This formulary was updated on November 22, 2021.

Please read: This document contains information about the drugs we cover in this plan.

For a complete, up-to-date list of covered drugs, visit our website at PacificSource.com. For more recent information or other questions, please contact PacificSource Customer Service at 888-977-9299 or at cs@pacificsource.com. Or visit us online at PacificSource.com.
PacificSource 2022 List of Covered Drugs

What is a Drug List?
A drug list is a list of covered drugs, selected in consultation with a team of healthcare providers. The list represents prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover a drug on the list as long as it is medically necessary, the prescription is filled at an in-network pharmacy, and other plan rules are followed. The drug list is a guide to help you and your provider identify medications that can provide the best clinical results at the lowest cost.

To find out which list applies to your pharmacy plan, check your PacificSource member ID card or Summary of Benefits—available online through your InTouch account or from your benefits administrator. You are also welcome to call our Customer Service team for assistance. If you have questions about your coverage, please contact Customer Service at 888-977-9299 or at cs@pacificsource.com.

Can the Drug List change?
Yes. Updates to the drug list may occur on a monthly basis. Refer to the list on our website, PacificSource.com, for the most current list of covered medications. If a change is made to the drug list, we will notify affected members at least 30 days before the change becomes effective. Changes may include removing drugs from our list, moving a drug to a higher cost-sharing tier, or adding restrictions such as prior authorization, quantity limit, or step therapy. Please refer to our prescription drug information and news web page for more information (PacificSource.com/members/individuals/prescription-drug-information).

How do I use the Drug List?
Our drug lists are available in a searchable online format and can be found at PacificSource.com/find-a-drug, where you’ll have the option to view and print an entire list or just your search results. Only the drugs on the list are covered by your plan. Our drug lists are subject to change, as new drugs are constantly entering the market. Please note: Some specific group plans may not cover all drugs on the drug list. A separate benefit may apply to some drugs, such as specialty drugs.

State Drug Lists: Our Idaho Drug List (ID), Montana Drug List (MT), and Oregon Drug List (OR) are used by the majority of our members covered through employers or who have an individual and family plan.

Tier: The tier numbers in the drug list refer to drug copay tiers.
- Tier 0 drugs have no copays and include preventive service drugs covered under the Affordable Care Act.
- Tier 1 drugs have a low copay and are typically generics.
- Tier 2 drugs have a mid-range copay.
- Tier 3 drugs have a high copay.
- Tier 4 drugs have the highest copay.

Drugs listed as “SP” are specialty medications and may have additional restrictions or costs associated with them.

Drugs listed as “PS Expanded NCDL” are available on the PacificSource Expanded No Cost Drug List, which groups may opt to provide.

Drugs listed as “VBP Drug List” are available on the Value Based Preventive No-Cost Drug List, which self-funded groups may opt to provide.

Requirements/Limits: This may include information on Quantity Limits (“QL”), if the medication requires prior authorization (“PA”), Step Therapy (“ST”), if the medication is considered a specialty medication (“SP”), or if there are other restrictions on coverage. Please see your Member Handbook for details.

What are generic drugs?
A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.
If you or your provider requests that your medication be filled with a brand name drug when a generic is available, you may be responsible for the brand name drug’s copay plus the difference in cost between the brand name drug and the generic option. Actual costs may vary by plan design.

Affordable Care Act (ACA) No Cost Drug List
The Affordable Care Act (ACA) No Cost Drug List includes medications used to prevent certain health conditions. These are also known as Tier 0 drugs. If you are enrolled in a group that qualified under ACA, these drugs are covered at no cost when prescribed by a licensed healthcare provider. Some examples include drugs used to help you stop smoking, folic acid, and contraceptives for women. Covered drugs are subject to restrictions such as age and gender. For more information please visit PacificSource.com/find-a-drug.

Drugs with special requirements
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Partial Fill: Some drugs have a high cost and many side effects that make them harder to tolerate for long-term use. These medications will be dispensed in a limited amount on the first fill only (for half the normal copay). This first fill acts as a trial period to see if you are able to tolerate the drug. If the trial is a success, future fills will be for the full amount.

PA (Prior Authorization): If "PA" appears in the requirements column, the drug requires prior authorization. This means your provider will need to get approval from us before you will be able to fill your prescription. Without prior authorization, we may not cover the drug. Please have your provider submit documentation to us for authorization review if you need to get a "PA."

QL (Quantity Limits): If "QL" appears in the requirements column, the drug may be covered by your plan, but only up to a certain quantity or amount. If you need quantities higher than the limit shown, please have your provider contact us for authorization.

ST (Step Therapy): In some cases, we require you to first try a lower-cost alternative ("Step 1") drug before using the more expensive ("Step 2" or "Step 3") drug. If it is medically necessary for you to use a Step 2 or Step 3 drug as initial therapy, your provider will need to submit a request for authorization.

SP (Specialty Drug): If "SP" appears in the requirements column, it is a specialty drug. Fills of specialty drugs are limited to a 30-day supply and must be filled at an in-network Specialty Pharmacy. Specialty drugs are not available to be filled at your regular retail or mail-order pharmacy unless an exception has been granted. Here is the contact information for specialty pharmacy access in all 50 states:

CVS Caremark Specialty Pharmacy
800-237-2767 Phone
800-323-2445 Fax

Regional specialty pharmacies:
Depending where you live, you may wish to contact your provider about using the specialty pharmacies in your region, including MultiCare, Legacy Health, OHSU, St. Luke’s, and Billings Clinic.

How do I get authorization for my drug?
Certain drugs require prior authorization or have additional requirements ("PA" or "ST") that must be met before your drug is covered under your prescription benefit.

If your drug requires "PA", you can:
- Have your provider submit medical documentation to us for review.

If your drug requires "ST", you can:
- Ask your provider about prescribing a Step 1 drug. If these options are not appropriate, your provider will need to submit a request for authorization to us.

You and your provider can get more information about specific restrictions applied to covered drugs by visiting our website. We have posted documents that address our Prior Authorization and Step Therapy policies at PacificSource.com/members/prescription-drug-information/lists-and-criteria, under "Utilization Management."
Your provider can submit authorization requests and supporting documentation to our Pharmacy Services department online via our InTouch portal, or by calling us at 844-877-4803.

**What if my drug is not on the Drug List?**
If your drug is not included on the list of covered drugs for your plan, you can:

- Visit our website for a list of similar drugs that are covered by us. You can ask your provider to prescribe a drug that is covered by your plan.
- Ask us to make an exception and cover your drug.

**How do I request an exception from PacificSource?**

You can ask us to cover a drug even if it is not on our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level. Generally, we will only approve your request for an exception if the alternative drugs included on the plan’s drug list would not be as effective in treating your covered condition and/or would cause you to have adverse medical effects. Your provider will need to submit documentation to us for consideration. If you or your provider have questions about how to submit a request, please contact our Customer Service team at 888-977-9299 or by email at cs@pacificsource.com.

**PacificSource Medication Synchronization Program**

To ensure your medication is effective, it’s important to take it exactly as prescribed. This can be challenging if you take multiple medications that refill at different times and require many trips to the pharmacy. Through our medication synchronization program, your ongoing prescriptions may be coordinated so refills are ready at the same time. Certain limitations apply regarding the medications eligible for synchronization. If you wish to have your medication refills synchronized, please ask your provider or pharmacist to contact our Pharmacy Services Department at 844-877-4803 or email pharmacy@pacificsource.com. We will work with your provider to evaluate your options and develop your synchronization plan.

**Prescriptions delivered by mail**

To order prescriptions online, via mobile app, and by phone, sign in to your InTouch account. If you want to learn more, go to Caremark.com or call Caremark Prescription Services at 888-362-4009.

**More information**

For more detailed information about our prescription drug coverage, please review your Summary of Benefits and other plan materials. If you have questions, please contact Customer Service at 888-977-9299 or at cs@pacificsource.com.
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<tbody>
<tr>
<td>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXCIANTS</td>
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<tr>
<td>ADHD Agent - Selective Alpha Adrenergic Agonists</td>
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<td>MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL</td>
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<td>Amphetamines</td>
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<td>Amphetamines (continued)</td>
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<tr>
<td>ZENZEDI TABLET 15 MG ORAL</td>
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<td>SUNOSI TABLET 150 MG ORAL</td>
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<td>SUNOSI TABLET 75 MG ORAL</td>
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<td>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</td>
<td>1</td>
<td>PA, QL 90/30 days, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl er tablet extended release 10 mg oral</td>
<td>1</td>
<td>PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl er tablet extended release 18 mg oral</td>
<td>1</td>
<td>PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only</td>
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</tbody>
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<tbody>
<tr>
<td>methylphenidate hcl er tablet extended release 20 mg oral</td>
<td>1</td>
<td>PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl er tablet extended release 24 hour 18 mg oral</td>
<td>1</td>
<td>PA, QL 60/30 days, NON-OSMOTIC FORMULATION, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</td>
<td>1</td>
<td>PA, QL 60/30 days, NON-OSMOTIC FORMULATION, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</td>
<td>1</td>
<td>PA, QL 60/30 days, NON-OSMOTIC FORMULATION, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</td>
<td>1</td>
<td>PA, QL 60/30 days, NON-OSMOTIC FORMULATION, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl er tablet extended release 27 mg oral</td>
<td>1</td>
<td>PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl er tablet extended release 36 mg oral</td>
<td>1</td>
<td>PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl er tablet extended release 54 mg oral</td>
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<td>PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl er tablet extended release 72 mg oral</td>
<td>3</td>
<td>PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only</td>
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<tr>
<td>methylphenidate hcl solution 10 mg/5ml oral</td>
<td>1</td>
<td>PA, QL 900/30 days, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl solution 5 mg/5ml oral</td>
<td>1</td>
<td>PA, QL 1800/30 days, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl tablet 10 mg oral</td>
<td>1</td>
<td>PA, QL 180/30 days, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl tablet 20 mg oral</td>
<td>1</td>
<td>PA, QL 90/30 days, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl tablet 5 mg oral</td>
<td>1</td>
<td>PA, QL 180/30 days, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl tablet chewable 10 mg oral</td>
<td>1</td>
<td>PA, QL 180/30 days, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl tablet chewable 2.5 mg oral</td>
<td>1</td>
<td>PA, QL 180/30 days, PA applies to age 6 to 12 years old, new starts only</td>
</tr>
<tr>
<td>methylphenidate hcl tablet chewable 5 mg oral</td>
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</tr>
<tr>
<td>modafinil tablet 100 mg oral</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>modafinil tablet 200 mg oral</td>
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<td>QL 30/30 days</td>
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**ALLERGENIC EXTRACTS/BIOLOGICALS MISC**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>GRASTEK TABLET SUBLINGUAL 2800 BAU SUBLINGUAL</td>
<td>2</td>
<td>QL 30/30 days</td>
</tr>
<tr>
<td>PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG &amp; 10 MG ORAL</td>
<td>4</td>
<td>PA, QL 45/14 days, SP</td>
</tr>
</tbody>
</table>

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<th>TIER</th>
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</thead>
<tbody>
<tr>
<td><strong>Allergenic Extracts (continued)</strong></td>
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</tr>
<tr>
<td>PALFORZIA (120 MG DAILY DOSE) 20 MG &amp; 100 MG ORAL</td>
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<tr>
<td>PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG &amp; 100 MG ORAL</td>
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<td>PA, QL 60/14 days, SP</td>
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<tr>
<td>PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL</td>
<td>4</td>
<td>PA, QL 15/14 days, SP</td>
</tr>
<tr>
<td>PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL</td>
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<td>PA, QL 30/14 days, SP</td>
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<tr>
<td>PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG &amp; 2 X 100 MG ORAL</td>
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<td>PA, QL 60/14 days, SP</td>
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<tr>
<td>PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL</td>
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<td>PA, QL 45/14 days, SP</td>
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<tr>
<td>PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL</td>
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<td>PA, QL 30/30 days, SP</td>
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<tr>
<td>PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL</td>
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<td>PA, QL 15/14 days, SP</td>
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<tr>
<td>PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL</td>
<td>4</td>
<td>PA, QL 30/14 days, SP</td>
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<tr>
<td>PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL</td>
<td>4</td>
<td>PA, QL 90/14 days, SP</td>
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<tr>
<td>PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL</td>
<td>4</td>
<td>PA, QL 60/14 days, SP</td>
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<tr>
<td>PALFORZIA INITIAL ESCALATION 0.5 &amp; 1 &amp; 1.5 &amp; 3 &amp; 6 MG ORAL</td>
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<td>PA, QL 13/14 days, SP</td>
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<tr>
<td>RAGWITEK TABLET SUBLINGUAL 12 AMB A 1-U SUBLINGUAL</td>
<td>2</td>
<td>QL 30/30 days</td>
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<tr>
<td><strong>Biologics Misc</strong></td>
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<tr>
<td>ADAGEN SOLUTION 250 UNIT/ML INTRAMUSCULAR</td>
<td>4</td>
<td>LA, PA, SP</td>
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<tr>
<td><strong>Mixed Allergenic Extracts</strong></td>
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<td></td>
</tr>
<tr>
<td>ODACTRA TABLET SUBLINGUAL 12 SQ-HDM SUBLINGUAL</td>
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<td>QL 30/30 days</td>
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**AMINOGLYCOSIDES**

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<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
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<tr>
<td>Aminoglycosides</td>
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<tr>
<td>amikacin sulfate solution 1 gm/4ml injection</td>
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</tr>
<tr>
<td>amikacin sulfate solution 500 mg/2ml injection</td>
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</tr>
<tr>
<td>ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION</td>
<td>4</td>
<td>LA, PA, QL 236/28 days, SP</td>
</tr>
<tr>
<td>neomycin sulfate tablet 500 mg oral</td>
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<tr>
<td>paromomycin sulfate capsule 250 mg oral</td>
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<td>QL 168/21 days</td>
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<tr>
<td>streptomycin sulfate solution reconstituted 1 gm intramuscular</td>
<td>3</td>
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<tr>
<td>tobramycin nebulization solution 300 mg/5ml inhalation</td>
<td>4</td>
<td>PA, QL 280/56 days, SP</td>
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<tr>
<td>tobramycin sulfate solution 1.2 gm/30ml injection</td>
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</tr>
<tr>
<td>tobramycin sulfate solution 10 mg/ml injection</td>
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</tr>
<tr>
<td>tobramycin sulfate solution 2 gm/50ml injection</td>
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</tr>
<tr>
<td>tobramycin sulfate solution 80 mg/2ml injection</td>
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</tr>
<tr>
<td>tobramycin sulfate solution reconstituted 1.2 gm injection</td>
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**ANALGESICS - ANTI-INFLAMMATORY**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td>Antirheumatic - Janus Kinase (JAK) Inhibitors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL</td>
<td>4</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>XELJANZ SOLUTION 1 MG/ML ORAL</td>
<td>4</td>
<td>PA, QL 240/30 days, SP</td>
</tr>
<tr>
<td>XELJANZ TABLET 10 MG ORAL</td>
<td>4</td>
<td>PA, QL 60/30 days, SP</td>
</tr>
<tr>
<td>XELJANZ TABLET 5 MG ORAL</td>
<td>4</td>
<td>PA, QL 60/30 days, SP</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td><strong>Antirheumatic - Janus Kinase (JAK) Inhibitors (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL</td>
<td>4</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL</td>
<td>4</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td><strong>Antirheumatic Antimetabolites</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHEUMATREX TABLET 2.5 MG ORAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Anti-TNF-alpha - Monoclonal Antibodies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 2/28 days, SP</td>
</tr>
<tr>
<td>HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 80 MG/0.8ML &amp; 40MG/0.4ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 2/28 days, SP</td>
</tr>
<tr>
<td>HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 80 MG/0.8ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 3/28 days, SP</td>
</tr>
<tr>
<td>HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 2/28 days, SP</td>
</tr>
<tr>
<td>HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 2/28 days, SP</td>
</tr>
<tr>
<td>HUMIRA PEN PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 3/28 days, SP</td>
</tr>
<tr>
<td>HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 2/28 days, SP</td>
</tr>
<tr>
<td>HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 3/28 days, SP</td>
</tr>
<tr>
<td><strong>Cyclooxygenase 2 (COX-2) Inhibitors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>celecoxib capsule 100 mg oral</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>celecoxib capsule 200 mg oral</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>celecoxib capsule 400 mg oral</td>
<td>1</td>
<td>QL 30/30 days</td>
</tr>
<tr>
<td>celecoxib capsule 50 mg oral</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td><strong>Gold Compounds</strong></td>
<td></td>
<td></td>
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<tr>
<td>RIDAURA CAPSULE 3 MG ORAL</td>
<td>4</td>
<td>PA, SP, Medical Necessity PA</td>
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</tbody>
</table>

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<tbody>
<tr>
<td><strong>Interleukin-1 Blockers</strong></td>
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<td></td>
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<tr>
<td>ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 4/28 days, SP</td>
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<tr>
<td><strong>Interleukin-1 Receptor Antagonist (IL-1Ra)</strong></td>
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<tr>
<td>KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS</td>
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<td>LA, PA, QL 18.76/28 days, SP, Medical Necessity PA</td>
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<tr>
<td><strong>Interleukin-6 Receptor Inhibitors</strong></td>
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<tr>
<td>ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 3.60/28 days, SP, Medical Necessity PA</td>
</tr>
<tr>
<td>ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 3.60/28 days, SP, Medical Necessity PA</td>
</tr>
<tr>
<td>KEVZARA SOLUTION AUTO-INJECTOR 150 MG/1.14ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 2.28/28 days, SP, Medical Necessity PA</td>
</tr>
<tr>
<td>KEVZARA SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 2.28/28 days, SP, Medical Necessity PA</td>
</tr>
<tr>
<td>KEVZARA SOLUTION PREFILLED SYRINGE 150 MG/1.14ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 2.28/28 days, SP, Medical Necessity PA</td>
</tr>
<tr>
<td>KEVZARA SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 2.28/28 days, SP, Medical Necessity PA</td>
</tr>
<tr>
<td><strong>Nonsteroidal Anti-inflammatory Agent Combinations</strong></td>
<td></td>
<td></td>
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<tr>
<td>diclofenac-misoprostol tablet delayed release 50-0.2 mg oral</td>
<td>1</td>
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</tr>
<tr>
<td>diclofenac-misoprostol tablet delayed release 75-0.2 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>naproxen-esomeprazole tablet delayed release 375-20 mg oral</td>
<td>1</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td><strong>Nonsteroidal Anti-inflammatory Agent Combinations (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>naproxen-esomeprazole tablet delayed release 500-20 mg oral</td>
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<td>PA, Medical Necessity PA</td>
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<td><strong>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</strong></td>
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<tr>
<td>diclofenac potassium tablet 50 mg oral</td>
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<td>diclofenac sodium er tablet extended release 24 hour 100 mg oral</td>
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<td>diclofenac sodium tablet delayed release 25 mg oral</td>
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<tr>
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<tr>
<td>etodolac er tablet extended release 24 hour 500 mg oral</td>
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<tr>
<td>etodolac er tablet extended release 24 hour 600 mg oral</td>
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<td>etodolac tablet 400 mg oral</td>
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<td>etodolac tablet 500 mg oral</td>
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<td>fenoprofen calcium tablet 600 mg oral</td>
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<td>IBU TABLET 600 MG ORAL</td>
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<td>IBU TABLET 800 MG ORAL</td>
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<td>ibuprofen tablet 400 mg oral</td>
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<tr>
<td>ibuprofen tablet 600 mg oral</td>
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</tbody>
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<tbody>
<tr>
<td>ibuprofen tablet 800 mg oral</td>
<td>1</td>
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<tr>
<td>INDOCIN SUSPENSION 25 MG/5ML ORAL</td>
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<td>indomethacin capsule 25 mg oral</td>
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<tr>
<td>indomethacin capsule 50 mg oral</td>
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<tr>
<td>indomethacin er capsule extended release 75 mg oral</td>
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<tr>
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<td>naproxen tablet 500 mg oral</td>
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<tr>
<td>piroxicam capsule 20 mg oral</td>
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<td>sulindac tablet 200 mg oral</td>
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**TIER 2**

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<td>NALFON TABLET 600 MG ORAL</td>
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<tr>
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**Phosphodiesterase 4 (PDE4) Inhibitors**

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<tr>
<td>OTEZLA TABLET 30 MG ORAL</td>
<td>4</td>
<td>PA, QL 60/30 days, SP</td>
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<td>OTEZLA TABLET THERAPY PACK 10 &amp; 20 &amp; 30 MG ORAL</td>
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<td>PA, SP</td>
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**Pyrimidine Synthesis Inhibitors**

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<tr>
<td>leflunomide tablet 10 mg oral</td>
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<td>QL 30/30 days</td>
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<tr>
<td>leflunomide tablet 20 mg oral</td>
<td>1</td>
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</table>

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<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td><strong>Selective Costimulation Modulators</strong></td>
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<tr>
<td>ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 4/28 days, SP, Medical Necessity PA</td>
</tr>
<tr>
<td>ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 4/28 days, SP, Medical Necessity PA</td>
</tr>
<tr>
<td>ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 4/28 days, SP, Medical Necessity PA</td>
</tr>
<tr>
<td>ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS</td>
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<td>PA, QL 4/28 days, SP, Medical Necessity PA</td>
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<tr>
<td><strong>Soluble Tumor Necrosis Factor Receptor Agents</strong></td>
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<tr>
<td>ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS</td>
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<td>PA, QL 4/28 days, SP</td>
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<tr>
<td>ENBREL SOLUTION 25 MG/0.5ML SUBCUTANEOUS</td>
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<td>PA, QL 4/28 days, SP</td>
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<tr>
<td>ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 8/28 days, SP</td>
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<tr>
<td>ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS</td>
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<td>PA, QL 4/28 days, SP</td>
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<tr>
<td>ENBREL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 8/28 days, SP</td>
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<tr>
<td>ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS</td>
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<tr>
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<tr>
<td>Analgesics-Sedatives</td>
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<tr>
<td>butalbital-acetaminophen tablet 50-325 mg oral</td>
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<td>QL 30/30 days</td>
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<tr>
<td><strong>ANALGESICS - OPIOID</strong></td>
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<tr>
<td>Codeine Combinations</td>
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<tr>
<td>acetaminophen-codeine #2 tablet 300-15 mg oral</td>
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<tr>
<td>acetaminophen-codeine #3 tablet 300-30 mg oral</td>
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<tr>
<td>acetaminophen-codeine #4 tablet 300-60 mg oral</td>
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<td>acetaminophen-codeine solution 120-12 mg/5ml oral</td>
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<tr>
<td>butalbital-apap-caff-cod capsule 50-300-40-30 mg oral</td>
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<td>QL 30/30 days, PA may apply</td>
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<tr>
<td>butalbital-apap-caff-cod capsule 50-325-40-30 mg oral</td>
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<tr>
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</table>

