Express Scripts Medicare (PDP)
2020 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS COVERED BY THIS PLAN

Formulary ID Number: 20066, v6

This formulary was updated on 08/22/2019. For more recent information or to price a medication, you can visit us on the Web at express-scripts.com. Or you can contact Express Scripts Medicare® (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

Note to current members: This formulary has changed since last year. Please review this document to understand your plan’s drug coverage.

When this drug list (formulary) refers to “we,” “us” or “our,” it means Medco Containment Life Insurance Company or Medco Containment Insurance Company of New York (for employer plans domiciled in New York). When it refers to “plan” or “our plan,” it means Express Scripts Medicare.

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 22, 2019. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2021. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.268.5707 (TTY: 1.800.716.3231).

This document is available in braille. Please contact Customer Service if you need plan information in another format.
What is the Express Scripts Medicare formulary?
The list of drugs covered by the plan is also known as the “formulary.” It contains a list of covered Medicare Part D drugs selected by Express Scripts Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The formulary also includes information on requirements or limits for some covered drugs that are part of Express Scripts Medicare’s standard formulary rules. Your specific plan may provide coverage of additional drugs that are not listed in this formulary, and your plan may have different plan rules and coverage. For more information on your plan’s specific drug coverage, please review your other plan materials, visit us on the Web at express-scripts.com or contact Customer Service.

Express Scripts Medicare will cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Express Scripts Medicare network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your other plan materials.

Can my drug coverage change?
Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the cases below, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our formulary if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, if applicable, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.
- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

To get current information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back covers.

**How do I use the formulary?**
There are two ways to find your drug within the formulary:

**Medical Condition**
The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular, Hypertension/Lipids.”

**Alphabetical Listing**
If you are not sure what category to look under, you should look for your drug in the Index that begins on page 61. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the “Drug Name” column of the list.

**What are generic drugs?**
Both brand-name drugs and generic drugs are covered under this plan. A generic drug is approved by the FDA as having the same active ingredient(s) as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

**Are there any restrictions on my coverage?**
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** You or your doctor is required to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don’t get approval, the drugs may not be covered. These drugs are noted with “PA” next to them in the formulary.

Some drugs may be covered under Part B or under Part D, depending on your medical condition. Your doctor will need to get a prior authorization for these drugs as well, so your pharmacy can process your prescription correctly.

- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the plan is limited. The plan may limit how much of a drug you can get each time you fill your
prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. These drugs are noted with “QL” next to them in the formulary.

- **Step Therapy:** In some cases, you are required 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. These drugs are noted with “ST” next to them in the formulary.

You may be able to find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. Note: This drug list includes all possible restrictions and limits on coverage. The requirements and limits may not apply to your plan’s specific coverage. To confirm whether a particular drug is covered, visit us on the Web at express-scripts.com or contact Customer Service.

You can ask us to make an exception to these restrictions or limits. See the section “How do I request an exception to the formulary?” below for information about how to request an exception.

**What if my drug is not on the formulary?**
If your drug is not included in this list of covered drugs, you should first contact Customer Service and ask if your drug is covered.

If you learn that your drug is not covered, you have two options:

- You can ask our Customer Service department for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.

- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

You should talk to your doctor to decide if you should switch to an appropriate drug that the plan covers or request a formulary exception so that the plan will cover the drug you are taking.

**How do I request an exception to the formulary?**
You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Express Scripts Medicare limits the amount of the drug it will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

You should contact us to ask for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting an exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast)
exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

Generally, your request for an exception will only be approved if the alternative drugs that are included in the plan formulary, the lower-tiered drugs or the additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

**How do I request an appeal?**

If we make a coverage decision and you are not satisfied with this decision, you can “appeal” the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made. To start an appeal, you, your doctor or your representative must contact us.

When you make an appeal, we review the coverage decision we have made to check to see if we were following all of the rules properly. Your appeal is handled by different reviewers than those who made the original unfavorable decision. When we have completed the review, we give you our decision.

For more information about the appeals process, you may contact Customer Service using the information provided on the front and back covers of this document.

**Can I get a temporary transition supply while I wait for an exception decision?**

As a new or continuing member in our plan, you may be taking drugs that are not covered from one year to the next. Or, you may be taking a drug that is covered but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, or while you wait for a coverage decision from us, we may cover a temporary transition supply of your drug in certain cases during the first 90 days that you are enrolled in the plan or at the start of a new coverage year.

For each of your drugs that is not on our formulary, or if your ability to get drugs is limited, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for a one-month supply. If your prescription is written for fewer days, we’ll allow refills to provide up to a maximum of a one-month supply of medication. After your first refill of a one-month supply, we will not pay for these drugs, even if you have been a plan member less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary, or if your ability to get your drug is limited but you are past the first 90 days of membership in our plan, we will cover a minimum of a 31-day emergency transition supply of that drug while you pursue an exception.

Other times when we will cover at least a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized
Express Scripts Medicare will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

**Other coverage that your plan may provide**

Your plan may also cover categories of “excluded” drugs that are not normally covered by a Medicare prescription drug plan and are not listed in the formulary. **Drugs in the following categories may be covered subject to the rules and limitations of your specific plan:**

- Prescription drugs when used for anorexia, weight loss or weight gain
- Prescription drugs when used to promote fertility
- Prescription drugs when used for cosmetic purposes or to promote hair growth
- Prescription drugs when used for the symptomatic relief of cough or colds
- Prescription vitamins and mineral products (except prenatal vitamins and fluoride preparations, which are considered Part D drugs)
- Drugs when used for the treatment of sexual or erectile dysfunction
- Over-the-counter (OTC) diabetic supplies
- Federal Legend Part B medications – for example, oral chemotherapy agents (e.g., TEMODAR®, XELODA®)
- Non-prescription drugs, also known as over-the-counter (OTC) drugs
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.

Please contact Customer Service for additional information about your plan’s specific drug coverage and your cost-sharing amount. **Please note:** Costs for excluded drugs not normally covered by a Medicare prescription drug plan will not count toward your Medicare prescription drug yearly deductible (if applicable), total drug costs or yearly out-of-pocket expenses.

**Formulary**

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 61.

The “Drug Name” column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., CRESTOR®) and generic drugs are listed in lowercase italics (e.g., atorvastatin). The information in the “Requirements/Limits” column tells you if there are any special requirements for coverage of that particular drug.

**If you are not sure whether your drug is covered, please visit our website or contact Customer Service using the information provided on the front and back covers of this formulary.**

**Your Costs**

The amount you pay for a covered drug will depend on:

- **Your coverage stage.** Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your other plan documents for more information about your specific prescription drug benefit.
- **The drug tier for your drug.** Each covered drug is in one of three drug tiers. Each tier may have a different cost-sharing amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

Your other plan materials have more information about your plan’s coverage stages and list the specific cost-sharing amounts for each tier.
Drug Tiers

<table>
<thead>
<tr>
<th>Tier</th>
<th>Includes</th>
<th>Helpful tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1:</td>
<td>This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.</td>
<td>Use Tier 1 drugs for the lowest cost-sharing amount.</td>
</tr>
<tr>
<td>Generic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2:</td>
<td>This tier includes brand-name drugs as well as some generic drugs.</td>
<td>Drugs in this tier will generally have lower cost-sharing amounts than specialty drugs.</td>
</tr>
<tr>
<td>Brand Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 3:</td>
<td>This tier includes high-cost brand-name and generic drugs.</td>
<td>To learn more about medications in this tier, you may contact a pharmacist using the information provided on the front and back covers of this formulary.</td>
</tr>
<tr>
<td>Specialty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier Drugs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you qualify for Extra Help

If you qualify for Extra Help from Medicare to help pay for your prescription drugs, your cost-sharing amounts may be lower than your plan’s standard benefit. Members who qualify for Extra Help will receive a notice called “Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs” (“Low Income Rider” or “LIS Rider”). Please read it to find out what your costs are. You can also contact Customer Service with any questions using the information listed on the front and back covers of this formulary.

For more information

For more detailed information about your Medicare prescription drug coverage and your plan’s specific costs, please review your other plan materials.

If you need additional information on network pharmacies or if you have any other questions, please contact our Customer Service department using the information provided on the front and back covers of this formulary.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048. Or visit https://www.medicare.gov.
Below is a list of abbreviations that may appear on the following pages in the “Requirements/Limits” column that tells you if there are any special requirements for coverage of your drug.

**Note:** The following drug list includes all possible restrictions and limitations. **Depending on your plan’s specific benefit, you may not experience every restriction or limit indicated in the list.** To confirm your plan’s specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at [express-scripts.com](http://express-scripts.com).

**List of abbreviations**

**LA:** Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, contact Customer Service using the information provided on the front and back covers of this formulary.

**MO:** Mail-Order Drug. This prescription drug is available through our home delivery service, as well as through our retail network pharmacies. Consider using home delivery for your long-term (maintenance) medications, such as high blood pressure medications. Retail network pharmacies may be more appropriate for short-term prescriptions, such as antibiotics.

**PA:** Prior Authorization. The plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don’t get approval, we may not cover this drug.

**QL:** Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

**ST:** Step Therapy. In some cases, the plan requires you to first try a certain drug 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.
### ANTI-INFECTIVES

#### ANTIFUNGAL AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABELCET</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>AMBISOME</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>amphotericin b</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>caspofungin</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>clotrimazole mucous membrane</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CRESEMBA ORAL</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>fluconazole</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>flucytosine</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>griseofulvin microsize</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>griseofulvin ultramicrosize</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>itraconazole</td>
<td>1</td>
<td>MO</td>
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<tr>
<td>ketoconazole oral</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>MYCAMINE</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>NOXAFIL ORAL</td>
<td>3</td>
<td>MO</td>
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<tr>
<td>nystatin oral suspension</td>
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<td>MO</td>
</tr>
<tr>
<td>nystatin oral tablet</td>
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</tr>
<tr>
<td>terbinafine hcl oral</td>
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#### ANTIVIRALS

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>voriconazole intravenous</td>
<td>1</td>
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<tr>
<td>voriconazole oral</td>
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<tr>
<td>abacavir</td>
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<td>MO</td>
</tr>
<tr>
<td>abacavir-lamivudine</td>
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<td>MO</td>
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<tr>
<td>abacavir-lamivudine-zidovudine</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>acyclovir oral capsule</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>acyclovir oral suspension 200 mg/5 ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>acyclovir oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>acyclovir sodium intravenous solution</td>
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<td>PA; MO</td>
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<tr>
<td>adefovir</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>amantadine hcl</td>
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<tr>
<td>APTIVUS ORAL CAPSULE</td>
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<td>atazanavir oral capsule 150 mg, 200 mg</td>
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<td>CIMDUO</td>
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Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at express-scripts.com.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
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<td>COMPLERA</td>
<td>3</td>
<td>MO</td>
<td>HARVONI</td>
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<tr>
<td>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</td>
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<td>MO</td>
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<tr>
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<td>3</td>
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<td>GENVOYA</td>
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<td>JULLUCA</td>
<td>3</td>
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<tr>
<td>KALETRA ORAL TABLET 100-25 MG</td>
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<td>lamivudine-zidovudine</td>
<td>1</td>
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<td>LEXIVA ORAL SUSPENSION</td>
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<tr>
<td>lopinavir-ritonavir</td>
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<td>MO</td>
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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>TRIUMEQ</td>
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<tr>
<td>TRUVADA</td>
<td>3</td>
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</tr>
<tr>
<td>valacyclovir oral tablet 1 gram</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>valacyclovir oral tablet 500 mg</td>
<td>1</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>valganciclovir</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>VEMILIDY</td>
<td>3</td>
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</tr>
<tr>
<td>VIDEX 4 GRAM PEDIATRIC</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG, 200 MG</td>
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<td>MO</td>
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<tr>
<td>VIRACEPT ORAL TABLET</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>VIREAD ORAL POWDER</td>
<td>3</td>
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<tr>
<td>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</td>
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<tr>
<td>XOFLUZA</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>zidovudine</td>
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<td><strong>CEPHALOSPORINS</strong></td>
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<tr>
<td>cefaclor oral capsule</td>
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</tr>
<tr>
<td>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</td>
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<tr>
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<td>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</td>
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<td>cefadroxil oral tablet</td>
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<td>MO</td>
</tr>
<tr>
<td>cefazolin injection recon soln 1 gram, 500 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>cefazolin injection recon soln 10 gram</td>
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<td></td>
</tr>
<tr>
<td>cefdinir</td>
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<td>MO</td>
</tr>
<tr>
<td>cefepime injection</td>
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<td>MO</td>
</tr>
<tr>
<td>cefixime oral suspension for reconstitution</td>
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<td>MO</td>
</tr>
<tr>
<td>cefotetan injection</td>
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<td></td>
</tr>
<tr>
<td>cefoxitin intravenous recon soln 1 gram, 2 gram</td>
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</tr>
<tr>
<td>cefoxitin intravenous recon soln 10 gram</td>
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<tr>
<td>cefpodoxime</td>
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<td>MO</td>
</tr>
<tr>
<td>cefprozil</td>
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<td>MO</td>
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<tr>
<td>ceftazidime injection recon soln 1 gram, 2 gram</td>
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<tr>
<td>ceftazidime injection recon soln 6 gram</td>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ceftriaxone injection recon soln 10 gram</td>
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<td></td>
</tr>
<tr>
<td>cefuroxime axetil oral tablet</td>
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<td>MO</td>
</tr>
<tr>
<td>cefuroxime sodium injection recon soln 750 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>cefuroxime sodium intravenous recon soln 1.5 gram</td>
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<td>MO</td>
</tr>
<tr>
<td>cefuroxime sodium intravenous recon soln 7.5 gram</td>
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<td>MO</td>
</tr>
<tr>
<td>cephalexin</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>SUPRAX ORAL CAPSULE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SUPRAX ORAL SUSPENSION FOR RECONSTITUTION N 500 MG/5 ML</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SUPRAX ORAL TABLET, CHEWABLE</td>
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<td>MO</td>
</tr>
<tr>
<td>TEFLARO</td>
<td>3</td>
<td>MO</td>
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<tr>
<td><strong>ERYTHROMYCINS / OTHER MACROLIDES</strong></td>
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<tr>
<td>azithromycin intravenous</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>azithromycin oral packet</td>
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<td>MO</td>
</tr>
<tr>
<td>azithromycin oral suspension for reconstitution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>azithromycin oral tablet 500 mg (3 pack)</td>
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<td>clarithromycin</td>
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<tr>
<td>e.e.s. 400 oral tablet</td>
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<tr>
<td>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</td>
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<td>ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG</td>
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<td>MO</td>
</tr>
<tr>
<td>erythromycin (as stearate) oral tablet 250 mg</td>
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<tr>
<td>ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG</td>
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<tr>
<td>erythromycin ethylsuccinate oral suspension for reconstitution</td>
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<td>MO</td>
</tr>
<tr>
<td>erythromycin ethylsuccinate oral tablet</td>
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<td>MO</td>
</tr>
<tr>
<td>erythromycin oral capsule, delayed release(dr/ec)</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

