

# 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.

(Continued on Next Page)

**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  
2021 Preferred Formulary List  
WPS Drug Preauthorization (including FAQs)  
Telehealth Services Overview  
Notice of Privacy Practices, Privacy Notice**

- **Notice of Plan Changes for 7/1/21**
- **Medical Benefits (Preferred Provider Plan Certificate)**

*See TABLE OF CONTENTS*

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 \$136.53 single and \$337.98 family as of 7/1/21.

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) , click “Find A Doctor”, select *group PPO health plans* option.

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

1. Use “Existing Subscriber”
2. Enter your Subscriber #
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 Visitor”
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.

**YOUR INDIVIDUAL SUBSCRIBER 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 [referral](#) to see a [specialist](#)?

No.

You can see the [specialist](#) you choose without a [referral](#).



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

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 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> / Teladoc ® visit charge  \$20 <a href="#">copayment</a> /office visit charge for a preferred convenient care clinic visit  \$20 <a href="#">copayment</a> /visit for a preferred 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)	
<p><b>If you need drugs to treat your illness or condition</b>  More information about <a href="https://wpshealth.com/resources/files/32053_2021-preferred-drug-guide.pdf">prescription drug coverage</a> is available at <a href="https://wpshealth.com/resources/files/32053_2021-preferred-drug-guide.pdf">https://wpshealth.com/resources/files/32053_2021-preferred-drug-guide.pdf</a></p>	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	<p><a href="#">Deductible</a> does not apply to prescription drugs purchased from a pharmacy.</p> <p>Covers up to a 90-day supply.</p> <p>Retail <a href="#">copayments</a> applied as follows:  1-30-day supply = one <a href="#">copayment</a>  31-60-day supply = two <a href="#">copayments</a>  61-90-day supply = three <a href="#">copayments</a></p> <p>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.</p> <p><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.</p>
	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	
	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	
<p><b>If you have outpatient surgery</b></p>	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
<p><b>If you need immediate medical attention</b></p>	<a href="#">Emergency room care</a>	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	<p><a href="#">Urgent care</a> services from a non-preferred provider for treatment of a condition which does not require immediate medical attention will be subject to the non-preferred <a href="#">provider deductible</a> and <a href="#">coinsurance</a>.</p>



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> 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.
	<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	\$10 <a href="#">copayment</a> / Teladoc ® 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.

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)	
	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>	
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>	None
	<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</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 [plan](#) document.)**

- Chiropractic Care
- Acupuncture - limited to adults over age 18 for postoperative nausea and vomiting, nausea and vomiting due to anti-neoplastic agents, and postoperative dental pain
- 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
- Bariatric Surgery
- Hearing aids, limited to the cost of one hearing aid, per ear, for each member under age 18 every three years
- Routine eye care limited to eye exams

**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.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit

**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](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al (888) 915-4001.

Hmong (Hmoob): Kev pab nyob rau hauv Hmoob hu (888) 915-4001.

Traditional Chinese (傳統中文): 有關中文協助,請致電 (888) 915-4001.

German (Deutsch): Für Hilfe in deutscher Sprache rufen (888) 915-4001.

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

## 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>\$12,700</b>
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$200
Copayments	\$50
Coinsurance	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$30
<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>\$5,600</b>
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$150
Copayments	\$1,010
Coinsurance	\$10
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$1,170</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>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$200
Copayments	\$160
Coinsurance	\$150
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$510</b>

## Nondiscrimination and Language Access Policy

Wisconsin Physicians Service Insurance Corporation/WPS Health Plan, Inc./The EPIC Life Insurance Company (WPS/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/EPIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### WPS/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 [wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan), or [epiclifec.com](http://epiclifec.com).

If you believe that WPS/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/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 [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://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, D.C., 20201; or by phone at 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).

29792-054-2007



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

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بنا على رقم الهاتف الموجود بالرسالة المرفقة أو بالجهة الأمامية لبطاقة تعريف الهوية الخاصة بك أو على الرقم المدرج بالمواقع الإلكترونية التالية [wpshealth.com](http://wpshealth.com) أو [wpshealth.com/healthplan](http://wpshealth.com/healthplan) أو [epicliflife.com](http://epicliflife.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 [wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan) ou [epicliflife.com](http://epicliflife.com) (ATS : 711).

German HINWEIS: Wenn Sie Deutsch sprechen, stehen für Sie kostenlos Sprachassistentendienste zur Verfügung. Sie finden die entsprechende Telefonnummer auf dem beigefügten Schreiben, auf der Vorderseite Ihrer ID-Karte oder unter [wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan) oder [epicliflife.com](http://epicliflife.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 [wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan), [epicliflife.com](http://epicliflife.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 [wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan) lossis [epicliflife.com](http://epicliflife.com) (TTY: 711).

Korean 주목해 주세요: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 첨부된 서신, ID 카드 앞면 또는 [wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan), [epicliflife.com](http://epicliflife.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 [wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan) lub [epicliflife.com](http://epicliflife.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 сайте [wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan) и [epicliflife.com](http://epicliflife.com) (телетайп: 711).

Spanish ATENCIÓN: Si habla español, los servicios de asistencia de idioma están disponibles para usted, sin costo. Llámenos al número de teléfono que se encuentra en la correspondencia adjunta, en la parte de adelante de su tarjeta de identificación o al número indicado en [wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan) o [epicliflife.com](http://epicliflife.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 nakalakip na sulat, nasa harapang bahagi ng iyong id card o nakalistang numero sa [wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan) o [epicliflife.com](http://epicliflife.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：  
[wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan) 或 [epicliflife.com](http://epicliflife.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 [wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan) hoặc [epicliflife.com](http://epicliflife.com) (TTY: 711).

Pennsylvania Dutch GEB ACHT: Wann du Deitsch schwetzscht, du kannscht 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 [wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan) or [epicliflife.com](http://epicliflife.com) (TTY: 711).

Lao ສໍາລັບທ່ານທີ່ສົນໃຈ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ຄິດຄ່າໃຊ້ຈ່າຍ ສໍາລັບທ່ານ. ທ່ານສາມາດໂທຫາພວກເຮົາໄດ້ໂທຫາເລກຢູ່ເທິງຈົດໝາຍຕິດຕັ້ງຄັດຄ້າ, ດ້ານໜ້າບັດປະຈຳຕົວຂອງທ່ານ ຫຼື ໝາຍເລກທີ່ລະບຸໄວ້ໃນ [wpshealth.com](http://wpshealth.com), [wpshealth.com/healthplan](http://wpshealth.com/healthplan) or [epicliflife.com](http://epicliflife.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 Medical College of Wisconsin Affiliated Hospitals, Inc.		4. Employer Identification Number (EIN) 39-1341366	
5. Employer address 8701 Watertown Plank Road		6. Employer phone number (414) 955-4575	
7. City Milwaukee	8. State WI	9. ZIP code 53226	
10. Who can we contact about employee health coverage at this job? Graduate Medical Education Department			
11. Phone number (if different from above)		12. Email address 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 January 31, 2021. Contact your State for more information on eligibility –**

<b>ALABAMA-Medicaid</b>	<b>CALIFORNIA-Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>ALASKA-Medicaid</b>	<b>COLORADO-Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> 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> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 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> HIBI Customer Service: 1-855-692-6442
<b>ARKANSAS-Medicaid</b>	<b>FLORIDA-Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<p align="center"><b>GEORGIA-Medicaid</b></p> <p>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162 ext 2131</p>	<p align="center"><b>MASSACHUSETTS-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a>  Phone: 1-800-862-4840</p>
<p align="center"><b>INDIANA-Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone 1-800-457-4584</p>	<p align="center"><b>MINNESOTA-Medicaid</b></p> <p>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>  Phone: 1-800-657-3739</p>
<p align="center"><b>IOWA-Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p align="center"><b>MISSOURI-Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<p align="center"><b>KANSAS-Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884</p>	<p align="center"><b>MONTANA-Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>
<p align="center"><b>KENTUCKY-Medicaid</b></p> <p>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>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></p> <p>KCHIP Website:  <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p align="center"><b>NEBRASKA-Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p align="center"><b>LOUISIANA-Medicaid</b></p> <p>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>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center"><b>NEVADA-Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>MAINE-Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/of/applications-forms">https://www.maine.gov/dhhs/of/applications-forms</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/of/applications-forms">https://www.maine.gov/dhhs/of/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p align="center"><b>NEW HAMPSHIRE-Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

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

To see if any other states have added a premium assistance program since January 31, 2021, 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 22, 2021

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\*; 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.

\* 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.



# 2021 WPS Preferred Drug Guide

## Large Group National Preferred Formulary

September 2021



HEALTH INSURANCE • HEALTH PLAN

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## LIST OF ABBREVIATIONS

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

### 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 per ACA rules and guidance.**

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.
11. **Selective Serotonin Reuptake Inhibitors (SSRIs)** including citalopram, escitalopram, fluoxetine IR/DR, fluvoxamine IR/CR/ER, paroxetine IR/CR/ER, and sertraline.

## 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/ Limits	Drug Name	Route	Requirements/ Limits
<b>ANTI - INFECTIVES</b>			<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIFUNGAL AGENTS</b>			<i>ethambutol hcl tablet</i>	oral	
<i>clotrimazole troche</i>	mucous membrane		<i>isoniazid solution; oral</i>	oral	
CRESEMBA CAPSULE	oral		<i>isoniazid tablet</i>	oral	
<i>fluconazole suspension; reconstituted; oral (ml)</i>	oral		PRIFTIN TABLET	oral	
<i>fluconazole tablet</i>	oral		<i>pyrazinamide tablet</i>	oral	
<i>fluconazole tablet 150mg</i>	oral	QL	<i>rifabutin capsule</i>	oral	
<i>flucytosine capsule</i>	oral		<i>rifampin capsule</i>	oral	
<i>griseofulvin suspension; oral (final dose form)</i>	oral		SIRTURO TABLET	oral	LA
<i>griseofulvin tablet</i>	oral		<b>ANTIPARASITICS</b>		
<i>griseofulvin ultramicrosize tablet</i>	oral		<i>albendazole tablet</i>	oral	
<i>itraconazole capsule</i>	oral	QL	ALINIA SUSPENSION; RECONSTITUTED; ORAL (ML)	oral	
<i>itraconazole solution; oral</i>	oral		<i>atovaquone suspension; oral (final dose form)</i>	oral	
<i>ketoconazole tablet</i>	oral		BENZNIDAZOLE TABLET	oral	
NOXAFIL SUSPENSION; ORAL (FINAL DOSE FORM)	oral		EMVERM TABLET;CHEWABLE	oral	
<i>nystatin suspension; oral (final dose form)</i>	oral		IMPAVIDO CAPSULE	oral	
<i>nystatin tablet</i>	oral		<i>ivermectin tablet</i>	oral	
<i>posaconazole tablet; enteric coated</i>	oral		<i>metronidazole capsule</i>	oral	
<i>terbinafine tablet</i>	oral		<i>metronidazole tablet</i>	oral	
<i>voriconazole suspension; reconstituted; oral (ml)</i>	oral		<i>nitazoxanide tablet</i>	oral	
<i>voriconazole tablet</i>	oral		<i>paromomycin sulfate capsule</i>	oral	
<b>ANTIMALARIALS</b>			<i>pentamidine isethionate vial; nebulizer (ea)</i>	INH	QL
<i>atovaquone-proguanil hcl tablet</i>	oral		<i>praziquantel tablet</i>	oral	
<i>chloroquine phosphate tablet</i>	oral		SOLOSEC GRANULES; DELAYED RELEASE; IN PACKET	oral	
COARTEM TABLET	oral		<i>tinidazole tablet</i>	oral	
<i>hydroxychloroquine sulfate tablet</i>	oral		<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<i>mefloquine hcl tablet</i>	oral		<i>azithromycin packet (ea)</i>	oral	
<i>primaquine generic tablet</i>	oral		<i>azithromycin suspension; reconstituted; oral (ml)</i>	oral	
PYRIMETHAMINE TABLET	oral	PA; SP	<i>azithromycin tablet</i>	oral	
<i>quinine sulfate capsule</i>	oral		<i>clarithromycin suspension; reconstituted; oral (ml)</i>	oral	
			<i>clarithromycin tablet</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/ Limits
<i>clarithromycin er tablet; extended release 24 hr</i>	oral	
<i>e.e.s. tablet</i>	oral	
<i>ery-tab tablet; enteric coated</i>	oral	
<i>erythrocin stearate tablet</i>	oral	
<i>erythromycin capsule; delayed release (enteric coated)</i>	oral	
<i>erythromycin tablet</i>	oral	
<i>erythromycin tablet; enteric coated</i>	oral	
<i>erythromycin ethylsuccinate suspension; reconstituted; oral (ml)</i>	oral	
<i>erythromycin ethylsuccinate tablet</i>	oral	
<b>FIRST GENERATION CEPHALOSPORINS</b>		
<i>cefadroxil capsule</i>	oral	
<i>cefadroxil suspension; reconstituted; oral (ml)</i>	oral	
<i>cefadroxil tablet</i>	oral	
<i>cephalexin capsule</i>	oral	
<i>cephalexin suspension; reconstituted; oral (ml)</i>	oral	
<i>cephalexin tablet</i>	oral	
<b>FLUOROQUINOLONES</b>		
BAXDELA TABLET	oral	
<i>ciprofloxacin suspension; microcapsule reconstituted</i>	oral	
<i>ciprofloxacin hcl tablet</i>	oral	
<i>levofloxacin solution; oral</i>	oral	
<i>levofloxacin tablet</i>	oral	
<i>moxifloxacin hcl tablet</i>	oral	
<i>ofloxacin tablet</i>	oral	
<b>HIV/AIDS THERAPY</b>		
ABACAVIR SOLUTION; ORAL	oral	SP
ABACAVIR TABLET	oral	SP
ABACAVIR-LAMIVUDINE TABLET	oral	SP
ABACAVIR-LAMIVUDINE- ZIDOVUDINE TABLET	oral	SP
APTIVUS CAPSULE	oral	SP
APTIVUS SOLUTION; ORAL	oral	SP
ATAZANAVIR SULFATE CAPSULE	oral	SP
BIKTARVY TABLET	oral	SP
CIMDUO TABLET	oral	SP
CRIXIVAN CAPSULE	oral	SP
DESCOVY TABLET	oral	SP

Drug Name	Route	Requirements/ Limits
DIDANOSINE CAPSULE; DELAYED RELEASE (ENTERIC COATED)	oral	SP
DOVATO TABLET	oral	SP
EDURANT TABLET	oral	SP
EFAVIRENZ CAPSULE	oral	SP
EFAVIRENZ TABLET	oral	SP
EFAVIRENZ-EMTRIC- TENOFV DISOP TABLET	oral	SP
EFAVIRENZ-LAMIVU- TENOFV DISOP TABLET	oral	SP
EMTRICITABINE CAPSULE	oral	SP
EMTRICITABINE- TENOFVIR DISOP TABLET	oral	SP
<i>emtricitabine-tenofovir disop tablet 200-300 mg</i>	oral	ACA; SP
EMTRIVA SOLUTION; ORAL	oral	SP
ETRAVIRINE TABLET	oral	SP
FOSAMPRENAVIR CALCIUM TABLET	oral	SP
FUZEON VIAL (EA)	SC	SP
GENVOYA TABLET	oral	SP
INTELENCE TABLET	oral	SP
INVIRASE TABLET	oral	SP
ISENTRESS POWDER IN PACKET (EA)	oral	SP
ISENTRESS TABLET	oral	SP
ISENTRESS TABLET; CHEWABLE	oral	SP
ISENTRESS HD TABLET	oral	SP
JULUCA TABLET	oral	SP
LAMIVUDINE SOLUTION; ORAL	oral	SP
LAMIVUDINE TABLET	oral	SP
LAMIVUDINE-ZIDOVUDINE TABLET	oral	SP
LEXIVA SUSPENSION; ORAL (FINAL DOSE FORM)	oral	SP
LOPINAVIR-RITONAVIR SOLUTION; ORAL	oral	SP
LOPINAVIR-RITONAVIR TABLET	oral	SP
NEVIRAPINE SUSPENSION; ORAL (FINAL DOSE FORM)	oral	SP
NEVIRAPINE TABLET	oral	SP
NEVIRAPINE ER TABLET; EXTENDED RELEASE 24 HR	oral	SP
NORVIR POWDER IN PACKET (EA)	oral	SP
NORVIR SOLUTION; ORAL	oral	SP

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Drug Name	Route	Requirements/ Limits
ODEFSEY TABLET	oral	SP
PREZISTA SUSPENSION; ORAL (FINAL DOSE FORM)	oral	SP
PREZISTA TABLET	oral	SP
REYATAZ POWDER IN PACKET (EA)	oral	SP
RITONAVIR TABLET	oral	SP
SELZENTRY SOLUTION; ORAL	oral	SP
SELZENTRY TABLET	oral	SP
STAVUDINE CAPSULE	oral	SP
SYM TUZA TABLET	oral	SP
TEMIXYS TABLET	oral	SP
TENOFOVIR DISOPROXIL FUMARATE TABLET	oral	SP
TIVICAY TABLET	oral	SP
TIVICAY PD TABLET FOR SUSPENSION	oral	PA; SP
TRIUMEQ TABLET	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 (ML)	INH	LA; PA; SP
CAYSTON VIAL; NEBULIZER (ML)	INH	LA; PA; SP
<i>clindamycin hcl capsule</i>	oral	
<i>clindamycin palmitate hcl solution; reconstituted; oral</i>	oral	
<i>clindamycin pediatric solution; reconstituted; oral</i>	oral	
DALVANCE VIAL (EA)	IV	PA
<i>dapsone tablet</i>	oral	
KITABIS PAK AMPUL FOR NEBULIZATION (ML)	INH	PA; SP
<i>linezolid suspension; reconstituted; oral (ml)</i>	oral	
<i>linezolid tablet</i>	oral	
<i>neomycin sulfate tablet</i>	oral	
ORBACTIV VIAL (EA)	IV	PA
TOBI PODHALER CAPSULE; WITH INH DEVICE	INH	PA; SP
TOBRAMYCIN SULFATE AMPUL FOR NEBULIZATION (ML)	INH	PA; SP

Drug Name	Route	Requirements/ Limits
XIFAXAN TABLET	oral	
<b>MISC ANTIVIRALS</b>		
<i>acyclovir capsule</i>	oral	
<i>acyclovir suspension; oral (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; oral</i>	oral	
<i>amantadine hcl tablet</i>	oral	
BARACLUDE SOLUTION; ORAL	oral	PA
<i>entecavir tablet</i>	oral	PA
EPCLUSA TABLET	oral	PA; SP
EPIVIR HBV SOLUTION; ORAL	oral	
<i>famciclovir tablet</i>	oral	QL
<i>ganciclovir sodium vial (ml)</i>	IV	
HARVONI PELLETS IN PACKET (EA)	oral	PA; SP
HARVONI TABLET	oral	PA; SP
<i>lamivudine tablet 100 mg</i>	oral	
<i>oseltamivir phosphate capsule</i>	oral	
<i>oseltamivir phosphate suspension; reconstituted; 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; 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; reconstituted; oral (ml)</i>	oral	
<i>amoxicillin tablet</i>	oral	
<i>amoxicillin tablet; chewable</i>	oral	
<i>amoxicillin-clavulanate pot er tablet; extended release 12 hr</i>	oral	

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Drug Name	Route	Requirements/ Limits
<i>amoxicillin-clavulanate potass suspension; reconstituted; oral (ml)</i>	oral	
<i>amoxicillin-clavulanate potass tablet</i>	oral	
<i>amoxicillin-clavulanate potass tablet; chewable</i>	oral	
<i>ampicillin trihydrate capsule</i>	oral	
AUGMENTIN SUSPENSION; RECONSTITUTED; ORAL (ML)	oral	
<i>dicloxacillin sodium capsule</i>	oral	
<i>penicillin v potassium solution; reconstituted; oral</i>	oral	
<i>penicillin v potassium tablet</i>	oral	
<b>SECOND GENERATION CEPHALOSPORINS</b>		
<i>cefaclor capsule</i>	oral	
<i>cefaclor suspension; reconstituted; oral (ml)</i>	oral	
<i>cefaclor er tablet; extended release 12 hr</i>	oral	
<i>cefepodoxime proxetil suspension; reconstituted; oral (ml)</i>	oral	
<i>cefepodoxime proxetil tablet</i>	oral	
<i>cefprozil suspension; reconstituted; oral (ml)</i>	oral	
<i>cefprozil tablet</i>	oral	
<i>cefuroxime axetil tablet</i>	oral	
<b>SULFA'S &amp; RELATED AGENTS</b>		
<i>sulfadiazine tablet</i>	oral	
<i>sulfamethoxazole-trimethoprim suspension; oral (final dose form)</i>	oral	
<i>sulfamethoxazole-trimethoprim tablet</i>	oral	
<i>sulfatrim suspension; oral (final dose form)</i>	oral	
<b>TETRACYCLINES</b>		
<i>avidoxy tablet</i>	oral	
<i>coremino tablet; extended release 24 hr</i>	oral	ST
<i>demeclocycline hcl tablet</i>	oral	
<i>doxycycline hyclate capsule</i>	oral	
<i>doxycycline hyclate tablet</i>	oral	

Drug Name	Route	Requirements/ Limits
<i>doxycycline hyclate tablet; enteric coated</i>	oral	ST
<i>doxycycline monohydrate capsule</i>	oral	
<i>doxycycline monohydrate capsule 150 mg</i>	oral	ST
<i>doxycycline monohydrate suspension; reconstituted; oral (ml)</i>	oral	
<i>doxycycline monohydrate tablet</i>	oral	
<i>minocycline hcl capsule</i>	oral	
<i>minocycline hcl tablet</i>	oral	
<i>minocycline hcl er tablet; extended release 24 hr</i>	oral	ST
<i>mondoxyne nl capsule</i>	oral	
<i>morgidox capsule</i>	oral	
<i>tetracycline hcl capsule</i>	oral	
<b>THIRD GENERATION CEPHALOSPORINS</b>		
<i>cefdinir capsule</i>	oral	
<i>cefdinir suspension; reconstituted; oral (ml)</i>	oral	
<i>cefditoren pivoxil tablet</i>	oral	
<i>cefixime capsule</i>	oral	
<i>cefixime suspension; reconstituted; oral (ml)</i>	oral	
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine packet (ea)</i>	oral	
<i>methenamine hippurate tablet</i>	oral	
<i>methenamine mandelate tablet</i>	oral	
<i>nitrofurantoin capsule</i>	oral	
<i>nitrofurantoin suspension; oral (final dose form)</i>	oral	
<i>nitrofurantoin mono-macro capsule</i>	oral	
<i>trimethoprim tablet</i>	oral	
<b>VANCOMYCIN</b>		
<i>vancomycin hcl capsule</i>	oral	
<i>vancomycin hcl solution; reconstituted; oral</i>	oral	
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
ELITEK VIAL (EA)	IV	PA
KEPIVANCE VIAL (EA)	IV	PA; SP
<i>leucovorin calcium tablet</i>	oral	
MESNEX TABLET	oral	

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Drug Name	Route	Requirements/ Limits
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
XTANDI TABLET	oral	PA; SP
YONSA TABLET	oral	PA; SP
<b>ANTIESTROGENS</b>		
ANASTROZOLE TABLET	oral	
EXEMESTANE TABLET	oral	
<i>fulvestrant syringe (ml)</i>	IM	PA
LETROZOLE TABLET	oral	
TAMOXIFEN CITRATE TABLET	oral	
TOREMIFENE CITRATE TABLET	oral	PA
<b>ANTIMETABOLITES</b>		
ALIMTA VIAL (EA)	IV	PA
ARRANON VIAL (ML)	IV	PA; SP
AZACITIDINE VIAL (EA)	INJ	PA; SP
CAPECITABINE TABLET	oral	PA; SP
<i>clofarabine vial (ml)</i>	IV	PA

Drug Name	Route	Requirements/ Limits
<i>cytarabine vial (ml)</i>	INJ	PA
DECITABINE VIAL (EA)	IV	PA; SP
<i>flouxuridine 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; 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; ORAL	oral	SP
ENSPRYNG SYRINGE (ML)	SC	PA; SP
EVEROLIMUS TABLET	oral	PA; SP
GENGRAF CAPSULE	oral	SP
GENGRAF SOLUTION; ORAL	oral	SP
<i>mycophenolate mofetil capsule</i>	oral	
<i>mycophenolate mofetil suspension; reconstituted; oral (ml)</i>	oral	
<i>mycophenolate mofetil tablet</i>	oral	
MYCOPHENOLICACID TABLET; ENTERIC COATED	oral	SP
NULOJIX VIAL (EA)	IV	PA; SP
PROGRAF GRANULES IN PACKET (EA)	oral	SP
SANDIMMUNE SOLUTION; ORAL	oral	SP
SIROLIMUS SOLUTION; ORAL	oral	SP
SIROLIMUS TABLET	oral	SP

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Drug Name	Route	Requirements/ Limits
TACROLIMUS CAPSULE	oral	SP
ZORTRESS TABLET	oral	PA; SP
<b>MISC ANTINEOPLASTIC DRUGS</b>		
ABRAXANE VIAL (EA)	IV	PA; SP
ADAKVEO VIAL (ML)	IV	PA; SP
ADCETRIS VIAL (EA)	IV	PA; SP
<i>adriamycin vial (ea)</i>	IV	PA
<i>adriamycin vial (ml)</i>	IV	PA
AFINITOR TABLET	oral	PA; SP
AFINITOR DISPERZ TABLET FOR SUSPENSION	oral	PA; SP
ALECENSA CAPSULE	oral	PA; SP
ALIQOPA VIAL (EA)	IV	LA; PA; SP
ALUNBRIG TABLET	oral	PA; SP
ALUNBRIG TABLET; DOSE PACK	oral	PA; SP
<i>arsenic trioxide vial (ml)</i>	IV	PA
BALVERSA TABLET	oral	LA; PA; SP
BAVENCIO VIAL (ML)	IV	LA; PA; SP
BESPONSA VIAL (EA)	IV	PA; SP
BEXAROTENE CAPSULE	oral	PA; SP
<i>bleomycin sulfate vial (ea)</i>	INJ	PA
BLINCYTO KIT	IV	PA; SP
BOSULIF TABLET	oral	PA; SP
CABOMETYX TABLET	oral	LA; PA; SP
CAPRELSA TABLET	oral	LA; PA; SP
<i>cladribine vial (ml)</i>	IV	PA
COMETRIQ CAPSULE	oral	PA; SP
COTELLIC TABLET	oral	LA; PA; SP
CYRAMZA VIAL (ML)	IV	PA; SP
<i>dacarbazine vial (ea)</i>	IV	PA
<i>dactinomycin vial (ea)</i>	IV	PA
DARZALEX VIAL (ML)	IV	LA; PA; SP
<i>daunorubicin hcl vial (ea)</i>	IV	PA
<i>daunorubicin hcl vial (ml)</i>	IV	PA
DOCEFREZ VIAL (EA)	IV	PA
<i>docetaxel vial (ml)</i>	IV	PA
<i>doxorubicin hcl vial (ea)</i>	IV	PA
<i>doxorubicin hcl vial (ml)</i>	IV	PA
<i>doxorubicin hcl liposomal vial (ml)</i>	IV	PA
DROXIA CAPSULE	oral	
ELIGARD SYRINGE (EA)	SC	PA; SP
EMCYT CAPSULE	oral	
ERBITUX VIAL (ML)	IV	PA; SP
ERIVEDGE CAPSULE	oral	PA; SP
ERLOTINIB HCL TABLET	oral	PA; SP
ETOPOSIDE CAPSULE	oral	
EVEROLIMUS TABLET	oral	PA; SP
FIRMAGON VIAL (EA)	SC	PA; SP

Drug Name	Route	Requirements/ Limits
GAVRETO CAPSULE	oral	LA; PA; SP
GAZYVA VIAL (ML)	IV	PA; SP
GILOTRIF TABLET	oral	PA; SP
HALAVEN VIAL (ML)	IV	PA; SP
HYCANTIN CAPSULE	oral	PA; SP
HYDROXYUREA CAPSULE	oral	
IBRANCE CAPSULE	oral	PA; SP
IBRANCE TABLET	oral	PA; SP
ICLUSIG TABLET	oral	PA; SP
<i>idarubicin hcl vial (ml)</i>	IV	PA
IDHIFA TABLET	oral	LA; PA; SP
IMATINIB MESYLATE TABLET	oral	PA; SP
IMBRUVICA CAPSULE	oral	PA; SP
IMBRUVICA TABLET	oral	PA; SP
IMFINZI VIAL (ML)	IV	LA; PA; SP
INLYTA TABLET	oral	PA; SP
IRESSA TABLET	oral	PA; SP
<i>irinotecan hcl vial (ml)</i>	IV	PA
ISTODAX VIAL (EA)	IV	PA; SP
IXEMPRA VIAL (EA)	IV	PA; SP
JAKAFI TABLET	oral	PA; SP
JEVTANA VIAL (ML)	IV	PA; SP
KADCYLA VIAL (EA)	IV	PA; SP
KEYTRUDA VIAL (ML)	IV	PA; SP
KYMRIAH PLASTIC BAG; INJ (EA)	IV	PA; SP
KYPROLIS VIAL (EA)	IV	PA; SP
LAPATINIB TABLET	oral	PA; SP
LENVIMA CAPSULE	oral	PA; SP
LEUPROLIDE ACETATE KIT	SC	PA; SP
LONSURF TABLET	oral	PA; SP
LORBRENA TABLET	oral	PA; SP
LUPRON DEPOT SYRINGE KIT (EA)	IM	PA; SP
LUPRON DEPOT-PEDKIT	IM	PA; SP
LUPRON DEPOT-PED SYRINGE KIT (EA)	IM	PA; SP
LYNPARZA TABLET	oral	PA; SP
LYSODREN TABLET	oral	PA; SP
MARQIBO KIT	IV	PA; SP
MATULANE CAPSULE	oral	PA; SP
MEKINIST TABLET	oral	PA; SP
<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 AMPUL (ML)	INJ	PA; SP

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Drug Name	Route	Requirements/ Limits
OCTREOTIDE ACETATE SYRINGE (ML)	INJ	PA; SP
OCTREOTIDE ACETATE 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 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
TABRECTA TABLET	oral	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
UNITUXIN VIAL (ML)	IV	PA; SP
VANTAS KIT	implant	PA; SP
VECTIBIX VIAL (ML)	IV	PA; SP
VELCADE VIAL (EA)	INJ	PA; SP
VENCLEXTA TABLET	oral	LA; PA; SP
VENCLEXTA STARTING PACK TABLET; DOSE PACK	oral	PA; SP
VERZENIO TABLET	oral	LA; PA; SP
<i>vinorelbine tartrate vial (ml)</i>	IV	PA
VITRAKVI CAPSULE	oral	LA; PA; SP
VITRAKVI SOLUTION; ORAL	oral	LA; PA; SP

Drug Name	Route	Requirements/ Limits
VIZIMPRO TABLET	oral	PA; SP
VOTRIENT TABLET	oral	PA; SP
VYXEOS LIPOSOME VIAL (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; 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; PSYCH</b>		
<b>ANTICONVULSANTS</b>		
<i>carbamazepine suspension; oral (final dose form)</i>	oral	
<i>carbamazepine tablet</i>	oral	
<i>carbamazepine tablet; chewable</i>	oral	
<i>carbamazepine er capsule; extended release multiphase 12hr</i>	oral	
<i>carbamazepine er tablet; extended release 12 hr</i>	oral	
CELONTIN CAPSULE	oral	
<i>clobazam suspension; oral (final dose form)</i>	oral	PA
<i>clobazam tablet</i>	oral	PA
<i>clonazepam tablet</i>	oral	
<i>clonazepam tablet; disintegrating</i>	oral	
DIACOMIT CAPSULE	oral	PA; SP
DIACOMIT POWDER IN PACKET (EA)	oral	PA; SP
<i>diazepam kit</i>	rectal	
DILANTIN CAPSULE	oral	
<i>divalproex sodium capsule; delayed release sprinkle</i>	oral	
<i>divalproex sodium tablet; enteric coated</i>	oral	

