

April 2020

Pharmacy Formulary Change Notice

BlueCross BlueShield of Western New York Medicaid is here to help you stay on top of your health care. We want to tell you about some upcoming changes to your Preferred Drug List (PDL) as of May 1, 2020.

Your PDL is a list of preferred drugs covered by BlueCross BlueShield Medicaid. A group of doctors and pharmacists check the PDL to make sure the drugs you're taking are safe and effective.

EFFECTIVE FOR ALL PATIENTS ON MAY 1, 2020		
Medication	Changes	Your doctor may change it to one of these preferred drugs:
(GENERIC OTC CAPSAICIN) CAPSAICIN CREAM 0.025% DOULEURIN LOTION CAPSAICIN XL PAD 0.025% CAPSAICIN CREAM 0.1% MENTHOZEN CREAM ALLEVESS PAD 0.05-5% BIO-THERM LOTION	PREFERRED	N/A
(GENERIC SYMBICORT) BUDESONIDE/FORMOTEROL AER 80-4.5 BUDESONIDE/FORMOTEROL AER 160-4.5	PREFERRED	N/A
BRILINTA TAB 60MG BRILINTA TAB 90MG PRASUGREL TAB 5MG PRASUGREL TAB 10MG	PREFERRED	N/A
(BRAND) POLY-VI-SOL DROPS POLY-VI-SOL WITH IRON DROPS	PREFERRED	N/A
LANCETS MANUFACTURER: ABLE DIAGNOSTIC ACCESS DIABETIC SUPPLY ACCESS LLC ACON LABORATORIES AMBIMEDINC ARKRAY USA CHAIN DRUG CONSORTIUM	PREFERRED	N/A

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

PRETOMANID TAB 200MG	ADD PRIOR AUTHORIZATION (PA)
ZEVALIN KIT Y-90 AZEDRA DOSIM INJ 15MCI/ML AZEDRA THERA INJ 15MCI/ML	ADD PA
HERCEPTIN HYLEC SOL 60-10000	ADD STEP THERAPY (ST)
BRUKINSA CAPSULE 80MG	ADD PA AND QUANTITY LIMIT (QL) QL: 4 CAPS PER DAY
INREBIC CAPSULE 100MG	ADD PA AND QL QL: 4 CAPS PER DAY
ROZLYTREK CAPSULE 100MG ROZLYTREK CAPSULE 200MG	ADD PA AND QL 100 MG CAPSULE QL: 1 CAPS PER DAY 200 MG CAPSULE QL: 3 CAPS PER DAY
APTIVUS SOLUTION APTIVUS CAP 250MG	ADD PA
GLYCOPYRROLATE TAB 1.5MG	ADD PA
KHAPZORY SOL 175MG KHAPZORY SOL 300MG	ADD PA
CREON CAPSULES PANCREAZE CAPSULES PERTZYE CAPSULES VIOKACE TABLETS ZENPEP CAPSULES	ADD PA
DUAVEE TAB 0.45-20	ADD PA
DEPO-ESTRADIOL INJ 5MG/ML	ADD PA
BEOVU INJ 6/0.05ML	ADD PA
THIOLA TAB 100MG THIOLA EC TAB 100MG THIOLA EC TAB 300MG	ADD PA
GIVLAARI INJ 189MG/ML	ADD PA
ESPEROCT INJ 3000UNIT	ADD PA
RYBELSUS 3 MG TABLETS RYBELSUS 7 MG TABLETS RYBELSUS 14 MG TABLETS	ADD ST AND QL 3 MG TABLET QL: 1 CARTON (30 TABLETS), PER ONE TIME FILL. 7 MG, 14 MG TABLET QL: 1 CARTON (30 TABLETS) PER 30 DAYS
OXBRYTA TAB 500MG	ADD PA AND QL QL: 3 TABLETS PER DAY

ADAKVEO INJ 100/10ML	ADD PA AND QL
DRIZALMA CAP 20MG DR DRIZALMA CAP 30MG DR DRIZALMA CAP 40MG DR DRIZALMA CAP 60MG DR	ADD PA AND QL 30 MG CAPSULES QL: 1 CAP PER DAY 40 MG CAPSULE QL: 1 CAP PER DAY
XCOPRI TABLETS	ADD PA AND QL 12.5 MG, 25 MG, 50 MG, 100 MG, 150 MG QL: 1 TABLET PER DAY 200 MG QL: 2 TABLETS PER DAY
CYTELZO INJECTION	ADD PA AND QL QL: 2 SYRINGES PER 28 DAYS
HADLIMA INJECTION	ADD PA AND QL QL: 2 SYRINGES PER 28 DAYS
ETICOVO SYRINGE	ADD PA AND QL 25 MG/0.5 ML PREFILLED SYRINGE QL: 8 SYRINGES PER 28 DAYS 50 MG/ML PREFILLED SYRINGE QL: 4 SYRINGES PER 28 DAYS
RINVOQ TAB 15MG ER	ADD PA AND QL QL: 1 TABLET PER DAY
VUMERITY CAPSULE 231MG	ADD PA AND QL QL: 4 CAPS PER 30 DAYS
TRIKAFTA TABLET	ADD PA AND QL QL: 1 CARTON (84 TABLETS) PER 28 DAYS
NOURIANZ TABLET 20MG NOURIANZ TABLET 40MG	ADD PA AND QL QL: 1 TABLET PER DAY
WAKIX TAB 4.45MG WAKIX TAB 17.8MG	ADD PA AND QL QL: 2 TABS PER DAY
LUPRON DEPOT-PED INJ 11.25 MG	ADD PA AND QL QL: 1 KIT PER 84 DAYS
DELSTRIGO TABLET	REMOVE PA
PROCENTRA 5 MG/5 ML ORAL SOLUTION	ADD QL 1920ML PER 30 DAYS
VYVANSE 10 MG CAPSULE VYVANSE 10 MG CHEWABLE TABLET	ADD QL 1 CAP/TAB PER DAY
DESOXYN 5 MG TABLET	ADD QL 5 TABLETS PER DAY
ADDERALL 5 MG TABLET ADDERALL 7.5 MG TABLET ADDERALL 10 MG TABLET ADDERALL 12.5 MG TABLET ADDERALL 15 MG TABLET	ADD QL 3 TABLETS PER DAY