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<th>Drug Name</th>
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<tbody>
<tr>
<td><em>erythromycin oral tablet</em></td>
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<td><strong>MISCELLANEOUS ANTIINFECTIVES</strong></td>
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<tr>
<td><em>albendazole</em></td>
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<td>MO</td>
</tr>
<tr>
<td><em>ALINIA ORAL SUSPENSION FOR RECONSTITUTION</em></td>
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<td>MO</td>
</tr>
<tr>
<td><em>ALINIA ORAL TABLET</em></td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td><em>amikacin injection solution 500 mg/2 ml</em></td>
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</tr>
<tr>
<td><em>ARIKAYCE</em></td>
<td>3</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td><em>atovaquone</em></td>
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<td>MO</td>
</tr>
<tr>
<td><em>atovaquone-proguanil</em></td>
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<td>MO</td>
</tr>
<tr>
<td><em>aztreonam injection recon soln 1 gram</em></td>
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<tr>
<td><em>BENZNIDAZOLE</em></td>
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<td></td>
</tr>
<tr>
<td><em>BETHKIS</em></td>
<td>3</td>
<td>PA; MO; QL (224 per 28 days)</td>
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<tr>
<td><em>CAYSTON</em></td>
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<td>PA; MO; LA; QL (84 per 28 days)</td>
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<tr>
<td><em>clindamycin hcl</em></td>
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<td>MO</td>
</tr>
<tr>
<td><em>clindamycin in 5 % dextrose</em></td>
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<td>MO</td>
</tr>
<tr>
<td><em>clindamycin pediatric</em></td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tr>
<td><em>clindamycin phosphate injection</em></td>
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<td><em>COARTEM</em></td>
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<tr>
<td><em>colistin (colistimethate na)</em></td>
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<tr>
<td><em>dapsone oral</em></td>
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<td><em>DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG</em></td>
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<tr>
<td><em>daptomycin intravenous recon soln 500 mg</em></td>
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</tr>
<tr>
<td><em>DARAPRIM</em></td>
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<td>PA; MO</td>
</tr>
<tr>
<td><em>EMVERM</em></td>
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<tr>
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<tr>
<td><em>ethambutol</em></td>
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<tr>
<td><em>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</em></td>
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<td>MO</td>
</tr>
<tr>
<td><em>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</em></td>
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<tr>
<td><em>gentamicin injection solution 40 mg/ml</em></td>
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<td><em>hydroxychloroquine</em></td>
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<tr>
<td>imipenem-cilastatin</td>
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<tr>
<td>ivermectin</td>
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<tr>
<td>linezolid in dextrose 5%</td>
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<tr>
<td>linezolid oral suspension for reconstitution</td>
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<td>MO</td>
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<tr>
<td>linezolid oral tablet</td>
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<td>MO</td>
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<tr>
<td>mefloquine</td>
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</tr>
<tr>
<td>meropenem</td>
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</tr>
<tr>
<td>metronidazole in nacl (iso-os)</td>
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<tr>
<td>NEBUPENT</td>
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<td>PA; MO; QL (1 per 28 days)</td>
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<tr>
<td>neomycin</td>
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<tr>
<td>paromomycin</td>
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<td>PASER</td>
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<td>PENTAM</td>
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<td>polymyxin b sulfate</td>
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<td>praziquantel</td>
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<tr>
<td>PRIFTIN</td>
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<td>MO</td>
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<tr>
<td>PRIMAQUINE</td>
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<td>pyrazinamide</td>
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<td>quinine sulfate</td>
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<td>rifabutin</td>
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<td>rifampin</td>
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</tr>
<tr>
<td>SIRTURO</td>
<td>3</td>
<td>MO; LA</td>
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<tr>
<td>STREPTOMYCIN</td>
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<td>MO</td>
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<tr>
<td>tigecycline</td>
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<tr>
<td>tinidazole</td>
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<tr>
<td>tobramycin in 0.225 % nacl</td>
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<td>PA; MO; QL (280 per 28 days)</td>
</tr>
<tr>
<td>tobramycin sulfate injection solution</td>
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<td>MO</td>
</tr>
<tr>
<td>TRECATOR</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>vancomycin oral capsule 125 mg</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>vancomycin oral capsule 250 mg</td>
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<tr>
<td>XIFAXAN ORAL TABLET 200 MG</td>
<td>3</td>
<td>MO; QL (9 per 30 days)</td>
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<tr>
<td>XIFAXAN ORAL TABLET 550 MG</td>
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<td>MO; QL (90 per 30 days)</td>
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**PENICILLINS**

<table>
<thead>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>amoxicillin oral capsule</td>
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<tr>
<td>amoxicillin oral suspension for reconstitution</td>
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<td>MO</td>
</tr>
<tr>
<td>amoxicillin oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin oral tablet, chewable 125 mg, 250 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ampicillin oral capsule 500 mg</td>
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</tbody>
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<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</td>
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<td>MO</td>
</tr>
<tr>
<td>ampicillin-sulbactam injection recon soln 15 gram</td>
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<tr>
<td>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML</td>
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<td>MO</td>
</tr>
<tr>
<td>BICILLIN C-R</td>
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<td>MO</td>
</tr>
<tr>
<td>BICILLIN L-A</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>dicloxacillin</td>
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</tr>
<tr>
<td>nafcillin injection recon soln 1 gram, 2 gram</td>
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</tr>
<tr>
<td>nafcillin injection recon soln 10 gram</td>
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<tr>
<td>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</td>
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</tr>
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<td>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</td>
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<td>oxacillin injection recon soln 1 gram</td>
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<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>oxacillin injection recon soln 10 gram</td>
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<td>oxacillin injection recon soln 2 gram</td>
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<tr>
<td>penicillin g potassium injection recon soln 20 million unit</td>
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<td>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</td>
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<tr>
<td>penicillin g sodium</td>
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<tr>
<td>penicillin v potassium</td>
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<tr>
<td>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</td>
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**QUINOLONES**

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<tr>
<td>ciprofloxacin hcl oral</td>
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<tr>
<td>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</td>
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<tr>
<td>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</td>
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<tr>
<td>levoflaxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</td>
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<td>MO</td>
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</tbody>
</table>

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<thead>
<tr>
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<tr>
<td>moxifloxacin oral</td>
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<tr>
<td>moxifloxacin-sod.chloride(iso)</td>
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<td>ofloxacin oral tablet 300 mg</td>
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<td>ofloxacin oral tablet 400 mg</td>
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<td><strong>SULFA'S / RELATED AGENTS</strong></td>
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<tr>
<td>sulfadiazine</td>
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<td>sulfamethoxazole-trimethoprim oral</td>
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<td><strong>TETRACYCLINES</strong></td>
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<tr>
<td>demeclocycline</td>
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<td>doxy-100</td>
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<tr>
<td>doxycycline hyclate oral capsule</td>
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<tr>
<td>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</td>
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<td>doxycycline monohydrate oral capsule</td>
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<tr>
<td>doxycycline monohydrate oral suspension for reconstitution</td>
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<td>doxycycline monohydrate oral tablet</td>
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<td>methenamine hippurate</td>
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<td>nitrofurantoin macrocrystal</td>
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<td>nitrofurantoin monohyd/m-cryst</td>
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<td><strong>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</strong></td>
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<td><strong>ADJUNCTIVE AGENTS</strong></td>
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<td>leucovorin calcium oral</td>
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<td>XGEVA</td>
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<tr>
<td>abiraterone</td>
<td>3</td>
<td>PA; MO; QL (120 per 30 days)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFINITOR</td>
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<td>PA; MO; QL (30 per 30 days)</td>
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<tr>
<td>AFINITOR DISPERZ</td>
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<td>PA; MO</td>
</tr>
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<td>ALECENSA</td>
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<td>PA; MO; QL (240 per 30 days)</td>
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<td>ALUNBRIG ORAL TABLET 180 MG, 90 MG</td>
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<td>PA; MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>ALUNBRIG ORAL TABLET 30 MG</td>
<td>3</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>ALUNBRIG ORAL TABLETS,DOSE PACK</td>
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<td>anastrozole</td>
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<tr>
<td>azathioprine</td>
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<td>PA; MO</td>
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<tr>
<td>BALVERSA</td>
<td>3</td>
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<tr>
<td>bexarotene</td>
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<tr>
<td>bicalutamide</td>
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<tr>
<td>BOSULIF ORAL TABLET 100 MG</td>
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<td>PA; MO; QL (90 per 30 days)</td>
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<tr>
<td>BOSULIF ORAL TABLET 400 MG, 500 MG</td>
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<td>PA; MO; QL (30 per 30 days)</td>
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<tr>
<td>BRAFTOVI ORAL CAPSULE 75 MG</td>
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<td>PA; MO; LA; QL (180 per 30 days)</td>
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<tr>
<td>CABOMETYX</td>
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<td>PA; MO; LA</td>
</tr>
<tr>
<td>CALQUENCE</td>
<td>3</td>
<td>PA; MO; LA; QL (60 per 30 days)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPRELSA ORAL TABLET 100 MG</td>
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<tr>
<td>CABOMETYX</td>
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<td>PA; MO</td>
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<tr>
<td>COPIKTRA</td>
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<td>PA; MO; LA; QL (63 per 28 days)</td>
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<tr>
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</tr>
<tr>
<td>DROXIA</td>
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<tr>
<td>EMCYT</td>
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<td>MO</td>
</tr>
<tr>
<td>ERIVEDGE</td>
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<tr>
<td>ERLEADA</td>
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<tr>
<td>erlotinib oral tablet 100 mg, 150 mg</td>
<td>3</td>
<td>PA; MO; QL (30 per 30 days)</td>
</tr>
</tbody>
</table>

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<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
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<td>IDHIFA</td>
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<td>FIRMAGON KIT W DILUENT SYRINGE</td>
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<td>IMBRUVICA ORAL CAPSULE 140 MG</td>
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<td>SUBCUTANEOUS RECON SOLN 120 MG</td>
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<td>IMBRUVICA ORAL CAPSULE 70 MG</td>
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<td>IMBRUVICA ORAL TABLET</td>
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<td>PA; MO; QL (30 per 30 days)</td>
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<td>INLYTA ORAL TABLET 1 MG</td>
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<tbody>
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<td><strong>LENVIMA</strong></td>
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<td>leuprolide subcutaneous kit</td>
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<tr>
<td>LONSURF</td>
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<tr>
<td>LORBRENA ORAL TABLET 100 MG</td>
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<td>LORBRENA ORAL TABLET 25 MG</td>
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<td>LUPRON DEPOT (3 MONTH)</td>
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<td>LUPRON DEPOT (4 MONTH)</td>
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<td>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</td>
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</tbody>
</table>