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Drug Name	Route	Requirements/ Limits
<i>divalproex sodiumer tablet; extended release 24 hr</i>	oral	
EPIDIOLEX SOLUTION; ORAL	oral	LA; PA; SP
<i>epitol tablet</i>	oral	
<i>ethosuximide capsule</i>	oral	
<i>ethosuximide solution; oral</i>	oral	
<i>felbamate suspension; oral (final dose form)</i>	oral	
<i>felbamate tablet</i>	oral	
FYCOMPA SUSPENSION; ORAL (FINAL DOSE FORM)	oral	
FYCOMPA TABLET	oral	
<i>gabapentin capsule</i>	oral	
<i>gabapentin solution; oral</i>	oral	
<i>gabapentin tablet</i>	oral	
<i>lamotrigine tablet</i>	oral	
<i>lamotrigine tablet; chewable dispersible</i>	oral	
<i>lamotrigine tablet; extended release 24 hr</i>	oral	
<i>lamotrigine (blue) tablet; dose pack</i>	oral	
<i>lamotrigine (green) tablet; dose pack</i>	oral	
<i>lamotrigine (orange) tablet; dose pack</i>	oral	
<i>lamotrigine odt tablet; disintegrating</i>	oral	
<i>lamotrigine odt tablet; disintegrating; dose pack</i>	oral	
<i>levetiracetam solution; oral</i>	oral	
<i>levetiracetam tablet</i>	oral	
<i>levetiracetam tablet; extended release 24 hr</i>	oral	
NAYZILAM SPRAY; NON-AEROSOL (EA)	nasal	
<i>oxcarbazepine suspension; oral (final dose form)</i>	oral	
<i>oxcarbazepine tablet</i>	oral	
PEGANONE TABLET	oral	
<i>phenobarbital elixir</i>	oral	
<i>phenobarbital tablet</i>	oral	
<i>phenytoin suspension; oral (final dose form)</i>	oral	
<i>phenytoin tablet; chewable</i>	oral	
<i>phenytoin sodium capsule</i>	oral	
<i>pregabalin capsule</i>	oral	

Drug Name	Route	Requirements/ Limits
<i>pregabalin solution; oral</i>	oral	
<i>pregabalin er tablet; extended release 24 hr</i>	oral	ST
<i>primidone tablet</i>	oral	
<i>roweepra tablet</i>	oral	
<i>rufinamide suspension; oral (final dose form)</i>	oral	PA
<i>rufinamide tablet</i>	oral	PA
<i>subvenite tablet</i>	oral	
<i>subvenite tablet; dose pack</i>	oral	
<i>tiagabine hcl tablet</i>	oral	
<i>topiramate capsule; sprinkle</i>	oral	
<i>topiramate tablet</i>	oral	
<i>topiramate er capsule sprinkle; extended release 24 hr</i>	oral	
<i>valproic acid capsule</i>	oral	
<i>valproic acid solution; oral</i>	oral	
VIGABATRIN POWDER IN PACKET (EA)	oral	LA; PA; SP
VIGABATRIN TABLET	oral	LA; PA; SP
VIGADRONE POWDER IN PACKET (EA)	oral	PA; SP
VIMPAT SOLUTION; ORAL	oral	
VIMPAT TABLET	oral	
<i>zonisamide capsule</i>	oral	
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN CARTRIDGE (ML)	SC	LA; PA; SP
<i>benztropine mesylate tablet</i>	oral	
<i>bromocriptine mesylate capsule</i>	oral	
<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	
INBRIJA CAPSULE; WITH INH DEVICE	INH	PA; SP
KYNMOBI FILM; MEDICATED (EA)	SL	PA
<i>pramipexole di-hcl tablet</i>	oral	
<i>pramipexole er tablet; extended release 24 hr</i>	oral	

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Drug Name	Route	Requirements/ Limits
<i>rasagiline mesylate tablet</i>	oral	
<i>ropinirole hcl tablet</i>	oral	
<i>ropinirole hcl tablet; extended release 24 hr</i>	oral	
<i>selegiline hcl capsule</i>	oral	
<i>selegiline hcl tablet</i>	oral	
<i>tolcapone tablet</i>	oral	
<i>trihexyphenidyl hcl elixir</i>	oral	
<i>trihexyphenidyl hcl tablet</i>	oral	
<b>ANXIOLYTICS</b>		
<i>alprazolam tablet</i>	oral	
<i>alprazolam er tablet; extended release 24 hr</i>	oral	
<i>alprazolam intensol concentrate; oral</i>	oral	
<i>alprazolam odt tablet; disintegrating</i>	oral	
<i>alprazolam xr tablet; extended release 24 hr</i>	oral	
<i>bupirone hcl tablet</i>	oral	
<i>chlordiazepoxide hcl capsule</i>	oral	
<i>clorazepate dipotassium tablet</i>	oral	
<i>diazepam concentrate; oral</i>	oral	
<i>diazepam solution; oral</i>	oral	
<i>diazepam tablet</i>	oral	
<i>lorazepam concentrate; oral</i>	oral	
<i>lorazepam tablet</i>	oral	
<i>lorazepam intensol concentrate; oral</i>	oral	
<i>midazolam hcl syrup</i>	oral	
<b>BUTYROPHENONES</b>		
<i>haloperidol tablet</i>	oral	
<i>haloperidol lactate concentrate; oral</i>	oral	
<b>COMBINATION NARCOTIC /ANALGESICS</b>		
<i>acetaminophen w/butalbital tablet</i>	oral	
<i>acetaminophen w/codeine solution; oral</i>	oral	
<i>acetaminophen w/codeine tablet</i>	oral	
<i>apap-caffeine- dihydrocodeine capsule</i>	oral	
<i>apap-caffeine- dihydrocodeine tablet</i>	oral	
<i>asa-butalb-caff-cod capsule</i>	oral	

Drug Name	Route	Requirements/ Limits
<i>ascomp with codeine capsule</i>	oral	
<i>butalbital compound capsule</i>	oral	
<i>butalbital compound w/codeine capsule</i>	oral	
<i>butalbital w/acetaminophen tablet</i>	oral	
<i>butalbital/apap/caffeine capsule</i>	oral	
<i>butalbital/apap/caffeine tablet</i>	oral	
<i>butalbital/caff/apap/codei ne capsule</i>	oral	
<i>butalbital-asp-caffeine capsule</i>	oral	
<i>butalbital-asp-caffeine tablet</i>	oral	
<i>dvorah tablet</i>	oral	
<i>endocet tablet</i>	oral	
<i>hydrocodone bit-ibuprofen tablet</i>	oral	
<i>hydrocodone w/acetaminophen solution; oral</i>	oral	
<i>hydrocodone w/acetaminophen tablet</i>	oral	
<i>lorcet tablet</i>	oral	
<i>lorcet hd tablet</i>	oral	
<i>oxycodone w/acetaminophen tablet</i>	oral	
<i>oxycodone w/aspirin tablet</i>	oral	
<i>prolate tablet</i>	oral	
<i>tencon tablet</i>	oral	
<i>vtol iq solution; oral</i>	oral	
<i>zebutal capsule</i>	oral	
<b>HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR AUTO-INJECTOR (ML)	SC	PA; QL
AJOVY SYRINGE (ML)	SC	PA; QL
AJOVY AUTOINJECTOR AUTO-INJECTOR (ML)	SC	PA; QL
<i>almotriptan malate tablet</i>	oral	QL
<i>dihydroergotamine mesylate aerosol; spray with pump (ml)</i>	nasal	PA; QL
<i>dihydroergotamine mesylate ampul (ml)</i>	INJ	
<i>eletriptan hbr tablet</i>	oral	QL
EMGALITY PEN INJECTOR (ML)	SC	PA; QL

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Drug Name	Route	Requirements/ Limits
EMGALITY SYRINGE SYRINGE (ML)	SC	PA; QL
<i>ergotamine-caffeine tablet</i>	oral	
<i>frovatriptan succinate tablet</i>	oral	QL
<i>migergot suppository; rectal</i>	rectal	
<i>naratriptan hcl tablet</i>	oral	QL
<i>rizatriptan tablet</i>	oral	QL
<i>rizatriptan tablet; disintegrating</i>	oral	QL
<i>sumatriptan spray; non- aerosol (ea)</i>	nasal	QL
<i>sumatriptan succinate cartridge (ml)</i>	SC	QL
<i>sumatriptan succinate pen injector (ml)</i>	SC	QL
<i>sumatriptan succinate syringe (ml)</i>	SC	
<i>sumatriptan succinate tablet</i>	oral	QL
<i>sumatriptan succinate vial (ml)</i>	SC	QL
<i>sumatriptan succ- naproxen sod tablet</i>	oral	PA; QL
<i>zolmitriptan tablet</i>	oral	QL
<i>zolmitriptan odt tablet; disintegrating</i>	oral	QL
ZOMIG SPRAY; NON- AEROSOL (EA) 2.5 MG	nasal	PA
ZOMIG SPRAY; NON- AEROSOL (EA) 5 MG	nasal	PA; QL
<b>HYPNOTIC AGENTS</b>		
<i>doxepin hcl tablet</i>	oral	QL; ST
<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	
<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; extended release multiphase</i>	oral	QL
<b>MAO INHIBITORS</b>		
<i>phenelzine sulfate tablet</i>	oral	
<i>tranylcypromine sulfate tablet</i>	oral	

Drug Name	Route	Requirements/ Limits
<b>MISC ANALGESICS</b>		
<i>butorphanol tartrate aerosol; spray (ml)</i>	nasal	QL
<i>butorphanol tartrate vial (ml)</i>	INJ	
<i>tramadol hcl tablet</i>	oral	QL
<i>tramadol hcl er tablet; extended release 24 hr</i>	oral	QL
<i>tramadol hcl er tablet; extended release multiphase 24 hr</i>	oral	QL
<i>tramadol hcl- acetaminophen tablet</i>	oral	QL
<b>MISC ANTIDEPRESSANTS</b>		
<i>amitriptyline/chlordiazepo xide tablet</i>	oral	
<i>amitriptyline-perphenazine tablet</i>	oral	
<i>bupropion hcl tablet</i>	oral	
<i>bupropion sr tablet; sustained-release 12 hr</i>	oral	
<i>bupropion xl tablet; extended release 24 hr</i>	oral	
<i>desvenlafaxine succinate er tablet; extended release 24 hr</i>	oral	ST
<i>duloxetine hcl capsule; delayed release (enteric coated)</i>	oral	
<i>duloxetine hcl capsule; delayed release (enteric coated) 40 mg</i>	oral	ST
FETZIMA CAPSULE; EXTENDED RELEASE 24HR	oral	ST
FETZIMA CAPSULE; EXTENDED RELEASE 24 HR DOSE PACK	oral	ST
<i>maprotiline hcl tablet</i>	oral	
<i>mirtazapine tablet</i>	oral	
<i>mirtazapine tablet; disintegrating</i>	oral	
<i>trazodone hcl tablet</i>	oral	
<i>venlafaxine hcl tablet</i>	oral	
<i>venlafaxine hcl er capsule; ext release 24 hr</i>	oral	
<i>venlafaxine hcl er tablet; extended release 24 hr</i>	oral	ST
ZULRESSO VIAL (ML)	IV	PA; SP
<b>MISC ANTIPSYCHOTICS</b>		
<i>aripiprazole solution; oral</i>	oral	

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Drug Name	Route	Requirements/ Limits
<i>aripiprazole tablet</i>	oral	
<i>aripiprazole odt tablet; disintegrating</i>	oral	
ARISTADA SUSPENSION; EXTENDED RELEASE SYRINGE (ML)	IM	PA
<i>asenapine maleate tablet; sl</i>	SL	
<i>clozapine tablet</i>	oral	
<i>clozapine odt tablet; disintegrating</i>	oral	
LATUDA TABLET	oral	
<i>loxapine succinate capsule</i>	oral	
<i>molindone hcl tablet</i>	oral	
<i>olanzapine tablet</i>	oral	
<i>olanzapine odt tablet; disintegrating</i>	oral	
<i>olanzapine-fluoxetine hcl capsule</i>	oral	
<i>paliperidone er tablet; extended release 24 hr</i>	oral	
<i>pimozide tablet</i>	oral	
<i>quetiapine fumarate tablet</i>	oral	
<i>quetiapine fumarate er tablet; extended release 24 hr</i>	oral	
<i>risperidone solution; oral</i>	oral	
<i>risperidone tablet</i>	oral	
<i>risperidone odt tablet; disintegrating</i>	oral	
<i>thiothixene capsule</i>	oral	
<i>ziprasidone hcl capsule</i>	oral	
<b>MISC NEUROLOGICAL THERAPY</b>		
AUSTEDO TABLET	oral	LA; PA; SP
DALFAMPRIDINE ER TABLET; EXTENDED RELEASE 12 HR	oral	PA; SP
<i>donepezil hcl tablet</i>	oral	
<i>donepezil hcl tablet; disintegrating</i>	oral	
<i>galantamine solution; oral</i>	oral	
<i>galantamine tablet</i>	oral	
<i>galantamine er capsule; extended release pellets 24 hr</i>	oral	
<i>memantine hcl solution; oral</i>	oral	
<i>memantine hcl tablet</i>	oral	
<i>memantine hcl er capsule sprinkle; extended release 24 hr</i>	oral	

Drug Name	Route	Requirements/ Limits
NUEDEXTA CAPSULE	oral	
RADICAVA IV SOLUTION; PIGGYBACK (ML)	IV	PA; SP
<i>rivastigmine capsule</i>	oral	
<i>rivastigmine patch; transderm 24 hours</i>	transderm	
RUZURGI TABLET	oral	PA; SP
TEGSEDI SYRINGE (ML)	SC	LA; PA; SP
TETRABENAZINE TABLET	oral	PA; SP
TYSABRI VIAL (ML)	IV	LA; PA; SP
ZOLGENSMA KIT	IV	PA; SP
<b>MISC PSYCHOTHERAPEUTIC AGENTS</b>		
<i>amphetamine sulfate tablet</i>	oral	
<i>armodafinil tablet</i>	oral	PA
<i>atomoxetine hcl capsule</i>	oral	
<i>clonidine hcl er tablet; extended release 12 hr</i>	oral	
DAYTRANA PATCH; TRANSDERM 24 HOURS	transderm	ST
<i>dexmethylphenidate hcl tablet</i>	oral	
<i>dexmethylphenidate hcl er capsule; extended release biphasic 50-50</i>	oral	
<i>dextroamphetamine sulfate solution; oral</i>	oral	
<i>dextroamphetamine sulfate tablet</i>	oral	
<i>dextroamphetamine sulfate er capsule; extended release</i>	oral	
<i>dextroamphetamine-amphet er capsule; ext release 24 hr</i>	oral	
<i>dextroamphetamine-amphetamine tablet</i>	oral	
DYANA VEL XR SUSPENSION; IMMEDIATE RELEASE BIPHASIC 24HR	oral	ST
<i>ergoloid mesylates tablet</i>	oral	
<i>guanfacine hcl er tablet; extended release 24 hr</i>	oral	
<i>guanidine hcl tablet</i>	oral	
<i>lithium carbonate capsule</i>	oral	
<i>lithium carbonate tablet</i>	oral	
<i>lithium carbonate tablet; extended release</i>	oral	
<i>methamphetamine hcl tablet</i>	oral	

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Drug Name	Route	Requirements/ Limits
<i>methylphenidate er capsule; er sprinkle; biphasic 40-60</i>	oral	ST
<i>methylphenidate er capsule; extended release biphasic 30-70</i>	oral	
<i>methylphenidate er capsule; extended release biphasic 50-50</i>	oral	
<i>methylphenidate er tablet; extended release</i>	oral	
<i>methylphenidate er tablet; extended release 24 hr</i>	oral	
<i>methylphenidate hcl solution; oral</i>	oral	
<i>methylphenidate hcl tablet</i>	oral	
<i>methylphenidate hcl tablet; chewable</i>	oral	
<i>methylphenidate hcl cd capsule; extended release biphasic 30-70</i>	oral	
<i>methylphenidate la capsule; extended release biphasic 50-50</i>	oral	
<i>modafinil tablet</i>	oral	
MYDAYIS CAPSULE; EXTENDED RELEASE TRIPHASIC 24HR	oral	ST
<i>procentra solution; oral</i>	oral	
QUILLICHEW ER TABLET; CHEW; IR AND ER BIPHASIC REL 24HR	oral	ST
QUILLIVANT XR SUSPENSION; EXTENDED RELEASE; RECONST. 24HR	oral	ST
VYVANSE CAPSULE	oral	ST
VYVANSE TABLET; CHEWABLE	oral	ST
XYREM SOLUTION; ORAL	oral	LA; PA; SP
XYWAV SOLUTION; ORAL	oral	LA; PA; SP
<i>zenedi tablet</i>	oral	
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC AGENTS</b>		
<i>baclofen tablet</i>	oral	
<i>chlorzoxazone tablet</i>	oral	
<i>cyclobenzaprine hcl capsule; ext release 24 hr</i>	oral	
<i>cyclobenzaprine hcl tablet</i>	oral	
<i>dantrolene sodium capsule</i>	oral	
<i>metaxall tablet</i>	oral	
<i>metaxalone tablet</i>	oral	
<i>methocarbamol tablet</i>	oral	

Drug Name	Route	Requirements/ Limits
<i>orphenadrine citrate tablet; extended release</i>	oral	
<i>tizanidine hcl capsule</i>	oral	
<i>tizanidine hcl tablet</i>	oral	
<b>MYASTHENIA GRAVIS</b>		
<i>pyridostigmine bromide solution; oral</i>	oral	
<i>pyridostigmine bromide tablet</i>	oral	
<i>pyridostigmine bromide er tablet; extended release</i>	oral	
<b>NARCOTIC ANTAGONISTS</b>		
<i>buprenorphine-naloxone film; medicated (ea) 12 mg-3 mg</i>	SL	
<i>buprenorphine-naloxone tablet; sl 8 mg-2 mg</i>	SL	
<i>buprenorphine-naloxone tablet; sl 2 mg-0.5mg</i>	SL	QL
KLOXXADO SPRAY; NON-AEROSOL (EA)	nasal	
<i>naloxone hcl cartridge (ml)</i>	INJ	
<i>naloxone hcl syringe (ml)</i>	INJ	
<i>naloxone hcl vial (ml)</i>	INJ	
<i>naltrexone hydrochloride tablet</i>	oral	
NARCAN SPRAY; NON-AEROSOL (EA)	nasal	
ZUBSOLV TABLET; SL	SL	
<b>NARCOTICS</b>		
BELBUCA FILM; MEDICATED (EA)	buccal	
<i>buprenorphine patch; transderm weekly</i>	transderm	
<i>buprenorphine hydrochloride tablet; sl</i>	SL	
<i>codeine sulfate tablet</i>	oral	
<i>diskets tablet; soluble</i>	oral	
<i>fentanyl patch; transderm 72 hours</i>	transderm	
<i>fentanyl citrate lozenge on a handle</i>	buccal	
<i>fentanyl citrate syringe (ml)</i>	IV	
<i>hydrocodone bitartrate capsule; oral only; extended release 12hr</i>	oral	
<i>hydrocodone bitartrate tablet; oral only; extended release 24 hr</i>	oral	

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Drug Name	Route	Requirements/ Limits
<i>hydromorphone er tablet; extended release 24 hr</i>	oral	
<i>hydromorphone hcl liquid (ml)</i>	oral	
<i>hydromorphone hcl suppository; rectal</i>	rectal	
<i>hydromorphone hcl tablet</i>	oral	
<i>levorphanol tartrate tablet</i>	oral	
<i>methadone hcl concentrate; oral</i>	oral	
<i>methadone hcl solution; oral</i>	oral	
<i>methadone hcl tablet</i>	oral	
<i>methadone hcl tablet; soluble</i>	oral	
<i>methadose concentrate; oral</i>	oral	
<i>methadose tablet; soluble</i>	oral	
<i>morphine sulfate solution; oral</i>	oral	
<i>morphine sulfate suppository; rectal</i>	rectal	
<i>morphine sulfate tablet</i>	oral	
<i>morphine sulfate er capsule; extended release pellets</i>	oral	
<i>morphine sulfate er capsule; extended release multiphase 24hr</i>	oral	
<i>morphine sulfate er tablet; extended release</i>	oral	
<i>oxycodone hcl capsule</i>	oral	
<i>oxycodone hcl concentrate; oral</i>	oral	
<i>oxycodone hcl solution; oral</i>	oral	
<i>oxycodone hcl tablet</i>	oral	
OXYCONTIN TABLET; ORAL ONLY; EXTENDED RELEASE 12 HR	oral	
<i>oxymorphone hcl tablet</i>	oral	
<i>oxymorphone hcl er tablet; extended release 12 hr</i>	oral	
<b>NSAIDS</b>		
<i>cataflam tablet</i>	oral	
<i>diclofenac potassium tablet</i>	oral	
<i>diclofenac sodium drops 1.5 %</i>	topical	
<i>diclofenac sodium gel (gram)</i>	topical	

Drug Name	Route	Requirements/ Limits
<i>diclofenac sodium tablet; enteric coated</i>	oral	
<i>diclofenac sodium tablet; extended release 24 hr</i>	oral	
<i>diclofenac sodium- misoprostol tablet; immediate; delay release; biphasic</i>	oral	
<i>etodolac capsule</i>	oral	
<i>etodolac tablet</i>	oral	
<i>etodolac er tablet; extended release 24 hr</i>	oral	
<i>fenoprofen calcium tablet</i>	oral	
FLECTOR PATCH; TRANSDERM 12 HOURS	transderm	QL
<i>flurbiprofen tablet</i>	oral	
<i>ibu tablet</i>	oral	
<i>ibuprofen tablet</i>	oral	
<i>indomethacin capsule</i>	oral	
<i>indomethacin capsule; extended release</i>	oral	
<i>ketoprofen capsule</i>	oral	
<i>ketoprofen capsule; extended release pellets 24 hr</i>	oral	
<i>ketorolac tromethamine tablet</i>	oral	QL
LICART PATCH; TRANSDERM 24 HOURS	transderm	
<i>meclofenamate sodium capsule</i>	oral	
<i>mefenamic acid capsule</i>	oral	
<i>meloxicam capsule</i>	oral	
<i>meloxicam tablet 15 mg</i>	oral	
<i>meloxicam tablet 7.5 mg</i>	oral	QL
<i>nabumetone tablet</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	
<i>naproxen-esomeprazole mag tablet; immediate; delay release; biphasic</i>	oral	
<i>oxaprozin tablet</i>	oral	
<i>piroxicam capsule</i>	oral	

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Drug Name	Route	Requirements/ Limits
<i>sulindac tablet</i>	oral	
<i>tolmetin sodium capsule</i>	oral	
<i>tolmetin sodium tablet</i>	oral	
<b>NSAIDS- SPECIFIC COX-II INHIBITORS</b>		
<i>celecoxib capsule</i>	oral	
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl tablet</i>	oral	
<i>fluphenazine hcl concentrate; oral</i>	oral	
<i>fluphenazine hcl elixir</i>	oral	
<i>fluphenazine hcl tablet</i>	oral	
<i>perphenazine tablet</i>	oral	
<i>thioridazine hcl tablet</i>	oral	
<i>trifluoperazine hcl tablet</i>	oral	
<b>SALICYLATES</b>		
<i>aspirin tablet</i>	oral	ACA
<i>aspirin tablet; enteric coated</i>	oral	ACA
<i>aspirin tablet; chewable</i>	oral	ACA
<i>aspirin ec tablet; enteric coated</i>	oral	ACA
<i>aspirin-trin tablet; enteric coated</i>	oral	ACA
<i>children's aspirin tablet; chewable</i>	oral	ACA
<i>choline mag trisalicylate liquid (ml)</i>	oral	
<i>diflunisal tablet</i>	oral	
<i>ecotrin tablet; enteric coated</i>	oral	ACA
<i>low dose aspirin tablet; enteric coated</i>	oral	ACA
<i>salsalate tablet</i>	oral	
<i>st. joseph aspirin tablet; chewable</i>	oral	ACA
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS</b>		
<i>citalopram hbr solution; oral</i>	oral	
<i>citalopram hbr tablet</i>	oral	
<i>escitalopram oxalate solution; oral</i>	oral	
<i>escitalopram oxalate tablet</i>	oral	
<i>fluoxetine dr capsule; delayed release (enteric coated)</i>	oral	
<i>fluoxetine hcl capsule</i>	oral	
<i>fluoxetine hcl solution; oral</i>	oral	
<i>fluoxetine hcl tablet</i>	oral	ST
<i>fluvoxamine maleate capsule; ext release 24 hr</i>	oral	ST

Drug Name	Route	Requirements/ Limits
<i>fluvoxamine maleate tablet</i>	oral	
<i>paroxetine er tablet; extended release 24 hr</i>	oral	ST
<i>paroxetine hcl tablet</i>	oral	
<i>paroxetine mesylate capsule</i>	oral	ST
<i>sertraline hcl concentrate; oral</i>	oral	
<i>sertraline hcl tablet</i>	oral	
<b>TRICYCLICS</b>		
<i>amitriptyline hcl tablet</i>	oral	
<i>amoxapine tablet</i>	oral	
<i>clomipramine hcl capsule</i>	oral	
<i>desipramine hcl tablet</i>	oral	
<i>doxepin hcl capsule</i>	oral	
<i>doxepin hcl concentrate; oral</i>	oral	
<i>imipramine hcl tablet</i>	oral	
<i>imipramine pamoate capsule</i>	oral	
<i>nortriptyline hcl capsule</i>	oral	
<i>nortriptyline hcl solution; oral</i>	oral	
<i>protriptyline hcl tablet</i>	oral	
<i>trimipramine maleate capsule</i>	oral	
<b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tablet</i>	oral	
<i>captopril tablet</i>	oral	
<i>enalapril maleate tablet</i>	oral	
<i>fosinopril sodium tablet</i>	oral	
<i>lisinopril tablet</i>	oral	
<i>moexipril hcl tablet</i>	oral	
<i>perindopril erbumine tablet</i>	oral	
<i>quinapril tablet</i>	oral	
<i>ramipril capsule</i>	oral	
<i>trandolapril tablet</i>	oral	
<b>ADRENERGIC ANTAGONISTS &amp; RELATED DRUGS</b>		
<i>clonidine hcl patch; transderm weekly</i>	transderm	QL
<i>clonidine hcl tablet</i>	oral	
<i>doxazosin mesylate tablet</i>	oral	QL
<i>guanfacine hcl tablet</i>	oral	
<i>methyldopa tablet</i>	oral	
<i>prazosin hcl capsule</i>	oral	
<i>terazosin hcl capsule</i>	oral	QL

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Drug Name	Route	Requirements/ Limits
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>metyrosine capsule</i>	oral	
<i>phenoxybenzamine hcl capsule</i>	oral	PA
<b>ANGIOTENSIN II RECEPTOR BLOCKERS &amp; RENIN INHIBITOR</b>		
<i>aliskiren tablet</i>	oral	
<i>candesartan cilexetil tablet</i>	oral	
<i>candesartan-hydrochlorothiazid tablet</i>	oral	
EDARBI TABLET	oral	PA
<i>eprosartan mesylate tablet</i>	oral	
<i>irbesartan tablet</i>	oral	
<i>irbesartan-hydrochlorothiazide tablet</i>	oral	
<i>losartan potassium tablet</i>	oral	
<i>losartan-hydrochlorothiazide tablet</i>	oral	
<i>olmesartan medoxomil tablet</i>	oral	
<i>olmesartan-hydrochlorothiazide tablet</i>	oral	
TEKTURNA HCT TABLET	oral	
<i>telmisartan tablet</i>	oral	
<i>telmisartan-hydrochlorothiazid tablet</i>	oral	
<i>valsartan tablet</i>	oral	
<i>valsartan-hydrochlorothiazide tablet</i>	oral	
<b>ANTIARRHYTHMICAGENTS</b>		
<i>amiodarone hcl tablet</i>	oral	
<i>bretylum tosylate vial (ml)</i>	INJ	
<i>dofetilide capsule</i>	oral	
<i>flecainide acetate tablet</i>	oral	
<i>mexiletine hcl capsule</i>	oral	
<i>pacerone tablet</i>	oral	
<i>procainamide hcl vial (ml)</i>	INJ	
<i>propafenone hcl tablet</i>	oral	
<i>propafenone hcl er capsule; extended release 12 hr</i>	oral	
<i>quinidine gluconate tablet; extended release</i>	oral	
<i>quinidine sulfate tablet</i>	oral	
<i>sorine tablet</i>	oral	
<i>sotalol tablet</i>	oral	
<i>sotalol af tablet</i>	oral	
SOTYLIZE SOLUTION; ORAL	oral	
<b>ANTICOAGULANTS</b>		
ELIQUIS TABLET	oral	PA

Drug Name	Route	Requirements/ Limits
ELIQUIS TABLET; DOSE PACK	oral	PA
<i>jantoven tablet</i>	oral	
<i>warfarin sodium tablet</i>	oral	
XARELTO TABLET	oral	
XARELTO TABLET; DOSE PACK	oral	
<b>ANTIPLATELET DRUGS</b>		
<i>aspirin-dipyridamole er capsule; extended release multiphase 12hr</i>	oral	
BRILINTA TABLET	oral	
<i>cilostazol tablet</i>	oral	
<i>clopidogrel tablet</i>	oral	
<i>dipyridamole tablet</i>	oral	
<i>prasugrel hcl tablet</i>	oral	
<b>BETA BLOCKERS</b>		
<i>acebutolol hcl capsule</i>	oral	
<i>atenolol tablet</i>	oral	
<i>betaxolol hcl tablet</i>	oral	
<i>bisoprolol fumarate tablet</i>	oral	
<i>carvedilol tablet</i>	oral	
<i>carvedilol er capsule; extended release multiphase 24hr</i>	oral	
<i>labetalol hcl cartridge (ml)</i>	IV	
<i>labetalol hcl tablet</i>	oral	
<i>metoprolol succinate tablet; extended release 24 hr</i>	oral	
<i>metoprolol tartrate cartridge (ml)</i>	IV	
<i>metoprolol tartrate tablet</i>	oral	
<i>nadolol tablet</i>	oral	
<i>pindolol tablet</i>	oral	
<i>propranolol hcl solution; oral</i>	oral	
<i>propranolol hcl tablet</i>	oral	
<i>propranolol hcl er capsule; 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; extended release 24 hr</i>	oral	
<i>isradipine capsule</i>	oral	
<i>nicardipine hcl capsule</i>	oral	
<i>nifedipine er tablet; extended release</i>	oral	
<i>nifedipine er tablet; extended release 24 hr</i>	oral	

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Drug Name	Route	Requirements/ Limits
<i>nisoldipine tablet; extended release 24 hr</i>	oral	
<b>CALCIUM CHANNEL BLOCKERS/NON-DIHYDROPYRIDINES</b>		
<i>cartia xt capsule; ext release 24 hr</i>	oral	
<i>diltiazem 24hr er (cd) capsule; ext release 24 hr</i>	oral	
<i>diltiazem 24hr er (la) tablet; extended release 24 hr</i>	oral	
<i>diltiazem 24hr er (xr) capsule; extended-release 24hr degradable</i>	oral	
<i>diltiazem er capsule; extended release 12 hr</i>	oral	
<i>diltiazem er capsule; extended release 24hr</i>	oral	
<i>diltiazem hcl tablet</i>	oral	
<i>dilt-xr capsule; extended- release 24hr degradable</i>	oral	
<i>matzim la tablet; extended release 24 hr</i>	oral	
<i>nimodipine capsule</i>	oral	
<i>taztia xt capsule; extended release 24hr</i>	oral	
<i>tiadylt er capsule; extended release 24hr</i>	oral	
<i>verapamil er capsule; extended release pellets 24 hr</i>	oral	
<i>verapamil er tablet; extended release</i>	oral	
<i>verapamil er pm capsule; 24hr extended release pellet ct</i>	oral	
<i>verapamil hcl capsule; extended release pellets 24 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 solution; oral</i>	oral	
<i>aminocaproic acid tablet</i>	oral	
DOPTELET TABLET	oral	LA; PA; SP
NOVOSEVEN RT VIAL (EA)	IV	PA; SP