ADDERALL 20 MG TABLET ADDERALL 30 MG TABLET	
EDARBI 40 MG TABLET EDARBI 80 MG TABLET ATACAND 32 MG TABLET EPROSARTAN 600 MG TABLET OLMESARTAN 20 MG TABLET OLMESARTAN 40 MG TABLET MICARDIS 20 MG TABLET	ADD QL 1 TABLET PER DAY
ATACAND 4 MG TABLET ATACAND 8 MG TABLET ATACAND 16 MG TABLET	ADD QL 2 TABLETS PER DAY
CATAPRES-TTS DIS 0.1/24HR CATAPRES-TTS DIS 0.2/24HR CATAPRES-TTS DIS 0.3/24HR	ADD QL 8 PATCHES PER MONTH
CATAPRES 0.1 MG TABLET CATAPRES 0.2 MG TABLET CATAPRES 0.3 MG TABLET	ADD QL 10 TABLETS PER DAY
GUANFACINE 1 MG TABLET GUANFACINE 2 MG TABLET	ADD QL 2 TABLETS PER DAY
BUSPIRONE 5 MG TABLET BUSPIRONE 7.5 MG TABLET BUSPIRONE 10 MG TABLET BUSPIRONE 15 MG TABLET BUSPIRONE 30 MG TABLET	ADD QL 3 TABLETS PER DAY
HYDROXYZINE HCL 10 MG TABLET HYDROXYZINE HCL 25 MG TABLET HYDROXYZINE PAMOATE 25 MG CAPSULE HYDROXYZINE PAMOATE 50 MG CAPSULE HYDROXYZINE PAMOATE 100 MG CAPSULE MEPROBAMATE 200 MG TABLET MEPROBAMATE 400 MG TABLET	ADD QL 4 CAPSULES/TABLETS PER DAY
HYDROXYZINE HCL 50 MG TABLET	ADD QL 8 TABLETS PER DAY
HYDROXYZINE HCL 10 MG/5 ML ORAL SOLUTION	ADD QL 100ML PER DAY
FASENRA PEN INJ 30MG/ML	30 MG (1 SYRINGE/AUTOINJECTOR) EVERY 8 WEEKS
NUCALA 100 MG VIAL NUCALA 100 MG/ML PREFILLED SYRINGE/AUTOINJECTOR	ADD QL 100 MG (1 VIAL/SYRINGE/AUTOINJECTOR) EVERY 4 WEEKS

DIASTAT PED GEL 2.5M GEL DIASTAT ACDL GEL 5-10MG DIASTAT ACDL GEL 12.5-20MG	ADD QL 2 SYRINGES PER FILL; 5 FILLS PER 30 DAYS
NAYZILAM SPRAY 5MG	ADD QL 50 MG PER 30 DAYS
ONFI SUS 2.5MG/ML	ADD QL 16 ML PER DAY
LAMICTAL XR STARTER	ADD QL 1 TABLET PER DAY
ONFI TAB 10MG ONFI TAB 20MG BRIVIACT 10 MG TABLET BRIVIACT 25 MG TABLET BRIVIACT 50 MG TABLET TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE TEGRETOL XR 200 MG TABLET TEGRETOL XR 400 MG TABLET VIMPAT 150 MG TABLET VIMPAT 200 MG TABLET LAMICTAL 100 MG TABLET LAMICTAL 150 MG TABLET LAMICTAL 150 MG TABLET LAMICTAL ODT 200 MG LAMICTAL XR 200 MG TABLET LAMICTAL XR 250 MG TABLET LAMICTAL XR 300 MG TABLET TRILEPTAL 150 MG TABLET TRILEPTAL 300 MG TABLET TOPAMAX 25 MG TABLET TOPAMAX 50 MG TABLET TOPAMAX 100 MG TABLET TOPAMAX 200 MG TABLET	ADD QL 2 TABLETS PER DAY
SYMPAZAN MIS 10MG SYMPAZAN MIS 20MG	ADD QL 2 FILMS PER DAY
SYMPAZAN MIS 5MG	ADD QL 1 FILM PER DAY
VIMPAT 100 MG TABLET LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET LAMICTAL XR 100 MG TABLET	ADD QL 120 TABLETS PER 30 DAYS
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION VIMPAT 10 MG/ML ORAL SOLUTION	ADD QL 1200ML PER 30 DAYS

VIMPAT 50 MG TABLET BANZEL 400 MG TABLET TOPAMAX 15 MG SPRINKLE CAPSULE TOPAMAX 25 MG SPRINKLE CAPSULE	ADD QL 240 TAB/CAP PER 30 DAYS
BANZEL 40 MG/ML ORAL SUSPENSION	ADD QL 2400ML PER 30 DAYS
LAMICTAL 25 MG CHEWABLE TABLET LAMICTAL ODT 25 MG LAMICTAL XR 25 MG TABLET LAMICTAL XR 50 MG TABLET	ADD QL 3 TABLETS PER DAY
TRILEPTAL 600 MG TABLET OXTELLAR XR 600 MG TABLET	ADD QL 4 TABLETS PER DAY
TEGRETOL 100 MG/5 ML ORAL SUSPENSION TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION	ADD QL 40ML PER DAY
BANZEL 200 MG TABLET	ADD QL 480 TABLETS PER 30 DAYS
SABRIL 500 MG TABLET	ADD QL 6 TABLETS PER DAY
SABRIL 500 MG ORAL POWDER PACKET	ADD QL 6 PACKETS PER DAY
TEGRETOL 200 MG TABLET CARBAMAZEPINE 100 MG CHEWABLE TABLET	ADD QL 8 TABLETS PER DAY
OXTELLAR XR 150 MG TABLET OXTELLAR XR 300 MG TABLET	ADD QL 90 TABLETS PER 30 DAYS
GALANTAMINE 4 MG/ML ORAL SOLUTION	ADD QL 6ML PER DAY
RAZADYNE ER 8 MG CAPSULE RAZADYNE ER 16 MG CAPSULE RAZADYNE ER 24 MG CAPSULE	ADD QL 1 TABLET PER DAY
EXELON PATCH 9.5 MG/24 HOUR TRANSDERMAL EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL	ADD QL 1 PATCH PER DAY
RIVASTIGMINE 1.5 MG CAPSULE RIVASTIGMINE 3 MG CAPSULE RIVASTIGMINE 4.5 MG CAPSULE RIVASTIGMINE 6 MG CAPSULE	ADD QL 2 CAPSULES PER DAY
MEMANTINE 2 MG/ML ORAL SOLUTION	ADD QL 10ML PER DAY
MIRTAZAPINE 7.5 MG TABLET MIRTAZAPINE 45 MG TABLET REMERON 15 MG TABLET	ADD QL 1 TABLET PER DAY