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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ODOMZO</td>
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<td>PA; MO</td>
</tr>
<tr>
<td>POMALYST</td>
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<td>PA; MO; LA</td>
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<td>PROGRAF ORAL GRANULES IN PACKET</td>
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<td>PA; MO</td>
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<td>PURIXAN</td>
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<tr>
<td>REVLIMID</td>
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<td>PA; MO; LA; QL (28 per 28 days)</td>
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<td>PA; MO</td>
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<td>MO</td>
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<td>PA; MO</td>
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<td>SOLTAMOX</td>
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<tr>
<td>SOMATULINE DEPOT</td>
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</tr>
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<td>SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG</td>
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<tr>
<td>SPRYCEL ORAL TABLET 20 MG, 70 MG</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>STIVARGA</td>
<td>3</td>
<td>PA; MO; QL (84 per 28 days)</td>
</tr>
<tr>
<td>SUTENT</td>
<td>3</td>
<td>PA; MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>SYNRIBO</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>TABLOID</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>tacrolimus oral</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>TAFINLAR</td>
<td>3</td>
<td>PA; MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>TAGRISSO</td>
<td>3</td>
<td>PA; MO; LA; QL (30 per 30 days)</td>
</tr>
<tr>
<td>TALZENNA ORAL CAPSULE 0.25 MG</td>
<td>3</td>
<td>PA; MO; QL (90 per 30 days)</td>
</tr>
<tr>
<td>TALZENNA ORAL CAPSULE 1 MG</td>
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<td>PA; MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>tamoxifen</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>TARGRETIN TOPICAL</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>TASIGNA ORAL CAPSULE 150 MG, 200 MG</td>
<td>3</td>
<td>PA; MO; QL (112 per 28 days)</td>
</tr>
<tr>
<td>TASIGNA ORAL CAPSULE 50 MG</td>
<td>3</td>
<td>PA; MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>TIBSOVO</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>toremifene</td>
<td>3</td>
<td>MO</td>
</tr>
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</table>

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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>tretinoin (chemotherapy)</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>TYKERB</td>
<td>3</td>
<td>PA; MO; LA; QL (180 per 30 days)</td>
</tr>
<tr>
<td>VENCLEXTA ORAL TABLET 10 MG, 50 MG</td>
<td>2</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>VENCLEXTA ORAL TABLET 100 MG</td>
<td>3</td>
<td>PA; MO; LA; QL (42 per 30 days)</td>
</tr>
<tr>
<td>VENCLEXTA STARTING PACK</td>
<td>3</td>
<td>PA; MO; LA; QL (60 per 30 days)</td>
</tr>
<tr>
<td>VERZENIO</td>
<td>3</td>
<td>PA; MO; LA; QL (60 per 30 days)</td>
</tr>
<tr>
<td>VITRAKVI ORAL CAPSULE 100 MG</td>
<td>3</td>
<td>PA; MO; LA; QL (60 per 30 days)</td>
</tr>
<tr>
<td>VITRAKVI ORAL CAPSULE 25 MG</td>
<td>3</td>
<td>PA; MO; LA; QL (180 per 30 days)</td>
</tr>
<tr>
<td>VITRAKVI ORAL SOLUTION</td>
<td>3</td>
<td>PA; MO; LA; QL (300 per 30 days)</td>
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<tr>
<td>VIZIMPRO</td>
<td>3</td>
<td>PA; MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>VOTRIENT</td>
<td>3</td>
<td>PA; MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>XALKORI</td>
<td>3</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>XATMEP</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>XERMELO</td>
<td>3</td>
<td>PA; MO; LA; QL (90 per 30 days)</td>
</tr>
<tr>
<td>XOSPATA</td>
<td>3</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>XTANDI</td>
<td>3</td>
<td>PA; MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>YONSA</td>
<td>3</td>
<td>PA; MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>ZEJULA</td>
<td>3</td>
<td>PA; MO; LA; QL (90 per 30 days)</td>
</tr>
<tr>
<td>ZELBORAF</td>
<td>3</td>
<td>PA; MO; QL (240 per 30 days)</td>
</tr>
<tr>
<td>ZLINZA</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ZORTRESS</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ZYDELIG</td>
<td>3</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>ZYKADIA</td>
<td>3</td>
<td>PA; MO; QL (90 per 30 days)</td>
</tr>
<tr>
<td>ZYTIGA ORAL TABLET 500 MG</td>
<td>3</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
</tbody>
</table>

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</td>
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<td></td>
</tr>
<tr>
<td>ANTICONVULSANTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>APTIOM ORAL TABLET 600 MG</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>BANZEL</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>BRIVIACT INTRAVENOUS</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BRIVIACT ORAL</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>carbamazepine oral capsule, er multiphase 12 hr</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>carbamazepine oral suspension 100 mg/5 ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>carbamazepine oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>carbamazepine oral tablet extended release 12 hr</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>carbamazepine oral tablet, chewable</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CELONTIN ORAL CAPSULE 300 MG</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>clobazam oral suspension</td>
<td>1</td>
<td>PA; MO; QL (480 per 30 days)</td>
</tr>
<tr>
<td>clobazam oral tablet 10 mg</td>
<td>1</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>clobazam oral tablet 20 mg</td>
<td>3</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>clonazepam oral tablet 0.5 mg, 1 mg</td>
<td>1</td>
<td>MO; QL (90 per 30 days)</td>
</tr>
<tr>
<td>clonazepam oral tablet 2 mg</td>
<td>1</td>
<td>MO; QL (300 per 30 days)</td>
</tr>
<tr>
<td>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</td>
<td>1</td>
<td>MO; QL (90 per 30 days)</td>
</tr>
<tr>
<td>clonazepam oral tablet, disintegrating 2 mg</td>
<td>1</td>
<td>MO; QL (300 per 30 days)</td>
</tr>
<tr>
<td>DIASTAT</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DIASTAT ACUDIAL</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>DILANTIN 30 MG</td>
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<td>MO</td>
</tr>
<tr>
<td>divalproex</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>EPIDIOLEX</td>
<td>3</td>
<td>PA; MO; LA</td>
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<tr>
<td>epitol</td>
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<td>MO</td>
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<tr>
<td>ethosuximide</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>felbamate oral suspension</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>felbamate oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>FYCOMPA ORAL SUSPENSION</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>FYCOMPA ORAL TABLET</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>gabapentin oral capsule 100 mg, 400 mg</td>
<td>1</td>
<td>MO; QL (270 per 30 days)</td>
</tr>
<tr>
<td>gabapentin oral capsule 300 mg</td>
<td>1</td>
<td>MO; QL (360 per 30 days)</td>
</tr>
</tbody>
</table>

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<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>gabapentin oral solution 250 mg/5 ml</td>
<td>1</td>
<td>MO; QL (2160 per 30 days)</td>
<td>PEGANONE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>gabapentin oral tablet 600 mg</td>
<td>1</td>
<td>MO; QL (180 per 30 days)</td>
<td>phenobarbital</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>gabapentin oral tablet 800 mg</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
<td>phenytoin</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lamotrigine oral tablet</td>
<td>1</td>
<td>MO</td>
<td>phenytoin oral suspension 125 mg/5 ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lamotrigine oral tablet extended release 24hr</td>
<td>1</td>
<td>MO</td>
<td>phenytoin oral tablet, chewable</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lamotrigine oral tablet, chewable dispersible</td>
<td>1</td>
<td>MO</td>
<td>phenytoin sodium extended</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lamotrigine oral tablet, disintegrating</td>
<td>1</td>
<td>MO</td>
<td>primidone</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lamotrigine oral tablets, dose pack</td>
<td>1</td>
<td>MO</td>
<td>roweepra</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>levetiracetam oral solution 100 mg/ml</td>
<td>1</td>
<td>MO</td>
<td>roweepra xr</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>levetiracetam oral tablet</td>
<td>1</td>
<td>MO</td>
<td>SPRITAM</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>levetiracetam oral tablet extended release 24 hr</td>
<td>1</td>
<td>MO</td>
<td>SYMPAZAN ORAL FILM 10 MG, 20 MG</td>
<td>3</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</td>
<td>2</td>
<td>MO; QL (90 per 30 days)</td>
<td>SYMPAZAN ORAL FILM 5 MG</td>
<td>2</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>LYRICA ORAL CAPSULE 225 MG, 300 MG</td>
<td>2</td>
<td>MO; QL (60 per 30 days)</td>
<td>tiagabine</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>LYRICA ORAL SOLUTION</td>
<td>2</td>
<td>MO; QL (900 per 30 days)</td>
<td>topiramate oral capsule, sprinkle</td>
<td>1</td>
<td>PA; MO</td>
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<tr>
<td>oxcarbazepine</td>
<td>1</td>
<td>MO</td>
<td>topiramate oral tablet</td>
<td>1</td>
<td>PA; MO</td>
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<tr>
<td>valproic acid</td>
<td>1</td>
<td>MO</td>
<td>valproic acid (as sodium salt) oral solution 250 mg/5 ml</td>
<td>1</td>
<td>MO</td>
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<tr>
<td>valproic acid</td>
<td>1</td>
<td>MO</td>
<td>vigabatin</td>
<td>3</td>
<td>MO; LA</td>
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<tr>
<td>vigadrone</td>
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<td>MO; LA</td>
<td>VIMPAT ORAL SOLUTION</td>
<td>2</td>
<td>MO</td>
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<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>glatiramer subcutaneous syringe 20 mg/ml</td>
<td>3</td>
<td>PA; MO; QL (30 per 30 days)</td>
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<tr>
<td>glatiramer subcutaneous syringe 40 mg/ml</td>
<td>3</td>
<td>PA; MO; QL (12 per 28 days)</td>
</tr>
<tr>
<td>glatopa subcutaneous syringe 20 mg/ml</td>
<td>3</td>
<td>PA; MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>glatopa subcutaneous syringe 40 mg/ml</td>
<td>3</td>
<td>PA; MO; QL (12 per 28 days)</td>
</tr>
<tr>
<td>memantine oral capsule, sprinkle, er 24 hr</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>memantine oral solution</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>memantine oral tablet</td>
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<td>PA; MO</td>
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<tr>
<td>NAMZARIC</td>
<td>2</td>
<td>PA; MO</td>
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<tr>
<td>NUEDEXTA</td>
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<td>PA; MO</td>
</tr>
<tr>
<td>rivastigmine</td>
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<td>MO</td>
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<tr>
<td>rivastigmine tartrate</td>
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<td>MO</td>
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<tr>
<td>TECFIDERA</td>
<td>3</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>tetrabenazine oral tablet 12.5 mg</td>
<td>3</td>
<td>PA; MO; QL (240 per 30 days)</td>
</tr>
<tr>
<td>tetrabenazine oral tablet 25 mg</td>
<td>3</td>
<td>PA; MO; QL (120 per 30 days)</td>
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**MUSCLE RELAXANTS / ANTISPASMODIC THERAPY**

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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>baclofen oral tablet 10 mg, 20 mg</td>
<td>1</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cyclobenzaprine oral tablet</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>dantrolene</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>pyridostigmine bromide oral syrup</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>pyridostigmine bromide oral tablet 60 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>pyridostigmine bromide oral tablet extended release</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>tizanidine</td>
<td>1</td>
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**NARCOTIC ANALGESICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen-codeine oral solution 120-12 mg/5 ml</td>
<td>1</td>
<td>MO; QL (4500 per 30 days)</td>
</tr>
<tr>
<td>acetaminophen-codeine oral tablet 300-30 mg</td>
<td>1</td>
<td>MO; QL (360 per 30 days)</td>
</tr>
<tr>
<td>acetaminophen-codeine oral tablet 300-60 mg</td>
<td>1</td>
<td>MO; QL (180 per 30 days)</td>
</tr>
<tr>
<td>buprenorphine hcl sublingual</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</td>
<td>1</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>duramorph (pf) injection solution 0.5 mg/ml</td>
<td>1</td>
<td>MO; QL (4000 per 30 days)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>duramorph (pf) injection solution 1 mg/ml</td>
<td>1</td>
<td>QL (2000 per 30 days)</td>
</tr>
<tr>
<td>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</td>
<td>1</td>
<td>MO; QL (360 per 30 days)</td>
</tr>
<tr>
<td>fentanyl citrate buccal lozenge on a handle</td>
<td>3</td>
<td>PA; MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr</td>
<td>1</td>
<td>PA; MO; QL (10 per 30 days)</td>
</tr>
<tr>
<td>fentanyl transdermal patch 72 hour 87.5 mcg/hour</td>
<td>3</td>
<td>PA; MO; QL (10 per 30 days)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</td>
<td>1</td>
<td>MO; QL (5550 per 30 days)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</td>
<td>1</td>
<td>MO; QL (390 per 30 days)</td>
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<tr>
<td>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</td>
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<td>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</td>
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<td>hydromorphone oral liquid</td>
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<td>MO; QL (2400 per 30 days)</td>
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<tr>
<td>hydromorphone oral tablet</td>
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<td>MO; QL (180 per 30 days)</td>
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<td>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</td>
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<td>PA; MO; QL (60 per 30 days)</td>
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<tr>
<td>hydromorphone oral tablet extended release 24 hr 32 mg</td>
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<tr>
<td>ibuprofen-oxycodone</td>
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<tr>
<td>levorphanol tartrate oral tablet 2 mg</td>
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<td>lorcet (hydrocodone)</td>
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<td>lorcet plus oral tablet 7.5-325 mg</td>
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<td>methadone oral solution 5 mg/5 ml</td>
<td>1</td>
<td>PA; MO; QL (1200 per 30 days)</td>
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</table>