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<table>
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<th>DRUG NAME</th>
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<tr>
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<td>PA may apply</td>
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<tr>
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<td>PA may apply</td>
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<tr>
<td>hydrocodone-acetaminophen tablet 7.5-300 mg oral</td>
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<td>PA may apply</td>
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<tr>
<td>hydrocodone-acetaminophen tablet 7.5-325 mg oral</td>
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<td>PA may apply</td>
</tr>
<tr>
<td>hydrocodone-ibuprofen tablet 10-200 mg oral</td>
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<tr>
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<tr>
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<td><strong>Opioid Agonists</strong></td>
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<tr>
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<tbody>
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<td>hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral</td>
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<td>hydrocodone bitartrate er capsule extended release 12 hour 20 mg oral</td>
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<tr>
<td>hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral</td>
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<td>hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral</td>
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<tr>
<td>meperidine hcl tablet 50 mg oral</td>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>methadone hcl concentrate 10 mg/ml oral</td>
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<td>methadone hcl solution 10 mg/5ml oral</td>
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<td>PA may apply</td>
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<tr>
<td>methadone hcl solution 10 mg/ml injection</td>
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<tr>
<td>methadone hcl solution 5 mg/5ml oral</td>
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<td>morphine sulfate er capsule extended release 24 hour 100 mg oral</td>
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<tr>
<td>morphine sulfate er capsule extended release 24 hour 50 mg oral</td>
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</table>

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<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opioid Agonists (continued)</strong></td>
<td></td>
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<tr>
<td>NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250 MG ORAL</td>
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<tr>
<td>NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50 MG ORAL</td>
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<td>ST, PA may apply</td>
</tr>
<tr>
<td>NUCYNTA TABLET 100 MG ORAL</td>
<td>3</td>
<td>ST, PA may apply</td>
</tr>
<tr>
<td>NUCYNTA TABLET 50 MG ORAL</td>
<td>3</td>
<td>ST, PA may apply</td>
</tr>
<tr>
<td>NUCYNTA TABLET 75 MG ORAL</td>
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<td>ST, PA may apply</td>
</tr>
<tr>
<td>oxycodone hcl concentrate 100 mg/5ml oral</td>
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<td>PA may apply</td>
</tr>
<tr>
<td>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</td>
<td>1</td>
<td>ST, PA may apply</td>
</tr>
<tr>
<td>oxycodone hcl er tablet er 12 hour abuse-deterrent 15 mg oral</td>
<td>1</td>
<td>ST, PA may apply</td>
</tr>
<tr>
<td>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</td>
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<td>ST, PA may apply</td>
</tr>
<tr>
<td>oxycodone hcl er tablet er 12 hour abuse-deterrent 30 mg oral</td>
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<tr>
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<td>ST, PA may apply</td>
</tr>
<tr>
<td>oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral</td>
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<td>ST, PA may apply</td>
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<tr>
<td>oxycodone hcl solution 5 mg/5ml oral</td>
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<td>PA may apply</td>
</tr>
<tr>
<td>oxycodone hcl tablet 10 mg oral</td>
<td>1</td>
<td>PA may apply</td>
</tr>
<tr>
<td>oxycodone hcl tablet 15 mg oral</td>
<td>1</td>
<td>PA may apply</td>
</tr>
<tr>
<td>oxycodone hcl tablet 20 mg oral</td>
<td>1</td>
<td>PA may apply</td>
</tr>
<tr>
<td>oxycodone hcl tablet 30 mg oral</td>
<td>1</td>
<td>PA may apply</td>
</tr>
<tr>
<td>oxycodone hcl tablet 5 mg oral</td>
<td>1</td>
<td>PA may apply</td>
</tr>
<tr>
<td>OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL</td>
<td>3</td>
<td>ST, PA may apply</td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td>Opioid Agonists (continued)</td>
<td></td>
<td></td>
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<tr>
<td>SUBSYS LIQUID 1600 (800 X 2) MCG SUBLINGUAL</td>
<td>3</td>
<td>PA, PA may apply</td>
</tr>
<tr>
<td>SUBSYS LIQUID 200 MCG SUBLINGUAL</td>
<td>3</td>
<td>PA, PA may apply</td>
</tr>
<tr>
<td>SUBSYS LIQUID 400 MCG SUBLINGUAL</td>
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<td>PA, PA may apply</td>
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<tr>
<td>SUBSYS LIQUID 600 MCG SUBLINGUAL</td>
<td>3</td>
<td>PA, PA may apply</td>
</tr>
<tr>
<td>SUBSYS LIQUID 800 MCG SUBLINGUAL</td>
<td>3</td>
<td>PA, PA may apply</td>
</tr>
<tr>
<td>tramadol hcl er tablet extended release 24 hour 100 mg oral</td>
<td>1</td>
<td>PA may apply</td>
</tr>
<tr>
<td>tramadol hcl er tablet extended release 24 hour 200 mg oral</td>
<td>1</td>
<td>PA may apply</td>
</tr>
<tr>
<td>tramadol hcl er tablet extended release 24 hour 300 mg oral</td>
<td>1</td>
<td>PA may apply</td>
</tr>
<tr>
<td>tramadol hcl tablet 50 mg oral</td>
<td>1</td>
<td>PA may apply</td>
</tr>
<tr>
<td>tramadol hcl tablet extended release</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tramadol hcl tablet extended release</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tramadol hcl tablet extended release</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opioid Combinations (continued)</td>
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<td></td>
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<tr>
<td>oxycodone-aspirin tablet 4.8355-325 mg oral</td>
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</tr>
<tr>
<td>oxycodone-ibuprofen tablet 5-400 mg oral</td>
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<td>PA may apply</td>
</tr>
<tr>
<td>Opioid Partial Agonists</td>
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<tr>
<td>buprenorphine hcl solution 0.3 mg/ml injection</td>
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<tr>
<td>buprenorphine hcl tablet sublingual 2 mg sublingual</td>
<td>1</td>
<td>QL 3/1 days</td>
</tr>
<tr>
<td>buprenorphine hcl tablet sublingual 8 mg sublingual</td>
<td>1</td>
<td>QL 3/1 days</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl film 12-3 mg sublingual</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl film 2-0.5 mg sublingual</td>
<td>1</td>
<td>QL 120/30 days</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl film 4-1 mg sublingual</td>
<td>1</td>
<td>QL 90/30 days</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl film 8-2 mg sublingual</td>
<td>1</td>
<td>QL 90/30 days</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl tablet sublingual 2-0.5 mg sublingual</td>
<td>1</td>
<td>QL 3/1 days</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl tablet sublingual 8-2 mg sublingual</td>
<td>1</td>
<td>QL 3/1 days</td>
</tr>
<tr>
<td>buprenorphine patch weekly 10 mcg/hr transdermal</td>
<td>1</td>
<td>QL 4/28 days</td>
</tr>
<tr>
<td>buprenorphine patch weekly 15 mcg/hr transdermal</td>
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<td>QL 4/28 days</td>
</tr>
<tr>
<td>buprenorphine patch weekly 20 mcg/hr transdermal</td>
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<td>QL 4/28 days</td>
</tr>
<tr>
<td>buprenorphine patch weekly 5 mcg/hr transdermal</td>
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<td>QL 4/28 days</td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>buprenorphine patch weekly 7.5 mcg/hr</td>
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<td>QL 4/28 days</td>
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<tr>
<td>butorphanol tartrate solution 10 mg/ml nasal</td>
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<td>QL 7.50/30 days</td>
</tr>
<tr>
<td>nalbuphine hcl solution 10 mg/ml injection</td>
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<td>QL 120/30 days</td>
</tr>
<tr>
<td>nalbuphine hcl solution 20 mg/ml injection</td>
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<td>QL 120/30 days</td>
</tr>
<tr>
<td>pentazocine-naloxone hcl tablet 50-0.5 mg oral</td>
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<tr>
<td>Tramadol Combinations</td>
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<td>tramadol-acetaminophen tablet 37.5-325 mg oral</td>
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<tr>
<td>ANORECTAL AND RELATED PRODUCTS</td>
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<tr>
<td>Intrarectal Steroids</td>
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<td></td>
</tr>
<tr>
<td>COLOCORT ENEMA 100 MG/60ML RECTAL</td>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>Intrarectal Steroids (continued)</td>
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<tr>
<td><em>hydrocortisone enema 100 mg/60ml rectal</em></td>
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</tr>
<tr>
<td>UCERIS FOAM 2 MG/ACT RECTAL</td>
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<tr>
<td><strong>Nitrate Vasodilating Agents</strong></td>
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<tr>
<td>RECTIV OINTMENT 0.4 % RECTAL</td>
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<tr>
<td><strong>Rectal Steroids</strong></td>
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<tr>
<td>ANUSOL-HC CREAM 2.5 % RECTAL</td>
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<tr>
<td>hydrocortisone cream 2.5 % rectal</td>
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<tr>
<td>PROCTOCARE-HC CREAM 2.5 % RECTAL</td>
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<td>PROCTO-MED HC CREAM 2.5 % RECTAL</td>
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<td>PROCTO-PAK CREAM 1 % RECTAL</td>
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<tr>
<td>PROCTOSOL HC CREAM 2.5 % RECTAL</td>
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<tr>
<td>PROCTOZONE-HC CREAM 2.5 % RECTAL</td>
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<td><strong>ANTHelmintics</strong></td>
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<td>Anthelmintics</td>
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<td>1</td>
<td>QL 4/60 days</td>
</tr>
<tr>
<td>benznidazole tablet 100 mg oral</td>
<td>2</td>
<td>QL 120/365 days, Age 12 years or less</td>
</tr>
<tr>
<td>benznidazole tablet 12.5 mg oral</td>
<td>2</td>
<td>QL 120/365 days, Age 12 years or less</td>
</tr>
<tr>
<td>EMVERM TABLET CHEWABLE 100 MG ORAL</td>
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<td>QL 6/28 days</td>
</tr>
<tr>
<td>ivermectin tablet 3 mg oral</td>
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<td>praziquantel tablet 600 mg oral</td>
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<tr>
<td>Anthelmintics (continued)</td>
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<td>STROMECTOL TABLET 3 MG ORAL</td>
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<td>PA, Medical Necessity PA</td>
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<td><strong>ANTIANGINAL AGENTS</strong></td>
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<tr>
<td>Antianginals-Other</td>
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<td>ranolazine er tablet extended release 12 hour 1000 mg oral</td>
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<tr>
<td>ranolazine er tablet extended release 12 hour 500 mg oral</td>
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<td>QL 60/30 days</td>
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<tr>
<td><strong>NitrateS</strong></td>
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<td>isosorbide dinitrate tablet 10 mg oral</td>
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<td>isosorbide dinitrate tablet 20 mg oral</td>
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<td>isosorbide mononitrate er tablet extended release 24 hour 30 mg oral</td>
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<tr>
<td>isosorbide mononitrate er tablet extended release 24 hour 60 mg oral</td>
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<td>isosorbide mononitrate tablet 10 mg oral</td>
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<td>isosorbide mononitrate tablet 20 mg oral</td>
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<tr>
<td>MINITRAN PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL</td>
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<tr>
<td>MINITRAN PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL</td>
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</tbody>
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<tr>
<td><strong>Nitrates (continued)</strong></td>
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<tr>
<td>NITROMIST AEROSOL SOLUTION 400 mg/spray translingual</td>
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<td><strong>ANTIANXIETY AGENTS</strong></td>
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<td><strong>Antianxiety Agents - Misc.</strong></td>
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<td>BUSPIRONE HCL TABLET 30 mg oral</td>
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</tr>
<tr>
<td>BUSPIRONE HCL TABLET 5 mg oral</td>
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<td></td>
</tr>
<tr>
<td>BUSPIRONE HCL TABLET 7.5 mg oral</td>
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<td>HYDROXYZINE HCL SYRUP 10 mg/5ml oral</td>
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<td>HYDROXYZINE HCL TABLET 10 mg oral</td>
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<tr>
<td>HYDROXYZINE HCL TABLET 25 mg oral</td>
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</tr>
<tr>
<td>HYDROXYZINE HCL TABLET 50 mg oral</td>
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<tr>
<td>HYDROXYZINE PAMOATE CAPSULE 100 mg oral</td>
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<td>HYDROXYZINE PAMOATE CAPSULE 25 mg oral</td>
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<td>HYDROXYZINE PAMOATE CAPSULE 50 mg oral</td>
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<tr>
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</tr>
<tr>
<td>MEPROBAMATE TABLET 400 mg oral</td>
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</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Benzodiazepines (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>alprazolam er tablet extended release 24 hour 3 mg oral</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>alprazolam tablet 0.25 mg oral</td>
<td>1</td>
<td>QL 120/30 days</td>
</tr>
<tr>
<td>alprazolam tablet 0.5 mg oral</td>
<td>1</td>
<td>QL 120/30 days</td>
</tr>
<tr>
<td>alprazolam tablet 1 mg oral</td>
<td>1</td>
<td>QL 120/30 days</td>
</tr>
<tr>
<td>alprazolam tablet 2 mg oral</td>
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<td>QL 120/30 days</td>
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<td>chlordiazepoxide hcl capsule 10 mg oral</td>
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<td>QL 120/30 days</td>
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<td>clorazepate dipotassium tablet 3.75 mg oral</td>
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<td>QL 120/30 days</td>
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<td>clorazepate dipotassium tablet 7.5 mg oral</td>
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<td>QL 120/30 days</td>
</tr>
<tr>
<td>DIAZEPAM INTENSOL CONCENTRATE 5 MG/ML ORAL</td>
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<td>QL 240/30 days</td>
</tr>
<tr>
<td>diazepam solution 1 mg/ml oral</td>
<td>1</td>
<td>QL 1200/30 days</td>
</tr>
<tr>
<td>diazepam solution 5 mg/5ml oral</td>
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<td>QL 1200/30 days</td>
</tr>
<tr>
<td>diazepam tablet 10 mg oral</td>
<td>1</td>
<td>QL 120/30 days</td>
</tr>
<tr>
<td>diazepam tablet 2 mg oral</td>
<td>1</td>
<td>QL 120/30 days</td>
</tr>
<tr>
<td>diazepam tablet 5 mg oral</td>
<td>1</td>
<td>QL 120/30 days</td>
</tr>
<tr>
<td>lorazepam concentrate 2 mg/ml oral</td>
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<td>QL 150/30 days</td>
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<td>QL 150/30 days</td>
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<tr>
<td>lorazepam tablet 0.5 mg oral</td>
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<td>QL 120/30 days</td>
</tr>
<tr>
<td>lorazepam tablet 1 mg oral</td>
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<td>QL 120/30 days</td>
</tr>
<tr>
<td>lorazepam tablet 2 mg oral</td>
<td>1</td>
<td>QL 120/30 days</td>
</tr>
<tr>
<td>oxazepam capsule 10 mg oral</td>
<td>1</td>
<td>QL 120/30 days</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antiarrhythmics Type I-C</strong></td>
<td></td>
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<tr>
<td>flecainide acetate tablet 100 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>flecainide acetate tablet 150 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>flecainide acetate tablet 50 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>propafenone hcl er capsule extended release 12 hour 225 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>propafenone hcl er capsule extended release 12 hour 325 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>propafenone hcl er capsule extended release 12 hour 425 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>propafenone hcl tablet 150 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>propafenone hcl tablet 225 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>propafenone hcl tablet 300 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Antiarrhythmics Type III</strong></td>
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<td></td>
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<tr>
<td>amiodarone hcl tablet 100 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amiodarone hcl tablet 200 mg oral</td>
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<td></td>
</tr>
<tr>
<td>amiodarone hcl tablet 400 mg oral</td>
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<td></td>
</tr>
<tr>
<td>dofetilide capsule 125 mcg oral</td>
<td>4</td>
<td>SP</td>
</tr>
<tr>
<td>dofetilide capsule 250 mcg oral</td>
<td>4</td>
<td>SP</td>
</tr>
<tr>
<td>dofetilide capsule 500 mcg oral</td>
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<td>SP</td>
</tr>
<tr>
<td>MULTAQ TABLET 400 MG ORAL</td>
<td>3</td>
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<tr>
<td>PACERONE TABLET 100 MG ORAL</td>
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</tr>
<tr>
<td>PACERONE TABLET 200 MG ORAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PACERONE TABLET 400 MG ORAL</td>
<td>1</td>
<td></td>
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<tr>
<td><strong>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5-Lipoxygenase Inhibitors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>zileuton er tablet extended release 12 hour 600 mg oral</td>
<td>1</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td><strong>Adrenergic Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE INHALATION</td>
<td>2</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE INHALATION</td>
<td>2</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/DOSE INHALATION</td>
<td>2</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 12/30 days</td>
</tr>
<tr>
<td>ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 12/30 days</td>
</tr>
<tr>
<td>ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 12/30 days</td>
</tr>
<tr>
<td>ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH INHALATION</td>
<td>2</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH INHALATION</td>
<td>2</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/INH INHALATION</td>
<td>2</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/dose inhalation</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Adrenergic Combinations (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation</td>
<td>1</td>
<td>QL 1/30 days</td>
</tr>
<tr>
<td>fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation</td>
<td>1</td>
<td>QL 1/30 days</td>
</tr>
<tr>
<td>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/dose inhalation</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/dose inhalation</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation</td>
<td>1</td>
<td>QL 1/30 days</td>
</tr>
<tr>
<td>ipratropium-albuterol solution 0.5-2.5 (3) mg/3ml inhalation</td>
<td>1</td>
<td>QL 720/30 days</td>
</tr>
<tr>
<td>STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 4/30 days</td>
</tr>
<tr>
<td>SYMBCORT AEROSOL 160-4.5 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 10.20/30 days</td>
</tr>
<tr>
<td>SYMBCORT AEROSOL 80-4.5 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 10.20/30 days</td>
</tr>
<tr>
<td>TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION</td>
<td>2</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH INHALATION</td>
<td>2</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOS INHALATION</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOS INHALATION</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td><strong>Beta Adrenergics (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</td>
<td>1</td>
<td>QL 720/30 days, Incentive</td>
</tr>
<tr>
<td>albuterol sulfate syrup 2 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate tablet 2 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate tablet 4 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ARCAPTA NEOHALER CAPSULE 75 MCG INHALATION</td>
<td>3</td>
<td>QL 30/25 days</td>
</tr>
<tr>
<td>arformoterol tartrate nebulization solution 15 mcg/2ml inhalation</td>
<td>1</td>
<td>QL 120/30 days</td>
</tr>
<tr>
<td>formoterol fumarate nebulization solution 20 mcg/2ml inhalation</td>
<td>1</td>
<td>QL 120/30 days</td>
</tr>
<tr>
<td>levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation</td>
<td>1</td>
<td>QL 90/30 days</td>
</tr>
<tr>
<td>levalbuterol hcl nebulization solution 0.63 mg/3ml inhalation</td>
<td>1</td>
<td>QL 225/30 days</td>
</tr>
<tr>
<td>levalbuterol hcl nebulization solution 1.25 mg/0.5ml inhalation</td>
<td>1</td>
<td>QL 30/30 days</td>
</tr>
<tr>
<td>levalbuterol hcl nebulization solution 1.25 mg/3ml inhalation</td>
<td>1</td>
<td>QL 90/30 days</td>
</tr>
<tr>
<td>levalbuterol tartrate aerosol 45 mcg/act inhalation</td>
<td>1</td>
<td>QL 30/30 days</td>
</tr>
<tr>
<td>metaproterenol sulfate syrup 10 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metaproterenol sulfate tablet 10 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metaproterenol sulfate tablet 20 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE INHALATION</td>
<td>3</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 4/30 days</td>
</tr>
<tr>
<td>terbutaline sulfate solution 1 mg/ml injection</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>terbutaline sulfate tablet 2.5 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>terbutaline sulfate tablet 5 mg oral</td>
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</table>

**Bronchodilators - Anticholinergics**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>ATROVENT HFA AEROSOL SOLUTION 17 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 26/30 days</td>
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<tr>
<td>ipratropium bromide solution 0.02 % inhalation</td>
<td>1</td>
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<tr>
<td>SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION</td>
<td>2</td>
<td>QL 30/30 days</td>
</tr>
<tr>
<td>SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 4/30 days</td>
</tr>
<tr>
<td>SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 4/30 days</td>
</tr>
</tbody>
</table>

**Interleukin-5 Antagonists (IgG1 kappa)**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 1/56 days, SP</td>
</tr>
<tr>
<td>FASENRA SOLUTION PREFILLED SYRINGE 30 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 1/56 days, SP</td>
</tr>
<tr>
<td>NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 3/28 days, SP</td>
</tr>
<tr>
<td>NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 3/28 days, SP</td>
</tr>
<tr>
<td>NUCALA SOLUTION RECONSTITUTED 100 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 3/28 days, SP</td>
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</tbody>
</table>

**Leukotriene Receptor Antagonists**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td>montelukast sodium packet 4 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>montelukast sodium tablet 10 mg oral</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