REMERON 30 MG TABLET REMERON SOLTAB 15 MG DISINTEGRATING TABLET REMERON SOLTAB 30 MG DISINTEGRATING TABLET REMERON SOLTAB 45 MG DISINTEGRATING TABLET	
FORFIVO XL 450 MG TABLET APLENZIN 174 MG TABLET APLENZIN 348 MG TABLET APLENZIN 522 MG TABLET CELEXA 40 MG TABLET FLUOXETINE 60 MG TABLET FLUVOXAMINE 25 MG TABLET FLUVOXAMINE 50 MG TABLET PAXIL CR 12.5 MG TABLET PEXEVA 20 MG TABLET PEXEVA 40 MG TABLET DESVENLAFAXINE FUMARATE ER 50 MG TABLET TOFRANIL 25 MG TABLET IMIPRAMINE PAMOATE 75 MG CAPSULE SURMONTIL 25 MG CAPSULE SURMONTIL 50 MG CAPSULE	ADD QL 1 TAB/CAP PER DAY
CELEXA 10 MG TABLET PEXEVA 10 MG TABLET	ADD QL 1.5 TABLETS PER DAY
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH	ADD QL 1 PATCH PER DAY
WELLBUTRIN SR 100 MG TABLET WELLBUTRIN SR 150 MG TABLET WELLBUTRIN SR 200 MG TABLET FLUVOXAMINE ER 100 MG CAPSULE FLUVOXAMINE ER 150 MG CAPSULE PAXIL CR 37.5 MG TABLET PEXEVA 30 MG TABLET NEFAZODONE 50 MG TABLET NEFAZODONE 100 MG TABLET NEFAZODONE 150 MG TABLET NEFAZODONE 200 MG TABLET NEFAZODONE 250 MG TABLET TRAZODONE 50 MG TABLET TRAZODONE 300 MG TABLET	ADD QL 2 TAB/CAPS PER DAY

<p>ANAFRANIL 25 MG CAPSULE NORPRAMIN 25 MG TABLET DESIPRAMINE 50 MG TABLET DESIPRAMINE 75 MG TABLET DESIPRAMINE 150 MG TABLET DOXEPIN 25 MG CAPSULE DOXEPIN 50 MG CAPSULE DOXEPIN 75 MG CAPSULE DOXEPIN 100 MG CAPSULE DOXEPIN 150 MG CAPSULE TOFRANIL 10 MG TABLET IMIPRAMINE PAMOATE 100 MG CAPSULE IMIPRAMINE PAMOATE 125 MG CAPSULE IMIPRAMINE PAMOATE 150 MG CAPSULE PAMELOR 75 MG CAPSULE</p>	
<p>MAPROTILINE 25 MG TABLET MAPROTILINE 50 MG TABLET MAPROTILINE 75 MG TABLET FLUVOXAMINE 100 MG TABLET TRAZODONE 100 MG TABLET TRAZODONE 150 MG TABLET AMITRIPTYLINE 10 MG TABLET AMITRIPTYLINE 25 MG TABLET AMITRIPTYLINE 50 MG TABLET AMITRIPTYLINE 75 MG TABLET AMITRIPTYLINE 100 MG TABLET AMITRIPTYLINE 150 MG TABLET ANAFRANIL 75 MG CAPSULE DESIPRAMINE 100 MG TABLET PAMELOR 50 MG CAPSULE SURMONTIL 100 MG CAPSULE</p>	<p>ADD QL 3 TAB/CAP PER DAY</p>
<p>BUPROPION HCL 75 MG TABLET BUPROPION HCL 100 MG TABLET NORPRAMIN 10 MG TABLET DOXEPIN 10 MG CAPSULE PAMELOR 10 MG CAPSULE PAMELOR 25 MG CAPSULE PROTRIPTYLINE 5 MG TABLET PROTRIPTYLINE 10 MG TABLET</p>	<p>ADD QL 4 TAB/CAP PER DAY</p>
<p>ANAFRANIL 50 MG CAPSULE</p>	<p>ADD QL 5 TABLETS PER DAY</p>
<p>NARDIL 15 MG TABLET PARNATE 10 MG TABLET TOFRANIL 50 MG TABLET</p>	<p>ADD QL 6 TABLETS PER DAY</p>
<p>FLUOXETINE 90 MG CAPSULE, DELAYED RELEASE</p>	<p>ADD QL 4 CAPSULES PER 28 DAYS</p>