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<td>PA; MO; QL (240 per 30 days)</td>
<td>oxycodone oral tablet 5 mg</td>
<td>1</td>
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<td>morphine concentrate oral solution</td>
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<td>MO; QL (900 per 30 days)</td>
<td>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</td>
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<td>MO; QL (360 per 30 days)</td>
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<td>oxycodone-aspirin</td>
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<td>morphine injection syringe 2 mg/ml</td>
<td>1</td>
<td>MO; QL (1000 per 30 days)</td>
<td>oxymorphone oral tablet 10 mg</td>
<td>1</td>
<td>MO; QL (360 per 30 days)</td>
</tr>
<tr>
<td>morphine injection syringe 4 mg/ml</td>
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<td>MO; QL (500 per 30 days)</td>
<td>oxymorphone oral tablet 5 mg</td>
<td>1</td>
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<td>morphine oral capsule, er multiphase 24 hr</td>
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<td>PA; MO; QL (60 per 30 days)</td>
<td>buprenorphine-naloxone sublingual film 12-3 mg</td>
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<td>morphine oral tablet extended release</td>
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<td>diclofenac potassium</td>
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<td>MO</td>
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<tr>
<td>diclofenac sodium oral</td>
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<td>diclofenac sodium topical gel 1 %</td>
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<td>flurbiprofen</td>
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<td>ibuprofen oral suspension</td>
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<td>NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION</td>
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<tr>
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<td>MO; QL (30 per 30 days)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
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<tbody>
<tr>
<td>aripiprazole oral tablet, disintegrating</td>
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<td>ARISTADA</td>
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<td>ARISTADA INITIO</td>
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<td>bupropion hcl oral tablet</td>
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<td>buspirone</td>
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<tr>
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<td>clorazepate dipotassium oral tablet 7.5 mg</td>
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<td>escitalopram oxalate oral solution</td>
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<td>FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG</td>
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<td>MO; QL (60 per 30 days)</td>
<td>fluphenazine decanoate</td>
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<td>MO</td>
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<tr>
<td>FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG</td>
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<td>MO; QL (60 per 30 days)</td>
<td>fluphenazine hcl</td>
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<td>FANAPT ORAL TABLETS,DOSE PACK</td>
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<td>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML</td>
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<td>INVEGA TRINZA</td>
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<td>LATUDA ORAL TABLET 80 MG</td>
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<td>lorazepam oral concentrate</td>
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<td>NUPLAZID ORAL TABLET 10 MG</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements /Limits</th>
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<tbody>
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<th>Requirements /Limits</th>
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<td>quetiapine oral tablet 300 mg, 400 mg</td>
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<td>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</td>
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<tr>
<td>risperidone oral tablet 4 mg</td>
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</table>

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<th>Drug Name</th>
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<th>Requirements /Limits</th>
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<td>risperidone oral tablet, disintegrating 4 mg</td>
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<td>SAPHRIS</td>
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<td>VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)</td>
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<td>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG</td>
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**CARDIOVASCULAR, HYPERTENSION / LIPIDS**

**ANTIARRHYTHMIC AGENTS**

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<tr>
<td>dofetilide</td>
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</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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</thead>
<tbody>
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<td>flecainide</td>
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<td>sorine oral tablet 240 mg</td>
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**ANTIHYPERTENSIVE THERAPY**

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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>diltiazem hcl oral capsule, extended release 12 hr</td>
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<td>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</td>
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<td>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>minoxidil oral</td>
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<tr>
<td>moexipril</td>
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<tr>
<td>nadolol</td>
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<tr>
<td>nadolol-bendroflumethiazide oral tablet 40-5 mg</td>
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<table>
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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>nicardipine oral</td>
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<td>nifedipine oral tablet extended release 24hr</td>
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<td>nisoldipine</td>
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<tr>
<td>olmesartan</td>
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<tr>
<td>olmesartan-amlodipin-hctiazid</td>
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<tr>
<td>olmesartan-hydrochlorothiazide</td>
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<td>perindopril erbumine</td>
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<td>phenoxybenzamine</td>
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<td>pindolol</td>
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<tr>
<td>prazosin</td>
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<tr>
<td>propranolol oral</td>
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<td>propranolol-hydrochlorothiazid</td>
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<td>quinapril-hydrochlorothiazide</td>
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<tr>
<td>TEKTURNA HCT</td>
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<tr>
<td>telmisartan</td>
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<th>Drug Name</th>
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<th>Requirements /Limits</th>
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<td>terazosin oral capsule 1 mg, 2 mg, 5 mg</td>
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<td>timolol maleate oral</td>
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<tr>
<td>torsemide oral</td>
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<td>trandolapril</td>
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<tr>
<td>trandolapril-verapamil</td>
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<td>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</td>
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<td>triamterene-hydrochlorothiazid oral tablet</td>
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<td>UPTRAVI</td>
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<td>PA; MO; LA</td>
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<tr>
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<td>valsartan-hydrochlorothiazide</td>
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<td>verapamil oral</td>
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**COAGULATION THERAPY**

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<th>Drug Name</th>
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<tr>
<td>aspirin-dipyridamole</td>
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<td>BRILINTA</td>
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<tr>
<td>CABLIVI INJECTION KIT</td>
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<td>PA; MO; LA</td>
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<tr>
<td>cilostazol</td>
<td>1</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
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</thead>
<tbody>
<tr>
<td>clopidogrel oral tablet 75 mg</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>dipyridamole oral</td>
<td>1</td>
<td>MO</td>
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<tr>
<td>DOPELET (10 TAB PACK)</td>
<td>3</td>
<td>PA; MO; LA</td>
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<tr>
<td>DOPELET (15 TAB PACK)</td>
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<tr>
<td>ELIQUIIS</td>
<td>2</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>enoxaparin subcutaneous syringe</td>
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<td>MO</td>
<td></td>
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<tr>
<td>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</td>
<td>3</td>
<td>MO</td>
<td></td>
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<tr>
<td>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</td>
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<td>MO</td>
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<tr>
<td>heparin (porcine) injection solution</td>
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<td></td>
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<tr>
<td>jantoven</td>
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<tr>
<td>MULPLETA</td>
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<tr>
<td>pentoxifylline</td>
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<td>PRADAXA</td>
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<td>prasugrel</td>
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<td>PROMACTA</td>
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<td>warfarin</td>
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<tr>
<td>XARELTO</td>
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<td>MO</td>
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<td><strong>LIPID/CHOLESTEROL LOWERING AGENTS</strong></td>
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<td>amlodipine-atorvastatin</td>
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<td>MO; QL (30 per 30 days)</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>atorvastatin</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>cholestyramine (with sugar) oral powder in packet</td>
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<td>MO</td>
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<tr>
<td>cholestyramine light oral powder</td>
<td>1</td>
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</tr>
<tr>
<td>colesevelam</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>colestipol oral packet</td>
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<td>MO</td>
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</tr>
<tr>
<td>colestipol oral tablet</td>
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<td>MO</td>
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</tr>
<tr>
<td>ezetimibe</td>
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<td>MO</td>
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<tr>
<td>ezetimibe-simvastatin</td>
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<td>fenofibrate micrionized</td>
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<td>MO</td>
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</tr>
<tr>
<td>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</td>
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<td>MO</td>
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<tr>
<td>fenofibrate oral tablet</td>
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<tr>
<td>fenofibric acid</td>
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<td>MO</td>
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<tr>
<td>fenofibric acid (choline)</td>
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<tr>
<td>fluvastatin oral capsule 20 mg</td>
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<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>fluvastatin oral capsule 40 mg</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>fluvastatin oral tablet extended release 24 hr</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>gemfibrozil</td>
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<tr>
<td>JUXTAPID</td>
<td>3</td>
<td>PA; MO; LA</td>
<td></td>
</tr>
</tbody>
</table>

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**Drug Name** | **Drug Tier** | **Requirements /Limits** | **Drug Name** | **Drug Tier** | **Requirements /Limits**
--- | --- | --- | --- | --- | ---
lovastatin oral tablet 10 mg | 1 | MO; QL (30 per 30 days) | ENTRESTO | 2 | MO; QL (60 per 30 days)
lovastatin oral tablet 20 mg, 40 mg | 1 | MO; QL (60 per 30 days) | LANOXIN ORAL TABLET 62.5 MCG | 2 | MO
niacin oral tablet extended release 24 hr | 1 | MO | ranolazine | 1 | MO
PRALUENT PEN | 2 | PA; MO; QL (2 per 28 days) | VECAMYL | 3 | 
pravastatin | 1 | MO; QL (30 per 30 days) | VYNDAQEL | 3 | PA; MO
prevalite oral powder in packet | 1 | MO | NITRATES
REPATHA | 2 | PA; MO; QL (3 per 28 days) | isosorbide dinitrate oral tablet | 1 | MO
REPATHA PUSHTRONEX | 2 | PA; MO; QL (3.5 per 28 days) | isosorbide dinitrate oral tablet extended release | 1 |
REPATHA SURECLICK | 2 | PA; MO; QL (3 per 28 days) | isosorbide mononitrate | 1 | MO
rosuvastatin | 1 | MO; QL (30 per 30 days) | nitro-bid | 1 | MO
simvastatin | 1 | MO; QL (30 per 30 days) | nitroglycerin sublingual | 1 | MO
VASCEPA | 2 | MO | nitroglycerin transdermal patch 24 hour | 1 | MO
MISCELLANEOUS CARDIOVASCULAR AGENTS |  |  | nitroglycerin translingual spray, non-aerosol | 1 | MO
CORLANOR | 2 | PA; MO | DERMATOLOGICALS/TOPICAL THERAPY
|  |  |  | ANTIPSORIATIC/ANTISEBORRHEIC
digitek | 1 | MO | acitretin oral capsule 10 mg, 25 mg | 1 | MO
digox | 1 | MO | acitretin oral capsule 17.5 mg | 3 | MO
digoxin oral solution 50 mcg/ml | 1 | MO |  |  |
digoxin oral tablet | 1 | MO |  |  |

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>calcipotriene</td>
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<tr>
<td>calcipotriene-betamethasone</td>
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<td>MO; QL (400 per 30 days)</td>
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<tr>
<td>calcitriol topical</td>
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<tr>
<td>selenium sulfide topical lotion</td>
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<td>MO</td>
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<tr>
<td>SKYRIZI SUBCUTANEOUS SYRINGE KIT</td>
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<td>PA; MO; QL (1 per 28 days)</td>
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<td>STELARA</td>
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<td>ammonium lactate</td>
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<td>diclofenac sodium topical gel 3 %</td>
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<td>PA; MO; QL (100 per 28 days)</td>
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<td>doxepin topical</td>
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<td>MO; QL (45 per 30 days)</td>
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<td>DUPIXENT</td>
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</tr>
<tr>
<td>fluorouracil topical cream 5 %</td>
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<td>imiquimod topical cream in packet</td>
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<td>lidocaine hcl mucous membrane jelly</td>
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<td>lidocaine topical adhesive patch, medicated</td>
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<td>claravis</td>
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<td>clindamycin phosphate topical gel</td>
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<td>MO; QL (120 per 30 days)</td>
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<tr>
<td>clindamycin phosphate topical lotion</td>
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<td>MO; QL (120 per 30 days)</td>
</tr>
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</table>

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### Drug Name

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>clindamycin phosphate topical solution</td>
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<td>dapsone topical</td>
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<tr>
<td>erythromycin with ethanol topical solution</td>
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<tr>
<td>isotretinoin</td>
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<td>metronidazole topical cream</td>
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<tr>
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### TOPOCAL ANTIBACTERIALS

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<th>Drug Name</th>
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<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>gentamicin topical</td>
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<tr>
<td>mafenide acetate</td>
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</tr>
<tr>
<td>mupirocin</td>
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<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>mupirocin calcium</td>
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<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>sulfacetamide sodium (acne)</td>
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### TOPICAL ANTIFUNGALS

<table>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>ciclopirox topical cream</td>
<td>1</td>
<td>MO; QL (90 per 28 days)</td>
</tr>
<tr>
<td>ciclopirox topical gel</td>
<td>1</td>
<td>MO; QL (45 per 28 days)</td>
</tr>
<tr>
<td>ciclopirox topical shampoo</td>
<td>1</td>
<td>MO; QL (120 per 28 days)</td>
</tr>
<tr>
<td>ciclopirox topical solution</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ciclopirox topical suspension</td>
<td>1</td>
<td>MO; QL (60 per 28 days)</td>
</tr>
<tr>
<td>clotrimazole topical cream</td>
<td>1</td>
<td>MO; QL (45 per 28 days)</td>
</tr>
<tr>
<td>clotrimazole topical solution</td>
<td>1</td>
<td>MO; QL (30 per 28 days)</td>
</tr>
<tr>
<td>clotrimazole-betamethasone topical cream</td>
<td>1</td>
<td>MO; QL (45 per 28 days)</td>
</tr>
<tr>
<td>clotrimazole-betamethasone topical lotion</td>
<td>1</td>
<td>MO; QL (60 per 28 days)</td>
</tr>
<tr>
<td>econazole</td>
<td>1</td>
<td>MO; QL (85 per 28 days)</td>
</tr>
<tr>
<td>ketoconazole topical cream</td>
<td>1</td>
<td>MO; QL (60 per 28 days)</td>
</tr>
<tr>
<td>ketoconazole topical foam</td>
<td>1</td>
<td>MO; QL (100 per 28 days)</td>
</tr>
<tr>
<td>ketoconazole topical shampoo</td>
<td>1</td>
<td>MO; QL (120 per 28 days)</td>
</tr>
<tr>
<td>naftifine topical cream</td>
<td>1</td>
<td>MO; QL (60 per 28 days)</td>
</tr>
<tr>
<td>nyamyc</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>nystatin topical cream</td>
<td>1</td>
<td>MO; QL (30 per 28 days)</td>
</tr>
<tr>
<td>nystatin topical ointment</td>
<td>1</td>
<td>MO; QL (30 per 28 days)</td>
</tr>
<tr>
<td>nystatin topical powder</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nystatin-triamcinolone</td>
<td>1</td>
<td>MO; QL (60 per 28 days)</td>
</tr>
<tr>
<td>nystop</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>oxiconazole</td>
<td>1</td>
<td>MO</td>
</tr>
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</table>