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<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td>Leukotriene Receptor Antagonists (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>montelukast sodium tablet chewable 4 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>montelukast sodium tablet chewable 5 mg oral</td>
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<td></td>
</tr>
<tr>
<td>zafirlukast tablet 10 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>zafirlukast tablet 20 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Selective Phosphodiesterase 4 (PDE4) Inhibitors</td>
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<td></td>
</tr>
<tr>
<td>DALIRESP TABLET 250 MCG ORAL</td>
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<td></td>
</tr>
<tr>
<td>DALIRESP TABLET 500 MCG ORAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Steroid Inhalants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION</td>
<td>3</td>
<td>PA, QL 6.10/30 days, Medical Necessity PA</td>
</tr>
<tr>
<td>ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION</td>
<td>3</td>
<td>PA, QL 6.10/30 days, Medical Necessity PA</td>
</tr>
<tr>
<td>ARNUITY ELLIPTA AEROSOL POWDER BREATHE ACTIVATED 100 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 30/30 days, VBP Drug List</td>
</tr>
<tr>
<td>ARNUITY ELLIPTA AEROSOL POWDER BREATHE ACTIVATED 200 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 30/30 days, VBP Drug List</td>
</tr>
<tr>
<td>ARNUITY ELLIPTA AEROSOL POWDER BREATHE ACTIVATED 50 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 30/30 days, VBP Drug List</td>
</tr>
<tr>
<td>budesonide suspension 0.25 mg/2ml inhalation</td>
<td>1</td>
<td>QL 180/30 days</td>
</tr>
<tr>
<td>budesonide suspension 0.5 mg/2ml inhalation</td>
<td>1</td>
<td>QL 120/30 days</td>
</tr>
<tr>
<td>budesonide suspension 1 mg/2ml inhalation</td>
<td>1</td>
<td>QL 120/30 days</td>
</tr>
<tr>
<td>FLOVENT DISKUS AEROSOL POWDER BREATHE ACTIVATED 100 MCG/BLIST INHALATION</td>
<td>2</td>
<td>QL 60/30 days, VBP Drug List</td>
</tr>
<tr>
<td>Steroid Inhalants (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLOVENT DISKUS AEROSOL POWDER BREATHE ACTIVATED 250 MCG/BLIST INHALATION</td>
<td>2</td>
<td>QL 240/30 days, VBP Drug List</td>
</tr>
<tr>
<td>FLOVENT DISKUS AEROSOL POWDER BREATHE ACTIVATED 50 MCG/BLIST INHALATION</td>
<td>2</td>
<td>QL 60/30 days, VBP Drug List</td>
</tr>
<tr>
<td>FLOVENT DISKUS AEROSOL POWDER BREATHE ACTIVATED 110 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 24/30 days, VBP Drug List</td>
</tr>
<tr>
<td>FLOVENT DISKUS AEROSOL POWDER BREATHE ACTIVATED 220 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 24/30 days, VBP Drug List</td>
</tr>
<tr>
<td>FLOVENT DISKUS AEROSOL POWDER BREATHE ACTIVATED 44 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 22/30 days, VBP Drug List</td>
</tr>
<tr>
<td>PULMICORT FLEXHALER AEROSOL POWDER BREATHE ACTIVATED 180 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 2/30 days, VBP Drug List</td>
</tr>
<tr>
<td>PULMICORT FLEXHALER AEROSOL POWDER BREATHE ACTIVATED 90 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 2/30 days, VBP Drug List</td>
</tr>
<tr>
<td>QVAR AEROSOL SOLUTION 40 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 8.70/25 days</td>
</tr>
<tr>
<td>QVAR AEROSOL SOLUTION 80 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 8.70/25 days</td>
</tr>
<tr>
<td>QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 21.20/30 days, VBP Drug List</td>
</tr>
<tr>
<td>QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION</td>
<td>2</td>
<td>QL 21.20/30 days, VBP Drug List</td>
</tr>
<tr>
<td>Xanthines</td>
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</tr>
<tr>
<td>aminophylline solution 25 mg/ml intravenous</td>
<td>1</td>
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</tr>
<tr>
<td>THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL</td>
<td>3</td>
<td>QL 60/30 days</td>
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</tbody>
</table>

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<tbody>
<tr>
<td>THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL</td>
<td>3</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL</td>
<td>3</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 400 MG ORAL</td>
<td>3</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 300 MG ORAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>theophylline er tablet extended release 12 hour 100 mg oral</td>
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<td></td>
</tr>
<tr>
<td>theophylline er tablet extended release 12 hour 200 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>theophylline er tablet extended release 12 hour 300 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>theophylline er tablet extended release 12 hour 450 mg oral</td>
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<td></td>
</tr>
<tr>
<td>theophylline er tablet extended release 24 hour 400 mg oral</td>
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</tr>
<tr>
<td>theophylline er tablet extended release 24 hour 600 mg oral</td>
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</tr>
<tr>
<td>theophylline solution 80 mg/15ml oral</td>
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</table>

### ANTICOAGULANTS

**Coumarin Anticoagulants**

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<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>COUMADIN TABLET 1 MG ORAL</td>
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<tr>
<td>COUMADIN TABLET 10 MG ORAL</td>
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</tr>
<tr>
<td>COUMADIN TABLET 2 MG ORAL</td>
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<tr>
<td>COUMADIN TABLET 2.5 MG ORAL</td>
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</table>

**Direct Factor Xa Inhibitors**

<table>
<thead>
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<tr>
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<thead>
<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>Direct Factor Xa Inhibitors (continued)</td>
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<tr>
<td>XARELTO STARTER PACK TABLET THERAPY PACK 15 &amp; 20 MG ORAL</td>
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<td>XARELTO TABLET 10 MG ORAL</td>
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<td>XARELTO TABLET 15 MG ORAL</td>
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<td>XARELTO TABLET 2.5 MG ORAL</td>
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<tr>
<td>XARELTO TABLET 20 MG ORAL</td>
<td>2</td>
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<tr>
<td>heparin sodium (porcine) solution 1000 unit/ml injection</td>
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<td>heparin sodium (porcine) solution 10000 unit/ml injection</td>
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<td>Low Molecular Weight Heparins</td>
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<tr>
<td>enoxaparin sodium solution 150 mg/ml subcutaneous</td>
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<tr>
<td>enoxaparin sodium solution 30 mg/0.3ml subcutaneous</td>
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<td>enoxaparin sodium solution 300 mg/3ml injection</td>
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<td>enoxaparin sodium solution 40 mg/0.4ml subcutaneous</td>
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<td>Synthetic Heparinoid-Like Agents</td>
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<td>fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous</td>
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<tr>
<td>fondaparinux sodium solution 5 mg/0.4ml subcutaneous</td>
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<td>fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous</td>
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<tr>
<td>FYCOMPA TABLET 12 MG ORAL</td>
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<td>FYCOMPA TABLET 4 MG ORAL</td>
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<td>FYCOMPA TABLET 6 MG ORAL</td>
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<td>FYCOMPA TABLET 8 MG ORAL</td>
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<tr>
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<tr>
<td>clobazam tablet 20 mg oral</td>
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<td>QL 60/30 days</td>
</tr>
<tr>
<td>clonazepam tablet 0.5 mg oral</td>
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<td>QL 120/30 days</td>
</tr>
<tr>
<td>clonazepam tablet 1 mg oral</td>
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<tr>
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<td>QL 120/30 days</td>
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<td>BRIVIACT TABLET 50 MG ORAL</td>
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<td>BRIVIACT TABLET 75 MG ORAL</td>
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<tr>
<td>carbamazepine er tablet extended release 12 hour 100 mg oral</td>
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<tr>
<td>carbamazepine er tablet extended release 12 hour 400 mg oral</td>
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</tr>
<tr>
<td>carbamazepine suspension 100 mg/5ml oral</td>
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<td></td>
</tr>
<tr>
<td>carbamazepine tablet 200 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<td>carbamazepine tablet chewable 100 mg oral</td>
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<td>DIACOMIT CAPSULE 250 MG ORAL</td>
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<td>LA, PA, QL 120/30 days</td>
</tr>
<tr>
<td>DIACOMIT CAPSULE 500 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 180/30 days</td>
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</tbody>
</table>

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<tbody>
<tr>
<td>Anticonvulsants - Misc. (continued)</td>
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<tr>
<td>DIACOMIT PACKET 250 MG ORAL</td>
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<tr>
<td>DIACOMIT PACKET 500 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 180/30 days</td>
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<tr>
<td>EPIDIOLEX SOLUTION 100 MG/ML ORAL</td>
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</tr>
<tr>
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</tr>
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<td>gabapentin capsule 400 mg oral</td>
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<td>lamotrigine er tablet extended release 24 hour 300 mg oral</td>
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<td>lamotrigine er tablet extended release 24 hour 50 mg oral</td>
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### Anticonvulsants - Misc. (continued)

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<thead>
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<th>DRUG NAME</th>
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<td>pregabalin capsule 50 mg oral</td>
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<th>REQUIREMENTS/LIMITS</th>
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**ANTIDIABETICS**

**Alpha-Glucosidase Inhibitors**

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**Antidiabetic - Amylin Analogs**

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**Biguanides**

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<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>metformin hcl er tablet extended release 24 hour 500 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive, VBP Drug List</td>
</tr>
<tr>
<td>metformin hcl er tablet extended release 24 hour 750 mg oral</td>
<td>1</td>
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</tr>
<tr>
<td>metformin hcl tablet 1000 mg oral</td>
<td>1</td>
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</tr>
<tr>
<td>metformin hcl tablet 500 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive, VBP Drug List</td>
</tr>
<tr>
<td>metformin hcl tablet 850 mg oral</td>
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<td>PS Expanded NCDL, Incentive, VBP Drug List</td>
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</table>

**Diabetic Other**

<table>
<thead>
<tr>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>BAQSIMI ONE PACK POWDER 3 MG/DOSE NASAL</td>
<td>2</td>
<td>QL 2/30 days, VBP Drug List</td>
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<tr>
<td>BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL</td>
<td>2</td>
<td>QL 2/30 days</td>
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<td>diazoxide suspension 50 mg/ml oral</td>
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<tr>
<td>GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION</td>
<td>2</td>
<td>QL 2/30 days, VBP Drug List</td>
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<tr>
<td>glucagon emergency kit 1 mg injection</td>
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<td>QL 2/30 days, VBP Drug List</td>
</tr>
<tr>
<td>glucagon emergency solution reconstituted 1 mg/ml injection</td>
<td>2</td>
<td>QL 2/30 days</td>
</tr>
<tr>
<td>GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS</td>
<td>2</td>
<td>QL 0.20/30 days</td>
</tr>
<tr>
<td>GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS</td>
<td>2</td>
<td>QL 0.40/30 days</td>
</tr>
<tr>
<td>GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS</td>
<td>2</td>
<td>QL 0.20/30 days</td>
</tr>
</tbody>
</table>

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## Diabetic Other (continued)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS</td>
<td>2</td>
<td>QL 0.40/30 days</td>
</tr>
<tr>
<td>GVOKE PFS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML SUBCUTANEOUS</td>
<td>2</td>
<td>QL 0.20/30 days, VBP Drug List</td>
</tr>
<tr>
<td>GVOKE PFS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML SUBCUTANEOUS</td>
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<td>QL 0.40/30 days, VBP Drug List</td>
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<tr>
<td>ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS</td>
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<tr>
<td>ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS</td>
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### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>alogliptin benzoate tablet 12.5 mg oral</td>
<td>1</td>
<td>QL 45/30 days, VBP Drug List</td>
</tr>
<tr>
<td>alogliptin benzoate tablet 25 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>alogliptin benzoate tablet 6.25 mg oral</td>
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<td>QL 45/30 days, VBP Drug List</td>
</tr>
<tr>
<td>JANUVIA TABLET 100 MG ORAL</td>
<td>2</td>
<td>QL 30/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>JANUVIA TABLET 25 MG ORAL</td>
<td>2</td>
<td>QL 30/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>JANUVIA TABLET 50 MG ORAL</td>
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<td>QL 30/30 days, ST, VBP Drug List</td>
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</table>

### Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANUMET TABLET 50-1000 MG ORAL</td>
<td>2</td>
<td>QL 60/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>JANUMET TABLET 50-500 MG ORAL</td>
<td>2</td>
<td>QL 60/30 days, ST, VBP Drug List</td>
</tr>
</tbody>
</table>

## Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations (continued)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL</td>
<td>2</td>
<td>QL 30/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL</td>
<td>2</td>
<td>QL 60/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL</td>
<td>2</td>
<td>QL 60/30 days, ST, VBP Drug List</td>
</tr>
</tbody>
</table>

### Dopamine Receptor Agonists - Ergot Derivatives

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>CYCLOSET TABLET 0.8 MG ORAL</td>
<td>3</td>
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</table>

### DPP-4 Inhibitor-Thiazolidinedione Combinations

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alogliptin-pioglitazone tablet 12.5-15 mg oral</td>
<td>1</td>
<td>QL 45/30 days, VBP Drug List</td>
</tr>
<tr>
<td>alogliptin-pioglitazone tablet 12.5-30 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>alogliptin-pioglitazone tablet 12.5-45 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>alogliptin-pioglitazone tablet 25-15 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
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<tr>
<td>alogliptin-pioglitazone tablet 25-30 mg oral</td>
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<td>VBP Drug List</td>
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<tr>
<td>alogliptin-pioglitazone tablet 25-45 mg oral</td>
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<td>VBP Drug List</td>
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</tbody>
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### Human Insulin

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>API德拉 SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, Medical Necessity PA,VBP Drug List</td>
</tr>
<tr>
<td>API德拉 SOLUTION 100 UNIT/ML INJECTION</td>
<td>3</td>
<td>PA, Medical Necessity PA,VBP Drug List</td>
</tr>
<tr>
<td>BASAGLAR KWIPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, Medical Necessity PA,VBP Drug List</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td>Human Insulin (continued)</td>
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<tr>
<td>FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>FIASP SOLUTION 100 UNIT/ML SUBCUTANEOUS</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML</td>
<td>3</td>
<td>PA, Medical Necessity</td>
</tr>
<tr>
<td>HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS</td>
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<td>PA, Medical Necessity</td>
</tr>
<tr>
<td>HUMULIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML SUBCUTANEOUS</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>HUMULIN R U-500 KWIKPEN SOLUTION PEN-INJECTOR 500 UNIT/ML SUBCUTANEOUS</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td><strong>insulin asp prot &amp; asp flexpen suspension pen-injector (70-30)</strong></td>
<td>3</td>
<td>PA, Medical Necessity</td>
</tr>
<tr>
<td><strong>insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous</strong></td>
<td>3</td>
<td>PA, Medical Necessity</td>
</tr>
<tr>
<td><strong>insulin aspart penfill solution cartridge 100 unit/ml subcutaneous</strong></td>
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<td>PA, Medical Necessity</td>
</tr>
<tr>
<td><strong>insulin aspart prot &amp; aspart suspension (70-30)</strong></td>
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<td>PA, Medical Necessity</td>
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<tr>
<td><strong>insulin aspart solution 100 unit/ml subcutaneous</strong></td>
<td>3</td>
<td>PA, Medical Necessity</td>
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<tr>
<td>LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS</td>
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<td>VBP Drug List</td>
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<tr>
<td>LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS</td>
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</tr>
<tr>
<td>LEVEMIR FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS</td>
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<td>VBP Drug List</td>
</tr>
<tr>
<td>LEVEMIR SOLUTION 100 UNIT/ML SUBCUTANEOUS</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</td>
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<td>NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS</td>
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<td>VBP Drug List</td>
</tr>
<tr>
<td>NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS</td>
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<td>VBP Drug List</td>
</tr>
<tr>
<td>NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>NOVOLIN R INNOLET SOLUTION 100 UNIT/ML INJECTION</td>
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<td>VBP Drug List</td>
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<tr>
<td>NOVOLIN R SOLUTION 100 UNIT/ML INJECTION</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS</td>
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<td>VBP Drug List</td>
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</tbody>
</table>

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<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</td>
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<td>VBP Drug List</td>
</tr>
<tr>
<td>NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS</td>
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<td>VBP Drug List</td>
</tr>
<tr>
<td>NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>NOVOLOG SOLUTION 100 UNIT/ML SUBCUTANEOUS</td>
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<td>VBP Drug List</td>
</tr>
<tr>
<td>SEMGLEE SOLUTION 100 UNIT/ML SUBCUTANEOUS</td>
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<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td>SEMGLEE SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td>TOUJE MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS</td>
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<td>VBP Drug List</td>
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<tr>
<td>TOUJE SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS</td>
<td>2</td>
<td>VBP Drug List</td>
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<tr>
<td>TRESIBA SOLUTION 100 UNIT/ML SUBCUTANEOUS</td>
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**Incretin Mimetic Agents (GLP-1 Receptor Agonists)**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS</td>
<td>2</td>
<td>QL 1.50/28 days, ST, VBP Drug List</td>
</tr>
</tbody>
</table>

**Incretin Mimetic Agents (GLP-1 Receptor Agonists) (continued)**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td>OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS</td>
<td>2</td>
<td>QL 3/28 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS</td>
<td>2</td>
<td>QL 3/28 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>RYBELSUS TABLET 14 MG ORAL</td>
<td>2</td>
<td>QL 30/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>RYBELSUS TABLET 3 MG ORAL</td>
<td>2</td>
<td>QL 30/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>RYBELSUS TABLET 7 MG ORAL</td>
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<td>QL 30/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS</td>
<td>2</td>
<td>QL 2/28 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS</td>
<td>2</td>
<td>QL 2/28 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>TRULICITY SOLUTION PEN-INJECTOR 3 MG/0.5ML SUBCUTANEOUS</td>
<td>2</td>
<td>QL 2/28 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>TRULICITY SOLUTION PEN-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS</td>
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<td>QL 2/28 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS</td>
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<td>QL 9/30 days, ST, VBP Drug List</td>
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</table>

**Meglitinide Analogues**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>nateglinide tablet 120 mg oral</td>
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<tr>
<td>nateglinide tablet 60 mg oral</td>
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<td>VBP Drug List</td>
</tr>
<tr>
<td>repaglinide tablet 0.5 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>repaglinide tablet 1 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>repaglinide tablet 2 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide Comb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL</td>
<td>2</td>
<td>QL 30/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL</td>
<td>2</td>
<td>QL 60/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL</td>
<td>2</td>
<td>QL 30/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL</td>
<td>2</td>
<td>QL 60/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLYXAMBI TABLET 10-5 MG ORAL</td>
<td>2</td>
<td>ST, VBP Drug List</td>
</tr>
<tr>
<td>GLYXAMBI TABLET 25-5 MG ORAL</td>
<td>2</td>
<td>ST, VBP Drug List</td>
</tr>
<tr>
<td>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FARXIGA TABLET 10 MG ORAL</td>
<td>2</td>
<td>QL 30/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>FARXIGA TABLET 5 MG ORAL</td>
<td>2</td>
<td>QL 30/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>JARDIANCE TABLET 10 MG ORAL</td>
<td>2</td>
<td>QL 30/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>JARDIANCE TABLET 25 MG ORAL</td>
<td>2</td>
<td>QL 30/30 days, ST, VBP Drug List</td>
</tr>
<tr>
<td>Sulfonylurea-Biguanide Combinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>glipizide-metformin hcl tablet 2.5-250 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive, VBP Drug List</td>
</tr>
<tr>
<td>glipizide-metformin hcl tablet 2.5-500 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive, VBP Drug List</td>
</tr>
<tr>
<td>glipizide-metformin hcl tablet 5-500 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive, VBP Drug List</td>
</tr>
<tr>
<td>glyburide-metformin tablet 1.25-250 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>glyburide-metformin tablet 2.5-500 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
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<tbody>
<tr>
<td><strong>Sulfonylurea-Biguanide Combinations (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>glyburide-metformin tablet 5-500 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td><strong>Sulfonylureas</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>chlorpropamide tablet 100 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>chlorpropamide tablet 250 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>glimepiride tablet 1 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>glimepiride tablet 2 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>glimepiride tablet 4 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>glipizide er tablet extended release 24 hour 10 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>glipizide er tablet extended release 24 hour 2.5 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>glipizide er tablet extended release 24 hour 5 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>glipizide tablet 10 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>glipizide tablet 5 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>glyburide micronized tablet 1.5 mg oral</td>
<td>1</td>
<td>Incentive,VBP Drug List</td>
</tr>
<tr>
<td>glyburide micronized tablet 3 mg oral</td>
<td>1</td>
<td>Incentive,VBP Drug List</td>
</tr>
<tr>
<td>glyburide micronized tablet 6 mg oral</td>
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<td>Incentive,VBP Drug List</td>
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<tr>
<td>glyburide tablet 1.25 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>glyburide tablet 2.5 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>glyburide tablet 5 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>tolazamide tablet 250 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>tolazamide tablet 500 mg oral</td>
<td>1</td>
<td>VBP Drug List</td>
</tr>
</tbody>
</table>

**Antidiarrheal/Probiotic Agents**

**Antiperistaltic Agents**

diphenoxylate-atropine liquid 2.5-0.025 mg/5ml oral | 1 |
diphenoxylate-atropine tablet 2.5-0.025 mg oral | 1 |
loperamide hcl capsule 2 mg oral | 1 |
MOTOFEN TABLET 1-0.025 MG ORAL | 3 |

**Antidotes and Specific Antagonists**

**Antidotes - Chelating Agents**

CHEMET CAPSULE 100 MG ORAL | 3 |
deferasirox tablet 180 mg oral | 4 | PA, SP, Partial Fill |
deferasirox tablet 360 mg oral | 4 | PA, SP, Partial Fill |
deferasirox tablet 90 mg oral | 4 | PA, SP, Partial Fill |
deferasirox tablet soluble 125 mg oral | 4 | PA, SP, Partial Fill |

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<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td><strong>Antidotes - Chelating Agents (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deferasirox tablet soluble 250 mg oral</td>
<td>4</td>
<td>PA, SP, Partial Fill</td>
</tr>
<tr>
<td>deferasirox tablet soluble 500 mg oral</td>
<td>4</td>
<td>PA, SP, Partial Fill</td>
</tr>
<tr>
<td>deferiprone tablet 500 mg oral</td>
<td>4</td>
<td>LA, PA, SP</td>
</tr>
<tr>
<td>FERRIPROX SOLUTION 100 MG/ML ORAL</td>
<td>4</td>
<td>LA, PA, SP</td>
</tr>
<tr>
<td>FERRIPROX TABLET 1000 MG ORAL</td>
<td>4</td>
<td>LA, PA, SP</td>
</tr>
<tr>
<td>FERRIPROX TWICE-A-DAY TABLET 1000 MG ORAL</td>
<td>4</td>
<td>LA, PA, SP</td>
</tr>
<tr>
<td><strong>Antidotes and Specific Antagonists</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CETYLEV TABLET EFFERVESCENT 2.5 GM ORAL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CETYLEV TABLET EFFERVESCENT 500 MG ORAL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>VISTOGARD PACKET 10 GM ORAL</td>
<td>3</td>
<td>PA, QL 20/5 days</td>
</tr>
<tr>
<td><strong>Opioid Antagonists</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KLOXXADO LIQUID 8 MG/0.1ML NASAL</td>
<td>2</td>
<td>QL 4/180 days</td>
</tr>
<tr>
<td>naloxone hcl solution 0.4 mg/ml injection</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>naloxone hcl solution auto-injector 2 mg/0.4ml injection</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>naloxone hcl solution cartridge 0.4 mg/ml injection</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>naltrexone hcl tablet 50 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NARCAN LIQUID 4 MG/0.1ML NASAL</td>
<td>2</td>
<td>QL 4/180 days</td>
</tr>
<tr>
<td>VIVITROL SUSPENSION RECONSTITUTED 380 MG INTRAMUSCULAR</td>
<td>3</td>
<td>PA</td>
</tr>
</tbody>
</table>