Drug Name	Route	Requirements/ Limits
NPLATE VIAL (EA)	SC	PA; SP
PROMACTA POWDER IN PACKET (EA)	oral	LA; PA; SP
PROMACTA TABLET	oral	LA; PA; SP
SEVENFACT VIAL (EA)	IV	PA; SP
WILATE VIAL (EA)	IV	PA; SP
<b>HEPARIN</b>		
ENOXAPARIN SODIUM SYRINGE (ML)	SC	SP
ENOXAPARIN SODIUM VIAL (ML)	SC	SP
FONDAPARINUX SODIUM 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 (ml)</i>	IV	
<i>heparin lock flush vial (ml)</i>	IV	
<i>heparin sodium cartridge (ml)</i>	INJ	
<i>heparin sodium syringe (ml)</i>	INJ	
<i>heparin sodium vial (ml)</i>	INJ	
<i>heparin sodium in 0.45% nacl iv solution</i>	IV	
<i>heparin sodium in 0.9% nacl iv solution</i>	IV	
<i>heparin sodium in 5% dextrose iv solution</i>	IV	
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin tablet</i>	oral	QL
<i>atorvastatin calcium tablet</i>	oral	QL
<i>atorvastatin calcium tablet</i>	oral	ACA; QL
<i>cholestyramine powder (gram)</i>	oral	
<i>cholestyramine powder in packet (ea)</i>	oral	
<i>cholestyramine light powder (gram)</i>	oral	
<i>cholestyramine light powder in packet (ea)</i>	oral	
<i>colesevelam hcl powder in packet (ea)</i>	oral	
<i>colesevelam hcl tablet</i>	oral	
<i>colestipol hcl granules (gram)</i>	oral	
<i>colestipol hcl packet (ea)</i>	oral	
<i>colestipol hcl tablet</i>	oral	
<i>ezetimibe tablet</i>	oral	

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Drug Name	Route	Requirements/ Limits
<i>ezetimibe-simvastatin tablet</i>	oral	QL
<i>fenofibrate capsule</i>	oral	
<i>fenofibrate tablet</i>	oral	
<i>fenofibric acid capsule; delayed release (enteric coated)</i>	oral	
<i>fenofibric acid tablet</i>	oral	
<i>fluvastatin er tablet; extended release 24 hr</i>	oral	ACA; QL
<i>fluvastatin sodium capsule 40 mg</i>	oral	ACA
<i>fluvastatin sodium capsule 20 mg</i>	oral	ACA; QL
<i>gemfibrozil tablet</i>	oral	
<i>icosapent ethyl capsule</i>	oral	
JUXTAPID CAPSULE	oral	LA; PA; SP
LIPOFEN CAPSULE	oral	
LIVALO TABLET	oral	QL; ST
<i>lovastatin tablet</i>	oral	ACA; QL
NEXLETOL TABLET	oral	
NEXLIZET TABLET	oral	
<i>niacin tablet</i>	oral	
<i>niacin er tablet; extended release 24 hr</i>	oral	
<i>omega-3 acid ethyl esters capsule</i>	oral	
<i>pravastatin sodium tablet</i>	oral	ACA; QL
<i>prevalite powder (gram)</i>	oral	
<i>prevalite powder in packet (ea)</i>	oral	
REPATHA PUSHTRONEX WEARABLE INJECTOR	SC	PA
REPATHA SURECLICK PEN INJECTOR (ML)	SC	PA
REPATHA SYRINGE SYRINGE (ML)	SC	PA
<i>rosuvastatin calcium tablet</i>	oral	QL
<i>rosuvastatin calcium tablet</i>	oral	ACA; QL
<i>simvastatin tablet 80 mg</i>	oral	QL
<i>simvastatin tablet</i>	oral	ACA; QL
VASCEPA CAPSULE	oral	
<b>LONG ACTING NITRATES</b>		
DILATRATE-SR CAPSULE; EXTENDED RELEASE	oral	
<i>isosorbide dinitrate tablet</i>	oral	
<i>isosorbide mononitrate tablet</i>	oral	
<i>isosorbide mononitrate tablet; extended release 24 hr</i>	oral	

Drug Name	Route	Requirements/ Limits
<i>nitro-bid ointment (gram)</i>	transderm	
<i>nitroglycerin patch; transderm 24 hours</i>	transderm	
<i>nitro-time capsule; extended release</i>	oral	
<b>MISC CARDIOVASCULAR AGENTS</b>		
ENTRESTO TABLET	oral	
<i>ranolazine er tablet; extended release 12 hr</i>	oral	
VYNDAMAX CAPSULE	oral	SP
VYNDAQEL CAPSULE	oral	PA; SP
<b>MISC COAGULATION AGENTS</b>		
ADVATE VIAL (EA)	IV	PA; SP
ADYNOVATE VIAL (EA)	IV	PA; SP
AFSTYLA VIAL (EA)	IV	PA; SP
ALPHANINE SD VIAL (EA)	IV	PA; SP
ALPROLIX VIAL (EA)	IV	PA; SP
BENEFIX VIAL (EA)	IV	PA; SP
CABLIVI KIT	INJ	LA; PA; SP
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
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; extended release</i>	oral	
PROFILNINE SD VIAL (EA)	IV	PA; SP
RIASTAP VIAL (EA)	IV	PA; SP
TRETTEN VIAL (EA)	IV	PA; SP
VONVENDI VIAL (EA)	IV	PA; SP
<b>OTHER ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besylate-benazepril capsule</i>	oral	
<i>amlodipine-olmesartan tablet</i>	oral	
<i>amlodipine-valsartan tablet</i>	oral	
<i>amlodipine-valsartan-hctz tablet</i>	oral	

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Drug Name	Route	Requirements/ Limits
<i>atenolol w/chlorthalidone tablet</i>	oral	
<i>benazepril hcl-hctz tablet</i>	oral	
<i>bisoprolol fumarate/hctz tablet</i>	oral	
<i>captopril/hydrochlorothiazide tablet</i>	oral	
<i>enalapril maleate/hctz tablet</i>	oral	
<i>fosinopril-hydrochlorothiazide tablet</i>	oral	
<i>lisinopril-hctz tablet</i>	oral	
<i>methyldopa/hydrochlorothiazide tablet</i>	oral	
<i>metoprolol-hydrochlorothiazide tablet</i>	oral	
<i>nadolol-bendroflumethiazide tablet</i>	oral	
<i>olmesartan-amlodipine-hctz tablet</i>	oral	
<i>propranolol hcl-hctz tablet</i>	oral	
<i>quinapril-hydrochlorothiazide tablet</i>	oral	
<i>telmisartan-amlodipine tablet</i>	oral	
<i>trandolapril-verapamil tablet; immed and extend rel biphasic 24hr</i>	oral	
<b>RAPID ACTING NITRATES</b>		
<i>nitroglycerin spray; non-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>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 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 tablet</i>	oral	
<i>toremide tablet</i>	oral	
<i>triamterene capsule</i>	oral	

Drug Name	Route	Requirements/ Limits
<i>triamterene w/hctz capsule</i>	oral	
<i>triamterene w/hctz tablet</i>	oral	
<b>VASODILATORS</b>		
<i>EPOPROSTENOL SODIUM VIAL (EA)</i>	IV	PA; SP
<i>FLOLAN VIAL (EA)</i>	IV	PA; SP
<i>hydralazine hcl tablet</i>	oral	
<i>minoxidil tablet</i>	oral	
<i>TREPROSTINIL VIAL (ML)</i>	INJ	PA; SP
<i>UPTRAVI TABLET</i>	oral	LA; PA; SP
<i>UPTRAVI TABLET; DOSE PACK</i>	oral	LA; PA; SP
<i>VELETRI VIAL (EA)</i>	IV	PA; SP
<b>VITAMIN K</b>		
<i>phytonadione ampul (ml)</i>	INJ	
<i>PHYTONADIONE SYRINGE (ML)</i>	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 (gram)</i>	topical	
<i>calcipotriene solution; non-oral</i>	topical	
<i>calcipotriene-betamethasone suspension; topical (gram)</i>	topical	
<i>calcipotriene-betamethasone dp ointment (gram)</i>	topical	
<i>calcitriol ointment (gram)</i>	topical	
<i>hc pramoxine cream (gram)</i>	topical	
<i>selenium sulfide lotion (ml)</i>	topical	
<i>selenium sulfide shampoo</i>	topical	
<i>SKYRIZI (2 SYRINGES) KIT SYRINGE KIT (EA)</i>	SC	PA; SP
<i>sodium sulfacetamide cleanser (ml)</i>	topical	
<i>sodium sulfacetamide cleanser; gel (ml)</i>	topical	
<i>sodium sulfacetamide shampoo</i>	topical	
<i>STELARA SYRINGE (ML)</i>	SC	PA; SP
<i>STELARA VIAL (ML)</i>	SC	PA; SP

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Drug Name	Route	Requirements/ Limits
TALTZ AUTOINJECTOR AUTO-INJECTOR (ML)	SC	PA; SP
TALTZ AUTOINJECTOR (2 PACK) AUTO-INJECTOR (ML)	SC	PA; SP
TALTZ AUTOINJECTOR (3 PACK) AUTO-INJECTOR (ML)	SC	PA; SP
TALTZ SYRINGE SYRINGE (ML)	SC	PA; SP
TREMFYA AUTO-INJECTOR (ML)	SC	PA; SP
TREMFYA SYRINGE (ML)	SC	PA; SP
<b>BURN THERAPY</b>		
<i>silver sulfadiazine cream (gram)</i>	topical	
<i>ssd cream (gram)</i>	topical	
<b>MISC DERMATOLOGICALS</b>		
<i>doxepin hcl cream (gram)</i>	topical	
DUPIXENT SYRINGE (ML)	SC	PA; SP
DUPIXENT PEN PEN INJECTOR (ML)	SC	PA; SP
<i>fluorouracil cream (gram)</i>	topical	
<i>fluorouracil solution; non- oral</i>	topical	
<i>iodine tincture</i>	topical	
<i>methoxsalen capsule; liquid-filled; rapid release</i>	oral	
<i>methyl salicylate liquid (ml)</i>	topical	
<i>methyl salicylate oil (ml)</i>	misc	
PICATO GEL (EA)	topical	
<i>pimecrolimus cream (gram)</i>	topical	
<i>podofilox solution; non- oral</i>	topical	
<i>prudoxin cream (gram)</i>	topical	
REGANEX GEL (GRAM)	topical	QL
<i>tacrolimus ointment (gram)</i>	topical	
VALCHLORGEL (GRAM)	topical	PA; SP
<i>wintergreen oil (ml)</i>	misc	
<b>THERAPY FOR ACNE</b>		
<i>10-1 cleanser (gram)</i>	topical	
<i>accutane capsule</i>	oral	
<i>adapalene cream (gram)</i>	topical	PA
<i>adapalene gel (gram)</i>	topical	PA
<i>adapalene gel with pump (gram)</i>	topical	PA
<i>adapalene solution; non- oral</i>	topical	PA

Drug Name	Route	Requirements/ Limits
<i>adapalene swab; medicated</i>	topical	PA
<i>adapalene-benzoyl peroxide gel with pump (gram)</i>	topical	
<i>amnesteem capsule</i>	oral	
<i>avar cleanser (gram)</i>	topical	
<i>avita cream (gram)</i>	topical	PA
<i>azelaic acid gel (gram)</i>	topical	PA
<i>benzepro towelette (ea)</i>	topical	
<i>benzoyl peroxide foam (gram)</i>	topical	
<i>claravis capsule</i>	oral	
<i>clindacin p swab; medicated</i>	topical	
<i>clindamycin phosphate foam (gram)</i>	topical	
<i>clindamycin phosphate gel (gram)</i>	topical	
<i>clindamycin phosphate lotion (ml)</i>	topical	
<i>clindamycin phosphate solution; non-oral</i>	topical	
<i>clindamycin phosphate swab; medicated</i>	topical	
<i>clindamycin phos-tretinoin gel (gram)</i>	topical	
<i>clindamycin-benzoyl peroxide gel (gram)</i>	topical	
<i>clindamycin-benzoyl peroxide gel with pump (gram)</i>	topical	
<i>dapsone gel (gram)</i>	topical	
<i>dapsone gel with pump (gram)</i>	topical	
<i>ery swab; medicated</i>	topical	
<i>erygel gel (gram)</i>	topical	
<i>erythromycin gel (gram)</i>	topical	
<i>erythromycin solution; non-oral</i>	topical	
<i>erythromycin-benzoyl peroxide gel (gram)</i>	topical	
FINACEA FOAM (GRAM)	topical	PA
<i>isotretinoin capsule</i>	oral	
<i>ivermectin cream (gram)</i>	topical	
<i>metronidazole cream (gram)</i>	topical	
<i>metronidazole gel (gram)</i>	topical	
<i>metronidazole gel with pump (gram)</i>	topical	
<i>metronidazole lotion (ml)</i>	topical	

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Drug Name	Route	Requirements/ Limits
<i>myorisan capsule</i>	oral	
<i>neuac gel (gram)</i>	topical	
ONEXTON GEL WITH PUMP (GRAM)	topical	
<i>rosadan cream (gram)</i>	topical	
<i>rosadan gel (gram)</i>	topical	
<i>rosula pads; medicated (ea)</i>	topical	
<i>sodium sulfacetamide/sulfur cleanser (gram)</i>	topical	
<i>sodium sulfacetamide/sulfur cleanser (ml) 9 %-4 %</i>	topical	
<i>sodium sulfacetamide/sulfur cream (gram)</i>	topical	
<i>sodium sulfacetamide/sulfur kit</i>	topical	
<i>sodium sulfacetamide/sulfur lotion (gram)</i>	topical	
<i>sodium sulfacetamide/sulfur pads; medicated (ea)</i>	topical	
<i>sodium sulfacetamide/sulfur suspension; topical (gram)</i>	topical	
<i>sodium sulfacetamide/sulfur suspension; topical (ml)</i>	topical	
<i>ss 10-2 cleanser (gram)</i>	topical	
<i>sss 10-5 cream (gram)</i>	topical	
<i>sss 10-5 foam (gram)</i>	topical	
<i>sulfacetamide sodium-sulfur cleanser (gram)</i>	topical	
<i>sulfacleanse 8/4 suspension; topical (ml)</i>	topical	
<i>tazarotene cream (gram)</i>	topical	PA
TAZORAC CREAM (GRAM)	topical	PA
TAZORAC GEL (GRAM)	topical	PA
<i>tretinoin cream (gram)</i>	topical	PA
<i>tretinoin gel (gram)</i>	topical	PA
<i>tretinoin microsphere gel (gram)</i>	topical	PA
<i>tretinoin microsphere gel with pump (gram)</i>	topical	PA
<i>zenatane capsule</i>	oral	
<b>TOPICAL ANESTHETICS</b>		
<i>glydo jelly with prefilled applicator (ml)</i>	mucous membrane	

Drug Name	Route	Requirements/ Limits
<i>lidocaine adhesive patch; medicated</i>	topical	
<i>lidocaine ointment (gram)</i>	topical	
<i>lidocaine hcl jelly (ml)</i>	mucous membrane	
<i>lidocaine hcl jelly with prefilled applicator (ml)</i>	mucous membrane	
<i>lidocaine hcl solution; non-oral</i>	mucous membrane	
<i>lidocaine hcl solution; oral 2 %</i>	mucous membrane	
<i>lidocaine hcl solution; oral 4 %</i>	topical	
<i>lidocaine hcl syringe (ml)</i>	INJ	
<i>lidocaine-hc cream (gram) 3 %-0.5 %</i>	topical	
<i>lidocaine-prilocaine cream (gram)</i>	topical	
<i>lidocaine-prilocaine kit</i>	topical	
<i>lidocort cream (gram)</i>	topical	
<i>pre-attached lta kit solution; oral</i>	topical	
ZTLIDO ADHESIVE PATCH; MEDICATED	topical	
<b>TOPICAL ANTIBACTERIALS</b>		
<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	
<i>mupirocin cream (gram)</i>	topical	
<i>mupirocin ointment (gram)</i>	topical	
<i>sulfacetamide sodium suspension; topical (ml)</i>	topical	
SULFAMYLON CREAM (GRAM)	topical	
<b>TOPICAL ANTIFUNGALS</b>		
<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	

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Drug Name	Route	Requirements/ Limits
<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	
<i>tavaborole solution with applicator (ml)</i>	topical	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir cream (gram)</i>	topical	
<i>acyclovir ointment (gram)</i>	topical	
<b>TOPICAL CORTICOSTEROIDS HIGH POTENCY</b>		
<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	
<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	

Drug Name	Route	Requirements/ Limits
<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	
<b>TOPICAL CORTICOSTEROIDS LOW POTENCY</b>		
<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>desrx gel (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	
<b>TOPICAL CORTICOSTEROIDS MEDIUM POTENCY</b>		
<i>beseer lotion (ml)</i>	topical	
<i>betamethasone valerate cream (gram)</i>	topical	
<i>betamethasone valerate foam (gram)</i>	topical	
<i>betamethasone valerate lotion (ml)</i>	topical	
<i>desoximetasone cream (gram)</i>	topical	
<i>desoximetasone ointment (gram)</i>	topical	
<i>fluocinolone acetonide ointment (gram)</i>	topical	
<i>flurandrenolide cream (gram)</i>	topical	
<i>flurandrenolide lotion (ml)</i>	topical	
<i>flurandrenolide ointment (gram)</i>	topical	
<i>fluticasone propionate cream (gram)</i>	topical	

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Drug Name	Route	Requirements/ Limits
<i>fluticasone propionate lotion (ml)</i>	topical	
<i>fluticasone propionate ointment (gram)</i>	topical	
<i>hydrocortisone butyrate cream (gram)</i>	topical	
<i>hydrocortisone butyrate lotion (ml)</i>	topical	
<i>hydrocortisone butyrate ointment (gram)</i>	topical	
<i>hydrocortisone butyrate solution; non-oral</i>	topical	
<i>hydrocortisone valerate cream (gram)</i>	topical	
<i>hydrocortisone valerate ointment (gram)</i>	topical	
<i>mometasone furoate cream (gram)</i>	topical	
<i>mometasone furoate ointment (gram)</i>	topical	
<i>mometasone furoate solution; non-oral</i>	topical	
<i>nolix cream (gram)</i>	topical	
<i>nolix lotion (ml)</i>	topical	
<i>prednicarbate cream (gram)</i>	topical	
<i>prednicarbate ointment (gram)</i>	topical	
<i>triamcinolone acetonide aerosol (gram)</i>	topical	
<i>triamcinolone acetonide cream (gram)</i>	topical	
<i>triamcinolone acetonide lotion (ml)</i>	topical	
<i>triamcinolone acetonide ointment (gram)</i>	topical	
<i>trianex ointment (gram)</i>	topical	
<i>triderm cream (gram)</i>	topical	
<i>tritocin ointment (gram)</i>	topical	
<b>TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY</b>		
<i>betamethasone dp augmented ointment (gram)</i>	topical	
<i>clobetasol e cream (gram)</i>	topical	
<i>clobetasol emulsion foam (gram)</i>	topical	
<i>clobetasol propionate cream (gram)</i>	topical	
<i>clobetasol propionate foam (gram)</i>	topical	

Drug Name	Route	Requirements/ Limits
<i>clobetasol propionate gel (gram)</i>	topical	
<i>clobetasol propionate lotion (ml)</i>	topical	
<i>clobetasol propionate ointment (gram)</i>	topical	
<i>clobetasol propionate shampoo</i>	topical	
<i>clobetasol propionate solution; non-oral</i>	topical	
<i>clobetasol propionate spray; non-aerosol (ml)</i>	topical	
<i>clodan shampoo</i>	topical	
<i>diflorasone diacetate ointment (gram)</i>	topical	
<i>halobetasol propionate cream (gram)</i>	topical	
<i>halobetasol propionate ointment (gram)</i>	topical	
<i>tovet emollient foam (gram)</i>	topical	
<b>TOPICAL ENZYMES</b>		
SANTYL OINTMENT (GRAM)	topical	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>croton lotion (gram)</i>	topical	
<i>ivermectin lotion (gram)</i>	topical	
<i>lindane shampoo</i>	topical	
<i>malathion lotion (ml)</i>	topical	
<i>permethrin cream (gram)</i>	topical	
<i>spinosad suspension; topical (ml)</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	
<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	

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Drug Name	Route	Requirements/ Limits
<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; DISPERSIBLE	oral	LA; PA; SP
<i>cevimeline hcl capsule</i>	oral	
CHEMET CAPSULE	oral	
<i>clovique capsule</i>	oral	PA
DEFERASIROX GRANULES IN PACKET (EA)	oral	PA; SP
DEFERASIROX TABLET	oral	PA; SP
DEFERASIROX TABLET; DISPERSIBLE	oral	PA; SP
DEFERIPRONE TABLET	oral	PA; SP
<i>disulfiram tablet</i>	oral	
DROXIDOPA CAPSULE	oral	PA; SP
FERRIPROX SOLUTION; 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
REVCOVI 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	
<i>sodium chloride syringe (ml)</i>	INJ	
<i>sodium chloride vial (ml)</i>	INJ	

Drug Name	Route	Requirements/ Limits
<i>sodium phenylbutyrate powder (gram)</i>	oral	
<i>sodium phenylbutyrate tablet</i>	oral	
SOLIRIS VIAL (ML)	IV	PA; SP
TIOPRONIN TABLET	oral	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; QL
<i>chantix tablet</i>	oral	ACA; QL
<i>chantix tablet; dose pack</i>	oral	ACA; QL
<i>nicorette gum</i>	buccal	ACA; QL
<i>nicotine lozenge</i>	buccal	ACA; QL
<i>nicotine mini lozenge</i>	buccal	ACA; QL
<i>nicotine patch; transderm 24 hours</i>	transderm	ACA; QL
<i>nicotine patch; transderm daily; sequential</i>	transderm	ACA; QL
<i>nicotine gum gum</i>	buccal	ACA; QL
<i>quit 2 gum</i>	buccal	ACA; QL
<i>quit 2 lozenge</i>	buccal	ACA; QL
<i>quit 4 gum</i>	buccal	ACA; QL
<i>quit 4 lozenge</i>	buccal	ACA; QL
<i>stop smoking aid lozenge</i>	buccal	ACA; QL
<i>varenicline tartrate tablet</i>	oral	ACA; QL
<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	
<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	
<i>periogard mouthwash</i>	mucous membrane	
<i>sf gel (gram)</i>	dental	

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Drug Name	Route	Requirements/ Limits
<i>sf 5000 plus cream (gram)</i>	dental	
<i>sodium fluoride cream (gram)</i>	dental	
<i>sodium fluoride gel (gram)</i>	dental	
<i>sodium fluoride gel (ml)</i>	dental	
<i>sodium fluoride paste (ml)</i>	dental	
<i>sodium fluoride solution; non-oral</i>	dental	
<i>sodium fluoride 5000 plus cream (gram)</i>	dental	
<i>sodium fluoride enamel protect paste (ml)</i>	dental	
<i>sodium fluoride sensitive paste (ml)</i>	dental	
<i>triamcinolone acetonide paste (gram)</i>	dental	
<b>MISC OTIC PREPARATIONS</b>		
<i>acetic acid solution; non-oral</i>	otic (ear)	
<i>acetic acid/hydrocortisone drops</i>	otic (ear)	
<i>ciprofloxacin hcl dropperette; single-use drop dispenser</i>	otic (ear)	
<i>flac otic oil drops</i>	otic (ear)	
<i>fluocinolone acetonide oil drops</i>	otic (ear)	
<i>ofloxacin drops 0.3 %</i>	otic (ear)	
<b>OTIC STEROID / ANTIBIOTIC</b>		
<i>ciprofloxacin-dexamethasone suspension; drops (final dosage form) (ml)</i>	otic (ear)	
<i>neomycin/polymyxin/hc solution; non-oral</i>	otic (ear)	
<i>neomycin/polymyxin/hc suspension; drops (final dosage form) (ml) 3.5-10k-1</i>	otic (ear)	
OTOVEL VIAL (EA)	otic (ear)	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>decadron tablet</i>	oral	
<i>dexabliss tablet; dose pack</i>	oral	
<i>dexamethasone drops</i>	oral	
<i>dexamethasone elixir</i>	oral	
<i>dexamethasone solution; oral</i>	oral	
<i>dexamethasone tablet</i>	oral	
<i>dexamethasone tablet; dose pack</i>	oral	

Drug Name	Route	Requirements/ Limits
<i>fludrocortisone acetate tablet</i>	oral	
<i>hidex tablet; dose pack</i>	oral	
<i>hydrocortisone tablet</i>	oral	
<i>methylprednisolone tablet</i>	oral	
<i>methylprednisolone tablet; dose pack</i>	oral	
<i>millipred tablet</i>	oral	
<i>millipred tablet; dose pack</i>	oral	
<i>prednisolone solution; oral</i>	oral	
<i>prednisolone sodium phos odt tablet; disintegrating</i>	oral	
<i>prednisolone sodium phosphate solution; oral</i>	oral	
<i>prednisone concentrate; oral</i>	oral	
<i>prednisone solution; oral</i>	oral	
<i>prednisone tablet</i>	oral	
<i>prednisone tablet; dose pack</i>	oral	
<b>ANDROGENS</b>		
ANDRODERM PATCH; TRANSDERM 24 HOURS	transderm	PA
<i>danazol capsule</i>	oral	
METHITEST TABLET	oral	
<i>methyltestosterone capsule</i>	oral	
NATESTO GEL IN METERED-DOSE PUMP	nasal	PA
<i>oxandrolone tablet</i>	oral	PA
<i>testosterone gel (gram)</i>	transderm	PA
<i>testosterone gel in metered-dose pump</i>	transderm	PA
<i>testosterone gel in packet (gram)</i>	transderm	PA
<i>testosterone solution in metered-dose pump with appl.</i>	transderm	PA
<i>testosterone cypionate vial (ml)</i>	IM	PA
<i>testosterone enanthate vial (ml)</i>	IM	PA
<b>ANTITHYROID AGENTS</b>		
<i>methimazole tablet</i>	oral	
<i>propylthiouracil tablet</i>	oral	
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
FREESTYLE INSULINX STRIP	misc	
FREESTYLE INSULINX TEST STRIPS STRIP	misc	
FREESTYLE LITE STRIPS STRIP	misc	

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Drug Name	Route	Requirements/ Limits
FREESTYLE LITE TEST STRIPS STRIP	misc	ST
FREESTYLE TEST STRIPS STRIP	misc	
ONE TOUCH ULTRA TEST STRIPS STRIP	misc	
ONE TOUCH VERIO STRIP	misc	
PRECISION XTRA STRIP	misc	
<b>GLUCOSE ELEVATING AGENTS</b>		
BAQSIMI SPRAY; NON-AEROSOL (EA)	nasal	QL
<i>diazoxide suspension; oral (final dose form)</i>	oral	
GLUCAGEN VIAL (EA) 1 MG/ML	INJ	
GLUCAGEN VIAL (EA) 1 MG	INJ	QL
<i>glucagon emergency kit vial (ea) 1 mg</i>	INJ	QL
GLUCAGON EMERGENCY KIT VIAL (EA) 1 MG	INJ	QL
GVOKE HYPOPEN AUTO-INJECTOR (ML)	SC	PA; QL
GVOKE SYRINGE SYRINGE (ML)	SC	QL
ZEGALOGUE AUTOINJECTOR AUTO-INJECTOR (ML)	SC	QL
ZEGALOGUE SYRINGE SYRINGE (ML)	SC	QL
<b>GONADOTROPIN &amp; RELATED AGENTS</b>		
CETROTIDE KIT	SC	PA; SP
GANIRELIX ACETATE GENERIC SYRINGE (ML)	SC	PA; SP
ORLISSA TABLET	oral	PA
<b>INSULIN SYRINGES/MISC DURABLE MEDICAL EQU</b>		
ACCU-CHEK KIT	misc	
ACE AEROSOL CLOUD ENHANCER SPACER (EA)	misc	
AEROCHAMBERSPACER (EA)	misc	
AEROCHAMBERPLUS SPACER (EA)	misc	
AEROCHAMBERZ-STAT PLUS SPACER (EA)	misc	
AEROTRACH PLUS SPACER (EA)	misc	
AEROVENT PLUS SPACER (EA)	misc	
AUTOJECT 2 INSULIN PEN (EA)	SC	

Drug Name	Route	Requirements/ Limits
AUTOPEN INSULIN PEN (EA)	SC	
AUTOSOFT 30 INFUSION SETS-PARAPHERNALIA	misc	
AUTOSOFT 90 INFUSION SETS-PARAPHERNALIA	misc	
AUTOSOFT XC INFUSION SETS-PARAPHERNALIA	misc	
BD INTEGRA NEEDLE NEEDLE; DISPOSABLE	misc	
BD MICROTAINER LANCET EACH	misc	
BD NANO PEN NEEDLE NEEDLE; DISPOSABLE	misc	
B-D NEEDLES NEEDLE; DISPOSABLE	misc	
B-D ULTRA FINE LANCETS EACH	misc	
BREATHERITE SPACER (EA)	misc	
CARTRIDGE STAMPED CARTRIDGE (EA)	SC	
CLEO 90 INFUSION SET INFUSION SETS-PARAPHERNALIA	misc	
COMFORT INFUSION SETS-PARAPHERNALIA	misc	
COMFORT SHORT INFUSION SETS-PARAPHERNALIA	misc	
COMPACT SPACE CHAMBER SPACER (EA)	misc	
CONTACT DETACH INFUSION SET INFUSION SETS-PARAPHERNALIA	misc	
DEXCOM EACH	misc	
DEXCOM G4 EACH	misc	
DEXCOM G5 EACH	misc	
DEXCOM G6 EACH	misc	
EASIVENT SPACER (EA)	misc	
FLEXICHAMBER SPACER (EA)	misc	
FREESTYLE CONTROL SOLUTION EACH	misc	
FREESTYLE FREEDOM KIT	misc	QL
FREESTYLE FREEDOM LITE KIT	misc	QL
FREESTYLE INSULINX EACH	misc	QL
FREESTYLE LIBRE 2 READER EACH	misc	
FREESTYLE LIBRE 2 SENSOR KIT	misc	

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Drug Name	Route	Requirements/ Limits
FREESTYLE LIBRE READER EACH	misc	
FREESTYLE LIBRE SENSOR KIT	misc	
FREESTYLE LITE METER KIT	misc	QL
INFUSION SET INFUSION SETS-PARAPHERNALIA	misc	
INSET 30 INFUSION SET INFUSION SETS-PARAPHERNALIA	misc	
INSET INFUSION SET INFUSION SETS-PARAPHERNALIA	misc	
INSPIRACHAMBER SPACER (EA)	misc	
LANCET EACH	misc	
LANCING DEVICE EACH	misc	
LITEAIRE SPACER (EA)	misc	
MEDISENSE COMBINATION PACKAGE (EA)	misc	
MEDISENSE GLUCOSE KETONE CONTR COMBINATION PACKAGE (EA)	misc	
MICROCHAMBER SPACER (EA)	misc	
MICROSPACER SPACER (EA)	misc	
MINIMED EACH	misc	
MINIMED MIO INFUSION SETS-PARAPHERNALIA	misc	
MINIMED MIO ADVANCE INFUSION SETS-PARAPHERNALIA	misc	
MINIMED QUICK SET INFUSION SETS-PARAPHERNALIA	misc	
MINIMED SILHOUETTE INFUSION SETS-PARAPHERNALIA	misc	
MINIMED SURE T INFUSION SETS-PARAPHERNALIA	misc	
MIO INFUSION SET INFUSION SETS-PARAPHERNALIA	misc	
NOVOPEN 3 INSULIN PEN (EA)	SC	
OMNIPOD EACH	misc	

Drug Name	Route	Requirements/ Limits
OMNIPOD DASH CARTRIDGE (EA)	SC	
ONE TOUCH PING EACH	misc	
ONE TOUCH ULTRA 2 EACH	misc	QL
ONE TOUCH ULTRA CONTROL SOLN EACH	misc	
ONE TOUCH ULTRAMINI KIT	misc	QL
ONE TOUCH VERIO EACH	misc	
ONE TOUCH VERIO IQ EACH	misc	QL
ONETOUCH VERIO FLEX EACH	misc	
ONETOUCH VERIO REFLECT EACH	misc	
OPTICHAMBER DIAMOND SPACER (EA)	misc	
POCKET CHAMBER SPACER (EA)	misc	
PRECISION XTRA EACH	misc	QL
PRECISION XTRA KETONE-GLUCOSE KIT	misc	
PRIMEAIRE SPACER (EA)	misc	
PROCHAMBER SPACER (EA)	misc	
QUICK-SET PARADIGM INFUSION SETS-PARAPHERNALIA	misc	
REVEL PROGRAMMABLE PUMP EACH	misc	
RITEFLO SPACER (EA)	misc	
SAFE-CLIP EACH	misc	
SILHOUETTE INFUSION SETS-PARAPHERNALIA	misc	
SPACE CHAMBER SPACER (EA)	misc	
SURE-T PARADIGM INFUSION SETS-PARAPHERNALIA	misc	
T: 30 INFUSION SET INFUSION SETS-PARAPHERNALIA	misc	
T: 90 INFUSION SETS-PARAPHERNALIA	misc	
T: FLEX CARTRIDGE (EA)	SC	
T: SLIM CARTRIDGE (EA)	SC	
T: SLIM G4 CARTRIDGE (EA)	SC	
T: SLIM X2 CARTRIDGE (EA)	SC	