**TOPICAL ANTIVIRALS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acyclovir topical cream</td>
<td>1</td>
<td>PA; MO; QL (5 per 30 days)</td>
</tr>
<tr>
<td>acyclovir topical ointment</td>
<td>1</td>
<td>PA; MO; QL (30 per 30 days)</td>
</tr>
</tbody>
</table>

**DENAVIR**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>clobetasol topical gel</td>
<td>1</td>
<td>MO; QL (120 per 28 days)</td>
</tr>
<tr>
<td>clobetasol topical lotion</td>
<td>1</td>
<td>MO; QL (118 per 28 days)</td>
</tr>
<tr>
<td>clobetasol topical ointment</td>
<td>1</td>
<td>MO; QL (120 per 28 days)</td>
</tr>
<tr>
<td>clobetasol topical shampoo</td>
<td>1</td>
<td>MO; QL (236 per 28 days)</td>
</tr>
<tr>
<td>clobetasol-emollient topical cream</td>
<td>1</td>
<td>MO; QL (100 per 28 days)</td>
</tr>
<tr>
<td>clobetasol-emollient topical foam</td>
<td>1</td>
<td>MO; QL (100 per 28 days)</td>
</tr>
<tr>
<td>desonide</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>fluocinolone and shower cap</td>
<td>1</td>
<td>MO</td>
</tr>
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</table>

**TOPICAL CORTICOSTEROIDS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ala-cort topical cream</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>alclometasone</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>betamethasone dipropionate</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>betamethasone valerate</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>betamethasone, augmented</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>clobetasol scalp</td>
<td>1</td>
<td>MO; QL (100 per 28 days)</td>
</tr>
<tr>
<td>clobetasol topical cream</td>
<td>1</td>
<td>MO; QL (120 per 28 days)</td>
</tr>
<tr>
<td>clobetasol topical foam</td>
<td>1</td>
<td>MO; QL (100 per 28 days)</td>
</tr>
<tr>
<td>fluocinonide topical cream 0.1 %</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>fluocinonide topical gel</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>fluocinonide topical ointment</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>fluocinonide topical solution</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
</tbody>
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<th>Drug Tier</th>
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</tr>
</thead>
<tbody>
<tr>
<td>halobetasol propionate topical cream</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>halobetasol propionate topical ointment</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone butyrate topical lotion</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone topical cream 1 %, 2.5 %</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone topical lotion 2.5 %</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>hydrocortisone topical ointment 2.5 %</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nolix topical cream</td>
<td>1</td>
<td>QL (120 per 30 days)</td>
</tr>
<tr>
<td>prednicarbate</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>triamcinolone acetonide topical aerosol</td>
<td>1</td>
<td>MO; QL (126 per 28 days)</td>
</tr>
<tr>
<td>triamcinolone acetonide topical cream</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>triamcinolone acetonide topical lotion</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>trianex</td>
<td>1</td>
<td>MO</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>triderm topical cream 0.1 %</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

**TOPICAL SCABICIDES / PEDICULICIDES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lindane topical shampoo</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>malathion</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>permethrin topical cream</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

**DIAGNOSTICS / MISCELLANEOUS AGENTS**

**MISCELLANEOUS AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acamprosate</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>alendronate oral tablet 40 mg</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>anagrelide</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG</td>
<td>3</td>
<td>MO; LA</td>
</tr>
<tr>
<td>CARBAGLU</td>
<td>3</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>cevimeline</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CHEMET</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>CLINIMIX 4.25%/D5W SULFIT FREE</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>d10 %-0.45 % sodium chloride</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>d2.5 %-0.45 % sodium chloride</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>d5 % and 0.9 % sodium chloride</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>d5 % - 0.45 % sodium chloride</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>deferasirox</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>dextrose 10 % and 0.2 % nacl</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dextrose 10 % in water (d10w)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dextrose 5 % in water (d5w) intravenous parenteral solution</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dextrose 5%-0.2 % sod chloride</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dextrose 5%-0.3 % sod.chloride</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dextrose with sodium chloride</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>disulfiram</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>FERRIPROX</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>INCRELEX</td>
<td>3</td>
<td>MO; LA</td>
</tr>
<tr>
<td>kionex (with sorbitol)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lanthanum</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>levocarnitine (with sugar)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>levocarnitine oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>LOKELMA</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>midodrine</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>NORTHERA</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG</td>
<td>3</td>
<td>PA; LA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORFADIN ORAL CAPSULE 20 MG</td>
<td>3</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>ORFADIN ORAL SUSPENSION</td>
<td>3</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>pilocarpine hcl oral</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>PROLASTIN-C INTRAVENOUS RECON SOLN</td>
<td>3</td>
<td>LA</td>
</tr>
<tr>
<td>PROLASTIN-C INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>MO; LA</td>
</tr>
<tr>
<td>RAVICTI</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>riluzole</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>risedronate oral tablet 30 mg</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>sevelamer carbonate oral powder in packet</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>sevelamer carbonate oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>sevelamer hcl</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>sodium chloride 0.9 % intravenous parenteral solution</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>sodium chloride irrigation</td>
<td>1</td>
<td>MO</td>
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<tr>
<td>sodium phenylbutyrate</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>sodium polystyrene sulfonate oral</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>sps (with sorbitol) oral</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>THIOLA</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>trientine</td>
<td>3</td>
<td>PA; MO</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>VELTASSA</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>XURIDEN</td>
<td>3</td>
<td>MO</td>
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<tr>
<td><strong>SMOKING DETERRENTS</strong></td>
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<tr>
<td>bupropion hcl (smoking d)</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>CHANTIX</td>
<td>2</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>CHANTIX CONTINUING MONTH BOX</td>
<td>2</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>CHANTIX STARTING MONTH BOX</td>
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<td>MO</td>
<td></td>
</tr>
<tr>
<td>NICOTROL</td>
<td>2</td>
<td>MO</td>
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</tr>
<tr>
<td>NICOTROL NS</td>
<td>2</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td><strong>EAR, NOSE / THROAT MEDICATIONS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>azelastine nasal</td>
<td>1</td>
<td>MO; QL (60 per 30 days)</td>
<td></td>
</tr>
<tr>
<td>chlorhexidine gluconate mucous membrane</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>ipratropium bromide nasal</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
<td></td>
</tr>
<tr>
<td>olopatadine nasal</td>
<td>1</td>
<td>MO; QL (30.5 per 30 days)</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide dental</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td><strong>MISCELLANEOUS OTIC PREPARATIONS</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>acetic acid otic (ear)</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl otic (ear)</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td><strong>OTIC STEROID / ANTIBIOTIC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide oil</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone-acetic acid</td>
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<td>MO</td>
<td></td>
</tr>
<tr>
<td>ofloxacin otic (ear)</td>
<td>1</td>
<td>MO</td>
<td></td>
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<tr>
<td><strong>ENDOCRINE/DIABETES</strong></td>
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</tr>
<tr>
<td>cortisone</td>
<td>1</td>
<td>MO</td>
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</tr>
<tr>
<td>dexamethasone intensol</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>dexamethasone oral elixir</td>
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<td>MO</td>
<td></td>
</tr>
<tr>
<td>dexamethasone oral tablet</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>dexamethasone oral tablets,dose pack</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>fludrocortisone</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone oral methylprednisolone oral tablet</td>
<td>1</td>
<td>PA; MO</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone oral tablets,dose pack</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
<tr>
<td>millipred oral tablet</td>
<td>1</td>
<td>PA; MO</td>
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</tr>
<tr>
<td>prednisolone oral solution 15 mg/5 ml</td>
<td>1</td>
<td>MO</td>
<td></td>
</tr>
</tbody>
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<tbody>
<tr>
<td>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>prednisolone sodium phosphate oral tablet, disintegrating</td>
<td>1</td>
<td>PA; MO</td>
</tr>
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<td>prednisone intensol</td>
<td>1</td>
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<tr>
<td>prednisone oral solution</td>
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<td>MO</td>
</tr>
<tr>
<td>prednisone oral tablet</td>
<td>1</td>
<td>PA; MO</td>
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<tr>
<td>prednisone oral tablets, dose pack</td>
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<td>MO</td>
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<tr>
<td><strong>ANTITHYROID AGENTS</strong></td>
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<tr>
<td>methimazole oral tablet 10 mg, 5 mg</td>
<td>1</td>
<td>MO</td>
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<tr>
<td>propylthiouracil</td>
<td>1</td>
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<td><strong>DIABETES THERAPY</strong></td>
<td></td>
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<tr>
<td>acarbose oral tablet 100 mg</td>
<td>1</td>
<td>MO; QL (90 per 30 days)</td>
</tr>
<tr>
<td>acarbose oral tablet 25 mg</td>
<td>1</td>
<td>MO; QL (360 per 30 days)</td>
</tr>
<tr>
<td>acarbose oral tablet 50 mg</td>
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<td>MO; QL (180 per 30 days)</td>
</tr>
<tr>
<td>ALCOHOL PADS</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>BYDUREON BCISE</td>
<td>2</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>BYDUREON SUBCUTANEOUS PEN INJECTOR</td>
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<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td><strong>BYETTA</strong> <strong>SUBCUTANEOUS PEN INJECTOR</strong></td>
<td>2</td>
<td>PA; MO; QL (2.4 per 30 days)</td>
</tr>
<tr>
<td><strong>CYCLOSET</strong></td>
<td>2</td>
<td>MO; QL (180 per 30 days)</td>
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<tr>
<td><strong>FARXIGA ORAL TABLET</strong></td>
<td>2</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td><strong>GAUZE PADS</strong></td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td><strong>GLIMEPIRIDE ORAL TABLET AND SOLUTION</strong></td>
<td></td>
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</tr>
<tr>
<td>glimepiride oral tablet 1 mg</td>
<td>1</td>
<td>MO; QL (240 per 30 days)</td>
</tr>
<tr>
<td>glimepiride oral tablet 2 mg</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>glimepiride oral tablet 4 mg</td>
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<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td><strong>GLIPIZIDE ORAL TABLET</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>glipizide oral tablet 10 mg</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>glipizide oral tablet 5 mg</td>
<td>1</td>
<td>MO; QL (240 per 30 days)</td>
</tr>
<tr>
<td>glipizide oral tablet extended release 24 hr 10 mg</td>
<td>1</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>glipizide oral tablet extended release 24 hr 2.5 mg</td>
<td>1</td>
<td>MO; QL (240 per 30 days)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
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<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>glipizide oral tablet extended release 24hr 5 mg</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
<td>HUMULIN N NPH INSULIN</td>
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<td>MO</td>
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<tr>
<td>glipizide-metformin oral tablet 2.5-250 mg</td>
<td>1</td>
<td>MO; QL (240 per 30 days)</td>
<td>HUMULIN N NPH U-100 INSULIN</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</td>
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<td>MO; QL (120 per 30 days)</td>
<td>HUMULIN R REGULAR U-100 INSULIN</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>GLUCAGEN HYPOKIT</td>
<td>2</td>
<td>MO</td>
<td>HUMULIN R U-500 (CONC) INSULIN</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>GLUCAGON EMERGENCY KIT (HUMAN)</td>
<td>2</td>
<td>MO</td>
<td>HUMULIN R U-500 (CONC) KWIKPEN</td>
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<tr>
<td>HUMALOG JUNIOR KWIKPEN U-100</td>
<td>2</td>
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<td>INSULIN PEN NEEDLE</td>
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<tr>
<td>HUMALOG KWIKPEN INSULIN</td>
<td>2</td>
<td>MO</td>
<td>INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML</td>
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<td>MO</td>
</tr>
<tr>
<td>HUMALOG MIX 50-50 INSULN U-100</td>
<td>2</td>
<td>MO</td>
<td>INVOKAMET</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>HUMALOG MIX 50-50 KWIKPEN</td>
<td>2</td>
<td>MO</td>
<td>INVOKAMET XR</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>HUMALOG MIX 75-25 KWIKPEN</td>
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<td>MO</td>
<td>INVOKANA</td>
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<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>HUMALOG MIX 75-25(U-100)INSULN</td>
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<td>MO</td>
<td>JANUMET</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>HUMALOG U-100 INSULIN</td>
<td>2</td>
<td>MO</td>
<td>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG</td>
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<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>HUMULIN 70/30 U-100 INSULIN</td>
<td>2</td>
<td>MO</td>
<td>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG</td>
<td>2</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>HUMULIN 70/30 U-100 KWIKPEN</td>
<td>2</td>
<td>MO</td>
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<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>JANUVIA</td>
<td>2</td>
<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG</td>
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<td>MO; QL (60 per 30 days)</td>
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<tr>
<td>KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG</td>
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<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>LANTUS SOLOSTAR U-100 INSULIN</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>LANTUS U-100 INSULIN</td>
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</tr>
<tr>
<td>metformin oral tablet 1,000 mg</td>
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<td>MO; QL (75 per 30 days)</td>
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<tr>
<td>metformin oral tablet 500 mg</td>
<td>1</td>
<td>MO; QL (150 per 30 days)</td>
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<tr>
<td>metformin oral tablet 850 mg</td>
<td>1</td>
<td>MO; QL (90 per 30 days)</td>
</tr>
<tr>
<td>metformin oral tablet extended release 24 hr 500 mg</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
</tr>
<tr>
<td>metformin oral tablet extended release 24 hr 750 mg</td>
<td>1</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>miglitol oral tablet 100 mg</td>
<td>1</td>
<td>MO; QL (90 per 30 days)</td>
</tr>
<tr>
<td>miglitol oral tablet 25 mg</td>
<td>1</td>
<td>MO; QL (360 per 30 days)</td>
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<tr>
<td>miglitol oral tablet 50 mg</td>
<td>1</td>
<td>MO; QL (180 per 30 days)</td>
</tr>
<tr>
<td>nateglinide oral tablet 120 mg</td>
<td>1</td>
<td>MO; QL (90 per 30 days)</td>
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<tr>
<td>nateglinide oral tablet 60 mg</td>
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<td>MO; QL (180 per 30 days)</td>
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<td>NEEDLES, INSULIN DISP., SAFETY</td>
<td>2</td>
<td>MO</td>
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<td>NOVOFINE 32</td>
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<td>OMNIPOD INSULIN MANAGEMENT</td>
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<td>MO</td>
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<td>ONGLYZA</td>
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<td>MO; QL (30 per 30 days)</td>
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<td>pioglitazone</td>
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<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>pioglitazone-glimepiride</td>
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<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>pioglitazone-metformin</td>
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<td>MO; QL (90 per 30 days)</td>
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<td>PROGLYCEM</td>
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<td>repaglinide oral tablet 0.5 mg</td>
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<td>MO; QL (960 per 30 days)</td>
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<td>repaglinide oral tablet 1 mg</td>
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<td>MO; QL (480 per 30 days)</td>
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<td>repaglinide oral tablet 2 mg</td>
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<td>MO; QL (240 per 30 days)</td>
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<tr>
<td>repaglinide-metformin</td>
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<td>MO; QL (150 per 30 days)</td>
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<td>RIOMET</td>
<td>2</td>
<td>MO; QL (765 per 30 days)</td>
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<td>SYMLINPEN 120</td>
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<td>PA; MO; QL (10.8 per 30 days)</td>
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<td>SYMLINPEN 60</td>
<td>3</td>
<td>PA; MO; QL (6 per 30 days)</td>
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</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>tolazamide oral tablet 250 mg</td>
<td>1</td>
<td>MO; QL (120 per 30 days)</td>
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<tr>
<td>tolazamide oral tablet 500 mg</td>
<td>1</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>tolbutamide</td>
<td>1</td>
<td>MO; QL (180 per 30 days)</td>
</tr>
<tr>
<td>TOUJEO MAX U-300 SOLOSTAR</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>TOUJEO SOLOSTAR U-300 INSULIN</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>TRUEPLUS INSULIN SYRINGE 0.3 ML</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>29 GAUGE X 1/2&quot;, 1 ML 28 GAUGE X 1/2&quot;, 1/2 ML 28 GAUGE X 1/2&quot;</td>
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<tr>
<td>TRUEPLUS INSULIN SYRINGE 0.3 ML</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>30 GAUGE X 5/16&quot;, 0.3 ML 31 GAUGE X 5/16&quot;, 0.5 ML 29 GAUGE X 1/2&quot;, 0.5 ML 30 GAUGE X 5/16&quot;, 0.5 ML 31 GAUGE X 5/16&quot;, 1 ML 29 GAUGE X 1/2&quot;, 1 ML 30 GAUGE X 5/16&quot;, 1 ML 31 GAUGE X 5/16&quot;</td>
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<tr>
<td>TRUEPLUS PEN NEEDLE</td>
<td>2</td>
<td>MO</td>
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<tr>
<td>TRULICITY</td>
<td>2</td>
<td>PA; MO; QL (2 per 28 days)</td>
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<td>V-GO 20</td>
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<td>V-GO 30</td>
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<tr>
<td>V-GO 40</td>
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<tr>
<td>XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG</td>
<td>2</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG</td>
<td>2</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
</tbody>
</table>

