                         |
| <i>lidocaine-hc kit</i>                                   | rectal          |                         | GASTROENTEROLOGY                         |
| <i>lidocaine-prilocaine cream (gram)</i>                  | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>lidocaine-prilocaine kit</i>                           | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>lillow tablet</i>                                      | oral            | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>lindane shampoo</i>                                    | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>linezolid suspension; reconstituted; oral (ml)</i>     | oral            |                         | ANTI - INFECTIVES                        |
| <i>linezolid tablet</i>                                   | oral            |                         | ANTI - INFECTIVES                        |
| LINZESS CAPSULE   | oral            |                         | GASTROENTEROLOGY                         |
| <i>liothyronine sodium tablet</i>                         | oral            |                         | ENDOCRINE/DIABETES                       |
| <i>lipodox vial (ml)</i>                                  | IV              | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| LIPOFEN CAPSULE   | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>lisinopril tablet</i>                                  | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>lisinopril-hctz tablet</i>                             | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>lite coat aspirin tablet</i>                           | oral            | ACA                     | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| LITEAIRE SPACER (EA)                                      | misc            |                         | ENDOCRINE/DIABETES                       |
| <i>lithium carbonate capsule</i>                          | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>lithium carbonate tablet</i>                           | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>lithium carbonate tablet; extended release</i>         | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>lithium citrate solution; oral</i>                     | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| LIVALO TABLET   | oral        | QL; ST                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>lo loestrin fe tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>lojaimiess tablet; dose pack; 3 months</i>                         | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| LOKELMA POWDER IN PACKET (EA)   | oral        |                         | GASTROENTEROLOGY                         |
| LONSURF TABLET  | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| LOPINAVIR-RITONAVIR SOLUTION; ORAL                                    | oral        | SP                      | ANTI - INFECTIVES                        |
| <i>lopreeza tablet</i>  | oral        |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>lorazepam concentrate; oral</i>                                    | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>lorazepam tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>lorazepam intensol concentrate; oral</i>                           | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| LORBRENA TABLET   | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>lorcet tablet</i>  | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>lorcet hd tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>lorcet plus tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>lortuss ex syrup</i>   | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>loryna tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>losartan potassium tablet</i>                                      | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>losartan-hydrochlorothiazide tablet</i>                            | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| LOTEMAX DROPS; GEL (GRAM)   | ophth (eye) |                         | OPHTHALMOLOGY                            |
| LOTEMAX OINTMENT (GRAM)   | ophth (eye) |                         | OPHTHALMOLOGY                            |
| LOTEMAX SM DROPS; GEL (GRAM)  | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>loteprednol etabonate suspension; drops(final dosage form)(ml)</i> | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>lovastatin tablet</i>  | oral        | ACA; QL                 | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>low dose aspirin tablet; enteric coated</i>                        | oral        | ACA                     | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>low-ogestrel tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>loxapine succinate capsule</i>                                     | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>lo-zumandimine tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>ludent fluoride tablet;chewable</i>                                | oral        | ACA                     | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>lugol's solution; non-oral</i>                                     | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>lugol's solution; oral</i>   | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| LUMIGAN DROPS   | ophth (eye) | ST                      | OPHTHALMOLOGY                            |
| LUMIZYME VIAL (EA)  | IV          | PA; SP                  | ENDOCRINE/DIABETES                       |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                           |
|---|-------------|-------------------------|---|
| LUPANETA PACK KIT; SYRINGE AND TABLET                           | misc        | PA; SP                  | OBSTETRICS & GYNECOLOGY                     |
| LUPRON DEPOT SYRINGE KIT (EA)                                   | IM          | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| LUPRON DEPOT-PED KIT  | IM          | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| LUPRON DEPOT-PED SYRINGE KIT (EA)                               | IM          | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>luteal tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| LUXTURNA VIAL (ML)  | intraocular | PA; SP                  | OPHTHALMOLOGY                               |
| LYNPARZA TABLET   | oral        | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| LYSODREN TABLET   | oral        | PA                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| LYUMJEV VIAL (ML)   | SC          |                         | ENDOCRINE/DIABETES                          |
| LYUMJEV KWIKPEN U-100 INSULIN PEN (ML)                          | SC          |                         | ENDOCRINE/DIABETES                          |
| LYUMJEV KWIKPEN U-200 INSULIN PEN (ML)                          | SC          |                         | ENDOCRINE/DIABETES                          |
| <i>lyza tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>mafenide acetate packet (ea)</i>                             | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>magnesium citrate solution; oral</i>                         | oral        | ACA                     | GASTROENTEROLOGY                            |
| <i>malathion lotion (ml)</i>                                    | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>maprotiline hcl tablet</i>                                   | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>marlissa tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| MARQIBO KIT   | IV          | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| MATULANE CAPSULE  | oral        | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>matzim la tablet; extended release 24 hr</i>                 | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| MAYZENT TABLET  | oral        | PA; SP                  | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>m-clear wc liquid (ml)</i>                                   | oral        |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>meclofenamate sodium capsule</i>                             | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| MEDISENSE COMBINATION PACKAGE (EA)                              | misc        |                         | ENDOCRINE/DIABETES                          |
| MEDISENSE GLUCOSE KETONE CONTR<br>COMBINATION PACKAGE (EA)      | misc        |                         | ENDOCRINE/DIABETES                          |
| <i>medroxyprogesterone acetate syringe (ml)</i>                 | IM          | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>medroxyprogesterone acetate tablet</i>                       | oral        |                         | OBSTETRICS & GYNECOLOGY                     |
| <i>medroxyprogesterone acetate vial (ml)</i>                    | IM          | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>mefenamic acid capsule</i>                                   | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>mefloquine hcl tablet</i>                                    | oral        |                         | ANTI - INFECTIVES                           |
| <i>megestrol acetate suspension; oral (final<br/>dose form)</i> | oral        |                         | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |

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| Drug Name  | Route  | Requirements/<br>Limits | Therapeutic Class                        |
|--|--------|-------------------------|--|
| MEGESTROL ACETATE TABLET   | oral   |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| MEKINIST TABLET  | oral   | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>melodetta 24 fe tablet;chewable</i>                           | oral   | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>meloxicam tablet 15 mg</i>                                    | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>meloxicam tablet 7.5 mg</i>                                   | oral   | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| MELPHALAN HCL TABLET   | oral   |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>melpalhan hcl vial (ea)</i>                                   | IV     | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>memantine hcl solution; oral</i>                              | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>memantine hcl tablet</i>                                      | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>memantine hcl er capsule sprinkle; extended release 24 hr</i> | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>menactra vial (ml)</i>  | IM     | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>me-naphos-mb-hyo 1 tablet</i>                                 | oral   |                         | UROLOGICALS                              |
| MEPSEVII VIAL (ML)   | IV     | PA; SP                  | ENDOCRINE/DIABETES                       |
| MERCAPTOPURINE TABLET  | oral   |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>mesalamine enema (ml)</i>                                     | rectal |                         | GASTROENTEROLOGY                         |
| <i>mesalamine enema kit</i>                                      | rectal |                         | GASTROENTEROLOGY                         |
| <i>mesalamine suppository; rectal</i>                            | rectal |                         | GASTROENTEROLOGY                         |
| <i>mesalamine tablet; enteric coated</i>                         | oral   |                         | GASTROENTEROLOGY                         |
| <i>mesalamine dr capsule (with delayed release tablets)</i>      | oral   |                         | GASTROENTEROLOGY                         |
| <i>mesalamine er capsule; ext release 24 hr</i>                  | oral   |                         | GASTROENTEROLOGY                         |
| MESNEX TABLET  | oral   |                         | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>metaproterenol sulfate syrup</i>                              | oral   |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>metaxall tablet</i>   | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>metaxalone tablet</i>   | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>metformin hcl solution; oral</i>                              | oral   |                         | ENDOCRINE/DIABETES                       |
| <i>metformin hcl tablet</i>                                      | oral   |                         | ENDOCRINE/DIABETES                       |
| <i>metformin hcl er tablet; er gastric retention 24 hr</i>       | oral   | QL; ST                  | ENDOCRINE/DIABETES                       |
| <i>metformin hcl er tablet; extended release 24 hr</i>           | oral   | QL                      | ENDOCRINE/DIABETES                       |
| <i>methadone hcl concentrate; oral</i>                           | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>methadone hcl solution; oral</i>                              | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |

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| Drug Name   | Route   | Requirements/<br>Limits | Therapeutic Class                           |
|---|---------|-------------------------|---|
| <i>methadone hcl tablet</i>                                       | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>methadone hcl tablet; soluble</i>                              | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>methadose concentrate; oral</i>                                | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>methadose tablet; soluble</i>                                  | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>methamphetamine hcl tablet</i>                                 | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>methazolamide tablet</i>                                       | oral    |                         | OPHTHALMOLOGY                               |
| <i>methenamine hippurate tablet</i>                               | oral    |                         | ANTI - INFECTIVES                           |
| <i>methenamine mandelate tablet</i>                               | oral    |                         | ANTI - INFECTIVES                           |
| <i>methergine tablet</i>  | oral    | QL                      | OBSTETRICS & GYNECOLOGY                     |
| <i>methimazole tablet</i>   | oral    |                         | ENDOCRINE/DIABETES                          |
| METHITEST TABLET  | oral    |                         | ENDOCRINE/DIABETES                          |
| <i>methocarbamol tablet</i>                                       | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| METHOTREXATE TABLET   | oral    |                         | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>methotrexate vial (ea)</i>                                     | INJ     |                         | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>methotrexate vial (ml)</i>                                     | INJ     |                         | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| METHOTREXATE SODIUM TABLET  | oral    |                         | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>methotrexate sodium vial (ea)</i>                              | INJ     |                         | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>methotrexate sodium vial (ml)</i>                              | INJ     |                         | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>methoxsalen capsule; liquid-filled; rapid release</i>          | oral    |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>methyl salicylate liquid (ml)</i>                              | topical |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>methyl salicylate oil (ml)</i>                                 | misc    |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>methyldopa tablet</i>  | oral    |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>methyldopa/hydrochlorothiazide tablet</i>                      | oral    |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>methylergonovine maleate tablet</i>                            | oral    | QL                      | OBSTETRICS & GYNECOLOGY                     |
| <i>methylphenidate er capsule;extended release biphasic 30-70</i> | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>methylphenidate er capsule;extended release biphasic 50-50</i> | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>methylphenidate er tablet; extended release</i>                | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>methylphenidate er tablet; extended release 24 hr</i>          | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>methylphenidate hcl solution; oral</i>                         | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |

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| Drug Name   | Route   | Requirements/<br>Limits | Therapeutic Class                           |
|---|---------|-------------------------|---|
| <i>methylphenidate hcl tablet</i>   | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>methylphenidate hcl tablet;chewable</i>                                | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>methylphenidate hcl cd capsule;extended<br/>release biphasic 30-70</i> | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>methylphenidate la capsule;extended<br/>release biphasic 50-50</i>     | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>methylprednisolone tablet</i>  | oral    |                         | ENDOCRINE/DIABETES                          |
| <i>methylprednisolone tablet; dose pack</i>                               | oral    |                         | ENDOCRINE/DIABETES                          |
| <i>methyltestosterone capsule</i>   | oral    |                         | ENDOCRINE/DIABETES                          |
| <i>metoclopramide hcl solution; oral</i>                                  | oral    |                         | GASTROENTEROLOGY                            |
| <i>metoclopramide hcl tablet</i>  | oral    |                         | GASTROENTEROLOGY                            |
| <i>metoclopramide hcl odt<br/>tablet;disintegrating</i>                   | oral    |                         | GASTROENTEROLOGY                            |
| <i>metolazone tablet</i>  | oral    |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>metoprolol succinate tablet; extended<br/>release 24 hr</i>            | oral    |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>metoprolol tartrate cartridge (ml)</i>                                 | IV      |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>metoprolol tartrate tablet</i>   | oral    |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>metoprolol-hydrochlorothiazide tablet</i>                              | oral    |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>metronidazole capsule</i>  | oral    |                         | ANTI - INFECTIVES                           |
| <i>metronidazole cream (gram)</i>   | topical |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>metronidazole gel (gram)</i>   | topical |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>metronidazole gel with applicator (gram)</i>                           | vaginal |                         | OBSTETRICS & GYNECOLOGY                     |
| <i>metronidazole gel with pump (gram)</i>                                 | topical |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>metronidazole lotion (ml)</i>  | topical |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>metronidazole tablet</i>   | oral    |                         | ANTI - INFECTIVES                           |
| <i>mexiletine hcl capsule</i>   | oral    |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| MIACALCIN VIAL (ML)   | INJ     |                         | ENDOCRINE/DIABETES                          |
| <i>mibelas 24 fe tablet;chewable</i>                                      | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| MICROCHAMBER SPACER (EA)  | misc    |                         | ENDOCRINE/DIABETES                          |
| <i>microgestin tablet</i>   | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>microgestin fe tablet</i>  | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| MICROSPACER SPACER (EA)   | misc    |                         | ENDOCRINE/DIABETES                          |
| <i>midazolam hcl syrup</i>  | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>midodrine hcl tablet</i>   | oral    |                         | DIAGNOSTICS & MISC AGENTS                   |
| <i>mifepristone tablet</i>  | oral    |                         | OBSTETRICS & GYNECOLOGY                     |
| <i>migergot suppository; rectal</i>                                       | rectal  |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>miglitol tablet</i>  | oral    |                         | ENDOCRINE/DIABETES                          |

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| Drug Name  | Route        | Requirements/<br>Limits | Therapeutic Class                        |
|--|--------------|-------------------------|--|
| MIGLUSTAT CAPSULE  | oral         | LA; PA; SP              | ENDOCRINE/DIABETES                       |
| <i>mili tablet</i>   | oral         | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>milk of magnesia suspension; oral (final dose form)</i> | oral         | ACA                     | GASTROENTEROLOGY                         |
| <i>millipred tablet</i>                                    | oral         |                         | ENDOCRINE/DIABETES                       |
| <i>millipred tablet; dose pack</i>                         | oral         |                         | ENDOCRINE/DIABETES                       |
| <i>mimvey tablet</i>                                       | oral         |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>mimvey lo tablet</i>                                    | oral         |                         | OBSTETRICS & GYNECOLOGY                  |
| MINIMED INFUSION SETS-PARAPHERNALIA                        | misc         |                         | ENDOCRINE/DIABETES                       |
| MINIMED MIO INFUSION SETS-PARAPHERNALIA                    | misc         |                         | ENDOCRINE/DIABETES                       |
| MINIMED MIO ADVANCE INFUSION SETS-PARAPHERNALIA            | misc         |                         | ENDOCRINE/DIABETES                       |
| MINIMED SILHOUETTE INFUSION SETS-PARAPHERNALIA             | misc         |                         | ENDOCRINE/DIABETES                       |
| MINIMED SURE T INFUSION SETS-PARAPHERNALIA                 | misc         |                         | ENDOCRINE/DIABETES                       |
| <i>minocycline hcl capsule</i>                             | oral         |                         | ANTI - INFECTIVES                        |
| <i>minocycline hcl tablet</i>                              | oral         |                         | ANTI - INFECTIVES                        |
| <i>minocycline hcl er tablet; extended release 24 hr</i>   | oral         | ST                      | ANTI - INFECTIVES                        |
| <i>minoxidil tablet</i>                                    | oral         |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| MIO INFUSION SET INFUSION SETS-PARAPHERNALIA               | misc         |                         | ENDOCRINE/DIABETES                       |
| <i>miostat vial (ml)</i>                                   | intraocular  |                         | OPHTHALMOLOGY                            |
| <i>miralax powder in packet (ea)</i>                       | oral         | ACA                     | GASTROENTEROLOGY                         |
| <i>mirena intrauterine device</i>                          | intrauterine | ACA; SP                 | OBSTETRICS & GYNECOLOGY                  |
| <i>mirtazapine tablet</i>                                  | oral         |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>mirtazapine tablet;disintegrating</i>                   | oral         |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>misoprostol tablet</i>                                  | oral         |                         | GASTROENTEROLOGY                         |
| MITIGARE CAPSULE   | oral         |                         | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>mitomycin vial (ea)</i>                                 | IV           | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| MITOXANTRONE VIAL (ML)                                     | IV           | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>m-m-r ii vaccine w/diluent vial (ea)</i>                | SC           | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>m-natal plus tablet</i>                                 | oral         |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>modafinil tablet</i>                                    | oral         |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>moexipril hcl tablet</i>                                | oral         |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>molindone hcl tablet</i>                                | oral         |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>mometasone furoate aerosol; spray with pump (gram)</i>  | nasal        | QL; ST                  | RESPIRATORY, ALLERGY, COUGH & COLD       |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| <i>mometasone furoate cream (gram)</i>                              | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>mometasone furoate ointment (gram)</i>                           | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>mometasone furoate solution; non-oral</i>                        | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>mondoxylene nl capsule</i>                                       | oral        |                         | ANTI - INFECTIVES                        |
| <i>mono-lynyah tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| MONONINE VIAL (EA)  | IV          | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>montelukast sodium granules in packet (ea)</i>                   | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>montelukast sodium tablet</i>                                    | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>montelukast sodium tablet;chewable</i>                           | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>morgidox capsule</i>   | oral        |                         | ANTI - INFECTIVES                        |
| <i>morphine sulfate solution; oral</i>                              | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>morphine sulfate suppository; rectal</i>                         | rectal      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>morphine sulfate tablet</i>                                      | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>morphine sulfate er capsule; extended release pellets</i>        | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>morphine sulfate er capsule;extended release multiphase 24hr</i> | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>morphine sulfate er tablet; extended release</i>                 | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| MOVANTIK TABLET   | oral        |                         | GASTROENTEROLOGY                         |
| <i>moxifloxacin hcl drops</i>                                       | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>moxifloxacin hcl drops; viscous (ml)</i>                         | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>moxifloxacin hcl tablet</i>                                      | oral        |                         | ANTI - INFECTIVES                        |
| MOZOBIL VIAL (ML)   | SC          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>multivitamin with fluoride drops</i>                             | oral        | ACA                     | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>multivitamin with fluoride tablet;chewable</i>                   | oral        | ACA                     | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>mupirocin cream (gram)</i>                                       | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>mupirocin ointment (gram)</i>                                    | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>mvc-fluoride tablet;chewable</i>                                 | oral        | ACA                     | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>my choice tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>my way tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| MYALEPT VIAL (EA)   | SC          | LA; PA; SP              | ENDOCRINE/DIABETES                       |
| MYCOPHENOLATE MOFETIL CAPSULE                                       | oral        | SP                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |

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|---|-------------|-------------------------|---|
| MYCOPHENOLATE MOFETIL SUSPENSION;<br>RECONSTITUTED; ORAL (ML) | oral        | SP                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| MYCOPHENOLATE MOFETIL TABLET                                  | oral        | SP                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| MYCOPHENOLIC ACID TABLET; ENTERIC<br>COATED                   | oral        | SP                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| MYDAYIS CAPSULE; EXTENDED RELEASE<br>TRIPHASIC 24HR           | oral        | ST                      | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>mydratic3 (trop-cyclopent-pe) drops</i>                    | ophth (eye) |                         | OPHTHALMOLOGY                               |
| MYLERAN TABLET  | oral        | PA                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| MYLOTARG VIAL (EA)  | IV          | LA; PA; SP              | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>mynatal capsule</i>  | oral        |                         | VITAMINS, HEMATINICS &<br>ELECTROLYTES      |
| <i>mynatal tablet</i>   | oral        |                         | VITAMINS, HEMATINICS &<br>ELECTROLYTES      |
| <i>mynatal advance tablet</i>                                 | oral        |                         | VITAMINS, HEMATINICS &<br>ELECTROLYTES      |
| <i>mynatal plus tablet</i>                                    | oral        |                         | VITAMINS, HEMATINICS &<br>ELECTROLYTES      |
| <i>mynatal-z tablet</i>                                       | oral        |                         | VITAMINS, HEMATINICS &<br>ELECTROLYTES      |
| <i>mynate 90 plus tablet; extended release</i>                | oral        |                         | VITAMINS, HEMATINICS &<br>ELECTROLYTES      |
| MYOBLOC VIAL (ML)   | IM          | PA; SP                  | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>myorisan capsule</i>                                       | oral        |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| MYRBETRIQ TABLET; EXTENDED RELEASE<br>24 HR                   | oral        | ST                      | UROLOGICALS                                 |
| <i>nabumetone tablet</i>                                      | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>nadolol tablet</i>   | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>nadolol-bendroflumethiazide tablet</i>                     | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>naftifine hcl cream (gram)</i>                             | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>naftifine hcl gel (gram)</i>                               | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| NAGLAZYME VIAL (ML)   | IV          | LA; PA; SP              | ENDOCRINE/DIABETES                          |
| <i>naloxone hcl cartridge (ml)</i>                            | INJ         |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>naloxone hcl syringe (ml)</i>                              | INJ         |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>naloxone hcl vial (ml)</i>                                 | INJ         |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>naltrexone hydrochloride tablet</i>                        | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |

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| Drug Name  | Route       | Requirements/<br>Limits | Therapeutic Class                           |
|--|-------------|-------------------------|---|
| <i>naproxen suspension; oral (final dose form)</i>                                   | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>naproxen tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>naproxen tablet; enteric coated</i>   | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>naproxen sodium tablet</i>  | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>naproxen sodium er tablet;extended<br/>release multiphase 24 hr</i>               | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>naproxen-esomeprazole mag<br/>tablet;immediate;delay release;biphase</i>          | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>naratriptan hcl tablet</i>  | oral        | QL                      | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| NARCAN SPRAY; NON-AEROSOL (EA)   | nasal       |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| NASCOBAL SPRAY; NON-AEROSOL (EA)   | nasal       |                         | VITAMINS, HEMATINICS &<br>ELECTROLYTES      |
| NATACYN SUSPENSION; DROPS(FINAL<br>DOSAGE FORM)(ML)                                  | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>nateglinide tablet</i>  | oral        |                         | ENDOCRINE/DIABETES                          |
| NATESTO GEL IN METERED-DOSE PUMP   | nasal       | PA                      | ENDOCRINE/DIABETES                          |
| NATPARA CARTRIDGE (EA)   | SC          | LA; PA; SP              | ENDOCRINE/DIABETES                          |
| <i>natura-lax powder (gram)</i>  | oral        | ACA                     | GASTROENTEROLOGY                            |
| <i>nature-throid tablet</i>  | oral        |                         | ENDOCRINE/DIABETES                          |
| NAYZILAM SPRAY; NON-AEROSOL (EA)   | nasal       |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>nebusal vial; nebulizer (ml)</i>  | INH         |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>necon tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>neo/polymyxin/dexamethasone ointment<br/>(gram)</i>                               | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>neo/polymyxin/dexamethasone<br/>suspension; drops(final dosage form)(ml)</i>      | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>neomycin sulfate tablet</i>   | oral        |                         | ANTI - INFECTIVES                           |
| <i>neomycin/bacitracin/poly/hc ointment<br/>(gram)</i>                               | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>neomycin/bacitracin/polymyxin ointment<br/>(gram)</i>                             | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>neomycin/polymyxin/gramicidin drops</i>   | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>neomycin/polymyxin/hc solution; non-oral</i>                                      | otic (ear)  |                         | EAR, NOSE & THROAT MEDICATIONS              |
| <i>neomycin/polymyxin/hc suspension;<br/>drops(final dosage form)(ml) 3.5-10k-1</i>  | otic (ear)  |                         | EAR, NOSE & THROAT MEDICATIONS              |
| <i>neomycin/polymyxin/hc suspension;<br/>drops(final dosage form)(ml) 3.5-10k-10</i> | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>neomycin-polymyxin b ampul (ml)</i>   | irrigation  |                         | DIAGNOSTICS & MISC AGENTS                   |
| <i>neomycin-polymyxin b vial (ml)</i>  | irrigation  |                         | DIAGNOSTICS & MISC AGENTS                   |
| <i>neomycin-polymyxin-dexamethaso<br/>ointment (gram)</i>                            | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>neo-polycin ointment (gram)</i>   | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>neo-polycin hc ointment (gram)</i>  | ophth (eye) |                         | OPHTHALMOLOGY                               |

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| Drug Name   | Route     | Requirements/<br>Limits | Therapeutic Class                        |
|---|-----------|-------------------------|--|
| NERLYNX TABLET                                      | oral      | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>neuac gel (gram)</i>                             | topical   |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| NEULASTA SYRINGE (ML)                               | SC        | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| NEULASTA SYRINGE; WITH WEARABLE INJECTOR            | SC        | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| NEVIRAPINE SUSPENSION; ORAL (FINAL DOSE FORM)       | oral      | SP                      | ANTI - INFECTIVES                        |
| NEVIRAPINE TABLET                                   | oral      | SP                      | ANTI - INFECTIVES                        |
| NEVIRAPINE ER TABLET; EXTENDED RELEASE 24 HR        | oral      | SP                      | ANTI - INFECTIVES                        |
| <i>new day tablet</i>                               | oral      | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>newgen tablet</i>                                | oral      |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| NEXAVAR TABLET                                      | oral      | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| NEXIUM RX SUSP FOR RECON; DELAYED REL. IN A PACKET  | oral      | QL                      | GASTROENTEROLOGY                         |
| NEXLETOL TABLET                                     | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| NEXLIZET TABLET                                     | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>nexplanon implant (ea)</i>                       | SC        | ACA; SP                 | OBSTETRICS & GYNECOLOGY                  |
| <i>niacin tablet</i>                                | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>niacin er tablet; extended release 24 hr</i>     | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>nicardipine hcl capsule</i>                      | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>nicorette gum</i>                                | buccal    | ACA                     | DIAGNOSTICS & MISC AGENTS                |
| <i>nicotine lozenge</i>                             | buccal    | ACA                     | DIAGNOSTICS & MISC AGENTS                |
| <i>nicotine mini lozenge</i>                        | buccal    | ACA                     | DIAGNOSTICS & MISC AGENTS                |
| <i>nicotine patch; transderm 24 hours</i>           | transderm | ACA                     | DIAGNOSTICS & MISC AGENTS                |
| <i>nicotine patch; transderm daily; sequential</i>  | transderm | ACA                     | DIAGNOSTICS & MISC AGENTS                |
| <i>nicotine gum gum</i>                             | buccal    | ACA                     | DIAGNOSTICS & MISC AGENTS                |
| <i>nifedipine er tablet; extended release</i>       | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>nifedipine er tablet; extended release 24 hr</i> | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>nikki tablet</i>                                 | oral      | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| NILUTAMIDE TABLET                                   | oral      | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>nimodipine capsule</i>                           | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| NINLARO CAPSULE                                     | oral      | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>nisoldipine tablet; extended release 24 hr</i>   | oral      |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| NITISINONE CAPSULE                                  | oral      | LA; PA; SP              | DIAGNOSTICS & MISC AGENTS                |

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| Drug Name  | Route        | Requirements/<br>Limits | Therapeutic Class                        |
|--|--------------|-------------------------|--|
| <i>nitro-bid ointment (gram)</i>                         | transderm    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>nitrofurantoin capsule</i>                            | oral         |                         | ANTI - INFECTIVES                        |
| <i>nitrofurantoin suspension; oral (final dose form)</i> | oral         |                         | ANTI - INFECTIVES                        |
| <i>nitrofurantoin macrocrystal capsule</i>               | oral         |                         | ANTI - INFECTIVES                        |
| <i>nitroglycerin capsule; extended release</i>           | oral         |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>nitroglycerin patch; transderm 24 hours</i>           | transderm    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>nitroglycerin spray; non-aerosol (gram)</i>           | translingual |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>nitroglycerin tablet; sl</i>                          | SL           |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>nitro-time capsule; extended release</i>              | oral         |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| NITYR TABLET   | oral         | LA; PA; SP              | DIAGNOSTICS & MISC AGENTS                |
| NIVESTYM SYRINGE (ML)                                    | SC           | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| NIVESTYM VIAL (ML)                                       | INJ          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>nizatidine capsule</i>                                | oral         |                         | GASTROENTEROLOGY                         |
| <i>nizatidine solution; oral</i>                         | oral         |                         | GASTROENTEROLOGY                         |
| <i>nolix cream (gram)</i>                                | topical      |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>nolix lotion (ml)</i>                                 | topical      |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>nora-be tablet</i>                                    | oral         | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| NORDITROPIN FLEXPEN INJECTOR (ML)                        | SC           | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>norethindrone acetate tablet 5 mg</i>                 | oral         |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>norethindrone acetate tablet 0.35 mg</i>              | oral         | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>norethindrone-ethin estradiol tablet</i>              | oral         |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>norethindrone-ethin estradiol tablet</i>              | oral         | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>norethin-eth estra ferrous fum tablet</i>             | oral         | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>norethin-eth estra ferrous fum tablet;chewable</i>    | oral         | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>norgestimate-ethinyl estradiol tablet</i>             | oral         | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>norlyda tablet</i>                                    | oral         | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>nortrel tablet</i>                                    | oral         | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>nortriptyline hcl capsule</i>                         | oral         |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>nortriptyline hcl solution; oral</i>                  | oral         |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| NORVIR POWDER IN PACKET (EA)                             | oral         | SP                      | ANTI - INFECTIVES                        |
| NORVIR SOLUTION; ORAL                                    | oral         | SP                      | ANTI - INFECTIVES                        |
| NOVOEIGHT VIAL (EA)                                      | IV           | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| NOVOPEN 3 INSULIN PEN (EA)                               | SC           |                         | ENDOCRINE/DIABETES                       |
| NOVOSEVEN RT VIAL (EA)                                   | IV           | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |

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|---|---------|-------------------------|--|
| NOXAFIL SUSPENSION; ORAL (FINAL DOSE FORM)                  | oral    |                         | ANTI - INFECTIVES                        |
| <i>np thyroid tablet</i>                                    | oral    |                         | ENDOCRINE/DIABETES                       |
| NPLATE VIAL (EA)  | SC      | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| NUBEQA TABLET   | oral    | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| NUCALA AUTO-INJECTOR (ML)                                   | SC      | LA; PA; SP              | RESPIRATORY, ALLERGY, COUGH & COLD       |
| NUCALA SYRINGE (ML)   | SC      | LA; PA; SP              | RESPIRATORY, ALLERGY, COUGH & COLD       |
| NUCALA VIAL (EA)  | SC      | LA; PA; SP              | RESPIRATORY, ALLERGY, COUGH & COLD       |
| NUCYNTA TABLET  | oral    | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| NUCYNTA ER TABLET; EXTENDED RELEASE 12 HR                   | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| NUDEXTA CAPSULE   | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| NULOJIX VIAL (EA)   | IV      | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>nyamyc powder (gram)</i>                                 | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>nystatin cream (gram)</i>                                | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>nystatin ointment (gram)</i>                             | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>nystatin powder (gram)</i>                               | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>nystatin suspension; oral (final dose form)</i>          | oral    |                         | ANTI - INFECTIVES                        |
| <i>nystatin tablet</i>                                      | oral    |                         | ANTI - INFECTIVES                        |
| <i>nystatin w/triamcinolone cream (gram)</i>                | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>nystatin w/triamcinolone ointment (gram)</i>             | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>nystatin/triamcinolone cream (gram)</i>                  | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>nystop powder (gram)</i>                                 | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| OBIZUR VIAL (EA)  | IV      | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>obstetrix dha combination package; tablet and dr cap</i> | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| OICALIVA TABLET   | oral    | LA; PA; SP              | GASTROENTEROLOGY                         |
| <i>ocella tablet</i>  | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| OCREVUS VIAL (ML)   | IV      | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| OCTREOTIDE ACETATE AMPUL (ML)                               | INJ     | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| OCTREOTIDE ACETATE SYRINGE (ML)                             | INJ     | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |

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| Drug Name  | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|--|-------------|-------------------------|--|
| OCTREOTIDE ACETATE VIAL (ML)                                     | INJ         | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| ODACTRA TABLET; SL   | SL          | PA                      | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| ODEFSEY TABLET   | oral        | SP                      | ANTI - INFECTIVES                        |
| ODOMZO CAPSULE   | oral        | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| OFEV CAPSULE   | oral        | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>ofloxacin drops 0.3 %</i>                                     | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>ofloxacin drops 0.3 %</i>                                     | otic (ear)  |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>ofloxacin tablet</i>  | oral        |                         | ANTI - INFECTIVES                        |
| <i>ogestrel tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>okebo capsule</i>   | oral        |                         | ANTI - INFECTIVES                        |
| <i>olanzapine tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>olanzapine odt tablet;disintegrating</i>                      | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>olanzapine-fluoxetine hcl capsule</i>                         | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>olmesartan medoxomil tablet</i>                               | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>olmesartan-amlodipine-hctz tablet</i>                         | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>olmesartan-hydrochlorothiazide tablet</i>                     | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>olopatadine hcl aerosol; spray with pump (gram)</i>           | nasal       | QL                      | EAR, NOSE & THROAT MEDICATIONS           |
| <i>omega-3 acid ethyl esters capsule</i>                         | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>omeppi capsule 40mg-1.1g</i>                                  | oral        | ST                      | GASTROENTEROLOGY                         |
| <i>omeppi capsule 20mg-1.1g</i>                                  | oral        | QL; ST                  | GASTROENTEROLOGY                         |
| <i>omeprazole capsule;delayed release (enteric coated)</i>       | oral        |                         | GASTROENTEROLOGY                         |
| <i>omeprazole capsule;delayed release (enteric coated) 10 mg</i> | oral        | QL                      | GASTROENTEROLOGY                         |
| <i>omeprazole-sodium bicarbonate capsule 40mg-1.1g</i>           | oral        | ST                      | GASTROENTEROLOGY                         |
| <i>omeprazole-sodium bicarbonate capsule 20mg-1.1g</i>           | oral        | QL; ST                  | GASTROENTEROLOGY                         |
| <i>omeprazole-sodium bicarbonate packet (ea) 40-1680mg</i>       | oral        | ST                      | GASTROENTEROLOGY                         |
| <i>omeprazole-sodium bicarbonate packet (ea) 20-1680mg</i>       | oral        | QL; ST                  | GASTROENTEROLOGY                         |
| OMNIPOD EACH   | misc        |                         | ENDOCRINE/DIABETES                       |
| OMNIPOD DASH CARTRIDGE (EA)                                      | SC          |                         | ENDOCRINE/DIABETES                       |
| ONCASPAR VIAL (ML)   | INJ         | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>ondansetron hcl solution; oral</i>                            | oral        |                         | GASTROENTEROLOGY                         |
| <i>ondansetron hcl tablet</i>                                    | oral        |                         | GASTROENTEROLOGY                         |
| <i>ondansetron odt tablet;disintegrating</i>                     | oral        |                         | GASTROENTEROLOGY                         |

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|---|---------|-------------------------|--|
| ONE TOUCH PING EACH   | misc    |                         | ENDOCRINE/DIABETES                       |
| ONE TOUCH ULTRA 2 EACH  | misc    | QL                      | ENDOCRINE/DIABETES                       |
| ONE TOUCH ULTRA CONTROL SOLN EACH                                 | misc    |                         | ENDOCRINE/DIABETES                       |
| ONE TOUCH ULTRA TEST STRIPS STRIP                                 | misc    |                         | ENDOCRINE/DIABETES                       |
| ONE TOUCH ULTRAMINI KIT   | misc    | QL                      | ENDOCRINE/DIABETES                       |
| ONE TOUCH VERIO EACH  | misc    |                         | ENDOCRINE/DIABETES                       |
| ONE TOUCH VERIO STRIP   | misc    |                         | ENDOCRINE/DIABETES                       |
| ONE TOUCH VERIO IQ EACH   | misc    | QL                      | ENDOCRINE/DIABETES                       |
| ONETOUCH VERIO FLEX EACH  | misc    |                         | ENDOCRINE/DIABETES                       |
| ONETOUCH VERIO REFLECT EACH                                       | misc    |                         | ENDOCRINE/DIABETES                       |
| ONEXTON GEL WITH PUMP (GRAM)                                      | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| ONIVYDE VIAL (ML)   | IV      | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>opcicon one-step tablet</i>                                    | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| OPDIVO VIAL (ML)  | IV      | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>opium tincture</i>   | oral    |                         | GASTROENTEROLOGY                         |
| OPSUMIT TABLET  | oral    | LA; PA; SP              | RESPIRATORY, ALLERGY, COUGH & COLD       |
| OPTICHAMBER DIAMOND SPACER (EA)                                   | misc    |                         | ENDOCRINE/DIABETES                       |
| <i>option 2 tablet</i>  | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| ORACEA CAPSULE;IMMEDIATE; DELAY RELEASE;BIPHASE                   | oral    | ST                      | ANTI - INFECTIVES                        |
| <i>oral saline laxative liquid (ml)</i>                           | oral    | ACA                     | GASTROENTEROLOGY                         |
| ORALAIR TABLET; SL  | SL      | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>oralone paste (gram)</i>                                       | dental  |                         | EAR, NOSE & THROAT MEDICATIONS           |
| ORBACTIV VIAL (EA)  | IV      | PA                      | ANTI - INFECTIVES                        |
| ORILISSA TABLET   | oral    | ST                      | ENDOCRINE/DIABETES                       |
| ORKAMBI GRANULES IN PACKET (EA)                                   | oral    | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| ORKAMBI TABLET  | oral    | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>orphenadrine citrate tablet; extended release</i>              | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>orphenadrine-aspirin-caffeine tablet</i>                       | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>orphengesic forte tablet</i>                                   | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>orsythia tablet</i>  | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>oscimin tablet</i>   | oral    |                         | GASTROENTEROLOGY                         |
| <i>oscimin tablet;disintegrating</i>                              | oral    |                         | GASTROENTEROLOGY                         |
| <i>oscimin sl tablet; sl</i>                                      | SL      |                         | GASTROENTEROLOGY                         |
| <i>oscimin sr tablet; extended release 12 hr</i>                  | oral    |                         | GASTROENTEROLOGY                         |
| <i>oseltamivir phosphate capsule</i>                              | oral    |                         | ANTI - INFECTIVES                        |
| <i>oseltamivir phosphate suspension; reconstituted; oral (ml)</i> | oral    |                         | ANTI - INFECTIVES                        |
| OTEZLA TABLET   | oral    | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |

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|---|-------------|-------------------------|--|
| OTEZLA TABLET; DOSE PACK  | oral        | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| OTOVEL VIAL (EA)  | otic (ear)  |                         | EAR, NOSE & THROAT MEDICATIONS           |
| OTREXUP AUTO-INJECTOR (ML)  | SC          | PA                      | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>oxaliplatin vial (ea)</i>                                      | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>oxaliplatin vial (ml)</i>                                      | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>oxandrolone tablet</i>   | oral        | PA                      | ENDOCRINE/DIABETES                       |
| <i>oxaprozin tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>oxcarbazepine suspension; oral (final dose form)</i>           | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>oxcarbazepine tablet</i>                                       | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| OXERVATE DROPS  | ophth (eye) | PA; SP                  | OPHTHALMOLOGY                            |
| <i>oxiconazole nitrate cream (gram)</i>                           | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>oxybutynin chloride syrup</i>                                  | oral        |                         | UROLOGICALS                              |
| <i>oxybutynin chloride tablet</i>                                 | oral        |                         | UROLOGICALS                              |
| <i>oxybutynin chloride er tablet; extended release 24 hr</i>      | oral        |                         | UROLOGICALS                              |
| <i>oxybutynin chloride er tablet; extended release 24 hr 5 mg</i> | oral        | QL                      | UROLOGICALS                              |
| <i>oxycodone hcl capsule</i>                                      | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>oxycodone hcl concentrate; oral</i>                            | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>oxycodone hcl solution; oral</i>                               | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>oxycodone hcl tablet</i>                                       | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>oxycodone hcl-ibuprofen tablet</i>                             | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>oxycodone w/acetaminophen tablet</i>                           | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>oxycodone w/aspirin tablet</i>                                 | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| OXYCONTIN TABLET; ORAL ONLY; EXTENDED RELEASE 12 HR               | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>oxymorphone hcl tablet</i>                                     | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>oxymorphone hcl er tablet; extended release 12 hr</i>          | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>oyster calcium w/vitamin d tablet</i>                          | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>oyster shell calcium w/vit d tablet</i>                        | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| OZEMPIC PEN INJECTOR (ML)   | SC          | QL; ST                  | ENDOCRINE/DIABETES                       |
| OZURDEX IMPLANT (EA)  | intraocular | PA; SP                  | OPHTHALMOLOGY                            |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| <i>pacerone tablet</i>                                      | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>paclitaxel vial (ml)</i>                                 | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>paliperidone er tablet; extended release 24 hr</i>       | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>palonosetron hcl syringe (ml)</i>                        | IV          | PA                      | GASTROENTEROLOGY                         |
| <i>palonosetron hcl vial (ml)</i>                           | IV          | PA                      | GASTROENTEROLOGY                         |
| PALYNZIQ SYRINGE (ML)                                       | SC          | LA; PA; SP              | ENDOCRINE/DIABETES                       |
| <i>pantoprazole sodium tablet; enteric coated 40 mg</i>     | oral        |                         | GASTROENTEROLOGY                         |
| <i>pantoprazole sodium tablet; enteric coated 20 mg</i>     | oral        | QL                      | GASTROENTEROLOGY                         |
| <i>paraplatin vial (ml)</i>                                 | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>paregoric liquid (ml)</i>                                | oral        |                         | GASTROENTEROLOGY                         |
| <i>paricalcitol capsule</i>                                 | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>paricalcitol vial (ml)</i>                               | IV          |                         | ENDOCRINE/DIABETES                       |
| <i>paromomycin sulfate capsule</i>                          | oral        |                         | ANTI - INFECTIVES                        |
| <i>paroxetine er tablet; extended release 24 hr</i>         | oral        | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>paroxetine hcl tablet</i>                                | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>paroxetine mesylate capsule</i>                          | oral        | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| PAZEO DROPS   | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>pediarix syringe (ml)</i>                                | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>pedvaxhib vial (ml)</i>                                  | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>peg 3350-electrolyte solution; reconstituted; oral</i>   | oral        | ACA                     | GASTROENTEROLOGY                         |
| PEGANONE TABLET   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| PEGASYS SYRINGE (ML)  | SC          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| PEGASYS VIAL (ML)   | SC          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>peg-prep kit</i>   | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>pe-guai drops</i>  | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>penicillamine capsule</i>                                | oral        |                         | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>penicillamine tablet</i>                                 | oral        |                         | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>penicillin v potassium solution; reconstituted; oral</i> | oral        |                         | ANTI - INFECTIVES                        |
| <i>penicillin v potassium tablet</i>                        | oral        |                         | ANTI - INFECTIVES                        |
| <i>pentacel kit</i>   | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |

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| Drug Name   | Route           | Requirements/<br>Limits | Therapeutic Class                        |
|---|-----------------|-------------------------|--|
| <i>pentacel acthib component vial (ea)</i>          | IM              | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>pentamidine isethionate vial; nebulizer (ea)</i> | INH             | QL                      | ANTI - INFECTIVES                        |
| PENTASA CAPSULE; EXTENDED RELEASE                   | oral            |                         | GASTROENTEROLOGY                         |
| <i>pentoxifylline tablet; extended release</i>      | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| PERFOROMIST VIAL; NEBULIZER (ML)                    | INH             | QL                      | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>perindopril erbumine tablet</i>                  | oral            |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>periogard mouthwash</i>                          | mucous membrane |                         | EAR, NOSE & THROAT MEDICATIONS           |
| PERJETA VIAL (ML)                                   | IV              | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>permethrin cream (gram)</i>                      | topical         |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>perphenazine tablet</i>                          | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>perry prenatal tablet capsule</i>                | oral            |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>phenadoz suppository; rectal</i>                 | rectal          |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>phenazopyridine hcl tablet</i>                   | oral            |                         | UROLOGICALS                              |
| <i>phenelzine sulfate tablet</i>                    | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>phenobarbital elixir</i>                         | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>phenobarbital tablet</i>                         | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>phenobarbital-hyosc-atrop-scop elixir</i>        | oral            |                         | GASTROENTEROLOGY                         |
| <i>phenobarbital-hyosc-atrop-scop tablet</i>        | oral            |                         | GASTROENTEROLOGY                         |
| <i>phenohydro elixir</i>                            | oral            |                         | GASTROENTEROLOGY                         |
| <i>phenohydro tablet</i>                            | oral            |                         | GASTROENTEROLOGY                         |
| <i>phenoxybenzamine hcl capsule</i>                 | oral            | PA                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>phenylephrine hcl drops</i>                      | ophth (eye)     |                         | OPHTHALMOLOGY                            |
| <i>phenylephrine-lidocaine-water vial (ml)</i>      | intraocular     |                         | OPHTHALMOLOGY                            |
| <i>phenytoin suspension; oral (final dose form)</i> | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>phenytoin tablet; chewable</i>                   | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>phenytoin sodium capsule</i>                     | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>philith tablet</i>                               | oral            | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| PHOSLYRA SOLUTION; ORAL                             | oral            |                         | GASTROENTEROLOGY                         |
| <i>phosphasal tablet</i>                            | oral            |                         | UROLOGICALS                              |
| <i>phosphate laxative liquid (ml)</i>               | oral            | ACA                     | GASTROENTEROLOGY                         |
| PHOSPHOLINE IODIDE DROPS                            | ophth (eye)     |                         | OPHTHALMOLOGY                            |
| PHOTOFRIN VIAL (EA)                                 | IV              | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>phrenilin forte capsule</i>                      | oral            |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |

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| Drug Name  | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|--|-------------|-------------------------|--|
| <i>phytonadione ampul (ml)</i>                   | INJ         |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| PHYTONADIONE SYRINGE (ML)                        | INJ         |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>phytonadione tablet</i>                       | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| PICATO GEL (EA)                                  | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>pilocarpine hcl drops</i>                     | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>pilocarpine hcl tablet</i>                    | oral        |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>pimecrolimus cream (gram)</i>                 | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>pimozide tablet</i>                           | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>pimtreea tablet</i>                           | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>pindolol tablet</i>                           | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>pioglitazone hcl tablet</i>                   | oral        | QL                      | ENDOCRINE/DIABETES                       |
| <i>pioglitazone-glimepiride tablet</i>           | oral        | QL                      | ENDOCRINE/DIABETES                       |
| <i>pioglitazone-metformin tablet</i>             | oral        | QL                      | ENDOCRINE/DIABETES                       |
| <i>pirmella tablet</i>                           | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>piroxicam capsule</i>                         | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| PLEGRIDY PEN INJECTOR (ML)                       | SC          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| PLEGRIDY SYRINGE (ML)                            | SC          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>pneumovax 23 syringe (ml)</i>                 | INJ         | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>pneumovax 23 vial (ml)</i>                    | INJ         | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>pnv 29-1 tablet</i>                           | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>pnv-dha capsule</i>                           | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>pnv-dha + docusate capsule</i>                | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>pnv-omega capsule</i>                         | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>pnv-select tablet</i>                         | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>pnv-vp-u capsule</i>                          | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| POCKET CHAMBER SPACER (EA)                       | misc        |                         | ENDOCRINE/DIABETES                       |
| <i>podofilox solution; non-oral</i>              | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>polycin ointment (gram)</i>                   | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>polyethylene glycol powder (gram)</i>         | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>polyethylene glycol powder in packet (ea)</i> | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>polymyxin b sul-trimethoprim drops</i>        | ophth (eye) |                         | OPHTHALMOLOGY                            |

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| Drug Name   | Route   | Requirements/<br>Limits | Therapeutic Class                        |
|---|---------|-------------------------|--|
| POMALYST CAPSULE  | oral    | LA; PA; SP              | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>portia tablet</i>  | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| POSACONAZOLE SUSPENSION; ORAL (FINAL DOSE FORM)                   | oral    |                         | ANTI - INFECTIVES                        |
| <i>posaconazole tablet; enteric coated</i>                        | oral    |                         | ANTI - INFECTIVES                        |
| <i>potassium chloride capsule; extended release</i>               | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>potassium chloride liquid (ml)</i>                             | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>potassium chloride packet (ea)</i>                             | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>potassium chloride tablet; ext release; particles/crystals</i> | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>potassium chloride tablet; extended release</i>                | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>potassium citrate er tablet; extended release</i>              | oral    |                         | UROLOGICALS                              |
| <i>powderlax powder (gram)</i>                                    | oral    | ACA                     | GASTROENTEROLOGY                         |
| <i>powderlax powder in packet (ea)</i>                            | oral    | ACA                     | GASTROENTEROLOGY                         |
| <i>pr natal 400 combination package (ea)</i>                      | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>pr natal 400 ec combination package; tablet and dr cap</i>     | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>pr natal 430 combination package (ea)</i>                      | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>pr natal 430 ec combination package; tablet and dr cap</i>     | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| PRALUENT PEN PEN INJECTOR (ML)                                    | SC      | PA                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>pramipexole di-hcl tablet</i>                                  | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>pramipexole er tablet; extended release 24 hr</i>              | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>pramoxine hcl w/hydrocortisone cream with applicator</i>       | rectal  |                         | GASTROENTEROLOGY                         |
| <i>prasugrel hcl tablet</i>                                       | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>pravastatin sodium tablet</i>                                  | oral    | ACA; QL                 | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>praziquantel tablet</i>  | oral    |                         | ANTI - INFECTIVES                        |
| <i>prazosin hcl capsule</i>                                       | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>pre-attached lta kit solution; oral</i>                        | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| PRECISION XTRA EACH   | misc    | QL                      | ENDOCRINE/DIABETES                       |
| PRECISION XTRA STRIP  | misc    |                         | ENDOCRINE/DIABETES                       |
| PRECISION XTRA KETONE-GLUCOSE KIT                                 | misc    |                         | ENDOCRINE/DIABETES                       |
| <i>prednicarbate cream (gram)</i>                                 | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |

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| Drug Name  | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|--|-------------|-------------------------|--|
| <i>prednicarbate ointment (gram)</i>                                 | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>prednisolone solution; oral</i>                                   | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>prednisolone acetate suspension; drops(final dosage form)(ml)</i> | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>prednisolone sodium phos odt tablet;disintegrating</i>            | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>prednisolone sodium phosphate drops</i>                           | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>prednisolone sodium phosphate solution; oral</i>                  | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>prednisone concentrate; oral</i>                                  | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>prednisone solution; oral</i>                                     | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>prednisone tablet</i>   | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>prednisone tablet; dose pack</i>                                  | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>pregabalin capsule</i>  | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>pregabalin solution; oral</i>                                     | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| PREMARIN CREAM WITH APPLICATOR                                       | vaginal     |                         | OBSTETRICS & GYNECOLOGY                  |
| PREMARIN TABLET  | oral        |                         | OBSTETRICS & GYNECOLOGY                  |
| PREMPHASE TABLET   | oral        |                         | OBSTETRICS & GYNECOLOGY                  |
| PREMPRO TABLET   | oral        |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>prena1 chew tablet chew;immed and delay rel;biphase</i>           | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prena1 pearl capsule;immediate; delay release;biphase</i>         | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prena1 true combination package (ea)</i>                          | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prenaissance capsule</i>  | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prenaissance plus capsule</i>                                     | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prenatabs fa tablet</i>   | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prenatabs rx tablet</i>   | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prenatal tablet</i>   | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prenatal complete tablet</i>                                      | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prenatal formula tablet</i>                                       | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prenatal multi + dha capsule</i>                                  | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prenatal plus tablet</i>  | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prenatal vitamin tablet</i>                                       | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prenatal vitamin plus low iron tablet</i>                         | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |

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| Drug Name   | Route   | Requirements/<br>Limits | Therapeutic Class                        |
|---|---------|-------------------------|--|
| <i>prenatal-u capsule</i>                               | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prenavite tablet</i>                                 | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>preplus tablet</i>                                   | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prepopik powder in packet (ea)</i>                   | oral    | ACA                     | GASTROENTEROLOGY                         |
| <i>pretab tablet</i>                                    | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>prevalite powder (gram)</i>                          | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>prevalite powder in packet (ea)</i>                  | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>previfem tablet</i>                                  | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>prevnar 13 syringe (ml)</i>                          | IM      | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| PREVYMIS TABLET   | oral    |                         | ANTI - INFECTIVES                        |
| PREZISTA SUSPENSION; ORAL (FINAL DOSE FORM)             | oral    | SP                      | ANTI - INFECTIVES                        |
| PREZISTA TABLET   | oral    | SP                      | ANTI - INFECTIVES                        |
| PRIFTIN TABLET  | oral    |                         | ANTI - INFECTIVES                        |
| <i>primaquine generic tablet</i>                        | oral    |                         | ANTI - INFECTIVES                        |
| PRIMEAIRE SPACER (EA)                                   | misc    |                         | ENDOCRINE/DIABETES                       |
| <i>primidone tablet</i>                                 | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| PRIVIGEN VIAL (ML)                                      | IV      | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| PROAIR RESPICLICK AEROSOL POWDER; BREATH ACTIVATED (EA) | INH     |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>probenecid tablet</i>                                | oral    |                         | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>probenecid w/colchicine tablet</i>                   | oral    |                         | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>procainamide hcl vial (ml)</i>                       | INJ     |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>procentra solution; oral</i>                         | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| PROCHAMBER SPACER (EA)                                  | misc    |                         | ENDOCRINE/DIABETES                       |
| <i>prochlorperazine maleate suppository; rectal</i>     | rectal  |                         | GASTROENTEROLOGY                         |
| <i>prochlorperazine maleate tablet</i>                  | oral    |                         | GASTROENTEROLOGY                         |
| PROCRIT VIAL (ML)                                       | INJ     | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>procto-med hc cream with perineal applicator</i>     | topical |                         | GASTROENTEROLOGY                         |
| <i>proctosol-hc cream with perineal applicator</i>      | topical |                         | GASTROENTEROLOGY                         |
| <i>proctozone-hc cream with perineal applicator</i>     | topical |                         | GASTROENTEROLOGY                         |
| PROFILNINE SD VIAL (EA)                                 | IV      | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>progesterone capsule</i>                             | oral    | PA                      | OBSTETRICS & GYNECOLOGY                  |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                           |
|---|-------------|-------------------------|---|
| PROGESTERONE VIAL (ML)  | IM          | PA; SP                  | OBSTETRICS & GYNECOLOGY                     |
| PROGRAF GRANULES IN PACKET (EA)                               | oral        | SP                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| PROLASTIN C VIAL (EA)   | IV          | LA; PA; SP              | DIAGNOSTICS & MISC AGENTS                   |
| <i>prolate tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| PROLENSA DROPS  | ophth (eye) |                         | OPHTHALMOLOGY                               |
| PROLEUKIN VIAL (EA)   | IV          | PA; SP                  | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| PROMACTA POWDER IN PACKET (EA)                                | oral        | LA; PA; SP              | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| PROMACTA TABLET   | oral        | LA; PA; SP              | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>promethazine hcl suppository; rectal</i>                   | rectal      |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>promethazine hcl syrup</i>                                 | oral        |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>promethazine hcl tablet</i>                                | oral        |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>promethazine vc syrup</i>                                  | oral        |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>promethazine vc w/codeine syrup</i>                        | oral        |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>promethazine w/codeine syrup</i>                           | oral        |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>promethazine w/dm syrup</i>                                | oral        |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>promethegan suppository; rectal</i>                        | rectal      |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>propafenone hcl tablet</i>                                 | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>propafenone hcl er capsule; extended<br/>release 12 hr</i> | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>proparacaine hcl drops</i>                                 | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>proparacaine-fluorescein drops</i>                         | ophth (eye) |                         | OPHTHALMOLOGY                               |
| <i>propranolol hcl solution; oral</i>                         | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>propranolol hcl tablet</i>                                 | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>propranolol hcl er capsule; extended<br/>release 24hr</i>  | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>propranolol hcl-hctz tablet</i>                            | oral        |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>propylthiouracil tablet</i>                                | oral        |                         | ENDOCRINE/DIABETES                          |
| <i>proquad vial (ea)</i>                                      | SC          | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>protriptyline hcl tablet</i>                               | oral        |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>prudoxin cream (gram)</i>                                  | topical     |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |

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| Drug Name  | Route  | Requirements/<br>Limits | Therapeutic Class                        |
|--|--------|-------------------------|--|
| PULMICORT FLEXHALER AEROSOL POWDER; BREATH ACTIVATED (EA)    | INH    | QL                      | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>pulmosal vial; nebulizer (ml)</i>                         | INH    |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| PULMOZYME SOLUTION; NON-ORAL                                 | INH    | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>purelax powder (gram)</i>                                 | oral   | ACA                     | GASTROENTEROLOGY                         |
| <i>purelax powder in packet (ea)</i>                         | oral   | ACA                     | GASTROENTEROLOGY                         |
| PURIXAN SUSPENSION; ORAL (FINAL DOSE FORM)                   | oral   | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>pyrazinamide tablet</i>                                   | oral   |                         | ANTI - INFECTIVES                        |
| <i>pyridostigmine bromide syrup</i>                          | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>pyridostigmine bromide tablet</i>                         | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>pyridostigmine bromide er tablet; extended release</i>    | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| PYRIMETHAMINE TABLET   | oral   | PA; SP                  | ANTI - INFECTIVES                        |
| QNASL HFA AEROSOL WITH ADAPTER (GRAM) 40 MCG                 | nasal  | ST                      | RESPIRATORY, ALLERGY, COUGH & COLD       |
| QNASL HFA AEROSOL WITH ADAPTER (GRAM) 80 MCG                 | nasal  | QL; ST                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>quadracel dtap-ipv vial (ml)</i>                          | IM     | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| QUDEXY XR CAPSULE SPRINKLE; EXTENDED RELEASE 24 HR           | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>quetiapine fumarate tablet</i>                            | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>quetiapine fumarate er tablet; extended release 24 hr</i> | oral   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| QUICK RELEASE SOFT TEFLON INFUSION SETS-PARAPHERNALIA        | misc   |                         | ENDOCRINE/DIABETES                       |
| QUICK-SET PARADIGM INFUSION SETS-PARAPHERNALIA               | misc   |                         | ENDOCRINE/DIABETES                       |
| QUILLICHEW ER TABLET;CHEW;IR AND ER BIPHASIC REL 24HR        | oral   | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| QUILLIVANT XR SUSPENSION;EXTENDED RELEASE;RECONST.24HR       | oral   | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>quinapril tablet</i>                                      | oral   |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>quinapril-hydrochlorothiazide tablet</i>                  | oral   |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>quinidine gluconate tablet; extended release</i>          | oral   |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>quinidine sulfate tablet</i>                              | oral   |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>quinine sulfate capsule</i>                               | oral   |                         | ANTI - INFECTIVES                        |
| <i>quit 2 gum</i>  | buccal | ACA                     | DIAGNOSTICS & MISC AGENTS                |
| <i>quit 2 lozenge</i>  | buccal | ACA                     | DIAGNOSTICS & MISC AGENTS                |
| <i>quit 4 gum</i>  | buccal | ACA                     | DIAGNOSTICS & MISC AGENTS                |
| <i>quit 4 lozenge</i>  | buccal | ACA                     | DIAGNOSTICS & MISC AGENTS                |