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Drug Name	Route	Requirements/ Limits
TRUSTEEL INFUSION SET INFUSION SETS- PARAPHERNALIA	misc	
VARISOFT INFUSION SET INFUSION SETS- PARAPHERNALIA	misc	
VGO 20 EACH	misc	
VGO 30 EACH	misc	
VGO 40 EACH	misc	
VORTEX SPACER (EA)	misc	
<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	

Drug Name	Route	Requirements/ Limits
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	
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>calcitonin-salmon vial (ml)</i>	INJ	
<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
LUMIZYME VIAL (EA)	IV	PA; SP
MEPSEVII VIAL (ML)	IV	PA; SP
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
SAPROPTERIN DIHYDROCHLORIDE POWDER IN PACKET (EA)	oral	PA; SP

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Drug Name	Route	Requirements/ Limits
SAPROPTERIN DIHYDROCHLORIDE TABLET; SOLUBLE	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	LA; PA; SP
VIMIZIM VIAL (ML)	IV	PA; SP
ZOLEDRONIC ACID IV SOLUTION; PIGGYBACK; BOTTLE (ML)	IV	PA; SP
ZOLEDRONIC ACID VIAL (EA)	IV	PA; SP
ZOLEDRONIC ACID VIAL (ML)	IV	PA; SP
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<i>acarbose tablet</i>	oral	
BYDUREON BCISE AUTO- INJECTOR (ML)	SC	PA; QL
BYDUREON PEN PEN INJECTOR (EA)	SC	PA; QL
BYETTA PEN INJECTOR (ML)	SC	PA; QL
FARXIGA TABLET	oral	QL; ST
<i>glimepiride tablet</i>	oral	
<i>glipizide tablet</i>	oral	
<i>glipizide er tablet; extended release 24 hr</i>	oral	
<i>glipizide xl tablet; extended release 24 hr</i>	oral	
<i>glipizide-metformin tablet</i>	oral	
<i>glyburide tablet</i>	oral	
<i>glyburide micronized tablet</i>	oral	
<i>glyburide-metformin hcl tablet</i>	oral	
GLYXAMBI TABLET	oral	QL; ST
INVOKAMET TABLET	oral	QL; ST
INVOKAMET XR TABLET; IMMEDIATE AND EXTENDED RELEASE BIPHASE 24HR	oral	QL; ST
INVOKANA TABLET	oral	QL; ST
JANUMET TABLET	oral	QL
JANUMET XR TABLET; EXTENDED RELEASE MULTIPHASE 24 HR	oral	QL
JANUVIA TABLET	oral	QL
JARDIANCE TABLET	oral	QL; ST

Drug Name	Route	Requirements/ Limits
<i>metformin hcl solution; oral</i>	oral	ST
<i>metformin hcl tablet</i>	oral	
<i>metformin hcl er tablet; er gastric retention 24 hr</i>	oral	QL; ST
<i>metformin hcl er tablet; extended release 24 hr</i>	oral	QL
<i>miglitol tablet</i>	oral	
<i>nateglinide tablet</i>	oral	
OZEMPIC PEN INJECTOR (ML)	SC	PA; QL
<i>pioglitazone hcl tablet</i>	oral	QL
<i>pioglitazone-glimepiride tablet</i>	oral	QL
<i>pioglitazone-metformin tablet</i>	oral	QL
<i>repaglinide tablet</i>	oral	
<i>repaglinide-metformin hcl tablet</i>	oral	QL
RYBELSUS TABLET	oral	PA; QL
SEGLUROMET TABLET	oral	QL; ST
STEGLATRO TABLET	oral	QL; ST
STEGLUJAN TABLET	oral	QL; ST
SYMLINPEN 120 PEN INJECTOR (ML)	SC	QL
SYMLINPEN 60 PEN INJECTOR (ML)	SC	QL
SYNJARDY TABLET	oral	QL; ST
SYNJARDY XR TABLET; IMMEDIATE AND EXTENDED RELEASE BIPHASE 24HR	oral	QL; ST
TRIJARDY XR TABLET; IMMEDIATE AND EXTENDED RELEASE BIPHASE 24HR	oral	ST
TRULICITY PEN INJECTOR (ML)	SC	PA; QL
XIGDUO XR TABLET; IMMEDIATE AND EXTENDED RELEASE BIPHASE 24HR	oral	QL; ST
<b>THYROID HORMONES</b>		
ARMOUR THYROID TABLET	oral	
<i>euthyrox tablet</i>	oral	
<i>levo-t tablet</i>	oral	
<i>levothyroxine sodium tablet</i>	oral	
<i>levoxyl tablet</i>	oral	
<i>liothyronine sodium tablet</i>	oral	
<i>nature-throid tablet</i>	oral	
<i>np thyroid tablet</i>	oral	
<i>unithroid tablet</i>	oral	
<i>westhroid tablet</i>	oral	

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Drug Name	Route	Requirements/ Limits
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS</b>		
<i>belladonna &amp; opium suppository; rectal</i>	rectal	
<i>diphenoxylate w/atropine liquid (ml)</i>	oral	
<i>diphenoxylate w/atropine tablet</i>	oral	
<i>opium tincture</i>	oral	
<b>ANTISPASMODICS</b>		
<i>anaspaz tablet; disintegrating</i>	oral	
<i>dicyclomine hcl capsule</i>	oral	
<i>dicyclomine hcl solution; oral</i>	oral	
<i>dicyclomine hcl tablet</i>	oral	
<i>ed-spaz tablet; disintegrating</i>	oral	
<i>glycopyrrolate tablet</i>	oral	
<i>hyoscyamine sulfate drops</i>	oral	
<i>hyoscyamine sulfate elixir</i>	oral	
<i>hyoscyamine sulfate tablet</i>	oral	
<i>hyoscyamine sulfate tablet; extended release 12 hr</i>	oral	
<i>hyoscyamine sulfate tablet; sl</i>	SL	
<i>hyoscyamine sulfate tablet; disintegrating</i>	oral	
<i>hyosyne drops</i>	oral	
<i>hyosyne elixir</i>	oral	
<i>oscimin tablet</i>	oral	
<i>oscimin sl tablet; sl</i>	SL	
<i>oscimin sr tablet; extended release 12 hr</i>	oral	
<i>symax tablet; disintegrating</i>	oral	
<i>symax-sl tablet; sl</i>	SL	
<i>symax-sr tablet; extended release 12 hr</i>	oral	
<b>ANTIVERTIGO &amp; ANTIEMETICAGENTS</b>		
<i>aprepitant capsule</i>	oral	PA
<i>aprepitant capsule; dose pack</i>	oral	PA
<i>CINVANTI VIAL (ML)</i>	IV	PA
<i>compro suppository; rectal</i>	rectal	
<i>doxylamine succ-pyridoxine hcl tablet; enteric coated</i>	oral	QL
<i>dronabinol capsule</i>	oral	

Drug Name	Route	Requirements/ Limits
<i>fosaprepitant dimeglumine vial (ea)</i>	IV	PA
<i>granisetron hcl tablet</i>	oral	
<i>ondansetron hcl solution; oral</i>	oral	
<i>ondansetron hcl tablet</i>	oral	
<i>ondansetron odt tablet; disintegrating</i>	oral	
<i>palonosetron hcl syringe (ml)</i>	IV	PA
<i>palonosetron hcl vial (ml)</i>	IV	PA
<i>prochlorperazine maleate suppository; rectal</i>	rectal	
<i>prochlorperazine maleate tablet</i>	oral	
<i>scopolamine patch; transderm 3 day</i>	transderm	
<i>trimethobenzamide hcl capsule</i>	oral	
VARUBI TABLET	oral	PA
<b>BILE ACIDS</b>		
CHENODAL TABLET	oral	LA; PA; SP
CHOLBAM CAPSULE	oral	PA; SP
<i>ursodiol capsule</i>	oral	
<i>ursodiol tablet</i>	oral	
<b>BOWEL EVACUANTS</b>		
<i>clearlax powder (gram)</i>	oral	ACA
<i>clearlax powder in packet (ea)</i>	oral	ACA
<i>clenpiq solution; oral</i>	oral	ACA
<i>gavilax powder (gram)</i>	oral	ACA
<i>gavilyte-c solution; reconstituted; oral</i>	oral	ACA
<i>gavilyte-g solution; reconstituted; oral</i>	oral	ACA
<i>gavilyte-n solution; reconstituted; oral</i>	oral	ACA
<i>gentlelax powder (gram)</i>	oral	ACA
<i>glycolax powder (gram)</i>	oral	ACA
<i>healthylax powder in packet (ea)</i>	oral	ACA
<i>laxa clear powder (gram)</i>	oral	ACA
<i>laxaclear powder (gram)</i>	oral	ACA
<i>laxative peg 3350 powder (gram)</i>	oral	ACA
<i>miralax powder in packet (ea)</i>	oral	ACA
<i>natura-lax powder (gram)</i>	oral	ACA
<i>peg 3350-electrolyte solution; reconstituted; oral</i>	oral	ACA

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Drug Name	Route	Requirements/ Limits
<i>peg3350-sod sul-nacl-kcl-asb-c powder in packet (ea)</i>	oral	ACA
<i>peg-prep kit</i>	oral	ACA
<i>polyethylene glycol powder (gram)</i>	oral	ACA
<i>polyethylene glycol powder in packet (ea)</i>	oral	ACA
<i>powderlax powder (gram)</i>	oral	ACA
<i>powderlax powder in packet (ea)</i>	oral	ACA
<i>purelax powder (gram)</i>	oral	ACA
<i>purelax powder in packet (ea)</i>	oral	ACA
<i>smoothlax powder (gram)</i>	oral	ACA
<i>smoothlax powder in packet (ea)</i>	oral	ACA
<i>suprep solution; reconstituted; oral</i>	oral	ACA
<i>trilyte with flavor packets solution; reconstituted; oral</i>	oral	ACA
<b>COMBINATION ANTICHOLINERGICS</b>		
<i>atropine sulfate syringe (ml)</i>	INJ	
<i>atropine sulfate syringe (ml) 0.8 mg/2ml</i>	IV	
<i>atropine sulfate vial (ml)</i>	INJ	
<i>belladonna-phenobarbital elixir</i>	oral	
<i>clidinium w/chlordiazepoxide capsule</i>	oral	
<i>phenobarbital-hyosc-atrop-scop tablet</i>	oral	
<i>phenohydro elixir</i>	oral	
<i>phenohydro tablet</i>	oral	
<b>DIGESTIVE ENZYMES</b>		
CREON CAPSULE; DELAYED RELEASE (ENTERIC COATED)	oral	
PANCREAZE CAPSULE; DELAYED RELEASE (ENTERIC COATED)	oral	
SUCRAID SOLUTION; ORAL	oral	PA; SP
VIOKACE TABLET	oral	
ZENPEP CAPSULE; DELAYED RELEASE (ENTERIC COATED)	oral	

Drug Name	Route	Requirements/ Limits
<b>H2 ANTAGONISTS</b>		
<i>cimetidine solution; oral</i>	oral	
<i>cimetidine tablet</i>	oral	
<i>famotidine tablet</i>	oral	
<i>nizatidine capsule</i>	oral	
<i>nizatidine solution; oral</i>	oral	
<b>MISC AGENTS</b>		
<i>calcium acetate capsule</i>	oral	
<i>calcium acetate tablet</i>	oral	
<i>kionex suspension; oral (final dose form)</i>	oral	
<i>lanthanum carbonate tablet; chewable</i>	oral	
LOKELMA POWDER IN PACKET (EA)	oral	
PHOSLYRA SOLUTION; ORAL	oral	
<i>sevelamer carbonate powder in packet (ea)</i>	oral	
<i>sevelamer carbonate tablet</i>	oral	
<i>sevelamer hcl tablet</i>	oral	
<i>sodium polystyrene sulfonate powder (gram)</i>	oral	
<i>sodium polystyrene sulfonate suspension; oral (final dose form)</i>	oral	
<i>sps enema (ml)</i>	rectal	
<i>sps suspension; oral (final dose form)</i>	oral	
VELPHORO TABLET; CHEWABLE	oral	
<b>MISC GASTROINTESTINAL AGENTS</b>		
<i>alopen pills tablet; enteric coated</i>	oral	ACA
<i>alosetron hcl tablet</i>	oral	
<i>alvimopan capsule</i>	oral	
<i>anucort-hc suppository; rectal</i>	rectal	
<i>balsalazide disodium capsule</i>	oral	
<i>bisacodyl tablet; enteric coated</i>	oral	ACA
<i>bisa-lax tablet; enteric coated</i>	oral	ACA
<i>budesonide ec capsule; delayed; and extended release</i>	oral	
<i>budesonide er tablet; delayed and extended release</i>	oral	

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Drug Name	Route	Requirements/ Limits
CIMZIA KIT	SC	PA; SP
CIMZIA SYRINGE KIT (EA)	SC	PA; SP
<i>citrate of magnesia solution; oral</i>	oral	ACA
<i>citroma solution; oral</i>	oral	ACA
<i>colocort enema (ml)</i>	rectal	
<i>constulose solution; oral</i>	oral	
<i>cromolyn sodium concentrate; oral</i>	oral	
CYSTADANE POWDER (GRAM)	oral	PA; SP
<i>dulcolax suspension; oral (final dose form)</i>	oral	ACA
ENTYVIO VIAL (EA)	IV	PA; SP
<i>enulose solution; oral</i>	oral	
<i>generlac solution; oral</i>	oral	
<i>gentle laxative tablet</i>	oral	ACA
<i>gentle laxative tablet; enteric coated</i>	oral	ACA
<i>hc pramoxine cream with applicator</i>	rectal	
<i>hemmorex-hc suppository; rectal</i>	rectal	
<i>hydrocortisone cream with perineal applicator</i>	topical	
<i>hydrocortisone enema (ml)</i>	rectal	
<i>hydrocortisone acetate suppository; rectal</i>	rectal	
<i>lactulose packet (ea)</i>	oral	
<i>lactulose solution; oral</i>	oral	
<i>laxative tablet</i>	oral	ACA
<i>laxative tablet; enteric coated</i>	oral	ACA
<i>lidocaine-hc cream (gram) 3 %-0.5 %</i>	rectal	
<i>lidocaine-hc cream with applicator</i>	rectal	
<i>lidocaine-hc gel with applicator (gram)</i>	rectal	
<i>lidocaine-hc kit</i>	rectal	
LINZESS CAPSULE	oral	
<i>magnesium citrate solution; oral</i>	oral	ACA
<i>mesalamine enema (ml)</i>	rectal	
<i>mesalamine enema kit</i>	rectal	
<i>mesalamine suppository; rectal</i>	rectal	
<i>mesalamine tablet; enteric coated</i>	oral	

Drug Name	Route	Requirements/ Limits
<i>mesalamine dr capsule (with delayed release tablets)</i>	oral	
<i>mesalamine er capsule; ext release 24 hr</i>	oral	
<i>metoclopramide hcl solution; oral</i>	oral	
<i>metoclopramide hcl tablet</i>	oral	
<i>metoclopramide hcl odt tablet; disintegrating</i>	oral	
<i>milk of magnesia suspension; oral (final dose form)</i>	oral	ACA
MOVANTIK TABLET	oral	
OICALIVA TABLET	oral	LA; PA; SP
<i>oral saline laxative liquid (ml)</i>	oral	ACA
PENTASA CAPSULE; EXTENDED RELEASE	oral	
<i>phosphate laxative liquid (ml)</i>	oral	ACA
<i>pramoxine hcl w/hydrocortisone cream with applicator</i>	rectal	
<i>procto-med hc cream with perineal applicator</i>	topical	
<i>proctosol-hc cream with perineal applicator</i>	topical	
<i>proctozone-hc cream with perineal applicator</i>	topical	
RECTIV OINTMENT (GRAM)	rectal	
RELISTOR SYRINGE (ML)	SC	
RELISTOR TABLET	oral	
RELISTOR VIAL (ML)	SC	
<i>sulfasalazine tablet</i>	oral	
<i>sulfasalazine dr tablet; enteric coated</i>	oral	
SYMPROIC TABLET	oral	
TRULANCE TABLET	oral	
UCERIS AEROSOL; FOAM WITH APPLICATOR (GRAM)	rectal	
VIBERZI TABLET	oral	
<i>women's gentle laxative tablet; enteric coated</i>	oral	ACA
<i>women's laxative tablet</i>	oral	ACA
<i>women's laxative tablet; enteric coated</i>	oral	ACA
<b>OTHER ULCER THERAPY</b>		
<i>lansoprazol-amoxicil-clarithro combination package (ea)</i>	oral	QL

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Drug Name	Route	Requirements/ Limits
<i>sucalfate suspension; oral (final dose form)</i>	oral	
<i>sucalfate tablet</i>	oral	
<b>PROSTAGLANDINS</b>		
<i>misoprostol tablet</i>	oral	
<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
<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	PA
<i>omeprazole-sodium bicarbonate capsule 20mg-1.1g</i>	oral	PA; QL
<i>omeprazole-sodium bicarbonate packet (ea) 40-1680mg</i>	oral	PA
<i>omeprazole-sodium bicarbonate packet (ea) 20-1680mg</i>	oral	PA; QL
<i>pantoprazole sodium granules delayed release for susp packet</i>	oral	
<i>pantoprazole sodium tablet; enteric coated 40 mg</i>	oral	

Drug Name	Route	Requirements/ Limits
<i>pantoprazole sodium tablet; enteric coated 20 mg</i>	oral	QL
<i>rabeprazole sodium tablet; enteric coated</i>	oral	
<b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>		
<b>ERYTHROID STIMULANTS</b>		
PROCRT 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>		
AUBAGIO TABLET	oral	PA; SP
AVONEX ADMINISTRATION PACK SYRINGE KIT (EA)	IM	PA; SP
AVONEX PEN PEN INJECTOR KIT (EA)	IM	PA; SP
BAFIERTAM CAPSULE; DELAYED RELEASE (ENTERIC COATED)	oral	PA; SP
BETASERON KIT	SC	PA; QL; SP
DIMETHYL FUMARATE CAPSULE; DELAYED RELEASE (ENTERIC COATED)	oral	PA; SP
GILENYA CAPSULE	oral	PA; SP
GLATIRAMER ACETATE SYRINGE (ML)	SC	PA; SP
GLATOPAS SYRINGE (ML)	SC	PA; SP
KESIMPTA PEN PEN INJECTOR (ML)	SC	PA; SP
MAYZENT TABLET	oral	PA; SP
MAYZENT TABLET; DOSE PACK	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) 63-94 MCG	SC	PA; SP

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Drug Name	Route	Requirements/ Limits
PLEGRIDY SYRINGE (ML) 125MCG/0.5	IM	PA; SP
PLEGRIDY SYRINGE (ML) 125MCG/0.5	SC	PA; SP
POMALYST CAPSULE	oral	LA; PA; SP
PONVORY TABLET	oral	PA; SP
PONVORY TABLET; DOSE PACK	oral	PA; SP
REBIF SYRINGE (ML)	SC	PA; QL; SP
REBIF REBIDOSE PEN INJECTOR (ML)	SC	PA; QL; SP
REVLIMID CAPSULE	oral	LA; PA; SP
RIBAVIRIN CAPSULE	oral	PA; SP
RIBAVIRIN TABLET	oral	PA; SP
VUMERITY CAPSULE; DELAYED RELEASE (ENTERIC COATED)	oral	PA; SP
ZEPOSIA CAPSULE	oral	PA; SP
ZEPOSIA CAPSULE; DOSE PACK	oral	PA; SP
<b>INTERLEUKINS</b>		
ACTIMMUNE VIAL (ML)	SC	PA; SP
ALFERON N VIAL (ML)	INJ	
ILARIS VIAL (ML)	SC	LA; PA; SP
<i>imiquimod cream in packet (ea)</i>	topical	
INTRON A VIAL (EA)	INJ	PA; SP
INTRON A VIAL (ML)	INJ	PA; SP
PROLEUKIN VIAL (EA)	IV	PA; SP
<b>MYELOID STIMULANTS</b>		
FULPHILA SYRINGE (ML)	SC	PA; SP
LEUKINE VIAL (EA)	INJ	PA; SP
MOZOBIL VIAL (ML)	SC	PA; SP
NIVESTYM SYRINGE (ML)	SC	PA; SP
NIVESTYM VIAL (ML)	INJ	PA; SP
NYVEPRIA SYRINGE (ML)	SC	PA; SP
ZARXIO SYRINGE (ML)	INJ	PA; SP
ZIEXTENZO SYRINGE (ML)	SC	PA; SP
<b>VACCINES &amp; MISC IMMUNOLOGICALS</b>		
<i>acthib vial (ea)</i>	IM	ACA
<i>adacel syringe (ml)</i>	IM	ACA
<i>adacel vial (ml)</i>	IM	ACA
<i>afluria quad 2020-2021 vial (ml)</i>	IM	ACA
<i>afluria quad 2020-21 (3yr up) syringe (ml)</i>	IM	ACA
<i>afluria quad 2020-21 (6- 35mo) syringe (ml)</i>	IM	ACA
<i>afluria quad 2021-2022 vial (ml)</i>	IM	ACA

Drug Name	Route	Requirements/ Limits
<i>afluria quad 2021-22 (3yr up) syringe (ml)</i>	IM	ACA
<i>afluria quad 2021-22 (6- 35mo) syringe (ml)</i>	IM	ACA
ATGAM AMPUL (ML)	IV	PA
<i>bexsero syringe (ml)</i>	IM	ACA
<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
<i>engerix-b syringe (ml)</i>	IM	ACA
<i>engerix-b vial (ml)</i>	IM	ACA
<i>fluad 2020-2021 syringe (ml)</i>	IM	ACA
<i>fluad quad 2020-2021 syringe (ml)</i>	IM	ACA
<i>fluad quad 2021-2022 syringe (ml)</i>	IM	ACA
<i>fluarix syringe (ml)</i>	IM	ACA
<i>fluarix quad 2021-2022 syringe (ml)</i>	IM	ACA
<i>flublok quad 2020-2021 syringe (ml)</i>	IM	ACA
<i>flublok quad 2021-2022 syringe (ml)</i>	IM	ACA
<i>flucelvax quad 2020-2021 syringe (ml)</i>	IM	ACA
<i>flucelvax quad 2020-2021 vial (ml)</i>	IM	ACA
<i>flucelvax quad 2021-2022 syringe (ml)</i>	IM	ACA
<i>flucelvax quad 2021-2022 vial (ml)</i>	IM	ACA
<i>flulaval syringe (ml)</i>	IM	ACA
<i>flulaval quad 2021-2022 syringe (ml)</i>	IM	ACA
<i>fluzone high-dose quad 2020-21 syringe (ml)</i>	IM	ACA
<i>fluzone high-dose quad 2021-22 syringe (ml)</i>	IM	ACA
<i>fluzone quad 2020-2021 syringe (ml)</i>	IM	ACA
<i>fluzone quad 2020-2021 vial (ml)</i>	IM	ACA
<i>fluzone quad 2021-2022 syringe (ml)</i>	IM	ACA
<i>fluzone quad 2021-2022 vial (ml)</i>	IM	ACA
GAMASTAN VIAL (ML)	IM	PA; SP

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Drug Name	Route	Requirements/ Limits
GAMASTAN S-D VIAL (ML)	IM	PA; SP
GAMMAGARD LIQUID VIAL (ML)	INJ	PA; SP
GAMMAGARDS-D VIAL (EA)	IV	PA; SP
GAMUNEX-C VIAL (ML)	INJ	PA; SP
<i>gardasil 9 syringe (ml)</i>	IM	ACA
<i>gardasil 9 vial (ml)</i>	IM	ACA
GRASTEK TABLET; SL	SL	PA
<i>havrix syringe (ml)</i>	IM	ACA
<i>havrix vial (ml)</i>	IM	ACA
<i>hiberix vial (ea)</i>	IM	ACA
<i>infanrix syringe (ml)</i>	IM	ACA
<i>infanrix vial (ml)</i>	IM	ACA
<i>ipol vial (ml)</i>	INJ	ACA
<i>janssen covid-19 vaccine (eua) vial (ml)</i>	IM	ACA
<i>menactra vial (ml)</i>	IM	ACA
<i>m-m-r ii vaccine w/diluent vial (ea)</i>	SC	ACA
<i>moderna covid-19 vaccine (eua) vial (ml)</i>	IM	ACA
MYOBLOC VIAL (ML)	IM	PA; SP
ODACTRA TABLET; SL	SL	PA
ORALAIR TABLET; SL	SL	PA; SP
<i>pediarix syringe (ml)</i>	IM	ACA
<i>pedvaxhib vial (ml)</i>	IM	ACA
<i>pentacel kit</i>	IM	ACA
<i>pentacel acthib component vial (ea)</i>	IM	ACA
<i>pfizer covid-19 vaccine (eua) vial (ml)</i>	IM	ACA
<i>pneumovax 23 syringe (ml)</i>	INJ	ACA
<i>pneumovax 23 vial (ml)</i>	INJ	ACA
<i>prevnar 13 syringe (ml)</i>	IM	ACA
<i>proquad vial (ea)</i>	SC	ACA
<i>quadracel dtap-ipv vial (ml)</i>	IM	ACA
RAGWITEK TABLET; SL	SL	PA
<i>recombivax hb syringe (ml)</i>	IM	ACA
<i>recombivax hb vial (ml)</i>	IM	ACA
<i>rotateq solution; oral</i>	oral	ACA
<i>shingrix kit</i>	IM	ACA
SIPULEUCEL-T PROVENGE PLASTIC BAG; INJ (ML)	IV	PA; SP
<i>tetanus diphtheria toxoids vial (ml)</i>	IM	ACA
THYMOGLOBULIN VIAL (EA)	IV	PA; SP
TICE BCG VIAL (EA)	intravesical	PA
<i>trumenba syringe (ml)</i>	IM	ACA

Drug Name	Route	Requirements/ Limits
<i>twinrix syringe (ml)</i>	IM	ACA
<i>varivax vaccine vial (ea)</i>	SC	ACA
XEMBIFY VIAL (ML)	SC	PA; SP
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol tablet</i>	oral	
<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 tablet</i>	oral	
<b>MISC RHEUMATOLOGICAL AGENTS</b>		
ACTEMRA SYRINGE (ML)	SC	PA; SP
ACTEMRA VIAL (ML)	IV	PA; SP
ACTEMRA ACTPEN PEN INJECTOR (ML)	SC	PA; SP
BENLYSTA AUTO-INJECTOR (ML)	SC	PA; SP
BENLYSTA SYRINGE (ML)	SC	PA; SP
BENLYSTA VIAL (EA)	IV	PA; SP
ENBREL CARTRIDGE (ML)	SC	PA; SP
ENBREL PEN INJECTOR (ML)	SC	PA; SP
ENBREL SYRINGE (ML)	SC	PA; SP
ENBREL VIAL (EA)	SC	PA; SP
ENBREL VIAL (ML)	SC	PA; SP
HUMIRA PEN INJECTOR KIT (EA)	SC	PA; SP
HUMIRA SYRINGE KIT (EA)	SC	PA; SP
HUMIRA PEDIATRIC PEN INJECTOR KIT (EA)	SC	PA; SP
HUMIRA PEDIATRIC SYRINGE KIT (EA)	SC	PA; SP
<i>leflunomide tablet</i>	oral	QL
OTEZLA TABLET	oral	PA; SP
OTEZLA TABLET; DOSE PACK	oral	PA; SP
<i>penicillamine capsule</i>	oral	
<i>penicillamine tablet</i>	oral	
RASUVO AUTO-INJECTOR (ML)	SC	PA
RIDAURA CAPSULE	oral	PA
RINVOQ ER TABLET; EXTENDED RELEASE 24 HR	oral	PA; SP
SAVELLA TABLET	oral	ST
SAVELLA TABLET; DOSE PACK	oral	ST

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Drug Name	Route	Requirements/ Limits
SIMPONI PEN INJECTOR (ML)	SC	PA; SP
SIMPONI SYRINGE (ML)	SC	PA; SP
XELJANZ SOLUTION; ORAL	oral	PA; SP
XELJANZ TABLET	oral	PA; SP
XELJANZ XR TABLET; EXTENDED RELEASE 24 HR	oral	PA; SP
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate sodium solution; oral</i>	oral	QL
<i>alendronate sodium tablet</i>	oral	QL
FORTEO PEN INJECTOR (ML)	SC	PA; SP
IBANDRONATE SODIUM SYRINGE (ML)	IV	PA; SP
<i>ibandronate sodium tablet</i>	oral	QL
IBANDRONATE SODIUM VIAL (ML)	IV	PA; SP
<i>raloxifene hcl tablet</i>	oral	
<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

Drug Name	Route	Requirements/ Limits
<i>zafemy 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>norethindrone-ethin estradiol tablet</i>	oral	
<b>ESTROGENS</b>		
DEPO-ESTRADIOL VIAL (ML)	IM	
<i>dotti patch; transderm semiweekly</i>	transderm	QL
<i>estradiol cream with applicator</i>	vaginal	
<i>estradiol cream with applicator</i>	vaginal	
<i>estradiol patch; transderm weekly</i>	transderm	QL
<i>estradiol tablet 10 mcg</i>	vaginal	
<i>estradiol valerate vial (ml)</i>	IM	
<i>lyllana patch; transderm semiweekly</i>	transderm	QL
PREMARIN CREAM WITH APPLICATOR	vaginal	
<i>yuvafem 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

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Drug Name	Route	Requirements/ Limits
<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
<i>blisovi 24 fe tablet</i>	oral	ACA; QL
<i>blisovi fe tablet</i>	oral	ACA; QL
<i>briellyn tablet</i>	oral	ACA; QL
<i>camrese tablet; dose pack; 3 months</i>	oral	ACA; QL
<i>camrese lo tablet; dose pack; 3 months</i>	oral	ACA; QL
<i>caziant tablet</i>	oral	ACA; QL
<i>charlotte 24 fe tablet; chewable</i>	oral	ACA; QL
<i>chateal tablet</i>	oral	ACA; QL
<i>chateal eq tablet</i>	oral	ACA; QL
<i>cryselle tablet</i>	oral	ACA; QL
<i>cyclafem tablet</i>	oral	ACA; QL
<i>cyred tablet</i>	oral	ACA; QL
<i>cyred eq tablet</i>	oral	ACA; QL
<i>dasetta tablet</i>	oral	ACA; QL
<i>daysee tablet; dose pack; 3 months</i>	oral	ACA; QL
<i>desogestrel-ethinyl estradiol tablet</i>	oral	ACA; QL
<i>desogestr-eth estrad eth estra tablet</i>	oral	ACA; QL
<i>dolishale tablet</i>	oral	ACA; QL
<i>drospirenone-eth estra-levomef tablet</i>	oral	ACA; QL
<i>drospirenone-ethinyl estradiol tablet</i>	oral	ACA; QL
<i>econtra ez tablet</i>	oral	ACA; QL
<i>econtra one-step tablet</i>	oral	ACA; QL
<i>elinest tablet</i>	oral	ACA; QL
<i>emoquette tablet</i>	oral	ACA; QL
<i>enpresse tablet</i>	oral	ACA; QL
<i>enskyce tablet</i>	oral	ACA; QL
<i>estarylla tablet</i>	oral	ACA; QL
<i>ethynodiol-ethinyl estradiol tablet</i>	oral	ACA; QL
<i>falmina tablet</i>	oral	ACA; QL