**MISCELLANEOUS HORMONES**

- cabergoline                         | 1         | MO                                    |
- calcitonin (salmon)                 | 1         | MO                                    |
- calcitriol oral                     | 1         | MO                                    |
- CERDELGA                            | 3         | MO                                    |
- cinacalcet oral tablet 30 mg        | 1         | MO                                    |
- cinacalcet oral tablet 60 mg, 90 mg | 3         | MO                                    |
- danazol                             | 1         | MO                                    |
- DDAVP NASAL SOLUTION                | 2         | MO                                    |
- desmopressin nasal spray,non-aerosol| 1         | MO                                    |
- desmopressin oral                   | 1         | MO                                    |
- doxercalciferol oral                | 1         | MO                                    |
- KORLYM                              | 3         | PA; MO                                |
- KUVAN                               | 3         | PA; MO                                |
- methyltestosterone oral capsule     | 3         | MO                                    |

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<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>miglustat</td>
<td>3</td>
<td>MO; LA</td>
</tr>
<tr>
<td>MYALEPT</td>
<td>3</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>NATPARA</td>
<td>3</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>oxandrolone oral tablet 10 mg</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>oxandrolone oral tablet 2.5 mg</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML</td>
<td>3</td>
<td>PA; MO; LA; QL (15 per 30 days)</td>
</tr>
<tr>
<td>PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML</td>
<td>3</td>
<td>PA; MO; LA; QL (4 per 30 days)</td>
</tr>
<tr>
<td>PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML</td>
<td>3</td>
<td>PA; MO; LA; QL (60 per 30 days)</td>
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<tr>
<td>paricalcitol oral</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>SAMSCA</td>
<td>3</td>
<td>PA; MO</td>
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<tr>
<td>SOMAVERT</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>STIMATE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SYNAREL</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>testosterone enanthate</td>
<td>1</td>
<td>PA; MO</td>
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<tr>
<td>testosteronetransdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</td>
<td>1</td>
<td>PA; MO; QL (120 per 30 days)</td>
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<tr>
<td>testosteronetransdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</td>
<td>1</td>
<td>PA; MO; QL (150 per 30 days)</td>
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<tr>
<td>testosteronetransdermal gel in packet 1 % (25 mg/2.5 gram), 1 % (50 mg/5 gram)</td>
<td>1</td>
<td>PA; MO; QL (300 per 30 days)</td>
</tr>
<tr>
<td>testosteronetransdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</td>
<td>1</td>
<td>PA; MO; QL (37.5 per 30 days)</td>
</tr>
<tr>
<td>testosteronetransdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</td>
<td>1</td>
<td>PA; MO; QL (150 per 30 days)</td>
</tr>
<tr>
<td>testosteronetransdermal solution in metered pump w/app</td>
<td>1</td>
<td>PA; MO; QL (180 per 30 days)</td>
</tr>
<tr>
<td>THYROID HORMONES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>levothyroxine oral</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>liothyronine oral</td>
<td>1</td>
<td>MO</td>
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</tbody>
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<tbody>
<tr>
<td>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</td>
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**GASTROENTEROLOGY**

**ANTIDIARRHEALS / ANTISPASMODICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>dicyclomine oral capsule</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dicyclomine oral solution</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dicyclomine oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>diphenoxylate-atropine</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>glycopyrrolate oral tablet 1 mg, 2 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>loperamide oral capsule</td>
<td>1</td>
<td>MO</td>
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**MISCELLANEOUS GASTROINTESTINAL AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alosetron</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>aprepitant</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>balsalazide</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>budesonide oral capsule,delayed,extended.release</td>
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</tr>
<tr>
<td>budesonide oral tablet,delayed and ext.release</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>CHENODAL</td>
<td>3</td>
<td>PA; LA</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>CHOLBAM ORAL CAPSULE 250 MG</td>
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<tr>
<td>CHOLBAM ORAL CAPSULE 50 MG</td>
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<tr>
<td>colocort</td>
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</tr>
<tr>
<td>compro</td>
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</tr>
<tr>
<td>constulose</td>
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</tr>
<tr>
<td>CORTIFOAM</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>CREON</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cromolyn oral</td>
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<td>MO</td>
</tr>
<tr>
<td>CYSTADANE</td>
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<td>MO</td>
</tr>
<tr>
<td>DIPENTUM</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>doxylamine-pyridoxine (vit b6)</td>
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</tr>
<tr>
<td>dronabinol</td>
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<td>PA; MO</td>
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<tr>
<td>EMEND ORAL SUSPENSION FOR RECONSTITUTION</td>
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<td>PA; MO</td>
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<tr>
<td>enulose</td>
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<td>GATTEX 30-VIAL</td>
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<td>gavilyte-c</td>
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<tr>
<td>gavilyte-g</td>
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<td>gavilyte-n</td>
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<td>generlac</td>
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<td>granisetron hcl oral</td>
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<td>hydrocortisone rectal</td>
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<tr>
<td>hydrocortisone-pramoxine rectal cream 1-1 %</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>lactulose oral solution 10 gram/15 ml</td>
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<td>meclizine oral tablet 12.5 mg, 25 mg</td>
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<tr>
<td>mesalamine</td>
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<tr>
<td>metoclopramide hcl oral</td>
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</tr>
<tr>
<td>MOVANTIK</td>
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<tr>
<td>OCALIVA</td>
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<tr>
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<td>PA; MO</td>
</tr>
<tr>
<td>ondansetron hcl oral solution</td>
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<td>PA; MO</td>
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<tr>
<td>ondansetron hcl oral tablet 24 mg</td>
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<td>PA</td>
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<tr>
<td>ondansetron hcl oral tablet 4 mg, 8 mg</td>
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<tr>
<td>peg 3350-electrolytes oral recon soin 236-22.74-6.74-5.86 gram</td>
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<tr>
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<tr>
<td>PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG</td>
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<td>procto-pak</td>
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<td>proctosol hc topical</td>
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<tr>
<td>proctozone-hc</td>
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<td>RECTIV</td>
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<tr>
<td>RELISTOR SUBCUTANEOUS SYRINGE</td>
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<tr>
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<td>PA; MO</td>
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<td>scopolamine base</td>
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<td>sulfasalazine</td>
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<tr>
<td>VIBERZI</td>
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<td>MO</td>
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<tr>
<td>VIKACE</td>
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<tr>
<td>ULCE THERAPY</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amoxicil-clarithromy-lansopraz</td>
<td>1</td>
<td>MO; QL (112 per 30 days)</td>
</tr>
<tr>
<td>cimetidine</td>
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<td>MO</td>
</tr>
<tr>
<td>cimetidine hcl oral</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>famotidine oral suspension</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>famotidine oral tablet 20 mg, 40 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>misoprostol</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nizatidine</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</td>
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<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>omeprazole oral capsule,delayed release(dr/ec) 40 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</td>
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<td>MO</td>
</tr>
<tr>
<td>ranitidine hcl oral capsule</td>
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</tr>
<tr>
<td>ranitidine hcl oral syrup</td>
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<td>MO</td>
</tr>
<tr>
<td>ranitidine hcl oral tablet 150 mg, 300 mg</td>
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<tr>
<td>sucralfate oral tablet</td>
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</table>