FLUOXETINE 20 MG/5 ML (4 MG/ML) ORAL SOLUTION NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION	ADD QL 20ML PER DAY
DOXEPIN 10 MG/ML ORAL CONCENTRATE	ADD QL 30ML PER DAY
ESCITALOPRAM 5 MG/5 ML ORAL SOLUTION	ADD QL 600ML PER 30 DAYS
PAXIL 10 MG/5 ML ORAL SUSPENSION	ADD QL 1250ML PER 30 DAYS
DUETACT 30 MG-2 MG TABLET DUETACT 30 MG-4 MG TABLET ACTOPLUS MET XR 15 MG- 1,000 MG TABLET ACTOPLUS MET XR 30 MG- 1,000 MG TABLET	ADD QL 1 TABLET PER DAY
ACTOPLUS MET 15 MG-850 MG TABLET	ADD QL 2 TABLETS PER DAY
ACTOPLUS MET 15 MG-500 MG TABLET	ADD QL 3 TABLETS PER DAY
ZYRTEC 10 MG TABLET	ADD QL 1 TABLET PER DAY
LEVOCETIRIZINE 2.5 MG/5 ML ORAL SOLUTION	ADD QL 10ML PER DAY
VYTORIN 10 MG-10 MG TABLET EZETIMIBE 10 MG- SIMVASTATIN 20 MG TABLET EZETIMIBE 10 MG- SIMVASTATIN 40 MG TABLET EZETIMIBE 10 MG- SIMVASTATIN 80 MG TABLET	ADD QL 1 TABLET PER DAY

<p>AZOR 5 MG-20 MG TABLET AZOR 5 MG-40 MG TABLET AZOR 10 MG-20 MG TABLET AZOR 10 MG-40 MG TABLET EXFORGE 5 MG-160 MG TABLET EXFORGE 5 MG-320 MG TABLET EXFORGE 10 MG-160 MG TABLET EXFORGE 10 MG-320 MG TABLET TWINSTA 40 MG-5 MG TABLET TWINSTA 40 MG-10 MG TABLET TWINSTA 80 MG-5 MG TABLET TWINSTA 80 MG-10 MG TABLET EDARBYCLOR 40 MG-12.5 MG TABLET EDARBYCLOR 40 MG-25 MG TABLET CANDESARTAN 32 MG- HYDROCHLOROTHIAZIDE 12.5 MG TABLET CANDESARTAN 32 MG- HYDROCHLOROTHIAZIDE 25 MG TABLET MICARDIS HCT 40 MG-12.5 MG TABLET MICARDIS HCT 80 MG-25 MG TABLET EXFORGE HCT 5 MG-160 MG- 12.5 MG TABLET EXFORGE HCT 5 MG-160 MG- 25 MG TABLET EXFORGE HCT 10 MG-160 MG- 12.5 MG TABLET EXFORGE HCT 10 MG-160 MG- 25 MG TABLET EXFORGE HCT 10 MG-320 MG- 25 MG TABLET</p>	<p>ADD QL 1 TABLET PER DAY ADD QL 1 TABLET PER DAY</p>
<p>ATACAND HCT 16 MG-12.5 MG TABLET MICARDIS HCT 80 MG-12.5 MG TABLET</p>	<p>ADD QL 2 TABLETS PER DAY</p>
<p>LITHIUM CARBONATE 150 MG CAPSULE LITHIUM CARBONATE 300 MG CAPSULE LITHIUM CARBONATE 600 MG CAPSULE LITHIUM CARBONATE 300 MG TABLET LITHIUM CARBONATE ER 300 MG TABLET LITHIUM CARBONATE ER 450 MG TABLET</p>	<p>ADD QL 3 TAB/ CAP PER DAY</p>
<p>VITRAKVI SOL 20MG/ML</p>	<p>ADD QL 10 ML PER DAY</p>
<p>NEUPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH NEUPRO 3 MG/24 HOUR TRANSDERMAL 24</p>	<p>ADD QL 1 PATCH PER DAY</p>

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

LOXAPINE SUCCINATE 5 MG CAPSULE LOXAPINE SUCCINATE 10 MG CAPSULE LOXAPINE SUCCINATE 25 MG CAPSULE CHLORPROMAZINE 10 MG TABLET CHLORPROMAZINE 25MG TABLET CHLORPROMAZINE 50MG TABLET FLUPHENAZINE 1 MG TABLET FLUPHENAZINE 2.5 MG TABLET PERPHENAZINE 2 MG TABLET THIORIDAZINE 10 MG TABLET THIORIDAZINE 25 MG TABLET	ADD QL 4 TABLETS PER DAY
ORAP 2 MG TABLET	ADD QL 5 TABLETS PER DAY
FAZACLO 150 MG TABLET	ADD QL 6 TABLETS PER DAY
FAZACLO 100 MG TABLET	ADD QL 9 TABLETS PER DAY
ORAP 1 MG TABLET	ADD QL 10 TABLETS PER DAY
LOXAPINE SUCCINATE 50 MG CAPSULE	ADD QL 4 CAPSULES PER DAY
PERPHENAZINE 8 MG TABLET	90 TABLETS PER 30 DAYS
CHLORPROMAZINE 100 MG TABLET CHLORPROMAZINE 200 MG TABLET FLUPHENAZINE 5 MG TABLET FLUPHENAZINE 10 MG TABLET PERPHENAZINE 4 MG TABLET THIORIDAZINE 50 MG TABLET THIORIDAZINE 100 MG TABLET TRIFLUOPERAZINE 5 MG TABLET TRIFLUOPERAZINE 10 MG TABLET	120 TABLETS PER 30 DAYS
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION	ADD QL 1 INJ PER 30 DAYS
APTENSIO XR 40 MG CAPSULE APTENSIO XR 60 MG CAPSULE	ADD QL 1 CAPSULE PER DAY
FOCALIN 2.5 MG TABLET	ADD QL 2 TABLET PER DAY
RITALIN 5 MG TABLET RITALIN 10 MG TABLET RITALIN 20 MG TABLET METHYLPHENIDATE ER 10 MG TABLET METHYLPHENIDATE 2.5 MG CHEWABLE TABLET METHYLPHENIDATE 5 MG CHEWABLE TABLET	ADD QL 3 TABLET PER DAY