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<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doxylamine-pyridoxine tablet delayed release 10-10 mg oral</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Antiemetics - Anticholinergic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>meclizine hcl tablet 12.5 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>meclizine hcl tablet 25 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>scopalamine patch 72 hour 1 mg/3days transdermal</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TRANSDERM-SCOP (1.5 MG) PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>trimethobenzamide hcl capsule 300 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Antiemetics - Miscellaneous</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CESAMET CAPSULE 1 MG ORAL</td>
<td>3</td>
<td>QL 4/1 days</td>
</tr>
<tr>
<td>dronabinol capsule 10 mg oral</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>dronabinol capsule 2.5 mg oral</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>dronabinol capsule 5 mg oral</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td><strong>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>aprepitant capsule 125 mg oral</td>
<td>1</td>
<td>QL 4/28 days</td>
</tr>
<tr>
<td>aprepitant capsule 40 mg oral</td>
<td>1</td>
<td>QL 3/180 days</td>
</tr>
<tr>
<td>aprepitant capsule 80 &amp; 125 mg oral</td>
<td>1</td>
<td>QL 4/28 days</td>
</tr>
<tr>
<td>aprepitant capsule 80 mg oral</td>
<td>1</td>
<td>QL 4/28 days</td>
</tr>
<tr>
<td>EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL</td>
<td>3</td>
<td>QL 12/28 days</td>
</tr>
<tr>
<td>VARUBI TABLET 90 MG ORAL</td>
<td>3</td>
<td>PA, QL 4/30 days</td>
</tr>
<tr>
<td><strong>Antifungals - Glucan Synthesis Inhibitors (Echinocandins)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CANCIDAS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ERAXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS</td>
<td>3</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>ERAXIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS</td>
<td>3</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>micafungin sodium solution reconstituted 100 mg intravenous</td>
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<td></td>
</tr>
<tr>
<td>micafungin sodium solution reconstituted 50 mg intravenous</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Antifungals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABELCET SUSPENSION 5 MG/ML INTRAVENOUS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMBISOME SUSPENSION RECONSTITUTED 50 MG INTRAVENOUS</td>
<td>3</td>
<td></td>
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<tr>
<td>amphotericin b solution reconstituted 50 mg injection</td>
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<td></td>
</tr>
<tr>
<td>bio-statin capsule 500000 unit oral</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>flucytosine capsule 250 mg oral</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>flucytosine capsule 500 mg oral</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>griseofulvin microsize suspension 125 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>griseofulvin microsize tablet 500 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>griseofulvin ultramicrosize tablet 125 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>griseofulvin ultramicrosize tablet 250 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nystatin tablet 500000 unit oral</td>
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</thead>
<tbody>
<tr>
<td><strong>Antifungals (continued)</strong></td>
<td></td>
<td></td>
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<tr>
<td>terbinafine hcl tablet 250 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Imidazoles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ketoconazole tablet 200 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Triazoles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRESEMBA CAPSULE 186 MG ORAL</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>fluconazole suspension reconstituted 10 mg/ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole suspension reconstituted 40 mg/ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole tablet 100 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole tablet 150 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole tablet 200 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluconazole tablet 50 mg oral</td>
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<td></td>
</tr>
<tr>
<td>itraconazole capsule 100 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>itraconazole solution 10 mg/ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NOXAFIL SUSPENSION 40 MG/ML ORAL</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>posaconazole tablet delayed release 100 mg oral</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>voriconazole suspension reconstituted 40 mg/ml oral</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>voriconazole tablet 200 mg oral</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>voriconazole tablet 50 mg oral</td>
<td>1</td>
<td>PA</td>
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**ANTIHISTAMINES**

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<thead>
<tr>
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<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td><strong>Antihistamines - Alkylamines</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>brompheniramine tannate tablet chewable 12 mg oral</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Antihistamines - Ethanolamines**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td>carbinoxamine maleate solution 4 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>carbinoxamine maleate tablet 4 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clemastine fumarate tablet 2.68 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl capsule 25 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl capsule 50 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl elixir 12.5 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl solution 50 mg/ml injection</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Antihistamines - Non-Sedating**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLARINEX SYRUP 0.5 MG/ML ORAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>desloratadine tablet 5 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desloratadine tablet dispersible 2.5 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desloratadine tablet dispersible 5 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levocetirizine dihydrochloride solution 2.5 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levocetirizine dihydrochloride tablet 5 mg oral</td>
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**Antihistamines - Phenothiazines**

<table>
<thead>
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<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td>PHENADOZ SUPPOSITORY 12.5 MG RECTAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PHENADOZ SUPPOSITORY 25 MG RECTAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl solution 25 mg/ml injection</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl solution 50 mg/ml injection</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Antihistamines - Phenothiazines (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>promethazine hcl suppository 12.5 mg rectal</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl suppository 25 mg rectal</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl suppository 50 mg rectal</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl syrup 6.25 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl tablet 12.5 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl tablet 25 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl tablet 50 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PROMETHEGAN SUPPOSITORY 12.5 MG RECTAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PROMETHEGAN SUPPOSITORY 25 MG RECTAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PROMETHEGAN SUPPOSITORY 50 MG RECTAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Antihistamines - Piperidines</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cyproheptadine hcl syrup 2 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyproheptadine hcl tablet 4 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Antihyperlipidemics</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Antihyperlipidemics - Misc.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>icosapent ethyl capsule 1 gm oral</td>
<td>1</td>
<td>PA, QL 120/30 days</td>
</tr>
<tr>
<td>KYNAMRO SOLUTION PREFILLED SYRINGE 200 MG/ML</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SUBCUTANEOUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>omega-3-acid ethyl esters capsule 1 gm oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>VASCEPA CAPSULE 0.5 GM ORAL</td>
<td>2</td>
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<tr>
<td>cholestyramine light powder 4 gm/dose oral</td>
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<tr>
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<tr>
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<tr>
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<td>colesvelam hcl tablet 625 mg oral</td>
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<tr>
<td>colestipol hcl granules 5 gm oral</td>
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<tr>
<td>colestipol hcl packet 5 gm oral</td>
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</tr>
<tr>
<td>colestipol hcl tablet 1 gm oral</td>
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<tr>
<td>PREVALITE POWDER 4 GM/DOSE ORAL</td>
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<td><strong>Fibric Acid Derivatives</strong></td>
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<tr>
<td>fenofibrate capsule 150 mg oral</td>
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<td>fenofibrate capsule 50 mg oral</td>
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<tr>
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</tr>
<tr>
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<td>Incentive</td>
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<tr>
<td>fenofibrate micronized capsule 67 mg oral</td>
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<td>Incentive</td>
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<tr>
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<td>Incentive</td>
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<th>DRUG NAME</th>
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<tbody>
<tr>
<td><strong>Fibric Acid Derivatives (continued)</strong></td>
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<td>fenofibric acid tablet 105 mg oral</td>
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<td>fenofibric acid tablet 35 mg oral</td>
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<td>gemfibrozil tablet 600 mg oral</td>
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<td>Incentive</td>
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<td><strong>HMG CoA Reductase Inhibitors</strong></td>
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<td>PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List</td>
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<td><strong>HMG CoA Reductase Inhibitors (continued)</strong></td>
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<tr>
<td>LIVALO TABLET 4 MG ORAL</td>
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<tr>
<td>rosuvastatin calcium tablet 40 mg oral</td>
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<td><strong>HMG CoA Reductase Inhibitors (continued)</strong></td>
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<td></td>
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<tr>
<td>rosuvastatin calcium tablet 5 mg oral</td>
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<td>PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List</td>
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<tr>
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<td>simvastatin tablet 40 mg oral</td>
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<td>PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List</td>
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<td>simvastatin tablet 5 mg oral</td>
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<tr>
<td>simvastatin tablet 80 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<tr>
<td><strong>Intest Cholest Absorp Inhib-HMG CoA Reductase Inhib Comb</strong></td>
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<td></td>
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<tr>
<td>ezetimibe-simvastatin tablet 10-10 mg oral</td>
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<td>QL 30/30 days</td>
</tr>
<tr>
<td>ezetimibe-simvastatin tablet 10-20 mg oral</td>
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<td>QL 30/30 days</td>
</tr>
<tr>
<td>ezetimibe-simvastatin tablet 10-40 mg oral</td>
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<td>QL 30/30 days</td>
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<td>ezetimibe-simvastatin tablet 10-80 mg oral</td>
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<td>QL 30/30 days</td>
</tr>
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**Nicotinic Acid Derivatives**

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<td>niacin er (antihyperlipidemic) tablet extended release 1000 mg oral</td>
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<td>niacin er (antihyperlipidemic) tablet extended release 500 mg oral</td>
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<td>QL 1.50/1 days</td>
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<td>niacin er (antihyperlipidemic) tablet extended release 750 mg oral</td>
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<td>NIASPAN TABLET EXTENDED RELEASE 1000 MG ORAL</td>
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<td>NIASPAN TABLET EXTENDED RELEASE 500 MG ORAL</td>
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**PCSK9 Inhibitors**

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<tr>
<td>REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS</td>
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<tr>
<td>REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS</td>
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<td>PA, QL 2/28 days</td>
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<td>PA, QL 2/28 days</td>
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**ANTIHYPERTENSIVES**

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<th>DRUG NAME</th>
<th>TIER</th>
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<tr>
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<tr>
<td>amlodipine besy-benazepril hcl capsule 10-40 mg oral</td>
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<tr>
<td>amlodipine besy-benazepril hcl capsule 2.5-10 mg oral</td>
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<td>amlodipine besy-benazepril hcl capsule 5-10 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<th>DRUG NAME</th>
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<tbody>
<tr>
<td>ACE Inhibitor &amp; Calcium Channel Blocker Combinations (continued)</td>
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<td>amlodipine besy-benazepril hcl capsule 5-20 mg oral</td>
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<td><strong>ACE Inhibitors</strong></td>
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<tr>
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<td>benazepril hcl tablet 5 mg oral</td>
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<td><strong>ACE Inhibitors (continued)</strong></td>
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</table>

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<td>ramipril capsule 2.5 mg oral</td>
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<td>ACE Inhibitors &amp; Thiazide/Thiazide-Like</td>
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<tr>
<th>DRUG NAME</th>
<th>TIER</th>
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<td>LA, PA, SP</td>
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<tr>
<td><strong>Oxazolidinones</strong></td>
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<tr>
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<tr>
<td>linezolid tablet 600 mg oral</td>
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<tr>
<td>SIVEXTRO TABLET 200 MG ORAL</td>
<td>3</td>
<td>PA, QL 6/30 days</td>
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<tr>
<td><strong>Urinary Anti-infectives</strong></td>
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<tr>
<td>fosfomycin tromethamine packet 3 gm oral</td>
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<tr>
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<tr>
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<td>nitrofurantoin monohydrate macro capsule 100 mg oral</td>
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</tr>
<tr>
<td>nitrofurantoin suspension 25 mg/5ml oral</td>
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<td><strong>ANTIMALARIALS</strong></td>
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<tr>
<td><strong>Antimalarial Combinations</strong></td>
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<tr>
<td>atovaquone-proguanil hcl tablet 250-100 mg oral</td>
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<tr>
<td>atovaquone-proguanil hcl tablet 62.5-25 mg oral</td>
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<tr>
<td>COARTEM TABLET 20-120 MG ORAL</td>
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<td>QL 24/90 days</td>
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<td><strong>Antimalarials</strong></td>
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<tr>
<td>chloroquine phosphate tablet 250 mg oral</td>
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<tr>
<td><strong>Antimycobacterial Agents</strong></td>
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<tr>
<td>ethambutol hcl tablet 400 mg oral</td>
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<tr>
<td>isoniazid solution 100 mg/ml injection</td>
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<tr>
<td>isoniazid syrup 50 mg/5ml oral</td>
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<tr>
<td>isoniazid tablet 100 mg oral</td>
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<td>isoniazid tablet 300 mg oral</td>
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<td>rifampin capsule 150 mg oral</td>
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<td>rifampin solution reconstituted 600 mg intravenous</td>
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<td>TRECATOR TABLET 250 MG ORAL</td>
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<td><strong>Alkylating Agents</strong></td>
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<td>HEXALEN CAPSULE 50 MG ORAL</td>
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<tr>
<td>MYLERAN TABLET 2 MG ORAL</td>
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<tr>
<td><strong>Androgen Biosynthesis Inhibitors</strong></td>
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<tr>
<td>abiraterone acetate tablet 250 mg oral</td>
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<td>PA, SP, Partial Fill</td>
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</tbody>
</table>

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<th>DRUG NAME</th>
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<td>Antimetabolites (continued)</td>
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<tr>
<td>fluorouracil solution 5 gm/100ml intravenous</td>
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<td>Medical Benefit only.</td>
</tr>
<tr>
<td>fluorouracil solution 500 mg/10ml intravenous</td>
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<tr>
<td>gemcitabine hcl solution reconstituted 2 gm intravenous</td>
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<td></td>
</tr>
<tr>
<td>gemcitabine hcl solution reconstituted 200 mg intravenous</td>
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<tr>
<td>mercaptopurine tablet 50 mg oral</td>
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<tr>
<td>methotrexate sodium (pf) solution 50 mg/2ml injection</td>
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<tr>
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<tr>
<td>ONUREG TABLET 200 MG ORAL</td>
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<td>PA, QL 14/28 days, SP</td>
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<tr>
<td>ONUREG TABLET 300 MG ORAL</td>
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<td>PA, QL 14/28 days, SP</td>
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<tr>
<td>TABLOID TABLET 40 MG ORAL</td>
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<tr>
<td>TRELLETT Tablet 10 MG ORAL</td>
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<tr>
<td>TRELLETT Tablet 15 MG ORAL</td>
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<tr>
<td>TRELLETT Tablet 5 MG ORAL</td>
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<td>TRELLETT Tablet 7.5 MG ORAL</td>
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<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td>Antineoplastic - ALK Inhibitors</td>
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<tr>
<td>ALENCENSA CAPSULE 150 MG ORAL</td>
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<td>PA, QL 240/30 days, SP</td>
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<td>ALUNBRIG TABLET 180 MG ORAL</td>
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<td>ALUNBRIG TABLET 30 MG ORAL</td>
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<td>ALUNBRIG TABLET THERAPY PACK 90 &amp; 180 MG ORAL</td>
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<td>LORBRENA TABLET 100 MG ORAL</td>
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<td>LORBRENA TABLET 25 MG ORAL</td>
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<td>XALKORI CAPSULE 200 MG ORAL</td>
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<td>PA, QL 120/30 days, SP, Partial Fill</td>
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<tr>
<td>XALKORI CAPSULE 250 MG ORAL</td>
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<tr>
<td>ZYKADIA CAPSULE 150 MG ORAL</td>
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<td>PA, QL 3/1 days, SP, Partial Fill</td>
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<tr>
<td>ZYKADIA TABLET 150 MG ORAL</td>
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<td>PA, QL 3/1 days, SP, Partial Fill</td>
</tr>
</tbody>
</table>

| Antineoplastic - Anti-CD20 Antibodies | | |
| ARZERRA CONCENTRATE 100 MG/5ML INTRAVENOUS | 4 | PA, SP, Medical Benefit only. |
| ARZERRA CONCENTRATE 1000 MG/50ML INTRAVENOUS | 4 | PA, SP, Medical Benefit only. |
| RITUXAN SOLUTION 100 MG/10ML INTRAVENOUS | 4 | PA, SP, Medical Benefit only. |

| Antineoplastic - Anti-HER2 Agents | | |
| TUKYSA TABLET 150 MG ORAL | 4 | LA, PA, QL 120/30 days, SP |
| TUKYSA TABLET 50 MG ORAL | 4 | LA, PA, QL 120/30 days, SP |

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<td><strong>Antineoplastic - BCL-2 Inhibitors</strong></td>
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<tr>
<td>VENCLEXTA STARTING PACK TABLET THERAPY PACK 10 &amp; 50 &amp; 100 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 42/365 days, SP</td>
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<tr>
<td>VENCLEXTA TABLET 10 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 30/365 days, SP</td>
</tr>
<tr>
<td>VENCLEXTA TABLET 100 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 180/30 days, SP</td>
</tr>
<tr>
<td>VENCLEXTA TABLET 50 MG ORAL</td>
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<td>LA, PA, QL 30/365 days, SP</td>
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<tr>
<td><strong>Antineoplastic - BCR-ABL Kinase Inhibitors</strong></td>
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</tr>
<tr>
<td>BOSULIF TABLET 100 MG ORAL</td>
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<td>PA, QL 120/30 days, SP, Partial Fill</td>
</tr>
<tr>
<td>BOSULIF TABLET 400 MG ORAL</td>
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<td>PA, QL 30/30 days, SP, Partial Fill</td>
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<tr>
<td>ICLUSIG TABLET 30 MG ORAL</td>
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<td>LA, PA, QL 30/30 days, SP</td>
</tr>
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<td>ICLUSIG TABLET 45 MG ORAL</td>
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<td>LA, PA, QL 30/30 days, SP</td>
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<tr>
<td><strong>Antineoplastic - BRAF Kinase Inhibitors</strong></td>
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<td>BRAFTOVI CAPSULE 50 MG ORAL</td>
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<td>BRAFTOVI CAPSULE 75 MG ORAL</td>
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<td>TAFINLAR CAPSULE 50 MG ORAL</td>
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<td>TAFINLAR CAPSULE 75 MG ORAL</td>
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<td>ZELBORAF TABLET 240 MG ORAL</td>
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<td>CALQUENCE CAPSULE 100 MG ORAL</td>
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<td>IMBRUVICA CAPSULE 140 MG ORAL</td>
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<td>AFINITOR DISPERZ TABLET SOLUBLE 3 MG ORAL</td>
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<td>PA, QL 1/1 days, SP, Partial Fill</td>
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<tr>
<td>AFINITOR DISPERZ TABLET SOLUBLE 5 MG ORAL</td>
<td>4</td>
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<td>AFINITOR TABLET 10 MG ORAL</td>
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</tr>
<tr>
<td>everolimus tablet 2.5 mg oral</td>
<td>4</td>
<td>PA, QL 30/30 days, SP, Partial Fill</td>
</tr>
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</table>

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<tr>
<td><strong>Antineoplastic - Multikinase Inhibitors (continued)</strong></td>
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<tr>
<td>SUTENT CAPSULE 37.5 MG ORAL</td>
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<td>SUTENT CAPSULE 50 MG ORAL</td>
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<td>TEPMETKO TABLET 225 MG ORAL</td>
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<tr>
<td>TURALIO CAPSULE 200 MG ORAL</td>
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<td>PA, QL 120/30 days, SP</td>
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<td>UKONIQ TABLET 200 MG ORAL</td>
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<td>LA, PA, QL 120/30 days, SP</td>
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<tr>
<td>VOTRIENT TABLET 200 MG ORAL</td>
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<td>PA, QL 4/1 days, SP, Partial Fill</td>
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<tr>
<td>XOSPATA TABLET 40 MG ORAL</td>
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</tr>
<tr>
<td><strong>Antineoplastic - PDGFR-alpha Inhibitors</strong></td>
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<tr>
<td>AYVAKIT TABLET 100 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>AYVAKIT TABLET 200 MG ORAL</td>
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<td>LA, PA, QL 30/30 days, SP</td>
</tr>
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<td>AYVAKIT TABLET 25 MG ORAL</td>
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<td>AYVAKIT TABLET 300 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>AYVAKIT TABLET 50 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 30/30 days, SP</td>
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<tr>
<td><strong>Antineoplastic - Proteasome Inhibitors</strong></td>
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</tr>
<tr>
<td>NINLARO CAPSULE 2.3 MG ORAL</td>
<td>4</td>
<td>PA, QL 3/28 days, SP</td>
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<td>NINLARO CAPSULE 3 MG ORAL</td>
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<td>PA, QL 3/28 days, SP</td>
</tr>
<tr>
<td>NINLARO CAPSULE 4 MG ORAL</td>
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<td>PA, QL 3/28 days, SP</td>
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<tr>
<td><strong>Antineoplastic - RET Inhibitors</strong></td>
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</tr>
<tr>
<td>GAVRETO CAPSULE 100 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 120/30 days</td>
</tr>
<tr>
<td>RETEVMO CAPSULE 40 MG ORAL</td>
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<td>PA, QL 60/30 days, SP</td>
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<tr>
<td><strong>Antineoplastic - PDGFR-alpha Inhibitors (continued)</strong></td>
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<td></td>
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<tr>
<td>AYVAKIT TABLET 100 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>AYVAKIT TABLET 200 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>AYVAKIT TABLET 25 MG ORAL</td>
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<td>LA, PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>AYVAKIT TABLET 300 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>AYVAKIT TABLET 50 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td><strong>Antineoplastic - Proteasome Inhibitors</strong></td>
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<td></td>
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<tr>
<td>NINLARO CAPSULE 2.3 MG ORAL</td>
<td>4</td>
<td>PA, QL 3/28 days, SP</td>
</tr>
<tr>
<td>NINLARO CAPSULE 3 MG ORAL</td>
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<td>PA, QL 3/28 days, SP</td>
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<tr>
<td>NINLARO CAPSULE 4 MG ORAL</td>
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<tr>
<td><strong>Antineoplastic - RET Inhibitors</strong></td>
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<td></td>
</tr>
<tr>
<td>GAVRETO CAPSULE 100 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 120/30 days</td>
</tr>
<tr>
<td>RETEVMO CAPSULE 40 MG ORAL</td>
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<td>PA, QL 60/30 days, SP</td>
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</tbody>
</table>