**IMMUNOLOGY, VACCINES / BIOTECHNOLOGY**

**BIOTECHNOLOGY DRUGS**

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<thead>
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<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIMMUNE</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ARCALYST</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>AVONEX (WITH ALBUMIN)</td>
<td>3</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>AVONEX INTRAMUSCULAR PEN INJECTOR KIT</td>
<td>3</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>AVONEX INTRAMUSCULAR SYRINGE KIT</td>
<td>3</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>FULPHILA</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>GRANIX</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>INTRON A INJECTION RECON SOLN</td>
<td>3</td>
<td>PA; MO</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML</td>
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<td>PA; MO</td>
</tr>
<tr>
<td>LEUKINE INJECTION RECON SOLN</td>
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<td>PA; MO</td>
</tr>
<tr>
<td>NEULASTA SUBCUTANEOUS SYRINGE</td>
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<td>PA; MO</td>
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<tr>
<td>NEUPOGEN</td>
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<td>PA; MO</td>
</tr>
<tr>
<td>OMNITROPE</td>
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<td>PA; MO</td>
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<tr>
<td>PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML</td>
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<td>MO; QL (2 per 28 days)</td>
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<tr>
<td>PEGASYS SUBCUTANEOUS SOLUTION</td>
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<td>MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>PEGASYS SUBCUTANEOUS SYRINGE</td>
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<td>MO; QL (2 per 28 days)</td>
</tr>
<tr>
<td>PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML</td>
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<td>PA; MO; QL (1 per 28 days)</td>
</tr>
<tr>
<td>PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML</td>
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<td>PA; MO; QL (1 per 180 days)</td>
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<tr>
<td>PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML</td>
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<td>PA; MO; QL (1 per 28 days)</td>
</tr>
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<td>PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML</td>
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<td>PA; MO; QL (1 per 180 days)</td>
</tr>
<tr>
<td>PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML</td>
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<td>PA; MO</td>
</tr>
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<td>PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>REBIF (WITH ALBUMIN)</td>
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</tr>
<tr>
<td>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML</td>
<td>3</td>
<td>PA; MO; QL (6 per 28 days)</td>
</tr>
<tr>
<td>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6)</td>
<td>3</td>
<td>PA; MO; QL (4.2 per 180 days)</td>
</tr>
<tr>
<td>REBIF TITRATION PACK</td>
<td>3</td>
<td>PA; MO; QL (4.2 per 180 days)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML</td>
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<td>RETACRIT INJECTION SOLUTION 40,000 UNIT/ML</td>
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<td>SYLATRON</td>
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<tr>
<td>ZARXIO</td>
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<tr>
<td><strong>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</strong></td>
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<tr>
<td>ACTHIB (PF)</td>
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<tr>
<td>ADACEL(TDAP ADOLESN/ADULT)(PF)</td>
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<tr>
<td>BCG VACCINE, LIVE (PF)</td>
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<tr>
<td>BEXSERO</td>
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<td>DAPTACEL (DTAP PEDIATRIC) (PF)</td>
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<td>ENGERIX-B (PF) INTRAMUSCULAR SYRINGE</td>
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<td>GARDASIL 9 (PF)</td>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
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<td>HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML</td>
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<td>MENACTRA (PF) INTRAMUSCULAR SOLUTION</td>
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<td>MENVEO A-C-Y-W-135-DIP (PF)</td>
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<td>M-M-R II (PF)</td>
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<td>PEDIARIX (PF)</td>
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<td>PEDVAX HIB (PF)</td>
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<tr>
<td>PRIVIGEN</td>
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<td>PROQUAD (PF)</td>
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<tr>
<td>QUADRACEL (PF)</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RABAVERT (PF)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML</td>
<td>2</td>
<td>PA; MO</td>
</tr>
<tr>
<td>RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>ROTARIX</td>
<td>2</td>
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</tr>
<tr>
<td>ROTATEQ VACCINE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>SHINGRIX (PF)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>TDVAX</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>TENIVAC (PF) INTRAMUSCULAR SYRINGE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>TETANUS, DIPHTHERIA TOX PED(PF)</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>TRUMENBA</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>TWINRIX (PF) INTRAMUSCULAR SYRINGE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>TYPHIM VI INTRAMUSCULAR SOLUTION</td>
<td>2</td>
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</tr>
<tr>
<td>TYPHIM VI INTRAMUSCULAR SYRINGE</td>
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</tr>
<tr>
<td>VAQTA (PF)</td>
<td>2</td>
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</tr>
<tr>
<td>VARIVAX (PF)</td>
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<tr>
<td>VARIZIG INTRAMUSCULAR SOLUTION</td>
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<tr>
<td>YF-VAX (PF)</td>
<td>2</td>
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<tr>
<td>ZOSTAVAX (PF)</td>
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**MUSCULOSKELETAL / RHEUMATOLOGY**

**GOUT THERAPY**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>allopurinol</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>COLCrys</td>
<td>2</td>
<td>ST; MO</td>
</tr>
<tr>
<td>MITIGARE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>probenecid</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>probenecid-colchicine</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ULORIC</td>
<td>2</td>
<td>ST; MO</td>
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**OSTEOPOROSIS THERAPY**

<table>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>alendronate oral solution</td>
<td>1</td>
<td>MO; QL (1286 per 30 days)</td>
</tr>
<tr>
<td>alendronate oral tablet 10 mg, 5 mg</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>alendronate oral tablet 35 mg, 70 mg</td>
<td>1</td>
<td>MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>FORTEO</td>
<td>3</td>
<td>PA; MO; QL (2.4 per 28 days)</td>
</tr>
<tr>
<td>ibandronate oral</td>
<td>1</td>
<td>MO; QL (1 per 30 days)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements /Limits</th>
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<td>PROLIA</td>
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<tr>
<td>raloxifene</td>
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</tr>
<tr>
<td>risedronate oral tablet 150 mg</td>
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<td>MO; QL (1 per 30 days)</td>
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<tr>
<td>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</td>
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<td>MO; QL (4 per 28 days)</td>
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<tr>
<td>risedronate oral tablet 5 mg</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
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<tr>
<td>risedronate oral tablet, delayed release (dr/ec)</td>
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<td>MO; QL (4 per 28 days)</td>
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<tr>
<td>TYMLOS</td>
<td>3</td>
<td>PA; MO; QL (1.56 per 30 days)</td>
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**OTHER RHEUMATOLOGICALS**

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<th>Drug Name</th>
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<td>ACTEMRA</td>
<td>3</td>
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<tr>
<td>ACTEMRA ACTPEN</td>
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<td>PA; MO; QL (4 per 28 days)</td>
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<tr>
<td>BENLYSTA SUBCUTANEOUS</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>DEPEN TITRATABS</td>
<td>3</td>
<td>MO</td>
</tr>
<tr>
<td>ENBREL MINI</td>
<td>3</td>
<td>PA; MO; QL (8 per 28 days)</td>
</tr>
<tr>
<td>ENBREL SUBCUTANEOUS RECON SOLN</td>
<td>3</td>
<td>PA; MO; QL (16 per 28 days)</td>
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<tr>
<td>ENBREL SUBCUTANEOUS SYRINGE</td>
<td>3</td>
<td>PA; MO; QL (8 per 28 days)</td>
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<tr>
<td>ENBREL SURECLICK</td>
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<td>PA; MO; QL (8 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA PEN</td>
<td>3</td>
<td>PA; MO; QL (4 per 28 days)</td>
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<tr>
<td>HUMIRA PEN CROHNS-UC-HS START</td>
<td>3</td>
<td>PA; MO; QL (6 per 180 days)</td>
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<tr>
<td>HUMIRA PEN PSOR-UVEITS-ADOL HS</td>
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<td>PA; MO; QL (4 per 180 days)</td>
</tr>
<tr>
<td>HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML</td>
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<td>PA; MO; QL (2 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML</td>
<td>3</td>
<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML</td>
<td>3</td>
<td>PA; MO; QL (3 per 180 days)</td>
</tr>
</tbody>
</table>
Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at express-scripts.com.

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML</td>
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<td>PA; MO; QL (2 per 180 days)</td>
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<tr>
<td>HUMIRA(CF) PEN CROHNS-UC-HS</td>
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<td>PA; MO; QL (3 per 180 days)</td>
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<tr>
<td>HUMIRA(CF) PEN PSOR-UV-ADOL HS</td>
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<td>PA; MO; QL (3 per 180 days)</td>
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<tr>
<td>HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML</td>
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<td>PA; MO; QL (4 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML</td>
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<td>PA; MO; QL (2 per 28 days)</td>
</tr>
<tr>
<td>HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML</td>
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<td>PA; MO; QL (4 per 28 days)</td>
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<tr>
<td>leflunomide</td>
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<td>ORENCIA</td>
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<tr>
<td>ORENCIA (WITH MALTOSE)</td>
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<tr>
<td>ORENCIA CLICKJECT</td>
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<td>OTEZLA</td>
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<td>OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)</td>
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<td>penicillamine</td>
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<td>RIDAURA</td>
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<tr>
<td>XELJANZ</td>
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<td>PA; MO; QL (60 per 30 days)</td>
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<tr>
<td>XELJANZ XR</td>
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<td>PA; MO; QL (30 per 30 days)</td>
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<tr>
<td>DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML</td>
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<tr>
<td>dotti</td>
<td>1</td>
<td>PA; QL (8 per 28 days)</td>
</tr>
<tr>
<td>errin</td>
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<td>MO</td>
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<td>estradiol oral</td>
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<tr>
<td>estradiol transdermal patch semiweekly</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements /Limits</td>
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<td>--------------------------------------------</td>
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<tr>
<td>estradiol transdermal patch weekly</td>
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<tr>
<td>estradiol vaginal</td>
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<tr>
<td>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</td>
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<tr>
<td>estradiol-norethindrone acetate</td>
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<tr>
<td>incassia</td>
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<td>jolivette</td>
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<tr>
<td>lyza</td>
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<tr>
<td>medroxyprogesterone</td>
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<td>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</td>
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<tr>
<td>nora-be</td>
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<tr>
<td>norethindrone (contraceptive)</td>
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<tr>
<td>norethindrone acetate</td>
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<tr>
<td>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</td>
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<td>progesterone miczonted</td>
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<td>sharobel</td>
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<tr>
<td>yuvafem</td>
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</table>

**MISCELLANEOUS OB/GYN**

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>clindamycin phosphate vaginal</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements /Limits</th>
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<tbody>
<tr>
<td>metronidazole vaginal</td>
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<td>miconazole-3 vaginal suppository</td>
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<td>terconazole</td>
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<td>tranexamic acid oral</td>
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<td>vandazole</td>
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<tr>
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</table>

**ORAL CONTRACEPTIVES / RELATED AGENTS**

<table>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>altavera (28)</td>
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<tr>
<td>alyacen 1/35 (28)</td>
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<tr>
<td>apri</td>
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<tr>
<td>aranelle (28)</td>
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</tr>
<tr>
<td>aubra</td>
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<tr>
<td>aviance</td>
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</tr>
<tr>
<td>caziant (28)</td>
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</tr>
<tr>
<td>cryselle (28)</td>
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<tr>
<td>cyclafem 1/35 (28)</td>
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<td>cyclafem 7/7/7 (28)</td>
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<tr>
<td>delyla (28)</td>
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<tr>
<td>desogestrel-ethinyl estradiol</td>
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<td>drospirenone-ethinyl estradiol</td>
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<td>enpresse</td>
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</table>

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<tr>
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<tr>
<td>enskyce</td>
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<td>microgestin 1/20 (21)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>microgestin fe 1.5/30 (28)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>microgestin fe 1/20 (28)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>mili</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nikki (28)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>norgestrate-ethinyl estradiol</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nortrel 0.5/35 (28)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nortrel 1/35 (21)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nortrel 1/35 (28)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>nortrel 7/7/7 (28)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>orsytia</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>pimtrea (28)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>pirmella oral tablet 1-35 mg-mcg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>portia 28</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>previfem</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>reclipsen (28)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>setlakin</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>sprintec (28)</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>syeda</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>tarina 24 fe</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>tarina fe 1/20 (28)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>tri-estarylla</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>tri-legest fe</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>tri-lo-estarylla</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>tri-lo-sprintec</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>tri-previfem (28)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>tri-sprintec (28)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>trivora (28)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>velivet triphasic regimen (28)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>vienva</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>zarah</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>zovia 1/35e (28)</td>
<td>1</td>
<td>MO</td>
</tr>
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</table>

**OPHTHALMOLOGY**

**ANTIBIOTICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bacitracin ophthalmic (eye)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>bacitracin-polymyxin b ophthalmic (eye)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ciprofloxacin hcl ophthalmic (eye)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>erythromycin ophthalmic (eye)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>gatifloxacin</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>gentak ophthalmic (eye) ointment</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

**ANTIVIRALS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>trifluridine</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>ZIRGAN</td>
<td>2</td>
<td>MO</td>
</tr>
</tbody>
</table>

**BETA-BLOCKERS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>betaxolol ophthalmic (eye)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>carteolol</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>levobunolol ophthalmic (eye) drops 0.5 %</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>timolol maleate ophthalmic (eye)</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

**MISCELLANEOUS OPHTHALMOLOGICS**
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>atropine ophthalmic (eye) drops</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>azelastine ophthalmic (eye)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>BLEPHAMIDE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>BLEPHAMIDE S.O.P.</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>cromolyn ophthalmic (eye)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CYSTARAN</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td>epinastine</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>olopatadine ophthalmic (eye)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>PHOSPHOLINE IODIDE</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>pilocarpine hcl ophthalmic (eye)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>sulfacetamide ophthalmic (eye)</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>sulfacetamide-prednisolone</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>XIIDRA</td>
<td>2</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-steroidal Anti-Inflammatory Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>bromfenac</td>
</tr>
<tr>
<td>diclofenac sodium ophthalmic (eye)</td>
</tr>
<tr>
<td>flurbiprofen sodium</td>
</tr>
<tr>
<td>ketorolac ophthalmic (eye)</td>
</tr>
</tbody>
</table>

| | Drug Name                          | Drug Tier | Requirements /Limits |
|-------------------------------|-----------|---------------------|
| ORAL DRUGS FOR GLAUCOMA       |            |                     |
| acetazolamide                 | 1         | MO                  |
| methazolamide                 | 1         | MO                  |
| OTHER GLAUCOMA DRUGS          |            |                     |
| bimatoprost ophthalmic (eye)   | 1         | MO                  |
| dorzolamide                   | 1         | MO                  |
| dorzolamide-timolol           | 1         | MO                  |
| dorzolamide-timolol (pf) ophthalmic (eye) dropperette | 1 | MO |
| latanoprost                   | 1         | MO                  |