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|---|------------|-------------------------|--|
| QVAR REDHALER HFA AEROSOL; BREATH ACTIVATED (GRAM)  | INH        | QL                      | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>rabeprazole sodium tablet; enteric coated</i>    | oral       |                         | GASTROENTEROLOGY                         |
| RADICAVA IV SOLUTION; PIGGYBACK (ML)                | IV         | PA; SP                  | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| RAGWITEK TABLET; SL                                 | SL         | PA                      | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>raloxifene hcl tablet</i>                        | oral       | ACA                     | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>ramelteon tablet</i>                             | oral       | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>ramipril capsule</i>                             | oral       |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>ranitidine hcl capsule</i>                       | oral       |                         | GASTROENTEROLOGY                         |
| <i>ranitidine hcl syrup</i>                         | oral       |                         | GASTROENTEROLOGY                         |
| <i>ranitidine hcl tablet</i>                        | oral       |                         | GASTROENTEROLOGY                         |
| <i>ranolazine er tablet; extended release 12 hr</i> | oral       |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>rasagiline mesylate tablet</i>                   | oral       |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| RASUVO AUTO-INJECTOR (ML)                           | SC         | PA                      | MUSCULOSKELETAL & RHEUMATOLOGY           |
| RAVICTI LIQUID (ML)                                 | oral       | PA; SP                  | DIAGNOSTICS & MISC AGENTS                |
| REBIF SYRINGE (ML)                                  | SC         | PA; QL; SP              | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| REBIF REBIDOSE PEN INJECTOR (ML)                    | SC         | PA; QL; SP              | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>reclipsen tablet</i>                             | oral       | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>recombivax hb syringe (ml)</i>                   | IM         | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>recombivax hb vial (ml)</i>                      | IM         | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| RECTIV OINTMENT (GRAM)                              | rectal     |                         | GASTROENTEROLOGY                         |
| REGRANEX GEL (GRAM)                                 | topical    | QL                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| RELISTOR SYRINGE (ML)                               | SC         |                         | GASTROENTEROLOGY                         |
| RELISTOR TABLET                                     | oral       |                         | GASTROENTEROLOGY                         |
| RELISTOR VIAL (ML)                                  | SC         |                         | GASTROENTEROLOGY                         |
| RENACIDIN SOLUTION; IRRIGATION                      | irrigation |                         | UROLOGICALS                              |
| <i>rena-vite tablet</i>                             | oral       |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>repaglinide tablet</i>                           | oral       |                         | ENDOCRINE/DIABETES                       |
| <i>repaglinide-metformin hcl tablet</i>             | oral       | QL                      | ENDOCRINE/DIABETES                       |
| REPATHA PUSHTRONEX WEARABLE INJECTOR                | SC         | PA                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| REPATHA SURECLICK PEN INJECTOR (ML)                 | SC         | PA                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| REPATHA SYRINGE SYRINGE (ML)                        | SC         | PA                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| RESCRIPTOR TABLET                                   | oral       | SP                      | ANTI - INFECTIVES                        |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| RESTASIS DROPPERETTE; SINGLE-USE DROP DISPENSER     | ophth (eye) | QL                      | OPHTHALMOLOGY                            |
| RESTASIS MULTIDOSE DROPS                            | ophth (eye) |                         | OPHTHALMOLOGY                            |
| RETACRIT VIAL (ML)                                  | INJ         | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| REVCovi VIAL (ML)                                   | IM          | PA; SP                  | DIAGNOSTICS & MISC AGENTS                |
| REVEL PROGRAMMABLE PUMP EACH                        | misc        |                         | ENDOCRINE/DIABETES                       |
| REVLIMID CAPSULE                                    | oral        | LA; PA; SP              | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| REYATAZ POWDER IN PACKET (EA)                       | oral        | SP                      | ANTI - INFECTIVES                        |
| RHOPRESSA DROPS                                     | ophth (eye) |                         | OPHTHALMOLOGY                            |
| RIASTAP EACH  | IV          | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| RIBAPAK TABLET; DOSE PACK                           | oral        | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| RIBASPHERE CAPSULE                                  | oral        | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| RIBASPHERE TABLET                                   | oral        | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| RIBAVIRIN CAPSULE                                   | oral        | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| RIBAVIRIN TABLET                                    | oral        | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>ribavirin vial; nebulizer (ea)</i>               | INH         | PA                      | ANTI - INFECTIVES                        |
| RIDAURA CAPSULE                                     | oral        | PA                      | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>rifabutin capsule</i>                            | oral        |                         | ANTI - INFECTIVES                        |
| <i>rifampin capsule</i>                             | oral        |                         | ANTI - INFECTIVES                        |
| <i>riluzole tablet</i>                              | oral        |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>rimantadine hcl tablet</i>                       | oral        |                         | ANTI - INFECTIVES                        |
| <i>ringers solution; irrigation</i>                 | irrigation  |                         | DIAGNOSTICS & MISC AGENTS                |
| RINVOQ ER TABLET; EXTENDED RELEASE 24 HR            | oral        | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>risedronate sodium tablet</i>                    | oral        | QL                      | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>risedronate sodium dr tablet; enteric coated</i> | oral        | QL                      | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>risperidone solution; oral</i>                   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>risperidone tablet</i>                           | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>risperidone odt tablet;disintegrating</i>        | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| RITEFLO SPACER (EA)                                 | misc        |                         | ENDOCRINE/DIABETES                       |
| RITONAVIR TABLET                                    | oral        | SP                      | ANTI - INFECTIVES                        |
| <i>rivastigmine capsule</i>                         | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>rivastigmine patch; transderm 24 hours</i>       | transderm   |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>rivelsa tablet; dose pack; 3 months</i>          | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |

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| Drug Name  | Route   | Requirements/<br>Limits | Therapeutic Class                           |
|--|---------|-------------------------|---|
| <i>rizatriptan tablet</i>                            | oral    | QL                      | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>rizatriptan tablet;disintegrating</i>             | oral    | QL                      | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>ropinirole hcl tablet</i>                         | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>ropinirole hcl tablet; extended release 24 hr</i> | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>rosadan cream (gram)</i>                          | topical |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>rosadan gel (gram)</i>                            | topical |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>rosula pads; medicated (ea)</i>                   | topical |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>rosuvastatin calcium tablet</i>                   | oral    | QL                      | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>rosuvastatin calcium tablet</i>                   | oral    | ACA; QL                 | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>rotateq solution; oral</i>                        | oral    | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>roweepra tablet</i>                               | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| ROZLYTREK CAPSULE                                    | oral    | LA; PA; SP              | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>r-tanna tablet</i>                                | oral    |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| RUBRACA TABLET                                       | oral    | LA; PA; SP              | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| RUCONEST VIAL (EA)                                   | IV      | PA; SP                  | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| RUXIENCE VIAL (ML)                                   | IV      | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| RUZURGI TABLET                                       | oral    | PA; SP                  | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| RYBELSUS TABLET                                      | oral    | QL; ST                  | ENDOCRINE/DIABETES                          |
| RYDAPT CAPSULE                                       | oral    | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| SAFE-CLIP EACH                                       | misc    |                         | ENDOCRINE/DIABETES                          |
| <i>salsalate tablet</i>                              | oral    |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| SAMSCA TABLET  | oral    | PA; SP                  | ENDOCRINE/DIABETES                          |
| SANDIMMUNE SOLUTION; ORAL                            | oral    | SP                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| SANTYL OINTMENT (GRAM)                               | topical |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| SAVELLA TABLET                                       | oral    | ST                      | MUSCULOSKELETAL &<br>RHEUMATOLOGY           |
| SAVELLA TABLET; DOSE PACK                            | oral    | ST                      | MUSCULOSKELETAL &<br>RHEUMATOLOGY           |
| <i>scalacort lotion (ml)</i>                         | topical |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |

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|--|-----------|-------------------------|---|
| <i>scopolamine patch;transderm 3 day</i>                   | transderm |                         | GASTROENTEROLOGY                            |
| <i>seconal sodium capsule</i>                              | oral      |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| SEGLUROMET TABLET  | oral      | QL; ST                  | ENDOCRINE/DIABETES                          |
| <i>selegiline hcl capsule</i>                              | oral      |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>selegiline hcl tablet</i>                               | oral      |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>selenium sulfide lotion (ml)</i>                        | topical   |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>selenium sulfide shampoo</i>                            | topical   |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| SELZENTRY SOLUTION; ORAL                                   | oral      | SP                      | ANTI - INFECTIVES                           |
| SELZENTRY TABLET   | oral      | SP                      | ANTI - INFECTIVES                           |
| <i>se-natal 19 tablet</i>                                  | oral      |                         | VITAMINS, HEMATINICS &<br>ELECTROLYTES      |
| <i>se-natal 19 tablet;chewable</i>                         | oral      |                         | VITAMINS, HEMATINICS &<br>ELECTROLYTES      |
| SEREVENT DISKUS BLISTER; WITH INH<br>DEVICE                | INH       | QL                      | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| SEROSTIM VIAL (EA)   | SC        | PA; SP                  | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>sertraline hcl concentrate; oral</i>                    | oral      |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>sertraline hcl tablet</i>                               | oral      |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>setlakin tablet; dose pack; 3 months</i>                | oral      | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>sevelamer carbonate powder in packet (ea)</i>           | oral      |                         | GASTROENTEROLOGY                            |
| <i>sevelamer carbonate tablet</i>                          | oral      |                         | GASTROENTEROLOGY                            |
| <i>sevelamer hcl tablet</i>                                | oral      |                         | GASTROENTEROLOGY                            |
| <i>sf gel (gram)</i>                                       | dental    |                         | EAR, NOSE & THROAT MEDICATIONS              |
| <i>sf 5000 plus cream (gram)</i>                           | dental    |                         | EAR, NOSE & THROAT MEDICATIONS              |
| <i>sharobel tablet</i>                                     | oral      | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>shingrix kit</i>  | IM        | ACA                     | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| SIGNIFOR AMPUL (ML)  | SC        | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| SILDENAFIL CITRATE SUSPENSION;<br>RECONSTITUTED; ORAL (ML) | oral      | PA; SP                  | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>sildenafil citrate tablet</i>                           | oral      | QL                      | UROLOGICALS                                 |
| SILDENAFIL CITRATE TABLET 20 MG                            | oral      | PA; QL; SP              | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| SILDENAFIL CITRATE VIAL (ML)                               | IV        | PA; SP                  | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| SILHOUETTE INFUSION SETS-<br>PARAPHERNALIA                 | misc      |                         | ENDOCRINE/DIABETES                          |
| <i>silodosin capsule</i>                                   | oral      |                         | UROLOGICALS                                 |
| <i>silver sulfadiazine cream (gram)</i>                    | topical   |                         | DERMATOLOGICALS/TOPICAL<br>THERAPY          |
| <i>simliya tablet</i>                                      | oral      | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>simpanse tablet; dose pack; 3 months</i>                | oral      | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |

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| Drug Name  | Route        | Requirements/<br>Limits | Therapeutic Class                        |
|--|--------------|-------------------------|--|
| SIMPONI PEN INJECTOR (ML)  | SC           | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| SIMPONI SYRINGE (ML)   | SC           | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| <i>simvastatin tablet 80 mg</i>  | oral         | QL                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>simvastatin tablet</i>  | oral         | ACA; QL                 | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| SIPULEUCEL-T PROVENGE PLASTIC BAG; INJ (ML)                            | IV           | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| SIROLIMUS SOLUTION; ORAL   | oral         | SP                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| SIROLIMUS TABLET   | oral         | SP                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| SIRTURO TABLET   | oral         | LA                      | ANTI - INFECTIVES                        |
| <i>skyla intrauterine device</i>                                       | intrauterine | ACA; SP                 | OBSTETRICS & GYNECOLOGY                  |
| SKYRIZI (2 SYRINGES) KIT SYRINGE KIT (EA)                              | SC           | PA; SP                  | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>smoothlax powder (gram)</i>   | oral         | ACA                     | GASTROENTEROLOGY                         |
| <i>smoothlax powder in packet (ea)</i>                                 | oral         | ACA                     | GASTROENTEROLOGY                         |
| <i>sodium chloride cartridge (ml)</i>                                  | INJ          |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>sodium chloride iv solution</i>                                     | IV           |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>sodium chloride piggyback with threaded port (ml)</i>               | IV           |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>sodium chloride piggyback with vial port (non-threaded)</i>         | IV           |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>sodium chloride solution; irrigation</i>                            | irrigation   |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>sodium chloride syringe (ml)</i>                                    | INJ          |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>sodium chloride vial (ml)</i>                                       | INJ          |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>sodium chloride vial; nebulizer (ml)</i>                            | INH          |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>sodium fluoride cream (gram)</i>                                    | dental       |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>sodium fluoride drops</i>   | oral         | ACA                     | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>sodium fluoride gel (gram)</i>                                      | dental       |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>sodium fluoride paste (ml)</i>                                      | dental       |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>sodium fluoride tablet;chewable</i>                                 | oral         | ACA                     | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>sodium fluoride 5000 plus cream (gram)</i>                          | dental       |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>sodium fluoride sensitive paste (ml)</i>                            | dental       |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>sodium phenylbutyrate powder (gram)</i>                             | oral         |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>sodium phenylbutyrate tablet</i>                                    | oral         |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>sodium polystyrene sulfonate powder (gram)</i>                      | oral         |                         | GASTROENTEROLOGY                         |
| <i>sodium polystyrene sulfonate suspension; oral (final dose form)</i> | oral         |                         | GASTROENTEROLOGY                         |
| <i>sodium sulfacetamide cleanser (ml)</i>                              | topical      |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sodium sulfacetamide cleanser; gel (ml)</i>                         | topical      |                         | DERMATOLOGICALS/TOPICAL THERAPY          |

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| Drug Name   | Route   | Requirements/<br>Limits | Therapeutic Class                        |
|---|---------|-------------------------|--|
| <i>sodium sulfacetamide shampoo</i>                           | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sodium sulfacetamide/sulfur cleanser (gram)</i>            | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sodium sulfacetamide/sulfur cleanser (ml) 9 %-4 %</i>      | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sodium sulfacetamide/sulfur cream (gram)</i>               | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sodium sulfacetamide/sulfur kit</i>                        | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sodium sulfacetamide/sulfur lotion (gram)</i>              | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sodium sulfacetamide/sulfur pads; medicated (ea)</i>       | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sodium sulfacetamide/sulfur suspension; topical (gram)</i> | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sodium sulfacetamide/sulfur suspension; topical (ml)</i>   | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| SOF-SET INFUSION SETS-PARAPHERNALIA                           | misc    |                         | ENDOCRINE/DIABETES                       |
| SOF-SET MICRO INFUSION SETS-PARAPHERNALIA                     | misc    |                         | ENDOCRINE/DIABETES                       |
| <i>solifenacin succinate tablet</i>                           | oral    |                         | UROLOGICALS                              |
| SOLQUA 100-33 INSULIN PEN (ML)                                | SC      | QL                      | ENDOCRINE/DIABETES                       |
| SOLIRIS VIAL (ML)   | IV      | PA; SP                  | DIAGNOSTICS & MISC AGENTS                |
| SOLOSEC GRANULES; DELAYED RELEASE; IN PACKET                  | oral    |                         | ANTI - INFECTIVES                        |
| SOMATULINE DEPOT SYRINGE (ML)                                 | SC      | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| SOMAVERT VIAL (EA)  | SC      | PA; SP                  | ENDOCRINE/DIABETES                       |
| <i>sotalol tablet</i>   | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>sotalol af tablet</i>                                      | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| SOTYLIZE SOLUTION; ORAL                                       | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>spinosad suspension; topical (ml)</i>                      | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| SPIRIVA CAPSULE; WITH INH DEVICE                              | INH     | QL                      | RESPIRATORY, ALLERGY, COUGH & COLD       |
| SPIRIVA RESPIMAT MIST INHALER (GRAM)                          | INH     |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>spironolactone tablet</i>                                  | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>spironolactone w/hctz tablet</i>                           | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>sprintec tablet</i>  | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| SPRYCEL TABLET  | oral    | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>sps enema (ml)</i>   | rectal  |                         | GASTROENTEROLOGY                         |
| <i>sps suspension; oral (final dose form)</i>                 | oral    |                         | GASTROENTEROLOGY                         |
| <i>sronyx tablet</i>  | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |

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|---|-------------|-------------------------|--|
| <i>ss 10-2 cleanser (gram)</i>  | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>ssd cream (gram)</i>   | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sss 10-5 cream (gram)</i>  | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sss 10-5 foam (gram)</i>   | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>st. joseph aspirin tablet;chewable</i>                               | oral        | ACA                     | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| STAVUDINE CAPSULE   | oral        | SP                      | ANTI - INFECTIVES                        |
| STEGLATRO TABLET  | oral        | QL; ST                  | ENDOCRINE/DIABETES                       |
| STELARA SYRINGE (ML)  | SC          | PA; SP                  | DERMATOLOGICALS/TOPICAL THERAPY          |
| STELARA VIAL (ML)   | SC          | PA; SP                  | DERMATOLOGICALS/TOPICAL THERAPY          |
| STIMATE AEROSOL; SPRAY WITH PUMP (ML)                                   | nasal       | SP                      | ENDOCRINE/DIABETES                       |
| STIOLTO RESPIMAT MIST INHALER (GRAM)                                    | INH         |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| STIVARGA TABLET   | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>stop smoking aid lozenge</i>   | buccal      | ACA                     | DIAGNOSTICS & MISC AGENTS                |
| STRENSIQ VIAL (ML)  | SC          | LA; PA; SP              | ENDOCRINE/DIABETES                       |
| <i>stress formula tablet</i>  | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>stress formula vitamin + iron tablet</i>                             | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>strong iodine solution; oral</i>                                     | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>subvenite tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>subvenite tablet; dose pack</i>                                      | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| SUCRAID SOLUTION; ORAL  | oral        | PA; SP                  | GASTROENTEROLOGY                         |
| <i>sucrafate suspension; oral (final dose form)</i>                     | oral        |                         | GASTROENTEROLOGY                         |
| <i>sucrafate tablet</i>   | oral        |                         | GASTROENTEROLOGY                         |
| <i>sulfacetamide sodium drops</i>                                       | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>sulfacetamide sodium ointment (gram)</i>                             | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>sulfacetamide sodium suspension; topical (ml)</i>                    | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sulfacetamide sodium-sulfur cleanser (gram)</i>                      | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sulfacetamide w/prednisolone drops</i>                               | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>sulfacleanse 8/4 suspension; topical (ml)</i>                        | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sulfadiazine tablet</i>  | oral        |                         | ANTI - INFECTIVES                        |
| <i>sulfamethoxazole/trimethoprim suspension; oral (final dose form)</i> | oral        |                         | ANTI - INFECTIVES                        |
| <i>sulfamethoxazole/trimethoprim tablet</i>                             | oral        |                         | ANTI - INFECTIVES                        |

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| Drug Name   | Route   | Requirements/<br>Limits | Therapeutic Class                        |
|---|---------|-------------------------|--|
| SULFAMYLON CREAM (GRAM)                             | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>sulfasalazine tablet</i>                         | oral    |                         | GASTROENTEROLOGY                         |
| <i>sulfasalazine dr tablet; enteric coated</i>      | oral    |                         | GASTROENTEROLOGY                         |
| <i>sulfatrim suspension; oral (final dose form)</i> | oral    |                         | ANTI - INFECTIVES                        |
| <i>sulindac tablet</i>                              | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>sumatriptan spray; non-aerosol (ea)</i>          | nasal   | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>sumatriptan succinate cartridge (ml)</i>         | SC      | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>sumatriptan succinate pen injector (ml)</i>      | SC      | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>sumatriptan succinate syringe (ml)</i>           | SC      |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>sumatriptan succinate tablet</i>                 | oral    | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>sumatriptan succinate vial (ml)</i>              | SC      | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>sumatriptan succ-naproxen sod tablet</i>         | oral    | QL; ST                  | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>super b complex tablet</i>                       | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>super b complex-vitamin c tablet</i>             | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>super b maxi complex tablet</i>                  | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>super b-complex w/vitamin c tablet</i>           | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>super quints tablet</i>                          | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>super vitamin b tablet</i>                       | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>superplex-t tablet</i>                           | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>suprep solution; reconstituted; oral</i>         | oral    | ACA                     | GASTROENTEROLOGY                         |
| SURE-T PARADIGM INFUSION SETS-PARAPHERNALIA         | misc    |                         | ENDOCRINE/DIABETES                       |
| SUTENT CAPSULE                                      | oral    | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>syeda tablet</i>                                 | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| SYLATRON KIT  | SC      | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| SYLVANT VIAL (EA)                                   | IV      | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>symax tablet;disintegrating</i>                  | oral    |                         | GASTROENTEROLOGY                         |
| <i>symax-sl tablet; sl</i>                          | SL      |                         | GASTROENTEROLOGY                         |
| <i>symax-sr tablet; extended release 12 hr</i>      | oral    |                         | GASTROENTEROLOGY                         |
| SYMBICORT HFA AEROSOL WITH ADAPTER (GRAM)           | INH     | QL                      | RESPIRATORY, ALLERGY, COUGH & COLD       |

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| Drug Name  | Route   | Requirements/<br>Limits | Therapeutic Class                        |
|--|---------|-------------------------|--|
| SYMDEKO TABLET; SEQUENTIAL                           | oral    | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| SYMFI TABLET   | oral    | SP                      | ANTI - INFECTIVES                        |
| SYMFI LO TABLET                                      | oral    | SP                      | ANTI - INFECTIVES                        |
| SYMJEPI SYRINGE (EA)                                 | INJ     |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| SYMLINPEN 120 PEN INJECTOR (ML)                      | SC      | QL                      | ENDOCRINE/DIABETES                       |
| SYMLINPEN 60 PEN INJECTOR (ML)                       | SC      | QL                      | ENDOCRINE/DIABETES                       |
| SYMPROIC TABLET                                      | oral    |                         | GASTROENTEROLOGY                         |
| SYMTUZA TABLET                                       | oral    | SP                      | ANTI - INFECTIVES                        |
| SYNAGIS VIAL (ML)                                    | IM      | LA; PA; SP              | ANTI - INFECTIVES                        |
| SYNAREL AEROSOL; SPRAY (ML)                          | nasal   |                         | ENDOCRINE/DIABETES                       |
| SYNJARDY TABLET                                      | oral    | QL; ST                  | ENDOCRINE/DIABETES                       |
| SYNJARDY XR TABLET;IMMED AND EXTEND REL BIPHASE 24HR | oral    | QL; ST                  | ENDOCRINE/DIABETES                       |
| SYNRIBO VIAL (EA)                                    | SC      | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| T: 30 INFUSION SET INFUSION SETS-PARAPHERNALIA       | misc    |                         | ENDOCRINE/DIABETES                       |
| T: 90 INFUSION SETS-PARAPHERNALIA                    | misc    |                         | ENDOCRINE/DIABETES                       |
| T: SLIM CARTRIDGE (EA)                               | SC      |                         | ENDOCRINE/DIABETES                       |
| T: SLIM G4 CARTRIDGE (EA)                            | SC      |                         | ENDOCRINE/DIABETES                       |
| TACROLIMUS CAPSULE                                   | oral    | SP                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>tacrolimus ointment (gram)</i>                    | topical |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| TADALAFIL TABLET 20 MG                               | oral    | PA; QL; SP              | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>tadalafil tablet</i>                              | oral    | PA; QL                  | UROLOGICALS                              |
| TAFINLAR CAPSULE                                     | oral    | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| TAGRISSO TABLET                                      | oral    | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| TALZENNA CAPSULE                                     | oral    | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| TAMOXIFEN CITRATE TABLET                             | oral    | ACA                     | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>tamsulosin hcl capsule</i>                        | oral    |                         | UROLOGICALS                              |
| TARGRETIN GEL (GRAM)                                 | topical | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>tarina fe tablet</i>                              | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>taron prenatal capsule</i>                        | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>taron-c dha capsule</i>                           | oral    |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| TASIGNA CAPSULE                                      | oral    | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>taytulla capsule</i>                              | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>tazarotene cream (gram)</i>                       | topical | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |

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|--|-------------|-------------------------|--|
| TAZORAC CREAM (GRAM)   | topical     | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| TAZORAC GEL (GRAM)   | topical     | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>taztia xt capsule; extended release 24hr</i>              | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| TECENTRIQ VIAL (ML)  | IV          | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| TECFIDERA CAPSULE;DELAYED RELEASE (ENTERIC COATED)           | oral        | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| TEGSEDI SYRINGE (ML)   | SC          | LA; PA; SP              | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| TEKTRUNA HCT TABLET  | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>telmisartan tablet</i>                                    | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>telmisartan-amlodipine tablet</i>                         | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>telmisartan-hydrochlorothiazid tablet</i>                 | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| TEMIXYS TABLET   | oral        | SP                      | ANTI - INFECTIVES                        |
| TEMODAR VIAL (EA)  | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| TEMOZOLOMIDE CAPSULE   | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| TEMSIROLIMUS VIAL (ML)                                       | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>tencon tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| TENIPOSIDE AMPUL (ML)  | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| TENOFOVIR DISOPROXIL FUMARATE TABLET                         | oral        | SP                      | ANTI - INFECTIVES                        |
| <i>terazosin hcl capsule</i>                                 | oral        | QL                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>terbinafine tablet</i>                                    | oral        |                         | ANTI - INFECTIVES                        |
| <i>terbutaline sulfate tablet</i>                            | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>terconazole cream with applicator</i>                     | vaginal     | QL                      | OBSTETRICS & GYNECOLOGY                  |
| <i>terconazole suppository; vaginal</i>                      | vaginal     | QL                      | OBSTETRICS & GYNECOLOGY                  |
| <i>testosterone gel (gram)</i>                               | transderm   | PA                      | ENDOCRINE/DIABETES                       |
| <i>testosterone gel in metered-dose pump</i>                 | transderm   | PA                      | ENDOCRINE/DIABETES                       |
| <i>testosterone gel in packet (gram)</i>                     | transderm   | PA                      | ENDOCRINE/DIABETES                       |
| <i>testosterone solution in metered-dose pump with appl.</i> | transderm   | PA                      | ENDOCRINE/DIABETES                       |
| <i>testosterone cypionate vial (ml)</i>                      | IM          | PA                      | ENDOCRINE/DIABETES                       |
| <i>testosterone enanthate vial (ml)</i>                      | IM          | PA                      | ENDOCRINE/DIABETES                       |
| <i>testosterone propionate vial (ml)</i>                     | IM          |                         | ENDOCRINE/DIABETES                       |
| <i>tetanus diphtheria toxoids vial (ml)</i>                  | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>tetacaine drops</i>                                       | ophth (eye) |                         | OPHTHALMOLOGY                            |

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| Drug Name  | Route        | Requirements/<br>Limits | Therapeutic Class                           |
|--|--------------|-------------------------|---|
| TETRABENAZINE TABLET   | oral         | PA; SP                  | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>tetracaine hcl drops</i>                                      | ophth (eye)  |                         | OPHTHALMOLOGY                               |
| <i>tetracycline hcl capsule</i>                                  | oral         |                         | ANTI - INFECTIVES                           |
| THALOMID CAPSULE   | oral         | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>theophylline anhydrous elixir</i>                             | oral         |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>theophylline anhydrous solution; oral</i>                     | oral         |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>theophylline anhydrous tablet; extended<br/>release 12 hr</i> | oral         |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>theophylline anhydrous tablet; extended<br/>release 24 hr</i> | oral         |                         | RESPIRATORY, ALLERGY, COUGH &<br>COLD       |
| <i>thioridazine hcl tablet</i>                                   | oral         |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>thiotepa vial (ea)</i>  | INJ          | PA                      | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| <i>thiothixene capsule</i>                                       | oral         |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| THYMOGLOBULIN VIAL (EA)  | IV           | PA; SP                  | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>thyroid tablet</i>  | oral         |                         | ENDOCRINE/DIABETES                          |
| <i>tiadylt er capsule; extended release 24hr</i>                 | oral         |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>tiagabine hcl tablet</i>                                      | oral         |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| TIBSOVO TABLET   | oral         | PA; SP                  | ANTINEOPLASTIC &<br>IMMUNOSUPPRESSANT DRUGS |
| TICE BCG VIAL (EA)   | intravesical | PA                      | IMMUNOLOGY, VACCINES &<br>BIOTECHNOLOGY     |
| <i>tilia fe tablet</i>   | oral         | ACA; QL                 | OBSTETRICS & GYNECOLOGY                     |
| <i>timolol maleate drops</i>                                     | ophth (eye)  |                         | OPHTHALMOLOGY                               |
| <i>timolol maleate drops; once daily</i>                         | ophth (eye)  |                         | OPHTHALMOLOGY                               |
| <i>timolol maleate gel-forming solution</i>                      | ophth (eye)  |                         | OPHTHALMOLOGY                               |
| <i>timolol maleate tablet</i>                                    | oral         |                         | CARDIOVASCULAR, HYPERTENSION &<br>LIPIDS    |
| <i>tinidazole tablet</i>   | oral         |                         | ANTI - INFECTIVES                           |
| <i>tis-u-sol solution; irrigation</i>                            | irrigation   |                         | DIAGNOSTICS & MISC AGENTS                   |
| TIVICAY TABLET   | oral         | SP                      | ANTI - INFECTIVES                           |
| TIVICAY PD TABLET FOR SUSPENSION                                 | oral         | PA; SP                  | ANTI - INFECTIVES                           |
| <i>tizanidine hcl capsule</i>                                    | oral         |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| <i>tizanidine hcl tablet</i>                                     | oral         |                         | AUTONOMIC & CNS DRUGS,<br>NEUROLOGY & PSYCH |
| TOBI PODHALER CAPSULE  | INH          | PA; SP                  | ANTI - INFECTIVES                           |
| TOBI PODHALER CAPSULE; WITH INH<br>DEVICE                        | INH          | PA; SP                  | ANTI - INFECTIVES                           |
| TOBRADEX OINTMENT (GRAM)   | ophth (eye)  |                         | OPHTHALMOLOGY                               |
| TOBRADEX ST SUSPENSION; DROPS(FINAL<br>DOSAGE FORM)(ML)          | ophth (eye)  |                         | OPHTHALMOLOGY                               |

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|--|-------------|-------------------------|--|
| TOBRAMYCIN SULFATE AMPUL FOR NEBULIZATION (ML)                           | INH         | PA; SP                  | ANTI - INFECTIVES                        |
| <i>tobramycin sulfate drops</i>  | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>tobramycin-dexamethasone suspension; drops(final dosage form)(ml)</i> | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>today contraceptive sponge contraceptive sponge</i>                   | vaginal     | ACA                     | OBSTETRICS & GYNECOLOGY                  |
| <i>tolbutamide tablet</i>  | oral        |                         | ENDOCRINE/DIABETES                       |
| <i>tolcapone tablet</i>  | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>tolmetin sodium capsule</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>tolmetin sodium tablet</i>  | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>tolterodine tartrate tablet</i>                                       | oral        |                         | UROLOGICALS                              |
| <i>tolterodine tartrate er capsule; ext release 24 hr</i>                | oral        |                         | UROLOGICALS                              |
| TOLVAPTAN TABLET   | oral        | PA; SP                  | ENDOCRINE/DIABETES                       |
| <i>topiramate capsule; sprinkle</i>                                      | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>topiramate tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| TOPOTECAN HCL VIAL (EA)  | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| TOPOTECAN HCL VIAL (ML)  | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| TOREMIFENE CITRATE TABLET  | oral        | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>torsemide tablet</i>  | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>total b with c tablet</i>   | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| TOUJEO MAX SOLOSTAR INSULIN PEN (ML)                                     | SC          |                         | ENDOCRINE/DIABETES                       |
| TOUJEO SOLOSTAR INSULIN PEN (ML)   | SC          |                         | ENDOCRINE/DIABETES                       |
| <i>tovet emollient foam (gram)</i>                                       | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| TOVIAZ TABLET; EXTENDED RELEASE 24 HR                                    | oral        | ST                      | UROLOGICALS                              |
| TRACLEER TABLET FOR SUSPENSION   | oral        | LA; PA; SP              | RESPIRATORY, ALLERGY, COUGH & COLD       |
| TRADJENTA TABLET   | oral        | QL                      | ENDOCRINE/DIABETES                       |
| <i>tramadol hcl tablet</i>   | oral        | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>tramadol hcl er tablet; extended release 24 hr</i>                    | oral        | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>tramadol hcl er tablet;extended release multiphase 24 hr</i>          | oral        | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>tramadol hcl-acetaminophen tablet</i>                                 | oral        | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>trandolapril tablet</i>   | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |

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| Drug Name  | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|--|-------------|-------------------------|--|
| <i>trandolapril-verapamil tablet;immed and extend rel biphase 24hr</i> | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>tranexamic acid tablet</i>  | oral        |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>tranylcypromine sulfate tablet</i>                                  | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>travoprost drops</i>  | ophth (eye) |                         | OPHTHALMOLOGY                            |
| TRAZIMERA VIAL (EA)  | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>trazodone hcl tablet</i>  | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| TREANDA VIAL (EA)  | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| TRELEGY ELLIPTA BLISTER; WITH INH DEVICE                               | INH         |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| TREMFYA AUTO-INJECTOR (ML)   | SC          | PA; SP                  | DERMATOLOGICALS/TOPICAL THERAPY          |
| TREMFYA SYRINGE (ML)   | SC          | PA; SP                  | DERMATOLOGICALS/TOPICAL THERAPY          |
| TREPROSTINIL VIAL (ML)   | INJ         | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| TRESIBA VIAL (ML)  | SC          |                         | ENDOCRINE/DIABETES                       |
| TRESIBA FLEXTouch U-100 INSULIN PEN (ML)                               | SC          |                         | ENDOCRINE/DIABETES                       |
| TRESIBA FLEXTouch U-200 INSULIN PEN (ML)                               | SC          |                         | ENDOCRINE/DIABETES                       |
| TRETINOIN CAPSULE  | oral        | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>tretinoin cream (gram)</i>  | topical     | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>tretinoin gel (gram)</i>  | topical     | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>tretinoin microsphere gel (gram)</i>                                | topical     | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>tretinoin microsphere gel with pump (gram)</i>                      | topical     | PA                      | DERMATOLOGICALS/TOPICAL THERAPY          |
| TRETTEN VIAL (EA)  | IV          | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>tri femynor tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>triamcinolone acetonide aerosol (gram)</i>                          | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>triamcinolone acetonide cream (gram)</i>                            | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>triamcinolone acetonide lotion (ml)</i>                             | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>triamcinolone acetonide ointment (gram)</i>                         | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>triamcinolone acetonide paste (gram)</i>                            | dental      |                         | EAR, NOSE & THROAT MEDICATIONS           |
| <i>triamterene capsule</i>   | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>triamterene w/hctz capsule</i>                                      | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |

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|--|-------------|-------------------------|--|
| <i>triamterene w/hctz tablet</i>                                 | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>trianex ointment (gram)</i>                                   | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>triazolam tablet</i>  | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>triderm cream (gram)</i>                                      | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>trientine hcl capsule</i>                                     | oral        | PA                      | DIAGNOSTICS & MISC AGENTS                |
| <i>tri-estarylla tablet</i>                                      | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>trifluoperazine hcl tablet</i>                                | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>trifluridine drops</i>  | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>trihexyphenidyl hcl elixir</i>                                | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>trihexyphenidyl hcl tablet</i>                                | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| TRIJARDY XR TABLET;IMMED AND EXTEND REL BIPHASE 24HR             | oral        | ST                      | ENDOCRINE/DIABETES                       |
| TRIKAFTA TABLET; SEQUENTIAL                                      | oral        | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>triklo capsule</i>  | oral        |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>tri-legest fe tablet</i>                                      | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>tri-linyah tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>tri-lo-estarylla tablet</i>                                   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>tri-lo-marzia tablet</i>                                      | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>tri-lo-mili tablet</i>  | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>tri-lo-sprintec tablet</i>                                    | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>trilyte with flavor packets solution; reconstituted; oral</i> | oral        | ACA                     | GASTROENTEROLOGY                         |
| <i>trimethobenzamide hcl capsule</i>                             | oral        |                         | GASTROENTEROLOGY                         |
| <i>trimethoprim tablet</i>                                       | oral        |                         | ANTI - INFECTIVES                        |
| <i>tri-mili tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>trimipramine maleate capsule</i>                              | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| TRIMO-SAN JELLY WITH APPLICATOR (GRAM)                           | vaginal     |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>trinatal rx 1 tablet</i>                                      | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>trinate tablet</i>  | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>tri-previfem tablet</i>                                       | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| TRIPTODUR VIAL (EA)  | IM          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>tri-sprintec tablet</i>                                       | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| TRIUMEQ TABLET   | oral        | SP                      | ANTI - INFECTIVES                        |
| <i>triveen-duo dha combination package (ea)</i>                  | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>tri-vitamin with fluoride drops</i>                           | oral        | ACA                     | VITAMINS, HEMATINICS & ELECTROLYTES      |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| <i>trivora tablet</i>                               | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>tri-vylibra tablet</i>                           | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>tropicamide drops</i>                            | ophth (eye) |                         | OPHTHALMOLOGY                            |
| <i>trospium chloride capsule; ext release 24 hr</i> | oral        |                         | UROLOGICALS                              |
| <i>trospium chloride tablet</i>                     | oral        |                         | UROLOGICALS                              |
| TRULANCE TABLET                                     | oral        |                         | GASTROENTEROLOGY                         |
| TRULICITY PEN INJECTOR (ML)                         | SC          | QL; ST                  | ENDOCRINE/DIABETES                       |
| <i>trumenba syringe (ml)</i>                        | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>trust natal dha combination package (ea)</i>     | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| TRUSTEEL INFUSION SET INFUSION SETS-PARAPHERNALIA   | misc        |                         | ENDOCRINE/DIABETES                       |
| TRUVADA TABLET                                      | oral        | SP                      | ANTI - INFECTIVES                        |
| <i>truvada tablet 200-300 mg</i>                    | oral        | ACA; SP                 | ANTI - INFECTIVES                        |
| <i>tulana tablet</i>                                | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>twinrix syringe (ml)</i>                         | IM          | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>tydemy tablet</i>                                | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| TYKERB TABLET                                       | oral        | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| TYMLOS PEN INJECTOR (ML)                            | SC          | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| TYSABRI VIAL (ML)                                   | IV          | LA; PA; SP              | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| TYVASO AMPUL FOR NEBULIZATION (ML)                  | INH         | PA; SP                  | RESPIRATORY, ALLERGY, COUGH & COLD       |
| UCERIS AEROSOL; FOAM WITH APPLICATOR (GRAM)         | rectal      |                         | GASTROENTEROLOGY                         |
| UDENYCA SYRINGE (ML)                                | SC          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>ultra b-100 complex tablet</i>                   | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>unithroid tablet</i>                             | oral        |                         | ENDOCRINE/DIABETES                       |
| UNITUXIN VIAL (ML)                                  | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| UPTRAVID TABLET                                     | oral        | LA; PA; SP              | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| UPTRAVID TABLET; DOSE PACK                          | oral        | LA; PA; SP              | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>uretron d-s tablet</i>                           | oral        |                         | UROLOGICALS                              |
| <i>urimar-t tablet</i>                              | oral        |                         | UROLOGICALS                              |
| <i>urin d.s. tablet</i>                             | oral        |                         | UROLOGICALS                              |
| <i>uro-458 tablet</i>                               | oral        |                         | UROLOGICALS                              |
| <i>urogesic tablet</i>                              | oral        |                         | UROLOGICALS                              |
| <i>uro-mp capsule</i>                               | oral        |                         | UROLOGICALS                              |
| <i>ursodiol capsule</i>                             | oral        |                         | GASTROENTEROLOGY                         |
| <i>ursodiol tablet</i>                              | oral        |                         | GASTROENTEROLOGY                         |
| <i>uryl tablet</i>                                  | oral        |                         | UROLOGICALS                              |
| <i>ustell capsule</i>                               | oral        |                         | UROLOGICALS                              |
| <i>utira-c tablet</i>                               | oral        |                         | UROLOGICALS                              |

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|--|---------|-------------------------|--|
| <i>valacyclovir tablet</i>                               | oral    | QL                      | ANTI - INFECTIVES                        |
| VALCHLOR GEL (GRAM)                                      | topical | PA; SP                  | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>valganciclovir hcl solution; reconstituted; oral</i>  | oral    |                         | ANTI - INFECTIVES                        |
| <i>valganciclovir hcl tablet</i>                         | oral    |                         | ANTI - INFECTIVES                        |
| <i>valproic acid capsule</i>                             | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>valproic acid solution; oral</i>                      | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>valsartan tablet</i>                                  | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>valsartan-hydrochlorothiazide tablet</i>              | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>vancomycin hcl capsule</i>                            | oral    |                         | ANTI - INFECTIVES                        |
| <i>vancomycin hcl solution; reconstituted; oral</i>      | oral    |                         | ANTI - INFECTIVES                        |
| <i>vandazole gel with applicator (gram)</i>              | vaginal |                         | OBSTETRICS & GYNECOLOGY                  |
| VANTAS KIT   | implant | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| VARISOFT INFUSION SET INFUSION SETS-PARAPHERNALIA        | misc    |                         | ENDOCRINE/DIABETES                       |
| <i>varivax vaccine vial (ea)</i>                         | SC      | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>varizig vial (ml)</i>                                 | IM      | ACA                     | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| VARUBI TABLET  | oral    | PA                      | GASTROENTEROLOGY                         |
| VASCEPA CAPSULE  | oral    |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>vcf aerosol; foam with applicator (gram)</i>          | vaginal | ACA                     | OBSTETRICS & GYNECOLOGY                  |
| <i>vcf film; medicated (ea)</i>                          | vaginal | ACA                     | OBSTETRICS & GYNECOLOGY                  |
| <i>vcf gel with prefilled applicator (gram)</i>          | vaginal | ACA                     | OBSTETRICS & GYNECOLOGY                  |
| VECTIBIX VIAL (ML)                                       | IV      | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| VELCADE VIAL (EA)  | INJ     | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| VELETRI VIAL (EA)  | IV      | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>velivet tablet</i>                                    | oral    | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| VELPHORO TABLET;CHEWABLE                                 | oral    |                         | GASTROENTEROLOGY                         |
| VEMLIDY TABLET   | oral    | PA                      | ANTI - INFECTIVES                        |
| VENCLEXTA TABLET   | oral    | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| VENCLEXTA STARTING PACK TABLET; DOSE PACK                | oral    | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>venlafaxine hcl tablet</i>                            | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>venlafaxine hcl er capsule; ext release 24 hr</i>     | oral    |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>venlafaxine hcl er tablet; extended release 24 hr</i> | oral    | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |

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| Drug Name   | Route | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------|-------------------------|--|
| VENTOLIN HFA HFA AEROSOL WITH ADAPTER (GRAM)                    | INH   | QL                      | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>verapamil er capsule; extended release pellets 24 hr</i>     | oral  |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>verapamil er tablet; extended release</i>                    | oral  |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>verapamil er pm capsule; 24hr extended release pellet ct</i> | oral  |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>verapamil hcl capsule; extended release pellets 24 hr</i>    | oral  |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>verapamil hcl tablet</i>                                     | oral  |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| VERZENIO TABLET   | oral  | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| VGO 20 EACH   | misc  |                         | ENDOCRINE/DIABETES                       |
| VGO 30 EACH   | misc  |                         | ENDOCRINE/DIABETES                       |
| VGO 40 EACH   | misc  |                         | ENDOCRINE/DIABETES                       |
| VIBERZI TABLET  | oral  |                         | GASTROENTEROLOGY                         |
| VIDEX SOLUTION; RECONSTITUTED; ORAL                             | oral  | SP                      | ANTI - INFECTIVES                        |
| <i>vienna tablet</i>  | oral  | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| VIGABATRIN POWDER IN PACKET (EA)                                | oral  | LA; PA; SP              | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| VIGABATRIN TABLET   | oral  | LA; PA; SP              | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| VIGADRONE POWDER IN PACKET (EA)                                 | oral  | PA; SP                  | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| VIIBRYD TABLET  | oral  | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| VIIBRYD TABLET; DOSE PACK                                       | oral  | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>vilamit mb capsule</i>                                       | oral  |                         | UROLOGICALS                              |
| <i>vilevev mb tablet</i>  | oral  |                         | UROLOGICALS                              |
| VIMIZIM VIAL (ML)   | IV    | PA; SP                  | ENDOCRINE/DIABETES                       |
| VIMPAT SOLUTION; ORAL   | oral  |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| VIMPAT TABLET   | oral  |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>vinorelbine tartrate vial (ml)</i>                           | IV    | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| VIOKACE TABLET  | oral  |                         | GASTROENTEROLOGY                         |
| <i>viorele tablet</i>   | oral  | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| VIRACEPT TABLET   | oral  | SP                      | ANTI - INFECTIVES                        |
| VIREAD POWDER (GRAM)  | oral  | SP                      | ANTI - INFECTIVES                        |
| VIREAD TABLET   | oral  | SP                      | ANTI - INFECTIVES                        |
| <i>virt-c dha capsule</i>                                       | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>virt-nate dha capsule</i>                                    | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>virt-pn dha capsule</i>                                      | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |

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| Drug Name  | Route | Requirements/<br>Limits | Therapeutic Class                        |
|--|-------|-------------------------|--|
| <i>virt-pn plus capsule</i>                              | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>virtussin ac liquid (ml)</i>                          | oral  |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>virtussin dac syrup</i>                               | oral  |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| VISTOGARD GRANULES IN PACKET (EA)                        | oral  | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| VISUDYNE VIAL (EA)                                       | IV    | PA; SP                  | OPHTHALMOLOGY                            |
| <i>vita b comp w/c tablet</i>                            | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>vitamin b complex tablet</i>                          | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>vitamin b complex with c tablet</i>                   | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>vitamin b-complex &amp; c tablet</i>                  | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>vitamin d2 capsule</i>                                | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>vitamin d3 capsule</i>                                | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>vitamin d3 tablet</i>                                 | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>vitamin d3 tablet;chewable</i>                        | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>vitamin k ampul (ml)</i>                              | INJ   |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>vitamins a;c;d &amp; fluoride drops</i>               | oral  | ACA                     | VITAMINS, HEMATINICS & ELECTROLYTES      |
| VITRAKVI CAPSULE   | oral  | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| VITRAKVI SOLUTION; ORAL                                  | oral  | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| VIZIMPRO TABLET  | oral  | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>volnea tablet</i>                                     | oral  | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| VONVENDI VIAL (EA)                                       | IV    | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| VORAXAZE VIAL (EA)                                       | IV    | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>voriconazole suspension; reconstituted; oral (ml)</i> | oral  |                         | ANTI - INFECTIVES                        |
| <i>voriconazole tablet</i>                               | oral  |                         | ANTI - INFECTIVES                        |
| VORTEX SPACER (EA)                                       | misc  |                         | ENDOCRINE/DIABETES                       |
| VOSEVI TABLET  | oral  | PA; SP                  | ANTI - INFECTIVES                        |
| VOTRIENT TABLET  | oral  | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>vp-ch-pnv capsule</i>                                 | oral  |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>vtol lq solution; oral</i>                            | oral  |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |

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| Drug Name   | Route      | Requirements/<br>Limits | Therapeutic Class                        |
|---|------------|-------------------------|--|
| VUMERITY CAPSULE;DELAYED RELEASE (ENTERIC COATED)     | oral       | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>vyfemla tablet</i>                                 | oral       | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>vylibra tablet</i>                                 | oral       | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| VYNDAMAX CAPSULE                                      | oral       | SP                      | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| VYNDAQEL CAPSULE                                      | oral       | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| VYVANSE CAPSULE                                       | oral       | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| VYVANSE TABLET;CHEWABLE                               | oral       | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| VYXEOS LIPOSOME VIAL (EA)                             | IV         | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>warfarin sodium tablet</i>                         | oral       |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>water solution; irrigation</i>                     | irrigation |                         | DIAGNOSTICS & MISC AGENTS                |
| <i>wera tablet</i>                                    | oral       | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| <i>westhroid tablet</i>                               | oral       |                         | ENDOCRINE/DIABETES                       |
| WILATE VIAL (EA)                                      | IV         | PA; SP                  | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| <i>wintergreen oil (ml)</i>                           | misc       |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| <i>wixela inhub blister; with inh device</i>          | INH        | QL                      | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>woman's laxative tablet</i>                        | oral       | ACA                     | GASTROENTEROLOGY                         |
| <i>women's gentle laxative tablet; enteric coated</i> | oral       | ACA                     | GASTROENTEROLOGY                         |
| <i>women's laxative tablet</i>                        | oral       | ACA                     | GASTROENTEROLOGY                         |
| <i>women's laxative tablet; enteric coated</i>        | oral       | ACA                     | GASTROENTEROLOGY                         |
| <i>wymzya fe tablet;chewable</i>                      | oral       | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| XALKORI CAPSULE                                       | oral       | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| XARELTO TABLET  | oral       |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| XARELTO TABLET; DOSE PACK                             | oral       |                         | CARDIOVASCULAR, HYPERTENSION & LIPIDS    |
| XELJANZ TABLET  | oral       | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| XELJANZ XR TABLET; EXTENDED RELEASE 24 HR             | oral       | PA; SP                  | MUSCULOSKELETAL & RHEUMATOLOGY           |
| XEMBIFY VIAL (ML)                                     | SC         | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| XERMELO TABLET  | oral       | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| XGEVA VIAL (ML)                                       | SC         | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| XIFAXAN TABLET 550 MG                                 | oral       |                         | ANTI - INFECTIVES                        |
| XIGDUO XR TABLET;IMMED AND EXTEND REL BIPHASE 24HR    | oral       | QL; ST                  | ENDOCRINE/DIABETES                       |

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| Drug Name                                     | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| XIIDRA DROPPERETTE; SINGLE-USE DROP DISPENSER | ophth (eye) | PA                      | OPHTHALMOLOGY                            |
| XOLAIR SYRINGE (ML)                           | SC          | LA; PA; SP              | RESPIRATORY, ALLERGY, COUGH & COLD       |
| XOLAIR VIAL (EA)                              | SC          | LA; PA; SP              | RESPIRATORY, ALLERGY, COUGH & COLD       |
| XOSPATA TABLET                                | oral        | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| XTANDI CAPSULE                                | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>xulane patch; transderm weekly</i>         | transderm   | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| XULTOPHY 100-3.6 INSULIN PEN (ML)             | SC          | QL                      | ENDOCRINE/DIABETES                       |
| XURIDEN GRANULES IN PACKET (EA)               | oral        | PA; SP                  | DIAGNOSTICS & MISC AGENTS                |
| XYREM SOLUTION; ORAL                          | oral        | LA; PA; SP              | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| YERVOY VIAL (ML)                              | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| YESCARTA PLASTIC BAG; INJ (EA)                | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| YONDELIS VIAL (EA)                            | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| YONSA TABLET                                  | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| YUPELRI VIAL; NEBULIZER (ML)                  | INH         |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>yuvaferm tablet</i>                        | vaginal     |                         | OBSTETRICS & GYNECOLOGY                  |
| <i>zafirlukast tablet</i>                     | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>zaleplon capsule</i>                       | oral        | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| ZALTRAP VIAL (ML)                             | IV          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| ZANOSAR VIAL (EA)                             | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>zarah tablet</i>                           | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| ZARXIO SYRINGE (ML)                           | INJ         | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>zatean-pn dha capsule</i>                  | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>zatean-pn plus capsule</i>                 | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| <i>zebutal capsule</i>                        | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| ZEJULA CAPSULE                                | oral        | LA; PA; SP              | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| ZELBORAF TABLET                               | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| ZEMAIRA VIAL (EA)                             | IV          | LA; PA; SP              | DIAGNOSTICS & MISC AGENTS                |
| <i>zenatane capsule</i>                       | oral        |                         | DERMATOLOGICALS/TOPICAL THERAPY          |

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| Drug Name   | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|---|-------------|-------------------------|--|
| ZENPEP CAPSULE; DELAYED RELEASE (ENTERIC COATED)                | oral        |                         | GASTROENTEROLOGY                         |
| <i>zenzedi tablet</i>   | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| ZEPATIER TABLET   | oral        | PA; SP                  | ANTI - INFECTIVES                        |
| ZEVALIN KIT   | IV          | PA                      | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| ZIDOVUDINE CAPSULE  | oral        | SP                      | ANTI - INFECTIVES                        |
| ZIDOVUDINE SYRUP  | oral        | SP                      | ANTI - INFECTIVES                        |
| ZIDOVUDINE TABLET   | oral        | SP                      | ANTI - INFECTIVES                        |
| ZIEXTENZO SYRINGE (ML)  | SC          | PA; SP                  | IMMUNOLOGY, VACCINES & BIOTECHNOLOGY     |
| <i>zileuton tablet; extended release multiphase 12 hr</i>       | oral        |                         | RESPIRATORY, ALLERGY, COUGH & COLD       |
| <i>zingiber tablet</i>  | oral        |                         | VITAMINS, HEMATINICS & ELECTROLYTES      |
| ZIOPTAN DROPPERETTE; SINGLE-USE DROP DISPENSER                  | ophth (eye) | ST                      | OPHTHALMOLOGY                            |
| <i>ziprasidone hcl capsule</i>                                  | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| ZOLADEX IMPLANT (EA)  | SC          | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| ZOLEDRONIC ACID IV SOLUTION; PIGGYBACK (ML)                     | IV          | PA; SP                  | DIAGNOSTICS & MISC AGENTS                |
| ZOLEDRONIC ACID IV SOLUTION; PIGGYBACK; BOTTLE (ML)             | IV          | PA; SP                  | ENDOCRINE/DIABETES                       |
| ZOLEDRONIC ACID VIAL (EA)                                       | IV          | PA; SP                  | ENDOCRINE/DIABETES                       |
| ZOLEDRONIC ACID VIAL (ML)                                       | IV          | PA; SP                  | ENDOCRINE/DIABETES                       |
| ZOLGENSMA KIT   | IV          | PA; SP                  | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| ZOLINZA CAPSULE   | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>zolmitriptan tablet</i>                                      | oral        | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>zolmitriptan odt tablet; disintegrating</i>                  | oral        | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>zolpidem tartrate tablet</i>                                 | oral        | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>zolpidem tartrate tablet; sl</i>                             | SL          | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>zolpidem tartrate er tablet; extended release multiphase</i> | oral        | QL                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| ZOMIG SPRAY; NON-AEROSOL (EA) 2.5 MG                            | nasal       | ST                      | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| ZOMIG SPRAY; NON-AEROSOL (EA) 5 MG                              | nasal       | QL; ST                  | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>zonisamide capsule</i>                                       | oral        |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| ZORTRESS TABLET   | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| <i>zovia tablet</i>   | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |

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| Drug Name                                      | Route       | Requirements/<br>Limits | Therapeutic Class                        |
|--|-------------|-------------------------|--|
| ZTLIDO ADHESIVE PATCH; MEDICATED               | topical     |                         | DERMATOLOGICALS/TOPICAL THERAPY          |
| ZUBSOLV TABLET; SL                             | SL          |                         | AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH |
| <i>zumandimine tablet</i>                      | oral        | ACA; QL                 | OBSTETRICS & GYNECOLOGY                  |
| ZYDELIG TABLET                                 | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| ZYKADIA TABLET                                 | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |
| ZYLET SUSPENSION; DROPS(FINAL DOSAGE FORM)(ML) | ophth (eye) |                         | OPHTHALMOLOGY                            |
| ZYTIGA TABLET                                  | oral        | PA; SP                  | ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS |

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## EXCLUDED MEDICATIONS WITH COVERED ALTERNATIVES

The following is a list of excluded brand-name medications with covered preferred alternatives that are on the formulary. If you are currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Not all drugs listed are covered by all prescription plans. For specific questions about coverage, please call the number on your member ID card.