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<tr>
<td>Antineoplastic - XPO1 Inhibitors (continued)</td>
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<tr>
<td>XPOVIO (60 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 24/28 days, SP</td>
</tr>
<tr>
<td>XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL</td>
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<td>LA, PA, QL 16/28 days, SP</td>
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<td>XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL</td>
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<td>Antineoplastic Combinations</td>
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<td>INQOVI TABLET 35-100 MG ORAL</td>
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<td>PA, QL 5/28 days, SP</td>
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<td>LONSURF TABLET 15-6.14 MG ORAL</td>
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<td>LONSURF TABLET 20-8.19 MG ORAL</td>
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<td>QUADRAMEET SOLUTION 1850 MBQ/ML INTRAVENOUS</td>
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<td>Antineoplastics - Photoactivated Agents</td>
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<td>PHOTOFRIN SOLUTION RECONSTITUTED 75 MG INTRAVENOUS</td>
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<td>UVADEX SOLUTION 20 MCG/ML INJECTION</td>
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<td>Antineoplastics Misc.</td>
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<tr>
<td>ACTIMMUNE SOLUTION 2000000 UNIT/0.5ML SUBCUTANEOUS</td>
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<td>PA, QL 3/28 days, SP</td>
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<tr>
<td>ALFERON N SOLUTION 5000000 UNIT/ML INJECTION</td>
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<td>SP</td>
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<td>hydroxyurea capsule 500 mg oral</td>
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<tr>
<td>INTRON A SOLUTION 1000000 UNIT/ML INJECTION</td>
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<tr>
<td>Antineoplastic Misc. (continued)</td>
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<td>INTRON A SOLUTION 6000000 UNIT/ML INJECTION</td>
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<td>MATULANE CAPSULE 50 MG ORAL</td>
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<td>SYNRIBO SOLUTION RECONSTITUTED 3.5 MG SUBCUTANEOUS</td>
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<td>LA, PA</td>
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<td>THERACYS SUSPENSION RECONSTITUTED 81 MG/VIAL INTRAVESICAL</td>
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<td>TICE BCG SUSPENSION RECONSTITUTED 50 MG INTRAVESICAL</td>
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<td>ARIMIDEX TABLET 1 MG ORAL</td>
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<td>letrozole tablet 2.5 mg oral</td>
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<tr>
<td>Chemotherapy Adjuncts - Keratinocyte Growth Factors</td>
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<td>KEPIVANCE SOLUTION RECONSTITUTED 6.25 MG INTRAVENOUS</td>
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<td>Cyclin-Dependent Kinases (CDK) Inhibitors</td>
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<tr>
<td>IBRANCE CAPSULE 100 MG ORAL</td>
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<td>PA, QL 21/28 days, SP</td>
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<tr>
<td>IBRANCE CAPSULE 125 MG ORAL</td>
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<td>PA, QL 21/28 days, SP</td>
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<td>IBRANCE CAPSULE 75 MG ORAL</td>
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<td>PA, QL 21/28 days, SP</td>
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<td>IBRANCE TABLET 125 MG ORAL</td>
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<tr>
<td>IBRANCE TABLET 75 MG ORAL</td>
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<td>PA, QL 21/28 days, SP</td>
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</table>

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</thead>
<tbody>
<tr>
<td>Cyclin-Dependent Kinases (CDK) Inhibitors (continued)</td>
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<tr>
<td>VERZENIO TABLET 100 MG ORAL</td>
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<td>PA, QL 56/28 days, SP</td>
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<td>VERZENIO TABLET 150 MG ORAL</td>
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<td>PA, QL 56/28 days, SP</td>
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<tr>
<td>VERZENIO TABLET 200 MG ORAL</td>
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<td>PA, QL 56/28 days, SP</td>
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<td>VERZENIO TABLET 50 MG ORAL</td>
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<td>PA, QL 56/28 days, SP</td>
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<td>Estrogen Receptor Antagonist</td>
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<tr>
<td>FASLODEX SOLUTION 250 MG/5ML INTRAMUSCULAR</td>
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<td>Estrogens-Antineoplastic</td>
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<td>EMCYT CAPSULE 140 MG ORAL</td>
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<tr>
<td>leucovorin calcium tablet 5 mg oral</td>
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<tr>
<td>Isocitrate Dehydrogenase-1 (IDH1) Inhibitors</td>
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<tr>
<td>TIBSOVO TABLET 250 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 60/30 days</td>
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<tr>
<td>Isocitrate Dehydrogenase-2 (IDH2) Inhibitors</td>
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<td>IDHIFA TABLET 100 MG ORAL</td>
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<td>PA, QL 30/30 days, SP</td>
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<td>IDHIFA TABLET 50 MG ORAL</td>
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<td>PA, QL 30/30 days, SP</td>
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<td>Janus Associated Kinase (JAK) Inhibitors</td>
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<tr>
<td>INREBIC CAPSULE 100 MG ORAL</td>
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<td>PA, QL 120/30 days, SP</td>
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<tr>
<td>JAKAFI TABLET 10 MG ORAL</td>
<td>4</td>
<td>PA, QL 2/1 days, SP, Partial Fill</td>
</tr>
<tr>
<td>JAKAFI TABLET 15 MG ORAL</td>
<td>4</td>
<td>PA, QL 2/1 days, SP, Partial Fill</td>
</tr>
<tr>
<td>JAKAFI TABLET 20 MG ORAL</td>
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<td>PA, QL 2/1 days, SP, Partial Fill</td>
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</tbody>
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<tbody>
<tr>
<td>JAKAFI TABLET 25 MG ORAL</td>
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<tr>
<td>JAKAFI TABLET 5 MG ORAL</td>
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<td>PA, QL 2/1 days, SP, Partial Fill</td>
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**LHRH Analogs**

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<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tr>
<td>ELIGARD KIT 22.5 MG SUBCUTANEOUS</td>
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<td>PA, SP</td>
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<tr>
<td>ELIGARD KIT 30 MG SUBCUTANEOUS</td>
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<td>PA, SP</td>
</tr>
<tr>
<td>ELIGARD KIT 45 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>ELIGARD KIT 7.5 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>leuprolide acetate kit 1 mg/0.2ml injection</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR</td>
<td>4</td>
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<tr>
<td>LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR</td>
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<tr>
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<td>LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR</td>
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<td>PA, SP</td>
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<tr>
<td>LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR</td>
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<td>TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 22.5 MG INTRAMUSCULAR</td>
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<tr>
<td>TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 3.75 MG INTRAMUSCULAR</td>
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**Mitotic Inhibitors**

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<th>DRUG NAME</th>
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<tr>
<td>ETOPOPHOS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS</td>
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<td>etoposide capsule 50 mg oral</td>
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<tr>
<td>etoposide solution 100 mg/5ml intravenous</td>
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<td>Medical Benefit only.</td>
</tr>
<tr>
<td>TOPOSAR SOLUTION 1 GM/50ML INTRAVENOUS</td>
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<td>Medical Benefit only.</td>
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<tr>
<td>TOPOSAR SOLUTION 100 MG/5ML INTRAVENOUS</td>
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<tr>
<td>TOPOSAR SOLUTION 500 MG/25ML INTRAVENOUS</td>
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**Nitrogen Mustards**

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<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>ALKERAN TABLET 2 MG ORAL</td>
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<td>cyclophosphamide capsule 25 mg oral</td>
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</tr>
<tr>
<td>cyclophosphamide solution reconstituted 500 mg injection</td>
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<tr>
<td>cyclophosphamide tablet 25 mg oral</td>
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<tr>
<td>cyclophosphamide tablet 50 mg oral</td>
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<td></td>
</tr>
<tr>
<td>LEUKERAN TABLET 2 MG ORAL</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Nitrosoureas**

<table>
<thead>
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<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>GLEOSTINE CAPSULE 10 MG ORAL</td>
<td>3</td>
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<tr>
<td>GLEOSTINE CAPSULE 100 MG ORAL</td>
<td>3</td>
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<tr>
<td>GLEOSTINE CAPSULE 40 MG ORAL</td>
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</table>

**Please Note:** You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/member/drug-news.aspx.
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td>GLIadel Wafer Wafer 7.7 MG Implant</td>
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**Phosphatidylinositol 3-Kinase (PI3K) Inhibitors**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>COPIKTRA Capsule 15 MG Oral</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>COPIKTRA Capsule 25 MG Oral</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>PiqRay (200 MG Daily Dose) Tablet Therapy Pack 200 MG Oral</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>PiqRay (250 MG Daily Dose) Tablet Therapy Pack 200 &amp; 50 MG Oral</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>PiqRay (300 MG Daily Dose) Tablet Therapy Pack 2 x 150 MG Oral</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>Zydelig Tablet 100 MG Oral</td>
<td>4</td>
<td>LA, PA, QL 60/30 days, SP</td>
</tr>
<tr>
<td>Zydelig Tablet 150 MG Oral</td>
<td>4</td>
<td>LA, PA, QL 60/30 days, SP</td>
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</table>

**Poly (ADP-ribose) Polymerase (PARP) Inhibitors**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYNparza Capsule 50 MG Oral</td>
<td>4</td>
<td>LA, PA, SP, Partial Fill</td>
</tr>
<tr>
<td>LYNparza Tablet 100 MG Oral</td>
<td>4</td>
<td>LA, PA, QL 5/1 days, SP, Partial Fill</td>
</tr>
<tr>
<td>LYNparza Tablet 150 MG Oral</td>
<td>4</td>
<td>LA, PA, QL 4/1 days, SP, Partial Fill</td>
</tr>
<tr>
<td>Rubraca Tablet 200 MG Oral</td>
<td>4</td>
<td>PA, QL 120/30 days, SP, Partial Fill</td>
</tr>
<tr>
<td>Rubraca Tablet 250 MG Oral</td>
<td>4</td>
<td>PA, QL 120/30 days, SP, Partial Fill</td>
</tr>
<tr>
<td>Rubraca Tablet 300 MG Oral</td>
<td>4</td>
<td>PA, QL 120/30 days, SP, Partial Fill</td>
</tr>
<tr>
<td>TALZenna Capsule 0.25 MG Oral</td>
<td>4</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>TALZenna Capsule 1 MG Oral</td>
<td>4</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poly (ADP-ribose) Polymerase (PARP) Inhibitors (continued)</td>
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<td></td>
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<tr>
<td>ZeJulia Capsule 100 MG Oral</td>
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<td>PA, QL 90/30 days, SP</td>
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**Progestins-Antineoplastic**

<table>
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<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tr>
<td>DEpo-Provera Suspension 400 MG/ML Intramuscular</td>
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<td>Megestrol Acetate Suspension 40 mg/ml Oral</td>
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<tr>
<td>Megestrol Acetate Tablet 20 mg Oral</td>
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<tr>
<td>Megestrol Acetate Tablet 40 mg Oral</td>
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**Retinoids**

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<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>Tretinoin Capsule 10 mg Oral</td>
<td>1</td>
<td>QL 810/365 days</td>
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**Selective Retinoid X Receptor Agonists**

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<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>TARGETtin Capsule 75 MG Oral</td>
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<td>PA, SP, Partial Fill</td>
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**Topoisomerase I Inhibitors**

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<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td>HYcamtin Capsule 0.25 MG Oral</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>HYcamtin Capsule 1 MG Oral</td>
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<td>PA, SP</td>
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</table>

**Urinary Tract Protective Agents**

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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>Mesna Solution 100 mg/ml Intravenous</td>
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<tr>
<td>Mesnex Tablet 400 MG Oral</td>
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**Vascular Endothelial Growth Factor (VEGF) Inhibitors**

<table>
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<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>INLYTA Tablet 1 MG Oral</td>
<td>4</td>
<td>PA, QL 120/30 days, SP, Partial Fill</td>
</tr>
<tr>
<td>INLYTA Tablet 5 MG Oral</td>
<td>4</td>
<td>PA, QL 60/30 days, SP, Partial Fill</td>
</tr>
<tr>
<td>LENVIMA (10 MG Daily Dose) Capsule Therapy Pack 10 MG Oral</td>
<td>4</td>
<td>LA, PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>LENVIMA (12 MG Daily Dose) Capsule Therapy Pack 3 X 4 MG Oral</td>
<td>4</td>
<td>LA, PA, QL 90/30 days, SP</td>
</tr>
</tbody>
</table>

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### Vascular Endothelial Growth Factor (VEGF) Inhibitors (continued)

<table>
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<tr>
<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td>LENVIMA (14 MG DAILY DOSE) CAPSULE THERAPY PACK 10 &amp; 4 MG ORAL</td>
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<td>LA, PA, QL 60/30 days, SP</td>
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<tr>
<td>LENVIMA (18 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG &amp; 2 X 4 MG ORAL</td>
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<td>LA, PA, QL 90/30 days, SP</td>
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<tr>
<td>LENVIMA (20 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 60/30 days, SP</td>
</tr>
<tr>
<td>LENVIMA (24 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 90/30 days, SP</td>
</tr>
<tr>
<td>LENVIMA (4 MG DAILY DOSE) CAPSULE THERAPY PACK 4 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>LENVIMA (8 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 4 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 60/30 days, SP</td>
</tr>
</tbody>
</table>

### Antiparkinson and Related Therapy Agents

#### Antiparkinson Anticholinergics

- **benztrapine mesylate solution 1 mg/ml injection**: 1
- **benztrapine mesylate tablet 0.5 mg oral**: 1
- **benztrapine mesylate tablet 1 mg oral**: 1
- **benztrapine mesylate tablet 2 mg oral**: 1
- **trihexyphenidyl hcl elixir 0.4 mg/ml oral**: 1
- **trihexyphenidyl hcl tablet 2 mg oral**: 1
- **trihexyphenidyl hcl tablet 5 mg oral**: 1

#### Antiparkinson Dopaminergics

- **amantadine hcl capsule 100 mg oral**: 1
- **amantadine hcl syrup 50 mg/5ml oral**: 1

#### Antiparkinson Monoamine Oxidase Inhibitors

- **rasagiline mesylate tablet 0.5 mg oral**: 1
- **rasagiline mesylate tablet 1 mg oral**: 1
- **selegiline hcl capsule 5 mg oral**: 1
- **selegiline hcl tablet 5 mg oral**: 1

#### Central/Peripheral COMT Inhibitors

- **ZELAPAR TABLET DISPERSIBLE 1.25 MG ORAL**: 3

#### Decarboxylase Inhibitors

- **carbidopa tablet 25 mg oral**: 1

#### Levodopa Combinations

- **carbidopa-levodopa er tablet extended release 25-100 mg oral**: 1
- **carbidopa-levodopa er tablet extended release 50-200 mg oral**: 1

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## DRUG NAME | TIER | REQUIREMENTS/LIMITS
--- | --- | ---
### Levodopa Combinations (continued)
- **carbidopa-levodopa tablet 10-100 mg oral**
- **carbidopa-levodopa tablet 25-100 mg oral**
- **carbidopa-levodopa tablet 25-250 mg oral**
- **carbidopa-levodopa tablet dispersible 10-100 mg oral**
- **carbidopa-levodopa tablet dispersible 25-100 mg oral**
- **carbidopa-levodopa tablet dispersible 25-250 mg oral**
- **carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral**
- **carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral**
- **carbidopa-levodopa-entacapone tablet 25-100-200 mg oral**
- **carbidopa-levodopa-entacapone tablet 31.25-125-200 mg oral**
- **carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral**
- **carbidopa-levodopa-entacapone tablet 50-200-200 mg oral**

## Nonergoline Dopamine Receptor Agonists (continued)
- **KYNMOBI FILM 25 MG SUBLINGUAL**
- **KYNMOBI FILM 30 MG SUBLINGUAL**
- **KYNMOBI TITRATION KIT KIT 10/15/20/25/30 MG SUBLINGUAL**
- **NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL**
- **NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL**
- **NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL**
- **NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL**
- **NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL**
- **NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL**
- **pramipexole dihydrochloride er tablet extended release 24 hour 0.375 mg oral**
- **pramipexole dihydrochloride er tablet extended release 24 hour 0.75 mg oral**
- **pramipexole dihydrochloride er tablet extended release 24 hour 1.5 mg oral**
- **pramipexole dihydrochloride er tablet extended release 24 hour 2.25 mg oral**
- **pramipexole dihydrochloride er tablet extended release 24 hour 3 mg oral**
- **pramipexole dihydrochloride er tablet extended release 24 hour 3.75 mg oral**
- **pramipexole dihydrochloride er tablet extended release 24 hour 4.5 mg oral**
- **pramipexole dihydrochloride tablet 0.125 mg oral**

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<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
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<td><strong>Nonergoline Dopamine Receptor Agonists (continued)</strong></td>
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<tr>
<td>pramipexole dihydrochloride tablet 0.25 mg oral</td>
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<tr>
<td>pramipexole dihydrochloride tablet 0.5 mg oral</td>
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<td></td>
</tr>
<tr>
<td>pramipexole dihydrochloride tablet 0.75 mg oral</td>
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<td></td>
</tr>
<tr>
<td>pramipexole dihydrochloride tablet 1 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pramipexole dihydrochloride tablet 1.5 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ropinirole hcl er tablet extended release 24 hour 12 mg oral</td>
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<td>ropinirole hcl er tablet extended release 24 hour 2 mg oral</td>
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<td></td>
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<tr>
<td>ropinirole hcl er tablet extended release 24 hour 4 mg oral</td>
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<tr>
<td>ropinirole hcl er tablet extended release 24 hour 6 mg oral</td>
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<tr>
<td>ropinirole hcl er tablet extended release 24 hour 8 mg oral</td>
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<tr>
<td>ropinirole hcl tablet 0.5 mg oral</td>
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<td>ropinirole hcl tablet 1 mg oral</td>
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<tr>
<td>ropinirole hcl tablet 2 mg oral</td>
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<tr>
<td>ropinirole hcl tablet 3 mg oral</td>
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<td>ropinirole hcl tablet 4 mg oral</td>
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<td></td>
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<tr>
<td>ropinirole hcl tablet 5 mg oral</td>
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<tr>
<td><strong>Peripheral COMT Inhibitors</strong></td>
<td></td>
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<tr>
<td>entacapone tablet 200 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ONGENTYS CAPSULE 25 MG ORAL</td>
<td>3</td>
<td>QL 30/30 days</td>
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<table>
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<tbody>
<tr>
<td><strong>Peripheral COMT Inhibitors (continued)</strong></td>
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<tr>
<td>ONGENTYS CAPSULE 50 MG ORAL</td>
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<td>QL 30/30 days</td>
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**ANTIPSYCHOTICS/ANTIMANIC AGENTS**

**Antimanic Agents**

<table>
<thead>
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<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td>lithium carbonate capsule 150 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>lithium carbonate capsule 300 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<tr>
<td>lithium carbonate capsule 600 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>lithium carbonate er table extended release 300 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, VBP Drug List</td>
</tr>
<tr>
<td>lithium carbonate er table extended release 450 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, VBP Drug List</td>
</tr>
<tr>
<td>lithium carbonate table 300 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>lithium solution 8 meq/5ml oral</td>
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**Antipsychotics - Misc.**

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<th>DRUG NAME</th>
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<th>REQUIREMENTS/LIMITS</th>
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<tr>
<td>CAPLYTA CAPSULE 42 MG ORAL</td>
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<td>QL 30/30 days, ST</td>
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<td>LATUDA TABLET 120 MG ORAL</td>
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<td>LATUDA TABLET 20 MG ORAL</td>
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<td>QL 30/30 days, ST</td>
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<td>LATUDA TABLET 40 MG ORAL</td>
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<tr>
<td>LATUDA TABLET 60 MG ORAL</td>
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<td>LATUDA TABLET 80 MG ORAL</td>
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<td>QL 30/30 days, ST</td>
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<tr>
<td>NUPLAZID CAPSULE 34 MG ORAL</td>
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<td>NUPLAZID TABLET 10 MG ORAL</td>
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<td>LA, PA, QL 30/30 days, SP</td>
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<tr>
<td>NUPLAZID TABLET 17 MG ORAL</td>
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</tr>
<tr>
<td>VRAYLAR CAPSULE 1.5 MG ORAL</td>
<td>3</td>
<td>QL 30/30 days, ST</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>Antipsychotics - Misc. (continued)</td>
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<tr>
<td>VRAYLAR CAPSULE 3 MG ORAL</td>
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<td>QL 30/30 days, ST</td>
</tr>
<tr>
<td>VRAYLAR CAPSULE 4.5 MG ORAL</td>
<td>3</td>
<td>QL 30/30 days, ST</td>
</tr>
<tr>
<td>VRAYLAR CAPSULE 6 MG ORAL</td>
<td>3</td>
<td>QL 30/30 days, ST</td>
</tr>
<tr>
<td>VRAYLAR CAPSULE THERAPY PACK 1.5 &amp; 3 MG ORAL</td>
<td>3</td>
<td>QL 30/30 days, ST</td>
</tr>
<tr>
<td>ziprasidone hcl capsule 20 mg oral</td>
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<td>ziprasidone hcl capsule 40 mg oral</td>
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<td>ziprasidone hcl capsule 60 mg oral</td>
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<td>Benzisoxazoles</td>
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<td>ST</td>
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<tr>
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<td>ST</td>
</tr>
<tr>
<td>FANAPT TABLET 6 MG ORAL</td>
<td>3</td>
<td>ST</td>
</tr>
<tr>
<td>FANAPT TABLET 8 MG ORAL</td>
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Phenothiazines (continued)

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<td>CRIXIVAN CAPSULE 200 MG ORAL</td>
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<td>INVIRASE CAPSULE 200 MG ORAL</td>
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<tr>
<td>INVIRASE TABLET 500 MG ORAL</td>
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<td>LEXIVA SUSPENSION 50 MG/ML ORAL</td>
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<td>LEXIVA TABLET 700 MG ORAL</td>
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<td>NORVIR CAPSULE 100 MG ORAL</td>
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<td>NORVIR PACKET 100 MG ORAL</td>
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<td>NORVIR SOLUTION 80 MG/ML ORAL</td>
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<td>NORVIR TABLET 100 MG ORAL</td>
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<td>PREZISTA SUSPENSION 100 MG/ML ORAL</td>
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<td>PREZISTA TABLET 150 MG ORAL</td>
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<td>PREZISTA TABLET 600 MG ORAL</td>
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<td>PREZISTA TABLET 75 MG ORAL</td>
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<td>PREZISTA TABLET 800 MG ORAL</td>
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<td>REYATAZ PACKET 50 MG ORAL</td>
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<td>ritonavir tablet 100 mg oral</td>
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<tr>
<td>VIRACEPT TABLET 250 MG ORAL</td>
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<tr>
<td>VIRACEPT TABLET 625 MG ORAL</td>
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<th>TIER</th>
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<tbody>
<tr>
<td><strong>Antiretrovirals - RTI-Non-Nucleoside Analogues</strong></td>
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<tr>
<td>EDURANT TABLET 25 MG ORAL</td>
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<tr>
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<tr>
<td>efavirenz tablet 600 mg oral</td>
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<tr>
<td>etravirine tablet 100 mg oral</td>
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<tr>
<td>etravirine tablet 200 mg oral</td>
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<td>QL 60/30 days</td>
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<tr>
<td>nevirapine er tablet extended release 24 hour 400 mg oral</td>
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</tr>
<tr>
<td>nevirapine tablet 200 mg oral</td>
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<tr>
<td>PIFELTRO TABLET 100 MG ORAL</td>
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<td>QL 30/30 days</td>
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<td>RESSCRIPTOR TABLET 100 MG ORAL</td>
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<td>RESSCRIPTOR TABLET 200 MG ORAL</td>
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<tr>
<td><strong>Antiretrovirals - RTI-Nucleoside Analogues-Purines</strong></td>
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<tr>
<td>abacavir sulfate tablet 300 mg oral</td>
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<tr>
<td>didanosine capsule delayed release 200 mg oral</td>
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<tr>
<td>didanosine capsule delayed release 250 mg oral</td>
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</tr>
<tr>
<td>didanosine capsule delayed release 400 mg oral</td>
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</tr>
<tr>
<td>VIDEX SOLUTION RECONSTITUTED 2 GM ORAL</td>
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<tr>
<td>VIDEX SOLUTION RECONSTITUTED 4 GM ORAL</td>
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<tbody>
<tr>
<td><strong>Antiretrovirals - RTI-Nucleoside Analogues-Pyrimidines</strong></td>
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<td>emtricitabine capsule 200 mg oral</td>
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<td>EMTRIVA SOLUTION 10 MG/ML ORAL</td>
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<tr>
<td>EPIVIR SOLUTION 10 MG/ML ORAL</td>
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<tr>
<td>lamivudine solution 10 mg/ml oral</td>
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<tr>
<td>lamivudine tablet 150 mg oral</td>
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</tr>
<tr>
<td>lamivudine tablet 300 mg oral</td>
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<td></td>
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<tr>
<td><strong>Antiretrovirals - RTI-Nucleoside Analogues-Thymidines</strong></td>
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<td>stavudine capsule 15 mg oral</td>
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<td>stavudine capsule 20 mg oral</td>
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<td>stavudine capsule 40 mg oral</td>
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<td>zidovudine capsule 100 mg oral</td>
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<td>zidovudine syrup 50 mg/5ml oral</td>
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<td>zidovudine tablet 300 mg oral</td>
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<td><strong>Antiretrovirals - RTI-Nucleotide Analogues</strong></td>
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<td>tenofovir disoproxil fumarate tablet 300 mg oral</td>
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<td>VIREAD POWDER 40 MG/GM ORAL</td>
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<td>VIREAD TABLET 150 MG ORAL</td>
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<td>VIREAD TABLET 200 MG ORAL</td>
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<td>VIREAD TABLET 250 MG ORAL</td>
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<tr>
<td><strong>CMV Agents</strong></td>
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<tr>
<td>PREVYMIS TABLET 240 MG ORAL</td>
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<tr>
<td>PREVYMIS TABLET 480 MG ORAL</td>
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<td>QL 100/365 days</td>
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<td>valganciclovir hcl solution reconstituted 50 mg/ml oral</td>
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<td>QL 6948/365 days</td>
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<tr>
<td>valganciclovir hcl tablet 450 mg oral</td>
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**Hepatitis B Agents**