Drug Name	Route	Requirements/ Limits
<i>fayosim tablet; dose pack; 3 months</i>	oral	ACA; QL
<i>femynor tablet</i>	oral	ACA; QL
<i>gemmily capsule</i>	oral	ACA; QL
<i>gianvi tablet</i>	oral	ACA; QL
<i>hailey tablet</i>	oral	ACA; QL
<i>hailey fe tablet</i>	oral	ACA; QL
<i>iclevia tablet; dose pack; 3 months</i>	oral	ACA; QL
<i>isibloom tablet</i>	oral	ACA; QL
<i>jaimiess tablet; dose pack; 3 months</i>	oral	ACA; QL
<i>jasmiel tablet</i>	oral	ACA; QL
<i>jolessa tablet; dose pack; 3 months</i>	oral	ACA; QL
<i>juleber tablet</i>	oral	ACA; QL
<i>junel tablet</i>	oral	ACA; QL
<i>junel fe tablet</i>	oral	ACA; QL
<i>kaitlib fe tablet; chewable</i>	oral	ACA; QL
<i>kalliga tablet</i>	oral	ACA; QL
<i>kariva tablet</i>	oral	ACA; QL
<i>kelnor 1-35 tablet</i>	oral	ACA; QL
<i>kelnor 1-50 tablet</i>	oral	ACA; QL
<i>kurvelo tablet</i>	oral	ACA; QL
<i>larin tablet</i>	oral	ACA; QL
<i>larin fe tablet</i>	oral	ACA; QL
<i>larissia tablet</i>	oral	ACA; QL
<i>layolis fe tablet; chewable</i>	oral	ACA; QL
<i>leena tablet</i>	oral	ACA; QL
<i>lessina tablet</i>	oral	ACA; QL
<i>levonest tablet</i>	oral	ACA; QL
<i>levonorgestrel tablet</i>	oral	ACA; QL
<i>levonorgestrel-eth estradiol tablet</i>	oral	ACA; QL
<i>levonorgestrel-eth estradiol tablet; dose pack; 3 months</i>	oral	ACA; QL
<i>levonorg-eth estrad eth estrad tablet; dose pack; 3 months</i>	oral	ACA; QL
<i>levora tablet</i>	oral	ACA; QL
<i>lillow tablet</i>	oral	ACA; QL
<i>lojaimiess tablet; dose pack; 3 months</i>	oral	ACA; QL
<i>loryna tablet</i>	oral	ACA; QL
<i>low-ogestrel tablet</i>	oral	ACA; QL
<i>lo-zumandimine tablet</i>	oral	ACA; QL
<i>luterata tablet</i>	oral	ACA; QL
<i>marlissa tablet</i>	oral	ACA; QL
<i>melodetta 24 fe tablet; chewable</i>	oral	ACA; QL

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Drug Name	Route	Requirements/ Limits
<i>merzee capsule</i>	oral	ACA; QL
<i>mibelas 24 fe tablet; chewable</i>	oral	ACA; QL
<i>microgestin tablet</i>	oral	ACA; QL
<i>microgestin fe tablet</i>	oral	ACA; QL
<i>mili tablet</i>	oral	ACA; QL
<i>mono-linyah tablet</i>	oral	ACA; QL
<i>my choice tablet</i>	oral	ACA; QL
<i>my way tablet</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-e.estradiol-iron capsule</i>	oral	ACA; QL
<i>norethindrone-e.estradiol-iron tablet</i>	oral	ACA; QL
<i>norethindrone-e.estradiol-iron tablet; chewable</i>	oral	ACA; QL
<i>norethindrone-ethin estradiol tablet</i>	oral	ACA; QL
<i>norgestimate-ethinyl estradiol tablet</i>	oral	ACA; QL
<i>nortrel tablet</i>	oral	ACA; QL
<i>nylia tablet</i>	oral	ACA; QL
<i>nymyo tablet</i>	oral	ACA; QL
<i>ocella 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>philitlith 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>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-linyah tablet</i>	oral	ACA; QL

Drug Name	Route	Requirements/ Limits
<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-nymyo 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>vestura tablet</i>	oral	ACA; QL
<i>vienva tablet</i>	oral	ACA; QL
<i>viorele 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
<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	PA; QL
<i>methylergonovine maleate tablet</i>	oral	PA; QL
<b>PROGESTINS</b>		
<i>camila tablet</i>	oral	ACA; QL
<i>deblitane tablet</i>	oral	ACA; QL
<b>ENDOMETRIN INSERT</b>		
<i>errin tablet</i>	oral	ACA; QL
<i>heather tablet</i>	oral	ACA; QL
<b>HYDROXYPROGESTERONE CAPROATE VIAL (ML)</b>		
<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>lyleq 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

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Drug Name	Route	Requirements/ Limits
<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 PACKKIT; SYRINGE AND TABLET	misc	PA; SP
ORIAHNN CAP SEQ	oral	PA
<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
<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 drops</i>	ophth (eye)	
<i>moxifloxacin hcl drops</i>	ophth (eye)	
<i>moxifloxacin hcl drops; viscous (ml)</i>	ophth (eye)	

Drug Name	Route	Requirements/ Limits
NATACYN SUSPENSION; DROPS(FINAL DOSAGE FORM)(ML)	ophth (eye)	
<i>neomycin/bacitracin/polymyxin ointment (gram)</i>	ophth (eye)	
<i>neomycin/polymyxin/grammidin 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)	
<i>timolol maleate dropperette; single-use drop dispenser</i>	ophth (eye)	
<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>homatropaire 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)	
<i>bepotastine besilate drops</i>	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
LUXTURNA VIAL (ML)	intraocular	PA; SP

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Drug Name	Route	Requirements/ Limits
OXERVATE DROPS	ophth (eye)	PA; SP
<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>tetracaine hcl drops</i>	ophth (eye)	
VISUDYNE VIAL (EA)	IV	PA; SP
XIIDRA DROPPERETTE; SINGLE-USE DROP DISPENSER	ophth (eye)	PA
ZERVIAE DROPPERETTE; SINGLE-USE DROP DISPENSER	ophth (eye)	
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac sodium drops</i>	ophth (eye)	
<i>diclofenac sodium drops 0.1 %</i>	ophth (eye)	
<i>flurbiprofen sodium drops</i>	ophth (eye)	
<i>ketorolac tromethamine drops</i>	ophth (eye)	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide capsule; 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)	
<i>brinzolamide suspension; drops(final dosage form)(ml)</i>	ophth (eye)	
COMBIGAN DROPS	ophth (eye)	
<i>dorzolamide hcl drops</i>	ophth (eye)	
<i>dorzolamide-timolol dropperette; single-use 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	
<i>travoprost drops</i>	ophth (eye)	
ZIOPTAN DROPPERETTE; SINGLE-USE DROP DISPENSER	ophth (eye)	ST

Drug Name	Route	Requirements/ Limits
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neo/polymyxin/dexamethasone ointment (gram)</i>	ophth (eye)	
<i>neo/polymyxin/dexamethasone suspension; drops(final dosage form)(ml)</i>	ophth (eye)	
<i>neomycin/bacitracin/poly/hc ointment (gram)</i>	ophth (eye)	
<i>neomycin/polymyxin/hc suspension; drops(final dosage form)(ml) 3.5-10k-10</i>	ophth (eye)	
<i>neomycin-polymyxin-dexamethasone ointment (gram)</i>	ophth (eye)	
<i>neo-polycin hc ointment (gram)</i>	ophth (eye)	
TOBRADEX OINTMENT (GRAM)	ophth (eye)	
<i>tobramycin-dexamethasone suspension; drops(final dosage form)(ml)</i>	ophth (eye)	
<b>STERIODS</b>		
<i>dexamethasone sodium phosphate drops</i>	ophth (eye)	
<i>fluorometholone suspension; drops(final dosage form)(ml)</i>	ophth (eye)	
INVELTYS SUSPENSION; DROPS(FINAL DOSAGE FORM)(ML)	ophth (eye)	
LOTEMAX OINTMENT (GRAM)	ophth (eye)	
LOTEMAX SM DROPS; GEL (GRAM)	ophth (eye)	
<i>loteprednol etabonate drops; gel (gram)</i>	ophth (eye)	
<i>loteprednol etabonate suspension; drops(final dosage form)(ml)</i>	ophth (eye)	
OZURDEX IMPLANT (EA)	intraocular	PA; SP
<i>prednisolone acetate suspension; drops(final dosage form)(ml)</i>	ophth (eye)	
<i>prednisolone sodium phosphate drops</i>	ophth (eye)	
<b>STERIOD-SULFONAMIDE COMBINATIONS</b>		
<i>sulfacetamide w/prednisolone drops</i>	ophth (eye)	

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Drug Name	Route	Requirements/ Limits
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium drops</i>	ophth (eye)	
<i>sulfacetamide sodium ointment (gram)</i>	ophth (eye)	
<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>ANTIHISTAMINES</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>promethazine hcl suppository; rectal</i>	rectal	
<i>promethazine hcl syrup</i>	oral	
<i>promethazine hcl tablet</i>	oral	
<i>promethegan suppository; rectal</i>	rectal	
<b>ANTITUSSIVE COMBINATIONS</b>		
<i>benzonatate capsule</i>	oral	
<i>bromipheniramin-pseudoephed-dm syrup</i>	oral	
<i>brompheniramine w/pseudoephed syrup</i>	oral	
<i>g tussin ac liquid (ml)</i>	oral	
<i>guaifenesin with codeine liquid (ml)</i>	oral	
<i>guaitussin ac liquid (ml)</i>	oral	
<i>guiatussin ac liquid (ml)</i>	oral	
<i>hydrocodone/homatropine syrup</i>	oral	

Drug Name	Route	Requirements/ Limits
<i>hydrocodone/homatropine tablet</i>	oral	
<i>hydrocodone-chlorpheniramine suspension; extended release 12 hr</i>	oral	
<i>hydromet syrup</i>	oral	
<i>maxi-tuss ac liquid (ml)</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>arformoterol tartrate vial; nebulizer (ml)</i>	INH	QL
<i>formoterol fumarate vial; nebulizer (ml)</i>	INH	QL
<i>levalbuterol hcl vial; nebulizer (ea)</i>	INH	
<i>levalbuterol hcl vial; nebulizer (ml)</i>	INH	
SEREVENT DISKUS BLISTER; WITH INH DEVICE	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 / ANTIHISTAMINES</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/ Limits
<b>INHALED CORTICOSTEROIDS</b>		
ARNUITY ELLIPTA BLISTER; WITH INH DEVICE	INH	
ASMANEX AEROSOL POWDER; BREATH ACTIVATED (EA) 220MCG(14)	INH	
ASMANEX HFA HFA AEROSOL WITH ADAPTER (GRAM)	INH	
<i>budesonide ampul for nebulization (ml)</i>	INH	QL
FLOVENT DISKUS BLISTER; WITH INH DEVICE	INH	QL
FLOVENT HFA AEROSOL WITH ADAPTER (GRAM)	INH	QL
QVAR REDHALER HFA AEROSOL; BREATH ACTIVATED (GRAM)	INH	QL
<b>INTRANASAL STEROIDS</b>		
<i>azelastine-fluticasone aerosol; spray with pump (gram)</i>	nasal	PA; QL
<i>flunisolide aerosol; spray (ml)</i>	nasal	PA; QL
<i>fluticasone propionate spray; suspension</i>	nasal	QL
<i>mometasone furoate aerosol; spray with pump (gram)</i>	nasal	PA; QL
<b>MISC PULMONARY AGENTS</b>		
<i>acetylcysteine vial (ml)</i>	misc	
ADEMPAS TABLET	oral	LA; PA; SP
ADVAIR HFA HFA AEROSOL WITH ADAPTER (GRAM)	INH	QL
ALYQ TABLET	oral	PA; QL; SP
AMBRISANTAN TABLET	oral	LA; PA; SP
ANORO ELLIPTA BLISTER; WITH INH DEVICE	INH	
BEVESPI AEROSPHERE HFA AEROSOL WITH ADAPTER (GRAM)	INH	
BOSENTAN TABLET	oral	PA; SP
BREO ELLIPTA BLISTER; WITH INH DEVICE	INH	
BREZTRI AEROSPHERE HFA AEROSOL WITH ADAPTER (GRAM)	INH	
CINRYZE VIAL (EA)	IV	PA; SP
COMBIVENT RESPIMAT MIST INHALER (GRAM)	INH	QL

Drug Name	Route	Requirements/ Limits
<i>cromolyn sodium ampul for nebulization (ml)</i>	INH	
DULERA HFA AEROSOL WITH ADAPTER (GRAM) 50MCG-5MCG	INH	
<i>epinephrine solution; non- oral</i>	nasal	
ESBRIET CAPSULE	oral	PA; SP
ESBRIET TABLET	oral	PA; SP
FASENRA SYRINGE (ML)	SC	PA; SP
FASENRA PEN AUTO- INJECTOR (ML)	SC	PA; SP
<i>fluticasone-salmeterol blister; with inh device</i>	INH	QL
ICATIBANT SYRINGE (ML)	SC	PA; SP
INCRUSE ELLIPTA BLISTER; WITH INH DEVICE	INH	
<i>ipratropium bromide solution; non-oral</i>	INH	
<i>ipratropium-albuterol ampul for nebulization (ml)</i>	INH	QL
KALYDECO GRANULES IN PACKET (EA)	oral	PA; SP
KALYDECO TABLET	oral	PA; SP
<i>montelukast sodium granules in packet (ea)</i>	oral	
<i>montelukast sodium tablet</i>	oral	
<i>montelukast sodium tablet; chewable</i>	oral	
<i>nebusal vial; nebulizer (ml)</i>	INH	
NUCALA AUTO-INJECTOR (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 PACKET (EA)	oral	PA; SP
ORKAMBI TABLET	oral	PA; SP
<i>pulmosal vial; nebulizer (ml)</i>	INH	
PULMOZYME SOLUTION; NON-ORAL	INH	PA; SP
RUCONEST VIAL (EA)	IV	PA; SP
SILDENAFIL CITRATE SUSPENSION; RECONSTITUTED; ORAL (ML)	oral	PA; SP
SILDENAFIL CITRATE TABLET 20 MG	oral	PA; QL; SP

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Drug Name	Route	Requirements/ Limits
SILDENAFIL CITRATE VIAL (ML)	IV	PA; SP
<i>sodium chloride vial; nebulizer (ml)</i>	INH	
SPIRIVA CAPSULE; WITH INH DEVICE	INH	QL
SPIRIVA RESPIMAT MIST INHALER (GRAM)	INH	
STIOLTO RESPIMAT MIST INHALER (GRAM)	INH	
SYMBICORT HFA AEROSOL WITH ADAPTER (GRAM)	INH	QL
SYMDEKO TABLET; SEQUENTIAL	oral	PA; SP
TADALAFIL TABLET 20 MG	oral	PA; QL; SP
TAKHZYRO VIAL (ML)	SC	LA; PA; SP
TRACLEER TABLET FOR SUSPENSION	oral	LA; PA; SP
TRELEGY ELLIPTA BLISTER; WITH INH DEVICE	INH	
TRIKAFTA TABLET; SEQUENTIAL	oral	PA; SP
TYVASO AMPUL FOR NEBULIZATION (ML)	INH	PA; SP
<i>wixela inhbl blister; with inh device</i>	INH	QL
XOLAIR SYRINGE (ML)	SC	LA; PA; SP
XOLAIR VIAL (EA)	SC	LA; PA; SP
YUPELRI VIAL; NEBULIZER (ML)	INH	
<i>zafirlukast tablet</i>	oral	
<i>zileuton tablet; extended release multiphase 12 hr</i>	oral	
<b>XANTHINES</b>		
<i>theophylline anhydrous elixir</i>	oral	
<i>theophylline anhydrous solution; oral</i>	oral	
<i>theophylline anhydrous tablet; extended release 12 hr</i>	oral	
<i>theophylline anhydrous tablet; extended release 24 hr</i>	oral	
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>		
<i>darifenacin er tablet; extended release 24 hr</i>	oral	
<i>flavoxate hcl tablet</i>	oral	
GELNIQUE GEL IN PACKET (GRAM)	transderm	QL; ST

Drug Name	Route	Requirements/ Limits
MYRBETRIQ TABLET; EXTENDED RELEASE 24 HR	oral	ST
<i>oxybutynin chloride syrup</i>	oral	
<i>oxybutynin chloride tablet</i>	oral	
<i>oxybutynin chloride er tablet; extended release 24 hr</i>	oral	
<i>oxybutynin chloride er tablet; extended release 24 hr 5 mg</i>	oral	QL
<i>solifenacin succinate tablet</i>	oral	
<i>tolterodine tartrate tablet</i>	oral	
<i>tolterodine tartrate er capsule; ext release 24 hr</i>	oral	
TOVIAZ TABLET; EXTENDED RELEASE 24 HR	oral	ST
<i>tropium chloride capsule; ext release 24 hr</i>	oral	
<i>tropium chloride tablet</i>	oral	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin hcl er tablet; extended release 24 hr</i>	oral	
<i>dutasteride capsule</i>	oral	
<i>dutasteride-tamsulosin capsule; extended release 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 tablet</i>	oral	
<b>MISC UROLOGICALS</b>		
CYSTAGON CAPSULE	oral	LA; PA; SP
ELMIRON CAPSULE	oral	
<i>hyophen tablet</i>	oral	
K-PHOS ORIGINAL TABLET; SOLUBLE	oral	
<i>me-naphos-mb-hyo 1 tablet</i>	oral	
<i>phosphasal tablet</i>	oral	
<i>potassium citrate er tablet; extended release</i>	oral	
RENACIDIN SOLUTION; IRRIGATION	irrigation	
<i>sildenafil citrate tablet</i>	oral	QL
<i>uretron d-s tablet</i>	oral	
<i>urimar-t tablet</i>	oral	
<i>uro-458 tablet</i>	oral	
<i>urogesic tablet</i>	oral	

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Drug Name	Route	Requirements/ Limits
<i>uro-mp capsule</i>	oral	
<i>uryl tablet</i>	oral	
<i>ustell capsule</i>	oral	
<i>utira-c tablet</i>	oral	
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine hcl tablet</i>	oral	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>OTHER ELECTROLYTES</b>		
<i>calcium + vitamin d tablet</i>	oral	
<i>calcium + vitamin d tablet; chewable</i>	oral	
<i>calcium citrate w/vitamin d tablet</i>	oral	
<i>lugol's solution; oral</i>	oral	
<i>oyster shell calcium w/vit d tablet</i>	oral	
<i>strong iodine solution; oral</i>	oral	
<b>POTASSIUM</b>		
<i>effer-k tablet; effervescent</i>	oral	
<i>klor-con packet (ea)</i>	oral	
<i>klor-con tablet; extended release</i>	oral	
<i>klor-con m tablet; ext release; particles/crystals</i>	oral	
<i>klor-con-ef tablet; effervescent</i>	oral	
<i>k-tab tablet; extended release</i>	oral	
<i>potassium chloride capsule; extended release</i>	oral	
<i>potassium chloride liquid (ml)</i>	oral	
<i>potassium chloride packet (ea)</i>	oral	
<i>potassium chloride tablet; ext release; particles/crystals</i>	oral	
<i>potassium chloride tablet; extended release</i>	oral	
<b>VITAMINS &amp; HEMATINICS</b>		
<i>b complex tablet</i>	oral	
<i>b complex tablet; extended release</i>	oral	
<i>b complex formula #1 tablet</i>	oral	
<i>b complex w/c tablet</i>	oral	
<i>b complex w/vitamin c tablet</i>	oral	
<i>b complex w-vitamin c tablet</i>	oral	

Drug Name	Route	Requirements/ Limits
<i>balance b tablet; extended release</i>	oral	
<i>balanced b-complex tablet</i>	oral	
<i>bal-care dha combination package; tablet and dr cap</i>	oral	
<i>b-balanced tablet</i>	oral	
<i>b-complex tablet</i>	oral	
<i>b-complex &amp; c tablet</i>	oral	
<i>c-nate dha capsule</i>	oral	
<i>complete natal dha combination package (ea)</i>	oral	
<i>complex b-100 tablet; extended release</i>	oral	
<i>cyanocobalamin vial (ml)</i>	INJ	
<i>daily prenatal combination package (ea)</i>	oral	
<i>dialyvite 800 tablet</i>	oral	
<i>elite-ob tablet</i>	oral	
<i>fluoride tablet; chewable</i>	oral	ACA
<i>fluoritab tablet; chewable</i>	oral	ACA
<i>folic acid tablet 1 mg</i>	oral	
<i>folic acid tablet</i>	oral	ACA
<i>folivane-ob capsule</i>	oral	
<i>foltabs 800 tablet</i>	oral	
<i>full spectrum b tablet</i>	oral	
<i>hydroxocobalamin vial (ml)</i>	IM	
<i>kobee tablet</i>	oral	
<i>kpn tablet</i>	oral	
<i>ludent fluoride tablet; chewable</i>	oral	ACA
<i>m-natal plus tablet</i>	oral	
<i>multivitamin with fluoride drops</i>	oral	ACA
<i>multivitamin with fluoride tablet; chewable</i>	oral	ACA
<i>mvc-fluoride tablet; chewable</i>	oral	ACA
<i>mynatal capsule</i>	oral	
<i>mynatal tablet</i>	oral	
<i>mynatal plus tablet</i>	oral	
<i>mynatal-z tablet</i>	oral	
<i>NASCOBAL SPRAY; NON-AEROSOL (EA)</i>	nasal	
<i>newgen tablet</i>	oral	
<i>obstetrix dha combination package; tablet and dr cap</i>	oral	
<i>perry prenatal tablet capsule</i>	oral	
<i>pnv 29-1 tablet</i>	oral	
<i>pnv-dha capsule</i>	oral	

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Drug Name	Route	Requirements/ Limits
<i>pnv-dha + docusate capsule</i>	oral	
<i>pnv-omega capsule</i>	oral	
<i>pnv-select tablet</i>	oral	
<i>pr natal 400 combination package (ea)</i>	oral	
<i>pr natal 400 ec combination package; tablet and dr cap</i>	oral	
<i>pr natal 430 combination package (ea)</i>	oral	
<i>pr natal 430 ec combination package; tablet and dr cap</i>	oral	
<i>prena1 chew tablet chew; immed and delay rel; biphasic</i>	oral	
<i>prena1 pearl capsule; immediate; delay release; biphasic</i>	oral	
<i>prena1 true combination package (ea)</i>	oral	
<i>prenaissance capsule</i>	oral	
<i>prenaissance plus capsule</i>	oral	
<i>prenatabs fa tablet</i>	oral	
<i>prenatabs rx tablet</i>	oral	
<i>prenatal tablet</i>	oral	
<i>prenatal complete tablet</i>	oral	
<i>prenatal formula tablet</i>	oral	
<i>prenatal multi + dha capsule</i>	oral	
<i>prenatal plus tablet</i>	oral	
<i>prenatal vitamin tablet</i>	oral	
<i>prenatal vitamin plus low iron tablet</i>	oral	
<i>prenatal-u capsule</i>	oral	
<i>prenavite tablet</i>	oral	
<i>preplus tablet</i>	oral	
<i>pretab tablet</i>	oral	
<i>rena-vite tablet</i>	oral	
<i>se-natal 19 tablet</i>	oral	
<i>se-natal 19 tablet; chewable</i>	oral	
<i>sodium fluoride drops</i>	oral	ACA

Drug Name	Route	Requirements/ Limits
<i>sodium fluoride tablet; chewable</i>	oral	ACA
<i>stress formula tablet</i>	oral	
<i>stress formula vitamin + iron tablet</i>	oral	
<i>super b complex tablet</i>	oral	
<i>super b complex-vitamin c tablet</i>	oral	
<i>super b maxi complex tablet</i>	oral	
<i>super b-complex w/vitamin c tablet</i>	oral	
<i>super quints tablet</i>	oral	
<i>taron prenatal capsule</i>	oral	
<i>taron-c dha capsule</i>	oral	
<i>trinatal rx 1 tablet</i>	oral	
<i>trinate tablet</i>	oral	
<i>triveen-duo dha combination package (ea)</i>	oral	
<i>tri-vitamin with fluoride drops</i>	oral	ACA
<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	
<i>vitamin b-complex &amp; c tablet</i>	oral	
<i>vitamin d2 capsule</i>	oral	
<i>vitamin d3 capsule</i>	oral	
<i>vitamin d3 tablet</i>	oral	
<i>vitamin d3 tablet; chewable</i>	oral	
<i>vitamins a; c; d &amp; fluoride drops</i>	oral	ACA
<i>westab plus tablet</i>	oral	
<i>westgel dha capsule</i>	oral	
<i>zatean-pn dha capsule</i>	oral	
<i>zatean-pn plus capsule</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/ Limits	Therapeutic Class
<i>10-1 cleanser (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
<i>accutane capsule</i>	oral		DERMATOLOGICALS/TOPICAL THERAPY
ACE AEROSOL CLOUDENHANCER 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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
ACTIMMUNE VIAL (ML)	SC	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<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
AEROCHAMBERSPACER (EA)	misc		ENDOCRINE/DIABETES
AEROCHAMBERPLUS SPACER (EA)	misc		ENDOCRINE/DIABETES
AEROCHAMBERZ-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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>afirmelle tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<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
<i>afluria quad 2021-2022 vial (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>afluria quad 2021-22 (3yr up) syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>afluria quad 2021-22 (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; QL	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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>alfuzosin hcl er tablet; extended release 24 hr</i>	oral		UROLOGICALS
ALIMTA VIAL (EA)	IV	PA	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
ALINIA SUSPENSION; RECONSTITUTED; ORAL (ML)	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>alopen 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>aprazolam tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>aprazolam er tablet; extended release 24 hr</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>aprazolam intensol concentrate; oral</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>aprazolam odt tablet; disintegrating</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>aprazolam xr tablet; extended release 24 hr</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
ALPROLIX VIAL (EA)	IV	PA; SP	CARDIOVASCULAR, HYPERTENSION & LIPIDS
<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>alvimopan capsule</i>	oral		GASTROENTEROLOGY
<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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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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>amiloride hcl tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>amiloride hcl w/hctz tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>aminocaproic acid solution; oral</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>aminocaproic acid tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>amiodarone hcl tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>amitriptyline hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>amitriptyline/chlordiazepoxide tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>amitriptyline-perphenazine tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>amlodipine besylate tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>amlodipine besylate-benazepril capsule</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>amlodipine-atorvastatin tablet</i>	oral	QL	CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>amlodipine-olmesartan tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>amlodipine-valsartan tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>amlodipine-valsartan-hctz tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>amneestem capsule</i>	oral		DERMATOLOGICALS/TOPICAL THERAPY
<i>amoxapine tablet</i>	oral		AUTONOMIC & CNS DRUGS, 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, NEUROLOGY & PSYCH
<i>ampicillin trihydrate capsule</i>	oral		ANTI - INFECTIVES
<i>anagrelide hydrochloride capsule</i>	oral		DIAGNOSTICS & MISC AGENTS

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

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
<i>ascomp with codeine capsule</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>asenapine maleate tablet; sl</i>	SL		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>ashlyna tablet; dose pack; 3 months</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
ASMANEX AEROSOL POWDER; BREATH ACTIVATED (EA) 220MCG(14)	INH		RESPIRATORY, ALLERGY, COUGH & COLD
ASMANEX HFA HFA AEROSOL WITH ADAPTER (GRAM)	INH		RESPIRATORY, ALLERGY, COUGH & COLD
<i>aspirin tablet</i>	oral	ACA	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>aspirin tablet; enteric coated</i>	oral	ACA	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>aspirin tablet; chewable</i>	oral	ACA	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>aspirin ec tablet; enteric coated</i>	oral	ACA	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>aspirin-dipyridamole er capsule; extended release multiphase 12hr</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>aspir-trin tablet; enteric coated</i>	oral	ACA	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
ATAZANAVIR SULFATE CAPSULE	oral	SP	ANTI - INFECTIVES
<i>atenolol tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>atenolol w/chlorthalidone tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
ATGAM AMPUL (ML)	IV	PA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>atomoxetine hcl capsule</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>atorvastatin calcium tablet</i>	oral	QL	CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>atorvastatin calcium tablet</i>	oral	ACA; QL	CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>atovaquone suspension; oral (final dose 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>atropine sulfate syringe (ml)</i>	INJ		GASTROENTEROLOGY
<i>atropine sulfate syringe (ml) 0.8 mg/2ml</i>	IV		GASTROENTEROLOGY
<i>atropine sulfate vial (ml)</i>	INJ		GASTROENTEROLOGY
AUBAGIO TABLET	oral	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>abra tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<i>abra eq tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
AUGMENTIN SUSPENSION; 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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
AUSTEDO TABLET	oral	LA; PA; SP	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
AUTOJECT 2 INSULIN PEN (EA)	SC		ENDOCRINE/DIABETES
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 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	PA; QL	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>b complex w-vitamin c tablet</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
<i>bacitracin ointment (gram)</i>	ophth (eye)		OPHTHALMOLOGY

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>bacitracin/polymyxin ointment (gram)</i>	ophth (eye)		OPHTHALMOLOGY
<i>baclofen tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
BAFIERTAM CAPSULE;DELAYED RELEASE (ENTERIC COATED)	oral	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<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
BAQSIMI SPRAY; NON-AEROSOL (EA)	nasal	QL	ENDOCRINE/DIABETES
BARACLUDGE 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>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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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>benzepro 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
<i>bepotastine besilate drops</i>	ophth (eye)		OPHTHALMOLOGY
<i>beser lotion (ml)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
BESPONSE 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 dpaugmented 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
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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>bisoprolol fumarate tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<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
BREZTRI AEROSPHERE HFA AEROSOL WITH ADAPTER (GRAM)	INH		RESPIRATORY, ALLERGY, COUGH & COLD
<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>brinzolamide suspension; drops (final dosage form) (ml)</i>	ophth (eye)		OPHTHALMOLOGY
<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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
<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 sr tablet; extended release 12 hr</i>	oral	ACA; QL	DIAGNOSTICS & MISC AGENTS
<i>bupropion sr tablet; sustained-release 12 hr</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>bupropion xl tablet; extended release 24 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	PA; QL	ENDOCRINE/DIABETES
BYDUREON PEN PEN INJECTOR (EA)	SC	PA; QL	ENDOCRINE/DIABETES
BYETTA PEN INJECTOR (ML)	SC	PA; QL	ENDOCRINE/DIABETES
<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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>calcipotriene cream (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>calcipotriene ointment (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<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>calcitonin-salmon vial (ml)</i>	INJ		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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
<i>carbidopa/levodopa tablet; disintegrating</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>carbidopa-levodopa er tablet; extended release</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>carbidopa-levodopa-entacapone tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>carbinoxamine liquid (ml)</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
<i>carbinoxamine tablet</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
<i>carboplatin vial (ml)</i>	IV	PA	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>carmustine vial (ea)</i>	IV	PA	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>carteolol hcl drops</i>	ophth (eye)		OPHTHALMOLOGY
<i>cartia xt capsule; ext release 24 hr</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
CARTRIDGE STAMPED CARTRIDGE (EA)	SC		ENDOCRINE/DIABETES
<i>carvedilol tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>carvedilol er capsule; extended release multiphase 24hr</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>cataflam tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
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

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
<i>cefuroxime axetil tablet</i>	oral		ANTI - INFECTIVES
<i>celecoxib capsule</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
CELONTIN CAPSULE	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>cephalexin capsule</i>	oral		ANTI - INFECTIVES
<i>cephalexin suspension; reconstituted; oral (ml)</i>	oral		ANTI - INFECTIVES
<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; QL	DIAGNOSTICS & MISC AGENTS
<i>chantix tablet; dose pack</i>	oral	ACA; QL	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>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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
<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
CIMZIA KIT	SC	PA; SP	GASTROENTEROLOGY
CIMZIA SYRINGE KIT (EA)	SC	PA; SP	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
<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>ciprofloxacin-dexamethasone suspension; drops(final dosage form)(ml)</i>	otic (ear)		EAR, NOSE & THROAT MEDICATIONS
<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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
<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

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<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
<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
COAGADDEX 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

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
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
<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	ST	ANTI - INFECTIVES
CORIFACT VIAL (EA)	IV	PA; SP	CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>covaryx tablet</i>	oral		OBSTETRICS & GYNECOLOGY
COTELLIC TABLET	oral	LA; PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>covaryx h.s. tablet</i>	oral		OBSTETRICS & GYNECOLOGY
CREON CAPSULE; DELAYED RELEASE (ENTERIC COATED)	oral		GASTROENTEROLOGY
CRESEMBA CAPSULE	oral		ANTI - INFECTIVES
CRIXIVAN CAPSULE	oral	SP	ANTI - INFECTIVES
<i>cromolyn sodium ampul for nebulization (ml)</i>	INH		RESPIRATORY, ALLERGY, COUGH & COLD
<i>cromolyn sodium concentrate; oral</i>	oral		GASTROENTEROLOGY
<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
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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
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>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
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
<i>decadron tablet</i>	oral		ENDOCRINE/DIABETES
DECITABINE VIAL (EA)	IV	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
DEFERASIROX GRANULES IN PACKET (EA)	oral	PA; SP	DIAGNOSTICS & MISC AGENTS
DEFERASIROX TABLET	oral	PA; SP	DIAGNOSTICS & MISC AGENTS
DEFERASIROX TABLET; DISPERSIBLE	oral	PA; SP	DIAGNOSTICS & MISC AGENTS
DEFERIPRONE TABLET	oral	PA; SP	DIAGNOSTICS & MISC AGENTS
<i>demeclocycline hcl tablet</i>	oral		ANTI - INFECTIVES
<i>denta 5000 plus cream (gram)</i>	dental		EAR, NOSE & THROAT MEDICATIONS