| Drug Class  | Excluded Medications   | Preferred Alternatives   |
|---|--|--|
| <b>ANTIINFECTIVES</b>                               |  |  |
| Antibiotics   | Doxycycline hyclate DR 80 mg                                       | doxycycline hyclate DR   |
|   | Xifaxan 200mg Tablets*   | azithromycin, ciprofloxacin, levofloxacin, ofloxacin   |
| Antifungal Agents (oral)                            | Tolsura  | itraconazole   |
| Antivirals (oral)                                   | Sitavig  | acyclovir oral or cream, famciclovir, valacyclovir   |
| <b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>       |  |  |
| Alpha-2 Adrenergic Agonists (for Opioid Withdrawal) | Lucemrya   | clonidine  |
| Anticonvulsants                                     | Topirimate ER Capsules   | Topiramate tablets, Quidexy XR   |
| Anti-Migraine Therapy                               | Onzetra Xsail  | sumatriptan nasal spray, Zomig Nasal Spray   |
|   | Sumavel Dosepro  | sumatriptan injection  |
| Anti-Parkinsonism Agents                            | Gocovri ER, Osmolex ER   | amantadine capsules, tablets, oral solution  |
|   | Xadago, Zelapar*   | rasagiline, selegiline   |
| Antispasmodic Agents                                | Ozobax   | baclofen, tizanidine   |
| Duschenne Muscular Dystrophy (DMD) Agents           | Emflaza  | prednisone solution, prednisone tablets  |
|   | Exondys 51   | no alternatives recommended  |
| Long-Acting Opioid Analgesics                       | Embeda, Oxycodone ER, Xtampza ER*                                  | hydromorphone ER, morphine sulfate ER, oxycodone ER, Hysingla ER, Nucynta ER, Oxycontin                            |
| Multiple Sclerosis (Beta interferons)               | Extavia  | Avonex, Betaseron, Plegridy, Rebif   |
| Multiple sclerosis (oral)                           | Aubagio  | Gilenya, Mayzent, Tecfidera  |
| Narcotic Analgesics & Combinations                  | Apadaz, Benzhydrocodone/acetaminophen                              | hydrocodone/acetaminophen  |
|   | Butrans  | Belbuca  |
|   | Primlev*   | oxycodone/acetaminophen  |
| Narcotic Antagonists                                | Evzio  | naloxone syringe, Narcan Nasal Spray   |
| Neuropathic Agents                                  | Lyrica CR  | gabapentin, Gralise, Lyrica  |
| Sedative Hypnotic Agents                            | Doral*   | estazolam, lorazepam   |
| Tardive Dyskinesia Therapy                          | Ingrezza   | Tetrabenazine, Austedo   |
| Transmucosal Fentanyl Analgesics                    | Abstral, Fentanyl citrate buccal tablets, Fentora, Lazanda, Subsys | fentanyl citrate lozenges  |
| Miscellaneous Antidepressants                       | Spravato   | olanzapine/fluoxetine, bupropion, desvenlafaxine ER, duloxetine, escitalopram, mirtazapine, sertraline             |
| Miscellaneous Central Nervous System Agents         | Northera*  | desmopressin acetate tablets, desmopressin acetate nasal, fludricortisone, indomethacin, midodrine, pyridostigmine |
| <b>CARDIOVASCULAR</b>                               |  |  |
| ACE Inhibitors                                      | Epaned   | enalapril  |
|   | Qbrelis  | lisinopril   |
| Anticoagulants                                      | Pradaxa, Savaysa   | Eliquis, Xarelto   |
| Beta-Blockers & Combinations                        | Kaspargo Sprinkle  | metoprolol succinate   |
|   | Dutoprol, Metoprolol succinate/HCTZ ER                             | metoprolol tartrate/HCTZ, metoprolol succinate plus HCTZ   |
| Calcium Channel Blockers                            | Katerzia   | amlodipine   |
| Calcium Channel Blockers & Combinations             | Consensi   | amlodipine benzoate plus celecoxib   |
| HMG & Cholesterol Inhibitor Combinations            | Altoprev, Ezallor Sprinkle, simvastatin suspension                 | atorvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, Livalo                   |
| <b>DERMATOLOGICAL</b>                               |  |  |
| Oral Agents for Acne                                | Minolira, Ximino*  | minocycline ER   |
| Rosacea Agents (oral)                               | Doxycycline 40mg Capsules  | Oracea   |
| Topical Acne Combinations                           | Epiduo Forte*  | adapalene/benzoyl peroxide   |
| Topical Acne/Antibiotic Combinations                | Aktipak, Veltin  | clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, Acanya, Onexton                |

\* Due to COVID-19, medications will be excluded for patients new to therapy only beginning 7/1/2020.



| Drug Class   | Excluded Medications   | Preferred Alternatives  |
|--|--|---|
| Topical Agents for Actinic Keratosis   | Carac*, fluorouracil 0.5% cream, imiquimod 3.75% cream pump, Zyclara   | diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, Carac, Picato |
| Topical Antibiotics for Acne   | Clindagel*, clindamycin phosphate 1% gel (by Oceanside)*   | clindamycin phosphate gel, erythromycin gel, Amzeeq   |
| Topical Antifungals  | Luliconazole, Sulconazole  | ciclopirox, econazole, ketoconazole, naftifine, oxiconazole   |
| Topical Corticosteroids  | Clocortolone   | betamethasone valerate, fluocinolone acetonide, triamcinolone acetate                                 |
|  | Topicort Spray, Verdeso Foam   | desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment                             |
| Vitamin D Analogs (Topical)  | Calcipotriene foam   | calcipotriene, calcitriol   |
|  | Calcipotriene/betamethasone suspension   | calcipotriene/betamethasone ointment, Enstilar, Taclonex Suspension                                   |
| Miscellaneous Topical Dermatological Agents                                    | Alcortin A   | hydrocortisone, mupirocin   |
|  | lidocaine/tetracaine   | lidocaine cream, lidocaine/prilocaine cream   |
| <b>DIABETES</b>  |  |   |
| Blood Glucose Meters & Test Strips   | Ascensia (Breeze, Contour), Roche (Accu-Chek), Trividia (TRUEtest, TRUEtrack), UniStrip, All other meters and test strips that are not listed as preferred | Abbott (Freestyle, Precision) LifeScan (OneTouch)   |
| Dipeptidyl Peptidase-4 Inhibitors & Combinations                               | Alogliptin, Nesina, Onglyza  | Januvia, Tradjenta  |
|  | Alogliptin/metformin, Kazano, Kombiglyze XR  | Janumet, Janumet XR, Jentadueto, Jentadueto XR  |
|  | Alogliptin/pioglitazone  | pioglitazone plus Januvia or Tradjenta  |
| Glucagon-Like Peptide-1 Agonists   | Adlyxin, Victoza   | Bydureon, Byetta, Ozempic, Trulicity  |
| Insulins   | Novolin, Relion Novolin  | Humulin   |
|  | Admelog, Apidra, Fiasp, Insulin lispro, Novolog  | Humalog   |
| <b>EAR/NOSE</b>  |  |   |
| Nasal Steroids   | Beconase AQ, Omnaris, Zetonna  | budesonide, flunisolide, fluticasone, mometasone, Qnasl   |
| Otic Fluoroquinolone Antibiotics   | Cetraxal   | ciprofloxacin ear solution, ofloxacin ear solution, Ciprodex, Otovel                                  |
|  | Ciprofloxacin/fluocinolone otic  | Ciprodex, Otovel  |
| <b>ENDOCRINE (OTHER)</b>   |  |   |
| Combination Patches  | Climara Pro  | Combipatch  |
| Estrogen and Estrogen Modifiers for Vaginal Symptoms                           | Femring  | estradiol patches, estradiol tablets, yuvafem, Estring, Premarin Cream, Premarin Tablets              |
| Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty) | Supprelin LA*  | Lupron Depot-PED, Triptodur   |
| Growth Hormones  | Humatrope, Nutropin AQ, Nuspin, Omnitrope, Saizen, SaizenPrep, Zomacton  | Genotropin, Norditropin Flexpro   |
| Somatostatin Analogs   | Sandostatin LAR Depot, Signifor LAR  | Somatuline Depot  |
| Testosterone Products (Injectable)   | Aveed*   | testosterone cypionate, testosterone enanthate  |
| Topical Estrogen Gels  | EstroGel   | Divigel   |
| Miscellaneous Endocrine Drugs  | Korlym*  | ketoconazole, Lysodren, Signifor  |
| <b>GASTROINTESTINAL</b>  |  |   |
| Antiemetics (Oral)   | Akynzeo Capsules   | granisetron, ondansetron, aprepitant, Varubi Tablets  |
|  | Emend Powder Packets   | aprepitant, Varubi Tablets  |
| Bowel Evacuants  | Osmoprep*  | peg-electrolyte solution, Prepopik, Suprep  |
| Corticosteroids (Rectal Formulations)  | Cortifoam  | hydrocortisone enema, Uceris Foam   |
| Helicobacter Pylori Agents   | Pylera*  | lansoprazole/amoxicillin/ clarithromycin, Talicia   |
| Inflammatory Bowel Agents  | Dipentum   | balsalazine disodium, mesalamine 1.2gm delayed release, sulfasalazine, Apriso, Pentasa                |
| Pancreatic Enzymes   | Pancreaze, Pertyze   | Creon, Zenpep   |
| Proton Pump Inhibitors   | Aciphex Sprinkle, Prilosec Suspension, Protonix Suspension; Rabeprazole DR sprinkle  | esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, Nexium Packets                     |
| <b>HEMATOLOGICAL</b>   |  |   |
| Antiplatelet Agents  | Aspirin/omeprazole, Yosprala DR  | aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole, or rabeprazole                     |
| Chelating Agents   | Jadenu, Jadenu Sprinkle  | deferasirox   |
| Erythropoiesis-Stimulating Agents  | Aranesp, Epogen, Mircera   | Procrit, Retacrit   |

\* Due to COVID-19, medications will be excluded for patients new to therapy only beginning 7/1/2020.

| Drug Class  | Excluded Medications  | Preferred Alternatives   |
|---|---|--|
| Factor VIII Recombinant Products                          | Nuwiq, Recombinate, Xynthia, Xynthia Solofuse                   | Advate, Adynovate, Afstyla, Eloctate, Jivi, Kogenate FS, Kovaltry, Novoeight                     |
| Granulocyte Colony Stimulating Factors                    | Granix, Neupogen  | Nivestym, Zarxio   |
| Sickle Cell Disease Agents                                | Oxbryta   | hydroxyurea, Adakveo, Droxia   |
|   | Siklos  | Droxia   |
| Thrombocytopenia Agents                                   | Mulpleta  | Doptelet   |
|   | Tavalisse*  | Doptelet, Promacta, Nplate   |
| <b>HEPATITIS</b>  |   |  |
| Hepatitis C   | Ledipasvir/Sofosbuvir, Mavyret, Sofosbuvir/Velpatasvir, Sovaldi | Epclusa, Harvoni, Vosevi, Zepatier   |
| <b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>                 |   |  |
| Gout Therapy  | Colchicine  | Colcrys, Mitigare  |
|   | Zurampic  | allopurinol, probenecid  |
| Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)             | Fenoprofen capsules, Fenortho, Nalfon                           | fenoprofen calcium tablets, diclofenac, indomethacin, ibuprofen, meloxicam, nabumetone, naproxen |
|   | Relafen DS  | diclofenac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam                  |
|   | Tivorbex, Vivlodex, Zipsor, Zorvolex                            | diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam        |
| Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)     | Diclofenac epolamine patches                                    | Flector Patch  |
|   | Pennsaid  | diclofenac sodium topical, Flector Patch   |
| <b>OBSTETRICAL &amp; GYNECOLOGICAL</b>                    |   |  |
| Human Chorionic Gonadotropin                              | Chorionic Gonadotropin, Pregnyl                                 | Novarel, Ovidrel   |
| Ovulatory Stimulants (Follitropins)                       | Bravelle, Follistim AQ  | Gonal-f, Gonal-F RFF, Gonal-f RFF Redi-Ject  |
| Vaginal Progestones                                       | Endometrin  | Crinone 8% Gel   |
| <b>ONCOLOGY</b>   |   |  |
| ALK Positive Lung Cancer Agents                           | Alecensa*   | If medically necessary, request prior authorization  |
|   | Alunbrig*   | Xalkori, Zykadia   |
| Bevacizumab-Containing Agents                             | Avastin*  | Mvasi, Zirabev   |
| Breast Cancer Agents                                      | Kisqali, Kisqali Femara Co-Pack, Piqray                         | Ibrance, Verzenio  |
| Multiple Myeloma Agents                                   | Ninlaro*  | Kyprolis, Velcade  |
|   | Xpovio  | Darzalex, Kyprolis, Ninlaro, Pomalyst, Revlimid, Thalomid, Velcade                               |
| Myelofibrosis Agents                                      | Inrebic   | Jakafi   |
| Prostate Cancer Agents                                    | Trelstar*   | Eligard, Firmagon  |
| Rituximab-Containing Agents                               | Rituxan*, Rituxan Hycela*, Truxima*                             | Ruxience   |
| Trastuzumab-Containing Agents                             | Herceptin*, Kerceptin Hylecta*, Ogivri*                         | Kanjinti, Trazimera  |
| <b>OPHTHALMIC</b>   |   |  |
| Antiglaucoma Drugs (Beta-Adrenergic Blockers)             | Timoptic Ocudose  | betaxolol drops, levobunolol drops, timolol drops, Alphagan P 0.1%, Combigan                     |
| Antiglaucoma Drugs (Ophthalmic Prostaglandins)            | Xelpros   | bimatoprost drops, latanoprost drops, travoprost drops, Lumigan, Zioptan                         |
| Ophthalmic Anti-Allergic                                  | Alocril, Alomide  | azelastine drips, cromolyn drops, olopatadine drops, Alrex, Bepreve, Pazeo                       |
| Ophthalmic Anti-Inflammatory                              | FML Forte, FML S.O.P., Maxidex, Pred Mild                       | dexamethasone drops, fluoromethalone drops, prednisone drops, Inveltys, Lotemax                  |
| Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) | Acuvail, Nevanac  | bromfenac drops, diclofenac drops, ketorolac drops, Ilevro, Prolensa                             |
| <b>OSTEOPOROSIS</b>                                       |   |  |
| Bone Modifiers  | Evenity, Prolia   | alendronate, ibandronate, risendronate, zoledronic acid, Forteo, Tymlos                          |
| <b>RENAL DISEASE</b>                                      |   |  |
| Nephropathic Cystinosis Medications                       | Procysbi*   | Cystagon   |
| Phosphate Binders   | Fosrenol Powder Packets   | lanthanum, sevelamer carbonate, Phoslyra, Velphoro   |
| <b>RESPIRATORY</b>  |   |  |
| Epinephrine Auto-Injector Systems                         | Auvi-Q, Epinephrine Auto-Injector (by Impax)                    | Epinephrine Auto-Injector (by Mylan), EpiPen, EpiPen Jr  |
| Immunological Agents for Asthma                           | Cinqair   | Fasenra, Nucala, Dupixent  |
| Long-Acting Beta-Agonist Inhalers                         | Striverdi Respimat  | Serevent Diskus  |
| Long-Acting Muscarinic Antagonist Inhalers                | Tudorza Pressair  | Incruse Ellipta, Spiriva Handihaler, Spiriva Respimat  |

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| Drug Class  | Excluded Medications  | Preferred Alternatives  |
|---|---|---|
| Long-Acting Muscarinic Antagonist/<br>Long-Acting Beta-Agonist Combination Inhalers | Duaklir Pressair, Stiolto Respimat                                  | Anoro Ellipta, Bevespi Aerosphere   |
| Pulmonary Anti-Inflammatory Inhalers  | Alvesco   | ArmonAir RespiClick, Arnuity Ellipta, Asmanex HFA/Twisthaler, Flovent Diskus/HFA, Pulmicort Flexhaler, QVAR |
| Pulmonary Anti-Inflammatory/Beta-Agonist Combination Inhalers                       | Budesonide/formoterol   | Advair HFA, Breo Ellipta, Dulera, Symbicort   |
| Short-Acting Beta <sub>2</sub> -Agonist Inhalers                                    | Albuterol Sulfate HFA, Levalbuterol HFA, Proventil HFA, Xopenex HFA | ProAir HFA/RespiClick, Ventolin HFA   |
| <b>MISCELLANEOUS AGENTS</b>   | Noctiva   | desmopressin tablets  |
| Hereditary Angioedema   | Berinert  | Ruconest  |
| Immunosuppressant Agents  | Xatmep  | methotrexate  |
| Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis                     | Onpattro  | no alternatives recommended   |
| Potassium Binders   | Veltassa  | Lokelma   |

## Excluded Medications/Products at a Glance

|                               |                                 |                                 |                               |
|-------------------------------|---------------------------------|---------------------------------|-------------------------------|
| ABILIFY^                      | CIPROFLOXACIN/FLUOCINOLONE      | HERCEPTIN*, HERCEPTIN HYLECTA*  | OGIVRI*                       |
| ABSTRAL                       | OTIC                            | HUMATROPE                       | OMNARIS                       |
| ACANYA^*                      | CLIMARA PRO                     | IMIQUIMOD 3.75% CREAM PUMP      | OMNITROPE                     |
| ACIPHEX^                      | CLINDAGEL*                      | IMITREX^                        | ONGLYZA                       |
| ACIPHEX SPRINKLE              | CLINDAMYCIN PHOSPHATE 1% GEL    | INDERAL LA^                     | ONPATTRO                      |
| ACUVAIL                       | (by Oceanside)*                 | INGREZZA                        | ONZETRA XSAIL                 |
| ADCIRCA^                      | CLOCORTOLONE                    | INREBIC                         | ORTHO TRI-CYCLEN^, ORTHO TRI- |
| ADDERALL^                     | COLCHICINE                      | INSULIN ASPART, INSULIN ASPART  | CYCLEN LO^                    |
| ADLYXIN                       | COREG^                          | PROTAMINE                       | OSMOLEX ER                    |
| ADMELOG                       | CORTIFOAM                       | INSULIN LISPRO                  | OSMOPREP*                     |
| AGGRENOX^*                    | COSOPT                          | INTUNIV^                        | OXBRYTA                       |
| AKTIPAK                       | COZAAR^, HYZAAR^                | ISTALOL^                        | OXYCODONE ER                  |
| AKYNZEO CAPSULES              | CRESTOR^                        | JADENU, JADENU SPRINKLE         | OZOBAZ                        |
| ALBUTEROL SULFATE HFA (by A-S | CUPRIMINE^                      | KAPSPARGO SPRINKLE              | PANCREAZE                     |
| Medication, Par, Prasco)      | CYMBALTA^                       | KAZANO                          | PATADAY^                      |
| ALCORTIN A                    | CYTOMEL^                        | KEPPRA^, KEPPRA XR^             | PENNSAID                      |
| ALECENSA*                     | DELSTRIGO                       | KISQALI, KISQALI FEMARA CO-PACK | PERCOCET^                     |
| ALOCRIAL                      | DELZICOL                        | KOMBIGLYZE XR                   | PERTZYE                       |
| ALOGLIPTIN                    | DETROL^, DETROL LA^             | KORLYM*                         | PIFELTRO                      |
| ALOGLIPTIN/METFORMIN          | DICLOFENAC EPOLAMINE PATCHES    | LAMICTAL^, LAMICTAL ODT^,       | PIQRAY                        |
| ALOGLIPTIN/PIOGLITASONE       | DIOVAN^, DIOVAN HCT^            | LAMICTAL XR^                    | PLAQUENIL^                    |
| ALOMIDE                       | DIPENTUM                        | LAZANDA                         | PLAVIX^                       |
| ALTOPREV                      | DORAL*                          | LEDIPASVIR/SOFOSBUVIR           | PRADAXA                       |
| ALUNBRIG*                     | DOXYCYCLINE 40 MG CAPSULES      | LEVALBUTEROL HFA                | PRAVACHOL^                    |
| ALVESCO                       | DOXYCYCLINE HYCLATE DR 80 MG    | LEXAPRO^                        | PRED MILD                     |
| AMBIEN^, AMBIEN CR^           | DRIZALMA SPRINKLE               | LIBRAX^                         | PREGNYL                       |
| AMPYRA^                       | DUROLANE                        | LIDOCAINE/TETRACAINE            | PREVACID^, PREVACID SOLUTAB^  |
| AMRIX^                        | DUTOPROL                        | LIDODERM^                       | PREZCOBIX                     |
| ANDROGEL 1%*                  | EFFEXOR XR^                     | LIPITOR^                        | PRILOSEC SUSPENSION           |
| ANUSOL-HC^                    | ELIDEL^                         | LOCOID^*, LOCOID LIPOCREAM^*    | PRIMLEV*                      |
| APADAZ                        | EMBEDA                          | LOESTRIN^, LOESTRIN FE^         | PRISTIQ^                      |
| APIDRA                        | EMEND CAPSULES^, TRIFOLD PACK^  | LOTREL^                         | PROCYSBI*                     |
| ARANESP                       | EMEND POWDER PACKETS            | LOVENOX^                        | PROLIA                        |
| ARIMIDEX^                     | EMFLAZA                         | LUCEMYRA                        | PROTONIX ^                    |
| ASACOL HD^                    | ENDOMETRIN                      | LULICONAZOLE                    | PROTONIX SUSPENSION           |
| ASCENSIA (BREEZE, CONTOUR)    | EPANED                          | LUNESTA^                        | PROVENTIL HFA                 |
| ASPIRIN/OMEPRazole DR         | EPIDUO*                         | LYRICA^                         | PROVIGIL^                     |
| ATACAND^, ATACAND HCT^        | EPIDUO FORTE^*                  | LYRICA CR                       | PROZAC^                       |
| AUBAGIO                       | EPINEPHRINE AUTO-INJECTOR (by   | MAVYRET                         | PULMICORT RESPULES^           |
| AUVI-Q                        | Impax)                          | MAXALT^, MAXALT MLT^            | PYLERA*                       |
| AVALIDE^, AVAPRO^             | EPOGEN                          | MAXIDEX                         | QBRELIS                       |
| AVASTIN*                      | ESTROGEL                        | METOPROLOL SUCCINATE/ HCTZ ER   | RABEPRAZOLE DR SPRINKLE       |
| AVEED*                        | EVENITY                         | MICARDIS^, MICARDIS HCT^        | RANEXA^*                      |
| AVODART^                      | EVZIO                           | MINASTRIN 24 FE^                | RAPAFLO^                      |
| AZOR^                         | EXFORGE^, EXFORGE HCT^          | MINOLIRA                        | RECOMBINATE                   |
| BARACLUDE TABLETS^            | EXONDYS 51                      | MIRCERA                         | RELAFEN DS                    |
| BECONASE AQ                   | EXTAVIA                         | MULPLETA                        | RELION NOVOLIN                |
| BENICAR^, BENICAR HCT^        | EZALLOR SPRINKLE                | NALFON CAPSULES                 | RENAGEL^                      |
| BENZHYDROCODONE/              | FEMRING                         | NAMENDA XR^                     | RITUXAN*, RITUXAN HYCELA*     |
| ACETAMINOPHEN                 | FENOPROFEN CAPSULES             | NASONEX^                        | ROCHE (ACCU-CHEK)             |
| BERINERT                      | FENORTHO                        | NESINA                          | SAIZEN, SAIZENPREP            |
| BRISDELLE^                    | FENTANYL CITRATE BUCCAL TABLETS | NEUPOGEN                        | SANDOSTATIN LAR DEPOT         |
| BUDESONIDE/FOMOTEROL          | FENTORA                         | NEUPRO PATCHES                  | SAVAYSA                       |
| BUPAP^                        | FIASP                           | NEURONTIN^                      | SENSIPAR^*                    |
| BUTRANS                       | FIRAZYR*                        | NEVANAC                         | SEROQUEL^, SEROQUEL XR^       |
| CALCIPOTRIENE FOAM            | FLUOROURACIL 0.5% CREAM         | NINLARO*                        | SIGNIFOR LAR                  |
| CALCIPOTRIENE/BETAMETHASONE   | FML FORTE, FML S.O.P.           | NOCTIVA                         | SIKLOS                        |
| SUSPENSION                    | FOLLISTIM AQ                    | NORCO^                          | SIMVASTATIN SUSPENSION        |
| CARAC*                        | FOSRENOL CHEWABLE TABLETS^      | NORTHERA*                       | SINGULAIR^                    |
| CELEBREX^                     | FOSRENOL POWDER PACKETS         | NORVASC^                        | SITAVIG                       |
| CELEXA^                       | GANIRELIX ACETATE^              | NOVOLIN                         | SOFOSBUVIR/VELPATASVIR        |
| CETRALAX                      | GLEEVEC^                        | NOVOLOG                         | SOVALDI                       |
| CHORIONIC GONADOTROPIN        | GLUCOPHAGE^, GLUCOPHAGE XR^     | NOXAFIL TABLETS^*               | SPRAVATO                      |
| CIALIS^                       | GLUMETZA^                       | NUTROPIN AQ NUSPIN              | STIOLTO RESPIMAT              |
| CINQAIR                       | GOCOVRI ER                      | NUVIGIL^                        | STRATTERA                     |
|                               | GRANIX                          | NUWIQ                           |                               |

\* Due to COVID-19, medications will be excluded for patients new to therapy only beginning 7/1/2020.

## Excluded Medications/Products at a Glance

|                                  |                                |  |   |
|----------------------------------|--------------------------------|--|---|
| STRIVERDI RESPIMAT               | TRELSTAR <sup>^</sup>          | VICTOZA                                    | YOSPRALA DR   |
| STRATTERA <sup>^</sup>           | TREXIMET <sup>^*</sup>         | VIVELLE-DOT <sup>^</sup>                   | ZAVESCA <sup>^</sup>                                |
| SUBSYS                           | TRIBENZOR <sup>^</sup>         | VIVLODEX                                   | ZEGERID <sup>^</sup>                                |
| SUMAVEL DOSEPRO                  | TRICOR <sup>^</sup>            | VYONDIS 53                                 | ZELAPAR <sup>*</sup>                                |
| SULCONAZOLE                      | TRILEPTAL <sup>^</sup>         | VYTORIN <sup>^</sup>                       | ZETIA <sup>^</sup>                                  |
| TALTZ <sup>*</sup>               | TRIVIDIA (TRUETEST, TRUETRACK) | WELLBUTRIN SR <sup>^</sup>                 | ZETONNA   |
| TARGRETIN CAPSULES <sup>^*</sup> | TRUXIMA <sup>*</sup>           | XADAGO                                     | ZIOPTAN   |
| TAVALISSE <sup>*</sup>           | TUDORZA PRESSAIR               | XALATAN <sup>^</sup>                       | ZIPZOR  |
| TESTIM <sup>^</sup>              | ULORIC <sup>^*</sup>           | XANAX <sup>^</sup> , XANAX XR <sup>^</sup> | ZOCOR <sup>^</sup>                                  |
| TIKOSYN <sup>^</sup>             | UROXATRAL <sup>^</sup>         | XATMEP                                     | ZOLOFT <sup>^</sup>                                 |
| TIMOPTIC OCUDOSE                 | VAGIFEM <sup>^</sup>           | XELPROS                                    | ZOMACTON  |
| TIVORBEX                         | VALIUM <sup>^</sup>            | XENAZINE <sup>^</sup>                      | ZOMIG TABLETS <sup>^</sup> , ZOMIG ZMT <sup>^</sup> |
| TOBI SOLUTION <sup>^</sup>       | VALTRES <sup>^</sup>           | XIFAXAN 200MG TABLETS <sup>*</sup>         | ZONEGRAN <sup>^</sup>                               |
| TOLSURA                          | VANOS <sup>^*</sup>            | XIMINO <sup>*</sup>                        |   |
| TOPAMAX <sup>^</sup>             | VELTASSA                       | XOPENEX HFA                                |   |
| TOPICORT SPRAY                   | VELTIN                         | XPOVIO                                     |   |
| TOPIRIMATE ER CAPSULES           | VERDESO FOAM                   | XTAMPZA ER <sup>*</sup>                    |   |
| TOPROL XL <sup>^</sup>           | VESICARE <sup>^*</sup>         | XYNTHA, XYNTHA SOLOFUSE                    |   |
| TRANSDERM SCOP <sup>^*</sup>     | VIAGRA <sup>^</sup>            | YASMIN <sup>^</sup>                        |   |

<sup>^</sup> Multisource brand exclusion - The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.

# Drug Prior Authorization List

## **Why do some drugs require prior authorization?**

Prior authorization is a tool to ensure the appropriate use of certain drugs and allows us to determine if a drug meets the medical necessity requirements of your policy.

## **Who makes the prior authorization decisions?**

Physicians and pharmacists at your health plan or at one of our partners, Diplomat, Vivio Health, or Express Scripts. The list to follow specifies who performs the review and makes the decision.

## **Why am I sometimes asked to use a different drug than my doctor prescribed?**

If you go to the pharmacy to have your prescription filled before getting prior authorization when required, your pharmacist may tell you about other medications that may be equally effective but don't require prior authorization. If this occurs, contact your doctor to ask about changing the prescription to the other drug. If your doctor approves, the pharmacy can immediately fill the prescription.

## **What information is used by the physician or pharmacist in the decision-making process?**

Medical records describing the patient's condition and prior treatments, FDA approved labeling for the requested treatment, published and peer-reviewed scientific literature, and/or evidence-based guidelines.

## **Where can I view or obtain a copy of the prior authorization or step therapy criteria?**

- For drugs reviewed by Diplomat, you can call 1-888-515-1357 or access the current prior authorization criteria online at [www.diplomatpharmacy.com/criteria](http://www.diplomatpharmacy.com/criteria).

## **Notes for reading the information on the following pages:**

- \* Brand Names and Codes are provided for information only.
- ± Beginning 4/1/2020, Vivio will review requests for WPS Employees only. Drugs without an "X" do not require a PA for WPS Employees.
- § Diplomat reviews requests for all other groups. Drugs with an "X" require a PA.
- \*\* "NPF Excl" indicates drugs that are on the ESI NPF Exclusion List and may require a trial of an alternative drug prior to approval.

|                            |                   |             |                                       | Diplomat Review<br>☎: 1-888-515-1357 📠: 1-844-262-8479<br>OR<br>Vivio Review (WPS Employees Only)<br>☎: 1-925-365-6600 📠: 1-888-677-6754 |                                 |  | Express Scripts Review<br>☎: 1-800-753-2851<br>📠: 1-877-329-3760 |                 | WPS Review<br>☎: 1-800-333-5003<br>Aspirus Arise & Arise Review<br>☎: 1-888-711-1444 |
|----------------------------|-------------------|-------------|---------------------------------------|--|---------------------------------|--|--|-----------------|--|
| GENERIC NAME               | BRAND NAME*       | CODE*       | M= Medical vs.<br>P= Pharmacy Benefit | Vivio <sup>†</sup><br>Review   | Diplomat <sup>§</sup><br>Review | Directed to Home<br>or Self Administration | Express<br>Scripts<br>Review**                                   | Step<br>Therapy |  |
| Paclitaxel, Protein Bound  | ABRAXANE          | J9264       | M                                     | X  | X                               |  |  |                 |  |
| Ferric maltol              | ACCRUFER          | J8499       | P                                     | X  | X                               |  |  |                 |  |
| Tocilizumab                | ACTEMRA           | J3262       | P                                     | X  | X                               |  |  |                 |  |
| Corticotropin              | ACTHAR GEL        | J0800       | M                                     | X  | X                               |  |  |                 |  |
| Interferon gamma-1b        | ACTIMMUNE         | J9216       | P                                     | X  | X                               |  |  |                 |  |
| Pegademase                 | ADAGEN            | J2504       | M                                     | X  | X                               |  |  |                 |  |
| Crizanlizumab - tmca       | ADAKVEO           | C9053       | M                                     | X  | X                               |  |  |                 |  |
| Brentuximab                | ADCETRIS          | J9042       | M                                     | X  | X                               |  |  |                 |  |
| Tadalafil                  | ADCIRCA           | J8499       | P                                     | X  | X                               |  |  |                 |  |
| Riociguat                  | ADEMPAS           | J8499       | P                                     | X  | X                               |  |  |                 |  |
| Doxorubicin                | ADRIAMYCIN        | J9000       | M                                     | X  | X                               |  |  |                 |  |
| Anti-Hemophilic Factor     | ADVATE            | J7192       | M                                     | X  | X                               | X  |  |                 |  |
| Factor VIII pegylated      | ADYNOVATE         | J7192 J7207 | M                                     | X  | X                               | X  |  |                 |  |
| Everolimus                 | AFINITOR          | J8999       | P                                     | X  | X                               |  |  |                 |  |
| Everolimus                 | AFINITOR DISPERZ  | J8999       | P                                     | X  | X                               |  |  |                 |  |
| Factor VIII                | AFSTYLA           | J7210 C9140 | M                                     | X  | X                               | X  |  |                 |  |
| Netupitant/Palonosetron    | AKYNZEO           | C9448       | P                                     |  | X                               |  |  |                 |  |
| Fosnetupitant/Palonosetron | AKYNZEO INJ       | J1454       | M                                     |  | X                               |  |  |                 |  |
| Laronidase                 | ALDURAZYME        | J1931       | M                                     | X  | X                               | X  |  |                 |  |
| Alectinib                  | ALECENSA          | J8999       | P                                     | X  | X                               |  |  |                 |  |
| Pemetrexed                 | ALIMTA            | J9305       | M                                     | X  | X                               |  |  |                 |  |
| Copanlisib                 | ALIQOPA           | J9057 C9030 | M                                     | X  | X                               |  |  |                 |  |
| Melphalan                  | ALKERAN INJECTION | J9245       | M                                     | X  | X                               |  |  |                 |  |
| Melphalan                  | ALKERAN TABLET    | J8999       | P                                     | X  | X                               |  |  |                 |  |
| Palonosetron               | ALOXI             | J2469       | M                                     |  | X                               |  |  |                 |  |
| Anti-Hemophilic Factor     | ALPHANATE         | J7186       | M                                     | X  | X                               | X  |  |                 |  |
| Anti-Hemophilic Factor     | ALPHANINE SD      | J7193       | M                                     | X  | X                               | X  |  |                 |  |
| Coagulation Factor IX      | ALPROLIX          | C9135 J7201 | M                                     | X  | X                               | X  |  |                 |  |
| Brigatinib                 | ALUNBRIG          | J8999       | P                                     | X  | X                               |  |  |                 |  |
| Tadalafil                  | ALYQ              | J8499       | P                                     | X  | X                               |  |  |                 |  |
| Amifostine                 | AMIFOSTINE        | J0207       | M                                     | X  | X                               |  |  |                 |  |
| Dalfampridine              | AMPYRA            | J8499       | P                                     | X  | X                               |  |  |                 |  |
| Dolasetron mesylate (inj)  | ANZEMET           | J1260       | M                                     |  | X                               |  |  |                 |  |
| Apomorphine                | APOKYN            | J0364       | P                                     | X  | X                               |  |  |                 |  |



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| Alpha Proteinase Inhibitor    | ARALAST                       | J0256       | M                                     | X  | X                               | X   |   |                 |  |
| Darbepoetin                   | ARANESP                       | J0881 J0882 | P                                     | X  | X                               | X (non-dialysis)                              |   |                 |  |
| Rilonacept                    | ARCALYST                      | J2793       | P                                     | X  | X                               |   |   |                 |  |
| Amikacin liposomal            | ARIKAYCE                      | J3490       | M                                     | X  | X                               |   |   |                 |  |
| Nelarabine                    | ARRANON                       | J9261       | M                                     | X  | X                               |   |   |                 |  |
| Ofatumumab                    | ARZERRA                       | J9302       | M                                     | X  | X                               |   |   |                 |  |
| Calaspargase pegol-mknl       | ASPARLAS                      | J9118       | M                                     | X  | X                               |   |   |                 |  |
| Antithymocyte globulin        | ATGAM                         | J7504       | M                                     | X  | X                               |   |   |                 |  |
| Teriflunomide                 | AUBAGIO                       | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Deutetrabenazine              | AUSTEDO                       | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Anti-Inhibitor Coagulant      | AUTOPLEX-T                    | J7198       | M                                     | X  | X                               | X   |   |                 |  |
| Bevacizumab                   | AVASTIN                       | J9035       | M                                     | X  | X                               |   |   |                 |  |
| Interferon beta-1a            | AVONEX                        | J1826       | P                                     | X  | X                               |   |   |                 |  |
| Azacitidine                   | AZACITIDINE                   | J9025       | M                                     | X  | X                               |   |   |                 |  |
| Iobenguane Iodine-131         | AZEDRA                        | A9508       | M                                     | X  | X                               |   |   |                 |  |
| Erdaftinib                    | BALVERSA                      | J9999       | P                                     | X  | X                               |   |   |                 |  |
| Entecavir                     | BARACLUDE                     | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Avelumab                      | BAVENCIO                      | J9023 C9491 | M                                     | X  | X                               |   |   |                 |  |
| BCG live intravesical vaccine | BCG LIVE INTRAVESICAL VACCINE | J9030 J9031 | M                                     |  | X                               |   |   |                 |  |
| Prothrombin complex           | BEBULIN                       | J7194       | M                                     | X  | X                               | X   |   |                 |  |
| Belinostat                    | BELEODAQ                      | C9442 J9032 | M                                     | X  | X                               |   |   |                 |  |
| Bendamustine Hydrochloride    | BELRAPZO                      | J9036       | M                                     | X  | X                               |   |   |                 |  |
| Bendamustine                  | BENDEKA                       | J9033 J9034 | M                                     | X  | X                               |   |   |                 |  |
| Coagulation Factor IX         | BENEFIX                       | J7195       | M                                     | X  | X                               | X   |   |                 |  |
| Belimumab                     | BENLYSTA                      | J0490       | M                                     | X  | X                               |   |   |                 |  |
| Brolucizumab–dbll             | BEOVU                         | J0179       | M                                     | X  | X                               |   |   |                 |  |
| C1-esterase inhibitor         | BERINERT                      | J0597       | M                                     | X  | X                               | X   |   |                 |  |
| Inotuzumab ozogamicin         | BESPONSA                      | j9299       | M                                     | X  | X                               |   |   |                 |  |
| Interferon beta-1b            | BETASERON                     | J1830       | P                                     | X  | X                               |   |   |                 |  |
| Tobramycin inhalation         | BETHKIS                       | J3490       | P                                     | X  | X                               |   |   |                 |  |
| Bevacizumab                   | BEVACIZUMAB                   | J9035 C9257 | M                                     | X  | X                               |   |   |                 |  |
| Tositumomab                   | BEXXAR                        | A9545       | M                                     |  | X                               |   |   |                 |  |

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| Carmustine                           | BICNU            | J9050             | M                                     | X  | X                               |  |  |                 |  |
| Anti-Hemophilic Factor               | BIOLATE          | J7192             | M                                     | X  | X                               | X  |  |                 |  |
| Immune Globulin                      | BIVIGAM          | J1556             | M                                     | X  | X                               | X  |  |                 |  |
| Belantamab mafodotin-blmf            | BLNREP           | J8999             | M                                     | X  | X                               |  |  |                 |  |
| Bleomycin                            | BLEO 15K         | J9040             | M                                     | X  | X                               |  |  |                 |  |
| Blinatumomab                         | BLINCYTO         | J9039             | M                                     | X  | X                               |  |  |                 |  |
| Ibandronate                          | BONIVA INJECTION | J1740             | M                                     |  | X                               |  |  |                 |  |
| Bortezomib                           | BORTEZOMIB       | J9041             | M                                     | X  | X                               |  |  |                 |  |
| Bosutinib                            | BOSULIF          | J8999             | P                                     | X  | X                               |  |  |                 |  |
| Botulinum Toxin                      | BOTOX            | J0585             | M                                     | X  | X                               |  |  |                 |  |
| Encorafenib                          | BRAFTOVI         | J8999             | P                                     | X  | X                               |  |  |                 |  |
| Cerliponase alfa                     | BRINEURA         | J0567 C9014       | M                                     | X  | X                               |  |  |                 |  |
| Zanubrutinib                         | BRUKINSA         | J8999             | P                                     | X  | X                               |  |  |                 |  |
| Busulfan                             | BUSULFEX         | J0594 J8510       | M                                     |  | X                               |  |  |                 |  |
| Caplacizumab-yhdp                    | CABLIVI          | J3590             | M                                     | X  | X                               |  |  |                 |  |
| Cabozantinib                         | CABOMETYX        | J8999             | P                                     | X  | X                               |  |  |                 |  |
| Acalabrutinib                        | CALQUENCE        | J8999             | P                                     | X  | X                               |  |  |                 |  |
| Alemtuzumab                          | CAMPATH          | J0202 J9010 Q9979 | M                                     | X  | X                               |  |  |                 |  |
| Irinotecan                           | CAMPTOSAR        | J9206             | M                                     | X  | X                               |  |  |                 |  |
| Capecitabine                         | CAPECITABINE     | J8520 J8521       | P                                     | X  | X                               |  |  |                 |  |
| Vandetanib                           | CAPRELSA         | J8999             | P                                     | X  | X                               |  |  |                 |  |
| Carglumic Acid                       | CARBAGLU         | J8499             | P                                     | X  | X                               |  |  |                 |  |
| Immune Globulin - Intravenous (IVIG) | CARIMUNE         | J1556             | M                                     | X  | X                               | X  |  |                 |  |
| Aztreonam                            | CAYSTON          | J3490             | P                                     | X  | X                               |  |  |                 |  |
| Lomustine                            | CEENU            | J8999             | P                                     | X  | X                               |  |  |                 |  |
| Protein C                            | CEPROTIN         | J2724             | M                                     | X  | X                               |  |  |                 |  |
| Eliglustat                           | CERDELGA         | J8499             | P                                     | X  | X                               | X  |  |                 |  |
| Alglucerase                          | CEREDASE         | J0205             | M                                     |  | X                               |  |  |                 |  |
| Imiglucerase                         | CEREZYME         | J1786             | M                                     | X  | X                               | X  |  |                 |  |
| Daunorubicin                         | CERUBIDINE       | J9151             | M                                     |  | X                               |  |  |                 |  |
| Nabilone                             | CESAMET          | J8499             | P                                     | X  | X                               |  |  |                 |  |
| Chenodeoxycholic acid                | CHENODAL         | J8499             | P                                     | X  | X                               |  |  |                 |  |

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| Certolizumab                        | CIMZIA       | J0717                | P                                     | X  | X                               |   |   |                 |  |
| Reslizumab                          | CINQAIR      | J2786                | M                                     | X  | X                               |   |   |                 |  |
| C1-esterase inhibitor               | CINRYZE      | J0598                | M                                     | X  | X                               |   |   |                 |  |
| Aprepitant                          | CINVANTI     | C9463 J0185          | M                                     |  | X                               |   |   |                 |  |
| Clofarabine                         | CLOFARABINE  | J9027                | M                                     |  | X                               |   |   |                 |  |
| Clofarabine                         | CLOLAR       | J9027                | M                                     |  | X                               |   |   |                 |  |
| Trientine                           | CLOVIQUE     | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Factor X                            | COAGADEX     | J7175 J7199          | M                                     | X  | X                               | X   |   |                 |  |
| Cabozantinib                        | COMETRIQ     | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Glatiramer Acetate                  | COPAXONE     | J3490                | P                                     | X  | X                               |   |   |                 |  |
| Ribavirin                           | COPEGUS      | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Duvelisib                           | COPIKTRA     | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Factor VIII Concentrate             | CORIFACT     | J7190 J7191<br>J7192 | M                                     | X  | X                               | X   |   |                 |  |
| Secukinumab                         | COSENTYX     | C9399                | P                                     | X  | X                               |   |   |                 |  |
| Dactinomycin                        | COSMEGEN     | J9120                | M                                     | X  | X                               |   |   |                 |  |
| Cobimetinib                         | COTELLIC     | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Burosumab-twza                      | CRYSVITA     | J0584                | M                                     | X  | X                               |   |   |                 |  |
| Immune Globulin - Subcutaneous (SC) | CUVITRU      | J1555                | M                                     | X  | X                               | X   |   |                 |  |
| Ramucirumab                         | CYRAMZA      | C9025 J9308          | M                                     | X  | X                               |   |   |                 |  |
| Betaine                             | CYSTADANE    | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Cysteamine                          | CYSTAGON     | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Cysteamine                          | CYSTARAN     | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Cytarabine                          | CYTARABINE   | J9100                | M                                     |  | X                               |   |   |                 |  |
| Cytomegalovirus Immune Globulin     | CYTOGAM      | J0850                | P                                     | X  | X                               |   |   |                 |  |
| Decitabine                          | DACOGEN      | J0894                | M                                     | X  | X                               |   |   |                 |  |
| Dactinomycin                        | DACTINOMYCIN | J9120                | M                                     | X  | X                               |   |   |                 |  |
| Daclatasvir                         | DAKLINZA     | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Pyrimethamine                       | DARAPRIM     | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Daratumumab                         | DARZALEX     | J9145                | M                                     | X  | X                               |   |   |                 |  |
| Daunorubicin liposome               | DAUNOXOME    | J9151                | M                                     | X  | X                               |   |   |                 |  |
| Glasdegib                           | DAURISMO     | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Desmopressin Acetate                | DDAVP        | J8499                | P                                     | X  | X                               |   |   |                 |  |

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| Cytarabine liposome             | DEPOCYT                  | J9098                | M                                     |  | X                               |   |   |                 |  |
| Desmopressin Acetate            | DESMOPRESSIN ACETATE     | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Stiripentol                     | DIACOMIT                 | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Phenoxybenzamine hydrochloride  | DIBENZYLINE              | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Docetaxel                       | DOCEFREZ                 | J9170                | M                                     | X  | X                               |   |   |                 |  |
| Docetaxel                       | DOCETAXEL                | J9170 J9171          | M                                     | X  | X                               |   |   |                 |  |
| Triheptanoin                    | DOJOLVI                  | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Avatrombopag                    | DOPTLET                  | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Doxorubicin liposomal           | DOXIL                    | J9002 Q2049<br>Q2050 | M                                     | X  | X                               |   |   |                 |  |
| Doxorubicin liposomal           | DOXORUBICIN<br>LIPOSOMAL | J9002 Q2049<br>Q2050 | M                                     | X  | X                               |   |   |                 |  |
| Dacarbazine                     | DTIC-DOME                | J9130                | M                                     | X  | X                               |   |   |                 |  |
| Dupilumab                       | DUPIXENT                 | J3590                | P                                     | X  | X                               |   |   |                 |  |
| Bimatoprost                     | DURYSTA                  | J3490                | M                                     |  | X                               |   |   |                 |  |
| Abobotulinum Toxin A            | DYSPORT                  | J0586                | M                                     | X  | X                               |   |   |                 |  |
| Tesamorelin                     | EGRIFTA                  | J3490                | M                                     | X  | X                               |   |   |                 |  |
| Idursulfase                     | ELAPRASE                 | J1743                | M                                     | X  | X                               | X   |   |                 |  |
| Taliglucerase alfa              | ELELYSO                  | J3060                | M                                     | X  | X                               |   |   |                 |  |
| Leuprolide acetate              | ELIGARD                  | J9217                | M                                     | X  | X                               |   |   |                 |  |
| Rasburicase                     | ELITEK                   | J2783                | M                                     |  | X                               |   |   |                 |  |
| Epirubicin                      | ELLENC                   | J9178                | M                                     | X  | X                               |   |   |                 |  |
| Factor VIII fc                  | ELOCTATE                 | J7205                | M                                     | X  | X                               | X   |   |                 |  |
| Oxaliplatin                     | ELOXATIN                 | J9263                | M                                     | X  | X                               |   |   |                 |  |
| Asparaginase                    | ELSPAR                   | J9020                | M                                     |  | X                               |   |   |                 |  |
| Tagraxofusp-erzs                | ELZONRIS                 | J9269                | M                                     | X  | X                               |   |   |                 |  |
| Aprepitant                      | EMEND CAPSULE            | J8501                | P                                     |  | X                               |   |   |                 |  |
| Fosaprepitant dimeglumine       | EMEND INJECTION          | J1453                | M                                     |  | X                               |   |   |                 |  |
| Deflazacort                     | EMFLAZA                  | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Elotuzumab                      | EMPLICITI                | C9477 J9176          | M                                     | X  | X                               |   |   |                 |  |
| Etanercept                      | ENBREL                   | J1438                | P                                     | X  | X                               |   |   |                 |  |
| Fam-trastuzumab deruxtecan-nxki | ENHERTU                  | J3590                | M                                     | X  | X                               |   |   |                 |  |

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| Satralizumab-mwge             | ENSPRYNG            | J3590                | M                                     | X  | X                               |   |   |                 |  |
| Entecavir                     | ENTECAVIR           | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Vedolizumab                   | ENTYVIO             | J3380                | M                                     | X  | X                               | X   |   |                 |  |
| Sofosbuvir/velpatasvir        | EPCLUSA             | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Cannabidiol                   | EPIDIOLEX           | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Epirubicin                    | EPIRUBICIN          | J9178                | M                                     |  | X                               |   |   |                 |  |
| Epoetin Alfa                  | EPOGEN              | J0885 Q4081          | P                                     | X  | X                               | X (non-dialysis)                              |   |                 |  |
| Epoprostenol Sodium           | EPOPROSTENOL SODIUM | J1325                | M                                     | X  | X                               |   |   |                 |  |
| Cetuximab                     | ERBITUX             | J9055                | M                                     | X  | X                               |   |   |                 |  |
| Vismodegib                    | ERIVEDGE            | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Apalutamide                   | ERLEADA             | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Asparaginase                  | ERWINAZE            | J9019                | M                                     | X  | X                               |   |   |                 |  |
| Pirfenidone                   | ESBRIET             | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Amifostine                    | ETHYOL              | J0207                | M                                     | X  | X                               |   |   |                 |  |
| Flutamide                     | EULEXIN             | S0175                | P                                     |  | X                               |   |   |                 |  |
| Romosozumab-aqqg              | EVENITY             | J3111                | M                                     | X  | X                               |   |   |                 |  |
| Melphalan                     | EVOMELA             | J8600                | M                                     | X  | X                               |   |   |                 |  |
| Risdiplam                     | EVRYSDI             | J3490                | M                                     | X  | X                               |   |   |                 |  |
| Deferasirox                   | EXJADE              | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Eteplirsen                    | EXONDYS 51          | J1428                | M                                     | X  | X                               |   |   |                 |  |
| Interferon beta-1b            | EXTAVIA             | J1830                | P                                     | X  | X                               |   |   |                 |  |
| Aflibercept                   | EYLEA               | J0178                | M                                     | X  | X                               |   |   |                 |  |
| Agalsidase Beta               | FABRAZYME           | J0180                | M                                     | X  | X                               | X   |   |                 |  |
| Anti-Hemophilic Factor        | FACTOR              | J7186                | M                                     | X  | X                               | X   |   |                 |  |
| Anti-Hemophilic Factor        | FACTOR 7A           | J7189                | M                                     | X  | X                               | X   |   |                 |  |
| Anti-Hemophilic Factor        | FACTOR 8            | J7190 J7191<br>J7192 | M                                     | X  | X                               | X   |   |                 |  |
| Von Willebrand Factor Complex | FACTOR 9            | J7187 J7183<br>J7179 | M                                     | X  | X                               | X   |   |                 |  |
| Anti-Hemophilic Factor        | FACTOR 9            | J7193 J7194<br>J7195 | M                                     | X  | X                               | X   |   |                 |  |
| Toremifene citrate            | FARESTON            | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Panobinostat                  | FARYDAK             | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Benralizumab                  | FASENRA             | J0517 C9466          | M                                     | X  | X                               |   |   |                 |  |

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| Fulvestrant                          | FASLODEX           | J9395       | M                                     | X  | X                               |   |   |                 |  |
| Floxuridine                          | FDUR               | J9200       | M                                     |  | X                               |   |   |                 |  |
| Anti-Inhibitor Coagulant             | FEIBA              | J7198       | M                                     | X  | X                               | X   |   |                 |  |
| Deferiprone                          | FERRIPROX          | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Fibrinogen                           | FIBRYGA            | J7177       | M                                     | X  | X                               |   |   |                 |  |
| Icatibant                            | FIRAZYR            | J3490       | P                                     | X  | X                               | X   |   |                 |  |
| Amifampridine                        | FIRDAPSE           | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Degarelix                            | FIRMAGON           | J9155       | M                                     | X  | X                               |   |   |                 |  |
| Immune Globulin Human                | FLEBOGAMMA         | J1572       | M                                     | X  | X                               | X   |   |                 |  |
| Epoprostenol Sodium                  | FLOLAN             | J1325       | M                                     | X  | X                               |   |   |                 |  |
| Fludarabine                          | FLUDARA            | J9185       | M                                     | X  | X                               |   |   |                 |  |
| Fluorouracil                         | FLUOROURACIL       | J9190       | M                                     | X  |                                 |   |   |                 |  |
| Pralatrexate                         | FOLOTYN            | J9307       | M                                     | X  | X                               |   |   |                 |  |
| Teriparatide                         | FORTEO             | J3490       | P                                     | X  | X                               |   |   |                 |  |
| Pegfilgrastim-jmdb (biosimilar)      | FULPHILA           | Q5108       | P                                     | X  | X                               | X   |   |                 |  |
| Migalastat                           | GALAFOLD           | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Immune Globulin - Intramuscular (IM) | GAMASTAN S/D       | J1460 J1560 | M                                     | X  | X                               | X   |   |                 |  |
| Emapalumab-lzsg                      | GAMIFANT           | J9210       | M                                     | X  | X                               |   |   |                 |  |
| Immune Globulin                      | GAMMAGARD          | J1569       | M                                     | X  | X                               | X   |   |                 |  |
| Immune Globulin                      | GAMMAKED           | J1561       | M                                     | X  | X                               | X   |   |                 |  |
| Immune Globulin                      | GAMMAPLEX          | J1561       | M                                     | X  | X                               | X   |   |                 |  |
| Immune Globulin                      | GAMUNEX-C          | J1561       | M                                     | X  | X                               | X   |   |                 |  |
| Teduglutide                          | GATTEX             | J3490       | P                                     | X  | X                               |   |   |                 |  |
| Obinutuzumab                         | GAZYVA             | J9301       | M                                     | X  | X                               |   |   |                 |  |
| Gemcitabine                          | GEMCITABINE        | J9201       | M                                     | X  | X                               |   |   |                 |  |
| Gemcitabine                          | GEMZAR             | J9201       | M                                     | X  | X                               |   |   |                 |  |
| Somatropin                           | GENOTROPIN         | J2941       | P                                     | X  | X                               |   |   |                 |  |
| Fingolimod                           | GILENYA            | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Afatinib                             | GILOTRIF           | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Givosiran                            | GIVLAARI           | C9056       | M                                     | X  | X                               |   |   |                 |  |
| Alpha Proteinase Inhibitor           | GLASSIA            | J0257       | M                                     | X  | X                               | X   |   |                 |  |
| Glatiramer acetate                   | GLATIRAMER ACETATE | J1595       | P                                     | X  | X                               |   |   |                 |  |
| Glatiramer                           | GLATOPA            | J3490       | P                                     | X  | X                               |   |   |                 |  |

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| Imatinib                                   | GLEEVEC               | J8999             | P                                     | X  | X                               |   |   |                 |  |
| Lomustine                                  | GLEOSTINE             | S0178             | P                                     |  | X                               |   |   |                 |  |
| Carmustine in Polifeprosan 20              | GLIADEL WAFER         | J9999             | M                                     | X  | X                               |   |   |                 |  |
| Amantadine                                 | GOCOVRI               | J8499             | P                                     | X  | X                               |   |   |                 |  |
| tbo-Filgrastim                             | GRANIX                | J1447             | P                                     | X  | X                               | X   |   |                 |  |
| Timothy Grass Pollen Allergen              | GRASTEK               | J8499             | P                                     | X  | X                               |   |   |                 |  |
| Growth Hormone                             | GROWTH HORMONE        | J2941             | P                                     | X  | X                               |   |   |                 |  |
| C1-esterase inhibitor subcutaneous (human) | HAEGARDA              | J0599 C9015       | M                                     | X  | X                               | X   |   |                 |  |
| Eribulin                                   | HALAVEN               | J9179             | M                                     | X  | X                               |   |   |                 |  |
| Ledipasvir/sofosbuvir                      | HARVONI               | J8499             | P                                     | X  | X                               |   |   |                 |  |
| Anti-Hemophilic Factor                     | HELIXATE              | J7192             | M                                     | X  | X                               | X   |   |                 |  |
| Anti-Hemophilic Factor                     | HELIXATE FS           | J7192             | M                                     | X  | X                               | X   |   |                 |  |
| Propranolol                                | HEMANGEOL             | J8999             | P                                     | X  | X                               |   |   |                 |  |
| Emicizumab                                 | HEMLIBRA              | Q9995 J7170       | M                                     | X  | X                               | X   |   |                 |  |
| Anti-Hemophilic Factor                     | HEMOFIL               | J7190             | M                                     | X  | X                               | X   |   |                 |  |
| Trastuzumab                                | HERCEPTIN             | J9355             | M                                     | X  | X                               |   |   |                 |  |
| Trastuzumab and hyaluronidase              | HERCEPTIN HYLECTA     | J9356             | M                                     | X  | X                               |   |   |                 |  |
| Trastuzumab-pkrb (biosimilar)              | HERZUMA               | Q5113             | M                                     | X  | X                               |   |   |                 |  |
| Altretamine                                | HEXALEN               | J8999             | P                                     | X  | X                               |   |   |                 |  |
| Immune Globulin SQ                         | HIZENTRA              | J1559             | M                                     | X  | X                               | X   |   |                 |  |
| Anti-Hemophilic Factor Human               | HUMATE P              | J7187             | M                                     | X  | X                               | X   |   |                 |  |
| Somatropin                                 | HUMATROPE             | J2941             | P                                     | X  | X                               |   |   |                 |  |
| Adalimumab                                 | HUMIRA                | J0135             | P                                     | X  | X                               |   |   |                 |  |
| Anti-Hemophilic Factor                     | HYATE                 | J7191             | M                                     | X  | X                               | X   |   |                 |  |
| Topotecan                                  | HYCAMTIN              | J8705 J9350 J9351 | M                                     | X  | X                               |   |   |                 |  |
| Immune Globulin/Hyaluron                   | HYQVIA                | J1575             | M                                     | X  | X                               | X   |   |                 |  |
| Ibandronate                                | IBANDRONATE INJECTION | J1740             | M                                     |  | X                               |   |   |                 |  |
| Palbociclib                                | IBRANCE               | J8999             | P                                     | X  | X                               |   |   |                 |  |
| Ponatinib                                  | ICLUSIG               | J8999             | P                                     | X  | X                               |   |   |                 |  |
| Idarubicin                                 | IDAMYCIN              | J9211             | M                                     |  | X                               |   |   |                 |  |
| Factor IX Recombinant                      | IDELVION              | J7199 J7202       | M                                     | X  | X                               | X   |   |                 |  |