METHYLPHENIDATE 10 MG CHEWABLE TABLET	ADD QL 180 TABLETS PER 30 DAYS
DAYTRANA 15 MG/9 HR DAILY PATCH DAYTRANA 20 MG/9 HR DAILY PATCH DAYTRANA 30 MG/9 HR DAILY PATCH	30 PATCHES PER 30 DAYS
QUILLIVANT XR 5 MG/ML ORAL SUSPENSION	12ML PER DAY
METHYLIN 10 MG/5 ML ORAL SOLUTION	900ML PER 30 DAYS
METHYLIN 5 MG/5 ML ORAL SOLUTION	1800ML PER 30 DAYS
PHENOBARBITAL 16.2 MG TABLET	ADD QL 741 TABLETS PER 30 DAYS
PHENOBARBITAL 30 MG TABLET	ADD QL 400 TABLETS PER 30 DAYS
PHENOBARBITAL 64.8 MG TABLET	ADD QL 185 TABLETS PER 30 DAYS
PHENOBARBITAL 97.2 MG TABLET	ADD QL 123 TABLETS PER 30 DAYS
PHENOBARBITAL 20 MG/5 ML (4 MG/ML) ORAL ELIXIR	ADD QL 3000ML PER 30 DAYS
XANAX XR TAB 0.5MG XANAX XR TAB 1MG XANAX XR TAB 2MG XANAX XR TAB 3MG	ADD QL 1 TABLET PER DAY
ATIVAN TAB 0.5MG ATIVAN TAB 1MG ATIVAN TAB 2MG ALPRAZOLAM TAB 0.25 ODT ALPRAZOLAM TAB 0.5MG ODT ALPRAZOLAM TAB 1MG ODT ALPRAZOLAM TAB 2MG ODT XANAX TAB 0.25MG XANAX TAB 0.5MG XANAX TAB 1MG XANAX TAB 2MG KLONOPIN TAB 0.5MG KLONOPIN TAB 1MG KLONOPIN TAB 2MG CLONAZEPAM ODT TAB 0.125MG CLONAZEPAM ODT TAB 0.25MG CLONAZEPAM ODT TAB 0.5MG CLONAZEPAM ODT TAB 1MG CLONAZEPAM ODT TAB 2MG	ADD QL 3 TABLETS PER DAY
LORAZEPAM ORAL CONCENTRATE 2MG/ML	ADD QL 3 ML PER DAY

CHLORDIAZEPOXIDE CAP 5MG CHLORDIAZEPOXIDE CAP 10MG CHLORDIAZEPOXIDE CAP 25MG CLORAZEPATE DIPOTASSIUM TAB 15MG CLORAZEPATE DIPOTASSIUM TAB 3.75MG CLORAZEPATE DIPOTASSIUM TAB 7.5MG CLORAZEPATE DIPOTASSIUM TAB 15MG VALIUM TAB 2MG VALIUM TAB 5MG VALIUM TAB 10MG OXAZEPAM CAP 10MG OXAZEPAM CAP 15MG OXAZEPAM CAP 30MG	ADD QL 4 TABS/CAPS PER DAY
ALPRAZOLAM ORAL CONCENTRATE 1 MG/ML	ADD QL 4 ML PER DAY
DIAZEPAM ORAL CONCENTRATE 5MG/ML	ADD QL 8 ML PER DAY
BONIVA 150 MG TABLET ACTONEL 150 MG TABLET	ADD QL 1 TABLET PER 30 DAYS
CALCITONIN (SALMON) 200 UNIT/ACTUATION NASAL SPRAY	ADD QL 1 BOTTLE PER 30 DAYS
ETIDRONATE DISODIUM 200 MG TABLET ETIDRONATE DISODIUM 400 MG TABLET	ADD QL 3 TABLETS PER DAY
BONIVA 3 MG/3 ML INTRAVENOUS SYRINGE	ADD QL 3 SYRINGES PER 30 DAYS
BINOSTO 70 MG TABLET ATELVIA 35 MG TABLET	ADD QL 4 TABLETS PER 30 DAYS
FIRAZYR INJ 30MG/3ML	ADD QL 24 SYRINGES PER 30 DAYS
TUDORZA PRESSAIR 400 MCG/ ACTUATION INHALER	ADD QL 1 INHALER PER 30 DAYS
NYMALIZE 60 MG/20 ML ORAL SOLUTION NYMALIZE 30 MG/10 ML ORAL SOLUTION	ADD QL 12ML PER DAY
AMLODIPINE 2.5 MG-ATORVASTATIN 10 MG TABLET AMLODIPINE 2.5 MG-ATORVASTATIN 20 MG TABLET AMLODIPINE 2.5 MG-ATORVASTATIN 40 MG TABLET CADUET 5 MG-10 MG TABLET CADUET 5 MG-20 MG TABLET CADUET 5 MG-40 MG TABLET	ADD QL 1 TABLET PER DAY

CADUET 5 MG-80 MG TABLET CADUET 10 MG-10 MG TABLET CADUET 10 MG-20 MG TABLET CADUET 10 MG-40 MG TABLET CADUET 10 MG-80 MG TABLET	
BACLOFEN TAB 5MG BACLOFEN TAB 10MG	ADD QL 3 TABLET PER DAY
BACLOFEN TAB 20MG METAXALONE 400 MG TABLET	ADD QL 4 TABLET PER DAY
OZOBAX SOLUTION 5MG/5ML	ADD QL 80 ML PER DAY
SLYND TAB 4MG	ADD QL 1 TABLET PER DAY
BERINERT INJ 500UNIT	ADD QL 24 VIALS PER 30 DAYS
RUCONEST INJ 2100UNIT	ADD QL 16 VIALS PER 30 DAYS
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION	ADD QL 20 ML PER 30 DAYS
CLARINEX-D 12 HOUR 2.5 MG- 120 MG TABLET	ADD QL 2 TABLETS PER DAY
BAQSIMI ONE POW 3MG/DOSE BAQSIMI TWO POW 3MG/DOSE GVOKE PFS INJ	ONE PACK: 2 PACKS PER 30 DAYS TWO PACK: 1 PACK PER 30 DAYS
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY	ADD QL 2 PUMPS PER 30 DAYS
FENOFIBRATE MICRONIZED 134 MG CAPSULE	ADD QL 1 TABLET PER DAY
CIPRO XR 1,000 MG TABLET	ADD QL 14 TABLETS PER 30 DAYS
HARVONI 45-200MG TABLET HARVONI 45 MG/200 MG PELLETS HARVONI 33.75 MG/150 MG PELLETS	ADD QL 45 MG/200 MG TABLETS; 1 PER DAY 45 MG/200 MG PELLETS: 2 PACKETS PER DAY 33.75 MG/150 MG PELLETS: 1 PACKET PER DAY
SOVALDI 200MG TABLET SOVALDI 200 MG PELLETS SOVALDI 150 MG PELLETS	200 MG TABLETS: 1 PER DAY 200 MG PELLETS: 2 PACKETS PER DAY 150 MG PELLETS: 1 PACKET PER DAY
LESCOL XL 80 MG TABLET ALTOPREV 20 MG TABLET ALTOPREV 40 MG TABLET ALTOPREV 60 MG TABLET LIVALO 1 MG TABLET LIVALO 2 MG TABLET LIVALO 4 MG TABLET	ADD QL 1 TABLET PER DAY