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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-ethinylestradiol 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>desrx gel (gram)</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
DEXCOM G4 EACH	misc		ENDOCRINE/DIABETES
DEXCOM G5 EACH	misc		ENDOCRINE/DIABETES
DEXCOM G6 EACH	misc		ENDOCRINE/DIABETES
<i>dexmethylphenidate hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>dexmethylphenidate hcl er capsule; extended release biphasic 50-50</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>dextroamphetamine sulfate solution; oral</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>dextroamphetamine sulfate tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>dextroamphetamine sulfate er capsule; extended release</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>dextroamphetamine-amphet er capsule; ext release 24 hr</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>dextroamphetamine-amphetamine tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
DIACOMIT CAPSULE	oral	PA; SP	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
DIACOMIT POWDER IN PACKET (EA)	oral	PA; SP	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>dialyvite 800 tablet</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
<i>diazepam concentrate; oral</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>diazepam kit</i>	rectal		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>diazepam solution; oral</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>diazepam tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>diazoxide suspension; oral (final dose form)</i>	oral		ENDOCRINE/DIABETES
<i>diclofenac potassium tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>diclofenac sodium drops 0.1%</i>	ophth (eye)		OPHTHALMOLOGY
<i>diclofenac sodium drops 1.5%</i>	topical		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>diclofenac sodium gel (gram)</i>	topical		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>diclofenac sodium tablet; enteric coated</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>diclofenac sodium tablet; extended release 24 hr</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>diclofenac sodium-misoprostol tablet; immediate; delay release; biphasic</i>	oral		AUTONOMIC & CNS DRUGS, 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
<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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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	PA; QL	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 24hr er (xr) capsule; extended-release 24hr degradable</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
DIMETHYL FUMARATE CAPSULE; DELAYED RELEASE (ENTERIC COATED)	oral	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<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
DOCEFREZ VIAL (EA)	IV	PA	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>docetaxel vial (ml)</i>	IV	PA	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>dofetilide capsule</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
<i>dolishale tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<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; ST	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	ST	ANTI - INFECTIVES
<i>doxycycline monohydrate capsule</i>	oral		ANTI - INFECTIVES
<i>doxycycline monohydrate capsule 150 mg</i>	oral	ST	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
<i>drospirenone-eth estera-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
DROXIDOPA CAPSULE	oral	PA; SP	DIAGNOSTICS & MISC AGENTS
DUAVEE TABLET	oral		OBSTETRICS & GYNECOLOGY
<i>dulcolax suspension; oral (final dose form)</i>	oral	ACA	GASTROENTEROLOGY
DULERA HFA AEROSOL WITH ADAPTER (GRAM) 50MCG-5MCG	INH		RESPIRATORY, ALLERGY, COUGH & COLD

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
DUPIXENT PEN PEN INJECTOR (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
EDARBI TABLET	oral	PA	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
EFAVIRENZ-EMTRIC-TENOFOV DISOP TABLET	oral	SP	ANTI - INFECTIVES
EFAVIRENZ-LAMIVU-TENOFOV DISOP TABLET	oral	SP	ANTI - INFECTIVES
<i>effe-r-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
ELIGARD SYRINGE (EA)	SC	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>elinest tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
ELIQUIS TABLET	oral	PA	CARDIOVASCULAR, HYPERTENSION & LIPIDS
ELIQUIS TABLET; DOSE PACK	oral	PA	CARDIOVASCULAR, HYPERTENSION & LIPIDS

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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
EMTRICITABINE CAPSULE	oral	SP	ANTI - INFECTIVES
EMTRICITABINE-TENOFOVIR DISOP TABLET	oral	SP	ANTI - INFECTIVES
<i>emtricitabine-tenofovir disop tablet 200-300 mg</i>	oral	ACA; 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
ENBREL VIAL (ML)	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
ENSPRYNG SYRINGE (ML)	SC	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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 cream with applicator</i>	vaginal		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
<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 tablet</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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
ETRAVIRINE TABLET	oral	SP	ANTI - INFECTIVES
<i>euthyrox tablet</i>	oral		ENDOCRINE/DIABETES
EVEROLIMUS TABLET	oral	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
EVEROLIMUS TABLET	oral	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
EXEMESTANE TABLET	oral		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 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>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>fenopropfen 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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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>fentanyl citrate lozenge on a handle</i>	buccal		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>fentanyl citrate syringe (ml)</i>	IV		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
FERRIPROX SOLUTION; ORAL	oral	PA; SP	DIAGNOSTICS & MISC AGENTS
FERRIPROX TABLET	oral	PA; SP	DIAGNOSTICS & MISC AGENTS
FETZIMA CAPSULE; EXTENDED RELEASE 24HR	oral	ST	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
FETZIMA CAPSULE; EXTENDED RELEASE 24 HR DOSE PACK	oral	ST	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
FINACEA FOAM (GRAM)	topical	PA	DERMATOLOGICALS/TOPICAL THERAPY
<i>finasteride tablet</i>	oral		UROLOGICALS
FIRMAGON VIAL (EA)	SC	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<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 & LIPIDS
FLECTOR PATCH; TRANSDERM 12 HOURS	transderm	QL	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
FLEXICHAMBER SPACER (EA)	misc		ENDOCRINE/DIABETES
FLOLAN VIAL (EA)	IV	PA; SP	CARDIOVASCULAR, HYPERTENSION & LIPIDS
FLOVENT DISKUS BLISTER; WITH INH DEVICE	INH	QL	RESPIRATORY, ALLERGY, COUGH & COLD
FLOVENT HFA AEROSOL WITH ADAPTER (GRAM)	INH	QL	RESPIRATORY, ALLERGY, COUGH & COLD
<i>floxuridine vial (ea)</i>	INJ	PA	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>fluad 2020-2021 syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>fluad quad 2020-2021 syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>fluad quad 2021-2022 syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>fluarix syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>fluarix quad 2021-2022 syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>flublok quad 2020-2021 syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>flublok quad 2021-2022 syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>flucelvax quad 2020-2021 syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>flucelvax quad 2020-2021 vial (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>flucelvax quad 2021-2022 syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>flucelvax quad 2021-2022 vial (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<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 quad 2021-2022 syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>flunisolide aerosol; spray (ml)</i>	nasal	PA; QL	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>fluritab 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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>fluphenazine hcl concentrate; oral</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>fluphenazine hcl elixir</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>fluphenazine hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>flurandrenolide cream (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>flurandrenolide lotion (ml)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>flurandrenolide ointment (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>flurazepam hcl capsule</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>flurbiprofen tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>flurbiprofen sodium drops</i>	ophth (eye)		OPHTHALMOLOGY
FLUTAMIDE CAPSULE	oral	PA	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>fluticasone propionate cream (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>fluticasone propionate lotion (ml)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>fluticasone propionate ointment (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>fluticasone propionate spray; suspension</i>	nasal	QL	RESPIRATORY, ALLERGY, COUGH & COLD
<i>fluticasone-salmeterol blister; with inh device</i>	INH	QL	RESPIRATORY, ALLERGY, COUGH & COLD
<i>fluvastatin er tablet; extended release 24 hr</i>	oral	ACA; QL	CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>fluvastatin sodium capsule 40 mg</i>	oral	ACA	CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>fluvastatin sodium capsule 20 mg</i>	oral	ACA; QL	CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>fluvoxamine maleate capsule; ext release 24 hr</i>	oral	ST	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>fluvoxamine maleate tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>fluzone high-dose quad 2020-21 syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>fluzone high-dose quad 2021-22 syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>fluzone quad 2020-2021 syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>fluzone quad 2020-2021 vial (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>fluzone quad 2021-2022 syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>fluzone quad 2021-2022 vial (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
<i>formoterol fumarate vial; nebulizer (ml)</i>	INH	QL	RESPIRATORY, ALLERGY, COUGH & COLD
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>fosfomycin tromethamine packet (ea)</i>	oral		ANTI - INFECTIVES
<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 2 READER EACH	misc		ENDOCRINE/DIABETES
FREESTYLE LIBRE 2 SENSOR KIT	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		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

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<i>furosemide tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
FUZEON VIAL (EA)	SC	SP	ANTI - INFECTIVES
<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
GAMMAGARDS-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
GAVRETO CAPSULE	oral	LA; PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
GAZYVA VIAL (ML)	IV	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
GELNIQUE GEL IN PACKET (GRAM)	transderm	QL; ST	UROLOGICALS
<i>gemcitabine hcl vial (ea)</i>	IV	PA	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

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<i>gemcitabine hcl vial (ml)</i>	IV	PA	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>gemfibrozil tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>gemmily capsule</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<i>generlac solution; oral</i>	oral		GASTROENTEROLOGY
GENGRAF CAPSULE	oral	SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
GENGRAF SOLUTION; ORAL	oral	SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
GENOTROPIN CARTRIDGE (EA)	SC	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
GENOTROPIN SYRINGE (EA)	SC	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>gentak ointment (gram)</i>	ophth (eye)		OPHTHALMOLOGY
<i>gentamicin sulfate cream (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>gentamicin sulfate drops</i>	ophth (eye)		OPHTHALMOLOGY
<i>gentamicin sulfate ointment (gram)</i>	topical		DERMATOLOGICALS/TOPICAL 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 & BIOTECHNOLOGY
GILOTRIF TABLET	oral	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
GLASSIA VIAL (EA)	IV	LA; PA; SP	DIAGNOSTICS & MISC AGENTS
GLATIRAMER ACETATE SYRINGE (ML)	SC	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
GLATOPA SYRINGE (ML)	SC	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
GLEOSTINE CAPSULE	oral	PA	ANTINEOPLASTIC & 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
<i>glucagon emergency kit vial (ea) 1 mg</i>	INJ	QL	ENDOCRINE/DIABETES
GLUCAGON EMERGENCY KIT VIAL (EA) 1 MG	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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>glydo jelly with prefilled applicator (ml)</i>	mucous membrane		DERMATOLOGICALS/TOPICAL THERAPY
GLYXAMBI TABLET	oral	QL; ST	ENDOCRINE/DIABETES
<i>granisetron hcl tablet</i>	oral		GASTROENTEROLOGY
GRASTEK TABLET; SL	SL	PA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<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>gunitussin 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>gunitussin ac liquid (ml)</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
GVOKE HYPOPEN AUTO-INJECTOR (ML)	SC	PA; 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

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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
<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
<i>homatropaire 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 PEN INJECTOR 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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
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
<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 bitartrate tablet;oral only;extended release 24 hr</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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
<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
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
<i>iclevia tablet; dose pack; 3 months</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
ICLUSIG TABLET	oral	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>icosapent ethyl capsule</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<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
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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
INTRON A VIAL (EA)	INJ	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
INTRON A VIAL (ML)	INJ	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
INVELTYS SUSPENSION; DROPS(FINAL DOSAGE FORM)(ML)	ophth (eye)		OPHTHALMOLOGY
INVIRASE TABLET	oral	SP	ANTI - INFECTIVES
INVOKAMET TABLET	oral	QL; ST	ENDOCRINE/DIABETES
INVOKAMET XR TABLET;IMMED AND 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 THERAPY
<i>iodine tincture</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>ipol vial (ml)</i>	INJ	ACA	IMMUNOLOGY, VACCINES & 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 & COLD
<i>ipratropium-albuterol ampul for nebulization (ml)</i>	INH	QL	RESPIRATORY, ALLERGY, COUGH & COLD
<i>irbesartan tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>irbesartan-hydrochlorothiazide tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
IRESSA TABLET	oral	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>irinotecan hcl vial (ml)</i>	IV	PA	ANTINEOPLASTIC & 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 & LIPIDS
<i>isosorbide mononitrate tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>isosorbide mononitrate tablet; extended release 24 hr</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>isotretinoin capsule</i>	oral		DERMATOLOGICALS/TOPICAL THERAPY
<i>isoxsuprine hcl tablet</i>	oral		OBSTETRICS & GYNECOLOGY
<i>isradipine capsule</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
ISTODAX VIAL (EA)	IV	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>itraconazole capsule</i>	oral	QL	ANTI - INFECTIVES

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
<i>itraconazole solution; oral</i>	oral		ANTI - INFECTIVES
<i>ivermectin cream (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>ivermectin lotion (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>ivermectin tablet</i>	oral		ANTI - INFECTIVES
IXEMPRA VIAL (EA)	IV	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
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>janssen covid-19 vaccine (eua)vial (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<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
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
<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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
KESIMPTA PEN PEN INJECTOR (ML)	SC	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<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
<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
KLOXXADO SPRAY; NON-AEROSOL (EA)	nasal		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<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
<i>kyleena intrauterine device</i>	intrauterine	ACA; SP	OBSTETRICS & GYNECOLOGY

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
KYMRIAH PLASTIC BAG; INJ (EA)	IV	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
KYNMOBI FILM; MEDICATED (EA)	SL	PA	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
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
<i>lactulose packet (ea)</i>	oral		GASTROENTEROLOGY
<i>lactulose solution; oral</i>	oral		GASTROENTEROLOGY
LAMIVUDINE SOLUTION; ORAL	oral	SP	ANTI - INFECTIVES
<i>lamivudine tablet 100mg</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, NEUROLOGY & PSYCH
<i>lamotrigine tablet; chewable dispersible</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>lamotrigine tablet; extended release 24 hr</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>lamotrigine (blue) tablet; dose pack</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>lamotrigine (green) tablet; dose pack</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>lamotrigine (orange) tablet; dose pack</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>lamotrigine odt tablet; disintegrating</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>lamotrigine odt tablet; disintegrating; dose pack</i>	oral		AUTONOMIC & CNS DRUGS, 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
LAPATINIB TABLET	oral	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>larin tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY

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<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, 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
<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 drops</i>	ophth (eye)		OPHTHALMOLOGY
<i>levofloxacin solution; oral</i>	oral		ANTI - INFECTIVES
<i>levofloxacin 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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
<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 hcl syringe (ml)</i>	INJ		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>lidocort cream (gram)</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
LIPOFEN CAPSULE	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
<i>lisinopril tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>lisinopril-hctz tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
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
LIVALO TABLET	oral	QL; ST	CARDIOVASCULAR, HYPERTENSION & LIPIDS
<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
LOPINA VIR-RITONAVIR SOLUTION; ORAL	oral	SP	ANTI - INFECTIVES
LOPINA VIR-RITONAVIR TABLET	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>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 OINTMENT (GRAM)	ophth (eye)		OPHTHALMOLOGY
LOTEMAX SM DROPS; GEL (GRAM)	ophth (eye)		OPHTHALMOLOGY
<i>loteprednol etabonate drops; gel (gram)</i>	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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
LUPANETA PACK KIT; SYRINGE AND TABLET	misc	PA; SP	OBSTETRICS & GYNECOLOGY
LUPRON DEPOT SYRINGE KIT (EA)	IM	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT-PEDKIT	IM	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT-PEDSYRINGE KIT (EA)	IM	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>lutea tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
LUXTURNA VIAL (ML)	intraocular	PA; SP	OPHTHALMOLOGY
<i>lyleq tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<i>lyllana patch; transderm semiweekly</i>	transderm	QL	OBSTETRICS & GYNECOLOGY
LYNPARZA TABLET	oral	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
LYSODREN TABLET	oral	PA; SP	ANTINEOPLASTIC & 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 THERAPY
<i>magnesium citrate solution; oral</i>	oral	ACA	GASTROENTEROLOGY
<i>malathion lotion (ml)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>maprotiline hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>marlissa tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
MARQIBO KIT	IV	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
MATULANE CAPSULE	oral	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>matzim la tablet; extended release 24 hr</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>maxi-tuss ac liquid (ml)</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
MAYZENT TABLET	oral	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
MAYZENT TABLET; DOSE PACK	oral	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>m-clear wc liquid (ml)</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
<i>meclofenamate sodium capsule</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
MEDISENSE COMBINATION PACKAGE (EA)	misc		ENDOCRINE/DIABETES
MEDISENSE GLUCOSE KETONE CONTR 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, NEUROLOGY & PSYCH
<i>mefloquine hcl tablet</i>	oral		ANTI - INFECTIVES
<i>megestrol acetate suspension; oral (final dose form)</i>	oral		ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
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 capsule</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<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>melphalan 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
MERCAPTOPYRINE TABLET	oral		ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>merzee capsule</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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	ST	ENDOCRINE/DIABETES
<i>metformin hcl tablet</i>	oral		ENDOCRINE/DIABETES
<i>metformin hcl er tablet; ergastric 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
<i>methadone hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>methadone hcl tablet; soluble</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>methadose concentrate; oral</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>methadose tablet; soluble</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>methamphetamine hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, 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	PA; QL	OBSTETRICS & GYNECOLOGY
<i>methimazole tablet</i>	oral		ENDOCRINE/DIABETES
METHITEST TABLET	oral		ENDOCRINE/DIABETES
<i>methocarbamol tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
METHOTREXATE TABLET	oral		ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>methotrexate vial (ea)</i>	INJ		ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>methotrexate vial (ml)</i>	INJ		ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
METHOTREXATE SODIUM TABLET	oral		ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>methotrexate sodium vial (ea)</i>	INJ		ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>methotrexate sodium vial (ml)</i>	INJ		ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>methoxsalen capsule; liquid-filled; rapid release</i>	oral		DERMATOLOGICALS/TOPICAL THERAPY
<i>methyl salicylate liquid (ml)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>methyl salicylate oil (ml)</i>	misc		DERMATOLOGICALS/TOPICAL THERAPY
<i>methyl dopa tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>methyl dopa/hydrochlorothiazide tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>methyl ergonovine maleate tablet</i>	oral	PA; QL	OBSTETRICS & GYNECOLOGY
<i>methylphenidate er capsule; er sprinkle; biphasic 40-60</i>	oral	ST	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>methylphenidate er capsule; extended release biphasic 30-70</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>methylphenidate er capsule; extended release biphasic 50-50</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>methylphenidate er tablet; extended release</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>methylphenidate er tablet; extended release 24 hr</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>methylphenidate hcl solution; oral</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>methylphenidate hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>methylphenidate hcl tablet; chewable</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>methylphenidate hcl cd capsule; extended release biphasic 30-70</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>methylphenidate la capsule; extended release biphasic 50-50</i>	oral		AUTONOMIC & CNS DRUGS, 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 tablet; disintegrating</i>	oral		GASTROENTEROLOGY
<i>metolazone tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>metoprolol succinate tablet; extended release 24 hr</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>metoprolol tartrate cartridge (ml)</i>	IV		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>metoprolol tartrate tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>metoprolol-hydrochlorothiazide tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>metronidazole capsule</i>	oral		ANTI - INFECTIVES
<i>metronidazole cream (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>metronidazole gel (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>metronidazole gel with applicator (gram)</i>	vaginal		OBSTETRICS & GYNECOLOGY

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>metronidazole gel with pump (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>metronidazole lotion (ml)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>metronidazole tablet</i>	oral		ANTI - INFECTIVES
<i>metirosine capsule</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>mexiletine hcl capsule</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<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, 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, NEUROLOGY & PSYCH
<i>miglitol tablet</i>	oral		ENDOCRINE/DIABETES
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
MINIMED EACH	misc		ENDOCRINE/DIABETES
MINIMED MIO INFUSION SETS-PARAPHERNALIA	misc		ENDOCRINE/DIABETES
MINIMED MIO ADVANCE INFUSION SETS-PARAPHERNALIA	misc		ENDOCRINE/DIABETES
MINIMED QUICK SET 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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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>moderna covid-19 vaccine (eua) vial (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<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	PA; QL	RESPIRATORY, ALLERGY, COUGH & COLD
<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>mondoxyne nl capsule</i>	oral		ANTI - INFECTIVES
<i>mono-linyah 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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
<i>mycophenolate mofetil capsule</i>	oral		ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>mycophenolate mofetil suspension; reconstituted; oral (ml)</i>	oral		ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>mycophenolate mofetil tablet</i>	oral		ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
MYCOPHENOLICACID TABLET; ENTERIC COATED	oral	SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
MYDAYIS CAPSULE; EXTENDED RELEASE TRIPHASIC 24HR	oral	ST	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
MYLERAN TABLET	oral	PA	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
MYLOTARG VIAL (EA)	IV	LA; PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>mynatal capsule</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
<i>mynatal tablet</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
<i>mynatal plus tablet</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
<i>mynatal-z tablet</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
MYOBLOC VIAL (ML)	IM	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>myorisan capsule</i>	oral		DERMATOLOGICALS/TOPICAL THERAPY
MYRBETRIQ TABLET; EXTENDED RELEASE 24 HR	oral	ST	UROLOGICALS

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>nabumetone tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>nadolol tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>nadolol-bendroflumethiazide tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>naftifine hcl cream (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>naftifine hcl gel (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
NAGLAZYME VIAL (ML)	IV	LA; PA; SP	ENDOCRINE/DIABETES
<i>naloxone hcl cartridge (ml)</i>	INJ		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>naloxone hcl syringe (ml)</i>	INJ		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>naloxone hcl vial (ml)</i>	INJ		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>naltrexone hydrochloride tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>naproxen suspension; oral (final dose form)</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>naproxen tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>naproxen tablet; enteric coated</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>naproxen sodium tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>naproxen sodium er tablet; extended release multiphase 24 hr</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>naproxen-esomeprazole mag tablet; immediate; delay release; biphasic</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>naratriptan hcl tablet</i>	oral	QL	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
NARCAN SPRAY; NON-AEROSOL (EA)	nasal		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
NASCOBAL SPRAY; NON-AEROSOL (EA)	nasal		VITAMINS, HEMATINICS & ELECTROLYTES
NATACYN SUSPENSION; DROPS(FINAL 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, NEUROLOGY & PSYCH
<i>nebusal vial; nebulizer (ml)</i>	INH		RESPIRATORY, ALLERGY, COUGH & COLD
<i>necon tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<i>neo/polymyxin/dexamethasone ointment (gram)</i>	ophth (eye)		OPHTHALMOLOGY

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>neo/polymyxin/dexamethasone suspension; drops(final dosage form)(ml)</i>	ophth (eye)		OPHTHALMOLOGY
<i>neomycin sulfate tablet</i>	oral		ANTI - INFECTIVES
<i>neomycin/bacitracin/poly/hc ointment (gram)</i>	ophth (eye)		OPHTHALMOLOGY
<i>neomycin/bacitracin/polymyxin ointment (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; drops(final dosage form)(ml) 3.5-10k-1</i>	otic (ear)		EAR, NOSE & THROAT MEDICATIONS
<i>neomycin/polymyxin/hc suspension; 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-dexamethasone 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
NERLYNX TABLET	oral	LA; PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>neuac gel (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
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
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; QL	DIAGNOSTICS & MISC AGENTS
<i>nicotine lozenge</i>	buccal	ACA; QL	DIAGNOSTICS & MISC AGENTS
<i>nicotine mini lozenge</i>	buccal	ACA; QL	DIAGNOSTICS & MISC AGENTS
<i>nicotine patch; transderm 24 hours</i>	transderm	ACA; QL	DIAGNOSTICS & MISC AGENTS
<i>nicotine patch; transderm daily; sequential</i>	transderm	ACA; QL	DIAGNOSTICS & MISC AGENTS
<i>nicotine gum gum</i>	buccal	ACA; QL	DIAGNOSTICS & MISC AGENTS

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
<i>nitazoxanide tablet</i>	oral		ANTI - INFECTIVES
NITISINONE CAPSULE	oral	LA; PA; SP	DIAGNOSTICS & MISC AGENTS
<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 mono-macro capsule</i>	oral		ANTI - INFECTIVES
<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 PEN 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-e.estradiol-iron capsule</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<i>norethindrone-e.estradiol-iron tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<i>norethindrone-e.estradiol-iron tablet; chewable</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

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<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
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
NUEDEXTA 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>nylia tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<i>nymyo tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
NYVEPRIA SYRINGE (ML)	SC	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
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
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>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>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	PA	GASTROENTEROLOGY
<i>omeprazole-sodium bicarbonate capsule 20mg-1.1g</i>	oral	PA; QL	GASTROENTEROLOGY

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
<i>omeprazole-sodium bicarbonate packet (ea) 40-1680mg</i>	oral	PA	GASTROENTEROLOGY
<i>omeprazole-sodium bicarbonate packet (ea) 20-1680mg</i>	oral	PA; QL	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
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
<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
ORIAHNN CAP SEQ	oral	PA	OBSTETRICS & GYNECOLOGY
ORLISSA TABLET	oral	PA	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>orsythia tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<i>oscimin tablet</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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>oseltamivir phosphate suspension; reconstituted; oral (ml)</i>	oral		ANTI - INFECTIVES
OTEZLA TABLET	oral	PA; SP	MUSCULOSKELETAL & RHEUMATOLOGY
OTEZLA TABLET; DOSE PACK	oral	PA; SP	MUSCULOSKELETAL & RHEUMATOLOGY
OTOVEL VIAL (EA)	otic (ear)		EAR, NOSE & THROAT MEDICATIONS
<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 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 shell calcium w/vit d tablet</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
OZEMPIC PEN INJECTOR (ML)	SC	PA; QL	ENDOCRINE/DIABETES
OZURDEX IMPLANT (EA)	intraocular	PA; SP	OPHTHALMOLOGY
<i>pacerone tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
PANCREAZE CAPSULE;DELAYED RELEASE (ENTERIC COATED)	oral		GASTROENTEROLOGY
<i>pantoprazole sodium granules delayed release for susp packet</i>	oral		GASTROENTEROLOGY
<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>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
<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
<i>peg3350-sod sul-nacl-kcl-asb-c powder in packet (ea)</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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>pentacel kit</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<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
<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>pfizer covid-19 vaccine (eua) vial (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<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 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>phytonadione ampul (ml)</i>	INJ		CARDIOVASCULAR, HYPERTENSION & LIPIDS

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
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>pimtrex 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) 63-94 MCG	SC	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
PLEGRIDY SYRINGE (ML) 125MCG/0.5	IM	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
PLEGRIDY SYRINGE (ML) 125MCG/0.5	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
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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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
POMALYST CAPSULE	oral	LA; PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
PONVORY TABLET	oral	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
PONVORY TABLET; DOSE PACK	oral	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>portia tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<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
<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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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
<i>pregabalin er tablet; extended release 24 hr</i>	oral	ST	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
PREMARIN CREAM WITH APPLICATOR	vaginal		OBSTETRICS & GYNECOLOGY
<i>prena1 chew tablet chew; immed and delay rel; biphasic</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
<i>prena1 pearl capsule; immediate; delay release; biphasic</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
<i>prenatal-u capsule</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>prenavite tablet</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
<i>preplus tablet</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
<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
<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
PROCRI 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
PROGESTERONE VIAL (ML)	IM	PA; SP	OBSTETRICS & GYNECOLOGY
PROGRAF GRANULES IN PACKET (EA)	oral	SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
PROLASTIN C VIAL (EA)	IV	LA; PA; SP	DIAGNOSTICS & MISC AGENTS
<i>prolate tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
PROLEUKIN VIAL (EA)	IV	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
PROMACTA POWDER IN PACKET (EA)	oral	LA; PA; SP	CARDIOVASCULAR, HYPERTENSION & LIPIDS
PROMACTA TABLET	oral	LA; PA; SP	CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>promethazine hcl suppository; rectal</i>	rectal		RESPIRATORY, ALLERGY, COUGH & COLD
<i>promethazine hcl syrup</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
<i>promethazine hcl tablet</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
<i>promethazine vc syrup</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
<i>promethazine vc w/codeine syrup</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
<i>promethazine w/codeine syrup</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
<i>promethazine w/dm syrup</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
<i>promethegan suppository; rectal</i>	rectal		RESPIRATORY, ALLERGY, COUGH & COLD
<i>propafenone hcl tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>propafenone hcl er capsule; extended release 12 hr</i>	oral		CARDIOVASCULAR, HYPERTENSION & 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 & LIPIDS
<i>propranolol hcl tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>propranolol hcl er capsule; extended release 24hr</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>propranolol hcl-hctz tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>propylthiouracil tablet</i>	oral		ENDOCRINE/DIABETES
<i>proquad vial (ea)</i>	SC	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>protriptyline hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>prudoxin cream (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<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

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
<i>pyrazinamide tablet</i>	oral		ANTI - INFECTIVES
<i>pyridostigmine bromide solution; oral</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
<i>quadracel dtap-ipv vial (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<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-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; QL	DIAGNOSTICS & MISC AGENTS
<i>quit 2 lozenge</i>	buccal	ACA; QL	DIAGNOSTICS & MISC AGENTS
<i>quit 4 gum</i>	buccal	ACA; QL	DIAGNOSTICS & MISC AGENTS
<i>quit 4 lozenge</i>	buccal	ACA; QL	DIAGNOSTICS & MISC AGENTS
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		MUSCULOSKELETAL & RHEUMATOLOGY
<i>ramelteon tablet</i>	oral	QL	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>ramipril capsule</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>ranolazine er tablet; extended release 12 hr</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>rasagiline mesylate tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
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
REGANEX 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
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
REVCIVI 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
RIASTAP VIAL (EA)	IV	PA; SP	CARDIOVASCULAR, HYPERTENSION & LIPIDS
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

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
<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
<i>rizatriptan tablet</i>	oral	QL	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>rizatriptan tablet; disintegrating</i>	oral	QL	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>ropinirole hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>ropinirole hcl tablet; extended release 24 hr</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>rosadan cream (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>rosadan gel (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>rosula pads; medicated (ea)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>rosuvastatin calcium tablet</i>	oral	QL	CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>rosuvastatin calcium tablet</i>	oral	ACA; QL	CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>rotateq solution; oral</i>	oral	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>roweepra tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
ROZLYTREK CAPSULE	oral	LA; PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>r-tanna tablet</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
RUBRACA TABLET	oral	LA; PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
RUCONEST VIAL (EA)	IV	PA; SP	RESPIRATORY, ALLERGY, COUGH & COLD

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>rufinamide suspension; oral (final dose form)</i>	oral	PA	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>rufinamide tablet</i>	oral	PA	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
RUXIENCE VIAL (ML)	IV	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
RUZURGI TABLET	oral	PA; SP	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
RYBELSUS TABLET	oral	PA; QL	ENDOCRINE/DIABETES
RYDAPT CAPSULE	oral	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
SAFE-CLIP EACH	misc		ENDOCRINE/DIABETES
<i>salsalate tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
SAMSCA TABLET	oral	PA; SP	ENDOCRINE/DIABETES
SANDIMMUNE SOLUTION; ORAL	oral	SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
SANTYL OINTMENT (GRAM)	topical		DERMATOLOGICALS/TOPICAL THERAPY
SAPROPTERIN DIHYDROCHLORIDE POWDER IN PACKET (EA)	oral	PA; SP	ENDOCRINE/DIABETES
SAPROPTERIN DIHYDROCHLORIDE TABLET; SOLUBLE	oral	PA; SP	ENDOCRINE/DIABETES
SAVELLA TABLET	oral	ST	MUSCULOSKELETAL & RHEUMATOLOGY
SAVELLA TABLET; DOSE PACK	oral	ST	MUSCULOSKELETAL & RHEUMATOLOGY
<i>scalacort lotion (ml)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>scopolamine patch; transderm 3 day</i>	transderm		GASTROENTEROLOGY
<i>seconal sodium capsule</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
SEGLUROMET TABLET	oral	QL; ST	ENDOCRINE/DIABETES
<i>selegiline hcl capsule</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>selegiline hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>selenium sulfide lotion (ml)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>selenium sulfide shampoo</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
SELZENTRY SOLUTION; ORAL	oral	SP	ANTI - INFECTIVES
SELZENTRY TABLET	oral	SP	ANTI - INFECTIVES
<i>se-natal 19 tablet</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
<i>se-natal 19 tablet; chewable</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
SEREVENT DISKUS BLISTER; WITH INH DEVICE	INH	QL	RESPIRATORY, ALLERGY, COUGH & COLD
SEROSTIM VIAL (EA)	SC	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
<i>sertraline hcl concentrate; oral</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>sertraline hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, 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
SEVENFACT VIAL (EA)	IV	PA; SP	CARDIOVASCULAR, HYPERTENSION & LIPIDS
<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 & BIOTECHNOLOGY
SIGNIFOR AMPUL (ML)	SC	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
SILDENAFIL CITRATE SUSPENSION; RECONSTITUTED; ORAL (ML)	oral	PA; SP	RESPIRATORY, ALLERGY, COUGH & COLD
<i>sildenafil citrate tablet</i>	oral	QL	UROLOGICALS
SILDENAFIL CITRATE TABLET 20 MG	oral	PA; QL; SP	RESPIRATORY, ALLERGY, COUGH & COLD
SILDENAFIL CITRATE VIAL (ML)	IV	PA; SP	RESPIRATORY, ALLERGY, COUGH & COLD
SILHOUETTE INFUSION SETS- PARAPHERNALIA	misc		ENDOCRINE/DIABETES
<i>silodosin capsule</i>	oral		UROLOGICALS
<i>silver sulfadiazine cream (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>simliya tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<i>simpesse tablet; dose pack; 3 months</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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 gel (ml)</i>	dental		EAR, NOSE & THROAT MEDICATIONS
<i>sodium fluoride paste (ml)</i>	dental		EAR, NOSE & THROAT MEDICATIONS
<i>sodium fluoride solution; non-oral</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 enamel protect paste (ml)</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
<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