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| Enasidenib                           | IDHIFA                               | J8999   | P                                     | X  | X                               |  |   |                 |  |
| Ifosfamide                           | IFEX                                 | J9208   | M                                     |  | X                               |  |   |                 |  |
| Canakinumab                          | ILARIS                               | J0638   | M                                     | X  | X                               |  |   |                 |  |
| Tildrakizumab                        | ILUMYA                               | J3245   | M                                     | X  | X                               |  |   |                 |  |
| Fluocinolone acetonide               | ILUVIEN                              | J7311 J7313<br>C9450  | M                                     | X  | X                               |  |   |                 |  |
| Imatinib                             | IMATINIB                             | J8999   | P                                     | X  | X                               |  |   |                 |  |
| Ibutinib                             | IMBRUVICA                            | J8999   | P                                     | X  | X                               |  |   |                 |  |
| Durvalumab                           | IMFINZI                              | J9173 C9492   | M                                     | X  | X                               |  |   |                 |  |
| Talimogene laherparepvec             | IMLYGIC                              | J9325   | M                                     | X  | X                               |  |   |                 |  |
| Immune Globulin - Intravenous (IVIG) | Immune Globulin - Intravenous (IVIG) | J1459 J1561<br>J1566 J1568<br>J1569 J1572<br>J1573 J1557<br>J1599 | M                                     | X  | X                               | X  |   |                 |  |
| Levodopa, inhaled                    | INBRIJA                              | J8499   | P                                     | X  | X                               |  |   |                 |  |
| Mecasermin                           | INCRELEX                             | J2170   | M                                     | X  | X                               |  |   |                 |  |
| Infliximab                           | INFLECTRA                            | Q5103   | M                                     | X  | X                               | X  |   |                 |  |
| Gemcitabine                          | INFUGEM                              | J9199   | M                                     | X  | X                               |  |   |                 |  |
| Valbenazine                          | INGREZZA                             | J8499   | P                                     | X  | X                               |  |   |                 |  |
| Axitinib                             | INLYTA                               | J8999   | P                                     | X  | X                               |  |   |                 |  |
| Decitabine and Cedazuridine          | INQOVI                               | J8999   | P                                     | X  | X                               |  |   |                 |  |
| Fedratinib                           | INREBIC                              | J8499   | P                                     | X  | X                               |  |   |                 |  |
| Interferon alfa-2b                   | INTRON A                             | J9214   | P                                     | X  | X                               |  |   |                 |  |
| Gefitinib                            | IRESSA                               | J8999   | P                                     | X  | X                               |  |   |                 |  |
| Irinotecan liposomal                 | IRINOTECAN                           | J9206   | M                                     | X  | X                               |  |   |                 |  |
| Romidepsin                           | ISTODAX                              | J9315   | M                                     | X  | X                               |  |   |                 |  |
| Osilodrostat phosphate               | ISTURISA                             | J8499   | P                                     | X  | X                               |  |   |                 |  |
| Ixabepilone                          | IXEMPRA                              | J9207   | M                                     | X  | X                               |  |   |                 |  |
| Infliximab-qbtX (biosimilar)         | IXIFI                                | Q5109   | M                                     |  | X                               |  |   |                 |  |
| Factor IX recombinant                | IXINITY                              | J7195   | M                                     | X  | X                               | X  |   |                 |  |
| Deferasirox                          | JADENU                               | J8499   | P                                     | X  | X                               |  |   |                 |  |
| Ruxolitinib                          | JAKAFI                               | J8999   | P                                     | X  | X                               |  |   |                 |  |
| Mitomycin                            | JELMYTO                              | J3490 J9999<br>C9399  | M                                     | X  | X                               |  |   |                 |  |

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| Cabazitaxel                              | JEVTANA                | J9043                | M                                     | X  | X                               |   |   |                 |  |
| Factor VIII, recombinant human pegylated | JIVI                   | C9137 J7207<br>J7208 | M                                     | X  | X                               | X   |   |                 |  |
| Lomitapide                               | JUXTAPID               | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Tolvaptan                                | JYNARQUE               | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Trastuzumab emtansine                    | KADCYLA                | J9354                | M                                     | X  | X                               |   |   |                 |  |
| Ecallantide                              | KALBITOR               | J1290                | M                                     | X  | X                               |   |   |                 |  |
| Ivacaftor                                | KALYDECO               | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Trastuzumab-anns (biosimilar)            | KANJINTI               | Q5117                | M                                     | X  | X                               |   |   |                 |  |
| Sebelipase alfa                          | KANUMA                 | C9399 J3590<br>J2840 | M                                     | X  | X                               |   |   |                 |  |
| Palifermin                               | KEPIVANCE              | J2425                | M                                     | X  | X                               |   |   |                 |  |
| Dichlorphenamide                         | KEVEYIS                | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Sarilumab                                | KEVZARA                | J3590                | P                                     | X  | X                               |   |   |                 |  |
| Pembrolizumab                            | KEYTRUDA               | J9271                | M                                     | X  | X                               |   |   |                 |  |
| Anakinra                                 | KINERET                | J3590                | P                                     | X  | X                               |   |   |                 |  |
| Ribociclib                               | KISQALI                | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Ribociclib and letrozole                 | KISQALI FEMARA CO-PACK | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Tobramycin inhalation                    | KITABIS PAK            | J3490                | P                                     | X  | X                               |   |   |                 |  |
| Anti-Hemophilic Factor                   | KOATE                  | J7190 J7191<br>J7192 | M                                     | X  | X                               | X   |   |                 |  |
| Anti-Hemophilic Factor                   | KOGENATE/ FS           | J7190 J7191<br>J7192 | M                                     | X  | X                               | X   |   |                 |  |
| Anti-Hemophilic Factor                   | KONYNE/HT              | J7195                | M                                     | X  | X                               | X   |   |                 |  |
| Mifepristone                             | KORLYM                 | S0190                | P                                     | X  | X                               |   |   |                 |  |
| Selumetinib sulfate                      | KOSELUGO               | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Anti-Hemophilic Factor                   | KOVALTRY               | J7211                | M                                     | X  | X                               | X   |   |                 |  |
| Pegloticase                              | KRYSTEXXA              | J2507                | M                                     | X  | X                               |   |   |                 |  |
| Sapropterin                              | KUVAN                  | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Tisagenlecleucel                         | KYMRIAH                | Q2042                | M                                     | X  | X                               |   |   |                 |  |
| Mipomersen                               | KYNAMRO                | J3490                | P                                     | X  | X                               |   |   |                 |  |
| Carfilzomib                              | KYPROLIS               | J9047                | M                                     | X  | X                               |   |   |                 |  |
| Olaratumab                               | LARTRUVO               | J9285 C9485          | M                                     | X  | X                               |   |   |                 |  |
| Alemtuzumab                              | LEMTRADA               | J0202                | M                                     | X  | X                               |   |   |                 |  |

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| Lenvatinib                   | LENVIMA                    | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Ambrisentan                  | LETAIRIS                   | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Leucovorin                   | LEUCOVORIN                 | J0640                | M                                     | X  |                                 |   |   |                 |  |
| Sargramostin                 | LEUKINE                    | J2820                | P                                     | X  | X                               | X   |   |                 |  |
| Leuprolide Acetate           | LEUPROLIDE ACETATE         | J1950 J9217<br>J9218 | M                                     | X  | X                               |   |   |                 |  |
| Cladribine                   | LEUSTATIN                  | J9065                | M                                     | X  | X                               |   |   |                 |  |
| Cemiplimab-rwlc              | LIBTAYO                    | J9119                | M                                     | X  | X                               |   |   |                 |  |
| Doxorubicin liposomal        | LIPODOX                    | J9002 Q2049<br>Q2050 | M                                     | X  | X                               |   |   |                 |  |
| Trifluridine and tipiracil   | LONSURF                    | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Lorlatinib                   | LORBRENA                   | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Ranibizumab                  | LUCENTIS                   | J2778                | M                                     | X  | X                               |   |   |                 |  |
| Alglucosidase Alfa           | LUMIZYME                   | J0221                | M                                     | X  | X                               | X   |   |                 |  |
| Moxetumomab pasudotox-tdfk   | LUMOXITI                   | J9313                | M                                     | X  | X                               |   |   |                 |  |
| Leuprolide and Norethindrone | LUPANETA                   | J3490                | M                                     | X  | X                               |   |   |                 |  |
| Leuprolide Acetate           | LUPRON                     | J1950 J9217<br>J9218 | M                                     | X  | X                               |   |   |                 |  |
| Lutetium Lu-177 dotatate     | LUTATHERA                  | C9031 A9513          | M                                     | X  | X                               |   |   |                 |  |
| Voretigene neparvovec-rzyl   | LUXTURNA                   | J3398 C9032          | M                                     | X  | X                               |   |   |                 |  |
| Olaparib                     | LYNPARZA                   | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Mitotane                     | LYSODREN                   | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Vincristine - liposomal      | MARQIBO                    | J9371                | M                                     | X  | X                               |   |   |                 |  |
| Procarbazine hydrochloride   | MATULANE                   | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Cladribine                   | MAVENCLAD                  | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Glecaprevir/ pibrentasvir    | MAVYRET                    | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Siponimod                    | MAYZENT                    | J3590                | P                                     | X  | X                               |   |   |                 |  |
| Trametinib                   | MEKINIST                   | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Binimetinib                  | MEKTOVI                    | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Vestronidase alfa-vjbk       | MEPSEVII                   | J3397                | M                                     | X  | X                               |   |   |                 |  |
| Epoetin Beta                 | MIRCERA                    | J0887 J0888          | P                                     | X  | X                               | X (non-dialysis)                              |   |                 |  |
| Mitomycin                    | MITOMYCIN-STERILE<br>WATER | J9280                | M                                     |  | X                               |   |   |                 |  |
| Ribavirin                    | MODERIBA                   | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Anti-Hemophilic Factor       | MONARC                     | J7190                | M                                     | X  | X                               | X   |   |                 |  |

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| Tafasitamab-cxix              | MONJUVI                                   | J3590       | M                                     | X  | X                               |   |   |                 |  |
| Anti-Hemophilic Factor        | MONOCALATE P                              | J7191       | M                                     | X  | X                               | X   |   |                 |  |
| Coagulation Factor IX (Human) | MONONINE                                  | J7193       | M                                     | X  | X                               | X   |   |                 |  |
| Plerixafor                    | MOZOBIL                                   | J2562       | M                                     | X  | X                               |   |   |                 |  |
| Lusutrombopag                 | MULPLETA                                  | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Mechlorethamine               | MUSTARGEN                                 | J9230       | M                                     |  | X                               |   |   |                 |  |
| Mitomycin                     | MUTAMYCIN                                 | J9280       | M                                     |  | X                               |   |   |                 |  |
| Bevacizumab-awwb (biosimilar) | MVASI                                     | Q5107       | M                                     | X  | X                               |   |   |                 |  |
| Metreleptin                   | MYALEPT                                   | J3490       | M                                     | X  | X                               |   |   |                 |  |
| Busulfan                      | MYLERAN                                   | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Gemtuzumab ozogamicin         | MYLOTARG                                  | J9300 J9302 | M                                     | X  | X                               |   |   |                 |  |
| Rimabotulinum Toxin Type B    | MYOBLOC                                   | J0587       | M                                     | X  | X                               |   |   |                 |  |
| Alglucosidase alfa            | MYOZYME                                   | J0220       | M                                     |  | X                               | X   |   |                 |  |
| Galsulfase                    | NAGLAZYME                                 | J1458       | M                                     | X  | X                               |   |   |                 |  |
| Parathyroid hormone           | NATPARA                                   | J3490       | P                                     | X  | X                               |   |   |                 |  |
| Vinorelbine                   | NAVELBINE                                 | J9390       | M                                     |  | X                               |   |   |                 |  |
| Neratinib                     | NERLYNX                                   | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Pegfilgrastim                 | NEULASTA                                  | J2505       | P                                     | X  | X                               | X   |   |                 |  |
| Pegfilgrastim                 | NEULASTA ONPRO (in-office administration) | J2505       | M                                     | X  | X                               | Not Covered, refer to NEULASTA                |   |                 |  |
| Oprelvekin                    | NEUMEGA                                   | J2355       | P                                     |  | X                               | X   |   |                 |  |
| Filgrastim                    | NEUPOGEN                                  | J1442       | P                                     | X  | X                               | X   |   |                 |  |
| Sorafenib                     | NEXAVAR                                   | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Nilutamide                    | NILANDRON                                 | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Ixazomib                      | NINLARO                                   | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Pentostatin                   | NIPENT                                    | J9268       | M                                     |  | X                               |   |   |                 |  |
| Nitisinone                    | NITYR                                     | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Filgrastim-aafi (biosimilar)  | NIVESTYM                                  | J3590       | P                                     | X  | X                               | X   |   |                 |  |
| Somatropin                    | NORDITROPIN                               | J2941       | P                                     | X  | X                               |   |   |                 |  |
| Istradefylline                | NOURIANZ                                  | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Mitoxantrone                  | NOVANTRONE                                | J9293       | M                                     | X  | X                               |   |   |                 |  |
| Coagulation Factor VIII       | NOVOEIGHT                                 | J7182       | M                                     | X  | X                               | X   |   |                 |  |
| Coagulation Factor VIIa       | NOVOSEVEN RT                              | J7189       | M                                     | X  | X                               | X   |   |                 |  |
| Romiplostim                   | NPLATE                                    | J2796       | M                                     | X  | X                               |   |   |                 |  |

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| Darolutamide   | NUBEQA      | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Mepolizumab  | NUCALA      | C9473 J2182 | M                                     | X  | X                               |   |   |                 |  |
| Belatacept   | NULOJIX     | J0485       | M                                     | X  | X                               |   |   |                 |  |
| Pimavanserin   | NUPLAZID    | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Somatropin   | NUTROPIN    | J2941       | P                                     | X  | X                               |   |   |                 |  |
| Factor VIII Recombinant  | NUWIQ       | C9138 J7209 | M                                     | X  | X                               | X   |   |                 |  |
| Factor VIII Recombinant  | OBIZUR      | J7188       | M                                     | X  | X                               | X   |   |                 |  |
| Obeticholic acid   | OCALIVA     | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Ocrelizumab  | OCREVUS     | J2350 C9494 | M                                     | X  | X                               |   |   |                 |  |
| Immune Globulin  | OCTAGAM     | J1568       | M                                     | X  | X                               | X   |   |                 |  |
| Dust Mite Allergen   | ODACTRA     | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Sonidegib  | ODOMZO      | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Nintedanib   | OFEV        | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Trastuzumab-dkst (biosimilar)  | OGIVRI      | Q5114       | M                                     | X  | X                               |   |   |                 |  |
| Baricitinib  | OLUMIANT    | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Simeprevir   | OLYSIO      | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Somatropin   | OMNITROPE   | J2941       | P                                     | X  | X                               |   |   |                 |  |
| Pegaspargase   | ONCASPAR    | J9266       | M                                     | X  | X                               |   |   |                 |  |
| Irinotecan liposomal   | ONIVYDE     | C9474 J9205 | M                                     | X  | X                               |   |   |                 |  |
| Patisiran  | ONPATTRO    | C9036 J0222 | M                                     | X  | X                               |   |   |                 |  |
| Denileukin   | ONTAK       | J9160       | M                                     |  | X                               |   |   |                 |  |
| Trastuzumab-dttb (biosimilar)  | ONTRUZANT   | Q5112       | M                                     |  | X                               |   |   |                 |  |
| Nivolumab  | OPDIVO      | J9299       | M                                     | X  | X                               |   |   |                 |  |
| Macitentan   | OPSUMIT     | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens Allergens | ORALAIR     | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Oritavancin  | ORBACTIV    | J2407       | P                                     |  | X                               |   |   |                 |  |
| Abatacept  | ORENCIA     | J0129       | P                                     | X  | X                               |   |   |                 |  |
| Treprostinil   | ORENITRAM   | J3285       | M                                     | X  | X                               |   |   |                 |  |
| Nitisinone   | ORFADIN     | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Lumacaftor/ivacaftor   | ORKAMBI     | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Apremilast   | OTEZLA      | J3590       | P                                     | X  | X                               |   |   |                 |  |

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| Methotrexate Injection                            | OTREXUP      | J3490       | P                                     | X  | X                               |   |   |                 |  |
| Oxaliplatin                                       | OXALIPLATIN  | J9263       | M                                     | X  | X                               |   |   |                 |  |
| Oxandrolone                                       | OXANDRIN     | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Oxandrolone                                       | OXANDROLONE  | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Voxelotor   | OXBRYTA      | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Cenegermin-bkbj                                   | OXERVATE     | J3490       | P                                     | X  | X                               |   |   |                 |  |
| Dexamethasone intravitreal implant                | OZURDEX      | J1096 J7312 | M                                     | X  | X                               |   |   |                 |  |
| Paclitaxel  | PACLITAXEL   | J9265 J9267 | M                                     | X  | X                               |   |   |                 |  |
| Enfortumab vedotin-ejfv                           | PADCEV       | J3590       | M                                     | X  | X                               |   |   |                 |  |
| Palonosetron Hcl                                  | PALONOSETRON | J2469       | M                                     |  | X                               |   |   |                 |  |
| Pegvaliase-pqpz                                   | PALYNZIQ     | J3490       | M                                     | X  | X                               |   |   |                 |  |
| Alitretinoin                                      | PANRETIN     | J3490       | P                                     | X  | X                               |   |   |                 |  |
| Immune globulin intravenous, human - ifas/glycine | PANZYGA      | J1599       | M                                     | X  | X                               | X   |   |                 |  |
| Carboplatin                                       | PARAPLATIN   | J9045       | M                                     |  | X                               |   |   |                 |  |
| Etelcalcetide                                     | PARSABIV     | J3490 J0606 | M                                     | X  | X                               |   |   |                 |  |
| Peginterferon alfa-2a                             | PEGASYS      | S0145       | P                                     | X  | X                               |   |   |                 |  |
| Peginterferon alfa-2b                             | PEG-INTRON   | S0148       | P                                     | X  | X                               |   |   |                 |  |
| Pemigatinib                                       | PEMAZYRE     | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Pentostatin                                       | PENTOSTATIN  | J9268       | M                                     |  | X                               |   |   |                 |  |
| Pertuzumab  | PERJETA      | J9306       | M                                     | X  | X                               |   |   |                 |  |
| Porfimer sodium                                   | PHOTOFRIN    | J9600       | M                                     |  | X                               |   |   |                 |  |
| Alpelisib   | PIQRAY       | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Alpelisib   | PIQRAY       | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Peginterferon beta-1a                             | PLEGRIDY     | Q3028       | P                                     | X  | X                               |   |   |                 |  |
| Polatuzumab vedotin-piiq                          | POLIVY       | J9309       | M                                     | X  | X                               |   |   |                 |  |
| Pomalidomide                                      | POMALYST     | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Necitumumab                                       | PORTRAZZA    | J9295       | M                                     | X  | X                               |   |   |                 |  |
| Mogamulizumab-kpkc                                | POTELIGEO    | C9038 J9204 | M                                     | X  | X                               |   |   |                 |  |
| Alirocumab  | PRALUENT     | J3590       | P                                     | X  | X                               | X   |   |                 |  |
| Immune Globulin                                   | PRIVIGEN     | J1459       | M                                     | X  | X                               | X   |   |                 |  |
| Buprenorphine implant                             | PROBUPHINE   | J0570 J3490 | M                                     | X  | X                               |   |   |                 |  |
| Epoetin Alfa                                      | PROCRT       | J0885 Q4081 | P                                     | X  | X                               | X (non-dialysis)                              |   |                 |  |

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| Cysteamine                          | PROCYSBI      | J8499             | P                                     | X  | X                               |   |   |                 |  |
| Factor IX Complex Human             | PROFILNINE    | J7194             | M                                     | X  | X                               | X   |   |                 |  |
| Factor IX Complex Human             | PROFILNINE SD | J7194             | M                                     | X  | X                               | X   |   |                 |  |
| Alpha Proteinase Inhibitor          | PROLASTIN C   | J0256             | M                                     | X  | X                               |   |   |                 |  |
| Aldesleukin                         | PROLEUKIN     | J9015             | M                                     | X  | X                               |   |   |                 |  |
| Denosumab                           | PROLIA        | J0897             | M                                     | X  | X                               |   |   |                 |  |
| Eltrombopag                         | PROMACTA      | J8499             | P                                     | X  | X                               |   |   |                 |  |
| Anti-Hemophilic Factor              | PROTHAR       | J7194             | M                                     | X  | X                               | X   |   |                 |  |
| Sucralfate malate, polymerized      | PROTHELIAL    | J3490             | P                                     | X  | X                               |   |   |                 |  |
| Sipuleucel-T                        | PROVENGE      | Q2043             | M                                     | X  | X                               |   |   |                 |  |
| Dornase alfa                        | PULMOZYME     | J3490             | P                                     | X  | X                               |   |   |                 |  |
| Mercaptopurine                      | PURIXAN       | S0108             | P                                     | X  | X                               |   |   |                 |  |
| Ripretinib                          | QINLOCK       | J8999             | P                                     | X  | X                               |   |   |                 |  |
| Edaravone                           | RADICAVA      | J1301 C9493       | M                                     | X  | X                               |   |   |                 |  |
| Short Ragweed Pollen                | RAGWITEK      | J8499             | P                                     | X  | X                               |   |   |                 |  |
| Methotrexate injection              | RASUVO        | J3490             | P                                     | X  | X                               |   |   |                 |  |
| Glycerol phenylbutyrate             | RAVICTI       | J8499             | P                                     | X  | X                               |   |   |                 |  |
| Ribavirin                           | REBETOL       | J8499             | P                                     | X  | X                               |   |   |                 |  |
| Interferon beta-1a                  | REBIF         | J1826 Q3028       | P                                     | X  | X                               |   |   |                 |  |
| Coagulation Factor IX (Recombinant) | REBINYN       | J7203 J7195 C9468 | M                                     | X  | X                               | X   |   |                 |  |
| Luspatercept - aamt                 | REBLOZYL      | J3490             | P                                     | X  | X                               |   |   |                 |  |
| Zoledronic Acid                     | RECLAST       | J3489             | M                                     | X  | X                               |   |   |                 |  |
| Anti-Hemophilic Factor              | RECOMBINATE   | J7192             | M                                     | X  | X                               | X   |   |                 |  |
| Anti-Hemophilic Factor              | REFACTO       | J7192             | M                                     | X  | X                               | X   |   |                 |  |
| Infliximab                          | REMICADE      | J1745             | M                                     | X  | X                               | X   |   |                 |  |
| Treprostinil                        | REMODULIN     | J3285             | M                                     | X  | X                               |   |   |                 |  |
| Infliximab                          | RENFLEXIS     | Q5104             | M                                     | X  | X                               | X   |   |                 |  |
| Evolocumab                          | REPATHA       | J3590             | P                                     | X  | X                               | X   |   |                 |  |
| Epoetin Alfa                        | RETACRIT      | Q5105 Q5106*      | P                                     | X  | X                               | X (non-dialysis)                              |   |                 |  |
| Selpercatinib                       | RETEVMO       | J8999             | P                                     | X  | X                               |   |   |                 |  |
| Fluocinolone acetonide              | RETISERT      | J7311 J7313 C9450 | M                                     | X  | X                               |   |   |                 |  |
| Sildenafil                          | REVATIO       | J8499             | P                                     | X  | X                               |   |   |                 |  |



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| Elapegademase-lvlr          | REVCOVI            | J9999       | M                                     | X  | X                               |   |   |                 |  |
| Lenalidomide                | REVLIMID           | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Fibrinogen                  | RIASTAP            | J7178       | M                                     | X  | X                               |   |   |                 |  |
| Ribavirin                   | RIBASPHERE RIBAPAK | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Ribavirin                   | RIBATAB            | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Ribavirin                   | RIBAVIRIN          | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Auranofin (gold)            | RIDAURA            | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Upadacitinib                | RINVOQ             | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Rituximab                   | RITUXAN            | J9310 J9312 | M                                     | X  | X                               |   |   |                 |  |
| Rituximab and hyaluronidase | RITUXAN HYCELA     | J9311 C9467 | M                                     | X  | X                               |   |   |                 |  |
| Coagulation Factor IX       | RIXUBIS            | J7200       | M                                     | X  | X                               | X   |   |                 |  |
| Entrectinib                 | ROZLYTREK          | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Rucaparib                   | RUBRACA            | J8999       | P                                     | X  | X                               |   |   |                 |  |
| C1-esterase inhibitor       | RUCONEST           | J0596       | M                                     | X  | X                               | X   |   |                 |  |
| Amifampridine               | RUZURGI            | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Midostaurin                 | RYDAPT             | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Vigabatrin                  | SABRIL             | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Somatropin                  | SAIZEN             | J2941       | P                                     | X  | X                               |   |   |                 |  |
| Tolvaptan                   | SAMSCA             | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Granisetron Patch           | SANCUSO            | J3490       | P                                     | X  | X                               |   |   |                 |  |
| Octreotide acetate          | SANDOSTATIN        | J2353 J2354 | P                                     | X  | X                               |   |   |                 |  |
| Octreotide Depot            | SANDOSTATIN LAR    | J2353       | M                                     | X  | X                               |   |   |                 |  |
| Isatuximab-irfc             | SARCLISA           | J3590       | M                                     |  | X                               |   |   |                 |  |
| Somatropin                  | SEROSTIM           | J2941       | M                                     | X  | X                               |   |   |                 |  |
| Short Ragweed Pollen        | SHORT RAGWEED      | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Pasireotide                 | SIGNIFOR           | J2502       | P                                     | X  | X                               |   |   |                 |  |
| Sildenafil                  | SILDENAFIL         | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Brodalumab                  | SILIQ              | J3590       | P                                     | X  | X                               |   |   |                 |  |
| Golimumab                   | SIMPONI            | J3590       | P                                     | X  | X                               |   |   |                 |  |
| Golimumab                   | SIMPONI ARIA       | J1602       | P                                     | X  | X                               | X   |   |                 |  |
| Mometasone furoate          | SINUVA             | J7401 S1090 | M                                     | X  | X                               |   |   |                 |  |
| Risankizumab-rzaa           | SKYRIZI            | J3590       | P                                     | X  | X                               |   |   |                 |  |
| Somapacitan-beco            | SOGROYA            | J3590       | P                                     | X  | X                               |   |   |                 |  |

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| Dextranomer/hyaluronate/nacl  | SOLESTA                       | L8605                | M                                     | X  | X                               |   |   |                 |  |
| Eculizumab                    | SOLIRIS                       | J1300                | M                                     | X  | X                               |   |   |                 |  |
| Lanreotide                    | SOMATULINE DEPOT              | J1930                | M                                     | X  | X                               |   |   |                 |  |
| Pegvisomant                   | SOMAVERT                      | J3490                | P                                     | X  | X                               |   |   |                 |  |
| Sofosbuvir                    | SOVALDI                       | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Nusinersen                    | SPINRAZA                      | J2326                | M                                     | X  | X                               |   |   |                 |  |
| Esketamine                    | SPRAVATO                      | C9399 J3490          | M                                     | X  | X                               |   |   |                 |  |
| Dasatinib                     | SPRYCEL                       | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Rye Grass Pollen Allergen     | STANDARD RYE GRASS<br>POLLEN  | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Timothy Grass Pollen Allergen | STANDARDIZED<br>TIMOTHY GRASS | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Ustekinumab                   | STELARA                       | J3357 C9487          | P                                     | X  | X                               |   |   |                 |  |
| Regorafenib                   | STIVARGA                      | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Asfotase alfa                 | STRENSIQ                      | J3490 J3590          | P                                     | X  | X                               |   |   |                 |  |
| Sacrosidase                   | SUCRAID                       | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Histrelin                     | SUPPRELIN LA                  | J1675 J9225<br>J9226 | M                                     | X  | X                               |   |   |                 |  |
| Granisetron                   | SUSTOL                        | J1627 C9486          | M                                     |  | X                               |   |   |                 |  |
| Sunitinib                     | SUTENT                        | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Peginterferon alfa-2b         | SYLATRON                      | S0148                | P                                     | X  | X                               |   |   |                 |  |
| Siltuximab                    | SYLVANT                       | J2860                | M                                     | X  | X                               |   |   |                 |  |
| Tezacaftor and Ivacaftor      | SYMDEKO                       | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Palivizumab                   | SYNAGIS                       | J3590                | M                                     | X  | X                               |   |   |                 |  |
| Omacetaxine                   | SYNRIBO                       | J9262                | M                                     | X  | X                               |   |   |                 |  |
| Trientine                     | SYPRINE                       | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Thioguanine                   | TABLOID                       | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Capmatinib HCl                | TABRECTA                      | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Tadalafil                     | TADALAFIL                     | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Dabrafenib                    | TAFINLAR                      | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Osimertinib                   | TAGRISSE                      | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Lanadelumab-flyo              | TAKHZYRO                      | J0593                | M                                     | X  | X                               |   |   |                 |  |
| Ixekizumab                    | TALTZ                         | J3590                | P                                     | X  | X                               |   |   |                 |  |
| Talazoparib                   | TALZENNA                      | J8999                | P                                     | X  | X                               |   |   |                 |  |

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| Erlotinib HCl                          | TARCEVA        | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Bexarotene                             | TARGRETIN      | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Nilotinib                              | TASIGNA        | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Fostamatinib                           | TAVALISSE      | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Paclitaxel                             | TAXOL          | J9265 J9267 | M                                     | X  | X                               |   |   |                 |  |
| Docetaxel                              | TAXOTERE       | J9171       | M                                     | X  | X                               |   |   |                 |  |
| Atezolizumab                           | TECENTRIQ      | C9483 J9022 | M                                     | X  | X                               |   |   |                 |  |
| Dimethyl fumarate                      | TECFIDERA      | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Ombitasvir, paritaprevir and ritonavir | TECHNIVIE      | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Inotersen                              | TEGSEDI        | J3490       | M                                     | X  | X                               |   |   |                 |  |
| Temozolomide                           | TEMODAR INJ    | J9328       | M                                     | X  | X                               |   |   |                 |  |
| Temozolomide                           | TEMODAR, ORAL  | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Temozolomide                           | TEMOZOLOMIDE   | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Thiotepa                               | TEPADINA       | J9340       | M                                     | X  | X                               |   |   |                 |  |
| Tetrabenazine                          | TETRABENAZINE  | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Somatropin                             | TEV-TROPIN     | J2941       | P                                     | X  | X                               |   |   |                 |  |
| Thalidomide                            | THALOMID       | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Tiopronin                              | THIOLA         | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Thiotepa                               | THIOTEPA       | J9340       | M                                     | X  | X                               |   |   |                 |  |
| Lymphocyte immune globulin             | THYMOGLOBULIN  | J7511       | M                                     |  | X                               |   |   |                 |  |
| Thyrotropin alpha                      | THYROGEN       | J3240       | M                                     | X  | X                               |   |   |                 |  |
| Ivosidenib                             | TIBSOVO        | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Tobramycin inhalation                  | TOBI           | J3490       | P                                     | X  | X                               |   |   |                 |  |
| Tobramycin inhalation                  | TOBRAMYCIN     | J3490       | P                                     | X  | X                               |   |   |                 |  |
| Topotecan                              | TOPOTECAN      | J9350 J9351 | M                                     | X  | X                               |   |   |                 |  |
| Temsirolimus                           | TORISEL        | J9330       | M                                     | X  | X                               |   |   |                 |  |
| Bosentan                               | TRACLEER       | J8499       | M                                     | X  | X                               |   |   |                 |  |
| Trastuzumab-qyyp (biosimilar)          | TRAZIMERA      | Q5116       | M                                     | X  | X                               |   |   |                 |  |
| Bendamustine Hydrochloride             | TREANDA        | J9033       | M                                     | X  | X                               |   |   |                 |  |
| Triptorelin                            | TRELSTAR DEPOT | J3315 J3316 | M                                     | X  | X                               |   |   |                 |  |
| Guselkumab                             | TREMFYA        | J1628       | P                                     | X  | X                               |   |   |                 |  |
| Factor XIII a-subunit                  | TRETEN         | J7181       | M                                     | X  | X                               | X   |   |                 |  |

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| Elexacaftor/ Ivacaftor/ Tezacaftor                  | TRIKAFTA     | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Triptorelin   | TRIPTODUR    | J3315 J3316 | M                                     | X  | X                               |   |   |                 |  |
| Arsenic trioxide                                    | TRISENOX     | J9017       | M                                     |  | X                               |   |   |                 |  |
| Sacituzumab govitecan-hziy                          | TRODELVY     | J3590       | M                                     | X  | X                               |   |   |                 |  |
| Rituximab-abbs (biosimilar)                         | TRUXIMA      | Q5115       | M                                     | X  | X                               |   |   |                 |  |
| Tucatinib   | TUKYSA       | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Pexidartinib  | TURALIO      | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Lapatinib   | TYKERB       | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Abaloparatide                                       | TYMLOS       | J3490       | P                                     | X  | X                               |   |   |                 |  |
| Natalizumb  | TYSABRI      | J2323       | M                                     | X  | X                               |   |   |                 |  |
| Treprostinil Inhalation                             | TYVASO       | J7686       | P                                     | X  | X                               |   |   |                 |  |
| Pegfilgrastim-cbqv (biosimilar)                     | UDENYCA      | Q5111       | P                                     | X  | X                               | X   |   |                 |  |
| Ravulizumab-cwvz                                    | ULTOMIRIS    | J1303       | M                                     | X  | X                               |   |   |                 |  |
| Dinutuximab   | UNITUXIN     | J9999       | M                                     | X  | X                               |   |   |                 |  |
| Inebilizumab-cdon                                   | UPLIZNA      | J3590       | M                                     | X  | X                               |   |   |                 |  |
| Selexipag   | UPTRAVI      | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Meclizothamine gel                                  | VALCHLOR     | J3490       | P                                     | X  | X                               |   |   |                 |  |
| Valrubicin  | VALSTAR      | J9357       | M                                     | X  | X                               |   |   |                 |  |
| Histrelin   | VANTAS       | J9226       | M                                     | X  | X                               |   |   |                 |  |
| Rolapitant  | VARUBI, INJ  | J2797 C9464 | M                                     |  | X                               |   |   |                 |  |
| Rolapitant  | VARUBI, ORAL | J8670 Q9981 | P                                     |  | X                               |   |   |                 |  |
| Panitumumab   | VECTIBIX     | J9303       | M                                     | X  | X                               |   |   |                 |  |
| Bortezomib  | VELCADE      | J9041       | M                                     | X  | X                               |   |   |                 |  |
| Epoprostenol Sodium                                 | VELETRI      | J1325       | M                                     | X  | X                               |   |   |                 |  |
| Tenofovir alafenamide                               | VEMLIDY      | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Venetoclax  | VENCLEXTA    | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Iloprost  | VENTAVIS     | Q4074       | P                                     | X  | X                               |   |   |                 |  |
| Abemaciclib   | VERZENIO     | J8999       | P                                     | X  | X                               |   |   |                 |  |
| Azacitidine   | VIDAZA       | J9025       | M                                     | X  | X                               |   |   |                 |  |
| Ombitasvir, paritaprevir, ritonavir, plus dasabuvir | VIEKIRA (XR) | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Vigabatrin  | VIGABATRIN   | J8499       | P                                     | X  | X                               |   |   |                 |  |
| Vigabatrin  | VIGADRONE    | J8499       | P                                     | X  | X                               |   |   |                 |  |

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| Viltolarsen                           | VILTEPSO     | J3490                | M                                     | X  | X                               |   |   |                 |  |
| Elosulfase alfa                       | VIMIZIM      | J1322                | M                                     | X  | X                               |   |   |                 |  |
| Ribavirin                             | VIRAZOLE     | J3490                | P                                     | X  | X                               |   |   |                 |  |
| Uridine triacetate                    | VISTOGARD    | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Verteporfin                           | VISUDYNE     | J3396                | M                                     | X  | X                               |   |   |                 |  |
| Larotrectinib                         | VITRAKVI     | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Dacomitinib                           | VIZIMPRO     | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Von Willebrand Factor, recombinant    | VONVENDI     | J7179                | M                                     | X  | X                               | X   |   |                 |  |
| Glucarpidase                          | VORAXAZE     | C9293                | M                                     |  | X                               |   |   |                 |  |
| Sofosbuvir/ velpatasvir/ voxilaprevir | VOSEVI       | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Pazopinib                             | VOTRIENT     | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Velaglucerase Alfa                    | VPRIV        | J3385                | M                                     | X  | X                               | X   |   |                 |  |
| Diroximel fumarat                     | VUMERITY     | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Teniposide                            | VUMON        | Q2017                | M                                     |  | X                               |   |   |                 |  |
| Eptinezumab-jjmr                      | VYEPTI       | J3590                | M                                     |  | X                               |   |   |                 |  |
| Tafamidis meglumine                   | VYNDAQEL     | J3490                | P                                     | X  | X                               |   |   |                 |  |
| Golodirsen                            | VYONDYS 53   | J3490                | M                                     | X  | X                               |   |   |                 |  |
| Daunorubicin/cytarabine liposomal     | VYXEOS       | J9151 J9153<br>C9024 | M                                     | X  | X                               |   |   |                 |  |
| Pitolisant                            | WAKIX        | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Factor VIII                           | WILATE       | J7183 J7187          | M                                     | X  | X                               | X   |   |                 |  |
| Crizotinib                            | XALKORI      | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Tofacitinib                           | XELJANZ (XR) | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Capecitabine                          | XELODA       | J8520 J8521          | P                                     | X  | X                               |   |   |                 |  |
| Immune Globulin SQ                    | XEMBIFY      | C9399 J3590          | M                                     | X  | X                               | X   |   |                 |  |
| Tetrabenazine                         | XENAZINE     | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Incobotulinum toxin A                 | XEOMIN       | J0588                | M                                     | X  | X                               |   |   |                 |  |
| Telotristat Ethyl                     | XERMELO      | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Denosumab                             | XGEVA        | J0897                | M                                     | X  | X                               |   |   |                 |  |
| Collagenase Clostridium Histolyticum  | XIAFLEX      | J0775                | M                                     | X  | X                               |   |   |                 |  |
| Radium Ra 223 dichloride              | XOFIGO       | A9606                | M                                     | X  | X                               |   |   |                 |  |
| Omalizumab                            | XOLAIR       | J2357                | M                                     | X  | X                               |   |   |                 |  |

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| Gilteritinib                    | XOSPATA         | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Selinexor                       | XPOVIO          | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Enzalutamide                    | XTANDI          | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Uridine triacetate              | XURIDEN         | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Anti-Hemophilic Factor          | XYNTHA          | J7185 J7192          | M                                     | X  | X                               | X   |   |                 |  |
| Sodium oxybate                  | XYREM           | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Ipilimumab                      | YERVOY          | J9228                | M                                     | X  | X                               |   |   |                 |  |
| Axicabtagene ciloleucel         | YESCARTA        | Q2041                | M                                     | X  | X                               |   |   |                 |  |
| Trabectedin                     | YONDELIS        | J9352                | M                                     | X  | X                               |   |   |                 |  |
| Abiraterone                     | YONSA           | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Fluocinolone acetonide          | YUTIQ           | J7314 C9450          | M                                     | X  | X                               |   |   |                 |  |
| ziv-Aflibercept                 | ZALTRAP         | J9400                | M                                     | X  | X                               |   |   |                 |  |
| Streptozocin                    | ZANOSAR         | J9320                | M                                     |  | X                               |   |   |                 |  |
| Filgrastim-sndz (biosimilar)    | ZARXIO          | Q5101                | P                                     | X  | X                               | X   |   |                 |  |
| Miglustat                       | ZAVESCA         | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Niraparib                       | ZEJULA          | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Vemurafenib                     | ZELBORAF        | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Alpha Proteinase Inhibitor      | ZEMAIRA         | J0256                | M                                     | X  | X                               | X   |   |                 |  |
| Elbasvir/grazoprevir            | ZEPATIER        | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Ozanimod HCl                    | ZEPOSIA         | J8499                | P                                     | X  | X                               |   |   |                 |  |
| Lurbinectedin                   | ZEPZELCA        | J9999                | M                                     | X  | X                               |   |   |                 |  |
| Ibritumomab Tiuxetan            | ZEVALIN         | A9542 A9543          | M                                     |  | X                               |   |   |                 |  |
| Pegfilgrastim-bmez (biosimilar) | ZIEXTENZO       | C9058                | P                                     | X  | X                               |   |   |                 |  |
| Bevacizumab-bvzr (biosimilar)   | ZIRABEV         | Q5118                | M                                     | X  | X                               |   |   |                 |  |
| Goserelin Acetate               | ZOLADEX         | J9202                | M                                     | X  | X                               |   |   |                 |  |
| Zoledronic Acid                 | ZOLEDRONIC ACID | J3489                | M                                     | X  | X                               |   |   |                 |  |
| Onasemnogene abeparvovec        | ZOLGENSMA       | C9399 J3490<br>J3590 | M                                     | X  | X                               |   |   |                 |  |
| Vorinostat                      | ZOLINZA         | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Somatropin                      | ZOMACTON        | J2941                | P                                     | X  | X                               |   |   |                 |  |
| Zoledronic Acid                 | ZOMETA          | J3489                | M                                     | X  | X                               |   |   |                 |  |
| Somatropin                      | ZORBTIVE        | J2941                | P                                     | X  | X                               |   |   |                 |  |
| Everolimus                      | ZORTRESS        | J8999                | P                                     | X  | X                               |   |   |                 |  |
| Ondansetron                     | ZUPLENZ         | S0119 Q0162          | P                                     |  | X                               |   |   |                 |  |

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| Lesinurad                | ZURAMPIC                    | J8499 | P                                     | X  | X                               |   |   |                 |  |
| Idelalisib               | ZYDELIG                     | J8999 | P                                     | X  | X                               |   |   |                 |  |
| Ceritinib                | ZYKADIA                     | J8999 | P                                     | X  | X                               |   |   |                 |  |
| Abiraterone              | ZYTIGA                      | J8999 | P                                     | X  | X                               |   |   |                 |  |
| Insulin                  | NOVOLIN                     | J3490 | P                                     |  |                                 |   | NPF Excl  | X               |  |
| Diclofenac topical       | PENNSAID                    | J3490 | P                                     |  |                                 |   | NPF Excl  |                 |  |
| Fentanyl Sublingual      | SUBSYS                      | J8499 | P                                     |  |                                 |   | NPF Excl  | X               |  |
| Diclofenac               | ZIPSOR                      | J8499 | P                                     |  |                                 |   | NPF Excl  | X               |  |
| Fentanyl Sublingual      | ABSTRAL                     | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Blood Glucose Test Strip | ACCU-CHECK                  | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Doxycycline              | ACTICLATE                   | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Fentanyl Lozenge         | ACTIQ                       | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Risedronate/calcium      | ACTONEL w/CALCIUM           | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Ketorolac ophthalmic     | ACUVAIL                     | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Adapalene                | ADAPALENE                   | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Methylphenidate HCl      | ADHANSIA XR                 | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Lixisenatide             | ADLYXIN                     | J3490 | P                                     |  |                                 |   | X   | X               |  |
| Doxycycline              | ADOXA                       | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Blood Glucose Test Strip | ADVOCATE                    | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Erenumab-aooe            | AIMOVIG                     | J3590 | P                                     |  |                                 |   | X   | X               |  |
| Fremanezumab-vfrm        | AJOVY                       | J3031 | P                                     | X  |                                 |   | X   | X               |  |
| Doxycycline              | ALODOX                      | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Alogliptin               | ALOGLIPTIN                  | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Alogliptin/metformin     | ALOGLIPTIN/<br>METFORMIN    | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Alogliptin/pioglitazone  | ALOGLIPTIN/<br>PIOGLITASONE | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Ciclesonide Inhalation   | ALVESCO                     | J3490 | P                                     |  |                                 |   | X   | X               |  |
| Oxymetholone             | ANADROL                     | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Testosterone             | ANDRODERM                   | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Testosterone             | ANDROGEL                    | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Methyltestosterone       | ANDROID                     | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Fluoxymesterone          | ANDROXY                     | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Insulin glulisine        | APIDRA                      | J3490 | P                                     |  |                                 |   | X   | X               |  |



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| Bupropion                  | APLENZIN                   | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Mesalamine delayed release | ASACOL HD                  | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Azelastine                 | ASTEPRO                    | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Tretinoin                  | ATRALIN GEL                | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Doxycycline                | AVIDOXY                    | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Tretinoin                  | AVITA                      | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Testosterone               | AXIRON                     | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Azelaic acid               | AZELEX                     | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Rufinamide                 | BANZEL                     | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Delafloxacin               | BAXDELA                    | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Beclomethasone nasal       | BECONASE AQ                | J3490 | P                                     |  |                                 |   | X   | X               |  |
| Suvorexant                 | BELSOMRA                   | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Betrixaban                 | BEVYXXA                    | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Alendronate                | BINOSTO                    | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Blood Glucose Test Strip   | BREEZE                     | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Paroxetine                 | BRISDELLE                  | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Brivaracetam               | BRIVIACT                   | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Exenatide                  | BYDUREON<br>BYDUREON BCISE | J3490 | P                                     |  |                                 |   | X   | X               |  |
| Exenatide                  | BYETTA                     | J3490 | P                                     |  |                                 |   | X   | X               |  |
| Celecoxib                  | CELEBREX                   | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Ciprofloxacin otic         | CETRAXAL                   | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Cholic acid                | CHOLBAM                    | J8499 | P                                     | X  |                                 |   | X   |                 |  |
| Tadalafil                  | CIALIS                     | J8499 | P                                     | X  |                                 |   | X   | X               |  |
| Ciclopirox                 | CICLODAN                   | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Blood Glucose Test Strip   | CONTOUR                    | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Methylphenidate patch      | DAYTRANA                   | J3490 | P                                     |  |                                 |   | X   | X               |  |
| Lemborexant                | DAYVIGO                    | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Mesalamine delayed release | DELZICOL                   | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Desvenlafaxine             | DESVENLAFAXINE ER          | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Dexlansoprazole            | DEXILANT                   | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Stiripentol                | DIACOMIT                   | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Phenoxybenzamine           | DIBENZYLINE                | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Olsalazine                 | DIPENTUM                   | J8499 | P                                     |  |                                 |   | X   |                 |  |

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| Doxycycline                | DORYX            | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Doxepin                    | DOXEPIN          | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Azelastine/Fluticasone     | DYMISTA          | J3490 | P                                     |  |                                 |   | X   | X               |  |
| Azilsartan                 | EDARBI           | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Azilsartan/chlorthalidone  | EDARBYCLOR       | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Zolpidem                   | EDLUAR           | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Apixaban                   | ELIQUIS          | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Blood Glucose Test Strip   | EMBRACE          | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Galcanezumab               | EMGALITY         | J8499 | P                                     | X  |                                 |   | X   | X               |  |
| Darifenacin                | ENABLEX          | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Sacubitril/Valsartan       | ENTRESTO         | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Adapalene/benzoyl peroxide | EPIDUO           | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Estradiol gel              | ESTROGEL         | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Crisaborole                | EUCRISA          | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Naloxone auto injector     | EVZIO            | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Rosuvastatin               | EZALLOR SPRINKLE | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Dapagliflozin              | FARXIGA          | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Fentanyl Buccal            | FENTORA          | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Levomilnacipran            | FETZIMA          | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Azelaic acid               | FINACEA          | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Diclofenac patch           | FLECTOR PATCH    | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Bupropion                  | FORFIVO XL       | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Testosterone               | FORTESTA         | J3490 | P                                     |  |                                 |   | X   | X               |  |
| Alendronate/vitamin D      | FOSAMAX plus D   | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Blood Glucose Test Strip   | FREESTYLE        | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Frovatriptan Succinate     | FROVA            | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Oxybutynin gel             | GELNIQUE         | J3490 | P                                     |  |                                 |   | X   | X               |  |
| Metformin ER               | GLUMETZA         | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Empagliflozin/linagliptin  | GLYXAMBI         | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Tasimelteon                | HETLIOZ          | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Gabapentin                 | HORIZANT         | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Tenapanor                  | IBSRELA          | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Zolpidem sublingual        | INTERMEZZO       | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Canagliflozin/metformin    | INVOKAMET (XR)   | J8499 | P                                     |  |                                 |   | X   | X               |  |

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| Canagliflozin                     | INVOKANA                   | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Timolol ophthalmic                | ISTALOL                    | J3490                               | P                                     |  |                                 |   | X   |                 |  |
| Sitagliptin/metformin             | JANUMET (XR)               | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Sitagliptin                       | JANUVIA                    | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Empagliflozin                     | JARDIANCE                  | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Linagliptin/metformin             | JENTADUETO (XR)            | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Alogliptin/metformin              | KAZANO                     | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Desvenlafaxine                    | KHEDEZLA                   | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Saxagliptin/metformin             | KOMBIGLYZE XR              | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Fentanyl                          | LAZANDA                    | J3490                               | P                                     |  |                                 |   | X   |                 |  |
| Atorvastatin/ezetimibe            | LIPTRUZET                  | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Bimatoprost                       | LUMIGAN                    | J3490                               | P                                     |  |                                 |   | X   | X               |  |
| Eszopiclone                       | LUNESTA                    | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Hydroxyprogesterone caproate      | MAKENA (self-administered) | J1725 J1726<br>J1729 Q9985<br>Q9986 | P                                     | X  |                                 |   | X   |                 |  |
| Methyltestosterone                | METHITEST                  | J8499                               | P                                     |  |                                 |   | X   |                 |  |
| Amphetamine/<br>Dextroamphetamine | MYDAYIS                    | J8499                               | P                                     |  |                                 |   | X   |                 |  |
| Mirabegron                        | MYRBETRIQ                  | J8499                               | P                                     |  |                                 |   | X   |                 |  |
| Testosterone nasal gel            | NATESTO                    | J3490                               | P                                     |  |                                 |   | X   |                 |  |
| Alogliptin                        | NESINA                     | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Desmopressin Acetate              | NOCTIVA                    | J3490                               | P                                     |  |                                 |   | X   | X               |  |
| Droxidopa                         | NORTHERA                   | J8499                               | P                                     | X  |                                 |   | X   |                 |  |
| Insulin aspart                    | NOVOLOG                    | J3490                               | P                                     |  |                                 |   | X   | X               |  |
| Rimegepant                        | NURTEC ODT                 | J3490                               | P                                     |  |                                 |   | X   |                 |  |
| Armodafinil                       | NUVIGIL                    | J8499                               | P                                     |  |                                 |   | X   |                 |  |
| Ciclesonide Nasal                 | OMNARIS                    | J3490                               | P                                     |  |                                 |   | X   | X               |  |
| Clobazam                          | ONFI                       | J3490                               | P                                     |  |                                 |   | X   | X               |  |
| Saxagliptin                       | ONGLYZA                    | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Fentanyl Buccal                   | ONSOLIS                    | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Doxycycline                       | ORACEA                     | J8499                               | P                                     |  |                                 |   | X   | X               |  |
| Elagolix                          | ORILISSA                   | J8499                               | P                                     |  |                                 |   | X   |                 |  |
| Alogliptin/pioglitazone           | OSENI                      | J8499                               | P                                     |  |                                 |   | X   | X               |  |

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| Oxcarbazepine             | OXTELLAR XR      | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Oxybutynin                | OXYTROL          | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Semaglutide               | OZEMPIC          | J3490 | P                                     |  |                                 |   | X   | X               |  |
| Pancrelipase DR           | PANCREAZE        | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Ciclopirox                | PENLAC           | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Pancrelipase DR           | PERTZYE          | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Paroxetine                | PEXEVA           | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Blood Glucose Test Strip  | PRECISION        | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Omeprazole packets        | PRILOSEC PACKETS | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Pantoprazole suspension   | PROTONIX SUSP    | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Albuterol inhaler         | PROVENTIL HFA    | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Beclomethasone nasal      | QNASL HFA        | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Dapagliflozin/saxagliptin | QTERN            | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Methylphenidate           | QUILLICHEW       | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Methylphenidate           | QUILLIVANT XR    | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Eletriptan Hydrobromide   | RELPAK           | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Tretinoin                 | RENOVA           | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Tretinoin                 | RETIN-A          | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Lamiditan succinate       | REYVOW           | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Metformin                 | RIOMET           | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Ramelteon                 | ROZEREM          | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Semaglutide               | RYBELSUS         | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Fluoxetine                | SARAFEM          | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Milnacipran               | SAVELLA          | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Ertugliflozin/metformin   | SEGLUROMET       | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Minocycline               | SOLODYN          | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Ertugliflozin             | STEGLATRO        | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Ertugliflozin/sitagliptin | STEGLUJAN        | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Testosterone              | STRIANT          | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Sumatriptan injection     | SUMAVEL          | J3490 | P                                     |  |                                 |   | X   |                 |  |
| Clobazam                  | SYMPAZAN         | J3490 | P                                     |  |                                 |   | X   | X               |  |
| Naldemedine               | SYMPROIC         | J8499 | P                                     |  |                                 |   | X   |                 |  |
| Empagliflozin /metformin  | SYNJARDY (XR)    | J8499 | P                                     |  |                                 |   | X   | X               |  |
| Tacrolimus                | TACROLIMUS       | J8999 | P                                     |  |                                 |   | X   | X               |  |

|                             |   |                            |                                       | <b>Diplomat Review</b><br>☎: 1-888-515-1357 ☎: 1-844-262-8479<br>OR<br><b>Vivio Review (WPS Employees Only)</b><br>☎: 1-925-365-6600 ☎: 1-888-677-6754 |                                 |   | <b>Express Scripts Review</b><br>☎: 1-800-753-2851<br>☎: 1-877-329-3760 |                 | <b>WPS Review</b><br>☎: 1-800-333-5003<br><b>Aspirus Arise &amp; Arise Review</b><br>☎: 1-888-711-1444 |
|-----------------------------|---|----------------------------|---------------------------------------|--|---------------------------------|---|---|-----------------|--|
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| Albiglutide                 | TANZEUM                                       | J3490                      | P                                     |  |                                 |   | X   | X               |  |
| Tazarotene                  | TAZORAC                                       | J3490                      | P                                     |  |                                 |   | X   |                 |  |
| Testosterone                | TESTIM  | J3490                      | P                                     |  |                                 |   | X   | X               |  |
| Testosterone Cypionate      | TESTOSTERONE<br>CYPIONATE (self-administered) | J1060 J1070<br>J1071 J1080 | P                                     |  |                                 |   | X   |                 |  |
| Testosterone Enanthate      | TESTOSTERONE<br>ENANTHATE (self-administered) | J3121                      | P                                     |  |                                 |   | X   |                 |  |
| Testosterone gel            | TESTOSTERONE GEL                              | J3490                      | P                                     |  |                                 |   | X   | X               |  |
| Methyltestosterone          | TESTRED                                       | J8499                      | P                                     |  |                                 |   | X   |                 |  |
| Eprosartan/HCTZ             | TEVETEN HCT                                   | J8499                      | P                                     |  |                                 |   | X   | X               |  |
| Fesoteridine                | TOVIAZ  | J8499                      | P                                     |  |                                 |   | X   |                 |  |
| Linagliptin                 | TRADJENTA                                     | J8499                      | P                                     |  |                                 |   | X   | X               |  |
| Tretinoin                   | TRETINOIN                                     | J3490                      | P                                     |  |                                 |   | X   |                 |  |
| Tretinoin                   | TRETIN-X                                      | J3490                      | P                                     |  |                                 |   | X   |                 |  |
| Sumatriptan/Naproxen Sodium | TREXIMET                                      | J8499                      | P                                     |  |                                 |   | X   | X               |  |
| Vortioxetine                | TRINTELLIX                                    | J8499                      | P                                     |  |                                 |   | X   | X               |  |
| Blood Glucose Test Strip    | TRUETEST                                      | J3490                      | P                                     |  |                                 |   | X   |                 |  |
| Blood Glucose Test Strip    | TRUETRACK                                     | J3490                      | P                                     |  |                                 |   | X   |                 |  |
| Plecanatide                 | TRULANCE                                      | J8499                      | P                                     |  |                                 |   | X   | X               |  |
| Dulaglutide                 | TRULICITY                                     | J3490                      | P                                     |  |                                 |   | X   | X               |  |
| Ubrogepant                  | UBRELVY                                       | J8499                      | P                                     |  |                                 |   | X   | X               |  |
| Febuxostat                  | ULORIC  | J8499                      | P                                     |  |                                 |   | X   | X               |  |
| Pancrelipase DR             | ULTRESA                                       | J8499                      | P                                     |  |                                 |   | X   |                 |  |
| Blood Glucose Test Strip    | UNISTRIP                                      | J3490                      | P                                     |  |                                 |   | X   |                 |  |
| Clindamycin/Tretinoin       | VELTIN  | J3490                      | P                                     |  |                                 |   | X   |                 |  |
| Fluticasone nasal           | VERAMYST                                      | J3490                      | P                                     |  |                                 |   | X   | X               |  |
| Solifenacin                 | VESICARE                                      | J8499                      | P                                     |  |                                 |   | X   |                 |  |
| Blood Glucose Test Strip    | VICTORY                                       | J3490                      | P                                     |  |                                 |   | X   |                 |  |
| Liraglutide                 | VICTOZA                                       | J3490                      | P                                     |  |                                 |   | X   | X               |  |
| Vilazodone                  | VIIBRYD                                       | J8499                      | P                                     |  |                                 |   | X   | X               |  |
| Naproxen + Esomeprazole     | VIMOVO  | J8499                      | P                                     |  |                                 |   | X   |                 |  |
| Lacosamide                  | VIMPAT  | J8499                      | P                                     |  |                                 |   | X   |                 |  |

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| Testosterone gel         | VOGELXO                   | J3490       | P                                     |  |                                 |   | X   | X               |  |
| Diclofenac topical       | VOLTAREN GEL              | J3490       | P                                     |  |                                 |   | X   | X               |  |
| Lisdexamfetamine         | VYVANSE                   | J8499       | P                                     |  |                                 |   | X   | X               |  |
| Pitolisant hydrochloride | WAKIX                     | J8499       | P                                     |  |                                 |   | X   | X               |  |
| Safinamide               | XADAGO                    | J8499       | P                                     |  |                                 |   | X   |                 |  |
| Cenobamate               | XCOPRI                    | J8499       | P                                     |  |                                 |   | X   |                 |  |
| Dapagliflozin/metformin  | XIGDUO XR                 | J8499       | P                                     |  |                                 |   | X   | X               |  |
| Lifitegrast              | XIIDRA                    | J3490       | P                                     |  |                                 |   | X   | X               |  |
| Minocycline              | XIMINO                    | J8499       | P                                     |  |                                 |   | X   |                 |  |
| Levalbuterol inhaler     | XOPENEX HFA               | J3490       | P                                     |  |                                 |   | X   |                 |  |
| Omeprazole/sodium bicarb | ZEGERID PACKETS           | J8499       | P                                     |  |                                 |   | X   | X               |  |
| Dextroamphetamine        | ZENZEDI                   | J8499       | P                                     |  |                                 |   | X   | X               |  |
| Ciclesonide Nasal        | ZETONNA                   | J3490       | P                                     |  |                                 |   | X   | X               |  |
| Clindamycin/Tretinoin    | ZIANA                     | J3490       | P                                     |  |                                 |   | X   |                 |  |
| Tafluprost ophthalmic    | ZIOPTIN                   | J3490       | P                                     |  |                                 |   | X   |                 |  |
| Zolpidem Spray           | ZOLPIMIST                 | J8499       | P                                     |  |                                 |   | X   | X               |  |
| Diclofenac               | ZORVOLEX                  | J8499       | P                                     |  |                                 |   | X   | X               |  |
| Imiquimod                | ZYCLARA                   | J3490       | P                                     |  |                                 |   | X   |                 |  |
| Ganirelix Acetate        | ANTAGON                   | S0132       | P                                     |  |                                 |   |   |                 | X  |
| Testosterone undecanoate | AVEED                     | J3145       | M                                     |  |                                 |   |   |                 | X  |
| Dimercaprol              | BAL                       | J0470       | M                                     |  |                                 |   |   |                 | X  |
| Urofollitropin           | BRAVELLE                  | J3355       | P                                     |  |                                 |   |   |                 | X  |
| Cetrorelix               | CETROTIDE                 | J3490       | P                                     |  |                                 |   |   |                 | X  |
| Chorionic Gonadotropin   | CHOREX                    | J0725       | P                                     |  |                                 |   |   |                 | X  |
| Gonadotropin             | CHORIONIC<br>GONADOTROPIN | J0725       | P                                     |  |                                 |   |   |                 | X  |
| Clomiphene Citrate       | CLOMID                    | J8499       | P                                     |  |                                 |   |   |                 | X  |
| Progesterone             | CRINONE 8% GEL            | J2675       | P                                     |  |                                 |   |   |                 | X  |
| Nandrolone Decanoate     | DECA-DURABOLIN            | J2320       | M                                     |  |                                 |   |   |                 | X  |
| Progesterone vaginal     | ENDOMETRIN INSERT         | J3490       | P                                     |  |                                 |   |   |                 | X  |
| Gonadorelin              | FACTREL                   | J1620       | M                                     |  |                                 |   |   |                 | X  |
| Urofollitropin           | FERTINEX                  | J3355       | P                                     |  |                                 |   |   |                 | X  |
| Follistim                | FOLLISTIM                 | S0128 S0126 | P                                     |  |                                 |   |   |                 | X  |
| Ganirelix Acetate        | GANIRELIX ACETATE         | S0132       | P                                     |  |                                 |   |   |                 | X  |

|   |   |                                     |                                       | <b>Diplomat Review</b><br>☎: 1-888-515-1357 📠: 1-844-262-8479<br>OR<br><b>Vivio Review (WPS Employees Only)</b><br>☎: 1-925-365-6600 📠: 1-888-677-6754 |                                 |   | <b>Express Scripts Review</b><br>☎: 1-800-753-2851<br>📠: 1-877-329-3760 |                 | <b>WPS Review</b><br>☎: 1-800-333-5003<br><b>Aspirus Arise &amp; Arise Review</b><br>☎: 1-888-711-1444 |
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| Follitropin alfa                        | GONAL   | S0126                               | P                                     |  |                                 |   |   |                 | X  |
| Leuprolide Acetate                      | LEUPROLIDE ACETATE<br>(infertility only)            | J1950 J9219<br>J9217 J9218          | M                                     |  |                                 |   |   |                 | X  |
| Leuprolide Acetate                      | LUPRON (infertility only)                           | J1950 J9219<br>J9217 J9218          | M                                     |  |                                 |   |   |                 | X  |
| Gonadorelin                             | LUTREPULSE  | J1620                               | P                                     |  |                                 |   |   |                 | X  |
| Lutropin                                | LUVERIS   | J3490                               | P                                     |  |                                 |   |   |                 | X  |
| Hydroxyprogesterone caproate            | MAKENA (office<br>administered)                     | J1725 J1726<br>J1729 Q9985<br>Q9986 | M                                     | X  |                                 |   |   |                 | X  |
| Menotropins                             | MENOPUR   | S0122                               | P                                     |  |                                 |   |   |                 | X  |
| Chorionic Gonadotropin                  | OVIDREL   | J0725                               | P                                     |  |                                 |   |   |                 | X  |
| Menotropins                             | PERGONAL  | S0122                               | P                                     |  |                                 |   |   |                 | X  |
| Riboflavin 5'-phosphate<br>(ophthalmic) | PHOTREXA  | J2787                               | M                                     |  |                                 |   |   |                 | X  |
| Chorionic Gonadotropin                  | PREGNYL   | J0725                               | P                                     |  |                                 |   |   |                 | X  |
| Ziconotide                              | PRIALT  | J2278                               | M                                     | X  |                                 |   |   |                 | X  |
| Progesterone                            | PROCHIEVE 8% GEL                                    | J3490                               | P                                     |  |                                 |   |   |                 | X  |
| Progesterone                            | PROGESTERONE INJ                                    | J2675                               | P                                     |  |                                 |   |   |                 | X  |
| Progesterone                            | PROGESTERONE ORAL<br>(PA req < 45 years old)        | J8499                               | P                                     |  |                                 |   |   |                 | X  |
| Clomiphene Citrate                      | SEROPHENE   | J8499                               | P                                     |  |                                 |   |   |                 | X  |
| Testosterone pellets                    | TESTOPEL  | S0189                               | M                                     |  |                                 |   |   |                 | X  |
| Testosterone Cypionate                  | TESTOSTERONE<br>CYPIONATE (office-<br>administered) | J1060 J1070<br>J1071 J1080          | M                                     |  |                                 |   |   |                 | X  |
| Testosterone Enanthate                  | TESTOSTERONE<br>ENANTHATE (office-<br>administered) | J3121                               | M                                     |  |                                 |   |   |                 | X  |
| Gonadotropin                            | UROFOLLITROPIN                                      | J3355                               | P                                     |  |                                 |   |   |                 | X  |
| Polidocanol inj foam                    | VARITHENA   | J3490                               | M                                     | X  |                                 |   |   |                 | X  |



# LIVEHealthy

**TALK TO A  
DOCTOR  
24/7/365**

**Can You Lower Your Risk  
of Breast Cancer?**

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**What are the Most  
Common Thyroid Issues?**

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**How to Transition  
Your Child from  
Pediatric to Adult Care**



# TALK TO A DOCTOR 24/7/365

With telehealth services from Teladoc®, you can take charge of your and your family's health and save some money!<sup>1</sup> By phone or internet, you get 24/7 access to board-certified doctors. Video consultations can be scheduled from 7 a.m. to 9 p.m., seven days a week. Set up your Teladoc online account in three easy steps.