EVISTA 60 MG TABLET	ADD QL 1 TABLET PER DAY
INSULIN LISPRO	ADD QL 30 ML PER 30 DAYS
GLATOPA INJ 40MG/ML	ADD QL 40 MG/ML: 12 SYRINGES PER 28 DAYS
PATANASE 0.6 % NASAL SPRAY	ADD QL 1 BOTTLE PER 30 DAYS
IPRATROPIUM BROMIDE 0.03 % NASAL SPRAY IPRATROPIUM BROMIDE 42 MCG (0.06 %) NASAL SPRAY	ADD QL 2 BOTTLES PER 30 DAYS
INTERMEZZO 1.75 MG SUBLINGUAL TABLET INTERMEZZO 3.5 MG SUBLINGUAL TABLET EDLUAR 5 MG SUBLINGUAL TABLET EDLUAR 10 MG SUBLINGUAL TABLET	ADD QL 1 TABLET PER DAY
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY	ADD QL 1 BOTTLE PER 30 DAYS
DORAL TAB 15MG ESTAZOLAM TAB 1MG ESTAZOLAM TAB 2MG FLURAZEPAM CAP 15MG FLURAZEPAM CAP 30MG TRIAZOLAM TAB 0.125MG TRIAZOLAM TAB 0.25MG RESTORIL CAP 7.5MG RESTORIL CAP 15MG RESTORIL CAP 22.5MG RESTORIL CAP 30MG	ADD QL 1 TAB/CAP PER DAY
MIDAZOLAM SYP 2MG/ML	ADD QL 10 ML PER FILL
MOBIC 7.5 MG TABLET MOBIC 15 MG TABLET	ADD QL 1 TABLET PER DAY
VIMOVO 375 MG-20 MG TABLET VIMOVO 500 MG-20 MG TABLET	ADD QL 2 TABLETS PER DAY
ZORVOLEX 18 MG CAPSULE ZORVOLEX 35 MG CAPSULE DAYPRO 600 MG TABLET	ADD QL 3 TAB/CAP PER DAY
NALFON 400 MG CAPSULE	ADD QL 4 CAPSULES PER DAY
KETOROLAC 60 MG/2 ML INTRAMUSCULAR SOLUTION	ADD QL 2ML PER 30 DAYS
SPRIX 15.75 MG/SPRAY NASAL SPRAY	ADD QL 5ML PER 30 DAYS

MELOXICAM 7.5 MG/5 ML ORAL SUSPENSION	ADD QL 10ML PER DAY
DUREZOL 0.05 % EYE DROPS	ADD QL 10ML PER 30 DAYS
INFUMORPH INJ 10MG/ML INFUMORPH INJ 25MG/ML	ADD QL 2 VIALS PER MONTH
FOSRENOL 500 MG CHEWABLE TABLET FOSRENOL 750 MG CHEWABLE TABLET FOSRENOL 1,000 MG CHEWABLE TABLET VELPHORO 500 MG CHEWABLE TABLET	ADD QL 3 TABLETS PER DAY
FOSRENOL 750 MG ORAL POWDER PACKET FOSRENOL 1,000 MG ORAL POWDER PACKET	ADD QL 3 PCAKETS PER DAY
CALCIUM ACETATE 667 MG CAPSULE CALCIUM ACETATE 667 MG TABLET	ADD QL 3 TABS/CAPS PER DAY
RENVELA 0.8 GRAM ORAL POWDER PACKET RENVELA 2.4 GRAM ORAL POWDER PACKET	ADD QL 90 PACKETS PER 30 DAYS
KALBITOR INJ 10MG/ML	ADD QL 48 VIALS PER 30 DAYS
EFFIENT 5 MG TABLET EFFIENT 10 MG TABLET	ADD QL 1 TABLET PER DAY
BRILINTA TAB 60MG BRILINTA TAB 90MG	ADD QL 2 TABLET PER DAY
ERGOLOID 1 MG TABLET	ADD QL 3 TABLETS PER DAY
SIGNIFOR LAR INJ 10MG SIGNIFOR LAR INJ 30MG	ADD QL 10, 30 MG: 1 KIT PER 28 DAYS
PRIMATENE MIST 0.125 MG/ACTUATION HFA AEROSOL INHALER	ADD QL 3 INHALERS PER 30 DAYS
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION DULERA 50 MCG/5 MCG INHALER AIRDUO DIGIHALER 60 ACTUATION/INHAL	ADD QL 1 INHALER PER 30 DAYS
PLIAGLIS CREAM 7-7%	QL QL: 30 GRAMS PER 30 DAYS
SYNERA DIS 70-70MG	ADD QL QL: 2 PATCHES PER 30 DAYS
THIOLA EC TAB 100MG	ADD QL