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
<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>sorine tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>sotalol tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>sotalol af tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
SOTYLIZE SOLUTION; ORAL	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
SPACE CHAMBER SPACER (EA)	misc		ENDOCRINE/DIABETES
<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
<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
STEGLUJAN TABLET	oral	QL; ST	ENDOCRINE/DIABETES
STELARA SYRINGE (ML)	SC	PA; SP	DERMATOLOGICALS/TOPICAL THERAPY
STELARA VIAL (ML)	SC	PA; SP	DERMATOLOGICALS/TOPICAL THERAPY

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
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; QL	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>sucralfate suspension; oral (final dose fom)</i>	oral		GASTROENTEROLOGY
<i>sucralfate 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
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

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
<i>sumatriptan succinate vial (ml)</i>	SC	QL	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>sumatriptan succ-naproxen sod tablet</i>	oral	PA; QL	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>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
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
SYMDEKO TABLET; SEQUENTIAL	oral	PA; SP	RESPIRATORY, ALLERGY, COUGH & COLD
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
SYMITUZA 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; IMMEDIATE 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: FLEX CARTRIDGE (EA)	SC		ENDOCRINE/DIABETES
T: SLIM CARTRIDGE (EA)	SC		ENDOCRINE/DIABETES
T: SLIM G4 CARTRIDGE (EA)	SC		ENDOCRINE/DIABETES
T: SLIM X2 CARTRIDGE (EA)	SC		ENDOCRINE/DIABETES
TABRECTA TABLET	oral	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
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
TAKHZYRO VIAL (ML)	SC	LA; PA; SP	RESPIRATORY, ALLERGY, COUGH & COLD
TALTZ AUTOINJECTOR AUTO-INJECTOR (ML)	SC	PA; SP	DERMATOLOGICALS/TOPICAL THERAPY
TALTZ AUTOINJECTOR (2 PACK) AUTO-INJECTOR (ML)	SC	PA; SP	DERMATOLOGICALS/TOPICAL THERAPY
TALTZ AUTOINJECTOR (3 PACK) AUTO-INJECTOR (ML)	SC	PA; SP	DERMATOLOGICALS/TOPICAL THERAPY
TALTZ SYRINGE SYRINGE (ML)	SC	PA; SP	DERMATOLOGICALS/TOPICAL THERAPY
TALZENNA CAPSULE	oral	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
TAMOXIFEN CITRATE TABLET	oral		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>tavaborole solution with applicator (ml)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
<i>tazarotene cream (gram)</i>	topical	PA	DERMATOLOGICALS/TOPICAL THERAPY
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
TEGSEDI SYRINGE (ML)	SC	LA; PA; SP	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
TEKTURNA HCT TABLET	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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>tetanus diphtheria toxoids vial (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
TETRABENAZINE TABLET	oral	PA; SP	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>tetracaine hcl drops</i>	ophth (eye)		OPHTHALMOLOGY
<i>tetracycline hcl capsule</i>	oral		ANTI - INFECTIVES
THALOMID CAPSULE	oral	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>theophylline anhydrous elixir</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
<i>theophylline anhydrous solution; oral</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
<i>theophylline anhydrous tablet; extended release 12 hr</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
<i>theophylline anhydrous tablet; extended release 24 hr</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
<i>thioridazine hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
<i>thiotepa vial (ea)</i>	INJ	PA	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
<i>thiothixene capsule</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
THYMOGLOBULIN VIAL (EA)	IV	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>tiadylt er capsule; extended release 24hr</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>tiagabine hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
TIBSOVO TABLET	oral	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
TICE BCG VIAL (EA)	intravesical	PA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
<i>tilia fe tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<i>timolol maleate dropperette; single-use drop dispenser</i>	ophth (eye)		OPHTHALMOLOGY
<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 & LIPIDS
<i>tinidazole tablet</i>	oral		ANTI - INFECTIVES
TIOPRONIN TABLET	oral	SP	DIAGNOSTICS & MISC AGENTS
<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, NEUROLOGY & PSYCH
<i>tizanidine hcl tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
TOBI PODHALER CAPSULE; WITH INH DEVICE	INH	PA; SP	ANTI - INFECTIVES
TOBRADEX OINTMENT (GRAM)	ophth (eye)		OPHTHALMOLOGY
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>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	LA; PA; SP	ENDOCRINE/DIABETES

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<i>topiramate capsule; sprinkle</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>topiramate tablet</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
<i>topiramate er capsule sprinkle; extended release 24 hr</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>toremide tablet</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
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
<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
<i>trandolapril-verapamil tablet; immed and extend rel biphasic 24hr</i>	oral		CARDIOVASCULAR, HYPERTENSION & LIPIDS
<i>tranexamic acid tablet</i>	oral		OBSTETRICS & GYNECOLOGY
<i>tranlycypromine 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

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
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
<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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
TRIKAFTA TABLET; SEQUENTIAL	oral	PA; SP	RESPIRATORY, ALLERGY, COUGH & COLD
<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-nymyo tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
<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
<i>tritocin ointment (gram)</i>	topical		DERMATOLOGICALS/TOPICAL THERAPY
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
<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>trosipium chloride capsule; ext release 24 hr</i>	oral		UROLOGICALS
<i>trosipium chloride tablet</i>	oral		UROLOGICALS
TRULANCE TABLET	oral		GASTROENTEROLOGY
TRULICITY PEN INJECTOR (ML)	SC	PA; QL	ENDOCRINE/DIABETES
<i>trumenba syringe (ml)</i>	IM	ACA	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
TRUSTEEL INFUSION SET INFUSION SETS-PARAPHERNALIA	misc		ENDOCRINE/DIABETES
<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
TYMLOS PEN INJECTOR (ML)	SC	PA; SP	MUSCULOSKELETAL & RHEUMATOLOGY

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
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
<i>unithroid tablet</i>	oral		ENDOCRINE/DIABETES
UNITUXIN VIAL (ML)	IV	PA; SP	ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS
UPTRAVI TABLET	oral	LA; PA; SP	CARDIOVASCULAR, HYPERTENSION & LIPIDS
UPTRAVI 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>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
<i>valacyclovir tablet</i>	oral	QL	ANTI - INFECTIVES
VALCHLORGEL (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
<i>varenicline tartrate tablet</i>	oral	ACA; QL	DIAGNOSTICS & MISC AGENTS
VARISOFT INFUSION SET INFUSION SETS- PARAPHERNALIA	misc		ENDOCRINE/DIABETES
<i>varivax vaccine vial (ea)</i>	SC	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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
<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
<i>vestura tablet</i>	oral	ACA; QL	OBSTETRICS & GYNECOLOGY
VGO 20 EACH	misc		ENDOCRINE/DIABETES
VGO 30 EACH	misc		ENDOCRINE/DIABETES
VGO 40 EACH	misc		ENDOCRINE/DIABETES
VIBERZI TABLET	oral		GASTROENTEROLOGY
<i>vienva 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
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

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
<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
<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

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Drug Name	Route	Requirements/ Limits	Therapeutic Class
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>vtol iq solution; oral</i>	oral		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
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
VYNDALOX 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>westab plus tablet</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
<i>westgel dha capsule</i>	oral		VITAMINS, HEMATINICS & ELECTROLYTES
<i>westroid 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>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

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XELJANZ SOLUTION; ORAL	oral	PA; SP	MUSCULOSKELETAL & RHEUMATOLOGY
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	oral		ANTI - INFECTIVES
XIGDUO XR TABLET; IMMEDIATE RELEASE BIPHASE 24HR	oral	QL; ST	ENDOCRINE/DIABETES
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
XTANDI TABLET	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
XYWAV 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>zafemy patch; transderm weekly</i>	transderm	ACA; QL	OBSTETRICS & GYNECOLOGY
<i>zafirlukast tablet</i>	oral		RESPIRATORY, ALLERGY, COUGH & COLD
<i>zaleplon capsule</i>	oral	QL	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

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<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
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
ZEGALOGUE AUTOINJECTOR AUTO-INJECTOR (ML)	SC	QL	ENDOCRINE/DIABETES
ZEGALOGUE SYRINGE SYRINGE (ML)	SC	QL	ENDOCRINE/DIABETES
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
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
ZEPOSIA CAPSULE	oral	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
ZEPOSIA CAPSULE; DOSE PACK	oral	PA; SP	IMMUNOLOGY, VACCINES & BIOTECHNOLOGY
ZERVIAE DROPPERETTE; SINGLE-USE DROP DISPENSER	ophth (eye)		OPHTHALMOLOGY
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

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.

<b>Drug Name</b>	<b>Route</b>	<b>Requirements/ Limits</b>	<b>Therapeutic Class</b>
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	PA	AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
ZOMIG SPRAY; NON-AEROSOL (EA) 5 MG	nasal	PA; QL	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
ZTLIDO ADHESIVE PATCH; MEDICATED	topical		DERMATOLOGICALS/TOPICAL THERAPY
ZUBSOLV TABLET; SL	SL		AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH
ZULRESSO VIAL (ML)	IV	PA; SP	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

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.

## 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>		
Antibiotic Agents - Vancomycins (Oral)	Firvanq	vancomycin capsules
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	Aptiom	carbamazepine, oxcarbazepine, pregabalin, topiramate, Vimpat
	Fintepla	Diacomit, Epidiolex
	Topiramate ER Capsules	Topiramate tablets, Quidexy XR
Anti-Migraine Agents	Vyepiti	Aimovig, Ajovy, Emgality
Anti-Parkinsonism Agents	Gocovri ER	amantadine capsules, tablets, oral solution
	Xadago, Zelapar	rasagiline, selegiline
	Apokyn <sup>†</sup>	Kynmobi
Antispasmodic Agents	Ozobax	baclofen, tizanidine
Central Nervous System Stimulants	Amphetamine ER suspension	dextroamphetamine ER, dextroamphetamine/amphetamine ER, Dynavel XR, Mydayis, Quillichew ER, Quillivant XR, Vyvanse
Duschenne Muscular Dystrophy (DMD) Agents	Emflaza	prednisone solution, prednisone tablets
	Exondys 51, Vyondys 53	no alternatives recommended
Lambert-Eaton Myasthenic Syndrome Agents	Firdapse	Ruzurgi
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
Narcotic Analgesics & Combinations	Apadaz, Benzhydrocodone/acetaminophen	hydrocodone/acetaminophen
	Nucynta, Nucynta ER	hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen
	Primlev	oxycodone/acetaminophen
Narcotic Antagonists	Bunavail	buprenorphine/naloxone, Zubsolv
	Evzio, Naloxone Auto-Injector	naloxone syringe, Narcan Nasal Spray
Neuropathic Agents	Lyrica CR	gabapentin, Gralise, Lyrica
Sedative Hypnotic Agents	Doral, Quazepam	estazolam, lorazepam
Selective Serotonin Reuptake Inhibitor/ 5-HT1A Receptor Partial Agonist	Viiibryd <sup>†</sup>	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants	Drizalma Sprinkle	desvenlafaxine ER, duloxetine, venlafaxine ER, Fetzima
Tardive Dyskinesia Therapy	Ingrezza	Austedo
Transmucosal Fentanyl Analgesics	Fentanyl citrate buccal tablets, Fentora, Lazanda, Subsys	fentanyl citrate lozenges
Miscellaneous Antidepressants	Spravato	olanzapine/fluoxetine, bupropion, desvenlafaxine ER, duloxetine, escitalopram, mirtazapine, sertraline
<b>CARDIOVASCULAR</b>		
ACE Inhibitors	Epaned	enalapril
	Qbrelis	lisinopril
Anticoagulants	Pradaxa, Savaysa	Eliquis, Xarelto
Angiotensin Receptor Blockers & Combinations	Edarbi <sup>†</sup>	candesartan cilexetil, irbesartan, losartan potassium, olmesartan medoxomil, telmisartan, valsartan
	Edarbyclor <sup>†</sup>	candesartan-HCTZ, irbesartan-HCTZ, losartan-HCTZ, olmesartan-HCTZ, telmisartan-HCTZ, valsartan-HCTZ, chlorthalidone plus valsartan



Drug Class	Excluded Medications	Preferred Alternatives
Beta-Blockers & Combinations	Bystolic <sup>†</sup> , Corlanor <sup>†</sup>	atenolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol
	Inderal XL, Innopran XL	propranolol ER
	Kaspargo Sprinkle	metoprolol succinate
	Dutoprol	metoprolol tartrate/HCTZ, metoprolol succinate plus HCTZ
Calcium Channel Blockers	Katerzia	amlodipine
HMG & Cholesterol Inhibitor Combinations	Altoprev, Ezallor Sprinkle, simvastatin suspension	atorvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, Livalo
PCSK-9 Inhibitors	Praluent	Repatha
<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	Veltin	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, Acanya, Onexton
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	Ecoza, Luliconazole, Sulconazole, Xolegel	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
Topical Corticosteroids	Clocortolone	betamethasone valerate, fluocinolone acetonide, triamcinolone acetate
	Verdeso Foam	desonide 0.05% cream/lotion/oibntment, desoximetasone 0.25% cream/oointment
Topical Retinoids for Acne	Retin-A Micro 0.06% & 0.08%	tretinoin microspheres 0.04% & 0.1%
Vitamin D Analogs (Topical)	Calcipotriene foam	calcipotriene, calcitriol
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), 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, Tradjenta	Januvia
	Alogliptin/metformin, Jentaduetto, Jentaduetto XR, Kazano, Kombiglyze XR	Janumet, Janumet XR
	Alogliptin/pioglitazone	pioglitazone plus Januvia
Glucagon-Like Peptide-1 Agonists	Adlyxin, Victoza	Bydureon, Byetta, Ozempic, Trulicity
Insulins	Novolin, Relion Novolin	Humulin
	Admelog, Apidra, Fiasp, Insulin aspart, Insulin aspart protamine, Insulin lispro, Novolog	Humalog, Lyumjev
<b>EAR/NOSE</b>		
Nasal Steroids	Beconase AQ, QNASL <sup>‡</sup> , Omnaris, Zetonna	budesonide, flunisolide, fluticasone, mometasone, Qnasl
Otic Fluoroquinolone Antibiotics	Cetralax	ciprofloxacin ear solution, ofloxacin ear solution, Otovel
	Ciprofloxacin/fluocinolone otic	ciprofloxacin/dexamethasone otic, Otovel
<b>ENDOCRINE (OTHER)</b>		
Estrogens	Premarin (tablets) <sup>†</sup>	estradiol (tablets)
	Divigel <sup>†</sup>	estradiol (patches)
	Estring Vaginal Ring	estradiol (cream), estradiol (vaginal tablet), yuvafem, Premarin (cream)
Estrogen/Progesterone Combinations	Premphase <sup>†</sup> , Prempro <sup>†</sup>	amabelz, estradiol/norethindrone acetate, fyavolv, jinteli, mimvey, norethindrone/ethinyl estradiol
Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)	Fensolvi	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	Aveed	testosterone cypionate, testosterone enanthate

Drug Class	Excluded Medications	Preferred Alternatives
	Jatenzo	testosterone (gel, packets, pump), Androderm
Miscellaneous Endocrine Drugs	Korlym	ketoconazole, Lysodren, Signifor
<b>GASTROINTESTINAL</b>		
Antidiarrheals	Mytesi	diphenoxylate/atropine, loperamide
Antiemetics (Oral)	Akynzeo Capsules	granisetron, ondansetron, aprepitant, Varubi Tablets
	Emend Powder Packets	aprepitant, Varubi Tablets
Bowel Evacuants	Clenpiq <sup>†</sup> , Moviprep, Osmoprep, Suprep <sup>†</sup>	peg-electrolyte solution, Prepopik
Corticosteroids (Rectal Formulations)	Cortifoam	hydrocortisone enema, Uceris Foam
Helicobacter Pylori Agents	Helidac, Pylera	lansoprazole/amoxicillin/ clarithromycin, Talicia
Hemorrhoidal Preparations	Proctofoam-HC	pramoxine/hydrocortisone
Inflammatory Bowel Agents	Dipentum	balsalazine disodium, mesalamine 1.2gm delayed release, sulfasalazine, Apriso, Pentasa
Irritable Bowel Syndrome & Chronic Constipation Agents	Amitiza	Linzess, Trulance
Pancreatic Enzymes	Pancreaze, Pertyze	Creon, Zenpep
Proton Pump Inhibitors	Aciphex Sprinkle, Esomeprazole Strontium, Nexium Packets, Prilosec Suspension, Rabeprazole DR sprinkle	esomeprazole magnesium, 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 Sprinkle	deferasirox
Erythropoiesis-Stimulating Agents	Aranesp, Epogen, Mircera	Procrit, Retacrit
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 capsules	colchicine tablets, Mitigare
Inflammatory Conditions	Cosentyx	Taltz, Enbrel, Humira, Otezla, Skyrizi, Stelara SC, Tremfya, Xeljanz, Xeljanz XR
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	Fenoprofen capsules, Fenortho, Nalfon	fenoprofen calcium tablets, diclofenac, indomethacin, ibuprofen, meloxicam, nabumetone, naproxen
	Indomethacin 20mg capsules, ketorolac nasal spray, Tivorbex, Vivlodex, Zipsor, Zorvolex	diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam
	Relafen DS	diclofenac, 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>		
Combination Patches	Climara Pro	Combipatch
Estrogen and Estrogen Modifiers for Vaginal Symptoms	Femring, Intrarosa	estradiol patches, estradiol tablets, yuvafem, Estring, Premarin Cream, Premarin Tablets
Human Chorionic Gonadotropin	Chorionic Gonadotropin, Pregnyl	Novarel, Ovidrel
Ovulatory Stimulants (Follitropins)	Follistim AQ	Gonal-f, Gonal-F RFF, Gonal-f RFF Redi-Ject
Prenatal Vitamins	Pregenna, Trinaz	generic prenatal vitamins
Topical Estrogen Gels	Elestrin, EstroGel	Divigel
Vaginal Progesterones	Crinone 4% Gel	medroxyprogesterone, megestrol, norethindrone, progesterone
	Crinone 8% Gel	Endometrin
<b>ONCOLOGY</b>		
Bevacizumab-Containing Agents	Avastin	Mvasi, Zirabev
Breast Cancer Agents	Kisqali, Kisqali Femara Co-Pack, Piqray	Ibrance, Verzenio
Chronic Lymphocytic Leukemia (CLL) Agents	Calquence	Imbruvica, Venclexta
Multiple Myeloma Agents	Xpovio	Darzalex, Kyprolis, Ninlaro, Pomalyst, Revlimid, Thalomid, Velcade
Myelofibrosis Agents	Inrebic	Jakafi
Prostate Cancer Agents	Trelstar	Eligard, Firmagon

Drug Class	Excluded Medications	Preferred Alternatives
Rituximab-Containing Agents	Rituxan, Rituxan Hycela, Truxima	Ruxience
Trastuzumab-Containing Agents	Herceptin, Kerceptin Hylecta, Ogivri, Ontruzant	Kanjinti, Trazimera
Tyrosine Kinase Inhibitors	Qinlock	imatinib, Nexavar, Sprycel, Stivarga, Sutent, Tasigna, Votrient
<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)	Durysta, Rhopressa, Xelpros	bimatoprost drops, latanoprost drops, travoprost drops, Lumigan, Zioptan
Ophthalmic Anti-Allergic	Alocril, Alomide, Lastacaft, Pazeo	azelastine drips, cromolyn drops, epinastine drops, ketotifen drops, olopatadine drops, Zerviate
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
Ophthalmic Antibiotic/Steroid Combinations	Tobradex ST <sup>†</sup> , Zylet <sup>†</sup>	tobramycin/dexamethasone (drops), Tobradex (ointment)
Ophthalmic Quinolone Antibiotics	Ciloxan ointment	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops
<b>OSTEOPOROSIS</b>		
Bone Modifiers	Evenity, Prolia	alendronate, ibandronate, risedronate, 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
Long-Acting Beta-Agonist Inhalers	Striverdi Respimat	Serevent Diskus
Long-Acting Muscarinic Antagonist Inhalers	Tudorza Pressair	Incruse Ellipta, Spiriva Handihaler, Spiriva Respimat
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	Duaklir Pressair	Anoro Ellipta, Bevespi Aerosphere, Stiolto Respimat
Phosphodiesterase-4 Enzyme Inhibitor	Daliresp <sup>†</sup>	Arnuity Ellipta, Asmanex HFA, Flovent HFA, Incruse Ellipta, QVAR Redihaler, Serevent Diskus, Spiriva
Pulmonary Anti-Inflammatory Inhalers	Pulmicort Flexhaler	Arnuity Ellipta, Asmanex HFA, Flovent HFA, Incruse Ellipta, QVAR Redihaler
Pulmonary Anti-Inflammatory/Beta-Agonist Combination Inhalers	Aurduo Respiclick, Budesonide/formoterol, Fluticasone/salmeterol (by A-S Medication, Teva)	Fluticasone/salmeterol (by Prasco, Proficient Rx), Advair HFA, Breo Ellipta, Dulera, Symbicort
Short-Acting Beta <sub>2</sub> -Agonist Inhalers	Albuterol Sulfate HFA (by A-S Medication, Prasco), Levalbuterol HFA, Proair Digihaler, Proair Respiclick, Ventolin HFA, Xopenex HFA	albuterol sulfate HFA (by Cipla, Par, Perrigo, Proficient Rx, & Teva)
<b>MISCELLANEOUS AGENTS</b>		
Allergen Immunotherapy	Palforzia	no alternatives recommended
Cushing's Agents	Isturisa	Signifor
Gaucher Disease Agents	Elelyso	Cerezyme
Hereditary Angioedema	Berinert	Ruconest
Immune Globulins	Cutaquig	SC: Gammagard Liquid, Gamunex-C, Xembify IV: Gammagard Liquid, Gammagard S-D, Gamunex-C
	Gammaked	SC: Gammagard Liquid, Gamunex-C, Xembify
	Hizentra syringes, Hizentra vials	SC: Xembify
Immunosuppressant Agents	Otrexup	Rosuvo
	Xatmep	methotrexate
Nocturnal Polyuria Agents	Noctiva	desmopressin tablets
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	Onpattro	Tegsedi
Potassium Binders	Veltassa	Lokelma

<sup>†</sup>New exclusion

## Excluded Medications/Products at a Glance

ABILIFY <sup>^</sup>	CIPROFLOXACIN/FLUOCINOLONE	FEMRING	LIBRAX <sup>^</sup>
ACANYA <sup>^</sup>	OTIC	FENOPROFEN CAPSULES	LIDOCAINE/TETRACAINE
ACIPHEX SPRINKLE	CLENPIQ	FENORTHO	LIDODERM <sup>^</sup>
ACIPHEX <sup>^</sup>	CLIMARA PRO	FENSOLVI	LIPITOR <sup>^</sup>
ACUVAIL	CLINDAGEL	FENTANYL CITRATE BUCCAL	LOCOID <sup>^</sup> , LOCOID LIPOCREAM <sup>^</sup>
ADCIRCA <sup>^</sup>	CLINDAMYCIN PHOSPHATE 1% GEL	TABLETS	LO LOESTRIN FE <sup>^</sup>
ADDERALL <sup>^</sup>	(by Oceanside)	FENTORA	LOESTRIN <sup>^</sup> , LOESTRIN FE <sup>^</sup>
ADLYXIN	CLOCORTOLONE	FIASP	LOSEASONIQUE <sup>^</sup>
ADMELOG	COLCHICINE CAPSULES	FINTEPLA	LOTREL <sup>^</sup>
AGGRENOX <sup>^</sup>	CONCERTA <sup>^</sup>	FIRAZYR <sup>^</sup>	LOTRONEX <sup>^</sup>
AKYNZEO CAPSULES	COREG <sup>^</sup>	FIRDAPSE	LOVENOX <sup>^</sup>
ALBUTEROL SULFATE HFA (by A-S	CORLANOR	FIRVANQ	LUCEMYRA
Medication, Prasco)	CORTIFOAM	FLUOROURACIL 0.5% CREAM	LULICONAZOLE
ALCORTIN A	COSENTYX	FLUTICASONE/SALMETEROL (by	LUNESTA <sup>^</sup>
ALOCRI	COSOPT <sup>^</sup>	A-S Medication, Teva)	LYRICA CR
ALOGLIPTIN	COZAAR <sup>^</sup> , HYZAAR <sup>^</sup>	FML FORTE, FML S.O.P.	LYRICA <sup>^</sup>
ALOGLIPTIN/METFORMIN	CRESTOR <sup>^</sup>	FOCALIN <sup>^</sup> , FOCALIN XR <sup>^</sup>	MAVYRET
ALOGLIPTIN/PIOGLITASON	CRINONE	FOLLISTIM AQ	MAXALT <sup>^</sup> , MAXALT MLT <sup>^</sup>
ALOMIDE	CUPRIMINE <sup>^</sup>	FOSRENOL CHEWABLE TABLETS <sup>^</sup>	MAXIDEX
ALTOPREV	CUTAQUIG	FOSRENOL POWDER PACKETS	MESTINON <sup>^</sup>
AMBIEN <sup>^</sup> , AMBIEN CR <sup>^</sup>	CYMBALTA <sup>^</sup>	GAMMAKED	MICARDIS <sup>^</sup> , MICARDIS HCT <sup>^</sup>
AMITIZA	CYTOMEL <sup>^</sup>	GANIRELIX ACETATE <sup>^</sup>	MINASTRIN 24 FE <sup>^</sup>
AMPHETAMINE ER SUSPENSION	DALIRESP	GENERESS FE <sup>^</sup>	MINIVELLE <sup>^</sup>
AMPYRA <sup>^</sup>	DELSTRIGO	GLEEVEC <sup>^</sup>	MINOCYCLINE ER CAPSULES
AMRIX <sup>^</sup>	DELZICOL	GLUCOPHAGE <sup>^</sup> , GLUCOPHAGE XR <sup>^</sup>	MIRCERA
ANDROGEL 1% <sup>^</sup> , 1.62% <sup>^</sup>	DETROL <sup>^</sup> , DETROL LA <sup>^</sup>	GLUMETZA <sup>^</sup>	MIRCETTE <sup>^</sup>
ANUSOL-HC <sup>^</sup>	DICLOFENAC EPOLAMINE PATCHES	GOCOVRI ER	MORPHABOND ER
APADAZ	DIOVAN <sup>^</sup> , DIOVAN HCT <sup>^</sup>	GRANIX	MOVIPREP
APIDRA	DIPENTUM	HERCEPTIN, HERCEPTIN HYLECTA	MULPLETA
APOKYN	DIVIGEL	HERZUMA	MYTESI
APTIOM	DORAL	HIZENTRA SYRINGES	NALFON CAPSULES
ARANESP	DOXYCYCLINE 40 MG CAPSULES	HIZENTRA VIALS	NALOXONE AUTO-INJECTOR
ARIMIDEX <sup>^</sup>	DRIZALMA SPRINKLE	HUMATROPE	NAMENDA XR <sup>^</sup>
ASACOL HD <sup>^</sup>	DUAKLIR PRESSAIR	IMIQUIMOD 3.75% CREAM PUMP	NASONEX <sup>^</sup>
ASCENSIA (BREEZE, CONTOUR)	DURAGESIC <sup>^</sup>	IMITREX <sup>^</sup>	NATROBA <sup>^</sup>
ASPIRIN/OMEPRAZOLE DR	DUROLANE	INDERAL LA <sup>^</sup>	NESINA
ATACAND <sup>^</sup> , ATACAND HCT <sup>^</sup>	DURYSTA	INDERAL XL <sup>^</sup>	NEULASTA
ATRALIN <sup>^</sup>	DUTOPROL	INDOMETHACIN 20MG CAPSULES	NEUPOGEN
AUVI-Q	ECOZA	INGREZZA	NEURONTIN <sup>^</sup>
AVALIDE <sup>^</sup> , AVAPRO <sup>^</sup>	EDARBI	INNOPRAN XL	NEVANAC
AVASTIN	EDARBYCLOR	INREBIC	NEXIUM CAPSULES <sup>^</sup>
AVEED	EFFEXOR XR <sup>^</sup>	INSULIN ASPART, INSULIN ASPART	NEXIUM PACKETS
AVODART <sup>^</sup>	ELELYSO	PROTAMINE	NOCTIVA
AZOR <sup>^</sup>	ELESTRIN	INSULIN LISPRO	NORCO <sup>^</sup>
BARACLUDE TABLETS <sup>^</sup>	ELIDEL <sup>^</sup>	INTUNIV <sup>^</sup>	NORVASC <sup>^</sup>
BECONASE AQ	EMBEDA	ISTALOL <sup>^</sup>	NOVOLIN
BENICAR <sup>^</sup> , BENICAR HCT <sup>^</sup>	EMEND CAPSULES <sup>^</sup> , TRIFOLD	JADENU, JADENU SPRINKLE	NOVOLOG
BENZHYDROCODONE/ ACETAMINOPHEN	PACK <sup>^</sup>	JATENZO	NOVOSEVEN
BERINERT	EMEND POWDER PACKETS	JENTADUESTO, JENTADUETO XR	NOXAFIL TABLETS <sup>^</sup>
BRISDELLE <sup>^</sup>	EMFLAZA	KAPSPARGO SPRINKLE	NUCYNTA, NUCYNTA ER
BUDESONIDE/FOMOTEROL	EPANED	KATERZIA	NUTROPIN AQ NUSPIN
BUNAVAIL	EPIDUO	KAZANO	NUVIGIL <sup>^</sup>
BUPAP <sup>^</sup>	EPIDUO FORTE <sup>^</sup>	KEPPRA <sup>^</sup> , KEPPRA XR <sup>^</sup>	NUWIQ
BUTRANS	EPINEPHRINE AUTO-INJECTOR (by	KETOROLAC NASAL SPRAY	OGIVRI
BYSTOLIC	Impax)	KISQALI, KISQALI FEMARA CO- PACK	OMNARIS
CALCIPOTRIENE FOAM	EPOGEN	KOMBIGLYZE XR	OMNITROPE
CALQUENCE	ESOMEPRAZOLE STRONTIUM	KORLYM	ONGLYZA
CAPLYTA	ESTRACE CREAM <sup>^</sup>	LAMICTAL <sup>^</sup> , LAMICTAL ODT <sup>^</sup> ,	ONGLYZA
CARAC	ESTRING	LAMICTAL XR <sup>^</sup>	ONPATTRO
CELEBREX <sup>^</sup>	ESTROGEL	LASTACAFT	ONTRUZANT
CELEXA <sup>^</sup>	ESTROSTEP FE <sup>^</sup>	LAZANDA	ORTHO TRI-CYCLEN <sup>^</sup> , ORTHO TRI- CYCLEN LO <sup>^</sup>
CETRAXAL	EVENITY	LEDIPASVIR/SOFOSBUVIR	OSMOPREP
CHORIONIC GONADOTROPIN	EVZIO	LETAIRIS <sup>^</sup>	OTREXUP
CIALIS <sup>^</sup>	EXFORGE <sup>^</sup> , EXFORGE HCT <sup>^</sup>	LEVALBUTEROL HFA	OXBRYTA
CINQAIR	EXONDYS 51	LEXAPRO <sup>^</sup>	OXYCODONE ER
	EXTAVIA	LIALDA <sup>^</sup>	OZOBAS
	EZALLOR SPRINKLE		