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- » Skin problems: rashes, infections, and insect bites
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- » And more!

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For plans with a telehealth visit copay, the copays are the same for behavioral health and dermatology services as for general medical services.<sup>2</sup> For all other plans, the fees billed (\$200 or less for behavioral health services, \$75 for dermatology services, and \$45 for most other services)<sup>3</sup> are subject to the plan's deductible and coinsurance.



<sup>1</sup>Teladoc services are optional for large and self-funded groups. <sup>2</sup>Please see your plan materials for your copay. <sup>3</sup>Fees are subject to your plan's deductible, coinsurance, and out-of-pocket maximum on plans with no office visit copay and HSA-qualified plans and are subject to change. WPS only covers telehealth services available through Teladoc. Teladoc does not guarantee that a prescription will be written. Teladoc does not prescribe DEA-controlled substances, non-therapeutic drugs, and certain other drugs, which may be harmful because of their potential for abuse. Prescriptions are written at the sole discretion and medical judgment of the Teladoc physician.

## LIVEHealthy

Ryan Kanable, Managing Editor

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# Can You **LOWER YOUR RISK** of Breast Cancer?

According to the National Breast Cancer Foundation, one in eight women will be diagnosed with breast cancer in her lifetime. Though there is no way to fully prevent it, there are ways to help lower your risk. You can:

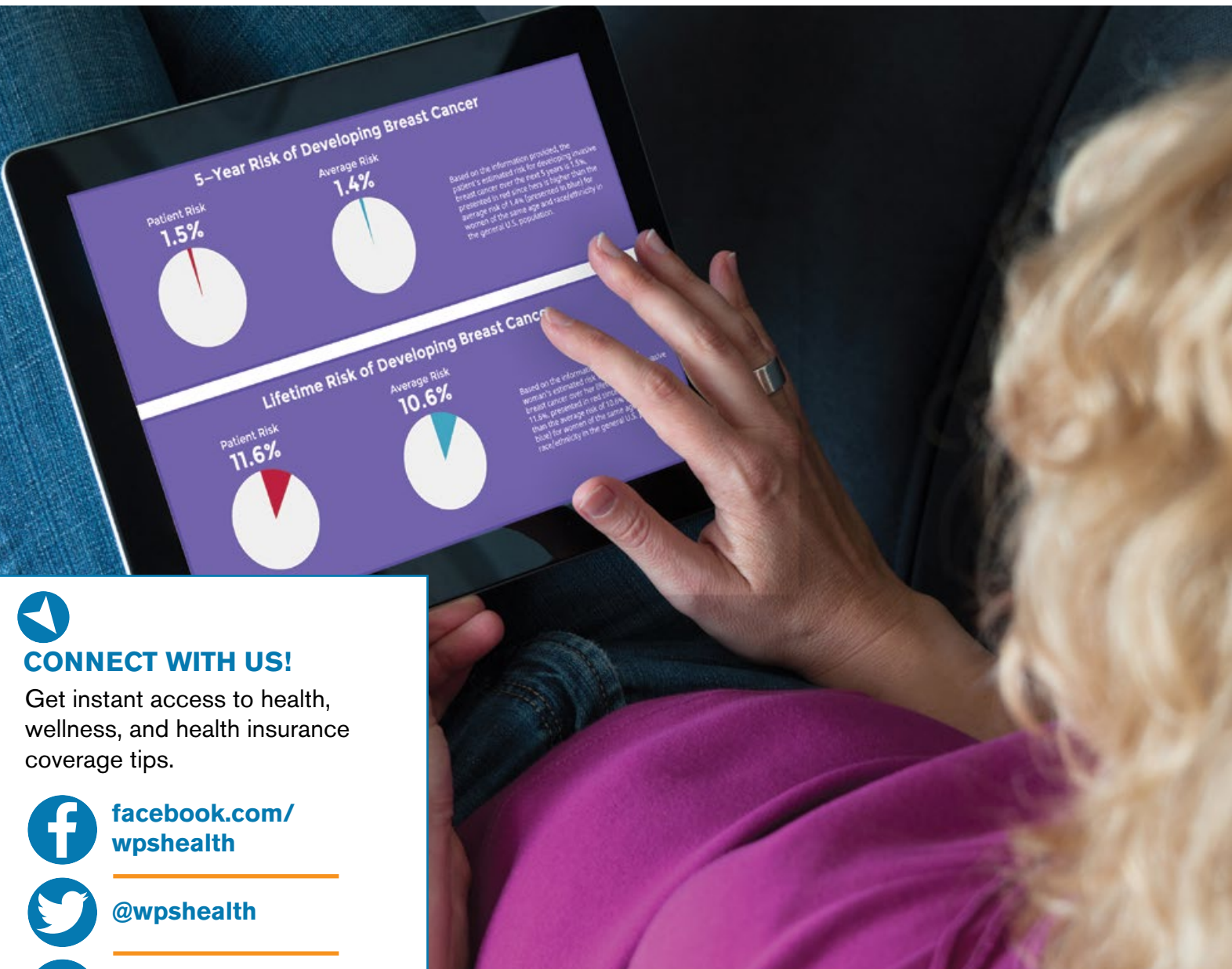
- » Limit alcohol intake.
- » Get physically active.
- » Maintain a healthy weight.
- » Get regular checkups.
- » Do self-exams at least once a month.

Some women have a higher risk of breast cancer due to a variety of factors, including being over 60, family history, inherited genetic mutations, obesity, high breast density,

and a sedentary lifestyle. Depending on your risk level and other factors, your doctor may want to prescribe medicines to lower your risk or, in rare cases, suggest preventive surgery.

To learn more, visit our online Wellness page at [wpshealth.com](http://wpshealth.com) and search breast cancer. You can determine your risk of developing breast cancer by using the Breast Cancer Risk Assessment Tool, available online at [bcrisktool.cancer.gov](http://bcrisktool.cancer.gov). This online tool uses a woman's medical, family, and reproductive histories to estimate her probability of developing breast cancer.

**SOURCES:** National Cancer Institute; Breast Cancer Prevention Partners; American Cancer Society; National Breast Cancer Foundation, Inc.



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# Case Management Program Helps You Get the Services You Need

Are you struggling with a chronic condition or a series of complex health issues? WPS Health Insurance case management can help coordinate your health care and services. You don't have to go it alone when you have experienced a critical event or have a complex condition that requires a lot of resources.

WPS case managers collaborate with you—at no added cost to you—to assess, plan, implement, coordinate, monitor, and evaluate the options and services required to meet your health needs. Our case managers are registered nurses (RNs) who use communication and available resources to promote top-quality, cost-effective outcomes.

## WHEN WOULD A CASE MANAGER CALL ME?

WPS receives referrals to the case management program in several ways. Direct referrals, self-referrals, employer-based referrals, provider-sponsored referrals, referrals from utilization management, population health referrals, and internal analytics can all prompt our RN case managers to contact customers to start assisting them with their identified needs.

## WHAT CAN CASE MANAGEMENT DO FOR ME?

Some of the benefits of having a case manager include, but are not limited to:

- » Coordinating your health care.
- » Assisting you with navigation through a complex health care system.
- » Providing education regarding your specific health care needs and concerns.
- » Supporting you and acting as an advocate for you to improve your health care experience and outcomes.
- » Helping you reach your health care goals.
- » Educating members about community resources.
- » Understanding your health insurance benefits.
- » Helping you become a better health care consumer.

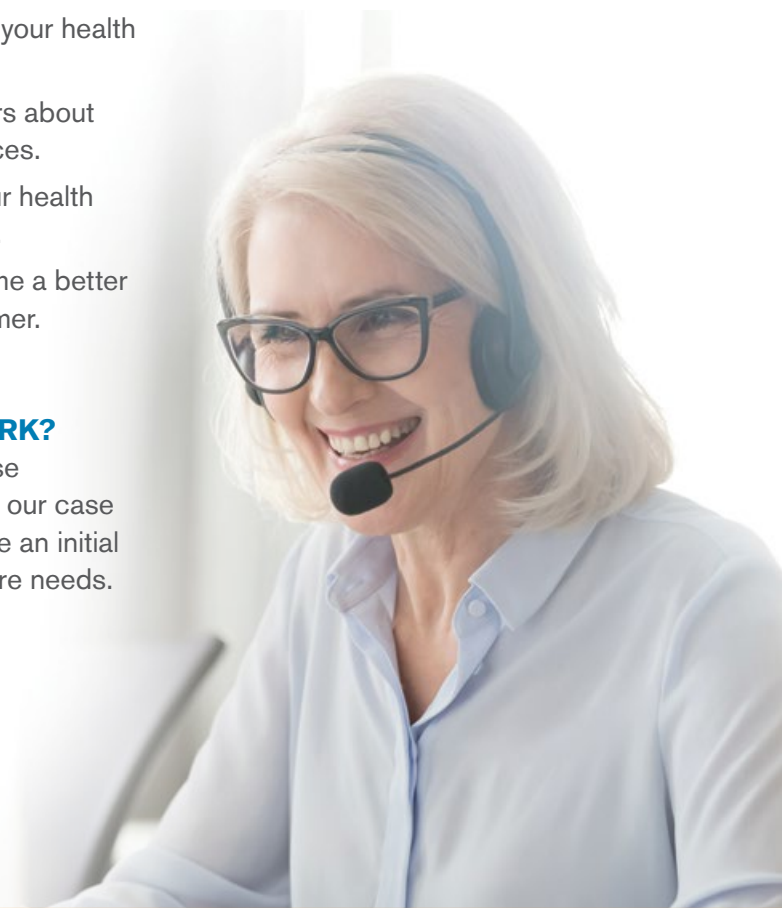
## HOW DOES CASE MANAGEMENT WORK?

When entering our case management program, our case managers will complete an initial assessment of your care needs.

This includes, but is not limited to, exploring your current health status and history as well as your available health benefits and caregiver resources.

## WHO DO I CONTACT?

If you are interested in case management services, you or your doctor can call 800-333-5003 or email [WPSHI.Case.Management@wpsic.com](mailto:WPSHI.Case.Management@wpsic.com). You can find more information online at [wpshealth.com/case-management](https://wpshealth.com/case-management).



## » INSIDER TIPS

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If you have any questions, or if you'd like a paper copy sent to you, please call the customer support number listed on your customer ID card.

# What Are the Most Common Thyroid Issues?

According to the American Association of Clinical Endocrinologists and the American College of Endocrinology, 30 million Americans have thyroid disease, and more than half remain undiagnosed.

Your thyroid is a butterfly-like gland located in the base of your neck and plays a huge role in how the rest of your body functions. If something is wrong with your thyroid, it can influence the performance of other important organs like your heart, brain, liver, kidneys, and skin.

To understand if there's a problem with your thyroid, it's important to understand some of the most common thyroid issues and their symptoms.

1. **Hypothyroidism**—when your thyroid gland is underproducing the amount of hormones needed, which can cause fatigue, dry skin, weight gain, and muscle weakness.
2. **Hyperthyroidism**—when your thyroid gland produces too many hormones, which can cause inflammation, irregular heartbeat, tremors, and unintentional weight loss.
3. **Hashimoto's Disease**—when your immune system attacks the thyroid gland, which typically has a slow progression that can cause chronic thyroid damage. Symptoms can include constipation, joint stiffness, and fatigue.
4. **Graves' Disease**—when your thyroid overproduces the hormone responsible for regulating your body's metabolism. Symptoms include anxiety, excessive sweating, and irritability. This disease is hereditary.
5. **Goiter**—when your thyroid gland becomes enlarged. While this is often painless, it can cause difficulty for breathing and swallowing.

If you have any concerns about your thyroid or if thyroid issues run in your family, make sure to bring them up with your doctor.

**SOURCES:** healthline.com; Mayo Clinic.



## » DID YOU KNOW?

You'll find important information in your online account at [wpshealth.com](https://wpshealth.com). When you are logged in, go to the Customer Resources area and look in the My Coverage section of the page for a link to information about your health plan. You can find:

- » Affirmative statement
- » External review
- » Your rights and responsibilities



# How to Transition Your Child from **Pediatric**

## **Your child's pediatrician has probably known your son or daughter for a very long time.**

In fact, he or she may have been your child's doctor since the day your baby was born. However, as children become young adults, it's time to start thinking about moving on to an adult doctor. These doctors are also known as family physicians, family doctors, or primary care practitioners. Many experts recommend making this transition between ages 18 and 21. Knowing what you can expect to happen during this transition can help it go more smoothly for everyone.

## **WHAT TO EXPECT**

One of the biggest changes that occurs when young adults start seeing a family physician is they'll be expected to start taking much more responsibility for their health and medical care than before. They'll be more involved in making decisions about their health. They'll also be expected to take a more active role in their care. This may mean following their doctor's instructions, taking their medications, making appointments for screenings or follow-up appointments, and other health-related tasks you may have done for them in the past.

Another big change is the fact that they'll start seeing a new doctor altogether. Even if your teen is in perfect health, it's still important to make sure he or she finds a new doctor. Family doctors don't just treat health problems—they're trained to prevent them in the first place.

## **GETTING TO KNOW YOU**

One of the best places to start when helping your child find a new doctor is to ask family and friends if they have any recommendations. Once you have a few suggestions, call the office to gather some information. Important questions to ask:

- » Does the doctor take your insurance?
- » What are the office hours? Make sure they fit with your child's school or work schedule.
- » Which hospital does the doctor use? Is it in-network?
- » How many doctors are in the practice? Are all doctors in-network?

You may be surprised to learn that your teen or young adult can schedule an appointment to meet and talk with a doctor.



# to Adult Care

This way, he or she can make sure there's a level of comfort with the new provider. Beforehand, discuss with your child important things to look for during the appointment. For example, make sure the doctor takes the time to answer all questions posed and there isn't a feeling of being rushed. Also, the doctor should explain things in a way that a teen or young adult can understand.

It's important to let your child know that it's OK if he or she doesn't feel exactly the same way about the new doctor as he or she did about the pediatrician. However, if it's someone your child trusts and feels comfortable with, then over time they can build a relationship that's just as strong.

#### SOURCES:

American Academy of Family Physicians (2016);  
American Academy of Pediatrics (2011).



## Active&Fit Direct™ Program Helps You Stay Healthier

The Active&Fit Direct program allows you access to a fitness center for a low monthly rate. You can get started with a low \$25 enrollment fee, \$25 for current month, \$25 for next month, and any applicable taxes. After that, it's just \$25 a month!

- » Choose from more than 9,000 participating locations nationwide
- » Access more than 800 on-demand workout videos, giving enrolled customers the flexibility to participate in a fitness class or perform exercises at home or on the go
- » To register, log in to your WPS customer account and click on the Active&Fit link
- » After you have registered, you can log in at [activeandfitdirect.com](https://activeandfitdirect.com)

### Don't Miss Our Blog!

Each month, you can find new blog posts on health insurance and wellness topics to help boost your knowledge. You'll find answers to common questions, tips for healthy living, some interesting stories, and more. Take a look today!



[wpshealthblog.com](https://wpshealthblog.com)



WPS Health Insurance  
P.O. Box 8190  
Madison, WI 53713-8190

PRSRT STD  
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Insurance



Health insurance partner  
of **the Green Bay Packers**



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# LIVEHealthy

**Page 2: Talk to a Doctor 24/7/365**

**Page 3: Can You Lower Your Risk of Breast Cancer?**

**Page 4: Case Management Program Helps You Get the Services You Need**

**Page 5: What Are the Most Common Thyroid Issues?**

**Page 6: How to Transition Your Child from Pediatric to Adult Care**

## Your WPS ID card is your ticket to health care

When you sign up for a health plan from WPS Health Insurance, we send you a new customer ID card. Each year when you renew, you get a new card. Please be sure you are using your current ID card and you have destroyed any old ID cards.



Your current customer ID card must be shown to your health care providers whenever you receive care to ensure they submit your claims properly and you don't have any hassles with the billing. Old cards may have incorrect information on them and should not be used. Also, do not let anyone who is not specified on your health plan use your ID card, as that's illegal!

If you have any questions about your ID card, please call the customer support number printed on it and we'll be happy to get you answers. If you lose your ID card, please let us know right away. You can request a new or additional ID card either online using your customer account or by calling 800-332-6421.

# Notice of Privacy Practices

## Health information privacy notice

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice applies to the privacy practices of Wisconsin Physicians Service Insurance Corporation and its subsidiaries, WPS Health Plan Inc. (Arise Health Plan) and The EPIC Life Insurance Company (collectively, "WPS"). It is effective on November 1, 2018 and will remain in effect until we replace it.

### Our Rights and Responsibilities

WPS is required by law to maintain the privacy of your Protected Health Information ("PHI"), and to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. WPS is also required to notify you of any breach of your unsecured PHI.

WPS reserves the right to revise this notice at any time and to apply the revised terms to any PHI already in our possession and any PHI we may later receive. We will promptly redistribute this notice whenever material changes are made to its terms. You may request a copy of this notice at any time.

### Uses and Disclosures of Protected Health Information

Here are a few examples of how WPS routinely uses and discloses your PHI. Please note that HIPAA permits these types of disclosures without your authorization.

**Treatment.** We may use your PHI and share it with your health care provider to manage the treatment you receive. Example: Your doctor sends us information about your medical history and diagnosis so we can prior authorize an upcoming surgery.

**Payment.** We may use and disclose your PHI to pay for your covered benefits. Example: We review your

PHI to determine whether claims associated with a recent hospital visit are eligible for payment under your health plan.

**Health Care Operations.** We may use and disclose your PHI in connection with the administrative, financial, legal, and quality improvement activities that are necessary to run our business and to support the core functions of treatment and payment. Example: We may use your PHI to conduct quality assessment and improvement activities designed to enhance the efficiency, effectiveness, and performance of our services and improve customer satisfaction.

**Business Associates.** We may disclose your PHI to our business associates to provide necessary services to WPS, if such business associates have agreed in writing to protect the confidentiality of your PHI.

**Plan Sponsors.** If you are covered under a group health plan, we may disclose your eligibility, enrollment, and disenrollment information to the plan sponsor. We may disclose your PHI to the plan sponsor to permit the plan sponsor to perform certain administrative functions on behalf of the plan, but only if the plan sponsor agrees in writing to use the PHI appropriately and to protect it as required by law.

**Persons Involved With Your Care.** We may disclose your relevant PHI to family members, close friends, or others that you identify as being involved in decisions about your health care or payment for your health care. Before doing so, we will provide you with an opportunity to object to such uses or disclosures. If you are deceased or otherwise unavailable due to incapacity or an emergency, we will disclose your PHI based on our professional judgment of whether the disclosure would be in your best interest.



# Notice of Privacy Practices

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Disasters and Medical Emergencies. We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. We may use or disclose your name, location, and general condition or death to notify or assist in the notification of a person involved in your care.

Health-Related Benefits and Services. We may use and disclose your PHI to contact you about treatment alternatives, appointment reminders, or other health-related benefits and services that may be of interest to you.

Required Disclosures. We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services if necessary for an investigation being conducted by the Secretary; and upon request, to you or to individuals authorized by you, such as your personal representative.

Other Uses or Disclosures Permitted or Required by Law. We may also use or disclose your PHI:

- As required by state or federal law;
- For public health activities including reporting related to disease and vital statistics; abuse, neglect, or domestic violence; FDA oversight, and work-related illnesses or injuries;
- To personal representatives;
- To health oversight agencies;
- In response to court and administrative orders and other lawful processes;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- To coroners, medical examiners, funeral directors, and organ procurement organizations;
- To avert a serious and imminent threat of harm;
- In connection with certain research activities;
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- To certain specialized government functions such as the military, prisons, etc.; and
- As authorized by state worker's compensation laws.

Written Authorization. Unless you give us your written authorization, we will not use or disclose your PHI for purposes other than those described in this notice. We will not sell your PHI, or use or disclose your PHI for marketing purposes, or use or disclose your psychotherapy notes except as permitted by law, unless we have received your written authorization. If you give us written authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect.

State Law. State law may provide additional protection for specific medical conditions or PHI. For example, state law may prohibit us from disclosing or using information related to HIV/AIDS, mental health, alcohol or substance abuse and genetic information without your authorization. In these situations, we will follow the requirements of the applicable state law.

## Your Rights

Inspect and Copy. With certain exceptions, you have the right to inspect or copy the PHI that we maintain on you. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we may charge you a reasonable, cost-based fee for staff time to locate and copy your PHI, and postage if you want the copies mailed to you. If we deny your request to access and inspect your information, you may request a review of the denial.

Amendment. You have the right to request that we amend the PHI that we maintain on you. Your request must be in writing and must provide a reason to support the requested amendment. We may deny your request to amend PHI if: (a) we did not create it and the originator remains available; (b) it is accurate and complete; (c) it is not part of the information that we maintain; or (d) it is not part of the information that you would be permitted to inspect and copy. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended.

# Notice of Privacy Practices

**Confidential Communications.** You have the right to request that we contact you in a specific way or send mail to a different address. We will accommodate your request if (a) it is reasonable; (b) it specifies the alternative address or method of contact you would like us to use; (c) it clearly states that disclosure of the PHI to which your request pertains could endanger you; and (d) it continues to permit us to collect premiums and pay claims under your health plan. Please note that unless you requested confidential communications, an explanation of benefits (EOB) will be issued to the policyholder for all health care services you receive. EOBs typically identify the person who received care, the health care provider, and the type of care obtained. EOBs also include information about the amount charged and the amount covered by your health plan.

**Request Restrictions.** You have the right to request restrictions on how we use or disclose PHI about you for treatment, payment or health care operations. You also have the right to request restrictions on how we disclose PHI to someone who may be involved in your care or payment for your care, like a family member or friend. Except in the case of a disclosure to a health care provider when you have already paid for your care, we are not required to agree to these restrictions. If we do, we will abide by our agreement (except in an emergency). Your restriction request must be made to us in writing. A person authorized to make such an agreement on our behalf must sign any agreement to restrictions. We will not agree to restrictions on uses or disclosures that are legally required, or which are necessary for us to administer our business.

**Disclosure Accounting.** You have the right to receive an accounting of the disclosures we have made of your PHI. This accounting will not include disclosures made for treatment, payment, health care operations, to law enforcement or corrections personnel, pursuant to your authorization, directly to you, or for certain other activities. Your request for an accounting must be made in writing to us and must state a time period of six years or less for which you would like to receive the accounting. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Breach Notification.** You have the right to be notified by us if there is a breach of your unsecured PHI.

**Copy of Notice.** You have the right to receive a paper copy of this notice upon request, even if you have received it electronically. Please contact us using the information listed at the end of this notice to submit your request.

**Protection of PHI.** WPS is committed to ensuring that your PHI is protected from unauthorized use or disclosure. We have implemented strong security measures and processes to keep oral, written and electronic PHI secure across our organization. For example, any employee or contractor who accesses your PHI must comply with all of our information security requirements including, but not limited to signing confidentiality agreements, completing annual information security training and using encryption when transmitting data to any external party.

**Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has this authority and can act for you before we take action.

## Questions and Complaints

If you believe that WPS may have violated your privacy rights, or if you disagree with a decision we made regarding one of the individual rights provided to you under this notice, you may submit a complaint to us using the contact information provided at the end of this notice. You also may submit a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave., S.W., Washington, D.C. 20201

We will not retaliate against you in any way if you choose to file a complaint regarding our privacy practices.

## Nonpublic Personal Information Privacy Practices

Wisconsin Physicians Service Insurance Corporation and its subsidiaries, WPS Health Plan Inc. (Arise Health Plan) and The EPIC Life Insurance Company



# Notice of Privacy Practices

(collectively, “WPS”), are committed to protecting the confidential information of our customers. We at WPS value our relationship with you and take the protection of your personal information very seriously. This notice explains the types of information we collect, how we collect it, to whom we may disclose it, and how we keep it confidential and secure.

**Information We May Collect.** WPS may collect and use nonpublic personal information about you from the following sources:

- Information we receive from you on applications and other forms that are provided to us, such as your name, address, social security number, date of birth, marital status, dependent information, employment information, and medical history;
- Information about your transactions with us, our affiliates and others, such as health care claims, medical history, eligibility information, payment information, and service request, appeal and grievance information;
- Information we receive from consumer reporting agencies, employers and insurance companies, such as credit history, creditworthiness, and information verifying employment history or insurance coverage.

**Information We May Disclose.** WPS does not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. We share nonpublic personal information only to the extent necessary for us to take care of our customers’ claims and other transactions involving our products and services.

When necessary, we share a customer’s nonpublic personal information with our affiliates and disclose it to health care providers, other insurers, third party administrators, payors, vendors, consultants, government authorities, and their respective agents. These parties are required to keep nonpublic personal information confidential as required by law. WPS does not share nonpublic personal information with other companies for those companies’ marketing purposes. WPS may disclose nonpublic personal information to companies that perform marketing services on behalf of WPS or to companies with which we have joint marketing

agreements. These companies are required by law to keep your nonpublic personal information confidential.

**Confidentiality and Security.** At WPS, we restrict access to nonpublic personal information to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards to protect nonpublic personal information against unauthorized access and use. These safeguards comply with federal regulations on the protection of nonpublic personal information.

WPS will amend this notice as necessary and appropriate to protect nonpublic personal information about our customers.

**Contact Information.** For additional information regarding this notice or our privacy practices in general, please contact us in one of the following ways:

- Call the toll-free Customer Service number on your WPS ID card.
- Contact the WPS Privacy Officer  
**Write to us:** WPS Health Solutions, Privacy Office, 1717 W. Broadway, P.O. Box 8190, Madison, WI 53708-8190;  
**Email us at:** [WPSprivacyofficer@wpsic.com](mailto:WPSprivacyofficer@wpsic.com);  
or  
**Call us at:** 1-608-977-7500

You can also find detailed guidance about your health information privacy rights online at [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).





## SUMMARY OF PLAN CHANGES

### PLEASE READ CAREFULLY-THIS NOTIFICATION CONTAINS IMPORTANT INFORMATION ABOUT YOUR HEALTH INSURANCE

#### DISTRIBUTE TO ALL OF YOUR COVERED EMPLOYEES

We are updating your current group certificate to reflect changes to your coverage. Effective on your group's 2020 renewal, your certificate will have the changes described below.

**A. The following are federal mandates:**

1. **Preventive Services (pharmacy)-Bowel preparations related to a preventive colonoscopy:** Added coverage with no cost-sharing for bowel preparations related to a preventive colonoscopy.
2. **Preventive Services (pharmacy)-Fluoride supplements maximum age added:** Fluoride supplements for covered persons over six months of age but younger than 17 years old. (*This is a directive from United States Preventive Services Task Force (USPSTF)*).
3. **Preventive Services (pharmacy)- Preexposure prophylaxis (PrEP) antiretroviral therapy:** Added coverage with no cost-sharing for covered persons at high risk of HIV acquisition.
4. **Preventive Services (pharmacy)-Vitamin D no longer rated A or B by the USPSTF:** The USPSTF downgraded Vitamin D for covered persons age 65 or over with an increased risk for falls. Therefore, it will be subject to cost-sharing as determined by your plan's prescription drug benefits.

**B. The following is a Wisconsin mandate:**

**Autism – no change:** Our 2019 annual limits of \$35,000 for non-intensive level services and \$70,000 for intensive level services are in excess of the state-mandated minimum benefit amount and therefore shall remain the same for 2020.

**C. The following revisions are being made by WPS:**

1. **Removal of Mandatory Home Delivery for Maintenance Medications:** You will no longer need to opt out of the home delivery pharmacy program to obtain maintenance medications at a retail pharmacy. You will be able to get up to a 90-day supply of your maintenance medications from your local retail pharmacy.
2. **Telemedicine:** Direct contact between the health care practitioner and the covered person is no longer required. (*additional benefit*)
3. **Reduction Mammoplasty:** Breast reduction surgery is no longer excluded if medically necessary as determined by us. (*additional benefit*.)
4. **Breast Implant Removal:** Such removal will be covered if associated with anaplastic large cell lymphoma. (*change in standard of care*)
5. **Home Pneumatic Compression Devices:** Such devices will no longer be excluded for deep vein thrombosis (DVT) prevention. (*change in standard of care*)
6. **Preventive drugs – mandatory generic requirement:** the mandatory generic provision applies to all preventive drugs with only an exception for preventive contraceptive methods.
7. **Rehired Employees:** Covered employees (and dependents) who lost coverage due to a layoff, leave of absence or reduction in work hours, who are **rehired within 182 days** (currently 90 days) from such termination may have their coverage reinstated effective the first day of the calendar month following rehire. This change is reflected in the certificate.

New certificates will be available on-line within 30 days after your plan's renewal date. If you would prefer to receive a paper copy, please contact our Member Services Department.

Please note this is not a complete description of the changes. Other minor changes include updates and clarification to existing language (without changing the intent or benefits). We encourage you to review the new certificate including the schedule of benefits and endorsements, as applicable.



Certificate of Coverage – Preferred Provider Plan  
for  
Medical College of Wisconsin Affiliated Hospitals

Wisconsin Physicians Service Insurance Corporation  
1717 West Broadway  
P.O. Box 8190  
Madison, Wisconsin 53708-8190

**NOTICE: LIMITED BENEFITS WILL BE PAID WHEN NON-PREFERRED PROVIDERS ARE USED.** You should be aware that when you elect to utilize the services of a non-preferred provider for a covered health care service, benefit payments to such non-preferred providers are not based upon the amount billed. The basis of your benefit payment will be determined according to your Schedule of Benefits and the usual and customary charge, as determined by us. **YOU RISK PAYING MORE THAN THE COINSURANCE, DEDUCTIBLE AND CO-PAYMENT AMOUNT DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION.** Non-preferred providers may bill you for any amount up to the billed charge after we have paid our portion of the bill. Preferred providers have agreed to accept discounted payment for covered health care services with no additional billing to you other than co-payment, coinsurance and deductible amounts. You may obtain further information about the preferred status of health care providers and information on out-of-pocket expenses by calling the Customer Service toll-free telephone number on your identification card or visiting our website at [wpshealth.com](http://wpshealth.com).

This certificate is not the contract of insurance. It is merely evidence of insurance provided under the group medical insurance policy (hereinafter called “group policy” or “policy”) issued by WPS to the group policyholder (hereinafter called “group policyholder” or “policyholder”). This certificate describes the essential features of such insurance. This certificate replaces and supersedes any certificates and endorsements we issued to you prior to the effective date of this certificate.

You are responsible for choosing your preferred provider from our most recent Preferred Provider Directory. The preferred providers and all other health care providers are independent contractors and are not employed by WPS. WPS merely provides benefits for covered expenses in accordance with the group policy. WPS does not provide health care services. WPS does not warrant or guarantee the quality of the health care services provided by any preferred provider or any other health care provider. WPS is not liable or responsible in any way for the provision of such health care services by any preferred provider or any other health care provider. Please see subsection “Your Relationship with Your Physician, Hospital or Other Health Care Provider” of this certificate.

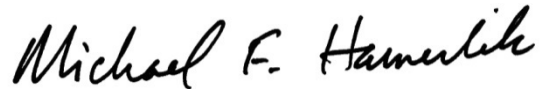
The insurance described in this certificate limits charges for covered expenses to the amounts we determine as being reasonable. This amount may be less than the amount billed. Please see the definition of “charge” in section “DEFINITIONS.” If you would like more information, please contact our Customer Service Department by calling the telephone number shown on your WPS identification card.

This certificate does not include pediatric dental services as required under the federal Patient Protection and Affordable Care Act. This coverage is available in the insurance market and can be purchased as a stand-alone product. Please contact your agent or the Federally-Facilitated Marketplace, if you wish to purchase pediatric dental coverage or a stand-alone dental services product.

In performing its obligations under the policy, WPS is acting only as a health insurer with respect to the policy and is not in any way acting as a plan administrator, a plan sponsor or a plan trustee for purposes of the Employee Retirement Income Security Act of 1974 (ERISA), or any other federal or state law.

The group policy is issued by WPS and delivered to the policyholder in Wisconsin. All terms, conditions, and provisions of the group policy, including, but not limited to, all exclusions and coverage limitations contained in the group policy, are governed by the laws of Wisconsin. All benefits are provided in accordance with the terms, conditions, and provisions of the group policy, any endorsements attached to this certificate, your completed application for this insurance, and applicable laws and regulations.

**Wisconsin Physicians Service Insurance Corporation**

A handwritten signature in black ink, reading "Michael F. Hamerlik". The signature is written in a cursive, flowing style.

**Michael F. Hamerlik**  
**President and Chief Executive Officer**

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## SCHEDULE OF BENEFITS

Unless otherwise stated in the policy, all health care services are subject to the annual deductible amounts, copayments, coinsurance, and out-of-pocket limit stated below and all other exclusions and limitations described in the policy (e.g., medical necessity, prior authorization requirements, visit limits, step therapy, etc.).

You and your health care provider must obtain prior authorization before receiving certain health care services. Failure to obtain our prior authorization will result in no benefits being paid. Refer to the “OBTAINING SERVICES” section of the policy for information about our prior authorization requirements.

| <b>Deductible</b>  |                     |                         |
|--|---------------------|-------------------------|
| The annual deductible amount applies each policy year. Charges for covered expenses directly provided to you must add up to this deductible amount before benefits are payable for other charges for covered expenses, unless specifically stated otherwise below. Charges for covered expenses for health care services applied by us to satisfy the annual deductible amount for preferred providers will also be used to satisfy the annual deductible amount for non-preferred providers and vice versa. |                     |                         |
|  | Preferred Providers | Non-Preferred Providers |
| Per Covered Person   | \$200               | \$700                   |
| Per Family   | \$600               | \$2,100                 |
| <b>Office Visit Copayment</b>  |                     |                         |
| The copayment amount applies to the charge for each office visit. The copayment does not apply to: (1) related health care services provided during the home or office visit; or (2) charges billed by a facility for an office visit.   |                     |                         |
|  | Preferred Providers | Non-Preferred Providers |
| Primary care physician   | \$20                | \$25                    |
| Specialty physician  | \$35                | \$45                    |
| Chiropractor   | \$20                | \$25                    |
| Psychologist, psychiatrist, or a health care provider licensed to provide non-residential treatment of nervous or mental disorders, alcoholism or drug abuse   | \$20                | \$25                    |
| Convenient Care Clinic   | \$20                | \$25                    |
| Preventive   | Not Applicable      | \$25                    |
| Telehealth visits through our approved telehealth service provider   | \$10                | Not Applicable          |



| <b>Coinsurance</b>   |  |  |
|--|--|--|
| Coinsurance is the amount you pay for a covered service as stated below, unless specifically stated otherwise in the policy.   |  |  |
|  | Preferred Providers  | Non-Preferred Providers  |
| Coinsurance:   | 10%  | 30%  |
| <b>Annual Out-of-Pocket Limit</b>  |  |  |
| This is the out-of-pocket amount that you are required to pay each policy year for covered health care services provided by a preferred provider or non-preferred provider. Any of the following costs will count towards your annual out-of-pocket limit: (1) your deductible; and (2) coinsurance amounts you pay for covered expenses associated with health care services provided by a preferred provider or non-preferred provider. Charges for covered expenses for health care services applied by us to satisfy the annual deductible and coinsurance out-of-pocket limit for preferred providers will also be used to satisfy the annual out-of-pocket limit for non-preferred providers and vice versa. |  |  |
|  | Preferred Providers  | Non-Preferred Providers  |
| Per Covered Person   | \$400  | \$1,300  |
| Per Family   | \$1,200  | \$3,900  |
| <b>Maximum Annual Out-of-Pocket Limit</b>  |  |  |
| This is the maximum out-of-pocket amount that you are required to pay each policy year for covered health care services provided by a preferred provider or non-preferred provider. Any of the following costs will count towards your annual out-of-pocket limit: (1) your deductible; (2) copayments; and (3) coinsurance amounts you pay for covered expenses associated with health care services provided by a preferred provider or non-preferred provider.  |  |  |
|  | Preferred Providers  | Non-Preferred Providers  |
| Per Covered Person   | \$7,350  | Not Applicable   |
| Per Family   | \$14,700   | Not Applicable   |
| <b>Covered Expenses – Excluding Prescription Legend Drugs Dispensed by a Pharmacy</b>  |  |  |
| We'll pay benefits for charges for the following covered expenses, subject to the applicable deductible, copayment and out-of-pocket limits stated above.  |  |  |
|  | The Amount You Pay for Services Provided by Preferred Providers                | The Amount You Pay for Services Provided by Non-Preferred Providers            |
| Ambulance Services   | Deductible and Coinsurance   | Preferred Provider Deductible and Coinsurance                                  |
| Autism Services<br>Benefits limited to a \$70,000 for intensive level services and \$35,000 for non-intensive level services, or as updated in accordance with the law   | Deductible and Coinsurance   | Deductible and Coinsurance   |
| Behavioral Health Services (treatment of alcoholism, drug abuse and nervous or mental disorders)<br>Inpatient Services<br>Office Visits<br>Transitional Treatment  | Deductible and Coinsurance<br>Copayment, then 0%<br>Deductible and Coinsurance | Deductible and Coinsurance<br>Copayment, then 0%<br>Deductible and Coinsurance |
| Breastfeeding Equipment  | 0%   | Deductible and Coinsurance   |
| Contraceptives   | 0%   | Deductible and Coinsurance   |

|   |   |                                |
|---|---|--------------------------------|
| Diagnostic X-Ray and Laboratory Services – outpatient (excluding services in a hospital emergency room) | Coinsurance   | Coinsurance                    |
| Emergency Medical Care  | Payable subject to applicable preferred provider deductible and coinsurance |                                |
| Emergency Room – visit charge only  | Deductible and Coinsurance  | Deductible and Coinsurance     |
| Emergency Room Services   | Coinsurance   | Preferred Provider Coinsurance |
| Hospital Inpatient Services   | Deductible and Coinsurance  | Deductible and Coinsurance     |
| Immunizations   | 0%  | 0%                             |
| Injections (other than injections billed as a surgical procedure) - outpatient                          | Coinsurance   | Deductible and Coinsurance     |
| Kidney Disease Treatment  | Deductible and Coinsurance  | Deductible and Coinsurance     |
| Nutritional Counseling  | 0%  | Deductible and Coinsurance     |
| Office Visits – visit charge only   | Copayment, then 0%  | Copayment, then 0%             |
| Preventive Care Services-   |   |                                |
| Office Visit  | 0%  | Copayment, then 0%             |
| Diagnostic Services   | 0%  | Deductible and Coinsurance     |
| Sterilization Procedures – Female   | 0%  | Deductible and Coinsurance     |
| Sterilization Procedures – Male   | Deductible and Coinsurance  | Deductible and Coinsurance     |
| Telehealth Visits through our approved telehealth service provider                                      | Copayment, then 0%  | Not Covered                    |
| Temporomandibular Joint Disorders (TMJ)   | Deductible and Coinsurance  | Deductible and Coinsurance     |
| Therapy Visits –  |   |                                |
| Office Setting  | Deductible and Coinsurance  | Deductible and Coinsurance     |
| Outpatient Hospital Setting   | Deductible and Coinsurance  | Deductible and Coinsurance     |
| Transplants Services  |   |                                |
| Inpatient Services  | Deductible and Coinsurance  | Deductible and Coinsurance     |
| All Other Services  | Deductible and Coinsurance  | Deductible and Coinsurance     |
| Urgent Care-visit charge only   |   |                                |
| Copayment could be higher depending on the specialty of the physician providing treatment               | Copayment, then 0%  | Deductible and Coinsurance     |
| All Other Health Care Services  | Deductible and Coinsurance  | Deductible and Coinsurance     |

| Prescription Legend Drug Coverage   |  |  |
|---|--|--|
| The following provisions apply when covered drugs or covered supplies are dispensed by a preferred pharmacy. Covered drugs or covered supplies dispensed by non-preferred pharmacy are limited to the amount that would have been payable if dispensed by a preferred pharmacy. |  |  |
|   | Preferred Pharmacy   |  |
| Copayments:<br><br>*Copayments applied as follows:<br>1-30-day supply = one copayment<br>31-60-day supply = two copayments<br>61-90-day supply = three copayments   | Dispensed by a Pharmacy*<br>Generic - \$10<br>Preferred Brand-Name - \$20<br>Brand-Name – \$30<br>Specialty – \$40 | Dispensed by Home Delivery<br>Generic - \$20<br>Preferred Brand-Name - \$40<br>Brand-Name - \$60<br>Specialty – \$80 |
| Coinsurance (after copayments)  | 0%   |  |
| Preventive Drugs – as defined in policy   | 0%   |  |

# **GENERAL INFORMATION**

## **How Group Coverage Works**

WPS has issued a group policy to your employer, who we call the “policyholder.” The group policy (the “policy”) forms a contract between us and your employer under which we provide health insurance coverage for certain employees. This certificate describes the health insurance benefits you are entitled to receive. We provide the benefits described in this certificate under the terms, conditions and provisions of the group policy.

Any employee to whom we issue this certificate is a “covered employee.” Any person that is eligible and approved to receive health insurance coverage under this certificate, including the covered employee, is a “covered person.” For example, if a covered employee is issued limited family or family coverage under the group policy, the covered employee and his/her eligible dependents that we have approved for coverage are all covered persons. Subject to the group policy, each covered person is insured for the coverage described in this certificate. Please see subsection “Entire Contract.”

## **General Description of Coverage**

This certificate describes two benefit levels. One benefit level applies when you receive covered health care services provided from a preferred provider. The other benefit level applies when you receive covered health care services from a non-preferred provider.

Coverage is subject to all terms, conditions and provisions of the policy. This certificate replaces and supersedes any certificates we issued to the policyholder before the effective date of the policy and any written or oral representations that we or our representatives made.

## **Your Choice of Health Care Providers Affects Your Benefits**

Preferred providers are health care providers who are part of the preferred provider network shown on your WPS identification card. See section “DEFINITIONS” for more information.

If you use a preferred provider, covered charges will be payable under the policy based on that provider’s agreement with WPS, subject to any deductible, coinsurance, and copayment provisions. If there is a difference between the amount we pay and the amount the preferred provider bills, you are not responsible for that amount.

Non-preferred providers are health care providers who have not agreed to participate in the health care network shown on your WPS identification card.

If you use a non-preferred provider, covered charges will be payable under the policy up to the maximum out-of-network allowable fee as defined in section “DEFINITIONS.” If there is a difference between the amount we pay and the amount the non-preferred provider bills, you are responsible for that amount.

## **How to Use This Certificate**

This certificate, including its Schedule of Benefits and all endorsements, should be read carefully and completely by you. The provisions of this certificate are interrelated. This means that each provision is subject to all of the other provisions. Therefore, reading just one or two provisions may not give you a clear or full understanding of your coverage under the policy.

Each term used in this certificate has a special meaning. These terms are defined for you in section “DEFINITIONS.” By understanding these definitions, you will have a better understanding of your coverage under the policy.

## Changes to the Policy

We reserve the right to change, interpret, modify, remove or add benefits, or terminate the policy, at our sole discretion, subject to the notice requirements stated in subsection “Waiver and Change.” When a change occurs, a new certificate or endorsement for this certificate will be made available to each covered employee online. That means your coverage under the policy will change to the extent described in the new certificate or endorsement, as of the effective date of that new certificate or endorsement. No person or entity other than WPS has the authority to make oral changes or amendments to the policy.

## Covered Expenses

The policy only provides benefits for certain health care services. Just because a physician has performed or prescribed a health care service does not mean that it will be covered under the policy. Likewise, just because a health care service is the only available health care service for your illness or injury does not mean that the health care service will be covered under the policy. We have the sole and exclusive right to interpret and apply the policy's provisions and to make factual determinations. This means, for example, we also have the sole and exclusive right to determine whether benefits are payable for a particular health care service.

In certain circumstances for purposes of overall cost savings or efficiency, we may at our sole discretion, pay benefits for health care services: (1) at the preferred provider level of benefits for a health care service provided by a non-preferred provider; or (2) that are not covered under the policy, to the limited extent provided in subsection “Alternate Care.” The fact that we provide such coverage in one case shall not require us to do so in any other case, regardless of any similarities between the two.

We may, at our sole discretion, arrange for other persons or entities to provide administrative services in regard to the policy, including claims processing and utilization review management services. We may also, at our sole discretion, authorize other persons or entities to exercise discretionary authority with regard to the policy. The identity of these persons or entities and the nature of the services they provide to us may be changed at any time without prior notice to or approval from you. By accepting this certificate, you agree to cooperate fully with those persons or entities in the performance of their responsibilities.

## OBTAINING SERVICES

### Prior Authorization

You are required to obtain prior authorization before you receive certain health care services, such as pain management, spinal surgery, new technologies (may be considered experimental/ investigational/ unproven), non-emergency ambulance, high-cost durable medical equipment, certain high-technology imaging, or procedures that could potentially be considered cosmetic. You can find a current list of health care providers and health care services for which prior authorization is required on our website at [wpshealth.com](http://wpshealth.com). Please refer to this website often, as it may change from time to time at our sole discretion.

#### 1. How to Request a Prior Authorization.

Your health care provider can start the prior authorization process by calling our Customer Service Department at 1-800-223-6048 or by downloading a printable Prior Authorization Form from our website as [wpshealth.com](http://wpshealth.com). After the health care provider faxes or mails the prior authorization request, we suggest that you call Customer Service to verify that it has been received. Please allow up to 15 business days for the review process.

Although your health care provider should initiate the prior authorization process, it is **your** responsibility to ensure that:

- a. the prior authorization request form is obtained and completed in consultation with your health

care provider;

- b. the prior authorization request is submitted to and received by us;
- c. the prior authorization request is approved by us before you obtain the applicable health care services.

After we review your request, we will send a written response to you and/or the health care provider who submitted the request. Our benefit determination(s) will be based upon the information available to us at the time we receive your request.

If we approve your request, our prior authorization will only be valid for: (a) the covered person for whom the prior authorization was made; (b) the health care services specified in the prior authorization and approved by us; and (c) the specific period of time and service location approved by us.

A standing authorization is subject to the same prior authorization requirements stated above. If we approve a standing authorization, you may request that the designated specialist provide primary care services, as long as your health care provider agrees.

## **2. Consequences for Failing to Obtain a Prior Authorization.**

Failure to comply with the prior authorization process outlined in this subsection will initially result in no benefits being paid under the policy. If, however, a health care service is denied solely because you did not obtain our prior authorization, you can request that we review and reconsider the denial of benefits by following the Claim Appeal Procedure outlined in the policy. If you prove to us that the health care service would have been covered under your policy if you had followed the prior authorization process, we will overturn the prior authorization penalty and reprocess the affected claim(s) in accordance with your standard benefits.

## **3. Health Care Services That Do Not Require a Prior Authorization.**

You do not need a prior authorization from us or any other person to obtain emergency care or urgent care at an emergency or urgent care facility.

## **Coding Errors**

In some cases, we may deny a claim if we determine that the health care provider or its agent did not use the appropriate billing code to identify the health care service provided to you. We follow the coding guidelines of the Center for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), Current Procedural Terminology (CPT), the Healthcare Common Procedure Coding System (HCPCS) and the International Class of Diseases and Related Health Problems 10th Edition (ICD-10).

## **DEFINITIONS**

In this certificate, the following terms shall mean:

**Activities of Daily Living (ADL):** the following, whether performed with or without assistance:

- 1. Bathing which is the cleansing of the body in either a tub or shower or by sponge bath;
- 2. Dressing, which is to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
- 3. Toileting which is to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene;

4. Mobility, which is to move from one place to another, with or without assistance of equipment;
5. Eating, which is getting nourishment into the body by any means other than intravenous; and
6. Continence, which is voluntarily maintaining control of bowel and/or bladder function; in the event of incontinence, maintaining a reasonable level of personal hygiene.

**Ambulance Services:** ground and air transportation: (1) to the nearest hospital where emergency health care services can be provided; (2) provided by a licensed ambulance service using its licensed and/or certified vehicle, helicopter, or plane which is designed, equipped, and used to transport you when you are sick or injured; and (3) which is staffed by emergency medical technicians, paramedics, or other certified medical professionals.

**Behavioral Health Services:** health care services for the treatment of alcoholism, drug abuse and nervous or mental disorders.

**Benefits:** your right to payment for covered health care services that are available under the policy. Your right to benefits is subject to the terms, conditions, limitations and exclusions of the policy, including this certificate, the Schedule of Benefits and any attached endorsements.

**Bone Anchored Hearing Aid (BAHA):** a surgically implantable system for treatment of hearing loss that works through direct bone conduction.

**Calendar Year:** the period of time that starts with your applicable effective date of coverage shown in our records, as determined by us, and ends on December 31st of such year. Each following calendar year shall start on January 1st of that year and end on December 31st of that same year.

**Certificate:** the certificate of coverage that is issued to covered employees summarizing the terms, conditions, and limitations of their group health care coverage.

**Certified Nurse Midwife:** a person who is a registered nurse and is certified to practice as a nurse midwife by the American College of Nurse Midwives and by either Wisconsin or by the state in which he/she practices.

**Charge:** an amount for a health care service directly provided to you by a health care provider that is reasonable, as determined by us, when taking into consideration, among other factors (including national sources) determined by us: (a) amounts charged by health care providers for similar health care services when provided in the same geographical area; (b) our methodology guidelines; (c) pricing guidelines of any third party responsible for pricing a claim; and (d) the negotiated rate determined by us in accordance with the applicable contract between us and a preferred provider. The term "area" means a county or other geographical area which we determine is appropriate to obtain a representative cross section of such amounts. For example, in some cases the "area" may be an entire state. In some cases the amount we determine as reasonable may be less than the amount billed. Charges are incurred on the date you receive the health care service.

As required by Section Ins 3.60, Wis. Admin. Code, as amended, upon written or oral request from you for our charge for a health care service and if you provide us with the appropriate billing code that identifies the health care service (for example, CPT codes, ICD-10 codes or hospital revenue codes) and the health care provider's estimated fee for that health care service, we will provide you with any of the following:

1. a description of our specific methodology, including, but not limited to, the following:
  - a. the source of the data used, such as our claims experience, an expert panel of health care providers, or other sources;
  - b. the frequency of updating such data;
  - c. the geographic area used;
  - d. if applicable, the percentile used by us in determining the charge; and



- e. any supplemental information used by us in determining the charge.
- 2. The amount allowable by us under our guidelines for determination of the reasonable portion of the amount billed by the health care provider for a specific health care service provided to you in the geographic area where you received the health care service. That may be in the form of a range of payments or maximum payment.

**Child/Children:** any of the following:

- 1. A natural, biological child of a covered employee.
- 2. A step-child of a covered employee.
- 3. A legally adopted child or a child placed for adoption with the covered employee.
- 4. A child under the covered employee's (or his/her spouse's) legal guardianship as ordered by a court. To be initially eligible for coverage, the child must be under the age of 18 and you must have sole and permanent guardianship of both the child and his/her estate.
- 5. A child who is considered an alternate recipient under a qualified medical child support order.
- 6. The child of a covered employee's domestic partner provided that:
  - a. the domestic partner is enrolled as a covered person under the policy; and
  - b. the domestic partner is the biological parent or has a court-appointed legal relationship with the child (i.e. through adoption).

**Cochlear Implant:** any implantable instrument or device that is designed to enhance hearing.

**Confinement/Confined:** the period starting with your admission on an inpatient basis to a hospital or other licensed health care facility for treatment of an illness or injury. Confinement ends with your discharge from the same hospital or other facility.

**Convenient Care Clinic:** a medical clinic that: (1) is located in a retail store, supermarket, pharmacy or other non-traditional, convenient, and accessible setting; and (2) provides covered health care services performed by nurse practitioners, physician assistants, or physicians acting within the scope of their respective licenses.

**Copayment:** the portion of the charge for a covered expense that you are required to pay to the health care provider for a certain health care service covered under the policy. Copayments are a specific dollar amount. Please note that for covered health care services, you are responsible for paying the lesser of the following: (1) the applicable copayment; or (2) the covered expense.