THIOLA EC TAB 300MG	100 MG: 10 PER DAY 300 MG: 3 PER DAY
REVISED QTY LIMITS	
METHYLPHENIDATE CAP 10MG	REVISED QL 1 CAPSULE PER DAY
VALSARTAN 160 MG TABLET	REVISED QL 2 TABLETS PER DAY
VALSARTAN 320 MG TABLET	REVISED QL 1 TABLET PER DAY
GUANFACINE TAB 2MG	REVISED QL DECREASE TO 1 PER DAY
MUPIROCIN CRE 2%	REVISED QL 30 GM PER 30 DAYS
CENTANY OIN 2%	REVISED QL 30 GM PER FILL; 1 FILL PER 30 DAYS
OXTELLAR XR TAB 150MG	REVISED QL 3 TABS PER DAY
OXTELLAR XR TAB 600MG	REVISED QL 4 TABS PER DAY
LEVETIRACETAM TAB 500MG ER	REVISED QL 6 TABLETS PER DAY
SURMONTIL CAP 25MG SURMONTIL CAP 50MG SURMONTIL CAP 100MG	REVISED QL 3 CAPSULES PER DAY
ARAKODA TAB 100MG	REVISED QL 64 TABLETS PER YEAR
IMBRUVICA CAP 140MG	REVISED QL 3 CAPSULES PER DAY
ARISTADA INITIO INJ	REVISED QL 1 PRE-FILLED SYRINGE PER FILL; 1 FILL PER 42 DAYS
LOPERAMIDE SUS 1MG/7.5	REVISED QL 120ML PER DAY
SELENIUM SUL LOT 2.5%	REVISED QL 120 ML PER 30 DAYS
PHENOBARB TAB 32.4MG	REVISED QL 370 TABLETS PER 30 DAYS
KAPSPARGO CAP 200MG	REVISED QL 2 CAPSULES PER DAY
FORTAMET TAB 500MG	REVISED QL 4 TABLETS PER DAY
MASK FOR NEBULIZER	1 PER 180 DAYS
AEROCHAMBERS	2 PER 365 DAYS

CANE	1 PER 365 DAYS
CANE TIPS	5 PER 365 DAYS
BLOOD PRESSURE MONITOR AND CUFF	1 PER 365 DAYS
DISPOSABLE INCONTINENCE BRIEFS AND LINERS	300 PER 30 DAYS
REUSABLE INCONTINENCE BRIEFS AND LINERS	5 PER 180 DAYS
SURGICAL STOCKINGS	2 PER 180 DAYS
THERMOMETERS	1 PER 365 DAYS
DOPTELET TAB 20MG	REVISED QL 60 TABLETS PER 30 DAYS
LOVASTATIN 10 MG TABLET LOVASTATIN 20 MG TABLET	ADD QL 2 TABLETS PER DAY
TOUJEO SOLO INJ 300IU/ML	REVISED QL 13.5 ML PER 30 DAYS
ZTLIDO PAD 1.8%	REVISED QL 3 PATCHES PER DAY
LIDO/PRILOCN CRE 2.5-2.5%	REVISED QL 30 GM PER 30 DAYS
EMGALITY INJ 100MG/ML	REVISED QL 3 SYRINGES PER 30 DAYS
CAMBIA POW 50MG	REVISED QL 9 PACKETS PER 30 DAYS
ZINC OXIDE OIN 20% ZINC OXIDE OIN 40% TRIPLE PASTE OIN 12.8%	REVISED QL 480GM PER 30 DAYS
FLONASE SENS SUS 27.5MCG	REVISED QL 2 INHALERS PER 30 DAYS
IBUPROFEN TAB 200MG	REVISED QL 100 TABLETS PER 25 DAYS
IBUPROFEN DRO 50/1.25	REVISED QL 120ML PER 30 DAYS
THERANATAL MIS COMPLETE	REVISED QL 3 (2 TABLETS/1 SOFTGEL) PER DAY
DULOXETINE CAP 30MG	REVISED QL 1 CAPSULE PER DAY
QVAR AER 40MCG	REVISED QL 1 INHALER PER 30 DAYS
QVAR AER 80MCG	REVISED QL 2 INHALERS PER 30 DAYS

VENTOLIN HFA AER	REVISED QL 2 INHALERS PER 30 DAYS
LEVALBUTEROL AER 45/ACT	REVISED QL 2 INHALERS PER 30 DAYS
COMBIVENT AER 20-100	REVISED QL 2 INHALERS PER 30 DAYS
UREA 45% CREAM	REVISED QL 255 GM PER 30 DAYS
REMOVED QTY LIMITS	
ACETAMINOPHEN CHW 80MG ACETAMINOPHEN CHW 160MG	REMOVE QL
FOAM ANTACID CHW 80-20MG	REMOVE QL
MEMANTINE HC CAP 7MG ER MEMANTINE HC CAP 14MG ER MEMANTINE HC CAP 21MG ER MEMANTINE HC CAP 28MG ER	REMOVE QL
SYMLIN PEN 60 INJ 1000MCG	REMOVE QL
LACTOBACILLUS TAB	REMOVE QL
DIPHENHYDRAMINE TAB 25MG	REMOVE QL
CETIRIZINE CHW 5MG CETIRIZINE CHW 10MG	REMOVE QL
CORZIDE TAB 40-5MG CORZIDE TAB 80-5MG	REMOVE QL
ALFERON N INJ 5MU/ML	REMOVE QL
STALEVO 50 TAB STALEVO 75 TAB STALEVO 100 TAB STALEVO 125 TAB STALEVO 150 TAB STALEVO 200 TAB	REMOVE QL
TUSSIN COUGH LIQ 15MG/5ML TUSSIN MAX SYP 15MG/5ML	REMOVE QL
SOTALOL HCL TAB 80MG SOTALOL HCL TAB 120MG SOTALOL HCL TAB 160MG SOTALOL HCL TAB 240MG	REMOVE QL
SOTALOL AF TAB 80MG SOTALOL AF TAB 120MG SOTALOL AF TAB 160MG	REMOVE QL
CARTEOLOL SOL 1% OP	REMOVE QL