## Excluded Medications/Products at a Glance

PALFORZIA	QNASL	TAZORAC 0.1% CREAM <sup>^</sup>	VIIBRYD
PANCREAZE	QTERN	TEKTURN <sup>^</sup>	VIVELLE-DOT <sup>^</sup>
PATADAY <sup>^</sup>	QUARTETTE <sup>^</sup>	TESTIM <sup>^</sup>	VIVLODEX
PENNSAID	QUAZEPAM	TIKOSYN <sup>^</sup>	VYONDIS 53
PERCOCET <sup>^</sup>	RABEPRAZOLE DR SPRINKLE	TIMOPTIC OCUDOSE	VYTORIN <sup>^</sup>
PERTZYE	RANEXA <sup>^</sup>	TIVORBEX	WELCHOL 3.75GM PACKETS <sup>^</sup>
PIFELTRO	RAPAFLO <sup>^</sup>	TOBI SOLUTION <sup>^</sup>	WELLBUTRIN SR <sup>^</sup> , XL <sup>^</sup>
PIQRAY	RECOMBINATE	TOBRADEX ST	XADAGO
PLAQUENIL <sup>^</sup>	RELAFEN DS	TOLSURA	XALATAN <sup>^</sup>
PLAVIX <sup>^</sup>	RELION NOVOLIN	TOPAMAX <sup>^</sup>	XANAX <sup>^</sup> , XANAX XR <sup>^</sup>
PRADAXA	RENAGEL <sup>^</sup>	TOPICORT SPRAY <sup>^</sup>	XATMEP
PRALUENT	RETIN-A MICRO 0.04% & 0.1% <sup>^</sup>	TOPIRIMATE ER CAPSULES	XELPROS
PRAVACHOL <sup>^</sup>	RETIN-A MICRO 0.06% & 0.08%	TOPROL XL <sup>^</sup>	XENAZINE <sup>^</sup>
PRED MILD	RHOPRESSA	TRADJENTA	XIMINO
PREGENNA	RITUXAN, RITUXAN HYCELA	TRANSDERM SCOP <sup>^</sup>	XOLEGEL
PREGNYL	ROCHE (ACCU-CHEK)	TRAVATAN Z <sup>^</sup>	XOPENEX HFA
PREMARIN	ROZEREM <sup>^</sup>	TRELSTAR <sup>^</sup>	XPOVIO
PREMPHASE	SAFYRAL <sup>^</sup>	TREXIMET <sup>^</sup>	XTAMPZA ER
PREMPRO	SAIZEN, SAIZENPREP	TRIBENZOR <sup>^</sup>	XYNTHA, XYNTHA SOLOFUSE
PREVACID <sup>^</sup> , PREVACID SOLUTAB <sup>^</sup>	SANDOSTATIN LAR DEPOT	TRICOR <sup>^</sup>	YASMIN <sup>^</sup>
PREZCOBIX	SAVAYSA	TRILEPTAL <sup>^</sup>	YOSPRALA DR
PRIOSEC SUSPENSION	SEASONIQUE <sup>^</sup>	TRIVIDIA (TRUETEST, TRUETRACK)	ZAVESCA <sup>^</sup>
PRIMLEV	SENSIPAR <sup>^</sup>	TRUVADA <sup>^</sup>	ZEGERID <sup>^</sup>
PRISTIQ <sup>^</sup>	SEROQUEL <sup>^</sup> , SEROQUEL XR <sup>^</sup>	TRUXIMA	ZELAPAR
PROAIR DIGIHALER	SIGNIFOR LAR	TUDORZA PRESSAIR	ZETIA <sup>^</sup>
PROAIR HFA <sup>^</sup>	SIKLOS	UDENYCA	ZETONNA
PROAIR RESPICLICK	SIMVASTATIN SUSPENSION	ULORIC <sup>^</sup>	ZIPZOR
PROCTOFOAM-HC	SINGULAIR <sup>^</sup>	UROXATRAL <sup>^</sup>	ZOCOR <sup>^</sup>
PROCYSBI	SITAVIG	VAGIFEM <sup>^</sup>	ZOHYDRO ER <sup>^</sup>
PROLIA	SOFOSBUVIR/VELPATASVIR	VALIUM <sup>^</sup>	ZOLOFT <sup>^</sup>
PROTONIX SUSPENSION	SOVALDI	VALTRESX <sup>^</sup>	ZOMACTON
PROTONIX <sup>^</sup>	SPRAVATO	VANOS <sup>^</sup>	ZOMIG TABLETS <sup>^</sup> , ZOMIG ZMT <sup>^</sup>
PROVENTIL HFA <sup>^</sup>	STRATTERA <sup>^</sup>	VELTASSA	ZONEGRAN <sup>^</sup>
PROVIGIL <sup>^</sup>	STRIVERDI RESPIMAT	VELTIN	ZORVOLEX
PROZAC <sup>^</sup>	SUBSYS	VENTOLIN HFA	ZOVIRAX OINTMENT <sup>^</sup>
PULMICORT FLEXHALER,	SULCONAZOLE	VERDESO FOAM	ZYCLARA
RESPULES <sup>^</sup>	SUPREP	VESICARE <sup>^</sup>	ZYLET
PYLERA	TARGRETIN CAPSULES <sup>^</sup>	VIAGRA <sup>^</sup>	ZYTIGA 250MG, 500MG TABLET <sup>^</sup>
QBRELIS	TAVALISSE	VICTOZA	
QINLOCK	TAYTULLA <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.



HEALTH INSURANCE • HEALTH PLAN

# 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, Optum (formerly 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 obtain a copy of the prior authorization or step therapy criteria?**

- For drugs reviewed by Optum (formerly Diplomat), please call 1-888-515-1357 to speak with a prior authorization specialist for more detailed information.
- For drugs reviewed by Vivio Health for WPS Employees only, please call 1-925-365-6600 to speak with a prior authorization specialist for more detailed information.
- For drugs reviewed by Express Scripts, please call 1-800-753-2851 to speak with a prior authorization specialist for more detailed information.

## **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.



				Optum (formerly Diplomat) Review ☎: 1-888-515-1357 ☎: 1-844-262-8479 OR Vivio Review (WPS Employees Only) ☎: 1-925-365-6600 ☎: 1-888-677-6754		Express Scripts Review ☎: 1-800-753-2851 ☎: 1-877-329-3760		WPS Review ☎: 1-800-333-5003 Aspirus Arise & Arise Review ☎: 1-888-711-1444
GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P= Pharmacy Benefit	Vivio <sup>†</sup> Review	Optum <sup>§</sup> Review	Directed to Home or Self Administration	Express Scripts Review**	Step 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			

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GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P= Pharmacy Benefit	Vivio <sup>†</sup> Review	Optum <sup>§</sup> Review	Directed to Home or Self Administration	Express Scripts Review**	Step Therapy
Apomorphine	APOKYN	J0364	P	X	X			
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			
Immune Globulin	ASCENIV	J1554 C9072	M	X	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			
Casimersen	AVONDYS 45	C9075	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			
Erdafitinib	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-dbl	BEOVU	J0179	M	X	X			
C1-esterase inhibitor	BERINERT	J0597	M	X	X	X		
Inotuzumab ozogamicin	BESPONSA	j9299	M	X	X			

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GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P= Pharmacy Benefit	Vivio <sup>†</sup> Review	Optum <sup>§</sup> Review	Directed to Home or Self Administration	Express Scripts Review**	Step Therapy	
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				
Carmustine	BICNU	J9050	M	X	X				
Anti-Hemophilic Factor	BIOCULATE	J7192	M	X	X	X			
Immune Globulin	BIVIGAM	J1556	M	X	X	X			
Belantamab mafodotin-blmf	BLENREP	J9037 C9069	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				
Lisocabtagene maraleucel	BREYANZI	C9076	M	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			

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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			
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 J7192	M	X	X	X		
Trilaciclib	COSELA	C9078	M	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			

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Dactinomycin	DACTINOMYCIN	J9120	M	X	X				
Daclatasvir	DAKLINZA	J8499	P	X	X				
Naxitamab-gqgk	DANYELZA	J9348	M	X	X				
Pyrimethamine	DARAPRIM	J8499	P	X	X				
Daratumumab	DARZALEX	J9145	M	X	X				
Daratumumab and Hyaluronidase	DARZALEX FASPRO	C9062 J9144	M	X	X				
Daunorubicin liposome	DAUNOXOME	J9151	M	X	X				
Glasdegib	DAURISMO	J8999	P	X	X				
Desmopressin Acetate	DDAVP	J8499	P	X	X				
Cytarabine liposome	DEPOCYT	J9098	M		X				
Desmopressin Acetate	DESMOPRESSIN ACETATE	J8499	P	X	X				
Stiripentol	DIACOMIT	J8499	P	X	X				
Phenoxybenzamine hydrochloride	DIBENZYLIN	J8499	P	X	X				
Docetaxel	DOCEFREZ	J9170	M	X	X				
Docetaxel	DOCETAXEL	J9170 J9171	M	X	X				
Triheptanoin	DOJOLVI	J8499	P	X	X				
Avatrombopag	DOPTELET	J8499	P	X	X				
Doxorubicin liposomal	DOXIL	J9002 Q2049 Q2050	M	X	X				
Doxorubicin liposomal	DOXORUBICIN LIPOSOMAL	J9002 Q2049 Q2050	M	X	X				
Dacarbazine	DTIC-DOME	J9130	M	X	X				
Dupilumab	DUPIXENT	J3590	P	X	X				
Bimatoprost Implant	DURYSTA	J7351	M	X	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				

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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				
Pegcetacoplan	EMPAVELI	J3490	P	X	X				
Elotuzumab	EMPLICITI	C9477 J9176	M	X	X				
Etanercept	ENBREL	J1438	P	X	X				
Fam-trastuzumab deruxtecan-nxki	ENHERTU	J9358	M	X	X				
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				
Factor VIII, recombinant human pegylated	ESPEROCT	J7204	M	X	X				
Amifostine	ETHYOL	J0207	M	X	X				
Flutamide	EULEXIN	S0175	P		X				
Romosozumab-aqqg	EVENITY	J3111	M	X	X				
Evinacumab-dgnb	EVKEEZA	C9079	M	X	X				
Melphalan	EVOMELA	J8600	M	X	X				
Risdiplam	EVRYSDI	J3490	M	X	X				



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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			
Coagulation Factor VIIa, Recomb	FACTOR 7A	J7189	M	X	X	X			
Anti-Hemophilic Factor	FACTOR 8	J7190 J7191 J7192	M	X	X	X			
Von Willebrand Factor Complex	FACTOR 9	J7187 J7183 J7179	M	X	X	X			
Anti-Hemophilic Factor	FACTOR 9	J7193 J7194 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				
Fulvestrant	FASLODEX	J9395	M	X	X				
Floxuridine	FDUR	J9200	M		X				
Anti-Inhibitor Coagulant	FEIBA	J7198	M	X	X	X			
Leuprolide acetate	FENSOLVI	J1951 J9218	M	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	J3110	P	X	X				
Tivozanib	FOTIVDA	J8999	P	X	X				
Pegfilgrastim-jmdb (biosimilar)	FULPHILA	Q5108	P	X	X	X			

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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			
Pralsetinib	GAVRETO	J8999	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			
Imatinib	GLEEVEC	J8999 S0088	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			

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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	HYCANTIN	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			
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 C9450	M	X	X				
Imatinib	IMATINIB	J8999 S0088	P	X	X				
Ibutinib	IMBRUVICA	J8999	P	X	X				
Durvalumab	IMFINZI	J9173 C9492	M	X	X				
Talimogene laherparepvec	IMLYGIC	J9325	M	X	X				

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Immune Globulin - Intravenous (IVIG)	Immune Globulin - Intravenous (IVIG)	J1459 J1561 J1566 J1568 J1569 J1572 J1573 J1557 J1599	M	X	X	X			
Levodopa, inhaled	INBRIJA	J8499	P	X	X				
Mecasermin	INCRELEX	J2170	M	X	X				
Infliximab-dyyb (biosimilar)	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	J9314 J9315 C9065	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	J9281	M	X	X				
Dostarlimab-gxly	JEMPERLI	J9999	M	X	X				
Cabazitaxel	JEVTANA	J9043	M	X	X				
Factor VIII, recombinant human pegylated	JIVI	C9137 J7207 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				

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Trastuzumab-anns (biosimilar)	KANJINTI	Q5117	M	X	X				
Sebelipase alfa	KANUMA	C9399 J3590 J2840	M	X	X				
Palifermin	KEPIVANCE	J2425	M	X	X				
Ofatumumab	KESIMPTA	J3590	P	X	X				
Dichlorphenamide	KEVEYIS	J8499	P	X	X				
Sarilumab	KEVZARA	J3590	P	X	X				
Pembrolizumab	KEYTRUDA	J9271	M	X	X				
Oritavancin	KIMYRSA	C9444	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 J7192	M	X	X	X			
Anti-Hemophilic Factor	KOGENATE/ FS	J7190 J7191 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				
Lenvatinib	LENVIMA	J8999	P	X	X				
Ambrisentan	LETAIRIS	J8499	P	X	X				
Leucovorin	LEUCOVORIN	J0640	M	X					
Sargramostin	LEUKINE	J2820	P	X	X	X			

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Leuprolide Acetate	LEUPROLIDE ACETATE	J1950 J9217 J9218	M	X	X			
Cladribine	LEUSTATIN	J9065	M	X	X			
Cemiplimab-rwlc	LIBTAYO	J9119	M	X	X			
Doxorubicin liposomal	LIPODOX	J9002 Q2049 Q2050	M	X	X			
Trifluridine and tipiracil	LONSURF	J8999	P	X	X			
Lorlatinib	LORBRENA	J8999	P	X	X			
Ranibizumab	LUCENTIS	J2778	M	X	X			
Sotorasib	LUMAKRAS	J3490 J3590	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 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			
Margetuximab	MARGENZA	J9353	M	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 WATER	J9280	M	X	X			
Ribavirin	MODERIBA	J8499	P	X	X			
Anti-Hemophilic Factor	MONARC	J7190	M	X	X	X		
Tafasitamab-cxix	MONJUVI	J9349 C9070	M	X	X			



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Anti-Hemophilic Factor	MONOCLATE 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				
Octreotide acetate	MYCAPSSA	J3490	P	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				
Avalglucosidase alfa-ngpt	NEXVIAZYME	J3590	M	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			

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Coagulation Factor VIIa, Recomb	NOVOSEVEN RT	J7189	M	X	X	X		
Romiplostim	NPLATE	J2796	M	X	X			
Darolutamide	NUBEQA	J8999	P	X	X			
Mepolizumab	NUCALA	C9473 J2182	M	X	X			
Fosdenopterin	NULIBRY	C9399 J3490 J3590	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		
Pegfilgrastim-apgf (biosimilar)	NYVEPRIA	Q5122	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			
Azacitidine	ONUREG	J9025	P	X	X			
Nivolumab	OPDIVO	J9299	M	X	X			
Macitentan	OPSUMIT	J8499	P	X	X			

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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				
Relugolix	ORGOVYX	J8999	P	X	X				
Lumacaftor/ivacaftor	ORKAMBI	J8499	P	X	X				
Berotralstat	ORLADEYO	J8499	P	X	X				
Apremilast	OTEZLA	J3590	P	X	X				
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				
Lumasiran	OXLUMO	J0224 C9074	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	P	X	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				
Pemetrexed	PEMFEXY	J9304	M		X				

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Pentostatin	PENTOSTATIN	J9268	M		X			
Melphalan flufenamide	PEPAXTO	J9247 C9080	M	X	X			
Pertuzumab	PERJETA	J9306	M	X	X			
Pertuzumab, trastuzumab, and hyaluronidase	PHESGO	J9316	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			
Ponesimod	PONVORY	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	PROCRIT	J0885 Q4081	P	X	X	X (non-dialysis)		
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			

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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	J0896	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 (reference)	REMICADE	J1745	M	X	X	X		
Treprostinil	REMODULIN	J3285	M	X	X			
Infliximab-abda (biosimilar)	RENFLXIS	Q5104	M	X	X	X		
Evolocumab	REPATHA	J3590	P	X	X	X		
Epoetin Alfa (biosimilar)	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			
Elapegademase-lvlr	REVCovi	J9999	M	X	X			
Lenalidomide	REVLIMID	J8499	P	X	X			
Rituximab-arrx	RIABNI	Q5123	M	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			

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C1-esterase inhibitor	RUCONEST	J0596	M	X	X	X			
Rituximab-pvvr (biosimilar)	RUXIENCE	Q5119	M	X	X				
Amifampridine	RUZURGI	J8499	P	X	X				
Amivantamab-vmjw	RYBREVANT	J3490	M	X	X				
Midostaurin	RYDAPT	J8999	P	X	X				
Asparaginase erwinia chrysanthemi (recombinant)-rywn	RYLAZE	J3490 J3590	M	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				
Anifrolumab-fnia	SAPHNELO	J3590	M	X	X				
Isatuximab-irfc	SARCLISA	J9227	M	X	X				
Somatropin	SEROSTIM	J2941	M	X	X				
Coagulation Factor VIIa, Recomb - jncw	SEVENFACT	J7189 J7212	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	X			
Golimumab	SIMPONI ARIA	J1602	M	X	X				
Mometasone furoate	SINUVA	J7401 J7402 S1090	M	X	X				
Risankizumab-rzaa	SKYRIZI	J3590	P	X	X				
Lonapegsomatropin-tcgd	SKYTROFA	J3490	M	X	X				
Somapacitan-beco	SOGROYA	J3590	P	X	X				
Dextranomer/hyaluronate/nacl	SOLESTA	L8605	M	X	X				
Eculizumab	SOLIRIS	J1300	M	X	X				
Lanreotide	SOMATULINE DEPOT	J1930	M	X	X				

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Pegvisomant	SOMAVERT	J3490	P	X	X			
Sofosbuvir	SOVALDI	J8499	P	X	X			
Nusinersen	SPINRAZA	J2326	M	X	X			
Esketamine	SPRAVATO	S0013 G2082 G2083	M	X	X			
Dasatinib	SPRYCEL	J8999	P	X	X			
Rye Grass Pollen Allergen	STANDARD RYE GRASS POLLEN	J8499	P	X	X			
Timothy Grass Pollen Allergen	STANDARDIZED 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 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	TAGRISSO	J8999	P	X	X			
Lanadelumab-flyo	TAKHZYRO	J0593	P	X	X			
Ixekizumab	TALTZ	J3590	P	X	X			
Talazoparib	TALZENNA	J8999	P	X	X			
Erlotinib HCl	TARCEVA	J8999	P	X	X			
Bexarotene	TARGRETIN	J8999	P	X	X			



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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				
Brexucabtagene autoleucl	TECTARTUS	C9073 Q2053	M	X	X				
Inotersen	TEGSEDI	J3490	M	X	X				
Temozolomide	TEMODAR INJ	J9328	M	X	X				
Temozolomide	TEMODAR, ORAL	J8700	P	X	X				
Temozolomide	TEMOZOLOMIDE	J8700	P	X	X				
Thiotepa	TEPADINA	J9340	M	X	X				
Teprotumumab-trbw	TEPEZZA	J3241	M	X	X				
Tepotinib	TEPMETKO	J8999	P	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				

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Factor XIII a-subunit	TRETEN	J7181	M	X	X	X			
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	J9317	M	X	X				
Infigratinib	TRUSELTIQ	J8999	P	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			
Umbrisib	UKONIQ	J8999	P	X	X				
Ravulizumab-cwvz	ULTOMIRIS	J1303	M	X	X				
Dinutuximab	UNITUXIN	J9999	M	X	X				
Inebilizumab-cdon	UPLIZNA	J1823	M	X	X				
Selexipag	UPTRAVI	J8499	P	X	X				
Meclroethamine 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				

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Ombitasvir, paritaprevir, ritonavir, plus dasabuvir	VIEKIRA (XR)	J8499	P	X	X			
Vigabatrin	VIGABATRIN	J8499	P	X	X			
Vigabatrin	VIGADRONE	J8499	P	X	X			
Viltolarsen	VILTEPSO	J1427 C9071	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			
Pazopininib	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	J3032	M	X	X			
Tafamidis meglumine	VYNDAQEL	J3490	P	X	X			
Golodirsen	VYONDYS 53	J3490	M	X	X			
Daunorubicin/cytarabine liposomal	VYXEOS	J9151 J9153 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			

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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				
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	J9223	M	X	X				
Ibritumomab Tiuxetan	ZEVALIN	A9542 A9543	M	X	X				
Pegfilgrastim-bmez (biosimilar)	ZIEXTENZO	Q5120 C9058	P	X	X				
Bevacizumab-bvzr (biosimilar)	ZIRABEV	Q5118	M	X	X				
Lonafarnib	ZOKINVY	J8499	P	X	X				
Lonafarnib	ZOKIVNY	J8499	P		X				
Goserelin Acetate	ZOLADEX	J9202	M	X	X				
Zoledronic Acid	ZOLEDRONIC ACID	J3489	M	X	X				

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Onasemnogene abeparvovec	ZOLGENSMA	C9399 J3490 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				
Brexanolone	ZULRESSO	J1632	M	X	X				
Ondansetron	ZUPLENZ	S0119 Q0162	P		X				
Lesinurad	ZURAMPIC	J8499	P	X	X				
Idelalisib	ZYDELIG	J8999	P	X	X				
Ceritinib	ZYKADIA	J8999	P	X	X				
Loncastuximab tesirine-lpyl	ZYNLONTA	J9999	M	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	

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Alogliptin/metformin	ALOGLIPTIN/METFORMIN	J8499	P				X	X	
Alogliptin/pioglitazone	ALOGLIPTIN/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	
Bupropion	APLENZIN	J8499	P				X	X	
Mesalamine delayed release	ASACOL HD	J8499	P				X		
Azelastine	ASTEPRO	J3490	P				X		
Tretinoin	ATRALIN GEL	J3490 S0117	P				X		
Doxycycline	AVIDOXY	J8499	P				X	X	
Tretinoin	AVITA	J3490 S0117	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 BYDUREON BCISE	J3490	P				X	X	
Exenatide	BYETTA	J3490	P				X	X	
Remimazolam	BYFAVO	J8499	P				X		
Lumateperone	CAPLYTA	J8499	P				X		
Celecoxib	CELEBREX	J8499	P				X		

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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		
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		



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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	
Vibegron	GEMTESA	J8499	P				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	
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	
Tirbanibulin	KLISYRI	J3490	P				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	
Voclosporin	LUPKYNIS	J8499	P	X			X	X	
Olanzapine and samidorphan	LYBALVI	J8499	P				X	X	

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Hydroxyprogesterone caproate	MAKENA (self-administered)	J1725 J1726 J1729 Q9985 Q9986	P	X			X		
Methyltestosterone	METHITEST	J8499	P				X		
Amphetamine/ 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	
Opicapone	ONGENTYS	J8499	P				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	
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	PRIOSEC PACKETS	J8499	P				X		
Pantoprazole suspension	PROTONIX SUSP	J8499	P				X	X	
Albuterol inhaler	PROVENTIL HFA	J3490	P				X		
Viloxazine	QELBREE	J8499	P				X	X	

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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	RELPAX	J8499	P				X		
Tretinoin	RENOVA	J3490 S0117	P				X		
Tretinoin	RETIN-A	J3490 S0117	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		
Solriamfetol	SUNOSI	J8499	P				X	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	
Albiglutide	TANZEUM	J3490	P				X	X	
Tazarotene	TAZORAC	J3490	P				X		
Testosterone	TESTIM	J3490	P				X	X	
Testosterone Cypionate	TESTOSTERONE CYPIONATE (self-administered)	J1060 J1070 J1071 J1080	P				X		
Testosterone Enanthate	TESTOSTERONE ENANTHATE (self-administered)	J3121	P				X		
Testosterone gel	TESTOSTERONE GEL	J3490	P				X	X	

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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 S0117	P				X		
Tretinoin	TRETIN-X	J3490 S0117	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	
Vericiguat	VERQUVO	J8499	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		
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	

				Optum (formerly Diplomat) Review ☎: 1-888-515-1357 ☎: 1-844-262-8479 OR Vivio Review (WPS Employees Only) ☎: 1-925-365-6600 ☎: 1-888-677-6754		Express Scripts Review ☎: 1-800-753-2851 ☎: 1-877-329-3760		WPS Review ☎: 1-800-333-5003 Aspirus Arise & Arise Review ☎: 1-888-711-1444	
GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P= Pharmacy Benefit	Vivio <sup>†</sup> Review	Optum <sup>§</sup> Review	Directed to Home or Self Administration	Express Scripts Review**	Step Therapy	
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 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
Follitropin alfa	GONAL	S0126	P						X
Leuprolide Acetate	LEUPROLIDE ACETATE (infertility only)	J1950 J9219 J9217 J9218	M						X
Leuprolide Acetate	LUPRON (infertility only)	J1950 J9219 J9217 J9218	M						X
Gonadorelin	LUTREPULSE	J1620	P						X
Lutropin	LUVERIS	J3490	P						X

				Optum (formerly Diplomat) Review ☎: 1-888-515-1357 ☎: 1-844-262-8479 OR Vivio Review (WPS Employees Only) ☎: 1-925-365-6600 ☎: 1-888-677-6754		Express Scripts Review ☎: 1-800-753-2851 ☎: 1-877-329-3760		WPS Review ☎: 1-800-333-5003 Aspirus Arise & Arise Review ☎: 1-888-711-1444	
GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P= Pharmacy Benefit	Vivio <sup>†</sup> Review	Optum <sup>§</sup> Review	Directed to Home or Self Administration	Express Scripts Review**	Step Therapy	
Hydroxyprogesterone caproate	MAKENA (office administered)	J1725 J1726 J1729 Q9985 Q9986	M	X					X
Menotropins	MENOPUR	S0122	P						X
Chorionic Gonadotropin	OVIDREL	J0725	P						X
Menotropins	PERGONAL	S0122	P						X
Riboflavin 5'-phosphate (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 (PA req < 45 years old)	J8499	P						X
Clomiphene Citrate	SEROPHENE	J8499	P						X
Testosterone pellets	TESTOPEL	S0189	M						X
Testosterone Cypionate	TESTOSTERONE CYPIONATE (office-administered)	J1060 J1070 J1071 J1080	M						X
Testosterone Enanthate	TESTOSTERONE ENANTHATE (office-administered)	J3121	M						X
Gonadotropin	UROFOLLITROPIN	J3355	P						X
Polidocanol inj foam	VARITHENA	J3490	M	X					X

# Talk to a doctor anytime

Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone, video or mobile app visits. It's an affordable alternative to costly urgent care and ER visits when you need care now.



## MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 20 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

## GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- **Cold & flu symptoms**
- **Allergies**
- **Sinus problems**
- **Sore Throat**
- **Respiratory infection**
- **Skin problems**
- **And more!**

## WHEN CAN I USE TELADOC?

Teladoc does not replace your primary physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short term prescription refills

## Talk to a doctor anytime for **\$50 or less depending on your health plan!**

(\$50 fee applies to your plan's deductible, coinsurance, and out-of-pocket maximum.)

 [Teladoc.com](https://www.teladoc.com)

 1-800-TELADOC (835-2362)





# Notice of privacy practices

## Nonpublic Personal Information Privacy Practices

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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. (WPS Health Plan) and The EPIC Life Insurance Company (collectively, "WPS"). It is effective on November 1, 2015 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.

**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 INSURANCE • HEALTH PLAN

# Notice of privacy practices

## Nonpublic Personal Information Privacy Practices

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**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.

**Confidential Communications.** You have the right to request that we contact you in a specific way or send mail to a different address.

# Notice of privacy practices

## Nonpublic Personal Information Privacy Practices

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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.

# Notice of privacy practices

## Nonpublic Personal Information Privacy Practices

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Wisconsin Physicians Service Insurance Corporation and its subsidiaries, WPS Health Plan, Inc. (WPS Health Plan) and The EPIC Life Insurance Company (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 [hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](https://hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).



HEALTH INSURANCE • HEALTH PLAN



## 2021 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 revisions to your coverage. Effective on your group's 2021 renewal, your certificate will have the revisions described below.

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

**Autism – no change:** Our current annual limits of \$35,000 for non-intensive level services and \$70,000 for intensive level services are in excess of the anticipated 2021 state-mandated minimum benefit amount. The limits shall remain the same for 2021 unless the Consumer Price Index (CPI) annual adjustment increase is above the current limits.

**B. Coverage is added by WPS for:**

**Expanded Preventive Drugs:** Certain drugs, as determined by us, which may include those prescription legend drugs the Internal Revenue Service has indicated are taken to prevent exacerbation of a chronic condition or the development of a secondary condition. Expanded preventive drugs will have no cost-sharing and currently include certain Selective Serotonin Reuptake Inhibitors (SSRI's).

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

Please note the above list does not 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.

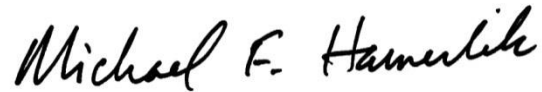
This certificate does not include pediatric dental services as required under the federal Patient Protection and Affordable Care Act. This coverage is available in the insurance market and can be purchased as a stand-alone product. Please contact your agent or the Federally-Facilitated Marketplace, if 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 that reads "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. 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	\$7,350	\$7,350
Per Family	\$14,700	\$14,700
<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 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) Inpatient Services Office Visits Transitional Treatment	Deductible and Coinsurance Copayment, then 0% Deductible and Coinsurance	Deductible and Coinsurance Copayment, then 0% 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	Preferred Provider 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:  *Copayments applied as follows: 1-30-day supply = one copayment 31-60-day supply = two copayments 61-90-day supply = three copayments	Dispensed by a Pharmacy* Generic - \$10 Preferred Brand-Name - \$20 Brand-Name - \$30 Specialty - \$40	Dispensed by Home Delivery Generic - \$20 Preferred Brand-Name - \$40 Brand-Name - \$60 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.

**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.

**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.**

The maximum annual out-of-pocket limit is shown in the Schedule of Benefits.

Any of the following costs will count towards your maximum annual out-of-pocket limit: (a) the deductible; (b) copayments; and (c) coinsurance amounts.

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. §m609.24 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](http://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.

## Orthotics

Orthotics is defined as custom-made rigid or semi-rigid supportive devices used to (1) 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 orthotics (including fittings, adjustments and repairs) prescribed by a health care provider include, but are

not limited to:

1. Casts and splints;
2. Orthopedic braces, including necessary adjustments to shoes to accommodate braces.
3. Cervical collars;
4. Orthotics to support the foot when custom-molded to fit the covered person;
5. Corsets (back and special surgical); and
6. Diabetic shoes when medically necessary.

Benefits will be limited to standard devices as determined by us. Orthotics 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 and due to rapid growth; or (2) if the orthotic is damaged and cannot be repaired.

The Policy does not cover: (1) routine periodic maintenance, such as testing and cleaning; (2) over-the-counter orthotics to support the foot; and (3) repairs due to abuse or misuse as determined by us.

## **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.

**Expanded Preventive Drug(s):** any drug on our Expanded Preventive Drug List, as determined by us. Expanded preventive drugs may include those prescription legend drugs the Internal Revenue Service has indicated are taken to prevent exacerbation of a chronic condition or the development of a secondary condition.

**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; (i) bowel preparations related to a preventive colonoscopy; and (j) Preexposure prophylaxis (PrEP) for covered person at high risk of HIV acquisition. 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 dose(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 for any preventive drug as defined in paragraph 1. above. 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 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 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 except as specifically stated otherwise in section Covered Expenses / Orthotics.
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:

WPS Health Insurance Grievance and Appeals Department  
P. O. Box 7062  
Madison, Wisconsin 53707-7062  
Fax Number: (608) 327-6319

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:

WPS Health Insurance  
Grievance and Appeals Department  
P.O. Box 7062  
Madison, Wisconsin 53707-7062  
Phone: 920-490-6987 or 1-877-897-4123 (toll free)  
Fax Number: (608) 327-6319

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.

WPS Health Insurance  
Attention: IRO Coordinator  
P.O. Box 7062  
Madison, WI 53707-7062  
Fax: 608-327-6319

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.*