**Cosmetic Treatment:** any health care service used solely to: (1) change or improve your physical appearance or self-esteem; or (2) treat a condition that causes no functional impairment or threat to your health.

**Covered Dependent:** a dependent who meets all of the following requirements: (1) he/she is eligible for coverage under the policy; (2) he/she has properly enrolled for coverage under the policy; and (3) he/she is approved by us for coverage under the policy.

**Covered Employee:** an eligible employee who has properly enrolled and been approved by us for coverage under the policy.

**Covered Expenses:** any charge, or any portion thereof, that is eligible for full or partial payment under the policy.

**Covered Person:** a covered employee and/or his/her covered dependent(s).

**Custodial Care:** health care services given to you if: (1) you do not require the technical skills of a registered nurse at all times; (2) you need assistance to perform one or more activities of daily living; and (3) the health care services you require are not likely to improve your physical and/or mental condition. Health care services may still be considered custodial care, as determined by us, even if: (1) you are under the care of a physician; (2) the physician prescribes health care services to support and maintain your physical and/or mental condition; or (3) health care services are being directly provided to you by a registered nurse or licensed practical nurse, a physical, occupational, or speech therapist, or a physician.

**Deductible:** the amount that you are required to pay for covered expenses in a policy year before benefits are payable under the policy.

**Dependent:** an individual who falls into one or more of the five categories below and who is not on active military duty for longer than 30 days:

1. A covered employee's legal spouse.
2. A covered employee's child, under the age of 26.
3. A covered employee's child who is a full-time student returning from military duty as defined in the policy.
4. A covered employee's child over age 26 if all of the following criteria are met:
  - a. the child's coverage under the policy began before he/she reached age 26;
  - b. the child is incapable of self-sustaining employment because of intellectual disability or physical handicap;
  - c. the child is chiefly dependent upon the covered employee for support and maintenance;
  - d. the child's incapacity existed before he/she reached age 26; and
  - e. the covered employee's family coverage remains in force under the policy.
5. A natural child of a covered employee's child if the covered employee's child is under 18 years old.
6. If shown in the policyholder's current application for coverage as being applicable, a covered employee's domestic partner, provided all of the following conditions are met:
  - a. the covered employee and his/her partner are in a committed relationship (relationship of mutual support, caring and commitment and intend to remain in such a relationship in the immediate future);
  - b. each partner is 18 years of age or older;
  - c. neither partner is married or legally separated in marriage, or has been a party to an action or proceeding for divorce or annulment within six months of registration, or, if one has been married, at least six months have lapsed since the date of the judgment terminating the marriage;
  - d. each partner is competent to contract;
  - e. neither partner is currently registered in another domestic partnership, and if either party has been in such a registered relationship, at least six months have lapsed since the effective date of termination of that registered relationship;
  - f. there are no blood ties between the covered employee and his/her partner closer than that permitted

for marriage or for domestic partner registration;

- g.** the covered employee and his/her partner live together (i.e., occupy the same dwelling unit as a single non-profit housekeeping unit and have a relationship which is of permanent and domestic character);
- h.** the relationship of the covered employee and his/her partner is not merely temporary, social, political, commercial or economic in nature (i.e., there must be mutual financial interdependency);
- i.** the covered employee has registered his/her partner as a domestic partner with the policyholder and WPS by providing proof that, for at least the six month period immediately preceding the date of registration, the covered employee either:

  - (1)** had obtained a domestic partnership certificate from the city, county or state of residence or from any other city, county or state offering the ability to register a domestic partnership; or
  - (2)** has any three of the following with respect to the domestic partner:

    - (a)** joint lease, mortgage or deed;
    - (b)** joint ownership of a vehicle;
    - (c)** joint ownership of checking account (demand deposit) or credit account;
    - (d)** designation of the domestic partner as a beneficiary of the covered employee's will;
    - (e)** designation of the domestic partner as a beneficiary for the covered employee's life insurance or retirement benefits;
    - (f)** designation of the partner as holding power of attorney for health care; or
    - (g)** shared household expenses.

**Developmental Delay:** any disease or condition that interrupts or delays the sequence and rate of normal growth and development in any functional area and is expected to continue for an extended period of time or for a lifetime. Functional areas include, but are not limited to, cognitive development, physical development, communication (including speech and hearing), social/emotional development, and adaptive skills. Developmental delays can occur even in the absence of a documented identifiable precipitating cause or established diagnosis. Developmental delays may or may not be congenital (present from birth).

**Durable Medical Equipment:** an item that we determine meets all of the following requirements: (1) it can withstand repeated use; (2) it is primarily used to serve a medical purpose with respect to an illness or injury; (3) it is generally not useful to a person in the absence of an illness or injury; (4) it is appropriate for use in your home; (5) it is prescribed by a physician; and (6) it is medically necessary. Durable medical equipment includes, but is not limited to: wheelchairs; oxygen equipment (including oxygen); and hospital-type beds.

**Eligible Employee:** a person who is either (1) employed by the policyholder on a permanent, full-time basis (or part-time basis, if applicable) for the required number of hours per week as shown in the policyholder's current WPS application for coverage; or (2) identified by the policyholder as an employee that must be covered pursuant to the Patient Protection and Affordable Care Act.

**Emergency Medical Care:** health care services to treat your medical emergency.

**Emergency Room Visit:** a meeting between you and a physician or other health care provider that: (1) occurs at the hospital emergency room or any other facility charge as an extension of the hospital emergency room; (2) includes only the charges for the emergency room fee billed by the hospital for use of the hospital emergency room.

**Enrollment Date:** the effective date of coverage under the policy or the first day of the probationary period, if any, as shown in the policyholder's current application for coverage whichever is the earlier. A late enrollee's enrollment date will always be his/her effective date of coverage under the policy.

**Enrollment Period:** for new entrants, enrollment period is the period beginning immediately following an eligible employee's enrollment date through the 31st day immediately following the end of his/her probationary period, if any. For additions to, or changes in, coverage, the enrollment period is stated in section "EFFECTIVE DATE."

**Experimental/Investigational/Unproven:** as determined by our Corporate Medical Director, any health care service or facility that meets at least one of the following criteria:

1. It is not currently recognized as accepted medical practice;
2. It was not recognized as accepted medical practice at the time the charges were incurred;
3. It has not been approved by the United States Food and Drug Administration upon completion of Phase III clinical investigation;
4. It is being used in a way that is not approved by the United States Food and Drug Administration (FDA) or listed in the FDA-approved labeling (i.e. off-label use except for off-label uses that are accepted medical practice);
5. It has not successfully completed all phases of clinical trials, unless required by law;
6. It is based upon or similar to a treatment protocol used in on-going clinical trials;
7. Prevailing peer-reviewed medical literature in the United States has failed to demonstrate that it is safe and effective for your condition;
8. There is not enough scientific evidence to demonstrate or make a convincing argument that (a) it can measure or alter the sought after changes to your illness or injury or (b) such measurement or alteration will affect your health outcome; or support conclusions concerning the effect of the drug, device, procedure, service or treatment on health outcomes.
9. It is associated with a Category III CPT code developed by the American Medical Association.

The above list is not all-inclusive.

A health care service or facility may be considered experimental/investigational/unproven even if the health care provider has performed, prescribed, recommended, ordered, or approved it, or if it is the only available procedure or treatment for the condition.

The following are covered under the policy as described in subsection "Prescription Legend Drugs": (1) investigational drugs used to treat the HIV virus as described in Section 632.895 (9), Wisconsin Statutes, as amended; and (2) drugs which by law require a written prescription used in the treatment of cancer that may not currently have FDA's approval for that specific diagnosis but are listed in recognized off-label drug usage publications as appropriate treatment for that diagnosis.

The determination of whether a health care service is experimental or investigative shall be made by us in our sole and absolute discretion. In any dispute arising as a result of our determination, such determination shall be upheld if the decision is based on any credible evidence. In any event, if the decision is reversed, the limit of our liability under the policy or on any other basis shall be to provide policy benefits only and neither compensatory nor punitive damages, nor attorney's fees, nor other costs of any kind shall be awarded in connection therewith or as a consequence thereof.

**Family Coverage:** coverage that applies to a covered employee and his/her covered dependents. When referred to in this certificate, family coverage also includes limited family coverage.

**Full-Time Student:** a child in regular full-time attendance at an accredited secondary school, accredited vocational school, accredited technical school, accredited adult education school, accredited college or accredited university. Such school must provide a schedule of scholastic courses and its principal activity must be to provide an academic education. An apprenticeship program is not considered an accredited school, college or university for this purpose. Full-time student status generally requires that the student take 12 or more credits per semester; however, the exact number of credits per semester depends on the manner in which the school defines regular full-time status for its general student body; this may vary if the school has trimesters, quarters, or another type of schedule for its general student body. Proof of enrollment, course load and attendance is required upon our request. Full-time student status includes any regular school vacation period (summer, semester break, etc.).

**Full-Time Student Returning From Military Duty:** an adult child of a covered employee who meets the following criteria:

1. The child was called to federal active duty in the national guard or in a reserve component of the U.S. armed forces while the child was attending, on a full-time basis, an institution of higher education; and
2. The child was under the age of 27 when called to federal active duty; and
3. Within 12 months after returning from federal active duty, the child returned to an institution of higher education on a full-time basis, regardless of age.

The adult child must: (1) attend an accredited school for the number of credits, hours, or courses required by the school to be considered a full-time student; or (2) attend two or more accredited schools for credits toward a degree, which, when combined equals full-time status at one of the schools; or (3) participate in either an internship or student teaching during the last semester of school prior to graduation, if the internship or student teaching is required for his/her degree. The adult child continues to be a full-time student during periods of vacation or between term periods established by the school.

**Functional Impairment:** a significant and documented deviation, loss, or loss of use of any body structure or body function that results in a person's inability to regularly perform one or more activity of daily living or an instrumental activity of daily living such as using transportation, shopping or handling finances.

**Genetic Testing:** examination of blood or other tissue for chromosomal and DNA abnormalities and alterations, or other expressions of gene abnormalities that may indicate an increased risk for developing a specific disease or disorder.

**Geographical Service Area:** the region in which your plan is available, as determined by us.

**Group Policy/Policy:** the group medical insurance policy issued by us to the employer known as the group policyholder. In it, we agree to insure certain members of the group policyholder for future health care services covered by the policy through benefit payments, subject to the terms, conditions and provisions of the policy.

**Habilitative Services:** health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include, but are not limited to, therapy for a child who isn't walking or talking at the expected age. These health care services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

**Health Care Provider:** any physician, hospital, pharmacy, clinic, skilled nursing facility, surgical center or other person, institution or other entity licensed by the state in which he/she/it is located to provide health care services.

**Health Care Services:** diagnosis, treatment, services, procedures, drugs, medicines, devices, or supplies directly provided to you by a health care provider acting within the lawful scope of his/her/its license.

**Hearing Aid:** any externally wearable instrument or device designed or offered for the purpose of aiding or compensating for impaired human hearing and any parts, attachments, or accessories of such an instrument or device, except its batteries and cords.

**Home Care:** health care services provided directly to you in your home under a written plan that meets the following criteria: (1) the plan is developed by your attending physician; (2) the plan is approved by your attending physician in writing; (3) the plan is reviewed by your attending physician every two months (or less frequently if your physician believes and we agree that less frequent reviews are enough); and (4) home care is provided or coordinated by a home health agency or certified rehabilitation agency that is licensed by the Wisconsin Department of Health Services or certified by Medicare.

**Hospice Care:** health care services that are: (1) provided to a covered person whose life expectancy, as certified by a physician, is six consecutive months or less; (2) available on an intermittent basis with on-call health care services available on a 24-hour basis; and (3) provided by a licensed hospice care provider approved by us. Hospice care includes services intended primarily to provide pain relief, symptom management, and medical support services. Hospice care may be provided at hospice facilities or in your place of residence.

**Hospital:** a facility providing 24-hour continuous service to a confined covered person. Its chief function must be to provide diagnostic and therapeutic facilities for the surgical and medical diagnosis, treatment and care of injured or sick persons. A professional staff of licensed physicians and surgeons must provide or supervise its services. It must provide general hospital and major surgical facilities and services. A hospital also includes a specialty hospital approved by us and licensed and accepted by the appropriate state or regulatory agency to provide diagnosis and short term treatment for patients who have specified medical conditions. A hospital does not include, as determined by us: (1) a convalescent or extended care facility unit within or affiliated with the hospital; (2) a clinic; (3) a nursing, rest or convalescent home; (4) an extended care facility; (5) a facility operated mainly for care of the aged; (6) a facility operated mainly for treatment of nervous or mental disorders, drug abuse or alcoholism; (7) sub-acute care center; or (8) a health resort, spa or sanitarium.

**Illness:** a physical illness, alcoholism, drug abuse, or a nervous or mental disorder.

**Implantable Hearing Device:** any implantable instrument or device that is designed to enhance hearing, including cochlear implants and bone anchored hearing devices.

**Incidental/Inclusive:** a procedure or service is incidental/inclusive if it is integral to the performance of another health care service or if it can be performed at the same time as another health care service without adding significant time or effort to the other health care service.

**Infertility:** the inability or diminished ability to produce offspring including, but not limited to, a couple's failure to achieve pregnancy after at least 12 consecutive months of unprotected sexual intercourse or a woman's repeated failures to carry a pregnancy to fetal viability. Repeated failures to carry a pregnancy to fetal viability means three consecutive documented spontaneous abortions in the first or second trimester. Such inability must be documented by a health care provider.

**Infertility or Fertility Treatment:** a health care service that is intended to: (1) promote or preserve fertility; or (2) achieve and maintain a condition of pregnancy.

For purposes of this definition, infertility or fertility treatment includes, but is not limited to:

1. Fertility tests and drugs;
2. Tests and exams done to prepare for or follow through with induced conception;
3. Surgical reversal of a sterilized state that was a result of a previous surgery;
4. Sperm enhancement procedures;
5. Direct attempts to cause or maintain pregnancy by any means including, but not limited to:
  - a. hormone therapy or drugs;
  - b. artificial insemination;

- c. in vitro fertilization;
  - d. GIFT or ZIFT;
  - e. embryo transfer; and
  - f. freezing or storage of embryo, eggs, or semen; and
6. Evaluation and treatment of repeated failures to carry a pregnancy to fetal viability when not pregnant.

**Late Enrollee:** an eligible employee, or eligible dependent of an eligible employee, who does not request coverage under the policy during an enrollment period during which the person is entitled to enroll for coverage under the policy and who subsequently requests coverage under the policy.

A late enrollee does not include:

- 1. A person who:
  - a. was covered under creditable prior coverage at the time the person was eligible to enroll; and
  - b. states, at the time of enrollment, that coverage under another health benefit plan was the reason for declining enrollment; and
  - c. has lost coverage under creditable prior coverage, either voluntarily or involuntarily; and
  - d. requests enrollment within 31 days after the voluntary or involuntary loss of his/her creditable prior coverage; or
  - e. requests enrollment under the policy within 60 days after the loss of eligibility for Medicaid, including BadgerCare Plus; or
  - f. requests enrollment under the policy within 60 days after eligibility for premium assistance subsidy under Medicaid, including BadgerCare Plus, has been determined; or
- 2. A person who is employed by an employer who offers multiple health benefit plans and the person elects a different health benefit plan during an open enrollment period; or
- 3. A person who a court has ordered coverage to be provided for a spouse or minor child under a covered employee's plan and request for enrollment is made.

**Injury:** bodily damage caused by an accident. The bodily damage must result from the accident directly and independently of all other causes. An accident caused by chewing resulting in damage to your teeth is not considered an injury.

**Limited Family Coverage:** coverage that applies to: (1) a covered employee and his/her eligible spouse who is a covered dependent; or (2) a covered employee and his/her dependent children who are covered dependents.

**Maintenance Care:** health care services provided to you after the acute phase of an illness or injury has passed and maximum therapeutic benefit has occurred. Such care promotes optimal function in the absence of significant symptoms.

**Medical Emergency:** a medical condition that involves acute and abnormal symptoms of such severity (including severe pain) to lead a prudent sensible person who possesses an average knowledge of health and medicine would reasonably conclude that a lack of immediate medical attention will likely result in any of the following:



1. Serious jeopardy to the person's health or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn child;
2. Serious impairment to the person's bodily functions; or
3. Serious dysfunction of one or more of the person's body organs or parts.

**Medically Necessary:** a health care service or facility that we determine to be:

1. Consistent with and appropriate for the diagnosis or treatment of your illness or injury;
2. Commonly and customarily recognized and generally accepted by the medical profession in the United States as appropriate and standard care for the condition being evaluated or treated;
3. Substantiated by the clinical documentation;
4. The most appropriate and cost effective level of care that can safely be provided to you. Appropriate and cost effective does not necessarily mean the least expensive;
5. Proven to be useful or likely to be successful, yield additional information, or improve clinical outcome; and
6. Not primarily for the convenience or preference of the covered person, his/her family, or any health care provider.

A health care service or facility may not be considered medically necessary even if the health care provider has performed, prescribed, recommended, ordered, or approved the service, or if the service is the only available procedure or treatment for your condition.

**Medical Services:** health care services recognized by a physician to treat your illness or injury.

**Medical Supplies:** items that we determine to be: (1) used primarily to treat an illness or injury; (2) generally not useful to a person in the absence of an illness or injury; (3) the most appropriate item that can be safely provided to you and accomplish the desired end result in the most economical manner; and (4) not primarily for the patient's comfort or convenience; and (5) prescribed by a physician.

**Miscellaneous Hospital Expenses:** regular hospital costs (including take-home drug expenses) that we cover under the policy for treatment of an illness or injury requiring either: (1) inpatient hospitalization; or (2) outpatient health care services at a hospital. For outpatient health care services, miscellaneous hospital expenses include charges for: (1) use of the hospital's emergency room; and (2) emergency medical care provided to you at the hospital. Miscellaneous hospital expenses do not include room and board, nursing services, and ambulance services.

**Nervous or Mental Disorders:** clinically significant psychological syndromes that: (1) are associated with distress, dysfunction or physical illness; and (2) represent a dysfunctional response to a situation or event that exposes you to an increased risk of pain, suffering, conflict, physical illness or death. Behavior problems, learning disabilities or developmental delays are not nervous or mental disorders.

**New Entrant:** an eligible employee, or eligible dependent of an eligible employee, who:

1. Becomes part of the employer group after the commencement of the employer's initial enrollment period with us under the policy. A new entrant must enroll for coverage under the policy within 31 days immediately following the end of his/her probationary period;
2. Is a spouse or dependent child who a court orders be covered under the policy and who requests enrollment under the policy;
3. Failed to request coverage under the policy during an enrollment period, during which the person was entitled to enroll under the policy, if the person:

- a. was covered under creditable prior coverage at the time of enrollment; and
  - b. loses his/her creditable prior coverage, either voluntarily or involuntarily; and
  - c. requests enrollment under the policy within 31 days immediately following the voluntary or involuntary loss of his/her creditable prior coverage; or
  - d. requests enrollment under the policy within 60 days after the loss of eligibility for Medicaid, including BadgerCare Plus; or
  - e. requests enrollment under the policy within 60 days after eligibility for premium assistance subsidy under Medicaid, including BadgerCare Plus, has been determined; and
  - f. states, at the time of enrollment, that coverage under another health benefit plan was the reason for declining enrollment; or
4. Is employed by an employer who offers multiple health benefit plans and the person elects a different health benefit plan during an open enrollment period.

**Non-Preferred Provider:** a health care provider that has not entered into a written agreement with the health care network selected by the policyholder or covered person.

**Nurse Practitioner:** a person who is licensed as a registered nurse under Chapter 441, Wisconsin Statutes, as amended, or the laws and regulations of another state and who satisfies any of the following:

- 1. Is certified as a primary care nurse practitioner or clinical nurse specialist by the American Nurses' Association or by the National Board of Pediatric Nurse Practitioners and Associates;
- 2. Holds a master's degree in nursing from an accredited school of nursing;
- 3. Prior to March 31, 1990, has successfully completed a formal one-year academic program that prepares registered nurses to perform an expanded role in the delivery of primary care, includes at least four months of classroom instruction and a component of supervised clinical practice, and awards a degree, diploma or certificate to individuals who successfully complete the program; or
- 4. Has successfully completed a formal education program that is intended to prepare registered nurses to perform an expanded role in the delivery of primary care but that does not meet the requirements of 3. above, and has performed an expanded role in the delivery of primary care for a total of 12 months during the 18-month period immediately before July 1, 1978.

**Obesity:** a body mass index (BMI) of 30 or greater. BMI is calculated by dividing your weight in kilograms by the square of your height in meters.

**Office Visit:** either of the following:

- 1. For health care services other than behavioral health services, a meeting between you and a physician or other health care provider that: (a) occurs at the provider's office, a medical clinic, convenient care clinic, an ambulatory surgical center, a free-standing urgent care center, skilled nursing facility, the outpatient department of a hospital, other than a hospital's emergency room, or in your home; and (b) includes you receiving medical evaluation and health management services (as defined in the latest edition of Physician's Current Procedural Terminology or as determined by us) or manipulations by a physician, other than services related to physical therapy.
- 2. For behavioral health services, a meeting between you and a licensed psychiatrist, a licensed or certified psychologist, or a health care provider licensed to provide nonresidential services for the treatment of nervous or mental disorders, alcoholism or drug abuse that: (a) occurs in the provider's office, a medical clinic, a free-standing urgent care center, skilled nursing facility, outpatient treatment facility, the outpatient

department of a hospital, other than a hospital's emergency room, or in your home; and (b) involves you receiving psychotherapy, psychiatric diagnostic interviews, medication management, electro-shock therapy, behavioral counseling, or neuropsychological testing.

**Oral Surgery:** surgical services performed within the oral cavity.

**Physical Illness:** a disturbance in a function, structure or system of the human body that causes one or more physical signs and/or symptoms and which, if left untreated, will result in deterioration of health status or of the function, structure or system of the human body. Physical illness includes pregnancy and complications of pregnancy. Physical illness does not include alcoholism, drug abuse, or a nervous or mental disorder.

**Physician:** a person who:

1. Received one of the following degrees in medicine from an accredited college or university: Doctor of Medicine (M.D.); Doctor of Osteopathy (D.O); Doctor of Dental Surgery (D.D.S); Doctor of Dental Medicine (D.D.M.); Doctor of Surgical Chiropody (D.S.C.); Doctor of Podiatric Medicine (D.P.M.); Doctor of Optometry (O.D.); or Doctor of Chiropractic (D.C.);
2. Is a medical doctor or surgeon licensed by the state in which he/she is located; and
3. Practices medicine within the lawful scope of his/her license.

When we are required by law to cover the health care services of any other licensed medical professional under the policy, a physician also includes such other licensed medical professional who:

1. Is licensed by the state in which he/she is located;
2. Is acting within the lawful scope of his/her license; and
3. Provides a health care service that we determine to be a covered expense under the policy.

**Placed For Adoption:** any of the following:

1. The Wisconsin Department of Children and Families, a county department under Wis. Stat. § 48.57(1)(e) or (hm), or a child welfare agency licensed under § 48.60 places a child in a covered employee's home for adoption and enters into an agreement under § 48.63 (3) (b) 4. Or § 48.833 (1) or (2) with the covered employee;
2. The Wisconsin Department of Children and Families, a county department under Wis. Stat. § 48.57 (1) (e) or (hm), or a child welfare agency under § 48.837(1r) places, or a court under § 48.837 (4)(d) or (6)(b) orders, a child placed in a covered employee's home for adoption;
3. A sending agency, as defined in Wis. Stat. § 48.988 (2)(d), places a child in a covered employee's home under § 48.988 for adoption, or a public child placing agency, as defined in § 48.99 (2)(r), or a private child placing agency, as defined in § 48.99 (2)(p), of a sending state, as defined in § 48.99 (2)(w), places a child in the covered employee's home under § 48.99 as a preliminary step to a possible adoption, and the covered employee takes physical custody of the child at any location within the United States;
4. The person bringing the child into this state has complied with Wis. Stat. § 48.98, and the covered employee takes physical custody of the child at any location within the United States; or
5. A court of a foreign jurisdiction appoints a covered employee as guardian of a child who is a citizen of that jurisdiction, and the child arrives in the covered employee's home for the purpose of adoption by the covered employee under Wis. Stat. § 48.839.

**Policy Year:** the period of 12 consecutive months intervening between any two consecutive occurrences of the policy year date. The policy year date is July 1.

**Preferred Physician/ Hospital/ Provider:** a physician, hospital, or other health care provider that has entered into a written agreement with the health care provider network shown on your WPS identification card as of the date upon which the services are provided. The Preferred Provider Directory is available online at [wpshealth.com](http://wpshealth.com) or by request from WPS. A health care provider's preferred status may change from time to time so you should check it frequently. You may be required to pay a larger portion of the cost of a covered health care service if you see a non-preferred provider. If you chose the Southern, HealthyU or Aspirus network, a preferred provider shall also include a non-preferred provider when a preferred provider refers you to that health care provider, and we approve that referral.

**Preventive Care Services:** health care services that are designed to: (1) evaluate or assess health and well-being, (2) screen for possible detection of unrevealed illness, (3) improve health, or (4) extend life expectancy, and that are not for the diagnosis or treatment of an illness or injury.

**Primary Care Physician:** a physician who directly provides or coordinates a range of health care services for a patient. A primary care physician's primary practice is Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics. A physician assistant, nurse practitioner, or certified nurse midwife may also act as a primary care physician.

**Prior Authorization:** written approval that you must receive from us before you receive certain health care services. Each prior authorization will state the type and extent of the treatment or other health care services that we have authorized.

**Psychologist:** a person who: (1) has received a doctoral degree in psychology from an accredited college or university; (2) is licensed by the state in which he/she is located; and (3) provides health care services while he/she is acting within the lawful scope of his/her license. A doctoral degree in psychology means a Doctor of Philosophy (Ph. D) or Doctor of Psychology (Psy. D) degree that involves the application of principles of the practice of psychology that is recognized by the American Psychological Association.

**Reconstructive Surgery:** surgery performed on abnormal structures of the body caused by: (1) congenital defects; (2) development abnormalities; (3) trauma; (4) infection; (5) tumors; or (6) disease. The presence of a psychological condition alone will not entitle you to coverage for reconstructive surgery.

**Refer/Referral:** when a preferred provider sends you to a specialty facility that is a non-preferred provider for health care services to treat a covered illness or injury. Specialty facilities are listed in the most recent Preferred Provider Directory as being a specialty facility requiring referrals. The referral must be: (1) requested by your preferred physician; (2) received by WPS in writing or by telephone prior to your receipt of the health care services; (3) for health care services that are not otherwise available from a preferred provider; (4) approved in writing by WPS; and (5) valid for the period of time specified by WPS. This definition applies only if you chose the Southern, HealthyU or Aspirus network.

**Rehabilitative Services:** health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

**Services:** hospital services, surgical services, maternity services, medical services or any other service directly provided to you by a health care provider, as determined by us.

**Single Coverage:** coverage that applies only to a covered employee.

**Skilled Nursing Care:** health care services that: (1) are furnished pursuant to a physician's orders; (2) require the skills of professional personnel such as a registered nurse or a licensed practical nurse; and (3) provided either directly by or under the direct supervision of such professional personnel.

**Skilled Nursing Facility:** an institution or a designated part of one, including but not limited to, a sub-acute or rehabilitation facility that:

1. Is operating pursuant to state and federal law;

2. Is under the full time supervision of a physician or registered nurse;
3. Provides services seven days a week, 24 hours a day, including skilled nursing care and therapies for the recovery of health or physical strength;
4. Is not a place primarily for custodial or maintenance care;
5. Requires compensation from its patients;
6. Admits patients only upon a physician's orders;
7. Has an agreement to have a physician's services available when needed;
8. Maintains adequate records for all patients; and
9. Has a written transfer agreement with at least one hospital.

**Sound Natural Teeth:** teeth that: (1) are organic and formed by the natural development of the human body; (2) are not manufactured; (3) have not been extensively restored; (4) have not become extensively decayed or involved in periodontal disease; and (5) are not more susceptible to injury than whole organic teeth.

**Specialty Physician:** any physician whose primary practice is not one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics.

**Supplies:** medical supplies, durable medical equipment or other materials provided directly to you by a health care provider, as determined by us.

**Supportive Care:** health care services provided to a covered person whose recovery has slowed or ceased entirely so that only minimal rehabilitative gains can be demonstrated with continuation of such health care services.

**Surgical Services:** (1) an operative procedure performed by a physician that we recognize as treatment of an illness or injury; or (2) those services we identify as surgical services, including sterilization procedures and preoperative and postoperative care. Surgical services do not include: (1) the reversal of a sterilization procedure; (2) oral surgery; and (3) maternity services.

**Telehealth:** the delivery of health care services, the provision of health care information, and the transfer of medical data via telecommunications technologies, including but not limited to, telephone, interactive audio and video conferencing, and email. Telehealth does not include teleradiology.

**Therapy Visit:** a meeting between you and a physician, licensed physical, speech, or occupational therapist or any other health care provider approved by us that: (1) occurs in the provider's office, a medical clinic, convenient care clinic, free-standing urgent care center, skilled nursing facility, or the outpatient department of a hospital, other than a hospital's emergency room; and (2) involves you receiving physical, speech, occupational, or massage therapy.

**Totally Disabled/Total Disability:** being unable due to illness or injury to perform the essential functions of any job or, for dependents and retirees, to carry on most of the normal activities of a person of the same age and sex, as determined by us. You are not totally disabled if you are working on either a full-time or part-time basis for wage or profit for anyone, including working for yourself. To qualify as a totally disabled person, you must be under the regular care of a physician. We have the right to examine any covered person who claim that he/she is totally disabled as often as reasonably required for us to determine whether or not that person meets this definition. Such examinations may include, having health care providers or vocational experts examine that person.

**Treatment:** management and care directly provided to you by a physician or other health care provider for purposes of diagnosing, healing, curing, and/or combating an illness or injury, as determined by us.

**Urgent Care:** care received for an illness or injury with symptoms of sudden or recent onset that require medical care the same day.

**Waiting Period:** a period of time that must pass before an individual is eligible to be covered for benefits under the provisions of the policy.

**We, Us, Our:** Wisconsin Physicians Service Insurance Corporation.

**Wisconsin Physicians Service Insurance Corporation:** a service insurance corporation with its principal office in Monona, Wisconsin, organized and existing under Chapter 613 of the laws of Wisconsin.

**WPS:** Wisconsin Physicians Service Insurance Corporation.

**You, Your:** a covered person.

## **ELIGIBILITY**

### **Eligible Employee**

An eligible employee is a person who:

1. Appears on the policyholder's regular payroll records (excluding employees working on a temporary or substitute basis); and
2. Performs all of the duties of his/her principal occupation in his/her job with the policyholder for at least the minimum number of hours per week as shown in the policyholder's current WPS application for coverage; or
3. Is a sole proprietor, business owner, including the owner of a farm business, a partner of a partnership or a member of a limited liability company, if he/she is actively engaged in the policyholder's business on a full-time basis and is included as an employee under a health benefit plan of an employer; or
4. 1099 employees, if the policyholder elects to cover these employees as shown in the Employer's Group Application. These employees must meet the policy definition of full-time employees, work exclusively for the policyholder, and must work the entire year. Seasonal 1099 employees are not eligible for coverage.

An employee is eligible for coverage under the policy if he/she:

1. Is actively at work performing all of the duties of his/her principal occupation in his/her job with the policyholder and paid at least the minimum wage required by law for at least the minimum number of hours per week as shown in the policyholder's current WPS application for coverage;
2. Has completed his/her probationary period, if any, as shown in the policyholder's current WPS application for coverage; or
3. Is covered under any valid extension of coverage identified in section "WHEN COVERAGE ENDS."

### **Eligible Dependent**

An eligible dependent is a person who is:

1. A covered employee's lawful spouse;
2. A covered employee's natural child, adopted child, child placed for adoption with the covered employee, step-child or legal ward who is less than 26 years of age;

3. A covered employee's child or step-child who is a full-time student as defined in the policy;
4. An unmarried natural child of a dependent child (as described in 2. above) until the dependent child is 18 years of age;
5. A covered employee's domestic partner provided all of the following conditions are met:
  - a. the covered employee and his/her partner must be in a committed relationship (relationship of mutual support, caring and commitment and intend to remain in such a relationship in the immediate future);
  - b. each partner must be financially responsible for each other's well-being and debts to third parties;
  - c. each partner must not be married or legally separated in marriage, and must not have been a party to an action or proceeding for divorce or annulment within six months of registration, or, if one has been married, at least six months have lapsed since the date of the judgment terminating the marriage;
  - d. neither partner is currently registered in another domestic partnership, and if either party has been in such a registered relationship, at least six months have lapsed since the effective date of termination of that registered relationship before registration of the current domestic partnership;
  - e. each partner must be 18 years of age or older and competent to contract;
  - f. the parties must not have blood ties closer than that permitted for marriage for one to qualify for domestic partner registration;
  - g. the parties must live together in the same dwelling unit as a single non-profit housekeeping unit and have a relationship which is of permanent and domestic character;
  - h. the relationship is not temporary, social, political, commercial or economic in nature;
  - i. the covered employee shall have had the relationship with the partner for at least six months;
  - j. a person may be registered in only one such partnership at a time; and
  - k. the covered employee must register his/her partner as a domestic partner with us providing proof that, for at least the six month period immediately preceding the date of registration, the covered employee had any three of the following with respect to the domestic partner:
    - (1) joint lease, mortgage or deed;
    - (2) joint ownership of a vehicle;
    - (3) joint ownership of checking account (demand deposit) or credit account;
    - (4) designation of the domestic partner as a beneficiary of the covered employee's will;
    - (5) designation of the domestic partner as a beneficiary for the covered employee's life insurance or retirement benefits;
    - (6) designation of the partner as holding power of attorney for health care; or
    - (7) shared household expenses.

If the employee has obtained a domestic partnership certificate from the city, county or state of residence or from any other city, county or state offering the ability to register a domestic partnership, they are not required to show proof of these items.



6. a covered employee's designated partner's child provided that:
  - a. the domestic partner is a member under the policy;
  - b. the domestic partner is the biological parent or has a court-appointed legal relationship with the child (i.e. adoption); and
  - c. the child is under age 26.

In the case of a child placed for adoption with the covered employee, the meaning of "placed for adoption" is defined in Section 632.896, Wisconsin Statutes, as amended.

A person is not an eligible dependent if he/she is:

1. Covered under the policy as a covered employee;
2. On active duty with the military service, including national guard or reserves, other than for duty of less than 30 days; or
3. A child, and such child is no longer eligible if adopted or placed for adoption and insured under the adopting person's coverage in accordance with Section 632.896, Wisconsin Statutes, as amended.

No person shall be considered as an eligible dependent of more than one employee insured as a covered employee under the policy.

An unmarried dependent child who is over the age of 26 may remain insured as a dependent under the policy if he/she meets certain requirements, provided the covered employee's family coverage remains in force under the policy. The child must:

1. Be unable to support himself/herself with a job because of intellectual disability or physical handicap;
2. Have become totally disabled before he/she reaches the age of 26; and
3. Be principally supported by the covered employee.

Written proof of the child's totally disabling condition must be given to us within 31 days of the child attaining age 26. Failure to provide such proof to us within that 31-day period shall result in the termination of that dependent child's coverage in accordance with section "WHEN COVERAGE ENDS."

## **EFFECTIVE DATE**

If application for coverage is properly made on our application form by an eligible employee and the required premium for his/her coverage is submitted to WPS, the effective date of single or family coverage to be issued under the policy for that eligible employee and his/her eligible dependents, if any, shall be determined by WPS as follows:

### **Initial Enrollees**

An initial enrollee is an eligible employee and his/her eligible dependents, if any, who enrolls during the policyholder's initial enrollment period with WPS. An initial enrollee's effective date shall be the policy's effective date. The eligible employee must be actively at work with the policyholder on his/her effective date of coverage under the policy. However, if an otherwise eligible employee is not actively at work on the date his/her coverage would otherwise become effective under the policy, his/her coverage, including family coverage for his/her eligible

dependents if he/she enrolled such persons, shall not become effective until the earliest later date he/she is eligible and is actively at work with the policyholder.

## **New Entrants**

A new entrant's effective date of coverage under the policy will be determined by us as follows:

An eligible employee and/or his/her eligible dependents shall become insured as indicated in the policyholder's current application for coverage if they apply for single or family coverage under the policy within 31 days after: (1) the completion of the eligible employee's probationary period, if any, as shown in the policyholder's current application for coverage; or (2) the date the dependent becomes eligible, provided the employee has applied for family coverage under the policy. The application must be received by WPS within 31 days following the end of the enrollment period. However, if the application is received by us more than 31 days after his/her enrollment period ends, that employee and/or his/her dependents, if any, are late enrollees. Please see subsection "Late Enrollees" below.

If a covered employee waives coverage for his/her eligible dependents because those dependents are not living in the United States as of his/her effective date of coverage, those dependents will be considered new entrants provided the covered employee applies for coverage under the policy within 31 days of the dependent(s) becoming resident legal aliens. If the covered employee does not apply within that 31-day period, those dependents will be considered late enrollees. Please see subsection "Late Enrollees" below.

However, if an otherwise eligible employee is not actively at work with the policyholder for any reason, other than for any health reason, on the date his/her coverage would otherwise become effective under the policy, his/her single or family coverage shall not become effective until the earliest later date he/she is eligible and is actively at work with the policyholder.

## **Late Enrollees**

A late enrollee (as defined in section "DEFINITIONS") may make written application to us only during the annual enrollment period. See subsection "Annual Enrollment Period."

A late enrollee must apply using our application form and pay the required premium for single or family coverage.

However, if an otherwise eligible employee is not actively at work with the policyholder for any reason, other than for any health reason, on the date his/her coverage would otherwise become effective under the policy, his/her single or family coverage shall not become effective until the earliest later date he/she is eligible and is actively at work with the policyholder.

## **Change in Marital Status**

### **1. Changing From Single Coverage to Family Coverage Due to Marriage.**

If a covered employee has single coverage and wishes to change to family coverage to add an eligible spouse due to his/her marriage, the covered employee must apply to us for coverage within the 31-day enrollment period following the date of his/her marriage. The application must be received by us within 31 days following the end of the enrollment period. The effective date of family coverage will be the date of the marriage. If the application is received by us more than 31 days after his/her enrollment period ends, the eligible spouse is a late enrollee. Please see subsection "Late Enrollees" above.

### **2. Applying For Coverage Due to Marriage.**

If an eligible employee wishes to apply for family coverage to add himself/herself and eligible dependent(s) due to his/her marriage, the eligible employee and/or eligible dependents must apply to us within the 31-day enrollment period following the date of his/her marriage. The application must be received by us within 31 days following the end of the enrollment period. The effective date of family coverage will be the date of

the marriage. If the application is received by us more than 31 days after his/her enrollment period ends, the eligible employee and his/her eligible dependents are late enrollees. Please see subsection "Late Enrollees" above.

## **Adding a Newborn Natural Child**

### **1. Adding Newborn Natural Children to Existing Family Coverage.**

If a covered employee has family coverage, coverage is provided for his/her newborn natural child from the moment of that child's birth. We request that the covered employee notify us about the child's birth.

### **2. Changing From Single Coverage to Family Coverage to Add Newborn Natural Children.**

If a covered employee has single coverage, coverage is provided for his/her newborn natural child from the moment of that child's birth and for the next 60 days of that child's life immediately following that child's date of birth. Prior to the end of that 60-day period, the covered employee must apply for family coverage as described below. If the covered employee fails to apply for family coverage as stated below, coverage for his/her newborn natural child shall terminate at the end of that child's 60-day period.

If a covered employee wishes to change to family coverage to add his/her newborn natural child, he/she must apply to us for coverage during either of the following enrollment periods: (a) within the first 60 days after the birth of his/her natural child; or (b) within one year after the birth of his/her natural child and pay all required past-due premiums and in addition pay interest on such premium payments at a rate of 5 1/2% per year. The application must be received by us within 31 days following the end of the enrollment period. The effective date for such family coverage will be the date of that child's birth. If the application is received by us more than 31 days after his/her enrollment period ends, his/her newborn natural child is a late enrollee. Please see subsection "Late Enrollees" above.

### **3. Applying For Coverage Due to the Birth of a Newborn Child.**

If an eligible employee wishes to apply for family coverage to add himself/herself and his/her other eligible dependents due to the birth of his/her natural child, the eligible employee and/or his/her eligible dependents must apply to us within the 31-day enrollment period following the birth of the newborn natural child. The application must be received by us within 31 days following the end of the enrollment period. The effective date of family coverage shall be the date of birth of the newborn natural child. If the application is received by us more than 31 days after his/her enrollment period ends, the eligible employee and/or his/her eligible dependents are late enrollees. Please see subsection "Late Enrollees" above.

## **Adoption**

### **1. Changing from Single to Family Coverage to Add a New Eligible Dependent Because of Adoption.**

If a covered employee has single coverage and wishes to change to family coverage to add a new eligible dependent because of his/her adoption of a child or a child placed for adoption, the covered employee must apply to us for coverage within the 60-day enrollment period following the date of such adoption or placement for adoption. The application must be received by us within 31 days following the end of the enrollment period. In the case of a child placed for adoption with you, the meaning of "placed for adoption" is defined in Section 632.896, Wisconsin Statutes, as amended. If the covered employee applies to us within that 60-day enrollment period and we receive the application as stated above, the effective date for such family coverage will be: (a) on the date a court makes a final order granting adoption of the child by the covered employee; or (b) on the date that the child is placed for adoption with the covered employee, whichever occurs first. If the application is received by us more than 31 days after his/her enrollment period ends, his/her new dependent is a late enrollee. Please see subsection "Late Enrollees" above.

If adoption of a child who is placed for adoption with the covered employee is not finalized, the child's coverage will terminate when the child's adoptive placement with the covered employee terminates.

## **2. Applying for Coverage Due to Adoption.**

If an eligible employee wishes to apply for family coverage to add himself/herself and his/her other eligible dependents due to the adoption or placement for adoption of a child with the eligible employee, the eligible employee and/or his/her eligible dependents must apply to us within the 31-day enrollment period following the adoption or placement for adoption of the child. The application must be received by us within 31 days following the end of the enrollment period. The effective date of family coverage shall be on the date a court makes a final order granting adoption of the child by the eligible employee or on the date that the child is placed for adoption with the eligible employee, whichever occurs first. If the application is received by us more than 31 days after his/her enrollment period ends, the eligible employee and/or his/her eligible dependents are late enrollees. Please see subsection "Late Enrollees" above.

## **Changing From Single to Family Coverage or Adding a Dependent Due to a Court Order**

To the extent required by Section 632.897 (10) (am), Wisconsin Statutes, as amended, if a court orders a covered employee with single or family coverage to provide coverage for health care expenses for his/her dependent child, that covered employee will be issued family coverage to include that child effective as of the date that court order is issued unless another coverage date is contained in that order, provided that child is eligible as a dependent for coverage under the policy as determined by us. Written application for that child's coverage must be made by either the covered employee, the child's other parent, the department, or the county child support agency under Section 59.53 (5), Wisconsin Statutes, as amended, using our application form. The completed form, a copy of the court order and the appropriate premium for his/her coverage must be submitted to us within 31 days after the court order is issued to the covered employee. As long as the covered employee is eligible for family coverage under the policy, that child's coverage will continue under the policy until the date that court order is no longer in effect or the date that child has coverage under another group policy or individual policy that provides comparable health care coverage, as applicable, unless that child's coverage ends sooner in accordance with the section "WHEN COVERAGE ENDS." The covered employee must notify us in writing about that court order ending and/or that other coverage becoming effective for that child as soon as reasonably possible after the covered employee becomes aware of that fact. If application is submitted to us after the 31-day period ends, the eligible dependent is a late enrollee. Please see subsection "Late Enrollees" above.

## **Adding a Domestic Partner**

If a covered employee has single coverage and wishes to change to family coverage to add an eligible domestic partner and his/her domestic partner's eligible dependent children, if any, the covered employee must apply for coverage within 31 days of the date the covered employee registers such partner as a domestic partner with the policyholder. The date of family coverage will be the date of registration. If application is submitted to the policyholder after that 31-day period ends, the domestic partner and the domestic partner's eligible children, if any, are late enrollees. Please see subsection "Late Enrollees" above.

## **Annual Enrollment Period**

Each year an employee will have an enrollment period in which he/she and his/her dependents who did not enroll under the policy when first eligible can enroll under the policy.

If an employee or dependent does not request enrollment during the annual enrollment period, he/she must wait to enroll for coverage during the next annual enrollment period unless he/she becomes eligible for special enrollment.

The annual enrollment period is the 45-day period preceding the anniversary date of the policy.

## **Reinstatement of All Coverage**

If a covered employee's coverage ends due to termination of employment, leave of absence, or lay-off, and he/she later returns to active work, he/she must meet the waiting period for a new employee. However, the waiting period

requirement does not apply if his/her coverage ends due to leave of absence or lay-off and he/she returns to active work within 182 days from the day his/her leave of absence or lay-off began.

## **PAYMENT OF BENEFITS**

Any payment of benefits is subject to: (1) the applicable deductible amount; (2) coinsurance; (3) the applicable copayment amount; (4) your out-of-pocket limit; (5) exclusions; (6) our prior authorization requirements (7) all other limitations shown in the Schedule of Benefits; and (8) all other terms, conditions and provisions of the policy.

### **Deductible Amounts**

Each year, you are required to pay a certain amount of charges out-of-pocket before most benefits are payable under the policy. These out-of-pocket amounts are called deductibles.

Your deductible amounts are shown in the Schedule of Benefits. No benefits are payable under the policy for charges used to satisfy your deductible amount.

After you reach your applicable deductible amount, most charges for covered expenses will still be subject to any copayment and/or coinsurance amounts shown in your Schedule of Benefits.

The annual deductible amount does not apply to charges for covered expenses incurred for health care services used to treat your covered injury during the first 90 days following the date of your injury.

The preferred provider and non-preferred provider deductibles are separate. However, charges for health care services provided by a non-preferred provider and paid at the preferred provider level of benefits shall be applied to the preferred provider annual deductible amount shown in the Schedule of Benefits.

### **Coinsurance**

Coinsurance is your share of the costs of a covered health care service, calculated as a percent of the covered expense. After you satisfy your deductible, you will only be responsible for the copayment amount and coinsurance percentage shown in the Schedule of Benefits. The coinsurance percentage, if any, applies unless you have reached your out-of-pocket limit. See subsection “Out-of-Pocket Limits” for additional information on your out-of-pocket limit.

### **Copayments**

A copayment is the fixed amount you pay for a covered health care service, usually when you receive the service. As set forth below and if shown in your Schedule of Benefits, the copayment amount will vary by the type of service. You may also have a copayment when you get a prescription filled. See subsection “Prescription Legend Drugs” for information about prescription copayments.

If you receive a health care service at a hospital-based outpatient clinic or location, your bill may show two separate charges – one for the health care provider and one for the facility. The copayment only applies to the charge billed by the health care provider. Facility charges are subject to the applicable annual deductible and coinsurance amounts of the policy.

## Out-of-Pocket Limits

### 1. Annual Out-of-Pocket Limit.

The annual out-of-pocket limit is shown in the Schedule of Benefits.

After the applicable annual deductible and coinsurance out-of-pocket limit is reached, benefits are payable at 100% of the charges for covered expenses, unless specifically stated otherwise in the policy, you incur during the remainder of the policy year, subject to any applicable copayment amounts, maximum out-of-pocket limit and all other terms, conditions and provisions of the policy.

### 2. Maximum Annual Out-of-Pocket Limit for Health Care Services Directly Provided to You by a Preferred Provider.

The maximum annual out-of-pocket limit for covered expenses for health care services provided by a preferred provider are shown in the Schedule of Benefits, if applicable.

Any of the following costs will count towards your maximum annual out-of-pocket limit: (a) the deductible; (b) copayments; and (c) coinsurance amounts you pay for covered expenses associated with health care services provided by a preferred provider.

After your maximum annual out-of-pocket limit is reached, we will pay 100% of the charges for covered health care services you receive from a preferred provider during the remainder of the policy year, subject to all other terms, conditions and provisions of the policy.

In determining whether you've reached your out-of-pocket limit, the following amounts will not count:

1. Amounts you pay for non-covered health care services; and
2. Amounts you pay that exceed our determination of the charges.

Charges for health care services provided by a non-preferred provider and paid at the preferred provider level of benefits shall be applied to the preferred provider out-of-pocket limit shown in the Schedule of Benefits.

## Continuity of Care

To the limited extent required by Wis. Stat. § 609.24 and Wis. Admin. Code § Ins 9.35, we will provide benefits at the preferred provider level for health care services received from any provider if we represented during the most recent open enrollment period that the provider was or would be a preferred provider. This provision does not apply when: (1) the provider no longer practices within the area in which we are authorized to do business; or (2) the provider's participation with us is terminated because of his/her misconduct.

This subsection does not in any way expand or provide greater coverage of any health care provider's health care services beyond what we determine to be the minimum "continuity of care" requirements set forth in Wis. Stat. § 609.24 and Wis. Admin. Code § Ins 9.35. If you have any questions, please do not hesitate to contact our Customer Service Department at the telephone number shown on your WPS identification card.

## COVERED EXPENSES

Health care services described in this section are covered expenses as long as they are:

1. Medically necessary;

2. Ordered by a physician for a covered illness, covered injury, or for preventive care;
3. Provided by any health care provider licensed to provide a health care service covered under the policy.

If the health care service is not listed in this section, that health care service is not covered and no benefits are payable under the policy.

**Please note that any of the health care services listed below may be subject to a prior authorization requirement. Please see section “OBTAINING SERVICES” for detailed information about our prior authorization requirements.**

Benefits are not payable for maintenance care, custodial care, supportive care, or any health care service to which an exclusion applies. Please see section "EXCLUSIONS AND LIMITATIONS" for detailed information about the policy's exclusions.

All benefits are subject to the deductible and coinsurance amounts, copayment amounts, out-of-pocket limits and all other provisions stated in the Schedule of Benefits.

### **Acupuncture Therapy**

Acupuncture therapy for adults (members 18 and over) for: (1) postoperative nausea and vomiting, (2) nausea and vomiting due to anti-neoplastic agents, and (3) postoperative dental pain.

### **Alcoholism Treatment**

See subsection “Behavioral Health Services” for benefits for alcoholism treatment.

### **Allergy Testing and Treatment**

Therapy and testing for treatment of allergies.

### **Alternative Care**

If your attending physician advises you to consider alternative care for a covered illness or injury that includes health care services not covered under the policy, your attending physician should contact us so we can discuss it with him/her. We, in our sole discretion, will consider paying such non-covered health care services as long as they are medically necessary to treat your illness or injury.

We may consider an alternative care plan if the alternative care is not subject to an exclusion of the policy and we find that:

1. The recommended alternative care offers a medical therapeutic value equal to or greater than the current treatment or confinement;
2. The current treatment or confinement is covered under the policy;
3. The current treatment or confinement may be changed without jeopardizing your health; and
4. The charges incurred for health care services provided under the alternative care plan will be less than those charges for health care services provided under the current treatment or confinement plan.

We will make each alternative care coverage determination on a case by case basis and no decision will set any precedent for future claims. Payment of benefits, if any, shall be determined by us.



Any alternate care decision must be approved by you, the attending physician, and us before such alternate care begins.

## **Ambulance Services**

Ambulance services used to transport you when you are sick or injured:

1. From your home or the scene of an accident or medical emergency to a hospital;
2. Between hospitals;
3. Between a hospital and a skilled nursing facility; or
4. From a hospital or a skilled nursing facility to your home.
5. To and from your home for covered hospice care services.

Your ambulance services benefits include coverage of any emergency medical care directly provided to you during your ambulance transport. In other words, if the ambulance service bills emergency medical care along with transport services, benefits are payable as stated in this subsection. If, however, the ambulance service bills emergency medical care separate from the transport services, benefits shall be payable as stated elsewhere in the applicable provisions of the policy.

Ambulance transports must be made to the closest local facility that can provide health care services appropriate for your illness or injury, as determined by us. If none of these facilities are located in your local area, you are covered for transports to the closest facility outside your local area.

Benefits are not payable for ambulance services:

1. When you can use another type of transportation without endangering your health;
2. When ambulance services are used solely for the personal convenience or preference of you, a family member, physician, or other health care provider; and
3. When ambulance services are provided by anyone other than a licensed ambulance service.

## **Anesthesia Services**

Anesthesia services provided in connection with other health care services covered under the policy.

## **Autism Services**

### **1. Definitions.**

The following definitions apply to this subsection only:

**Autism Spectrum Disorder:** any of the following: (a) autism disorder; (b) Asperger's syndrome; or (c) pervasive developmental disorder not otherwise specified.

**Behavior Analyst:** a person who is certified by the Behavior Analyst Certification Board, Inc., or successor organization, as a board-certified behavior analyst and has been granted a license under Wis. Stat. 440.312 to engage in the practice of behavior analysis.

**Behavioral:** interactive therapies that target observable behaviors to build needed skills and to reduce problem behaviors using well-established principles of learning utilized to change socially important

behaviors with the goal of building a range of communication, social and learning skills, as well as reducing challenging behaviors.

**Efficacious Treatment or Efficacious Strategy:** treatment or strategies designed to address cognitive, social or behavioral conditions associated with autism spectrum disorders; to sustain and maximize gains made during intensive-level services; or to improve the condition of a covered person with autism spectrum disorder.

**Evidence-Based Therapy:** therapy that is based upon medical and scientific evidence and is determined to be an effective treatment or strategy and is prescribed to improve your condition or to achieve social, cognitive, communicative, self-care or behavioral goals that are clearly defined within your treatment plan.

**Intensive-Level Service:** evidenced-based behavioral therapies that are directly based on, and related to, your therapeutic goals and skills as prescribed by a physician familiar with you. Intensive level service may include evidence-based speech therapy and occupational therapy provided by a qualified therapist when such therapy is based on, or related to, your therapeutic goals and skills, and is concomitant with evidence-based behavioral therapy.

**Non-intensive-Level Services:** evidence-based therapy that occurs after the completion of treatment with intensive-level services and that is designed to sustain and maximize gains made during treatment with intensive-level services or, for an individual who has not and will not receive intensive-level services, evidence-based therapy that will improve the individual's condition.

**Practice of Behavior Analysis:** the design, implementation, and evaluation of systematic instructional and environmental modifications to produce socially significant improvements in human behavior, including the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis, including interventions based on scientific research and the direct observation and measurement of behavior and environment. Practice of behavior analysis does not include psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, marriage counseling, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

**Qualified Intensive-Level Professional:** an individual working under the supervision of an outpatient mental health clinic who is a licensed treatment professional as defined in Wis. Admin. Code DHS 35.03 (9g), and who has completed at least 2,080 hours of training, education and experience including all of the following:

- a. 1,500 hours supervised training involving direct one-on-one work with individuals with autism spectrum disorders using evidence-based, efficacious therapy models;
- b. supervised experience with all of the following:
  - (1) working with families as part of a treatment team and ensuring treatment compliance;
  - (2) treating individuals with autism spectrum disorders who function at a variety of cognitive levels and exhibit a variety of skill deficits and strengths;
  - (3) treating individuals with autism spectrum disorders with a variety of behavioral challenges;
  - (4) treating individuals with autism spectrum disorders who have shown improvement to the average range in cognitive functioning, language ability, adaptive and social interaction skills; and
  - (5) designing and implementing progressive treatment programs for individuals with autism spectrum disorders.

- c. academic coursework from a regionally accredited higher education institution with demonstrated coursework in the application of evidence-based therapy models consistent with best practice and research on effectiveness for individuals with autism spectrum disorders.

**Qualified Intensive-Level Provider:** an individual identified in Wis. Stat. § 632.895 (12m) (b) 1. to 4, respectively, acting within the scope of a currently valid state-issued license for psychiatry, psychology or behavior analyst, or a social worker acting within the scope of a currently valid state-issued certificate or license to practice psychotherapy, who provides evidence-based behavioral therapy in accordance with this section and Wis. Admin. Code INS 3.36 and Wis. Stat. § 632.895 (12m) (a) 3. and who has completed at least 2,080 hours of training, education and experience which includes all of the following:

- a. 1,500 hours supervised training involving direct one-on-one work with individuals with autism spectrum disorders using evidence-based, efficacious therapy models;
- b. supervised experience with all of the following:
  - (1) working with families as the primary provider and ensuring treatment compliance;
  - (2) treating individuals with autism spectrum disorders who function at a variety of cognitive levels and exhibit a variety of skill deficits and strengths;
  - (3) treating individuals with autism spectrum disorders with a variety of behavioral challenges;
  - (4) treating individuals with autism spectrum disorders who have shown improvement to the average range in cognitive functioning, language ability, adaptive and social interaction skills; and
  - (5) designing and implementing progressive treatment programs for individuals with autism spectrum disorders.
- c. academic coursework from a regionally accredited higher education institution with demonstrated coursework in the application of evidence-based therapy models consistent with best practice and research on effectiveness for individuals with autism spectrum disorders.

**Qualified Paraprofessional:** an individual working under the active supervision of a qualified supervising provider, qualified intensive-level provider or qualified provider and who complies with all of the following:

- a. is at least 18 years of age;
- b. obtains a high school diploma;
- c. completes a criminal background check;
- d. obtains at least 20 hours of training that includes subjects related to autism, evidence-based treatment methods, communication, teaching techniques, problem behavior issues, ethics, special topics, natural environment, and first aid;
- e. obtains at least 10 hours of training in the use of behavioral evidence-based therapy including the direct application of training techniques with an individual who has autism spectrum disorder present; and
- f. receives regular, scheduled oversight by a qualified provider in implementing the treatment plan for you.

**Qualified Professional:** a professional working under the supervision of an outpatient mental health clinic certified under Wis. Stat. § 51.038, acting within the scope of a currently valid state-issued license and providing evidence-based therapy in accordance with Wis. Admin Code INS 3.36.

**Qualified Provider:** an individual identified under Wis. Stat. § 632.895 (12m) (b) 1. to 4., acting within the scope of a currently valid state-issued license for psychiatry, psychology, behavior analyst, or a social worker acting within the scope of a currently valid state-issued certificate or license to practice psychotherapy and who provides evidence-based therapy in accordance with Wis. Admin Code INS 3.36.