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<tr>
<td>adefovir dipivoxil tablet 10 mg oral</td>
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<tr>
<td>BARACLUDE SOLUTION 0.05 MG/ML ORAL</td>
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</tr>
<tr>
<td>entecavir tablet 0.5 mg oral</td>
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<td></td>
</tr>
<tr>
<td>entecavir tablet 1 mg oral</td>
<td>1</td>
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</tr>
<tr>
<td>lamivudine tablet 100 mg oral</td>
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<tr>
<td>TYZEKA TABLET 600 MG ORAL</td>
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**Hepatitis C Agent - Combinations**

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<tbody>
<tr>
<td>MAVYRET TABLET 100-40 MG ORAL</td>
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<td>PA, QL 84/28 days, SP</td>
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<tr>
<td>sofosbuvir-velpatasvir tablet 400-100 mg oral</td>
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<td>PA, QL 28/28 days, SP</td>
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<tr>
<td>VOSEVI TABLET 400-100-100 MG ORAL</td>
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<td>PA, QL 28/28 days, SP</td>
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**Hepatitis C Agents**

<table>
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<tbody>
<tr>
<td>OLYSIO CAPSULE 150 MG ORAL</td>
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<td>PA, SP, Medical Necessity PA</td>
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<tr>
<td>PEGASYS PROCLICK SOLUTION 135 MCG/0.5ML SUBCUTANEOUS</td>
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<td>PA, SP</td>
</tr>
<tr>
<td>PEGASYS PROCLICK SOLUTION 180 MCG/0.5ML SUBCUTANEOUS</td>
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<td>PA, SP</td>
</tr>
<tr>
<td>PEGASYS SOLUTION 180 MCG/0.5ML SUBCUTANEOUS</td>
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<td>PA, SP</td>
</tr>
<tr>
<td>PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, SP</td>
</tr>
<tr>
<td>PEG-INTRON KIT 120 MCG/0.5ML SUBCUTANEOUS</td>
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<td>PA, SP</td>
</tr>
<tr>
<td>PEG-INTRON KIT 150 MCG/0.5ML SUBCUTANEOUS</td>
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<td>PA, SP</td>
</tr>
<tr>
<td>PEGINTRON KIT 50 MCG/0.5ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, SP</td>
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</table>

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<tr>
<th>DRUG NAME</th>
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<tbody>
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<td><strong>Hepatitis C Agents (continued)</strong></td>
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<td>PA, SP</td>
</tr>
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<td>PA, SP</td>
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<td>PA, SP</td>
</tr>
<tr>
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<td>PA, SP</td>
</tr>
<tr>
<td>ribavirin capsule 200 mg oral</td>
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<td>PA, SP</td>
</tr>
<tr>
<td>ribavirin tablet 200 mg oral</td>
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<td>PA, SP</td>
</tr>
<tr>
<td><strong>Herpes Agents - Purine Analogues</strong></td>
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<td>acyclovir capsule 200 mg oral</td>
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<tr>
<td>acyclovir suspension 200 mg/5ml oral</td>
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</tr>
<tr>
<td>acyclovir tablet 400 mg oral</td>
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<tr>
<td>acyclovir tablet 800 mg oral</td>
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<td>Incentive</td>
</tr>
<tr>
<td>valacyclovir hcl tablet 1 gm oral</td>
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</tr>
<tr>
<td>valacyclovir hcl tablet 500 mg oral</td>
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<td><strong>Herpes Agents - Thymidine Analogues</strong></td>
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<td>famciclovir tablet 250 mg oral</td>
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<td>famciclovir tablet 500 mg oral</td>
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<td><strong>Influenza Agents</strong></td>
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<td><strong>Neuraminidase Inhibitors</strong></td>
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<td>oseltamivir phosphate capsule 45 mg oral</td>
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<td>oseltamivir phosphate capsule 75 mg oral</td>
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<td>QL 10/60 days</td>
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<td><strong>Neuraminidase Inhibitors (continued)</strong></td>
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<td>RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER INHALATION</td>
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<td>TAMIFLU SUSPENSION RECONSTITUTED 6 MG/ML ORAL</td>
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<td><strong>RSV Agents - Nucleoside Analogues</strong></td>
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<td>QL 30/30 days</td>
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<tr>
<td>carvedilol phosphate er capsule extended release 24 hour 20 mg oral</td>
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<td>QL 30/30 days</td>
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<tr>
<td>labetalol hcl solution 5 mg/ml intravenous</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<td>labetalol hcl tablet 100 mg oral</td>
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<tr>
<td>labetalol hcl tablet 200 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<tr>
<td>labetalol hcl tablet 300 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<td>atenolol tablet 50 mg oral</td>
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<tr>
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<tr>
<td>REMODULIN SOLUTION 1 MG/ML INJECTION</td>
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<tr>
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<tr>
<td>TYVASO REFILL SOLUTION 0.6 MG/ML INHALATION</td>
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<td>PA, QL 87/30 days</td>
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<tr>
<td>TYVASO SOLUTION 0.6 MG/ML INHALATION</td>
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<td>PA, QL 87/30 days</td>
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<tr>
<td>TYVASO STARTER SOLUTION 0.6 MG/ML INHALATION</td>
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<td>PA, QL 87/30 days</td>
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<td>VENTAVIS SOLUTION 10 MCG/ML INHALATION</td>
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<td>VENTAVIS SOLUTION 20 MCG/ML INHALATION</td>
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<td>Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (sGC)</td>
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</tr>
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<tr>
<td>Pulmonary Hypertension - Endothelin Receptor Antagonists</td>
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<tr>
<td>ambrisentan tablet 5 mg oral</td>
<td>4</td>
<td>PA, QL 30/30 days, SP</td>
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<tr>
<td>bosentan tablet 125 mg oral</td>
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<td>PA, QL 60/30 days, SP</td>
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<tr>
<td>bosentan tablet 62.5 mg oral</td>
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<td>PA, QL 60/30 days, SP</td>
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<tr>
<td>OPSUMIT TABLET 10 MG ORAL</td>
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<td>PA, QL 30/30 days, SP</td>
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<tr>
<td>Pulmonary Hypertension - Phosphodiesterase Inhibitors</td>
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<td>PA, SP</td>
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<td>sildenafil citrate tablet 20 mg oral</td>
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<td>tadalafil (pah) tablet 20 mg oral</td>
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<td>Selective cGMP Phosphodiesterase Type 5 Inhibitors</td>
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<tr>
<td>tadalafil tablet 5 mg oral</td>
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<td>Sinus Node Inhibitors</td>
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<td>PA, QL 60/30 days</td>
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<td>CORLANOR TABLET 7.5 MG ORAL</td>
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<td>Transthyretin Stabilizers</td>
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<td>VYNDAQEL CAPSULE 20 MG ORAL</td>
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<td>VERQUVO TABLET 2.5 MG ORAL</td>
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<td>VERQUVO TABLET 5 MG ORAL</td>
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<td>cefaclor suspension reconstituted 375 mg/5ml oral</td>
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<td>cefotetan disodium solution reconstituted 1 gm injection</td>
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<td>cefotetan disodium solution reconstituted 10 gm injection</td>
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<td>cefotetan disodium solution reconstituted 2 gm injection</td>
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<tr>
<td>cefoxitin sodium solution reconstituted 10 gm injection</td>
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<tr>
<td>cefprozil suspension reconstituted 250 mg/5ml oral</td>
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</tr>
<tr>
<td>cefprozil tablet 250 mg oral</td>
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<td></td>
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<td>cefprozil tablet 500 mg oral</td>
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<td>cefdinir suspension reconstituted 250 mg/5ml oral</td>
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<td>cefixime capsule 400 mg oral</td>
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<td>cefixime suspension reconstituted 100 mg/5ml oral</td>
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</tr>
<tr>
<td>cefixime suspension reconstituted 200 mg/5ml oral</td>
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<td><strong>Cephalosporins - 4th Generation</strong></td>
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<tr>
<td>AZURETTE TABLET 0.15-0.02/0.01 MG (21/5) ORAL</td>
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<tr>
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</tr>
<tr>
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<tr>
<td>LO LOESTRIN FE TABLET 1 MG-10 MCG / 10 MCG ORAL</td>
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<tr>
<td>Combination Contraceptives - Oral</td>
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<tr>
<td>ALTAVERA TABLET 0.15-30 MG-MCG ORAL</td>
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<td>alyacen 1/35 tablet 1-35 mg-mcg oral</td>
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<td>APRI TABLET 0.15-30 MG-MCG ORAL</td>
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<tr>
<td>AUBRA TABLET 0.1-20 MG-MCG ORAL</td>
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<td>AUROVELA FE 1/20 TABLET 1-20 MG-MCG ORAL</td>
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<tr>
<td><strong>Combination Contraceptives - Oral (continued)</strong></td>
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<td>CHATEAL TABLET 0.15-30 MG-MCG ORAL</td>
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<td>SOLIA TABLET 0.15-30 MG-MCG ORAL</td>
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<tr>
<td>SPRINTEC 28 TABLET 0.25-35 MG-MCG ORAL</td>
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<tr>
<td>SRONYX TABLET 0.1-20 MG-MCG ORAL</td>
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<tr>
<td>SYEDA TABLET 3-0.03 MG ORAL</td>
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<td>TARINA 24 FE TABLET 1-20 MG-MCG (24) ORAL</td>
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<td>TYBLUME TABLET 0.1-20 MG-MCG ORAL</td>
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<tr>
<td>VESTURA TABLET 3-0.02 MG ORAL</td>
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<td>VIENVA TABLET 0.1-20 MG-MCG ORAL</td>
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<td>VYLIBRA TABLET 0.25-35 MG-MCG ORAL</td>
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<td>WERA TABLET 0.5-35 MG-MCG ORAL</td>
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<td>WYMZYA FE TABLET CHEWABLE 0.4-35 MG-MCG ORAL</td>
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<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td><strong>Copper Contraceptives - IUD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARAGARD INTRAUTERINE COPPER INTRAUTERINE</td>
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<tr>
<td><strong>Emergency Contraceptives</strong></td>
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<tr>
<td>ELLA TABLET 30 MG ORAL</td>
<td>0</td>
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<tr>
<td><strong>Extended-Cycle Contraceptives - Oral</strong></td>
<td></td>
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</tr>
<tr>
<td>AMETHIA LO TABLET 0.1-0.02 &amp; 0.01 MG ORAL</td>
<td>0</td>
<td>ACA NCDL, limitations may apply</td>
</tr>
<tr>
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<tr>
<td>CAMRESE LO TABLET 0.1-0.02 &amp; 0.01 MG ORAL</td>
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<td>FAYOSIM TABLET 42-21-21-7 DAYS ORAL</td>
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<td>ICLEVIA TABLET 0.15-0.03 MG ORAL</td>
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<td>INTROVALE TABLET 0.15-0.03 MG ORAL</td>
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<tr>
<td>levonorgest-eth estrad 91-day tablet 0.1-0.02 &amp; 0.01 mg oral</td>
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<td>ACA NCDL, limitations may apply</td>
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<tr>
<td>levonorgest-eth estrad 91-day tablet 0.15-0.03 mg oral</td>
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<td><strong>Extended-Cycle Contraceptives - Oral (continued)</strong></td>
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<td>SETLAKIN TABLET 0.15-0.03 MG ORAL</td>
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<td><strong>Four Phase Contraceptives - Oral</strong></td>
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<td>NATAZIA TABLET 3/2-2/2-3/1 MG ORAL</td>
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<td>NEXPLANON IMPLANT 68 MG SUBCUTANEOUS</td>
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<td><strong>Progestin Contraceptives - Injectable</strong></td>
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<td>DEPO-SUBQ PROVERA 104 SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML SUBCUTANEOUS</td>
<td>0</td>
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</tr>
<tr>
<td>medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular</td>
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<td><strong>Progestin Contraceptives - IUD</strong></td>
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<tr>
<td>KYLEENA INTRAUTERINE DEVICE 19.5 MG INTRAUTERINE</td>
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<td>ACA NCDL, limitations may apply</td>
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<tr>
<td>LILETTA (52 MG) INTRAUTERINE DEVICE 18.6 MCG/DAY INTRAUTERINE</td>
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<tr>
<td>LILETTA (52 MG) INTRAUTERINE DEVICE 19.5 MCG/DAY INTRAUTERINE</td>
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<tr>
<td>MIRENA (52 MG) INTRAUTERINE DEVICE 20 MCG/24HR INTRAUTERINE</td>
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</tbody>
</table>

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<td><strong>Progestin Contraceptives - IUD (continued)</strong></td>
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<td>SKYLA INTRAUTERINE DEVICE 13.5 MG INTRAUTERINE</td>
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<td><strong>Progestin Contraceptives - Oral</strong></td>
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<td>CAMILA TABLET 0.35 MG ORAL</td>
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<tr>
<td>ERRIN TABLET 0.35 MG ORAL</td>
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<tr>
<td>HEATHER TABLET 0.35 MG ORAL</td>
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<tr>
<td>INCASSIA TABLET 0.35 MG ORAL</td>
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<tr>
<td>JOLIVETTE TABLET 0.35 MG ORAL</td>
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<td>ACA NCDL, limitations may apply</td>
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<tr>
<td>LYLEQ TABLET 0.35 MG ORAL</td>
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<tr>
<td>LYZA TABLET 0.35 MG ORAL</td>
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<tr>
<td>NORA-BE TABLET 0.35 MG ORAL</td>
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<tr>
<td>norethindrone tablet 0.35 mg oral</td>
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<tr>
<td>SLYND TABLET 4 MG ORAL</td>
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<tr>
<td><strong>Triphasic Contraceptives - Oral</strong></td>
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<tr>
<td>alyacen 7/7/7 tablet 0.5/0.75/1-35 mg-mcg oral</td>
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<td>ACA NCDL, limitations may apply</td>
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<td>ARANELLE TABLET 0.5/1/0.5-35 MG-MCG ORAL</td>
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<tr>
<td>CAZIANT TABLET 0.1/0.125/0.15 -0.025 MG ORAL</td>
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<tr>
<td><strong>Triphasic Contraceptives - Oral (continued)</strong></td>
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<tr>
<td>CYCLAFEM 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL</td>
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<td>DASETTA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL</td>
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<tr>
<td>ENPRESSE-28 TABLET 50-30/75-40/125-30 MG ORAL</td>
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<td>LEENA TABLET 0.5/1/0.5-35 MG-MCG ORAL</td>
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<tr>
<td>LEVONEST TABLET 50-30/75-40/125-30 MG ORAL</td>
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<td>ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td>MYZILRA TABLET 50-30/75-40/125-30 MG ORAL</td>
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<td>NECON 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL</td>
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<td>NYLIA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL</td>
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<td>TILIA FE TABLET 1-20/1-30/1-35 MG-MCG ORAL</td>
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<tr>
<td>TRI FEMY NOR TABLET 0.18/0.215/0.25 MG-25 mcg oral</td>
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<tr>
<td>TRI-ESTARYLLA TABLET 0.18/0.215/0.25 MG-35 MC ORAL</td>
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<td>TRI-LINYAH TABLET 0.18/0.215/0.25 MG-35 MC ORAL</td>
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<tr>
<td>TRI-LO-ESTARYLLA TABLET 0.18/0.215/0.25 MG-25 MC ORAL</td>
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<td>ACA NCDL, limitations may apply</td>
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</tbody>
</table>

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<tr>
<td>TRI-LO-MARZIA TABLET 0.18/0.215/0.25 MG-25 MCG ORAL</td>
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<td>TRI-LO-MILI TABLET 0.18/0.215/0.25 MG-25 MCG ORAL</td>
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<td>TRI-LO-SPRINTEC TABLET 0.18/0.215/0.25 MG-25 MCG ORAL</td>
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</tr>
<tr>
<td>TRINESSA (28) TABLET 0.18/0.215/0.25 MG-35 MCG ORAL</td>
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<td>TRIVORA (28) TABLET 50-30/75-40/125-30 MCG ORAL</td>
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<td>TRI-VYLIBRA LO TABLET 0.18/0.215/0.25 MG-25 MCG ORAL</td>
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<td>VELIVET TABLET 0.1/0.125/0.15 -0.025 MG ORAL</td>
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</table>

**CORTICOSTEROIDS**

**Glucocorticosteroids**

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<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>ALKINDI SPRINKLE CAPSULE SPRINKLE 0.5 MG ORAL</td>
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<td>LA, PA, QL 90/30 days, SP</td>
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<tr>
<td>ALKINDI SPRINKLE CAPSULE SPRINKLE 1 MG ORAL</td>
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<td>LA, PA, QL 90/30 days, SP</td>
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</table>

**Glucocorticosteroids (continued)**

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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
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<td>LA, PA, QL 180/30 days, SP</td>
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<tr>
<td>ALKINDI SPRINKLE CAPSULE SPRINKLE 5 MG ORAL</td>
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<td>dexamethasone sodium phosphate solution 10 mg/ml injection</td>
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<td>dexamethasone tablet 2 mg oral</td>
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<tr>
<td>dexamethasone tablet 4 mg oral</td>
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</tbody>
</table>

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<tbody>
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<tr>
<td>EMFLAZA SUSPENSION 22.75 MG/ML ORAL</td>
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<td>EMFLAZA TABLET 18 MG ORAL</td>
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<td>LA, PA, QL 30/30 days</td>
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<tr>
<td>EMFLAZA TABLET 36 MG ORAL</td>
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<tr>
<td>EMFLAZA TABLET 6 MG ORAL</td>
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<td>methylprednisolone tablet 4 mg oral</td>
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<td></td>
</tr>
<tr>
<td>methylprednisolone tablet 8 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone tablet therapy pack 4 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>MILLIPRED TABLET 5 MG ORAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>prednisolone sodium phosphate solution 10 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>Glucocorticosteroids (continued)</td>
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<tr>
<td>SOLU-CORTEF SOLUTION RECONSTITUTED 250 MG INJECTION</td>
<td>2</td>
<td></td>
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<tr>
<td>SOLU-CORTEF SOLUTION RECONSTITUTED 500 MG INJECTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>SOLU-MEDROL SOLUTION RECONSTITUTED 2 GM INJECTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Mineralocorticoids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fludrocortisone acetate tablet 0.1 mg oral</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**COUGH/COLD/ALLERGY**

**Antitussive - Nonnarcotic**

- benzonatate capsule 100 mg oral
- benzonatate capsule 200 mg oral

**Antitussive - Opioid**

- hydrocodone-homatropine syrup 5-1.5 mg/5ml oral
- hydrocodone-hematropine tablet 5-1.5 mg oral
- hydromet syrup 5-1.5 mg/5ml oral
- TUSSIGON TABLET 5-1.5 MG ORAL

**Antitussive-Expectorant**

- FLOWTUSS SOLUTION 2.5-200 MG/5ML ORAL

**Decongestant & Antihistamine**

- promethazine vc syrup 6.25-5 mg/5ml oral

**Misc. Respiratory Inhalants**

- sodium chloride nebulization solution 10 % inhalation

**Misc. Respiratory Inhalants (continued)**

- sodium chloride nebulization solution 3 % inhalation
- sodium chloride nebulization solution 7 % inhalation

**Mucolytics**

- acetylcysteine solution 10 % inhalation
- acetylcysteine solution 20 % inhalation

**Non-Narc Antitussive-Antihistamine**

- promethazine-dm syrup 6.25-15 mg/5ml oral

**Opioid Antitussive-Antihistamine**

- hydrocod polst-cpm polst er suspension extended release 10-8 mg/5ml oral
- promethazine-codeine syrup 6.25-10 mg/5ml oral
- TUXARIN ER TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ORAL
- VITUZ SOLUTION 5-4 MG/5ML ORAL

**DERMATOLOGICALS**

**Acne Antibiotics**

- clindamycin phosphate gel 1 % external
- clindamycin phosphate lotion 1 % external
- clindamycin phosphate solution 1 % external
- clindamycin phosphate swab 1 % external
- dapsone gel 5 % external
- ery pad 2 % external