METIPRANOLOL SOL 0.3% OPH	REMOVE QL
TIMOLOL MAL SOL 0.5% OP	REMOVE QL
ISTALOL SOL 0.5% OP	REMOVE QL
FOSAMAX + D TAB 70-5600	REMOVE QL
HYDROXYPROG POW CAPROATE	REMOVE QL
FIBER THERAP TAB 625MG	REMOVE QL
SYNALAR KIT 0.025%	REMOVE QL
MUCUS RELIEF TAB 60-600MG	REMOVE QL
ZYNCOF SYP 20-400/5	REMOVE QL
INSULIN SYR MIS BARR 1ML	REMOVE QL
ACCU-CHEK KIT MLTICLIX	REMOVE QL
COSYNTROPIN INJ 0.25MG	REMOVE QL
GLUCAGEN INJ 1MG	REMOVE QL
KETO-DIASTIX TES	REMOVE QL
A+D PREVENT OIN	REMOVE QL
DAIRY RELIEF TAB 4500UNIT	REMOVE QL
ZENPEP CAP 5000UNIT	REMOVE QL
UREA NAIL GEL 45%	REMOVE QL
MOISTURIZING CRE THERAPY	REMOVE QL
NOBLE MYSTIQ CRE EMU-LAC	REMOVE QL
LAC-HYDRIN LOT FIVE	REMOVE QL
LACTIC ACID LOT 10%	REMOVE QL
VITAMIN A&D OIN	REMOVE QL
MUCUS RELIEF TAB 600MG ER	REMOVE QL
VANCOMYCIN 500 MG IV SOLUTION VANCOMYCIN 1,000 MG IV INJECTION	REMOVE QL
ZURAMPIC TAB 200MG	REMOVE QL
CIMETIDINE TAB 800MG	REMOVE QL

ADEFOVIR DIPIV TAB 10MG	REMOVE QL
BARACLUDE SOL	REMOVE QL
RIBAVIRIN CAP 200MG	REMOVE QL
REBETOL SOL 40MG/ML	REMOVE QL
RIBAPAK TAB 600/DAY	REMOVE QL
KETOCONAZOLE TAB 200MG	REMOVE QL
FLUCONAZOLE TAB 50MG FLUCONAZOLE TAB 100MG FLUCONAZOLE TAB 150MG	REMOVE QL
FLUCONAZOLE SUS 10MG/ML	REMOVE QL
ONMEL TAB 200MG	REMOVE QL
VFEND TAB 200MG	REMOVE QL
POVIDONE-IOD SOL 10%	REMOVE QL
CLEOCIN PHOS INJ	REMOVE QL
NEUROPEN KIT	REMOVE QL
RHINARIS SPR 0.2%	REMOVE QL
BABY AYR SPR 0.65%	REMOVE QL
AYR NASAL DRO 0.65%	REMOVE QL
NASADROPS DRO 0.9%	REMOVE QL
NIACIN ER TAB 1000MG	REMOVE QL
FENOPROFEN TAB 600MG	REMOVE QL
IBUPROFEN SUS 100/5ML	REMOVE QL
MECLOFEN SOD CAP 50MG MECLOFEN SOD CAP 100MG	REMOVE QL
NAPRELAN TAB 750MG CR	REMOVE QL
MORPHINE SUL INJ 150/30ML	REMOVE QL
CARDURA XL TAB 4MG	REMOVE QL
ASPIRIN LOW TAB 81MG EC	REMOVE QL
ASPIRIN TAB 325MG ASPIRIN TAB 325MG EC	REMOVE QL

EPSOM SALT GRANULES	REMOVE QL
NICOTINE TD DIS 7MG/24HR	REMOVE QL
NICOTINE POL LOZ 2MG MINT NICOTINE POL LOZ 4MG MINT	REMOVE QL
NATURE-THROID TABLETS	REMOVE QL
ARMOUR THYROID TABLETS	REMOVE QL
URINARY PAIN TAB 95MG	REMOVE QL
OXYBUTYNIN SYP 5MG/5ML	REMOVE QL
OXYBUTYNIN TAB 10MG ER OXYBUTYNIN TAB 15MG ER	REMOVE QL
BETHANECHOL TAB 5MG BETHANECHOL TAB 10MG BETHANECHOL TAB 25MG BETHANECHOL TAB 50MG	REMOVE QL
FLAVOXATE TAB 100MG	REMOVE QL
CLOTRIMAZOLE CRE 1% VAG	REMOVE QL
MICONAZOLE 3 KIT COMBO PK	REMOVE QL
MONISTAT 7 KIT COMBO PK	REMOVE QL
TERCONAZOLE CRE 0.4%	REMOVE QL
HYALGAN INJ 20MG/2ML	REMOVE QL
VISCO-3 INJ 25/2.5ML	REMOVE QL
GEL-ONE INJ 30MG/3ML	REMOVE QL
SYNVISC INJ 8MG/ML SYNVISC ONE INJ 8MG/ML	REMOVE QL
HYMOVIS INJ 24MG/3ML	REMOVE QL
ORTHOVISC INJ 15MG/ML	REMOVE QL
MONOVISC INJ 88MG/4ML	REMOVE QL
GELSYN-3 INJ 16.8/2ML	REMOVE QL
EUFLEXXA INJ 10MG/ML	REMOVE QL
HYALGAN INJ 20MG/2ML	REMOVE QL
GENVISC 850 INJ 25/2.5	REMOVE QL
SUPARTZ FX INJ 25/2.5ML	REMOVE QL
VASELINE PETROLATUM GAUZE PADS	REMOVE QL

What does this mean for you?

Some medications you take may no longer be preferred. You'll need approval from us to continue to get these medications.

What should I do if I use a nonpreferred drug?

Talk with your doctor to see if you can change to the new preferred drug. If your doctor says you can take the new preferred drug, ask them to write a new prescription for you. You and your doctor have the final say in your care.

Things to remember:

This doesn't change which pharmacy you go to or where you get your care.

If your doctor writes a prescription for or says you need to keep using a nonpreferred drug, he or she will need to get approval from BlueCross BlueShield Medicaid first by calling 1-866-231-0847.

Your health is important to us — that's why we have our experienced team of doctors and pharmacists regularly review this list to keep you safe and healthy.

Questions? Call Member Services at 1-866-231-0847 (TTY 711), Monday through Friday from 8:30 a.m. to 6 p.m. Eastern time.

www.bcbswny.com/stateplans

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