**Qualified Supervising Provider:** a qualified intensive-level provider and who has completed at least 4,160 hours of experience as a supervisor of less experienced providers, professionals and paraprofessionals.

**Qualified Therapist:** a speech-language pathologist or occupational therapist acting within the scope of a currently valid state issued license and who provides evidence-based therapy in accordance with Wis. Admin Code INS 3.36.

**Supervision of an Outpatient Mental Health Clinic:** an individual who meets the requirements of a qualified supervising provider and who periodically reviews all treatment plans developed by qualified professionals for covered persons with autism spectrum disorder.

**Waiver Program:** services provided by the Wisconsin Department of Health Services through the Medicaid Home and Community-Based Services as granted by the Centers for Medicare & Medicaid Services.

## **2. Benefits.**

Benefits are payable for charges for covered expenses as described in this subsection for covered persons who have a verified diagnosis of autism spectrum disorder made by a diagnostician skilled in testing and in the use of empirically-validated tools specific for autism spectrum disorders. Services must be prescribed by a physician and provided by any of the following who are qualified to provide intensive level services or non-intensive-level services: (a) a qualified intensive-level provider; (b) a qualified paraprofessional under the supervision of a qualified supervising provider; (c) a qualified intensive-level professional; or (d) a qualified therapist. Your progress must be assessed and documented throughout your course of treatment.

The benefits under this subsection do not include benefits for durable medical equipment and prescription legend drugs. For coverage of durable medical equipment and prescription legend drugs, see subsection “Durable Medical Equipment” and subsection “Prescription Legend Drugs.”

Benefits are payable for the following:

- a. Intensive-Level Services.** Benefits are payable for charges for intensive-level services that meet all of the following requirements:
  - (1)** the majority of such services are provided to you when your parent or legal guardian is present and engaged;
  - (2)** the services are based upon a treatment plan developed by an individual who at least meets the requirements of a qualified intensive-level provider or a qualified intensive-level professional that includes at least 20 hours per week over a six-month period of time of intensive-level evidence-based behavioral intensive therapy, treatment and services with specific cognitive, social, communicative, self-care, or behavioral goals that are clearly defined, directly observed and continually measured and that address the characteristics of autism spectrum disorders. Treatment plans shall require that you be present and engaged in the intervention. We may request and review your treatment plan and the summary of progress on a periodic basis;
  - (3)** the services are implemented by qualified providers, qualified professionals, qualified therapists or qualified paraprofessionals;

- (4) the services are provided in an environment most conducive to achieving the goals of your treatment plan;
- (5) the services implement identified therapeutic goals by the team including training and consultation, participation in team meetings and active involvement of your family;
- (6) the services begin after you are two years of age and before you are nine years of age; and
- (7) the services are provided by a qualified intensive-level provider or qualified intensive-level professional who directly observes you at least once every two months.

Benefits are payable up to the maximum benefit limit shown in the Schedule of Benefits per covered person per calendar year.

Benefits are also payable for intensive-level services provided by a qualified therapist if all of the following requirements are met:

- (1) the services are rendered concomitant with intensive-level evidence-based behavioral therapy;
- (2) the qualified therapist provides evidence-based therapy to a covered person who has a primary diagnosis of autism spectrum disorder;
- (3) you are actively receiving behavioral therapy from a qualified intensive-level provider or qualified intensive-level professional; and
- (4) the qualified therapist develops and implements a treatment plan consistent with his/her license.

**b. Non-intensive-Level Services.** Benefits are payable for charges for non-intensive-level evidence-based therapy services provided to you by someone who is at least a qualified provider, qualified professional, qualified therapist or qualified paraprofessional in either of the following situations:

- (1) after the completion of intensive-level services, provided that such non-intensive level services are designed to sustain and maximize gains made during intensive-level services treatment; or
- (2) to you if you have not and will not receive intensive-level services but for whom non-intensive-level services will improve his/her condition.

All non-intensive level services must:

- (1) be based upon a treatment plan developed by an individual who is at least a qualified provider, a qualified professional or qualified therapist that includes specific evidence-based therapy goals that are clearly defined, directly observed and continually measured and that address the characteristics of autism spectrum disorders. Treatment plans shall require that you be present and engaged in the intervention. We may request and review your treatment plan and the summary of progress on a periodic basis;
- (2) be implemented by a person who is at least a qualified provider, qualified professional, qualified therapist or qualified paraprofessional;
- (3) be provided in the environment most conducive to achieving the goals of your treatment plan; and
- (4) implement identified therapeutic goals developed by the team including training and consultation, participation in team meetings and active involvement of your family.

Benefits are payable up to the maximum benefit limit shown in the Schedule of Benefits per covered person per calendar year.

- c. Transition from Intensive-Level Services to Non-intensive-Level Services.** We will provide you, or your authorized representative, with notice regarding any change in the level of treatment covered under the policy. The notice will explain the reason for the transition which may include any of the following:

- (1) you no longer require intensive-level services as supported by documentation from a qualified intensive-level provider, qualified intensive-level professional or a qualified supervising provider; or
- (2) you no longer receive evidence-based therapy for at least 20 hours per week over a six month period of time.

You or your representative should promptly notify us if you qualify for intensive-level services but are unable to receive them for an extended period of time. The notification must indicate the specific reason or reasons you or your family or care giver is unable to comply with an intensive-level service treatment plan. Reasons for requesting an interruption of intensive-level services for an extended period of time may include a significant medical condition, surgical intervention and recovery, catastrophic event or any other reason that we determine to be acceptable. We will not deny intensive-level services to you for failing to maintain at least 20 hours per week of evidence based behavioral therapy over a six-month period when: (1) you notify us as stated above; or (2) you or your authorized representative can document that you failed to maintain at least 20 hours per week of evidence-based behavioral therapy due to waiting for waiver program services.

### **3. Exclusions.**

This subsection is not subject to the exclusions in section “EXCLUSIONS AND LIMITATIONS.” This subsection is subject to the following exclusions. The policy provides no benefits for:

- a. acupuncture;
- b. animal-based therapy including hippotherapy;
- c. auditory integration training;
- d. chelation therapy;
- e. child care fees;
- f. cranial sacral therapy;
- g. hyperbaric oxygen therapy;
- h. custodial or respite care;
- i. special diets or supplements;
- j. travel time by qualified providers, qualified supervising providers, qualified professionals, qualified therapists or qualified paraprofessionals;
- k. therapy, treatment or services when provided to a covered person who is residing in a residential treatment center, inpatient treatment or day treatment facility;
- l. costs for the facility or location or for the use of a facility or location when treatment, therapy or services are provided outside of your home;

- m. claims that have been determined by us to be fraudulent; and
- n. treatment provided by parents or legal guardians who are otherwise qualified providers, supervising providers, therapists, professionals or paraprofessionals for treatment provided to their own children.

## Behavioral Health Services

### 1. Definitions.

The following definitions apply to this subsection only:

**Collateral:** a member of your immediate family.

**Day Treatment Programs:** nonresidential programs for alcohol and drug-dependent covered persons and for treatment of nervous or mental disorders that are operated by certified inpatient and outpatient Alcohol and Other Drug Abuse (AODA) facilities that provide case management, counseling, medical care and therapies on a routine basis for a scheduled part of a day and a scheduled number of days per week; also known as partial hospitalization.

**Hospital:** (a) a hospital licensed under Wis. Stat. §50.35; (b) an approved private treatment facility as defined in Wis. Stat. §51.45 (2) (b); or (c) an approved public treatment facility as defined in Wis. Stat. §51.45 (2)(c).

**Inpatient Hospital Services:** services for the treatment of nervous or mental disorders, alcoholism or drug abuse that are directly provided to a covered person who is a bed patient in the hospital. However this definition shall not include those inpatient hospital services for detoxification of drug addiction or alcohol dependency. Please see subsection "Hospital Services."

**Licensed Mental Health Professional:** a clinical social worker licensed under Wis. Stat. §457.08, a marriage and family therapist licensed under §457.10, or a professional counselor licensed under §457.12.

**Outpatient Services:** nonresidential services for the treatment of nervous or mental disorders, alcoholism or drug abuse problems directly provided to a covered person and, if for the purpose of enhancing his/her treatment, a collateral by any of the following: (a) a program in an outpatient treatment facility, if both the program and facility are approved by the Department of Health Services and established and maintained according to rules promulgated under Wis. Stat. s. 51.42 (7)(b); (b) a licensed physician who has completed a residency in psychiatry, in an outpatient treatment facility or the physician's office; (c) a psychologist licensed or certified by the state in which he/she is located; (d) a licensed mental health professional practicing within the scope of his/her license under Wis. Stat. Chapter 457 and applicable rules; or (e) a health care provider licensed to provide nonresidential services for the treatment of nervous or mental disorders, alcoholism or drug abuse within the scope of that license.

**Residential Treatment Programs:** therapeutic programs for treatment of nervous or mental disorders and alcohol and drug-dependent covered persons, including therapeutic communities and transitional facilities.

**Transitional Treatment:** services for the treatment of nervous or mental disorders, alcoholism or drug abuse that are directly provided to you in a less restrictive manner than inpatient hospital services but in a more intensive manner than outpatient services, if both the program and the facility are approved by the Department of Health Services as defined in the Wis. Admin. Code INS 3.37.

Transitional treatments are services provided by a health care provider and certified by the Department of Health Services for each of the following (except h.) below:

- a. mental health services for covered adults in a day treatment program;



- b.** mental health services for covered children and adolescents in a day treatment program;
- c.** services for covered persons with chronic mental illness provided through a community support program;
- d.** residential treatment programs for treatment of a covered person's nervous or mental disorders and for alcohol or drug-dependent covered persons or both;
- e.** services for alcoholism and other drug problems provided in a day treatment program;
- f.** intensive outpatient programs for narcotic treatment services for opiate addiction and for treatment of nervous or mental disorders;
- g.** coordinated emergency mental health services which are provided by a licensed mental health professional for covered persons who are experiencing a mental health crisis or who are in a situation likely to turn into a mental health crisis if support is not provided; and
- h.** out-of-state services and programs that are substantially similar to a. through g. above if the provider is in compliance with similar requirements of the state in which the health care provider is located.

The criteria that we use to determine if a transitional treatment is medically necessary and covered under the policy include, but are not limited to, whether:

- a.** the transitional treatment is certified by the Department of Health Services;
- b.** the transitional treatment meets the accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations;
- c.** the specific diagnosis is consistent with the symptoms;
- d.** the transitional treatment is standard medical practice and appropriate for the specific diagnosis;
- e.** the transitional treatment plan is focused for the specific diagnosis; and
- f.** the multidisciplinary team running the transitional treatment is under the supervision of a licensed psychiatrist practicing in the same state in which the health care provider's program is located or the service is provided.

We will need the following information from the health care provider to help us determine the medical necessity of a transitional treatment:

- a.** a summary of the development of your illness and previous treatment;
- b.** a well-defined treatment plan listing treatment objections, goals and duration of the care provided under the transitional treatment program; and
- c.** a list of credentials for the staff who participated in the transitional treatment program or service, unless the program or service is certified by the Department of Health Services.

## **2. Benefits.**

We'll pay benefits for charges for covered expenses you incur for inpatient hospital services, outpatient services and transitional treatment that you receive each calendar year.

No benefits are payable for charges for outpatient services provided to or received by a covered person as a collateral of a patient when those outpatient services do not enhance the outpatient treatment of another covered person who is also insured under the policy.

## Blood and Blood Plasma

Whole blood; plasma; and blood products, including platelets.

## Cardiac Rehabilitation Services

Cardiac rehabilitation services limited to the following:

1. Phase I, while you are confined as an inpatient in a hospital;
2. Phase II, while you are an outpatient receiving services in a facility with a facility-approved cardiac rehabilitation program.

Benefits are not payable for behavioral or vocational counseling. No other benefits for outpatient cardiac rehabilitation services are available under the policy.

## Chiropractic Services

Spinal manipulations and diagnostic tests provided by a chiropractor.

For therapy benefits, please see subsection “Therapy Services.”

## Clinical Trials

### 1. Definitions.

The following definitions apply to this subsection only:

**Life-Threatening Condition:** any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

**Qualifying Clinical Trial:** a clinical trial that meets the definition of an “approved clinical trial” under Section 2709(d) (1) of the Public Health Service Act, as amended by the Patient Protection and Affordable Care Act.

**Routine Patient Care Costs:** costs associated with any of the following:

- a. health care services that are typically covered under the policy absent a clinical trial;
- b. covered health care services required solely for the provision of the trial health care service and clinically appropriate monitoring of the effects of the health care service trial;
- c. reasonable and necessary health care services used to diagnose and treat complications arising from your participation in a qualifying clinical trial; or
- d. covered health care services needed for reasonable and necessary care arising from the provision of a trial health care service.

Routine patient care costs do not include costs associated with:

- a. experimental/investigational/unproven health care services with the exception of: (1) certain Category B devices; (2) certain promising interventions for patients with terminal illnesses; and (3)

other health care services that meet specified criteria in accordance with our medical policy guidelines;

- b. health care services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient;
- c. health care services provided by the research sponsors at no charge to any person enrolled in the trial; or
- d. health care services that are clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.

## **2. Benefits.**

Routine patient care costs that you incur while participating in a qualifying clinical trial for the treatment of cancer or other life-threatening conditions.

Benefits are available only when you are eligible to participate in an approved clinical trial according to trial protocol.

## **Contraceptives for Birth Control**

Devices or medications used as contraceptives that require a prescription or intervention by a physician or other licensed health care provider, including related health care services. Examples include:

- 1. Intrauterine devices (IUD);
- 2. Subdermal contraceptive implants;
- 3. Injections of medication for birth control; and
- 4. Contraceptive devices obtained directly from your physician.

For coverage of additional contraceptives, including, but not limited to, oral contraceptives, contraceptive patches, diaphragms and contraceptive vaginal rings, see subsection "Prescription Legend Drugs."

## **Dental Services**

Dental services, limited to the following:

- 1. Dental repair or replacement of your sound natural teeth due to an injury, provided treatment begins within six months of the injury.
- 2. Extraction of teeth: (a) to prepare the jaw for radiation treatment of neoplastic disease; or (b) in preparation for a covered transplant;
- 3. Sealants on existing teeth to prepare the jaw for chemotherapy treatment of neoplastic disease; and
- 4. Hospital or ambulatory surgery center charges incurred, and anesthetics provided, in conjunction with dental care that is provided to you in a hospital or ambulatory surgery center if you:
  - a. are a child under the age of five;
  - b. have a chronic disability that: (1) is attributable to a mental or physical impairment or combination of mental and physical impairments; (2) is likely to continue indefinitely; and (3) results in substantial functional limitations in one or more of the following area of major life activity: self-

care; receptive and expressive language; learning; mobility; capacity for independent living; and economic self-sufficiency; or

- c. have a medical condition that requires hospitalization or general anesthesia for dental care.

## **Diabetes Treatment**

Installation and use of an insulin infusion pump, and all other equipment and supplies used in the treatment of diabetes, excluding insulin. For coverage of insulin, see subsection “Prescription Legend Drugs and Supplies.”

Benefits for insulin syringes and needles, lancets, diabetic test strips, alcohol pads, dextrose (tablets and gel), auto injector, auto blood sampler, and glucose control solution are only covered under this subsection when they are dispensed by a health care provider other than a pharmacy. When such disposable supplies are dispensed by a pharmacy, benefits are payable according to subsection “Prescription Legend Drugs and Supplies.”

This benefit is limited to the purchase of one insulin infusion pump per covered person per calendar year, provided the replacement is medically necessary as determined by us. We'll also pay benefits for charges for diabetic self-management education programs, but only if we determine that the program is medically necessary.

## **Diagnostic Services**

Diagnostic x-rays, radiology and laboratory services directly provided to you for radiology and lab tests related to a covered physical illness or injury. Charges for computer-aided detection are not payable under the policy (except for screening mammogram interpretation).

## **Drug Abuse Treatment**

See subsection “Behavioral Health Services” for benefits for drug abuse treatment.

## **Durable Medical Equipment**

Rental of or, at our option, purchase of durable medical equipment, subject to the following:

1. The durable medical equipment must be prescribed by a physician and needed in the treatment of an illness or injury.
2. If the durable medical equipment is purchased, benefits will be payable for subsequent repairs necessary to restore the equipment to a serviceable condition. If such equipment cannot be restored to a serviceable condition, replacement will be payable subject to approval by us. Subsequent repairs due to abuse or misuse, as determined by us, are not covered.
3. Benefits will be limited to the standard models, as determined by us.
4. We will pay benefits for only one of the following: a manual wheelchair, a motorized wheelchair, or a motorized scooter, as determined by us.

Benefits are also payable for the rental or purchase of breastfeeding equipment in conjunction with each birth.

We do not cover: (1) rental fees that are more than the purchase price; (2) routine periodic maintenance, except for periodic maintenance for oxygen concentrators under a maintenance agreement which consists of one month rental billed every six months; (3) replacement of equipment unless we determine that it is medically necessary; and (4) replacement of batteries.

## **Genetic Services**

Genetic services, limited to the following:

1. Genetic counseling provided to you by a physician, a licensed or Master's trained genetic counselor or a medical geneticist. When genetic counseling is provided by a preferred provider, benefits are payable at 100% of the charges, without application of the applicable annual deductible amount. Genetic counseling, includes evaluation for BRCA testing for a female covered person whose family history is associated with an increased risk for harmful BRCA1 and BRCA2 gene mutations.
2. Amniocentesis during pregnancy;
3. Chorionic villus sampling for genetic and non-genetic testing during pregnancy;
4. Identification of infectious agents such as influenza and hepatitis. Panel testing for multiple agents is not covered unless your physician provides a justification for including each test in the panel;
5. Compatibility testing for a covered person who has been approved by us for a covered transplant;
6. Cystic fibrosis and spinal muscular atrophy testing as recommended by the American College of Medical Genetics;
7. Molecular testing of pathological specimens. Such testing does not include any testing of blood, except testing for the diagnosis of leukemia, lymphoma, or platelet abnormalities. Molecular testing as part of a genetic panel analysis requires our prior authorization;
8. BRCA testing for a female covered person whose family history is associated with an increased risk for harmful BRCA1 and BRCA2 gene mutations. When such testing is provided by a preferred provider, benefits are payable at 100% of the charges, without application of the applicable annual deductible amount; and
9. All other genetic testing, provided you receive our prior authorization. We will authorize genetic testing if your physician shows that the results of such testing will directly impact your future treatment. Your physician must describe how and why, based on the results for the genetic testing results, your individual treatment plan would be different than your current or expected treatment plan based on a clinical assessment without genetic testing. Upon request, your physician must submit information regarding the genetic testing's clinical validity and clinical utility. Genetic testing that we consider experimental/investigational/unproven will not be covered.

## **Health and Behavior Assessments**

Health and behavior assessments and reassessments, diagnostic interviews and neuropsychological testing provided by a psychologist to treat a physical illness or injury. However, subsequent treatment of that medical condition by a psychologist will not be covered under the policy.

## **Hearing Aids and Implantable Hearing Devices**

1. One hearing aid, per ear, per child every three years;
2. Implantable hearing devices;
3. Treatment related to hearing aids and implantable hearing devices covered under this subsection, including procedures for the implantation of implantable hearing devices.

This subsection applies only to children under the age of 18. Such hearing aids and implantable hearing devices must be prescribed by a physician or an audiologist in accordance with accepted professional medical or

audiological standards.

The child must be certified as deaf or hearing impaired by a physician or audiologist.

## **Home Care Services**

### **1. Covered Services.**

This subsection applies only if charges for home care services are not covered elsewhere under the policy. We'll pay benefits for charges for the following home care services, subject to paragraph 2. below:

- a.** part-time or intermittent home nursing care by or under supervision of a registered nurse;
- b.** part-time or intermittent home health aide services that: (1) are part of the home care plan; (2) consist solely of care for the patient; and (3) are supervised by a registered nurse or medical social worker;
- c.** physical or occupational therapy or speech-language pathology or respiratory care;
- d.** medical supplies, drugs and medications prescribed by a physician; laboratory services by or on behalf of a hospital if needed under the home care plan. These items are covered to the extent they would be if you had been hospitalized;
- e.** nutrition counseling provided or supervised by a registered or certified dietician; and
- f.** evaluation of the need for a home care plan by a registered nurse, physician extender or medical social worker. Your attending physician must request or approve this evaluation.

### **2. Limits on Home Care.**

Home care is covered if ordered by a physician and determined by us to be medically necessary. We cover home safety evaluations, evaluations for a home treatment program, and/or initial visit(s) to evaluate you for an independent treatment plan. For all other home care to be determined medically necessary, you must be confined to your home due to an illness or injury or because leaving your home would be contraindicated. Examples of home care include, but are not limited to, IV administration, or wound care.

Benefits are limited to 100 home care visits in any 12-month period per covered person. Each visit by a person to provide services under a home care plan, or for evaluating your need, or for developing a home care plan counts as one home care visit. Each period of up to four straight hours of home health aide services in a 24-hour period counts as one home care visit.

The maximum weekly benefit payable for home care won't be more than the benefits payable for the total weekly charges for skilled nursing care available in a licensed skilled nursing facility, as determined by us.

If home care is covered under two or more health insurance contracts, coverage is payable under only one of them, except as stated in section "COORDINATION OF BENEFITS."

## **Home Intravenous (IV) Therapy or Infusion Therapy**

Intravenous (IV) therapy/infusion therapy performed in your home if prescribed by a physician. Home IV therapy or home infusion therapy includes, but is not limited to: (1) injections (intra-muscular, subcutaneous, continuous subcutaneous); (2) Total Parenteral Nutrition (TPN); and (3) antibiotic therapy.

## Hospice Care

Hospice care services provided to you if you are terminally ill: (1) if your health condition would otherwise require your confinement in a hospital or a skilled nursing facility; and (2) hospice care is a cost-effective alternative, as determined by us.

Covered expenses for hospice care shall include:

1. Room and board at a hospice facility while you are receiving acute care to alleviate physical symptoms of your terminal illness;
2. Physician and nursing care; and
3. Services provided to you at your place of residence.

Room and board for residential care at a hospice facility is not covered.

We'll pay benefits for charges for covered expenses for hospice care services provided to you during the initial six-month period immediately following the diagnosis of a terminal illness. Coverage for hospice care services after the initial six-month period will be extended by us under the policy beyond the initial six month period; provided, a physician certifies in writing that you are terminally ill.

## Hospital Services

Hospital services as shown below. This subsection does not include services for: (1) covered transplants; or (2) treatment of alcoholism, drug abuse or nervous or mental disorders, except for inpatient hospital services for detoxification of drug addiction or alcohol dependency. Please see subsections "Behavioral Health Services" and "Transplants."

### 1. Inpatient Hospital Services.

Benefits are payable for the following inpatient hospital services for a physical illness or injury:

- a. charges for room and board;
- b. charges for nursing services;
- c. charges for miscellaneous hospital expenses; and
- d. charges for intensive care unit room and board.

If you are confined in a hospital other than a preferred hospital as an inpatient due to a medical emergency, we reserve the right to coordinate your transfer to a preferred hospital once you are stable and can be safely moved to that preferred hospital.

### 2. Outpatient Hospital Services.

Benefits are payable for miscellaneous hospital expenses for a physical illness or injury received by you while you are not confined in a hospital. These don't include charges for outpatient physical, speech, occupational or respiratory therapy.

### 3. Facility Fees.

Benefits are payable for facility fees charged by the hospital for office visits and for urgent care visits.



## **Kidney Disease Treatment**

Dialysis treatment, including any related medical supplies and laboratory services provided during dialysis and billed by the outpatient department of a hospital or by the dialysis center.

Kidney transplantation services are payable under the organ transplant benefit in subsection "Transplants."

## **Mastectomy Treatment**

A covered person who is receiving benefits for a mastectomy or for follow-up care in connection with a mastectomy and who elects breast reconstruction, will also receive coverage for:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Breast prostheses; and
4. Treatment of physical complications for all stages of mastectomy, including lymphedemas.

## **Maternity Services**

Maternity services include:

1. Global maternity charge. The global maternity charge is a unique procedure billed by a physician that includes prenatal care, delivery, and one postpartum care visit. Examples of health care services for this procedure may include the prenatal physical examinations, recording of weight, blood pressures, fetal heart tones, and routine chemical urinalysis. Monthly visits up to 28 weeks, biweekly visits to 36 weeks, and weekly visits until delivery are included.
2. Hospital charges for vaginal or cesarean section delivery.
3. Exams and testing that are billed separately from the global maternity fee.
4. Health care services for miscarriages.
5. Health care services related to an abortion provided the abortion procedure for the termination of a mother's pregnancy is: (a) considered a life-threatening complication of the mother's existing physical illness; or (b) due to a lethal fetal anomaly; and (c) the abortion procedure is permitted by, and performed in accordance with, law. "Lethal fetal anomaly" is defined as an anomaly which predictably results in fetal demise either in utero or shortly (within 72 hours) after delivery.

Maternity services are payable when provided by a: (1) hospital; (2) physician; (3) certified nurse midwife in a clinic or hospital.

With respect to confinements for pregnancy, the policy shall not limit the length of stay to less than: (1) 48 hours for a normal birth; and (2) 96 hours for a cesarean delivery. However, you are free to leave the hospital earlier if the decision to shorten the stay is the mutual decision of the physician and mother.

## Medical Services

Medical services for a physical illness or injury, including second opinions. Services must be provided: (1) in a hospital; (2) in a physician's office; (3) in an urgent care center; (4) in a surgical care center; (5) in a convenient care clinic; or (6) in your home. These services do not include health care services, including home care services covered under subsection "Home Care Services," covered elsewhere under the policy.

Health and behavior interventions billed with a medical diagnosis are also payable.

Telehealth shall be payable only if services are provided through a telehealth provider approved by us and shown in the Schedule of Benefits as being payable under the policy. For information about approved telehealth providers, visit [wpshealth.com](https://wpshealth.com) or call the Customer Service telephone number shown on your identification card.

## Medical Supplies

Medical supplies prescribed by a physician. Medical supplies include, but are not limited to, the following:

1. Strapping and crutches;
2. Initial pair of eyeglasses or external contact lenses: (a) for aphakia; (b) for keratoconus; and (c) following cataract surgery;
3. Elastic stockings or supports when prescribed by a physician and required in the treatment of an illness or injury. We may establish reasonable limits on the number of pairs allowed per covered person per calendar year;
4. Ostomy supplies limited to the following:
  - a. pouches, face plates and belts;
  - b. irrigation sleeves, bags and ostomy irrigation catheters;
  - c. skin barriers.

Benefits are not available for deodorants, filters, lubricants, tape, appliance cleaners, adhesive, adhesive remover, or other items not listed above;

5. Enteral therapy (tube feeding) supplies if prescribed by a physician and determined by us as being appropriate for your medical condition. This does not include enteral formula, food, food supplements or vitamins; and
6. Disposable supplies, tubings and masks for the effective use of covered durable medical equipment.

## Nutritional Counseling

Nutritional counseling that is: (1) for treatment of an illness or injury; and (2) provided by a physician, dietician or nutritionist licensed in the state where the counseling is provided to you. Nutritional counseling billed as educational services will not be covered.

## Orthotic Devices and Appliances

Externally applied devices or appliances, including fittings and adjustments of custom-made rigid or semi-rigid supportive devices, that: (1) are used to support, align, prevent, or correct deformities; (2) improve the function of movable parts of the body; or (3) limit or stop motion of a weak or diseased body part. Covered orthotic devices and appliances include, but are not limited to:

1. Casts and splints;
2. Orthopedic braces, including necessary adjustments to shoes to accommodate braces. Braces that straighten or change the shape of a body part are excluded from coverage;
3. Cervical collars;
4. Orthoses;
5. Corsets (back and special surgical); and
6. Diabetic shoes when such diabetic shoes are medically necessary.

Orthotic devices or appliances may be replaced once per calendar year per covered person when medically necessary. Additional replacements will be allowed: (1) if you are under age 19 due to rapid growth; or (2) when a device or appliance is damaged and cannot be repaired.

The policy does not cover routine periodic maintenance, such as testing, cleaning and checking of the device or appliance.

## **Pain Management Treatment**

Pain management treatment including injections and other procedures to manage your pain related to an illness or injury. Pain management includes, but is not limited to, the following:

1. Medial branch neuroablation (denervation) of the facet joint nerves, limited to one treatment per calendar year regardless of location;
2. Facet joint injections and medial branch nerve blocks, limited to a maximum of four per calendar year regardless of location, type, or level;
3. Sacroiliac joint injections, limited to one per calendar year;
4. Artificial cervical disc replacement; and
5. Epidural injections, including selective nerve root blocks, limited to three injections per calendar year regardless of location, type or level.

Please note that many pain management services are considered experimental/investigational/unproven and therefore are not covered under the policy.

## **Prescription Legend Drugs and Supplies**

### **1. Definitions.**

The following definitions apply to this subsection only:

**Brand-Name Drug(s):** a prescription legend drug sold by the pharmaceutical company or other legal entity holding the original United States patent for that prescription legend drug. For purposes of the policy, we may classify a brand-name drug as a generic drug if we determine that its price is comparable to the price of its generic equivalent.

**Copayment:** the amount you are required to pay for each prescription order or refill of a covered drug or covered supply. Your copayment amounts are shown in the Schedule of Benefits. You must pay this

amount toward the purchase price charged by the provider for that covered drug or covered supply. The copayment applies to each separate prescription order or refill of a covered drug or covered supply. If the preferred pharmacy's charge is less than the copayment, you will be responsible for the lesser amount.

**Generic Drug(s):** a prescription legend drug, whether identified by its chemical, proprietary, or non-proprietary name, that is therapeutically equivalent and interchangeable with drugs having an identical amount of the same active ingredient(s) and approved by the FDA. For purposes of the policy, we may classify a generic drug as a brand-name drug if we determine that the generic drug's price is comparable to the price of its brand-name equivalent. The term generic drug shall also include over-the-counter drugs that we determine to be covered drugs.

**Home Delivery:** a preferred pharmacy contracted with us or our delegate to dispense extended supplies of maintenance medications (typically greater than a 30-34 day supply).

**Preferred Drug(s):** any generic or brand-name drug named on our list of preferred drugs which is available at [wpshealth.com](http://wpshealth.com). This list may change from time to time.

**Preferred Pharmacy:** a pharmacy that has contracted with us to be a preferred pharmacy and that bills us directly for the charges you incur for covered drugs.

**Prescription Legend Drug:** any medicine, including investigational drugs used to treat the HIV virus as described in Wis. Stat. §632.895(9) whose label is required to contain the following wording: "Caution: Federal Law prohibits dispensing without prescription" or similar wording. Prescription legend drugs shall include insulin and other exceptions as designated by us.

**Prescription Order:** a written, electronic, or other lawful request for the preparation and administration of a prescription legend drug made by a physician or other provider with the authority to prescribe a drug for you.

**Preventive Drugs:** drugs that we are required by law to define as preventive drugs, including, but not limited to: (a) aspirin for the prevention of cardiovascular disease (age 50-59) and after 12 weeks of gestation in women who are at high risk for preeclampsia; (b) fluoride supplements if you are older than six months but younger than 17 years old; (c) folic acid for women planning or capable of pregnancy; (d) oral contraceptives, contraceptive patches, contraceptive devices (e.g., diaphragms, sponges, gel and female condoms) and contraceptive vaginal rings for birth control; (e) nicotine replacements (e.g., patches and gum) and covered drugs used for smoking cessation if you are age 18 and over; (f) risk reducing medications, such as tamoxifen or raloxifene, for women who are at increased risk for breast cancer and at low risk for adverse medication effects; (g) low/moderate dose statins for ages 40-75 with at least one cardiovascular disease risk factor and a 10-year calculated risk of at least 10%; (h) immunizations; bowel preparations related to a preventive colonoscopy; and (i) Preexposure prophylaxis (PrEP) for covered person at high risk of HIV acquisition. For all preventive drugs, coverage is limited to: (a) generic drugs; and (b) brand-name drugs when there is no generic equivalent, unless the physician submits documentation to support the medical necessity of the use of a brand-name drug that has a generic equivalent. This definition of preventive drugs may change during the course of the year.

**Specialty Drugs:** prescription legend drugs that we determine to be: (a) associated with a high level of clinical management and/or patient monitoring; (b) associated with special handling or distribution requirements; or (c) generally high cost. To determine if a drug is a specialty drug and if that specialty drug requires our prior authorization, visit our website at [wpshealth.com](http://wpshealth.com) or call the telephone number shown on your identification card.

**Specialty Pharmacy:** a pharmacy contracted with us or our delegate and designated by us to dispense specialty drugs. To inquire as to pharmacies that are currently participating as specialty pharmacies, you should contact us by calling the telephone number shown on your identification card.

## **2. Covered Drugs and Supplies.**

We'll pay benefits as stated in the Schedule of Benefits for any of the following drugs, including refills, when they are medically necessary to treat your covered illness or injury and dispensed to you by a preferred pharmacy:

- a.** any prescription legend drug not otherwise excluded or otherwise limited under the policy;
- b.** any medicine a preferred pharmacy compounds as long as it contains at least one prescription legend drug that is not excluded under the policy, provided it is not considered experimental/investigative/unproven or not medically necessary;
- c.** preventive drugs that can only be obtained from a pharmacy pursuant to a prescription order;
- d.** specialty drugs;
- e.** injectable insulin;
- f.** prescription legend drugs that are FDA-approved for the treatment of HIV infection or an illness or medical condition arising from, or related to, HIV;
- g.** an immunization that is not excluded elsewhere in the policy;
- h.** oral chemotherapy drugs; and
- i.** phase 3 experimental / investigational / unproven drugs that are FDA approved, administered according to protocol, and required by statute to be covered

We'll pay benefits as stated in the Schedule of Benefits for any of the following disposable diabetic supplies when they are medically necessary and dispensed to you by a preferred pharmacy:

- a.** insulin syringes and needles;
- b.** lancets;
- c.** diabetic test strips;
- d.** alcohol pads;
- e.** dextrose (tablets and gel);
- f.** auto injector;
- g.** auto blood sampler;
- h.** blood glucose monitor; and
- h.** glucose control solution.

Our prior authorization is required for certain prescription drugs administered by a health care provider other than a pharmacy, including, but not limited to: (a) a physician's office; (b) the outpatient department of a hospital; (c) a dialysis facility; (d) a licensed skilled nursing facility; or (e) a home health agency. If you do not receive our authorization before receiving such drugs, benefits may not be payable under the policy. Even if we grant prior authorization, benefits for any specialty drug that is purchased from a provider other than a preferred pharmacy shall be limited to what we would have paid if the specialty drug was purchased from a preferred pharmacy. However, we may, at our discretion, allow initial does(s) of a drug to be provided by a health care provider, other than a pharmacy, to allow you appropriate time to

establish alternative sources. Initial doses approved by us shall not be limited to the amount we would have paid if the drug was purchased from a pharmacy.

Benefits for covered drugs and supplies dispensed by a non-preferred pharmacy are payable as follows. In this situation, you must pay for the covered drugs or supplies up front. Then you must send us a claim for reimbursement. Your claim must include written proof of payment and enough detail to allow us to process the claim. After we receive your claim and supporting documentation, we will determine if benefits are payable for the requested drug or supply. If so, we will pay you the benefit amount that we would have paid had you purchased the covered drug or supply from a preferred pharmacy. You are liable for the copayment or deductible and any difference between our benefit payment and the price you paid for the covered drug or supply.

You will have no copayment: (a) for any preventive drug as defined in paragraph 1. above; or (b) for the drugs and supplies shown on the \$0 Preferred Generic Drug List, if the list is attached to this certificate and shown as applicable on the Schedule of Benefits. All other covered drugs and supplies are subject to the copayment or deductible amounts listed in your Schedule of Benefits. If the preferred pharmacy's charge is less than the copayment, you will only be responsible for the charge amount. Otherwise, you must pay the copayment amount for each separate prescription order or refill of a covered drug or covered supply.

We, at our sole discretion, may cover drugs or supplies that vary from the benefits described in the policy if there is an advantage to both you and us.

### 3. **Limitations.**

**a. Limitations on Covered Drugs and Supplies Provided by a Pharmacy.** No drug will be covered under the policy unless we determine that: you have a valid prescription order for the drug; the charge for the drug is equal to or more than the copayment for it; and the drug is not administered at the time and place of the provider dispensing it under the prescription order (except for immunizations). In addition, the following limitations apply to all prescription drug benefits provided by the policy:

- (1) **Step Therapy.** If there is more than one prescription legend drug that has been determined to be safe and effective for the treatment of your illness or injury, we may only provide benefits for the less expensive prescription legend drug. Alternatively, we may require you to try the less expensive prescription legend drug(s) before benefits are payable for any other alternative prescription legend drug(s).
- (2) **Prior Authorization.** At our discretion, certain drugs, including all specialty drugs, require prior authorization from us before being eligible for coverage under the policy. To determine whether a drug requires our prior authorization, visit [wpshealth.com](http://wpshealth.com) or call the telephone number shown on your identification card.

If a drug requires prior authorization, your provider must contact us or our designee to supply the information needed, such as copies of all corresponding medical records and reports for your illness or injury.

After receiving the required information, we (or our designee) will determine if the drug is covered under the policy and notify you of our coverage determination. If we determine that the treatment is not a covered drug, is not medically necessary, or is experimental / investigational / unproven, no benefits will be payable for that drug.

- (3) **Use of Brand-Name Drugs When Equivalent Generic Drugs Are Available.** If you obtain a brand-name drug and we determine that an equivalent generic drug is available, you must pay the difference in cost between the equivalent generic drug and the brand-name drug plus the brand-name drug copayment and/or deductible amount. Except as stated below, this limitation applies regardless of medical necessity or your physician's instructions, including any instruction that you use only the brand-name drug.

For preventive drugs as defined in paragraph 1. above, coverage is also limited to generic

drugs when a generic equivalent is available, with the exception of preventive contraceptive methods. If your physician submits proof to us that it is medically necessary for you to use a brand-name preventive contraceptive method instead of its generic equivalent preventive contraceptive method, we will cover the brand-name preventive drug in full and you will not be charged. We will also cover a brand-name drug if substitution of an equivalent generic drug is prohibited by law.

- (4) **Quantity Limits.** The following quantity limits apply to all prescription legend drug benefits under this subsection. At our discretion, we may enforce additional quantity limits on specific drugs to ensure the appropriate amounts are dispensed. Please note that in certain circumstances, we may approve a partial amount (*i.e.* less than a 30-day supply) of a specialty drug until we (or our designee) determine you are tolerating the specialty drug. In this case, your financial responsibility will be prorated.

| <i>Item</i>  | <i>Quantity Limit</i>   |
|--|---|
| Prescription Legend Drugs or Supplies Dispensed by a Pharmacy  | 34-90 day supply per fill or refill   |
| Prescription Legend Drugs or Supplies, other than Specialty Drugs, dispensed by a Home Delivery Pharmacy | 90-day supply per fill or refill  |
| Covered Drugs used for Tobacco Cessation   | 180-day supply of nicotine replacement treatment ( <i>e.g.</i> , patches or gum) per covered person per 365-day period; and<br>180-day supply of another type of covered tobacco cessation drug ( <i>e.g.</i> , varenicline or bupropion) per covered person per 365-day period |
| Specialty drugs  | 30-day supply per fill or refill, except as noted above   |
| Disposable Diabetic Supplies   | No limit  |
| Oral Contraceptives  | 90-day supply   |

- (5) **Miscellaneous.** Age, gender or other edits may be enforced to ensure appropriate prescribing. Copayment or coinsurance applies to each cycle of hormone replacement therapy.

**b. Limitations on Covered Drugs and Supplies Provided by a Provider Other than a Pharmacy.**

If we determine a prescription legend drug can safely be administered in a lower-cost place of service (including by self-administration), benefits for such prescription legend drugs shall be payable up to the amount we would have paid if the prescription legend drug was purchased from and administered by a provider in that lower-cost place of service (or self-administered). However we may, at our discretion, allow initial dose(s) of a drug to be administered by a health care provider in a higher-cost place of service to allow you appropriate time to establish alternative sources. Initial doses approved by us shall not be limited to the amount we would have paid if the drug was purchased and administered in the lower-cost place of service (including self-administration).

**4. Exclusions.**

The policy provides no benefits for any of the following:

- a. administration of a covered drug by injection or other means other than covered immunizations;
- b. devices, appliances or durable equipment, except for covered supplies;



- c. refills of covered drugs that exceed the number the prescription order calls for;
- d. refills of covered drugs after one year from the date of the prescription order;
- e. covered drugs usually not charged for by the provider; or a covered drug for which the provider's actual charge billed for the covered drug is less than the copayment;
- f. covered drugs for which benefits are paid elsewhere under the policy;
- g. covered drugs completely administered at the time and place of the provider who dispenses the drugs under the prescription orders, except for immunizations and drugs for which you receive our prior authorization;
- h. anabolic steroids, unless we determine that they are being used for accepted medical purposes and eligible for coverage under the policy;
- i. progesterone or similar drugs in any compounded dosage form, except for the purpose of maintaining a pregnancy under the appropriate standard of care guidelines;
- j. costs related to the mailing, sending or delivery of prescription legend drugs;
- k. prescription or refill of drugs, medicines, medications or supplies that are lost, stolen, spilled, spoiled, damaged, or otherwise rendered unusable;
- l. any drug or medicine that is available in prescription strength without a prescription, except as determined by us;
- m. more than one prescription for the same covered supply, covered drug or therapeutic equivalent medication prescribed by one or more providers until you have used at least 75% of the previous retail prescription. If the covered supply, drug or therapeutic equivalent medication is dispensed by a home delivery pharmacy, then you must have used at least 60% of the previous prescription;
- n. charges properly covered by another insurance, government program, or manufacturer promotion (e.g. coupon or rebate);
- o. any drug used for weight control or whose primary use is weight control, regardless of why the drug is being prescribed to you;
- p. any compounded drug that is substantially like a commercially available product;
- q. any drug used for sexual dysfunction or to enhance sexual activity, regardless of why the drug is being prescribed to you;
- r. any drug delivered to or received from a destination outside of the United States;
- s. any drug for which prior authorization or step therapy is required, as determined by us, and not obtained; and
- t. drugs and medicines not covered under the policy. Please see section "EXCLUSIONS AND LIMITATIONS."

## Preventive Care Services

Preventive care services ordered by a physician. Covered preventive care services include:

- 1. Routine immunizations including, but not limited to, those recommended by the Advisory Committee on Immunization Practices: influenza/flu, diphtheria; pertussis; tetanus; polio; measles; mumps; rubella;

haemophilus influenza B; meningitis, hepatitis A; hepatitis B; varicella; pneumococcal; meningococcal; rotavirus; human papillomavirus; and herpes zoster. Immunizations for travel purposes are not covered.

2. Preventive services including, but not limited to, those recommended by the United States Preventive Services Task Force with an A or B rating:
  - a. routine medical exams, including eye exams, hearing exams, pelvic exams, pap smears, and any related routine diagnostic services, other than routine mammograms and colorectal cancer screening. Pelvic exams and pap smears are covered under this paragraph when directly provided to you by a physician, certified nurse midwife or a nurse practitioner.
  - b. routine medical exams, including eye exams, hearing exams, and any related routine diagnostic services, other than routine eye exams, directly provided to a dependent child in connection with well-baby care.
  - c. one routine mammogram of a female covered person per calendar year. Mammograms must be performed by or under the direction of a physician, certified nurse midwife or licensed nurse practitioner.
  - d. blood lead tests.
  - e. preventive screenings including, but not limited to:
    - (1) screening for abdominal aortic aneurysm;
    - (2) screening and behavioral counseling to reduce alcohol misuse, as determined by us;
    - (3) screening for chlamydial infection;
    - (4) screening for gonorrhea;
    - (5) screening for congenital hypothyroidism in newborns;
    - (6) screening for hearing loss in newborns;
    - (7) screening for Hepatitis B and C;
    - (8) screening for high blood pressure;
    - (9) screening for HIV;
    - (10) screening for iron deficiency anemia in asymptomatic pregnant women;
    - (11) screening for lipid disorders;
    - (12) screening for major depressive disorders in children and adolescents;
    - (13) screening for phenylketonuria in newborns;
    - (14) screening for RH incompatibility;
    - (15) screening for osteoporosis;
    - (16) screening for sickle cell disease in newborns;
    - (17) screening for syphilis;
    - (18) screening for type 2 diabetes;

- (19) screening for visual impairment in children under age five;
  - (20) screening for depression in adults;
  - (21) screening for bacteriuria;
  - (22) screening for cervical cancer;
  - (23) screening and behavioral counseling for obesity, as determined by us.
  - (24) screening for gestational diabetes in pregnant women who are between 24 and 28 weeks of gestation and at the first prenatal visit if the woman is identified to be at high risk for diabetes;
  - (25) high risk human papillomavirus DNA testing in female covered persons with normal cytology results. Screening should begin at age 30 and should occur no more frequently than every three years;
  - (26) screening for lung cancer with low-dose computed tomography in adults aged 55 to 80 who have a 30 pack-year smoking history and currently smoke or have quit smoking within the last 15 years;
  - (27) screening for colorectal cancer, including fecal occult blood testing, limited to one routine sigmoidoscopy or colonoscopy, including related health care services, every five years, in accordance with the most current guidelines of the United States Preventive Services Task Force. Any additional routine sigmoidoscopies or colonoscopies performed within that five year period shall be payable subject to applicable deductible and coinsurance provisions;
- f. behavioral interventions to promote breast feeding; comprehensive lactation support and counseling by a trained health care provider during pregnancy and/or in the postpartum period;
  - g. annual counseling on sexually transmitted infections;
  - h. counseling for tobacco use;
  - i. prophylactic ocular topical medication for newborns against gonococcal ophthalmia neonatorum;
  - j. annual screening and counseling for female covered persons for interpersonal and domestic violence;
  - k. healthy diet and physical activity counseling to prevent cardiovascular disease;
  - l. behavioral counseling for skin cancer

Some laboratory and diagnostic studies may be subject to a deductible and/or coinsurance if determined not to be part of a routine preventive or screening examination. When you have a symptom or history of an illness or injury, laboratory and diagnostic studies related to that illness or injury are no longer considered part of a routine preventive or screening examination.

- 3. Advanced care planning office consultations limited to one initial consultation (CPT code 99497) and two follow-up consultations (CPT code 99498).

## **Prosthetics**

Prosthetic devices and supplies, including the fitting of such devices, that replace all or part of: (1) an absent body part (including contiguous tissue); or (2) the function of a permanently inoperative or malfunctioning body part. Benefits are limited to one purchase no sooner than every three years of each type of the standard model, as determined by us. Prosthetic devices include, but are not limited to, artificial limbs, eyes, and larynx. We will also cover replacement or repairs if we determine that they are medically necessary. The policy does not cover dental prosthetics.

## **Radiation Therapy and Chemotherapy Services**

Radiation therapy and chemotherapy services. Benefits are also payable for charges for x-rays, radium, radioactive isotopes and chemotherapy drugs and supplies used in conjunction with radiation therapy and chemotherapy services.

## **Skilled Nursing Care in a Skilled Nursing Facility**

Skilled nursing care you receive while confined in a skilled nursing facility if: (1) you are admitted to a skilled nursing facility within 24 hours after discharge from a hospital or ambulatory surgical center; and (2) you are admitted for continued treatment of the same illness or injury treated in the hospital.

We'll pay benefits for such skilled nursing care provided to you at that facility for up to 30 days of confinement. The 30-day limit stated in this subsection will be reduced by any charges for such days of confinement that are applied to the applicable deductible amounts.

Benefits are payable only for the skilled nursing care that continues to treat the same illness or injury for which you were treated at the hospital prior to your admission to that skilled nursing facility. Benefits are only payable for skilled nursing care which is certified as medically necessary by your attending physician every seven days. If health care services can be provided at a lower level of care (e.g. home care or outpatient therapy), skilled nursing care during a skilled nursing facility confinement will not be covered.

No benefits are payable for domiciliary care, maintenance care, supportive care, custodial care, care that is available at no cost to you or care provided under a governmental health care program (other than a program provided under Wis. Stat. Chapter 49).

## **Surgical Services**

Surgical services stated below. This subsection does not include surgical services for: (1) covered transplants; (2) pain management procedures; or (3) behavioral health services. Please see subsections "Behavioral Health Services," "Transplants," and "Pain Management Treatment."

Covered surgical services include, but are not limited to:

1. Operative and cutting procedures;
2. Endoscopic examinations, such as: (a) arthroscopy; (b) bronchoscopy; (c) colonoscopy or sigmoidoscopy, unless specifically covered elsewhere under the policy; or (d) laparoscopy; and
3. Other invasive procedures such as: (a) angiogram; (b) arteriogram; or (c) tap or puncture of brain or spine.
4. Bariatric surgery for weight reduction, provided you meet all criteria established by us.

The following surgical services are covered when provided in a physician's office, hospital, or licensed surgical center:

1. Surgical services, other than reconstructive surgery and oral surgery.
2. Reconstructive surgery for the treatment of the following:
  - a. a congenital illness or anomaly that results in a functional impairment;
  - b. an abnormality resulting from an injury; and
  - c. an abnormality resulting from infection or other disease of the involved body part, if such surgery occurs within 12 months of being diagnosed of the abnormality.
3. Oral surgery, including related consultation, x-rays and anesthesia, limited to the following procedures:
  - a. surgical removal of impacted, sound natural unerupted teeth;
  - b. excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth;
  - c. surgical procedures to correct injuries to the jaws, cheeks, lips, tongue, roof and floor of the mouth;
  - d. apicoectomy (excision of the apex of the tooth root);
  - e. root canal therapy, if performed simultaneously with an apicoectomy;
  - f. excision of exostosis (bony outgrowth) of the jaws and hard palate;
  - g. frenotomy (incision of the membrane connecting the tongue to the floor of the mouth);
  - h. incision and drainage of cellulitis (tissue inflammation) of the mouth;
  - i. incision of accessory sinuses, salivary glands or ducts;
  - j. gingivectomy (excision of gum tissue to eliminate infection), but not including restoration of gum tissue or soft tissue Allograft;
  - k. alveolectomy; and
  - l. orthognathic surgery.
4. Sterilization procedures. Please note that reversal of a sterilization procedure is not covered under the policy.
5. Tissue transplants (e.g. arteries or veins, corneas, heart valves, skin) placed in the body to aid the function of a body organ or replace tissue lost due to illness or injury.
6. Removal of breast implants due to association with Anaplastic Large Cell Lymphoma.

Benefits are not payable for incidental or inclusive surgical procedures which are performed at the same setting as a major covered surgical procedure, which is the primary procedure. Incidental or inclusive surgical procedures are one or more surgical procedures performed through the same incision or operative approach as the primary surgical procedure with the highest charge as determined by us and which, in our opinion, are not clearly identified and/or do not add significant time or complexity to the surgical session. Benefits payable for incidental surgical procedures are limited to the charge for the primary surgical procedure with the highest charge, as determined by us. No additional benefits are payable for those incidental surgical procedures. For example, the removal of an appendix during the same operative session in which a hysterectomy is performed is an incidental surgical procedure (i.e., benefits are payable for the hysterectomy, but not for the removal of the appendix).

## Telemedicine

1. Definition of Telemedicine: the delivery of clinical health care services via telecommunications technologies including but not limited to telephone and interactive audio video conferencing.
2. Covered Telemedicine Services:
  - a) Telemedicine services provided by a physician to a covered person via interactive audio-visual telecommunication to treat a covered illness or injury.
  - b) Telephone and interactive audio and video conferencing provided by our approved telehealth service providers. Visit <https://wpshealth.com/resources/customer-resources/telehealth.shtml> or call the Customer Service telephone number shown on your identification card for additional information about this benefit.
3. Telemedicine Exclusions:
  - a) Transmission fees.
  - b) Website charges for online patient education material.

## Temporomandibular Joint Disorders (TMJ)

Diagnostic procedures and medically necessary surgical and non-surgical treatment for the correction of temporomandibular disorders if all of the following apply:

1. The condition is caused by congenital, developmental or acquired deformity, disease or injury;
2. Under the accepted standards of the profession of the health care provider providing the service, the procedure is reasonable and appropriate for the diagnosis or treatment of the condition; and
3. The purpose of the procedure or device is to control or eliminate infection, pain, disease or dysfunction.

Non-surgical treatment includes coverage for prescribed intraoral splint therapy devices.

Benefits are not payable for cosmetic or elective orthodontic care, periodontic care or general dental care.

## Therapy Services

Outpatient physical, massage, speech, respiratory and occupational therapy. Massage therapy is covered only when the therapy is billed by a chiropractor, physical therapist or occupational therapist.

The therapy must be: (a) ordered by a physician prior to the commencement of therapy for treatment of a physical illness or injury; and (b) expected to provide significant measurable gains that will improve your physical health within 60 days of the date on which such therapy begins. The therapy must be performed by: (a) a physician; (b) a licensed physical, speech, or occupational therapist; or (c) any other health care provider approved by us. The licensed therapist or other health care provider must be providing the therapy under the direction of your physician. If a license to perform such therapy is required by law, that therapist or other health care provider must: (a) be licensed by the state in which he/she is located; and (b) provide such therapy while he/she is acting within the lawful scope of his/her license. Physical therapy for your temporomandibular joint disorder is not covered under this paragraph.

## Transplants

### 1. Definitions.

The following definitions apply to this subsection only:

**Covered Transplant Drugs:** immunosuppressant drugs prescribed by a physician when dispensed by a provider while you are not confined in a hospital. These drugs do not include high dose chemotherapy, except for high dose chemotherapy provided for a covered bone marrow transplant. This includes refills of immunosuppressant drugs.

**Designated Transplant Facility:** (a) a facility that has agreed to provide approved transplant services to covered persons pursuant to an agreement with a transplant provider network with which we have a contract; (b) a preferred provider when transplant services are provided while you are not confined in a hospital; or (c) any other health care provider approved by us. Designated transplant facilities are shown in the Schedule of Benefits as preferred providers.

**Non-Designated Transplant Facility:** a facility that does not have an agreement with the transplant provider network with which we have a contract. This may include facilities that are listed as preferred providers. Non-designated transplant facilities are shown in the Schedule of Benefits as non-preferred providers.

**Organ and Tissue Acquisition:** the harvesting, preparation, transportation, and storage of human organ and tissue that is transplanted to you. This includes related medical expenses of a living donor.

**Transplant Services:** approved health care services for which a prior authorization has been received and approved for transplants when ordered by a physician. Such services include, but are not limited to, hospital charges, physician's charges, organ and tissue procurement, tissue typing, and ancillary services.

### 2. Benefits.

All transplant services require prior authorization. If prior authorization is properly obtained, we'll pay benefits for charges for covered expenses you incur at a designated transplant facility or non-designated transplant facility as determined by us during the prior authorization process for an illness or injury. Transplant benefits are subject to any deductibles, coinsurance, maximum or limits shown in the Schedule of Benefits.

It is your responsibility to obtain a prior authorization for all transplant related services, including but not limited to the initial transplant evaluation. The transplant must meet our medical necessity criteria for such transplant and may not be experimental/investigational/unproven.

We will pay for approved transplant services, including but not limited to:

- a. organ and tissue acquisition and transplantation, including any post-transplant complications, if you are the recipient; or
- b. related medical care, including any post-harvesting complication, if you are a donor.

Covered expenses for transplant services include health care services for approved transplants when ordered by a physician. Health care services include, but are not limited to, hospital charges, physician charges, organ and tissue acquisition, tissue typing, and ancillary services. Covered transplant drugs are payable as described in subsection "Prescription Legend Drugs and Supplies."

Benefits are payable for the following approved transplants:

- a. kidney;
- b. kidney/pancreas;



- c. liver;
- d. heart;
- e. heart/lung;
- f. lung;
- g. bone marrow (allogenic and autologous), when not considered to be experimental/investigational/unproven;
- h. stem cell transplants, when not considered to be experimental/investigational/unproven;
- i. small bowel transplantation; and
- j. cornea.
- k. any other transplant approved by us.

## **EXCLUSIONS AND LIMITATIONS**

The policy provides no benefits for any of the following:

### **General Exclusions**

1. Health care services that we determine are not medically necessary.
2. Health care services that we determine are experimental/investigational/unproven, except for investigational drugs used for the treatment of HIV infection as described in Wis. Stat. § 632.895 (9).
3. Health care services provided in connection with any injury or illness arising out of, or sustained in the course of, any occupation, employment, or activity of compensation, profit or gain, for which an employer is required to carry workers' compensation insurance. If you are covered by workers' compensation insurance, this exclusion applies regardless of whether benefits under worker's compensation laws or any similar laws have been claimed, paid, waived, or compromised.
4. Health care services furnished by the U.S. Veterans Administration, unless federal law designates the policy as the primary payer and the U.S. Veterans Administration as the secondary payer.
5. Health care services furnished by any federal or state agency or a local political subdivision when you are not liable for the costs in the absence of insurance, unless such coverage under the policy is required by law.
6. Health care services covered by Medicare, if you have or are eligible for Medicare, to the extent benefits are or would be available from Medicare, except for such health care services for which under applicable federal law the policy is the primary payer and Medicare is the secondary payer. Please also see section "COVERAGE WITH MEDICARE."
7. Health care services for any illness or injury caused by any military-related act or incident of declared or undeclared war, riots, or insurrection.
8. Health care services for any illness or injury you sustain: (a) while on active duty in the armed services of any country; or (b) as a result of you being on active duty in the armed services of any country.
9. Custodial care or rest care.