<table>
<thead>
<tr>
<th>STEROID-ANTIBIOTIC COMBINATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>neomycin-bacitracin-poly-hc</td>
</tr>
<tr>
<td>neomycin-polymyxin b-dexameth</td>
</tr>
<tr>
<td>neomycin-polymyxin-hc ophthalmic (eye)</td>
</tr>
<tr>
<td>tobramycin-dexamethasone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STEROIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>dexamethasone sodium phosphate ophthalmic (eye)</td>
</tr>
<tr>
<td>fluorometholone</td>
</tr>
<tr>
<td>loteprednol etabonate</td>
</tr>
<tr>
<td>prednisolone acetate</td>
</tr>
</tbody>
</table>

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>prednisolone sodium phosphate ophthalmic (eye)</td>
<td>1</td>
<td>MO</td>
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</table>

**SYMPATHOMIMETICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>apraclonidine</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>brimonidine</td>
<td>1</td>
<td>MO</td>
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</tbody>
</table>

**RESPIRATORY AND ALLERGY**

**ANTIHistAMINE / ANTIAllERGENIC AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cetirizine oral solution 1 mg/ml</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)</td>
<td>2</td>
<td>MO; QL (2 per 30 days)</td>
</tr>
<tr>
<td>epinephrine injection auto-injector 0.3 mg/0.3 ml (manufactured by mylan specialty)</td>
<td>1</td>
<td>MO; QL (2 per 30 days)</td>
</tr>
<tr>
<td>EPIPEN 2-PAK</td>
<td>2</td>
<td>MO; QL (2 per 30 days)</td>
</tr>
<tr>
<td>EPIPEN JR 2-PAK</td>
<td>2</td>
<td>MO; QL (2 per 30 days)</td>
</tr>
<tr>
<td>hydroxyzine hcl oral tablet</td>
<td>1</td>
<td>PA; MO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>levocetirizine oral solution</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>levocetirizine oral tablet</td>
<td>1</td>
<td>MO; QL (30 per 30 days)</td>
</tr>
<tr>
<td>promethazine oral</td>
<td>1</td>
<td>PA; MO</td>
</tr>
</tbody>
</table>

**PULMONARY AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetylcysteine</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>ADEMPAS</td>
<td>3</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>ADVAIR DISKUS</td>
<td>2</td>
<td>MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>albuterol sulfate oral</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>alyq</td>
<td>3</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>ambrisentan</td>
<td>3</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>ASMANEX HFA</td>
<td>2</td>
<td>MO; QL (13 per 30 days)</td>
</tr>
<tr>
<td>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)</td>
<td>2</td>
<td>MO; QL (1 per 30 days)</td>
</tr>
</tbody>
</table>

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<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)</td>
<td>2</td>
<td>MO; QL (2 per 30 days)</td>
<td>ESBRIET ORAL TABLET 267 MG</td>
<td>3</td>
<td>PA; MO; QL (270 per 30 days)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ESBRIET ORAL TABLET 801 MG</td>
<td>3</td>
<td>PA; MO; QL (90 per 30 days)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FASENRA</td>
<td>3</td>
<td>PA; MO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FIRAZYR</td>
<td>3</td>
<td>PA; MO</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</td>
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<td>MO; QL (50 per 30 days)</td>
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<td></td>
<td></td>
<td></td>
<td>fluticasone propionate nasal</td>
<td>1</td>
<td>MO; QL (16 per 30 days)</td>
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<td>HAEGARDA</td>
<td>3</td>
<td>PA; MO; LA</td>
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<td></td>
<td>INCRUSE ELLIPTA</td>
<td>2</td>
<td>MO; QL (30 per 30 days)</td>
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<td></td>
<td>ipratropium bromide inhalation</td>
<td>1</td>
<td>PA; MO</td>
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<td></td>
<td></td>
<td></td>
<td>ipratropium-albuterol</td>
<td>1</td>
<td>PA; MO</td>
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<tr>
<td></td>
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<td></td>
<td>KALYDECO ORAL GRANULES IN PACKET</td>
<td>3</td>
<td>PA; MO; QL (56 per 28 days)</td>
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<td></td>
<td></td>
<td></td>
<td>KALYDECO ORAL TABLET</td>
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<td>PA; MO; QL (60 per 30 days)</td>
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<td>levalbuterol hcl</td>
<td>1</td>
<td>PA; MO</td>
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<td>metaproterenol</td>
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<td></td>
<td></td>
<td></td>
<td>mometasone nasal</td>
<td>1</td>
<td>MO; QL (34 per 30 days)</td>
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<td></td>
<td></td>
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<td>montelukast</td>
<td>1</td>
<td>MO</td>
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<td></td>
<td></td>
<td></td>
<td>OFEV</td>
<td>3</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>ATROVENT HFA</td>
<td>2</td>
<td>MO; QL (25.8 per 30 days)</td>
<td></td>
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<tr>
<td>bosentan</td>
<td>3</td>
<td>PA; MO; LA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</td>
<td>1</td>
<td>PA; MO; QL (120 per 30 days)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>budesonide inhalation suspension for nebulization 1 mg/2 ml</td>
<td>1</td>
<td>PA; MO; QL (60 per 30 days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CINRYZE</td>
<td>3</td>
<td>PA; MO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMBIVENT RESPIMAT</td>
<td>2</td>
<td>MO; QL (8 per 30 days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cromolyn inhalation</td>
<td>1</td>
<td>PA; MO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DALIRESP ORAL TABLET 250 MCG</td>
<td>2</td>
<td>PA; MO; QL (30 per 30 days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DALIRESP ORAL TABLET 500 MCG</td>
<td>2</td>
<td>PA; MO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DULERA</td>
<td>2</td>
<td>MO; QL (13 per 30 days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESBRIET ORAL CAPSULE</td>
<td>3</td>
<td>PA; MO; QL (270 per 30 days)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<th>Requirements /Limits</th>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPSUMIT</td>
<td>3</td>
<td>PA; MO; LA</td>
<td>sildenafil</td>
<td>1</td>
<td>PA; MO; QL (90 per 30 days)</td>
</tr>
<tr>
<td>ORKAMBI ORAL GRANULES IN PACKET</td>
<td>3</td>
<td>PA; MO; QL (56 per 28 days)</td>
<td>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</td>
<td>3</td>
<td>PA; MO; QL (224 per 30 days)</td>
</tr>
<tr>
<td>ORKAMBI ORAL TABLET</td>
<td>3</td>
<td>PA; MO; QL (112 per 28 days)</td>
<td>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</td>
<td>3</td>
<td>PA; MO; QL (224 per 30 days)</td>
</tr>
<tr>
<td>PERFOROMIST</td>
<td>2</td>
<td>PA; MO</td>
<td>SPIRIVA</td>
<td>2</td>
<td>MO; QL (4 per 30 days)</td>
</tr>
<tr>
<td>PROAIR HFA</td>
<td>2</td>
<td>MO; QL (17 per 30 days)</td>
<td>SPIRIVA WITH HANDIHALER</td>
<td>2</td>
<td>MO; QL (90 per 90 days)</td>
</tr>
<tr>
<td>PROAIR RESPICLICK</td>
<td>2</td>
<td>MO; QL (2 per 30 days)</td>
<td>STIOLTO RESPIMAT</td>
<td>2</td>
<td>MO; QL (4 per 30 days)</td>
</tr>
<tr>
<td>PULMOZYME</td>
<td>3</td>
<td>PA; MO</td>
<td>STRIVERDI RESPIMAT</td>
<td>2</td>
<td>MO; QL (4 per 30 days)</td>
</tr>
<tr>
<td>QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION</td>
<td>2</td>
<td>MO; QL (10.6 per 30 days)</td>
<td>SYMBICORT</td>
<td>2</td>
<td>MO; QL (10.2 per 30 days)</td>
</tr>
<tr>
<td>QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION</td>
<td>2</td>
<td>MO; QL (21.2 per 30 days)</td>
<td>SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)</td>
<td>3</td>
<td>PA; MO; QL (56 per 28 days)</td>
</tr>
<tr>
<td>SEREVENT DISKUS</td>
<td>2</td>
<td>MO; QL (60 per 30 days)</td>
<td>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</td>
<td>3</td>
<td>PA; MO; QL (60 per 30 days)</td>
</tr>
<tr>
<td>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</td>
<td>3</td>
<td>PA; MO; QL (224 per 30 days)</td>
<td>terbutaline oral</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</td>
<td>3</td>
<td>PA; MO; QL (224 per 30 days)</td>
<td>THEO-24</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>theophylline oral solution</td>
<td>1</td>
<td>MO</td>
<td>theophylline oral extended release 12 hr 100 mg, 200 mg, 300 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>theophylline oral extended release 24 hr</td>
<td>1</td>
<td>MO</td>
<td>theophylline oral extended release 24 hr</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>XOLAIR SUBCUTANEOUS RECON SOLN</td>
<td>3</td>
<td>PA; MO; LA; QL (6 per 28 days)</td>
</tr>
<tr>
<td>XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML</td>
<td>3</td>
<td>PA; MO; LA; QL (4 per 28 days)</td>
</tr>
<tr>
<td>XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML</td>
<td>3</td>
<td>PA; MO; LA; QL (1 per 28 days)</td>
</tr>
<tr>
<td>zafirlukast</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

**UROLOGICALS**

**ANTICHOLINERGICS / ANTISPASMODICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>flavoxate</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>MYRBETRIQ</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>oxybutynin chloride</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>solifenacin</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>tolterodine</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>trospium</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

**BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alfuzosin</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dutasteride</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>dutasteride-tamsulosin</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>finasteride oral tablet 5 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>silodosin</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>tamsulosin</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bethanechol chloride</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>CYSTAGON</td>
<td>2</td>
<td>PA; MO; LA</td>
</tr>
<tr>
<td>ELMIRON</td>
<td>2</td>
<td>MO</td>
</tr>
<tr>
<td>potassium citrate</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>tadalafil oral tablet 2.5 mg, 5 mg</td>
<td>1</td>
<td>PA; MO; QL (30 per 30 days)</td>
</tr>
</tbody>
</table>

**VITAMINS, HEMATINICS / ELECTROLYTES**

**ELECTROLYTES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcium acetate oral capsule</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>calcium acetate oral tablet 667 mg</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>klor-con</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>klor-con 10</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>klor-con 8</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>klor-con m10</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>klor-con m15</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>klor-con m20</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>klor-con sprinkle oral capsule, extended release 8 meq</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>k-tab oral tablet extended release 8 meq</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>magnesium sulfate injection solution</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>magnesium sulfate injection syringe</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NORMOSOL-R IN 5 % DEXTROSE</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
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</thead>
<tbody>
<tr>
<td>potassium chloride</td>
<td>1</td>
<td>MO</td>
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<tr>
<td>sodium chloride</td>
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<td>sodium chloride</td>
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<td>sodium chloride</td>
<td>1</td>
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</tr>
<tr>
<td>sodium lactate</td>
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</table>

**MISCELLANEOUS NUTRITION PRODUCTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements /Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMINOSYN II 10</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>AMINOSYN II 15</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>AMINOSYN-PF 10</td>
<td>2</td>
<td>PA</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMINOSYN-PF 7 % (SULFITE-FREE)</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>CLINIMIX 5%/D15W SULFITE FREE</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>CLINIMIX 4.25%/D10W SULFITE FREE</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>CLINIMIX 5%-D20W(SULFITE-FREE)</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>HEPATAMINE 8%</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>intralipid intravenous emulsion 20 %</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>IONOSOL-MB IN D5W</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ISOLYTE-P IN 5% DEXTROSE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ISOLYTE-S</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NEPHRAMINE 5.4%</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>NORMOSOL-R PH 7.4</td>
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<tr>
<td>PLASMA-LYTE 148</td>
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<td></td>
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<tr>
<td>PLASMA-LYTE A</td>
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<tr>
<td>plenamine</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>premasol 10 %</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>PREMASOL 6 %</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>travasol 10 %</td>
<td>1</td>
<td>PA; MO</td>
</tr>
<tr>
<td>TROPHAMINE 10 %</td>
<td>2</td>
<td>PA; MO</td>
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</tbody>
</table>

**VITAMINS / HEMATINICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>fluoride (sodium) oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>prenatal vitamin oral tablet</td>
<td>1</td>
<td>MO</td>
</tr>
</tbody>
</table>

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Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at express-scripts.com.
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Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at express-scripts.com.
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You must use network pharmacies to fill your prescriptions to get the most out of your benefit. However, there are emergency circumstances under which you may be reimbursed for a covered prescription that is not filled at a network pharmacy. Limitations, copayments and restrictions may apply.

This formulary was updated on 08/22/2019. For more recent information or to price a medication, you can visit us on the Web at express-scripts.com. Or you can contact Express Scripts Medicare® (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

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