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</thead>
<tbody>
<tr>
<td><strong>Acne Antibiotics (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>erythromycin gel 2% external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>erythromycin pad 2% external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>erythromycin solution 2% external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium suspension 10% external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Acne Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>adapalene-benzoic peroxide gel 0.1-2.5% external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>benzoyl peroxide-erythromycin gel 5-3% external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin phos-benzoic peroxide gel 1.2-2.5% external</td>
<td>1</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td>clindamycin phos-benzoic peroxide gel 1.2-5% external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin phos-benzoic peroxide gel 1-5% external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin-tretinoin gel 1.2-0.025% external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Acne Products</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>adapalene cream 0.1% external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>adapalene gel 0.1% external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>adapalene gel 0.3% external</td>
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<td></td>
</tr>
<tr>
<td>AMNESTEEM CAPSULE 10 MG ORAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>AMNESTEEM CAPSULE 20 MG ORAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>AMNESTEEM CAPSULE 40 MG ORAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ATRALIN GEL 0.05% EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AVITA CREAM 0.025% EXTERNAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>AVITA GEL 0.025% EXTERNAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>AZELEX CREAM 20% EXTERNAL</td>
<td>3</td>
<td>PA, Medical Necessity PA</td>
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</tr>
</thead>
<tbody>
<tr>
<td>Acne Products (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tretinoin microsphere gel 0.1 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tretinoin microsphere pump gel 0.04 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tretinoin microsphere pump gel 0.1 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ZENATANE CAPSULE 10 MG ORAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ZENATANE CAPSULE 20 MG ORAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ZENATANE CAPSULE 30 MG ORAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ZENATANE CAPSULE 40 MG ORAL</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

| Agents for External Genital and Perianal Warts | | |
| VEREGEN OINTMENT 15 % EXTERNAL | 3 | PA, Medical Necessity PA |

| Antibiotic Steroid Combinations - Topical | | |
| CORTISPORIN CREAM 3.5-10000-0.5 EXTERNAL | 3 | |
| CORTISPORIN OINTMENT 1 % EXTERNAL | 3 | |

| Antibiotics - Topical | | |
| ALTABAX OINTMENT 1 % EXTERNAL | 3 | |
| gentamicin sulfate cream 0.1 % external | 1 | |
| gentamicin sulfate ointment 0.1 % external | 1 | |
| mupirocin ointment 2 % external | 1 | |

| Antifungals - Topical | | |
| ciclopirox gel 0.77 % external | 1 | |
| ciclopirox olamine cream 0.77 % external | 1 | |
| ciclopirox olamine suspension 0.77 % external | 1 | |

| Antifungals - Topical (continued) | | |
| ciclopirox shampoo 1 % external | 1 | |
| ciclopirox solution 8 % external | 1 | |
| naftifine hcl cream 1 % external | 1 | |
| naftifine hcl cream 2 % external | 1 | |
| NAFTIN GEL 1 % EXTERNAL | 3 | |
| NAFTIN GEL 2 % EXTERNAL | 3 | |
| NYAMYC POWDER 100000 UNIT/GM EXTERNAL | 1 | |
| nystatin cream 100000 unit/gm external | 1 | |
| nystatin ointment 100000 unit/gm external | 1 | |
| nystatin powder 100000 unit/gm external | 1 | |
| NYSTOP POWDER 100000 UNIT/GM EXTERNAL | 1 | |

| Antifungals - Topical Combinations | | |
| clotrimazole-betamethasone cream 1-0.05 % external | 1 | |
| clotrimazole-betamethasone lotion 1-0.05 % external | 1 | |
| nystatin-triamcinolone cream 100000-0.1 unit/gm-% external | 1 | |
| nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external | 1 | |

| Anti-inflammatory Agents - Topical | | |
| diclofenac sodium gel 1 % transdermal | 1 | |
| diclofenac sodium solution 1.5 % transdermal | 1 | |

| Antineoplastic Alkylating Agents - Topical | | |
| VALCHLOR GEL 0.016 % EXTERNAL | 4 | LA, PA, SP |

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</thead>
<tbody>
<tr>
<td>Antineoplastic Antimetabolites - Topical</td>
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<td></td>
</tr>
<tr>
<td>FLUOROPLEX CREAM 1 % EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluorouracil cream 0.5 % external</td>
<td>1</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td>fluorouracil cream 5 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluorouracil solution 2 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluorouracil solution 5 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Antineoplastic or Premalignant Lesions - Topical Misc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PICATO GEL 0.015 % EXTERNAL</td>
<td>3</td>
<td>PA, Medical Necessity PA</td>
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<tr>
<td>PICATO GEL 0.05 % EXTERNAL</td>
<td>3</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td>Antineoplastic Retinoids - Topical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PANRETIN GEL 0.1 % EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Antipsoriatics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcipotriene cream 0.005 % external</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>calcipotriene ointment 0.005 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcipotriene solution 0.005 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CALCITRENE OINTMENT 0.005 % EXTERNAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcitriol ointment 3 mcg/gm external</td>
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</tr>
<tr>
<td>tazarotene cream 0.1 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TAZORAC CREAM 0.05 % EXTERNAL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TAZORAC GEL 0.05 % EXTERNAL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TAZORAC GEL 0.1 % EXTERNAL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Antipsoriatics - Systemic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acitretin capsule 10 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>methoxsalen rapid capsule 10 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>acitretin capsule 17.5 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>acitretin capsule 25 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>COSENTYX SENSOREADY PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>methoxsalen rapid capsule 10 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SKYRIZI (150 MG DOSE) PREFILLED SYRINGE KIT 75 MG/0.83ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 1/84 days, SP</td>
</tr>
<tr>
<td>SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 1/84 days, SP</td>
</tr>
<tr>
<td>SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 1/84 days, SP</td>
</tr>
<tr>
<td>SKYRIZI SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 1/84 days, SP</td>
</tr>
<tr>
<td>TREMFYA SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 1/56 days, SP</td>
</tr>
</tbody>
</table>

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<td></td>
<td></td>
</tr>
<tr>
<td>TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML</td>
<td>4</td>
<td>PA, QL 1/56 days, SP</td>
</tr>
<tr>
<td>SUBCUTANEOUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Antiseborrheic Products</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>selenium sulfide lotion 2.5 % external</td>
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<td></td>
</tr>
<tr>
<td><strong>Antivirals - Topical</strong></td>
<td></td>
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</tr>
<tr>
<td>acyclovir cream 5 % external</td>
<td>1</td>
<td>QL 5/30 days, ST</td>
</tr>
<tr>
<td>acyclovir ointment 5 % external</td>
<td>1</td>
<td>ST</td>
</tr>
<tr>
<td><strong>DENAVIR CREAM 1 % EXTERNAL</strong></td>
<td>3</td>
<td>PA, Medical Necessity</td>
</tr>
<tr>
<td><strong>Atopic Dermatitis - Monoclonal Antibodies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML</td>
<td>4</td>
<td>PA, QL 4/28 days, SP</td>
</tr>
<tr>
<td>SUBCUTANEOUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 4/28 days, SP</td>
</tr>
<tr>
<td>DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS</td>
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<td>PA, QL 4/28 days, SP</td>
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<tr>
<td><strong>Burn Products</strong></td>
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<tr>
<td>silver sulfadiazine cream 1 % external</td>
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<tr>
<td>SSD CREAM 1 % EXTERNAL</td>
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<tr>
<td>SULFAMYLON CREAM 85 MG/GM EXTERNAL</td>
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</tr>
<tr>
<td>THERMAZENE CREAM 1 % EXTERNAL</td>
<td>1</td>
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</tr>
<tr>
<td><strong>Corticosteroids - Topical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ala-cort cream 1 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alclometasone dipropionate cream 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>clobetasol propionate e cream 0.05 % external</td>
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<td></td>
</tr>
<tr>
<td>clobetasol propionate emulsion foam 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate foam 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate gel 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate lotion 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate ointment 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate shampoo 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate solution 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CLOBEX SPRAY LIQUID 0.05 % EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>clocortolone pivalate cream 0.1 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DERMASORB TA KIT 0.1 % EXTERNAL</td>
<td>3</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td>DESONATE GEL 0.05 % EXTERNAL</td>
<td>3</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td>desonide cream 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desonide lotion 0.05 % external</td>
<td>1</td>
<td>Medical Necessity PA</td>
</tr>
<tr>
<td>desonide ointment 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desoximetasone cream 0.05 % external</td>
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<td>desoximetasone cream 0.25 % external</td>
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</tr>
<tr>
<td>desoximetasone gel 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desoximetasone ointment 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
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<tbody>
<tr>
<td>halobetasol propionate cream 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>halobetasol propionate ointment 0.05 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HALOG CREAM 0.1 % EXTERNAL</td>
<td>3</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td>HALOG OINTMENT 0.1 % EXTERNAL</td>
<td>3</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td>hydrocortisone butyr lipo base cream 0.1 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone butyrate cream 0.1 % external</td>
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</tr>
<tr>
<td>hydrocortisone butyrate ointment 0.1 % external</td>
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<td></td>
</tr>
<tr>
<td>hydrocortisone butyrate solution 0.1 % external</td>
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<td></td>
</tr>
<tr>
<td>hydrocortisone cream 1 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone cream 2.5 % external</td>
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<td></td>
</tr>
<tr>
<td>hydrocortisone lotion 2.5 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone ointment 1 % external</td>
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<td></td>
</tr>
<tr>
<td>hydrocortisone ointment 2.5 % external</td>
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<tr>
<td>hydrocortisone valerate cream 0.2 % external</td>
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</tr>
<tr>
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</tr>
<tr>
<td>mometasone furoate cream 0.1 % external</td>
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<tr>
<td>mometasone furoate ointment 0.1 % external</td>
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</tr>
<tr>
<td>mometasone furoate solution 0.1 % external</td>
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</tr>
<tr>
<td>NOLIX LOTION 0.05 % EXTERNAL</td>
<td>1</td>
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</tr>
<tr>
<td>prednicarbate cream 0.1 % external</td>
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</tr>
<tr>
<td>prednicarbate ointment 0.1 % external</td>
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<td></td>
</tr>
<tr>
<td>scalacort lotion 2 % external</td>
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<tr>
<td>TEXACORT SOLUTION 2.5 % EXTERNAL</td>
<td>3</td>
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<tr>
<td>triamcinolone acetonide aerosol solution 0.147 mg/gm external</td>
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</tr>
<tr>
<td>triamcinolone acetonide cream 0.025 % external</td>
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</tr>
<tr>
<td>triamcinolone acetonide cream 0.1 % external</td>
<td>1</td>
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</tr>
<tr>
<td>triamcinolone acetonide cream 0.5 % external</td>
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<tr>
<td>triamcinolone acetonide lotion 0.025 % external</td>
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</tr>
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<td>triamcinolone acetonide lotion 0.1 % external</td>
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</tr>
<tr>
<td>triamcinolone acetonide ointment 0.025 % external</td>
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<tr>
<td>triamcinolone acetonide ointment 0.05 % external</td>
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<td>triamcinolone acetonide ointment 0.1 % external</td>
<td>1</td>
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<tr>
<td>triamcinolone acetonide ointment 0.5 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TRIDERM CREAM 0.1 % EXTERNAL</td>
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</tr>
<tr>
<td>VERDESO FOAM 0.05 % EXTERNAL</td>
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</tr>
<tr>
<td>ammonium lactate cream 12 % external</td>
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<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td>Emollients (continued)</td>
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<tr>
<td>lactic acid lotion 10 % external</td>
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</tr>
<tr>
<td>Enzymes - Topical</td>
<td></td>
<td></td>
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<tr>
<td>SANTYL OINTMENT 250 UNIT/GM EXTERNAL</td>
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<td>Imidazole-Related Antifungals - Topical</td>
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</tr>
<tr>
<td>clotrimazole cream 1 % external</td>
<td>1</td>
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</tr>
<tr>
<td>clotrimazole solution 1 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>econazole nitrate cream 1 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ERTACZO CREAM 2 % EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EXELDERM CREAM 1 % EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EXELDERM SOLUTION 1 % EXTERNAL</td>
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<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>ketoconazole foam 2 % external</td>
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</tr>
<tr>
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</tr>
<tr>
<td>oxiconazole nitrate cream 1 % external</td>
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<td></td>
</tr>
<tr>
<td>OXISTAT CREAM 1 % EXTERNAL</td>
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<td></td>
</tr>
<tr>
<td>OXISTAT LOTION 1 % EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XOLEGEL GEL 2 % EXTERNAL</td>
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</tr>
<tr>
<td>Immunomodulators Imidazoquinolinamines - Topical</td>
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<tr>
<td>imiquimod cream 5 % external</td>
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</tr>
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<td>imiquimod pump cream 3.75 % external</td>
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<tr>
<td>Keratolytic/Antimitotic Agents</td>
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<tr>
<td>CONDYLOX GEL 0.5 % EXTERNAL</td>
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</tr>
<tr>
<td>podofilox solution 0.5 % external</td>
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<td></td>
</tr>
</tbody>
</table>

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### Rosacea Agents (continued)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>ROSADAN CREAM 0.75 % EXTERNAL</td>
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### Scabicides & Pediculicides

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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>EURAX CREAM 10 % EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EURAX LOTION 10 % EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ivermectin lotion 0.5 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>lindane shampoo 1 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>malathion lotion 0.5 % external</td>
<td>1</td>
<td>QL 118/28 days</td>
</tr>
<tr>
<td>permethrin cream 5 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>spinosad suspension 0.9 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ULESFIA LOTION 5 % EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

### Topical Anesthetic Combinations

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lidocaine-prilocaine cream 2.5-2.5 % external</td>
<td>1</td>
<td>QL 30/90 days</td>
</tr>
<tr>
<td>SYNERA PATCH 70-70 MG EXTERNAL</td>
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<td>QL 30/90 days</td>
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### Topical Selective Retinoid X Receptor Agonists

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGRETIN GEL 1 % EXTERNAL</td>
<td>4</td>
<td>PA, QL 60/30 days, SP</td>
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</tbody>
</table>

### Topical Steroid Combinations

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcipotriene-betameth diprop ointment 0.005-0.064 % external</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcipotriene-betameth diprop suspension 0.005-0.064 % external</td>
<td>1</td>
<td>ST</td>
</tr>
<tr>
<td>ENSTILAR FOAM 0.005-0.064 % EXTERNAL</td>
<td>3</td>
<td>ST</td>
</tr>
</tbody>
</table>

### Wound Care - Growth Factor Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGRANEX GEL 0.01 % EXTERNAL</td>
<td>3</td>
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</tbody>
</table>

### Diagnostic Products

#### Diagnostic Drugs

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>MACRILEN PACKET 60 MG ORAL</td>
<td>4</td>
<td>PA, SP</td>
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</tbody>
</table>

#### Diagnostic Tests

<table>
<thead>
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<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>ONETOUCH ULTRA BLUE STRIP IN VITRO</td>
<td>2</td>
<td>QL 300/30 days, VBP Drug List</td>
</tr>
<tr>
<td>ONETOUCH VERIO STRIP IN VITRO</td>
<td>2</td>
<td>QL 300/30 days, VBP Drug List</td>
</tr>
</tbody>
</table>

### Digestive Aids

#### Digestive Enzymes

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>CREON CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT ORAL</td>
<td>2</td>
<td></td>
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<tr>
<td>CREON CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT ORAL</td>
<td>2</td>
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<tr>
<td>CREON CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT ORAL</td>
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<tr>
<td>CREON CAPSULE DELAYED RELEASE PARTICLES 36000-114000 UNIT ORAL</td>
<td>2</td>
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<tr>
<td>CREON CAPSULE DELAYED RELEASE PARTICLES 6000-19000 UNIT ORAL</td>
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<tr>
<td>SUCRAID SOLUTION 8500 UNIT/ML ORAL</td>
<td>4</td>
<td>LA, PA, SP</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>DRUG NAME</th>
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<tbody>
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<td>ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL</td>
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</tr>
<tr>
<td>ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL</td>
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<td></td>
</tr>
<tr>
<td>ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL</td>
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<tr>
<td>ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL</td>
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<tr>
<td>ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL</td>
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<tr>
<td><strong>DIURETICS</strong></td>
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<tr>
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<tr>
<td>acetazolamide er capsule extended release 12 hour 500 mg oral</td>
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</tr>
<tr>
<td>acetazolamide sodium solution reconstituted 500 mg injection</td>
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<td>Medical Benefit only.</td>
</tr>
<tr>
<td>acetazolamide tablet 125 mg oral</td>
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</tr>
<tr>
<td>acetazolamide tablet 250 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>methazolamide tablet 25 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>methazolamide tablet 50 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Diuretic Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALDACAZIDE TABLET 50-50 MG ORAL</td>
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<tr>
<td>amiloride-hydrochlorothiazide tablet 5-50 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<tr>
<td>spironolactone-hctz tablet 25-25 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<tr>
<td><strong>Diuretic Combinations (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>triamterene-hctz capsule 37.5-25 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>triamterene-hctz capsule 50-25 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>triamterene-hctz tablet 37.5-25 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<tr>
<td>triamterene-hctz tablet 75-50 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td><strong>Loop Diuretics</strong></td>
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<tr>
<td>bumetanide solution 0.25 mg/ml injection</td>
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<td>Medical Benefit only.</td>
</tr>
<tr>
<td>bumetanide tablet 0.5 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>bumetanide tablet 1 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<tr>
<td>bumetanide tablet 2 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<tr>
<td>ethacrynic acid tablet 25 mg oral</td>
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<tr>
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<tr>
<td>furosemide solution 10 mg/ml oral</td>
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</tr>
<tr>
<td>furosemide solution 8 mg/ml oral</td>
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</tr>
<tr>
<td>furosemide tablet 20 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<td>furosemide tablet 40 mg oral</td>
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<tr>
<td>furosemide tablet 80 mg oral</td>
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<tr>
<td>torsemide tablet 10 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>torsemide tablet 100 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>Loop Diuretics (continued)</td>
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<td>torsemide tablet 20 mg oral</td>
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<tr>
<td>torsemide tablet 5 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<tr>
<td>Potassium Sparing Diuretics</td>
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<td>amiloride hcl tablet 5 mg oral</td>
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<tr>
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<td>spironolactone tablet 25 mg oral</td>
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<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
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<td>Thiazides and Thiazide-Like Diuretics</td>
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<td>chlorothiazide sodium solution reconstituted 500 mg intravenous</td>
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<tr>
<td>Thiazides and Thiazide-Like Diuretics (continued)</td>
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<td>hydrochlorothiazide tablet 25 mg oral</td>
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<td>hydrochlorothiazide tablet 50 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>indapamide tablet 1.25 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>indapamide tablet 2.5 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>methyclothiazide tablet 5 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>metolazone tablet 10 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>metolazone tablet 2.5 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>metolazone tablet 5 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL, Incentive,VBP Drug List</td>
</tr>
<tr>
<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisphosphonates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alendronate sodium tablet 10 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL,VBP Drug List</td>
</tr>
<tr>
<td>alendronate sodium tablet 35 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL,VBP Drug List</td>
</tr>
<tr>
<td>alendronate sodium tablet 40 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL,VBP Drug List</td>
</tr>
<tr>
<td>alendronate sodium tablet 5 mg oral</td>
<td>1</td>
<td>QL 1.50/1 days, PS Expanded NCDL,VBP Drug List</td>
</tr>
<tr>
<td>alendronate sodium tablet 70 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL,VBP Drug List</td>
</tr>
<tr>
<td>etidronate disodium tablet 200 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>etidronate disodium tablet 400 mg oral</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

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<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisphosphonates (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL</td>
<td>3</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td>FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL</td>
<td>3</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td>ibandronate sodium solution 3 mg/3ml intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>ibandronate sodium tablet 150 mg oral</td>
<td>1</td>
<td>PS Expanded NCDL,VBP Drug List</td>
</tr>
<tr>
<td>pamidronate disodium solution 30 mg/10ml intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>pamidronate disodium solution 6 mg/ml intravenous</td>
<td>3</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>pamidronate disodium solution 90 mg/10ml intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>pamidronate disodium solution reconstituted 30 mg intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>pamidronate disodium solution reconstituted 90 mg intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>risedronate sodium tablet 150 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>risedronate sodium tablet 30 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>risedronate sodium tablet 35 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>risedronate sodium tablet 5 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>risedronate sodium tablet delayed release 35 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>zoleedronic acid concentrate 4 mg/5ml intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>zoleedronic acid solution 5 mg/100ml intravenous</td>
<td>1</td>
<td>SP, Medical Benefit only.</td>
</tr>
<tr>
<td>ZOMETA SOLUTION 4 MG/100ML INTRAVENOUS</td>
<td>4</td>
<td>SP, Medical Benefit only.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>DRUG NAME</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Calcimimetic Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cinacalcet hcl tablet 30 mg oral</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>cinacalcet hcl tablet 60 mg oral</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>cinacalcet hcl tablet 90 mg oral</td>
<td>4</td>
<td>PA, SP</td>
</tr>
</tbody>
</table>

| Calcitonins                     |      |                                  |
| calcitonin (salmon) solution 200 unit/act nasal | 1    |                                 |

| Carnitine Replenisher - Agents  |      |                                  |
| levocarnitine solution 1 gm/10ml oral | 1    |                                 |
| levocarnitine tablet 330 mg oral | 1    |                                 |

| Cortisol Synthesis Inhibitors   |      |                                  |
| ISTURISA TABLET 1 MG ORAL      | 4    | PA, QL 180/30 days, SP           |
| ISTURISA TABLET 10 MG ORAL     | 4    | PA, QL 180/30 days, SP           |
| ISTURISA TABLET 5 MG ORAL      | 4    | PA, QL 180/30 days, SP           |

| Dopamine Receptor Agonists      |      |                                  |
| cabergoline tablet 0.5 mg oral  | 1    | QL 16/28 days                    |

| Fabry Disease - Agents          |      |                                  |
| FABRAZYME SOLUTION RECONSTITUTED 35 MG INTRAVENOUS | 4    | PA, SP, Medical Benefit only.    |
| FABRAZYME SOLUTION RECONSTITUTED 5 MG INTRAVENOUS | 4    | PA, SP, Medical Benefit only.    |
| GALAFOLD CAPSULE 123 MG ORAL    | 4    | LA, PA, QL 14/28 days, SP       |

| GnRH/LHRH Antagonists           |      |                                  |
| ORILISSA TABLET 150 MG ORAL    | 2    | PA, QL 28/28 days               |
| ORILISSA TABLET 200 MG ORAL    | 2    | PA, QL 56/28 days               |

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<th>DRUG NAME</th>
<th>TIER</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Growth Hormone Receptor Antagonists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOMAVERT SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SOMAVERT SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SOMAVERT SOLUTION RECONSTITUTED 20 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SOMAVERT SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SOMAVERT SOLUTION RECONSTITUTED 30 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Growth Hormones</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.2 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.4 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.6 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.8 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1.2 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Growth Hormones (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 10 SOLUTION 10 MG/2ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 20 SOLUTION 20 MG/2ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 5 SOLUTION 5 MG/2ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>OMNITROPE SOLUTION 10 MG/1.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>OMNITROPE SOLUTION 5 MG/1.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SAIZEN CLICK.EASY SOLUTION RECONSTITUTED 8.8 MG INJECTION</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SAIZEN SOLUTION RECONSTITUTED 5 MG INJECTION</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SAIZEN SOLUTION RECONSTITUTED 8.8 MG INJECTION</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>ZORBTIVE SOLUTION RECONSTITUTED 8.8 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td><strong>Hereditary Orotic Aciduria Treatment - Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XURIDEN PACKET 2 GM ORAL</td>
<td>3</td>
<td>PA, QL 4/1 days</td>
</tr>
</tbody>
</table>