10. That portion of the amount billed for a health care service covered under the policy that exceeds our determination of the charge for such health care service.
11. General fitness programs, exercise programs, exercise equipment, personal trainers and health club memberships.
12. Medications for which the primary purpose is to preserve fertility.
13. Health care services provided while held, detained or imprisoned in a local, state or federal penal or correctional institution or while in custody of law enforcement officials, except as required under Wis. Stat. § 609.65. This exclusion does not apply to covered persons on work-release.
14. Completion of claim forms or forms necessary for the return to work or school.
15. An appointment you did not attend.
16. Telehealth, except as specifically stated in subsection “Medical Services.”
17. Health care services for which you have no obligation to pay or which are provided to you at no cost.
18. Health care services resulting or arising from complications of, or incidental to, any health care service not covered under the policy, except for complications of, or services incidental to, a covered employee’s or his/her spouse’s elective abortion.
19. Health care services requested by a third party for employment, licensing, insurance, marriage, adoption, travel, disability determinations, or court-ordered exams, other than as specifically stated in the policy or required by law.
20. Cranial banding or orthotic helmets, unless required after cranial surgery.
21. Private duty nursing.
22. Marriage counseling.
23. Reversal of sterilization.
24. Transportation or other travel costs associated with a health care service, except as specifically provided in subsection “Ambulance Services.”
25. Bereavement counseling, unless provided as part of hospice coverage.
26. Health care services that are excluded elsewhere in the policy.
27. Health care services not specifically identified as being covered under the policy, except for those health care services approved by us subject to subsection “Alternative Care.”
28. Health care services provided in connection with a health care service not covered under the policy.
29. Health care services provided when your coverage was not effective under the policy. Please see section “WHEN COVERAGE ENDS.”
30. Health care services not provided by a physician or any of the health care providers listed in section “COVERED EXPENSES.”
31. The following procedures and any related health care services:
  - a. injection of filling material (collagen) other than for incontinence;

- b.** salabrasion;
  - c.** rhytidectomy (face lift);
  - d.** dermabrasion;
  - e.** chemical peel;
  - f.** suction-assisted lipectomy (liposuction);
  - g.** hair removal;
  - h.** mastopexy;
  - i.** augmentation mammoplasty (except for reconstruction associated with mastectomy);
  - j.** correction of inverted nipples;
  - k.** sclerotherapy for spider veins;
  - l.** panniculectomy;
  - m.** mastectomy for male gynecomastia;
  - n.** botulinum toxin or similar products, unless you receive our prior authorization;
  - o.** any modification to the anatomic structure of a body part that does not affect its function;
  - p.** labioplasty; and
  - q.** treatment of sialorrhea (drooling or excessive salivation).
- 32.** Health care services provided at any nursing facility or convalescent home or charges billed by any place that's primarily for rest, for the aged or for drug abuse or alcoholism treatment, except as specifically stated in subsection "Behavioral Health Services."
- 33.** Health care services provided: (a) in the examination, treatment or removal of all or part of corns, callosities, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet; (b) in the cutting or trimming of toenails; or (c) in the non-operative partial removal of toenails. This exclusion does not apply to such health care services which are associated with a medical diagnosis of diabetes, peripheral vascular disease or peripheral neuropathy.
- 34.** Health education; complementary, alternative or holistic medicine; or other programs with an objective to provide personal fulfillment.
- 35.** Health care services that you receive not for the treatment of your own illness or injury, but in connection with the treatment of a collateral who is not a covered person under the policy.
- 36.** Housekeeping, shopping, or meal preparation services.
- 37.** Health care services provided in connection with: (a) any illness or injury caused by your engaging in an illegal occupation; or (b) any illness or injury caused by your commission of, or an attempt to commit, a felony.
- 38.** Maintenance care or supportive care.

39. Health care services provided in connection with the temporomandibular joint or TMJ syndrome, except as specifically stated in subsection "Temporomandibular Joint Disorder (TMJ)."
40. Health care services for which proof of claim isn't provided to us in accordance with subsection "Filing Claims."
41. Health care services and prescription legend drugs provided in connection with alcoholism, drug abuse and nervous or mental disorders, except as specifically stated in the following subsections: (a) "Hospital Services" (limited to inpatient hospital services for detoxification of drug addiction or alcohol dependency); (b) "Behavioral Health Services;" (c) "Nutritional Counseling;" (d) "Prescription Legend Drugs and Supplies;" and (e) "Skilled Nursing Care in a Skilled Nursing Facility."
42. Health care services not for or related to an illness or injury, other than as specifically stated in the policy.
43. Sales tax or any other tax, levy, or assessment by any federal or state agency or a local political subdivision.
44. Costs associated with indirect services provided by health care providers such as: creating standards, procedures, and protocols; calibrating equipment; supervising the testing; setting up parameters for test results; reviewing quality assurance data; transporting lab specimens; physician concierge payments; translating claim forms or other records; and after-hours charges.
45. Treatment of weak, strained, flat, unstable or unbalanced feet; arch supports; heel wedges; lifts; orthopedic shoes; or the fitting of orthotics to aid walking or running; unless specifically stated otherwise in the policy.
46. Health care services for treatment of sexual dysfunction, including impotence, regardless of the cause of the dysfunction. This includes: (a) surgical services; (b) devices; (c) drugs for, or used in connection with, sexual dysfunction; (d) penile implants; (e) sex therapy; and (f) the treatment of Peyronie's disease.
47. Health care services not supported by information contained in your medical records or from other relevant sources.
48. Health care services provided for your convenience or for the convenience of a physician, hospital, or other health care provider.
49. Baseline neuropsychological testing, for example, impact testing.
50. Magnetic sphincter augmentation (Linx® System); transoral incisionless fundoplication procedures.
51. Health care services that are for purposes of educational, occupational or athletic enhancement.
52. Storage of blood tissue, cells, or any other body fluids.
53. Salivary hormone testing.
54. Prolotherapy.
55. Platelet-rich plasma.
56. Coma stimulation programs.
57. In lab polysomnogram (PSG), unless a home sleep study is determined by us to not be medically appropriate.

## **Cosmetic Treatment Exclusion**

Health care services that we determine to be cosmetic treatment.

## **Dental Services Exclusions**

1. The care and treatment of teeth, gums, or alveolar process including dentures, appliances, or supplies used in such care or treatment.
2. Injuries or damage to teeth (natural or otherwise) that result from or are caused by the chewing of food or similar substances.
3. Dental implants or other implant related procedures, except as specifically stated in subsection “Dental Services.”
4. Tooth extraction of any kind, except as specifically stated in subsection “Dental Services.

## **Drug Exclusions**

1. Non-legend vitamins, minerals, and supplements even if prescribed by a physician, except as specifically stated in subsection “Prescription Legend Drugs.”
2. Retinoids, Minoxidil, Rogaine, or their medical equivalent in the topical application form.
3. Medications, drugs, or hormones to stimulate human biological growth, unless there is a laboratory-confirmed physician's diagnosis of your growth hormone deficiency.

## **Durable Medical Equipment, Medical Supplies and Prosthesis Exclusions**

1. Modifications to your vehicle, home or property including, but not limited to, escalators, elevators, saunas, steam baths, pools, hot tubs, whirlpools, tanning equipment, wheelchair lifts, stair lifts, chair lifts, grab bars, raised toilet seats, commodes, or ramps.
2. Medical supplies and durable medical equipment for your comfort, personal hygiene, or convenience including, but not limited to, physical fitness equipment, physician’s equipment, disposable supplies (other than colostomy supplies, enteral therapy supplies and/or urinary catheters and supplies), or self-help devices not medical in nature.
3. Environmental items including, but not limited to, air conditioners, air purifiers, humidifiers, dehumidifiers, furnace filters, heaters, vaporizers, or vacuum devices.
4. Wigs, toupees, hairpieces, cranial prosthesis, hair implants, or transplants or hair weaving.
5. Replacement of batteries and routine periodic maintenance of durable medical equipment, except for periodic maintenance for oxygen concentrators under a maintenance agreement which consists of one month rental billed every six months.
6. Rental fees for durable medical equipment that are more than the purchase price.
7. Durable medical equipment or prosthetics that we determine to have special features.
8. Continuous passive motion (CPM) devices and mechanical stretching devices.
9. Repairs due to abuse or misuse.

10. Home devices such as:
  - a. home spinal traction devices or standers;
  - b. home INR (international normalized ration blood test) monitors;
  - c. home phototherapy for dermatological conditions;
  - d. cold therapy (application of low temperatures for the skin) including, but not limited to, cold packs, ice packs, cryotherapy.
11. Light boxes for behavioral health conditions.
12. Car seats.

### **Genetic Counseling, Studies, and Testing Exclusions**

1. Genetic counseling, studies and testing other than the coverage that is specifically provided in subsection “Genetic Services.”
2. Genetic testing for the purposes of confirming a suspected diagnosis of a disorder that can be diagnosed based on clinical evaluations alone.
3. Genetic testing for conditions which cannot be altered by treatment or prevented by specific interventions.
4. Genetic testing solely for the purpose of informing the care or management of your family members.
5. Genetic counseling performed by the laboratory that performed the genetic test.

### **Hearing Services Exclusions**

1. Augmentation communication devices and related instruction or therapy.
2. Hearing protection equipment.

### **Hospital Services Exclusion**

Hospital stays if care could be provided in a less acute setting.

### **Infertility Exclusions**

1. Health care services associated with expenses for infertility or fertility treatment, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to health care services required to treat or correct underlying causes of infertility.
2. Direct attempts to achieve pregnancy or increase chances of achieving pregnancy by any means.

3. Evaluation and treatment of habitual abortions (three consecutive documented spontaneous abortions in the first or second trimesters) when not pregnant.
4. Any laparoscopic procedure during which an ovum is manipulated for the purpose of fertility treatment even if the laparoscopic procedure includes other purposes.

### **Maternity Exclusions**

1. Birthing classes, including Lamaze classes.
2. Abortion procedures, except as specifically stated in subsection “Maternity Services.”
3. Home births.

### **Reconstructive Surgery Exclusions**

Reconstructive surgery, except as stated in subsection “Surgical Services.”

### **Rehabilitation/Rehabilitative Services Exclusions**

1. Vocational or industrial rehabilitation including work hardening programs.
2. Cardiac rehabilitation beyond Phase II.
3. Sports hardening and rehabilitation.
4. Health care services used in educational or vocational training or testing.
5. Health clubs or health spas, aerobic and strength conditioning, functional capacity exams, physical performance testing, and all related material and products for these programs.
6. Long-term therapy and maintenance therapy.

### **Therapy Exclusions**

1. Massage therapy or aquatic therapy, except as specifically stated in subsection “Therapy Services.”
2. Hypnosis.
3. Sex therapy.
4. Chelation therapy, except in the treatment of heavy metal poisoning.
5. Health care services for holistic or homeopathic medicine or other programs that are not accepted medical practice, as determined by us, including, but not limited to, aromatherapy, herbal medicine, naturopathy, and reflexology.
6. Biofeedback, except for fecal/urinary incontinence.
7. Health care services by an athletic trainer.



8. Therapy services such as recreational therapy (other than recreational therapy included as part of a treatment program received during an inpatient hospital confinement for treatment of nervous or mental disorders, alcoholism or drug abuse), educational therapy, physical fitness, or exercise programs, except as specifically stated in subsection “Cardiac Rehabilitation Services” and “Therapy Services.”
9. Photodynamic therapy and laser therapy for the treatment of acne.

### **Transplant Exclusions**

1. Transplants considered by us to be experimental, investigational, or unproven.
2. Expenses related to the purchase of any organ.
3. Health care services for, or used in connection with, transplants of human and non-human body parts, tissues or substances, implants of artificial or natural organs or any complications of such transplants or implants, except as specifically stated in subsection “Transplants.”
4. Lodging expenses, including meals, unless such expenses are covered under the global fee agreement of your transplant network.

### **Vision Services Exclusions**

1. Vision therapy;
2. Orthoptic therapy and pleoptic therapy (eye exercise);
3. Preparation, fitting or purchase of eye glasses or contact lenses, except as specifically stated in the policy;
4. Correction of visual acuity or refractive errors by any means, except as specifically stated in the policy;
5. Implantable accommodating lenses to improve vision following cataract surgery;

### **Weight Control Exclusions**

Health care services provided in connection with a diagnosis of obesity, morbid obesity, weight control, or weight reduction, regardless of whether such services are prescribed by a physician or associated with an illness or injury. Services excluded under this provision include, but are not limited to:

1. Wiring of the jaw;
2. Liposuction;
3. Drugs;
4. Weight loss programs, unless benefits are provided elsewhere in the policy;
5. Physical fitness or exercise programs or equipment, unless benefits are provided elsewhere in the policy; and
6. Bone densitometry (DEXA, DXA) scans.

## Preventive/Wellness Care Exclusion

Immunizations for travel purposes.

## COORDINATION OF BENEFITS (COB)

### Applicability

1. This section applies when you have health care coverage under more than one plan. “Plan” and “this plan” are defined below.
2. If this section applies, the order of benefit determination rules shall be looked at first. The rules determine whether the benefits of this plan are determined before or after those of another plan. The benefits of this plan:
  - a. shall not be reduced when, under the order of benefit determination rules, this plan determines its benefits before another plan; but
  - b. may be reduced when, under the order of benefit determination rules, another plan determines its benefits first. This reduction is described in subsection “Effect on the Benefits of This Plan.”

### Definitions

The following definitions apply to this section only:

1. **Allowable Expense:** a health care service or expense, including deductibles and copayments, that is covered at least in part by one or more plans covering the person for whom the claim is made.  
  
When a plan provides benefits in the form of services, the reasonable cash value of each service provided shall be considered both an allowable expense and a benefit paid.
2. **Claim Determination Period:** a calendar year. However, it does not include any part of a year during which a person has no coverage under this plan or any part of a year before the date this section or a similar provision takes effect.
3. **Custodial Parent:** a parent awarded custody by a court decree. In the absence of a court decree, it is the parent with whom the child resides more than one half of the calendar year without regard to any temporary visitation.
4. **Plan:** any of the following which provides benefits or services for, or because of, medical or dental care or treatment:
  - a. Individual or group insurance or group-type coverage, whether insured or uninsured, that includes continuous 24-hour coverage. This includes prepayment, group practice or individual practice coverage. It also includes coverage other than school accident-type coverage.
  - b. Coverage under a governmental plan or coverage that is required or provided by law.. It does not include any plan whose benefits, by law, are excess to those of any private insurance program or other non-governmental program.
  - c. Medical expense benefits coverage in group, group-type and individual automobile “no-fault” contracts but, as to the traditional automobile “fault” contracts, only the medical benefits written on a group or group-type basis are included.

Each contract or other arrangement for coverage under a., b. or c. above is a separate plan. If an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate plan.

5. **Primary Plan/Secondary Plan:** Subsection “Order of Benefit Determination Rules” states whether this plan is a primary plan or secondary plan as to another plan covering the person.

When this plan is a primary plan, its benefits are determined before those of the other plan and without considering the other plan's benefits.

When this plan is a secondary plan, its benefits are determined after those of the other plan and may be reduced because of the other plan's benefits.

When there are more than two plans covering the person, this plan may be a primary plan as to one or more other plans and may be a secondary plan as to a different plan or plans.

6. **This Plan:** the part of the policy that provides benefits for health care expenses.

## Order of Benefit Determination Rules

### 1. General.

When there is a basis for a claim under this plan and another plan, this plan is a secondary plan which has its benefits determined after those of the other plan, unless:

- a. the other plan is automobile medical expense benefit coverage or has rules coordinating its benefits with those of this plan; and
- b. both those rules and this plan's rules described in 2. below require that this plan's benefits be determined before those of the other plan.

### 2. Rules.

This plan determines its order of benefits using the first of the following rules which applies:

- a. **Non-dependent/Dependent.** The benefits of the plan which covers the person as an employee, member or subscriber are determined before those of the plan which covers the person as a dependent of an employee, member or subscriber.
- b. **Dependent Child/Parents Not Separated or Divorced.** Except as stated in 2. c. below, when this plan and another plan cover the same child as a dependent of different persons, called “parents”:
  - (1) the benefits of the plan of the parent whose birthday falls earlier in the calendar year are determined before those of the plan of the parent whose birthday falls later in that calendar year; but
  - (2) if both parents have the same birthday, the benefits of the plan which covered the parent longer are determined before those of the plan which covered the other parent for a shorter period of time.

However, if the other plan does not have the rules described in (1) but instead has a rule based upon the gender of the parent and if, as a result, the plans do not agree on the order of benefits, the rule in the other plan shall determine the order of benefits.

- c. **Dependent Child/Separated or Divorced Parents.** If two or more plans cover a person as a dependent child of divorced or separated parents, benefits for the child are determined in this order:

- (1) first, the plan of the parent with custody of the child;
- (2) then, the plan of the spouse of the parent with custody of the child; and
- (3) finally, the plan of the parent not having custody of the child.

Also, if the specific terms of a court decree state that the parents have joint custody and do not specify that one parent has responsibility for the child's health care expenses or if the court decree states that both parents shall be responsible for the health care needs of the child but gives physical custody of the child to one parent, and the entities obligated to pay or provide the benefits of the respective parents' plans have actual knowledge of those terms, benefits for the dependent child shall be determined according to 2. b. above.

However, if the specific terms of a court decree state that one of the parents is responsible for the health care expenses of the child, and the entity obligated to pay or provide the benefits of the plan of that parent has actual knowledge of those terms, the benefits of that plan are determined first. This paragraph does not apply with respect to any claim determination period or plan year during which any benefits are actually paid or provided before the entity has that actual knowledge.

- d. **Active/Inactive Employee.** The benefits of a plan which covers a person as an employee who is neither laid-off nor retired or as that employee's dependent are determined before those of a plan which covers that person as a laid-off or retired employee or as that employee's dependent. If the other plan does not have this rule and if, as a result, the plans do not agree on the order of benefits, this rule d. is ignored. If a dependent is a Medicare beneficiary and if, under the Social Security Act of 1965 as amended, Medicare is secondary to the plan covering the person as a dependent of an active employee, the federal Medicare regulations shall supersede this paragraph d.
- e. **Continuation Coverage.**
  - (1) If a person has continuation coverage under federal or state law and is also covered under another plan, the following shall determine the order of benefits:
    - (a) first, the benefits of a plan covering the person as an employee, member or subscriber or as a dependent of an employee, member or subscriber;
    - (b) second, the benefits under the continuation coverage.
  - (2) If the other plan does not have the rule described in subparagraph (1), and if, as a result, the plans do not agree on the order of benefits, this paragraph e. is ignored.
- f. **Longer/Shorter Length of Coverage.** If none of the above rules determines the order of benefits, the benefits of the plan which covered an employee, member or subscriber longer are determined before those of the plan which covered that person for the shorter time.
- g. If the preceding rules do not determine the primary plan, the allowable expenses shall be shared equally between the plans meeting the definition of plan under this provision. In addition, this plan will not pay more than it would have paid had it been primary.

## Effect on the Benefits of This Plan

### 1. When This Subsection Applies.

This subsection applies when, in accordance with subsection "Order of Benefit Determination Rules," this plan is a secondary plan as to one or more other plans. In that event the benefits of this plan may be reduced under this subsection. Such other plan or plans are referred to as "the other plans" in 2. below.

## **2. Reduction in This Plan's Benefits.**

The benefits of this plan will be reduced when the sum of the following exceeds the allowable expenses in a claim determination period:

- a.** the benefits that would be payable for the allowable expenses under this plan in the absence of this section; and
- b.** the benefits that would be payable for the allowable expenses under the other plans, in the absence of provisions with a purpose like that of this section, whether or not claim is made. Under this provision, the benefits of this plan will be reduced so that they and the benefits payable under the other plans do not total more than those allowable expenses.

When the benefits of this plan are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of this plan.

## **Right to Receive and Release Needed Information**

We have the right to decide which facts we need to apply these COB rules. We may get needed facts from or give them to any other organization or person without your consent but only as needed to apply these COB rules. Medical records remain confidential as provided by law. Each person claiming benefits under this plan must give us any facts we need to pay the claim.

## **Facility of Payment**

A payment made under another plan may include an amount which should have been paid under this plan. If it does, we may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under this plan. We will not have to pay that amount again. The term “payment made” means reasonable cash value of the benefits provided in the form of services.

## **Right of Recovery**

If the amount of the payments we made is more than we should have paid under this section, we may recover the excess from one or more of:

- 1.** The persons we paid or for whom we paid;
- 2.** Insurance companies; or
- 3.** Other organizations.

The “amount of the payments made” includes the reasonable cash value of any benefits provided in the form of services.

## **Coverage with Medicare**

The policy will coordinate benefits with Medicare in accordance with federal law.

If you are eligible for Medicare benefits, but do not enroll in them, the policy will coordinate benefits as if you were covered by Medicare. For example, if you are eligible to enroll in Medicare Part B but fail to do so, we will still determine benefits that are payable under the policy as if you had Medicare Part B coverage and Medicare paid Part B benefits, even if Medicare didn’t pay any Part B benefits. You will be responsible for all covered expenses that would have been covered by Medicare.

## WHEN COVERAGE ENDS

### General Rules

We may terminate your coverage under the policy on the earliest of the following dates:

1. The date the policy terminates.
2. The day immediately following the last day of the calendar month in which you die.
3. The day immediately following the last day of the calendar month for which the premium required for your coverage has been paid to us in accordance with the policy.
4. The date you enter into military service, other than for duty of less than 30 days.
5. The day immediately following the last day of the calendar month in which the covered employee's employment terminates.
6. The day immediately following the last day of the calendar month in which we determine the covered employee is not within the class of employees eligible for coverage under the policy or is not actively at work. However, the employee's coverage under the policy may continue if:
  - a. he/she is granted an approved leave of absence protected by the Family and Medical Leave Act of 1993 (FMLA) or the Uniformed Services Employment and Reemployment Rights Act (USERRA), or any workers' compensation leave of absence. In this case, the covered employee's coverage will continue until the day immediately following the last day of the calendar month in which we determine the covered employee fails to return to work from that leave of absence;
  - b. he/she is granted a leave of absence under the policyholder's established leave of absence policy. In this case, the covered employee's coverage will continue no longer than three consecutive months following the date on which his/her coverage would have otherwise ended, unless a later date is specifically stated in the employer's leave of absence policy. Such leave of absence policy and any supporting documentation must be provided to us upon our request;
  - c. the covered employee is subject to a collective bargaining agreement. In this case, the covered employee's coverage will continue as stated in that agreement if that agreement has termination dates other than as stated in a. or b. above. Such collective bargaining agreement and any supporting documentation must be provided to us upon our request.

The policyholder must continue to pay the required premiums during any period of continued coverage stated in this paragraph 6.

7. The day immediately following the last day of the calendar month in which a covered employee requests that his/her coverage terminate under the policy.
8. For a covered employee's covered dependent, the date the covered employee's coverage terminates.
9. For a covered employee's spouse or domestic partner who is a covered person: (a) the day immediately following the last day of the calendar month the covered employee's spouse is no longer married to the covered employee due to divorce or annulment; or (b) the day immediately following the last day of the calendar month the domestic partner no longer meets the requirements stated in the definition of "dependent."
10. For a child who is a covered dependent, the earliest of the following dates, as determined by us:

- a. the day immediately following the last day of the calendar month in which the child reaches age 26, unless he/she is a full-time student returning from military duty or a disabled dependent as defined in the policy;
- b. for step-children, the day immediately following the last day of the calendar month the covered employee's spouse is no longer married to the covered employee due to divorce or annulment.

A full-time student who attains the limiting age while covered under the policy will remain eligible for benefits until the day immediately following the last day of the calendar month in which the child ceases to be a full-time student as defined in the policy.

- 11. For a child of a covered dependent child, the date the dependent child reaches age 18.
- 12. For a child of a domestic partner, the date the domestic partner's coverage ends under the policy.

If a dependent has attained the limiting age while covered under the policy and continues coverage as a full-time student, he/she may continue coverage if he/she ceases to be a full-time student due to a medically necessary leave of absence. In order to continue coverage, we must receive written documentation and certification of the medical necessity of the leave of absence from his/her attending physician. The date on which he/she ceases to be a full-time student due to the medically necessary leave of absence shall be the date on which coverage continuation begins.

Coverage shall continue for that full-time student until the earliest of the following dates:

- 1. He/she advises us that he/she does not intend to return to school full-time;
- 2. He/she becomes employed full time;
- 3. He/she obtains other health care coverage;
- 4. He/she marries and is eligible for coverage under his/her spouse's health coverage;
- 5. The date coverage of the subscriber through whom he/she has dependent coverage under the policy is discontinued or not renewed; or
- 6. One year following the date his/her continuation coverage began and he/she has not returned to school on a full-time basis.

If you have family coverage under the policy, a dependent child who is intellectually disabled or physically handicapped may continue coverage under your family coverage beyond the limiting age as set forth in subsection "Eligible Dependent."

It is the covered employee's responsibility to notify us of his/her child losing dependent status. If he/she does not so notify us, the covered employee shall be responsible for any claim payments made during the period of time the dependent was not eligible for coverage under the policy.

### **Special Rules for Full-Time Students Returning from Military Duty**

A full-time student returning from military duty may continue coverage if he/she ceases to be a full-time student due to a medically necessary leave of absence. In order to continue coverage, we must receive written documentation and certification of the medical necessity of the leave of absence from his/her attending physician. The date on which he/she ceases to be a full-time student due to the medically necessary leave of absence shall be the date on which coverage continuation begins.

Coverage shall continue for a full-time student returning from military duty on a medically necessary leave of absence until the earliest of the following dates:

- 1. He/she advises us that he/she does not intend to return to school full-time;

2. He/she becomes employed full time;
3. He/she obtains other health care coverage;
4. He/she marries and is eligible for coverage under his/her spouse's health coverage;
5. The date coverage of the subscriber through whom he/she has dependent coverage under the policy is discontinued or not renewed; or
6. One year following the date his/her continuation coverage began and he/she has not returned to school on a full-time basis.

It is the covered employee's responsibility to notify us of his/her child losing dependent status. If he/she does not so notify us, the covered employee shall be responsible for any claim payments made on behalf of the child while he/she was not eligible for coverage under the policy.

### **Special Rules for Disabled Children**

If you have family coverage under the policy, a child who is: (1) incapable of self-sustaining employment because of intellectual disability or physical impairment; and (2) chiefly dependent upon the covered employee for support and maintenance, may continue coverage under your family coverage beyond the limiting age as set forth in the definition of dependent.

Written proof of a child's disability must be given to us within 31 days after the child turns age 26. Failure to provide such proof within that 31-day period shall result in the termination of that child's coverage. After the child turns 28, we may request proof of disability annually.

It is the covered employee's responsibility to notify us of his/her child no longer qualifies as a dependent due to his/her intellectual disability or physical impairment. If he/she does not so notify us, the covered employee shall be responsible for any claim payments made on behalf of the child during the period of time he/she was not eligible for coverage under the policy.

### **Extension of Benefits**

This subsection only applies when (1) the policy is not replaced by another group health insurance policy, group health plan, or self-insured group health benefits plan; and (2) we determine that Wis. Admin. Code §§ Ins 6.51 (6) and (7) require that we provide an extension of coverage.

On the date the policy ends for all covered persons, benefits will continue for each covered person who, on the date the policy ends, is:

1. Totally disabled; or
2. Confined in a hospital.

An extension of benefits provided under this subsection shall end on the earliest of the following dates:

1. The day you are no longer totally disabled or no longer confined in a hospital;
2. The day on which 12 consecutive months have passed since the date the policy ended; or
3. The day on which coverage for the condition(s) causing your total disability or confinement is provided under similar coverage, other than temporary coverage required by Wis. Admin. Code § Ins 6.51 (7m) (b) under another group health plan.



This extension of benefits doesn't provide coverage for dental services, uncomplicated pregnancies or for any injury or illness other than the covered illness or injury causing the covered employee's total disability, the dependent's confinement, or the dependent's total disability.

## **CONTINUATION COVERAGE PRIVILEGE**

### **Wisconsin Law**

In certain cases you may be eligible to continue coverage that would otherwise end under section "WHEN COVERAGE ENDS" in accordance with Wis. Stat. § 632.897. Those who are eligible to purchase continuation coverage are: (1) covered employees who are no longer eligible for coverage under the policy through the policyholder, except if their employment is terminated for misconduct; or (2) a covered employee's spouse or dependent who is no longer eligible for coverage under the policy through the policyholder due to divorce, annulment or death of the covered employee. In either case, you must be covered under the policy through the policyholder for at least three consecutive months immediately prior to the termination date of your coverage in order to qualify for continuation coverage.

Within five days of the policyholder's receiving notice to end your coverage or notice that you are eligible under (1) or (2) above, the policyholder must notify you of:

1. Your option to continue your coverage under this subsection;
2. The monthly premium amount you must pay to continue your coverage. The premium amount for continuation coverage will be at the premium rate that we require for such coverage;
3. The manner in which and the place to which you must make premium payments; and
4. The time by which you must pay the premiums required for continuation coverage.

If you are eligible to purchase continuation coverage under Wis. Stat. § 632.897 and timely elect to continue your coverage and pay to the policyholder the required premium within 30 days after receiving the notice described above from the policyholder, the policyholder must notify us of your election of continuation coverage as soon as reasonably possible in the manner required by us. Your continuation coverage under the policy may be continued until the earliest of the following dates:

1. The date you become eligible for other similar group health care coverage or the same coverage under the policy;
2. For a covered employee's spouse, the date the covered employee is no longer eligible for coverage under the policy;
3. The date the policy terminates;
4. The date you move out of Wisconsin;
5. The end of the last coverage period for which you paid the required premium; or
6. 18 consecutive months after you elect continuation coverage.

If any of the six events described above applies to a covered person with continuation coverage, the covered person whose continuation coverage terminated under the policy due to that event must give written notice of that event to the policyholder and us as soon as reasonably possible. The policyholder must also notify us of that event as soon as reasonably possible after becoming aware of that event.

The continuation coverage described above is made available by us only to the limited extent that we're required to provide such coverage under Wis. Stat. § 632.897. Nothing in this section provides, or shall be interpreted or

construed to provide, any coverage in excess of, or in addition to, the continuation coverage required to be provided by us under Wis. Stat. § 632.897.

## **Federal Law**

A covered person who is no longer eligible for coverage under the policy, such as a covered person whose employment ends with the policyholder, certain dependent children, or a divorced or surviving spouse and his/her children, may be eligible to purchase continuation coverage under the policy in accordance with the federal Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), as amended.

You must contact the policyholder within 60 days of a divorce or a child losing dependent status under the policy in order to be eligible for COBRA continuation. You have 60 days following the termination date to elect to continue coverage under COBRA.

If you are eligible to purchase continuation coverage under COBRA, please see the policyholder for further information.

## **COVERAGE WITH MEDICARE**

If covered charges are incurred by a covered person who is a Medicare beneficiary, we will determine the benefits payable under the policy using the following rules. The rules require Medicare to pay as the secondary payer (and the employer group health plan to pay as the primary payer) when:

1. The covered person (employee or the employee's spouse) is age 65 or older and is covered under an employer group health plan of an employer that employs at least 20 persons (including part time employees) for a minimum of 20 weeks during the current or preceding calendar year and has not elected to have Medicare as the sole source of medical protection.
2. The covered person is under age 65, is covered under an employer group health plan of an employer of at least 100 employees, as a result of the covered person's current employment status or that of a covered family member, and is receiving Medicare benefits due to a permanent and total disability. In this case, the employer must have at least 100 people actively employed 50 percent or more of the regular business days in the preceding calendar year.

A person with "current employment status" is an individual who is working as an employee, is the employer (including self-employed persons) or is an individual associated with the employer in a business relationship.

3. A covered person is covered under an employer group health plan, and has end-stage renal disease (ESRD). If an ESRD patient has health insurance coverage under an employer group health plan, Medicare is secondary for 30 months from entitlement to, or eligibility for, Medicare Part A based on ESRD.

## **GENERAL PROVISIONS**

### **Your Relationship with Your Physician, Hospital or Other Health Care Provider**

We won't interfere with the professional relationship you have with your physician, hospital or other health care provider. We do not require that you choose any particular physician, hospital, or other health care provider, although there may be different benefits payable under the policy depending on your choice of physician, hospital, or other health care provider. We do not guarantee the competence of any particular physician, hospital, other health

care provider, nor can we guarantee their availability to provide services to you. You must choose the physician, hospital, or other health care provider you would like to see and you also must choose what health care services you wish to receive. We're not responsible for any injury, damage or expense (including attorneys' fees) you suffer as a result of any improper advice, action or omission on the part of any physician, hospital, or other health care provider, including, but not limited to, any preferred provider. We're obligated only to provide the benefits as specifically stated in the policy.

## **Physician, Hospital or Other Health Care Provider Reports**

Physicians, hospitals and other health care providers must release medical records and other claim-related information to us so that we can determine what benefits are payable to you. By accepting coverage under the policy, you authorize and direct the following individuals and entities to release such medical records and information to us, as required by a particular situation and allowed by applicable laws:

1. Any physician who has diagnosed for, attended, treated, advised or provided health care services to you;
2. Any hospital in which you were treated or diagnosed;
3. Any other health care provider who has diagnosed, attended, treated, advised or provided services to you; and
4. Any other insurance company, service, or benefit plan that possesses information that we need to determine your benefits under the policy.

This is a condition of our providing coverage to you. It's also a continuing condition of our paying benefits.

## **Assignment of Benefits**

This coverage is just for a covered employee and his/her covered dependents. Benefits may be assigned to the extent allowed by the Wisconsin insurance laws and regulations.

## **Subrogation**

We have the right to subrogate against a third party or to seek reimbursement from you for the medical expenses necessarily incurred by you and related to an illness or injury caused by a third party. When you receive a benefit under the policy for an illness or injury, we are subrogated to your right to recover the reasonable value of the services provided for your illness or injury to the extent of the benefits we have provided under the policy.

Our subrogation rights include the right of recovery for any injury or illness a third party caused or is liable for. "Third party" claims are claims against any insurance company or any person or party that is in any way responsible for providing payment as a result of the illness or injury. These rights also include the right of recovery under uninsured motorist insurance, underinsured motorist insurance, no-fault insurance, and any other applicable insurance. We may pursue our rights of subrogation against any party liable for your illness or injury or any party that has contracted to pay for your illness or injury. In the event you have or may recover for your Injury, we have the right to seek reimbursement from you for the actual cash value of any payments made by us to treat such illness or injury.

You or your attorney or other representative agree to cooperate with us in pursuit of these rights and shall:

1. Sign and deliver all necessary papers we reasonably request to protect or enforce our rights;
2. Do whatever else is necessary to protect or allow us to enforce our rights including joining us as a party as we may request when you have commenced a legal action to recover for a personal injury; and
3. Shall not do anything before or after our payment that would prejudice our rights.

Our right to subrogate shall not apply unless you have been made whole for loss of payments which you or any other person or organization is entitled to on account of illness or injury. You agree that you have been made whole by any settlement where your claim has been reduced because of your contributory negligence. You also agree that you have been made whole if you receive a settlement for less than the third party's insurance company's policy limits. If a dispute arises over the question of whether or not you have been made whole, we reserve the right to seek a judicial determination of whether or not you have been made whole.

We will not pay fees or costs associated with any claim or lawsuit without our express written consent. We reserve the right to independently pursue and recover paid benefits.

## **Limitation on Lawsuits and Legal Proceedings**

By accepting coverage under the policy, you agree that you will not bring any legal action against us regarding benefits, claims submitted, the payment of benefits or any other matter concerning your coverage until the earlier of: (1) 60 days after we've received or waived the proof of claim described in subsection "Filing Claims" below; or (2) the date we deny payment of benefits for a claim. This provision does not apply if waiting will result in prejudice against you. However, the mere fact that you must wait until the earlier of the above dates does not alone constitute loss or injury.

By accepting coverage under the policy, you also agree that you will not bring any legal action against us more than three years after the time we require written proof of claim. Please see subsection "Filing Claims" below.

## **Severability**

Any term, condition or provision of the policy that is prohibited by Wisconsin law shall be void and without force or effect. This, however, won't affect the validity and enforceability of any other remaining term, condition or provision of the policy. Such remaining terms, conditions or provisions shall be interpreted in a way that achieves the original intent of the parties as closely as possible.

## **Filing Claims**

### **1. How to File a Claim.**

After health care services are provided to you, either you or your health care provider must submit a claim to us in accordance with this subsection. The following information must be filed with us within 120 days after receiving a health care service:

- a.** claim forms (including the proper code for each health care service, date of each health care service, name of the health care provider, place of service and billed charges) received from the health care provider at the time of the health care service; and
- b.** proof of payment.

If you receive health care services in a country other than the United States, you will need to pay for the health care services upfront and then submit the claim to us for reimbursement. We will reimburse you for any covered expenses in U.S. currency. The reimbursement amount will be based on the U.S. equivalency rate that is in effect on the date you paid the claim or on the date of service if the date of payment is unknown.

### **2. Time Limit on Filing Claims.**

If you do not file the required information within 120 days after receiving a health care service, benefits will be paid for covered expenses if:

- a.** it was not reasonably possible to provide the required information within such time; and

- b. the required information is furnished as soon as possible and no later than one year following the initial 120-day period. The only exception to this rule is if you are legally incapacitated. If we do not receive written proof of claim required by us within that one-year and 120-day period and you are not legally incapacitated, no benefits are payable for that health care service under the policy.

### **3. How to Appeal a Claim Denial.**

If a claim is denied, you may appeal the denial by filing a written grievance. Please refer to subsection "Our Internal Grievance Procedure" for more information.

## **Conformity with Applicable Laws and Regulations**

On the effective date of the policy, any term, condition or provision that conflicts with any applicable laws and regulations shall automatically conform to the minimum requirements of such laws and regulations.

## **Entire Contract**

The entire contract between you and us is made up of the policy, including the policyholder's group application, the policyholder's supplemental applications, if any, the certificate, Schedule of Benefits, any endorsements, your application, and any supplemental applications.

## **Waiver and Change**

Only our Chief Executive Officer can execute a waiver or make a change to the policy. No agent, broker or other person may waive or change any term, condition, exclusion, limitation, or other provision of the policy in any way or extend the time for any premium payment. We may unilaterally change any provision of the policy if we send written notice to the policyholder at least 30 days in advance of that change. When the change reduces coverage provided under the policy, we must send written notice of the change to the policyholder at least 60 days before any such change takes effect.

Any change to the policy shall be made by an endorsement signed by our Chief Executive Officer. Each endorsement shall be binding on the policyholder, all covered persons, and us. No error by us, the policyholder, or any covered person shall: (1) invalidate coverage otherwise validly in force; (2) continue or reissue coverage validly terminated; or (3) cause us to issue coverage that otherwise would not be issued. If we discover any error, we may, at our sole discretion, make an equitable adjustment of coverage, payment of benefits, and/or premium.

## **Direct Payments and Recovery**

### **1. Direct Payment of Benefits.**

Unless otherwise specifically stated in the policy, we have the option of paying benefits either directly to the physician, hospital or other health care provider, or to you as described below in subsection "Claims Processing Procedure." Payments for covered expenses for which we're liable may be paid under another group or franchise plan or policy arranged through your employer, trustee, union or association. If so, we can discharge our liability by paying the organization that has made these payments. In either case, such payments shall fully discharge us from all further liability to the extent of benefits paid.

### **2. Recovery of Excess Payments.**

If we pay more benefits than what we're liable to pay for under the policy, including, but not limited to, benefits paid in error by us, we can recover the excess benefit payments from any person, organization, physician, hospital or other health care provider that has received such excess benefit payments. We can also recover such excess benefit payments from any other insurance company, service plan or benefit plan that has received such excess benefit payments. If we cannot recover such excess benefit payments from

any other source, we can also recover such excess benefits payments from you. When we request that you pay us an amount of the excess benefit payments, you agree to pay us such amount immediately upon our notification to you. We may, at our option, reduce any future benefit payments for which we are liable under the policy on other claims by the amount of the excess benefit payments, in order to recover such payments. We will reduce such benefits otherwise payable for such claims until the excess benefit payments are recovered by us.

## Workers' Compensation

This certificate is not issued in lieu of nor does it affect any requirements for coverage by workers' compensation insurance. Health care services for injuries or illnesses that are job, employment, or work related, and for which benefits are provided or payable under any workers' compensation or occupational disease act or law, are excluded from coverage by us. If a covered person receives benefits under this certificate for charges that are later determined to be eligible for coverage under any workers' compensation insurance, workers' compensation act, or employer liability law, the covered person shall reimburse us in full to the extent that benefits were paid by us under the policy for such charges. We reserve the right to recover against you even though:

1. The workers' compensation benefits are in dispute or are made by means of settlement or compromise;
2. No final determination is made that the illness or injury was sustained in the course of or resulted from employment; or
3. The medical or health care benefits are specifically excluded from the workers' compensation settlement or compromise.

## Written Notice

Written notice that we provide to an authorized representative of the policyholder shall be deemed notice to all affected covered persons and their covered dependents. This provision applies regardless of the notice's subject matter.

## Claims Processing Procedure

### 1. Definitions.

**Correctly filed claim:** a claim that includes: (a) the completed claim forms that we require; (b) the actual itemized bill for each health care service; and (c) all other information that we need to determine our liability to pay benefits under the policy, including but not limited to, medical records and reports.

**Incomplete claim:** a correctly filed claim that requires additional information including, but not limited to, medical information, coordination of benefits questionnaire, or subrogation questionnaire.

**Incorrectly filed claim:** a claim that is filed but lacks information which enables us to determine what, if any, benefits are payable under the terms and conditions of the policy. Examples include, but are not limited to, claims missing procedure codes, diagnosis or dates of service.

**Urgent claim:** any claim for medical care or treatment with respect to which the application of the time periods for making non-urgent care determinations could seriously jeopardize the life or health of the claimant or the ability of the claimant to regain maximum function or in the opinion of a physician with actual knowledge of the claimant's medical condition, would subject the claimant to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim.

## 2. Procedures.

Benefits payable under the policy will be paid after receipt of a correctly filed claim or prior authorization request. We will notify you of our decision on your claim as follows:

- a. **Concurrent Care.** Prior to the end of any pre-authorized course of treatment, if benefits are reduced or terminated prior to the number of treatments or time period that we authorized. The notice will provide time for you to file a grievance and receive a decision on that grievance prior to the benefit being reduced or terminated. This will not apply if the benefit is reduced or terminated due to a benefit change or termination of the policy.

Request to extend a pre-authorized treatment that involves urgent care must be responded to within 24 hours or as soon as possible if, your condition requires a shorter time frame. Such requests must be made at least 24 hours before the authorized course of treatment ends.

- b. **Pre-Service Claims.** A pre-service claim is any claim for a benefit under the policy that requires prior authorization before obtaining medical care. For prescription legend drugs, submission of a prescription to a pharmacy or pharmacist will not constitute a claim for benefits under the terms and conditions of the policy. Claims made after 4:00 PM will be logged in and handled on the next business day.

- (1) **Urgent Pre-Service Claims.** Within 72 hours of receipt of an urgent pre-service claim or as soon as possible if your condition requires a shorter time frame. You or a health care professional with knowledge of your medical condition may submit the claim to us by telephone, electronic facsimile (i.e. fax) or mail.

If the claim is an incomplete claim or incorrectly filed claim, we will notify you of the specific information needed as soon as possible but no later than 24 hours after we receive your claim. You will then have 48 hours from the receipt of the notice to provide the requested information. Within 48 hours of our receipt of the additional information, we will give our decision on the claim. If you fail to provide the information requested by us, we will provide you with our decision on the claim based on the most current information that we have within 48 hours of the end of the period that you were given to provide the information.

If you fail to follow our procedure for prior authorization requests, we will notify you within 24 hours of our receipt of the request. The notice will include the reason why the request failed and the proper process for obtaining prior approval or precertification.

- (2) **Non-Urgent Pre-Service Claims.** Within 15 days of receipt of a non-urgent pre-service claim.

If the claim is an incomplete claim or incorrectly filed claim, we will notify you of a 15 day extension and the specific information needed. You will then have 45 days from the receipt of the notice to provide the requested information. Once we have received the additional information, we will make our decision within the period of time equal to the 15-day extension in addition to the number of days remaining from the initial 15-day period. For example, if our notification was sent to you on the fifth day of the first 15-day period, we would have a total of 25 days to make a decision on your claim following the receipt of the additional information. Under no circumstances will the period for making a final determination on your claim exceed 75 days from the date we received the non-urgent pre-service claim.

If you fail to follow our procedure for prior authorization requests, we will notify you within five days of our receipt of the request. The notice will include the reason why the request failed and the proper process for obtaining prior authorization.

- (3) **Experimental Treatment.** Within 5 business days of receipt of a correctly filed pre-service claim for experimental treatment.

If you file an incomplete claim, an incorrectly filed claim, or if you fail to follow our prior authorization procedure, we will notify you as indicated in paragraph (1) or (2) above, as applicable.

- c. **Post-Service Claims.** A post-service claim is any claim for a benefit under the policy that is not a pre-service claim within 30 days of receipt of the claim.

If the claim is an incomplete claim or incorrectly filed claim, we may notify you of a 15 day extension and the specific information needed. You will then have 45 days from the receipt of the notice to provide the requested information. Once we have received the additional information, we will make our decision within the period of time equal to the 15-day extension in addition to the number of days remaining from the initial 30-day period. For example, if our notification was sent to you on the fifth day of the first 30-day period, we would have a total of 40 days to make a decision on your claim following the receipt of the additional information. Under no circumstances will the period for making a final determination on your claim exceed 90 days from the date we received the post-service claim.

If benefits are payable on charges for services covered under the policy, we'll pay such benefits directly to the hospital, physician or other health care provider providing such services, unless you have already paid the charges and submitted paid receipts therefore to us before we pay benefits. We will send you written notice of the benefits we paid on your behalf. If you have already paid the charges and are seeking reimbursement from us, payment of such benefits will be made directly to you.

If the claim is denied in whole or in part, you will receive a written notice from us explaining why the claim was denied and how you can file a grievance or request an independent external review. Please see Grievance Procedure and Independent External Review procedure below. If our denial or partial denial is based on (1) an internal rule, guideline, protocol or other similar criterion, or (2) the definition of medical necessary or experimental/investigational/unproven, you have the right to request, free of charge, a copy of all information relevant to your claim. Upon request we will also provide you with the meaning of your diagnosis code and/or procedure code.

## Grievance/Complaint Procedure

### 1. Definitions.

**Authorized Representative:** a person designate to file a grievance on your behalf and/or to act for you. For purposes of your grievance, the authorized representative will be treated as if he/she is the covered person. We will send our written decision responding to the grievance to the authorized representative, not you. Our committee's written decision will contain personal information about you, including your confidential medical information, if any, that applies to the matter which is being grieved.

**Complaint:** an expression of dissatisfaction that is expressed to us verbally.

**Expedited Grievance:** means a grievance to which any of the following conditions apply:

- a. The duration of the standard resolution process will result in serious jeopardy to your life or health or your ability to regain maximum function.
- b. A physician with knowledge of your medical condition believes that you are subject to severe pain that cannot be adequately managed without the care or treatment that is the subject of the grievance.
- c. A physician with knowledge of your medical condition determines that the grievance shall be treated as an expedited grievance.

An expedited grievance may be submitted verbally or in writing.



**Grievance:** any dissatisfaction with us or our administration of your health benefit plan that you (or your authorized representative) express to us in writing. For example, you might file a grievance about our provision of services, our determination to reform or rescind a policy, our determination of a diagnosis or level of service required for evidence-based treatment of autism spectrum disorders, or our claims practices.

**You/Your:** you, as a covered person, your authorized representative or your physician (if your physician submitted the grievance that pertains to our denial of benefits or coverage for a prescription legend drug or durable medical equipment or a similar medical device).

## **2. Our Informal Complaint Procedure.**

Situations might occasionally arise when you question or are unhappy with a claims decision made by us or some aspect of our policy administration, claims processing, or service that you received from us. For example, you may question why we made a claims decision or denied benefits for a claim submitted. We can resolve most of these questions without you having to file a grievance under this subsection. Therefore, before filing a grievance under this subsection, we urge you to speak with our Customer Service Department to try to resolve any problem, question, or concern that you have. Just call the telephone number on your identification card. A Customer Service representative will record your information and your proposed resolution and consider all information that we have about your policy's terms, conditions, and provisions. If necessary, he/she will then discuss the matter with a supervisor in our Customer Service Department.

We'll respond to your proposed resolution in writing by sending you a letter or an Explanation of Benefits that explains the actions we have taken to resolve the matter. If you are still unhappy after receiving our response, you have the right to file a grievance in writing with our Grievance/Appeal Committee in accordance with the procedure explained below.

## **3. Grievance Procedure for Grievances That Are Not Expedited Grievances.**

- a.** To file a grievance, you should write down the concerns, issues, and comments you have about our services and mail, fax or deliver the written grievance along with copies of any supporting documents to our Grievance/Appeal Department at the address shown below:

Grievance/Appeal Committee  
Wisconsin Physicians Service Insurance Corporation  
P. O. Box 7062  
1717 West Broadway  
Madison, Wisconsin 53707-7062  
Fax Number: (608) 977-9920

We cannot accept telephone requests for a grievance. Your grievance must be in writing. Please deliver, fax, or mail your grievance to us at the address shown above.

You have three years after you received our initial notice of denial or partial denial of your claim to file a grievance.

For example, if we denied benefits for your claim because we determined that a health care service provided to you was not "medically necessary" and/or "experimental" as those terms are defined in the policy, please send us all additional medical information (including copies of your health care provider(s)'s medical records) that shows why the health care service was medically necessary and/or not experimental under the policy.

Any grievance filed by your physician regarding a prescription legend drug or a durable medical equipment or other medical device should present medical evidence demonstrating the medical reason(s) why we should make an exception to cover and pay benefits for that prescription legend drug, or durable medical equipment or medical device that's not covered under the policy.

- b.** We will acknowledge our receipt of your grievance by delivering, faxing, or mailing you an acknowledgment letter within five business days of our receipt of the grievance. If you don't receive this acknowledgement, please contact our Customer Service Department using the telephone number on your identification card.
- c.** As soon as reasonably possible after we receive your grievance, our Grievance/Appeal Department will review the grievance. Our Grievance/Appeal Department will review the information you provided and consider your proposed resolution in the context of any information we have available about the applicable terms, conditions, and provisions of the policy. If we agree with your proposed resolution, we'll tell you in writing by sending you a letter explaining our subsequent claims processing action or administrative action that resolves the matter to your satisfaction. If our Grievance/Appeal Department upholds the original claims processing or administrative decision that you challenged, the grievance will be automatically forwarded to our Grievance/Appeal Committee for its review and decision in accordance with the grievance procedure explained further below. Under no circumstances will the time frame exceed the time periods discussed below.

You have the right to submit written questions to the person or persons responsible for making the determination that is the subject of your grievance. The responses to your questions will be considered in the Grievance Committee's review of your grievance.

For decisions regarding medical judgment, we will consult with a health care professional who has the appropriate training and experience in the field of medicine involved in the medical judgment. You have the right to request the identity of the health care professional whose advice we obtained in connection with the adverse benefit determination, regardless of whether we relied upon such advice in making our decision.

In general, the Grievance Committee will reach and issue its decision to you within 30 days. If, however, the Committee determines that it needs additional time to make its decision, the committee will mail you a written notice before the 30-day period has expired. This notice will explain that the Committee needs an extension of time to complete its review and make its decision and will indicate how much additional time we need, when the committee's decision is expected to be made, and the reason additional time is needed. The Committee then has an additional 30 days after the first 30-day period has expired (or within 60 days from the date we first received the grievance) to provide you with its written decision.

- d.** You have a right to appear in person or to participate by teleconference before the Grievance/Appeal Committee which meets at our offices in Madison, Wisconsin, and to present written or oral information to the committee and to submit written questions to the Committee. In the Committee's written decision to the grievance the Committee will respond to all of the written questions submitted to the Committee prior to or at that meeting. The Committee will notify you in writing of the time and place of the meeting at least seven calendar days before the meeting. Please remember that this meeting is not a trial where there are rules of evidence that are followed. Also, cross-examination of the Committee's members, its advisors, or WPS employees is not allowed. No transcript of the meeting is prepared, and sworn testimony is not taken by the Committee. The person's presentation to the Committee may be tape-recorded by the Committee. If you attend the meeting to present the reason(s) for the grievance, we expect and require each person who attends the meeting to follow and abide by the internal practices, rules and requirements established by the Committee to handle grievances effectively and efficiently in accordance with the applicable laws and regulations.
- e.** Within 30 (or 60) days after our receipt of the grievance, the Grievance/Appeal Committee will mail you a detailed decision letter containing all information required by law. The letter will be sent to the person who filed the grievance by regular mail unless that person's grievance asked the Committee to transmit its written decision by fax.
- f.** We will retain our records of the grievance for at least six years after we send you the Committee's letter providing written notification of its decision. You have the right to request a copy of

documents, free of charge, relevant to your grievance by sending a written request to the address listed above.

- g.** If we continue to deny the payment, coverage, or service requested, or if you do not receive a timely decision, you may be entitled to request an independent external review.

**4. Grievance Procedure for Grievances That Are Expedited Grievances.**

- a.** To file an expedited grievance, you or your health care provider must submit the concerns, issues, and comments underlying your grievance to us via telephone, mail, email, or fax using the contact information below. If you contact us initially by phone, you will need to submit copies of any supporting documents via email, fax or mail:

Grievance/Appeal Committee  
Expedited Grievance  
Wisconsin Physicians Service Insurance Corporation  
P.O. Box 7062  
1717 West Broadway  
Madison, Wisconsin 53707-7062  
Phone: 1-800-223-6048  
Fax Number: (608) 977-9920

For example, if we denied benefits for your claim because we determined that a health care service provided to you was not “medically necessary” and/or “experimental” as those terms are defined in the policy, please send us all additional medical information, including sending us copies of your health care provider(s)’s medical records, that you believe shows that the health care service was medically necessary and/or not experimental under the policy. Any grievance filed by your physician regarding a prescription legend drug or durable medical equipment or a medical device should present medical evidence demonstrating the medical reason(s) why we should make an exception to cover and pay benefits for that prescription legend drug, or durable medical equipment or medical device that’s not covered under the policy.

- b.** As soon as reasonably possible following our receipt of the expedited grievance, our Grievance/Appeal Department will review the expedited grievance. Our Grievance/Appeal Department will take the information along with your proposed resolution and review the matter, including considering all information that we have available and the policy’s applicable terms, conditions, and provisions. If we agree with the proposed resolution of this matter, we’ll contact you by phone or fax to explain our decision and then follow up with either a letter or an Explanation of Benefits form explaining how we resolved your grievance. If our Grievance/Appeal Department upholds our original claims processing decision or administrative decision that you disputed, the grievance will be automatically forwarded to our Grievance/Appeal Committee for its review and decision in accordance with the grievance procedure explained below. For decisions regarding medical judgment, we will consult with a health care professional who has the appropriate training and experience in the field of medicine involved in the medical judgment. You have the right to request the identity of the health care professional whose advice we obtained in connection with the adverse benefit determination, regardless of whether we relied upon such advice in making our decision.
- c.** As expeditiously as your health condition requires, but not later than 72 hours after our receipt of the expedited grievance, the Grievance/Appeal Department will contact you by phone or fax to explain the Grievance/Appeal Committee’s rationale and decision. The Committee will then mail a detailed decision letter containing all information required by law. The letter will be mailed to the person who filed the expedited grievance using the United States Postal Service.
- d.** We will retain our records of the grievance for at least six years after we send you the committee’s letter providing written notification of its decision.
- e.** You have the right to request a copy of documents, free of charge, relevant to your grievance by sending a written request to the address listed above.

- f. If we continue to deny the payment, coverage, or service requested, or if you do not receive a timely decision, you may be entitled to request an independent external review.

## **Independent External Review**

### **1. Definitions.**

The following definitions apply to this subsection only:

**Experimental Treatment Determination:** a determination by WPS to which all of the following apply:

- a. we have reviewed the proposed treatment;
- b. based on the information provided, we have determined the treatment is experimental/ investigational/ unproven;
- c. based on the information provided, we denied the treatment or payment for the treatment.

**Adverse Determination:** a determination by WPS to which all of the following apply:

- a. we have reviewed admission to a health care facility, the availability of care, the continued stay or other treatment;
- b. based on the information provided, the treatment does not meet our requirements for medical necessity, appropriateness, health care setting, level of care, or effectiveness;
- c. based on the information provided, we reduced, denied or terminated the treatment or payment of the treatment.

An adverse determination also includes the denial of a prior authorization request for health care services from a non-preferred provider. The right to an independent external review applies only when you feel the non-preferred provider's clinical expertise is medically necessary and the expertise is not available from a preferred provider.

**Rescission of Coverage Determination:** a determination by WPS to withdraw coverage under the policy back to your initial date of coverage, modify the terms of the policy or adjust the premium rate by more than 25% from the premium in effect during the period of contestability.

### **2. Independent External Review Process.**

You may be entitled to an independent external review by an Independent Review Organization (IRO) if you have received an experimental treatment determination, adverse determination or a rescission of coverage determination.

In general, you must complete all grievance/appeal options before requesting an independent external review. This includes waiting for our determination on your grievance/appeal. However, if we agree with you that the matter should proceed directly to independent review, or if you need immediate medical treatment and believe that the time period for resolving an internal grievance will cause a delay that could jeopardize your life or health, you may ask to bypass our internal grievance process. In these situations, your request will be processed on an expedited basis.

If you or your authorized representative wish to file a request for an independent external review, your request must be submitted in writing to the address listed below and received within four months of the decision date of your grievance.

Wisconsin Physicians Service Insurance Corporation  
Attention: IRO Coordinator

P.O. Box 7458  
Madison, WI 53707

Your request for an independent external review must include:

- a. your name, address and telephone number.
- b. an explanation of why you believe that the treatment should be covered.
- c. any additional information or documentation that supports your position.
- d. if someone else is filing on your behalf, a statement signed by you authorizing that person to be your representative.
- e. any other information requested by us.

Within five days of our receipt of your request, an accredited IRO will be assigned to your case through an unbiased random selection process. The assigned IRO will send you a notice of acceptance within one business day of receipt, advising you of your right to submit additional information within ten business days of your receipt of the notice from the IRO. The assigned IRO will also deliver a notice of the final external review decision in writing to you and WPS within 45 calendar days of their receipt of the request. Some of the information you provide to the IRO may be shared with appropriate regulatory authorities.

Unless your case involves the rescission of the policy, the IRO's decision is binding for both you and WPS. You are not responsible for costs associated with the independent external review.

*You may resolve your problem by taking the steps outlined above. You may also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by writing to:*

*Office of the Commissioner of Insurance  
Complaints Department  
P. O. Box 7873  
Madison, WI 53707-7873*

<http://oci.wi.gov/>

*or you can call 1-800-236-8517 outside of Madison or (608) 266-0103 in Madison, and request a complaint form.*