**Hereditary Tyrosinemia Type 1 (HT-1) Treatment - Agents**

- nitisinone capsule 10 mg oral
- nitisinone capsule 2 mg oral
- nitisinone capsule 5 mg oral
- NITYR TABLET 10 MG ORAL
- NITYR TABLET 2 MG ORAL
- NITYR TABLET 5 MG ORAL
- ORFADIN CAPSULE 20 MG ORAL
- ORFADIN SUSPENSION 4 MG/ML ORAL

**Homocystinuria Treatment - Agents**

- CYSTADANE POWDER ORAL

**Hyperammonemia Treatment - Agents**

- CARBAGLU TABLET 200 MG ORAL

**Hyperparathyroid Treatment - Vitamin D Analogs**

- calcitriol capsule 0.25 mcg oral
- calcitriol capsule 0.5 mcg oral
- calcitriol solution 1 mcg/ml intravenous
- calcitriol solution 1 mcg/ml oral
- doxercalciferol capsule 0.5 mcg oral
- doxercalciferol capsule 1 mcg oral
- doxercalciferol capsule 2.5 mcg oral
- doxercalciferol solution 4 mcg/2ml intravenous
- paricalcitol capsule 1 mcg oral
- paricalcitol capsule 2 mcg oral
- paricalcitol capsule 4 mcg oral
- RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL

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</thead>
<tbody>
<tr>
<td><strong>Hyperparathyroid Treatment - Vitamin D Analogs (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZEMPLAR SOLUTION 2 MCG/ML INTRAVENOUS</td>
<td>3</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>ZEMPLAR SOLUTION 5 MCG/ML INTRAVENOUS</td>
<td>3</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td><strong>Hypophosphatasia (HPP) Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRENSIQ SOLUTION 18 MG/0.45ML SUBCUTANEOUS</td>
<td>4</td>
<td>LA, PA, SP</td>
</tr>
<tr>
<td>STRENSIQ SOLUTION 28 MG/0.7ML SUBCUTANEOUS</td>
<td>4</td>
<td>LA, PA, SP</td>
</tr>
<tr>
<td>STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>LA, PA, SP</td>
</tr>
<tr>
<td>STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS</td>
<td>4</td>
<td>LA, PA, SP</td>
</tr>
<tr>
<td><strong>Insulin-Like Growth Factors (Somatomedins)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td><strong>LHRH/GnRH Agonist Analog Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUPANETA PACK KIT 11.25 &amp; 5 MG COMBINATION</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>LUPANETA PACK KIT 3.75 &amp; 5 MG COMBINATION</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td><strong>LHRH/GnRH Agonist Analog Pituitary Suppressants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG (PED) INTRAMUSCULAR</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td><strong>LHRH/GnRH Agonist Analog Pituitary Suppressants (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) INTRAMUSCULAR</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SYNAREL SOLUTION 2 MG/ML NASAL</td>
<td>2</td>
<td>QL 48/180 days</td>
</tr>
<tr>
<td><strong>Mucopolysaccharidosis I (MPS I) - Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALDURAZYME SOLUTION 2.9 MG/5ML INTRAVENOUS</td>
<td>4</td>
<td>PA, SP, Medical Benefit only.</td>
</tr>
<tr>
<td><strong>Mucopolysaccharidosis II (MPS II) - Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELAPRASE SOLUTION 6 MG/3ML INTRAVENOUS</td>
<td>4</td>
<td>PA, SP, Medical Benefit only.</td>
</tr>
<tr>
<td><strong>Mucopolysaccharidosis VI (MPS VI) - Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAGLAZYME SOLUTION 1 MG/ML INTRAVENOUS</td>
<td>4</td>
<td>PA, SP, Medical Benefit only.</td>
</tr>
<tr>
<td><strong>Ovulation Stimulants-Gonadotropins</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>chorionic gonadotropin solution reconstituted 10000 unit intramuscular</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>NOVAREL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td><strong>Parathyroid Hormone And Derivatives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FORTEO SOLUTION PEN-INJECTOR 620 MCG/2.48ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>NATPARA CARTRIDGE 100 MCG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 2/28 days, SP</td>
</tr>
<tr>
<td>NATPARA CARTRIDGE 25 MCG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 2/28 days, SP</td>
</tr>
<tr>
<td>NATPARA CARTRIDGE 50 MCG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 2/28 days, SP</td>
</tr>
</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td>NATPARA CARTRIDGE 75 MCG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 2/28 days, SP</td>
</tr>
<tr>
<td>teriparatide (recombinant) solution pen-injector 620 mcg/2.48ml subcutaneous</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
</tbody>
</table>

**Phenylketonuria Treatment - Agents**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PALYNZIQ SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>PALYNZIQ SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>PALYNZIQ SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>sapropterin dihydrochloride packet 100 mg oral</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>sapropterin dihydrochloride packet 500 mg oral</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>sapropterin dihydrochloride tablet soluble 100 mg oral</td>
<td>4</td>
<td>PA, SP</td>
</tr>
</tbody>
</table>

**RANK Ligand (RANKL) Inhibitors**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROLIA SOLUTION 60 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>SP</td>
</tr>
<tr>
<td>PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>SP</td>
</tr>
<tr>
<td>XGEVA SOLUTION 120 MG/1.7ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
</tbody>
</table>

**Sclerostin Inhibitors**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
</tbody>
</table>

**Selective Estrogen Receptor Modulators (SERMs)**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>raloxifene hcl tablet 60 mg oral</td>
<td>0</td>
<td>ACA NCDL, limitations may apply</td>
</tr>
</tbody>
</table>

**Selective Vasopressin V2-Receptor Antagonists**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>JYNARQUE TABLET 15 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>JYNARQUE TABLET 30 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 60/30 days, SP</td>
</tr>
<tr>
<td>JYNARQUE TABLET THERAPY PACK 15 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 56/28 days, SP</td>
</tr>
<tr>
<td>JYNARQUE TABLET THERAPY PACK 30 &amp; 15 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 56/28 days, SP</td>
</tr>
<tr>
<td>JYNARQUE TABLET THERAPY PACK 45 &amp; 15 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 56/28 days, SP</td>
</tr>
<tr>
<td>JYNARQUE TABLET THERAPY PACK 60 &amp; 30 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 56/28 days, SP</td>
</tr>
<tr>
<td>JYNARQUE TABLET THERAPY PACK 90 &amp; 30 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 56/28 days, SP</td>
</tr>
<tr>
<td>tolvaptan tablet 15 mg oral</td>
<td>4</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>tolvaptan tablet 30 mg oral</td>
<td>4</td>
<td>PA, QL 60/30 days, SP</td>
</tr>
</tbody>
</table>

**Somatostatic Agents**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>octreotide acetate solution 100 mcg/ml injection</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>octreotide acetate solution 1000 mcg/ml injection</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>octreotide acetate solution 200 mcg/ml injection</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>octreotide acetate solution 50 mcg/ml injection</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>octreotide acetate solution 500 mcg/ml injection</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SANDOSTATIN LAR DEPOT KIT 10 MG INTRAMUSCULAR</td>
<td>4</td>
<td>PA, SP</td>
</tr>
</tbody>
</table>

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<thead>
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<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatostatic Agents (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANDOSTATIN LAR DEPOT KIT 20 MG INTRAMUSCULAR</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SANDOSTATIN LAR DEPOT KIT 30 MG INTRAMUSCULAR</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SIGNIFOR SOLUTION 0.3 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>LA, PA, SP</td>
</tr>
<tr>
<td>SIGNIFOR SOLUTION 0.6 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>LA, PA, SP</td>
</tr>
<tr>
<td>SIGNIFOR SOLUTION 0.9 MG/ML SUBCUTANEOUS</td>
<td>4</td>
<td>LA, PA, SP</td>
</tr>
<tr>
<td>SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>Urea Cycle Disorder - Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sodium phenylbutyrate powder 3 gm/tsp oral</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>sodium phenylbutyrate tablet 500 mg oral</td>
<td>3</td>
<td>PA, SP</td>
</tr>
<tr>
<td>Vasopressin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>desmopressin ace spray refrig solution 0.01 % nasal</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate solution 4 mcg/ml injection</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate spray solution 0.01 % nasal</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate tablet 0.1 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate tablet 0.2 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>STIMATE SOLUTION 1.5 MG/ML NASAL</td>
<td>4</td>
<td>PA, SP</td>
</tr>
</tbody>
</table>

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<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPO-ESTRADIOL OIL 5 MG/ML INTRAMUSCULAR</td>
<td>2</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>DIVIGEL GEL 0.25 MG/0.25GM TRANSDERMAL</td>
<td>3</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>DIVIGEL GEL 0.5 MG/0.5GM TRANSDERMAL</td>
<td>3</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>DIVIGEL GEL 0.75 MG/0.75GM TRANSDERMAL</td>
<td>3</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>DIVIGEL GEL 1 MG/GM TRANSDERMAL</td>
<td>3</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>DIVIGEL GEL 1.25 MG/1.25GM TRANSDERMAL</td>
<td>3</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>DOTTI PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>DOTTI PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>DOTTI PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>DOTTI PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>DOTTI PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
</tbody>
</table>

### Estrogens (continued)

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELESTRIN GEL 0.52 MG/0.87 GM (0.06%) TRANSDERMAL</td>
<td>3</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol patch twice weekly 0.025 mg/24hr transdermal</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol patch twice weekly 0.0375 mg/24hr transdermal</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol patch twice weekly 0.05 mg/24hr transdermal</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol patch twice weekly 0.075 mg/24hr transdermal</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol patch twice weekly 0.1 mg/24hr transdermal</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol patch weekly 0.025 mg/24hr transdermal</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol patch weekly 0.0375 mg/24hr transdermal</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol patch weekly 0.05 mg/24hr transdermal</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol patch weekly 0.06 mg/24hr transdermal</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol patch weekly 0.075 mg/24hr transdermal</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
</tbody>
</table>

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<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>estradiol patch weekly 0.1 mg/24hr transdermal</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol tablet 0.5 mg oral</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol tablet 1 mg oral</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol tablet 2 mg oral</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estradiol valerate oil 20 mg/ml intramuscular</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>estradiol valerate oil 40 mg/ml intramuscular</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ESTROGEL GEL 0.75 MG/1.25 GM (0.06%) TRANSDERMAL</td>
<td>3</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estropipate tablet 0.75 mg oral</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estropipate tablet 1.5 mg oral</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>estropipate tablet 3 mg oral</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>EVAMIST SOLUTION 1.53 MG/Spray TRANSDERMAL</td>
<td>3</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>LYLLANA PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL</td>
<td>1</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
</tbody>
</table>

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<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estrogens (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREMARIN TABLET 0.9 MG ORAL</td>
<td>3</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
<tr>
<td>PREMARIN TABLET 1.25 MG ORAL</td>
<td>3</td>
<td>PA, PA applies to age 17 years and younger, PA may apply</td>
</tr>
</tbody>
</table>

| **Estrogen-Selective Estrogen Receptor Modulator Comb** |      |                                                        |
| DUAVEE TABLET 0.45-20 MG ORAL | 3    |                                                        |

<table>
<thead>
<tr>
<th><strong>FLUOROQUINOLONES</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoroquinolones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AVELOX SOLUTION 400 MG/250ML INTRAVENOUS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BAXDELA SOLUTION RECONSTITUTED 300 MG INTRAVENOUS</td>
<td>3</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td>CIPRO SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CIPRO SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl tablet 100 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl tablet 250 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl tablet 500 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl tablet 750 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin in d5w solution 200 mg/100ml intravenous</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin in d5w solution 400 mg/200ml intravenous</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin solution 400 mg/40ml intravenous</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Fluoroquinolones (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin suspension reconstituted 500 mg/5ml (10%) oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin-ciproflox hcl er tablet extended release 24 hour 1000 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin-ciproflox hcl er tablet extended release 24 hour 500 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FACTIVE TABLET 320 MG ORAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>levofloxacin in d5w solution 250 mg/50ml intravenous</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levofloxacin in d5w solution 500 mg/100ml intravenous</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levofloxacin in d5w solution 750 mg/150ml intravenous</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levofloxacin solution 25 mg/ml intravenous</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levofloxacin solution 25 mg/ml oral</td>
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<tr>
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<tr>
<td>levofloxacin tablet 500 mg oral</td>
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</tr>
<tr>
<td>levofloxacin tablet 750 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>moxifloxacin hcl tablet 400 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ofloxacin tablet 300 mg oral</td>
<td>1</td>
<td>PA, Medical Necessity PA</td>
</tr>
<tr>
<td>ofloxacin tablet 400 mg oral</td>
<td>1</td>
<td>PA, Medical Necessity PA</td>
</tr>
</tbody>
</table>

| **GASTROINTESTINAL AGENTS - MISC.** |      |                                                        |
| Bile Acid Synthesis Disorder Agents |      |                                                        |
| CHOLBAM CAPSULE 250 MG ORAL  | 4    | LA, PA, QL 4/1 days, SP                                 |
| CHOLBAM CAPSULE 50 MG ORAL  | 4    | LA, PA, QL 5/1 days, SP                                 |

| Farnesoid X Receptor (FXR) Agonists |      |                                                        |
| OCALIVA TABLET 10 MG ORAL  | 4    | PA, QL 30/30 days, SP                                    |

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<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCALIVA TABLET 5 MG ORAL</td>
<td>4</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>Gallstone Solubilizing Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ursodiol capsule 300 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ursodiol tablet 250 mg oral</td>
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<td>ursodiol tablet 500 mg oral</td>
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</tr>
<tr>
<td>Ursodiol</td>
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<td></td>
</tr>
<tr>
<td>Gastrointestinal Antiallergy Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cromolyn sodium concentrate 100 mg/5ml oral</td>
<td>1</td>
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<tr>
<td>Gastrointestinal Stimulants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl solution 5 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl solution 5 mg/ml injection</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl tablet 10 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl tablet 5 mg oral</td>
<td>1</td>
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<tr>
<td>metoclopramide hcl tablet dispersible 5 mg oral</td>
<td>1</td>
<td>PA, Medical Necessity</td>
</tr>
<tr>
<td>Glucagon-Like Peptide-2 (GLP-2) Analogs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GATTEX KIT 5 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>IBS Agent - Guanylate Cyclase-C (GC-C) Agonists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LINZESSION CAPSULE 145 MCG ORAL</td>
<td>2</td>
<td>QL 30/30 days, ST</td>
</tr>
<tr>
<td>LINZESSION CAPSULE 290 MCG ORAL</td>
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<td>QL 30/30 days, ST</td>
</tr>
<tr>
<td>LINZESSION CAPSULE 72 MCG ORAL</td>
<td>2</td>
<td>QL 30/30 days, ST</td>
</tr>
<tr>
<td>IBS Agent - Selective 5-HT3 Receptor Antagonists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alosetron hcl tablet 0.5 mg oral</td>
<td>1</td>
<td>PA, QL 120/30 days</td>
</tr>
<tr>
<td>alosetron hcl tablet 1 mg oral</td>
<td>1</td>
<td>PA, QL 60/30 days</td>
</tr>
<tr>
<td>LOTRONEX TABLET 0.5 MG ORAL</td>
<td>3</td>
<td>PA, QL 120/30 days</td>
</tr>
<tr>
<td>IBS Agent - Selective 5-HT3 Receptor Antagonists</td>
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<td>Lotronex</td>
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<td>PA, QL 60/30 days</td>
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<tr>
<td>Lotronex</td>
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<td>PA, QL 60/30 days</td>
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<tbody>
<tr>
<td><strong>Inflammatory Bowel Agents (continued)</strong></td>
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<tr>
<td>SULFAZINE TABLET 500 MG ORAL</td>
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<tr>
<td><strong>Integrin Receptor Antagonists</strong></td>
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<tr>
<td>ENTYVIO SOLUTION RECONSTITUTED 300 MG INTRAVENOUS</td>
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<tr>
<td><strong>Intestinal Acidifiers</strong></td>
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<td>enulese solution 10 gm/15ml oral</td>
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<tr>
<td>generlac solution 10 gm/15ml oral</td>
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<td><strong>Peripheral Opioid Receptor Antagonists</strong></td>
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<td>MOVANTIK TABLET 12.5 MG ORAL</td>
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<tr>
<td>MOVANTIK TABLET 25 MG ORAL</td>
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<td>PA, QL 1/1 days</td>
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<tr>
<td>RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS</td>
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<td>PA</td>
</tr>
<tr>
<td>RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS</td>
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<td>PA</td>
</tr>
<tr>
<td>RELISTOR TABLET 150 MG ORAL</td>
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<tr>
<td><strong>Phosphate Binder Agents</strong></td>
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<tr>
<td>AURYXIA TABLET 1 GM 210 MG(FE) ORAL</td>
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<td>calcium acetate (phos binder) tablet 667 mg oral</td>
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<tr>
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<td>QL 60/30 days</td>
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<tr>
<td>lanthanum carbonate tablet chewable 500 mg oral</td>
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<td>QL 90/30 days</td>
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<tr>
<td>lanthanum carbonate tablet chewable 750 mg oral</td>
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<td>QL 60/30 days</td>
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<tr>
<td>PHOSLYRA SOLUTION 667 MG/5ML ORAL</td>
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<tr>
<td>RENVELA PACKET 0.8 GM ORAL</td>
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<td><strong>Phosphate Binder Agents (continued)</strong></td>
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<td>sevelamer carbonate packet 2.4 gm oral</td>
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<td>sevelamer carbonate tablet 800 mg oral</td>
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<td><strong>GENITOURINARY AGENTS - MISCELLANEOUS</strong></td>
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<td>5-Alpha Reductase Inhibitors</td>
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<td>dutasteride capsule 0.5 mg oral</td>
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<tr>
<td>finasteride tablet 5 mg oral</td>
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<td><strong>Alpha 1-Adrenoceptor Antagonists</strong></td>
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<td>alfuzosin hcl er tablet extended release 24 hour 10 mg oral</td>
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<td>CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL</td>
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<td>silodosin capsule 4 mg oral</td>
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<td>potassium citrate er tablet extended release 15 meq (1620 mg) oral</td>
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<td>JALYN CAPSULE 0.5-0.4 MG ORAL</td>
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<td><strong>Urinary Stone Agents</strong></td>
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<td><strong>GOUT AGENTS</strong></td>
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<td><strong>Gout Agent Combinations</strong></td>
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<td>colchicine capsule 0.6 mg oral</td>
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<td><strong>HEMATOLOGICAL AGENTS - MISC.</strong></td>
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<td><strong>Antihemophilic Products</strong></td>
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<tr>
<td>ADVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS</td>
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<td>ADVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS</td>
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<tr>
<td>ADVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS</td>
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**Drugs Table:**

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<tr>
<td><strong>Erythropoiesis-Stimulating Agents (ESAs)</strong></td>
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<tr>
<td>ARANESP (ALBUMIN FREE) SOLUTION 100 MCG/ML INJECTION</td>
<td>4</td>
<td>SP</td>
</tr>
<tr>
<td>ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION</td>
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<tr>
<td>ARANESP (ALBUMIN FREE) SOLUTION 25 MCG/ML INJECTION</td>
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<tr>
<td>ARANESP (ALBUMIN FREE) SOLUTION 300 MCG/ML INJECTION</td>
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<td>ARANESP (ALBUMIN FREE) SOLUTION 40 MCG/ML INJECTION</td>
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<td>ARANESP (ALBUMIN FREE) SOLUTION 60 MCG/ML INJECTION</td>
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<tr>
<td>RETACRIT SOLUTION 2000 UNIT/ML INJECTION</td>
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<td>RETACRIT SOLUTION 20000 UNIT/ML INJECTION</td>
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<tr>
<td>RETACRIT SOLUTION 3000 UNIT/ML INJECTION</td>
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<td>RETACRIT SOLUTION 4000 UNIT/ML INJECTION</td>
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<tr>
<td>RETACRIT SOLUTION 40000 UNIT/ML INJECTION</td>
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<tr>
<td><strong>Folic Acid/Folates</strong></td>
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<td>folic acid tablet 1 mg oral</td>
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<tr>
<td><strong>Granulocyte Colony-Stimulating Factors (G-CSF)</strong></td>
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<tr>
<td>FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS</td>
<td>4</td>
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<tr>
<td>NEULASTA ONPRO PREFILLED SYRINGE KIT 6 MG/0.6ML SUBCUTANEOUS</td>
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<td>PA, SP</td>
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<tr>
<td>NEULASTA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>NIVESTYM SOLUTION 300 MCG/ML INJECTION</td>
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<td>PA, SP</td>
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<tr>
<td>NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION</td>
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<td>PA, SP</td>
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<tr>
<td>NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION</td>
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<td>PA, SP</td>
</tr>
<tr>
<td>NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION</td>
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<td>PA, SP</td>
</tr>
<tr>
<td>NYVEPRIA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS</td>
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<td>PA, SP</td>
</tr>
<tr>
<td>UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS</td>
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<td>PA, SP</td>
</tr>
<tr>
<td>ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS</td>
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<td>PA, SP</td>
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<tr>
<td><strong>Granulocyte/Macrophage Colony-Stimulating Factor (GM-CSF)</strong></td>
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<tr>
<td>LEUKINE SOLUTION RECONSTITUTED 250 MCG INTRAVENOUS</td>
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<tr>
<td><strong>Hemoglobin S (HbS) Polymerization Inhibitors</strong></td>
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<tr>
<td>OXBRYTA TABLET 500 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 90/30 days, SP</td>
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</tbody>
</table>

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<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Iron</strong></td>
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<tr>
<td>ACCRUFER CAPSULE 30 MG ORAL</td>
<td>3</td>
<td>QL 180/365 days</td>
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<td><strong>Thrombopoietin (TPO) Receptor Agonists</strong></td>
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<tr>
<td>DOPTELET TABLET 20 MG ORAL</td>
<td>4</td>
<td>PA, QL 15/35 days, SP</td>
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<tr>
<td>MULPLETA TABLET 3 MG ORAL</td>
<td>4</td>
<td>PA, QL 7/30 days, SP</td>
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<tr>
<td>PROMACTA PACKET 12.5 MG ORAL</td>
<td>4</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>PROMACTA PACKET 25 MG ORAL</td>
<td>4</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>PROMACTA TABLET 12.5 MG ORAL</td>
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<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>PROMACTA TABLET 25 MG ORAL</td>
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<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>PROMACTA TABLET 50 MG ORAL</td>
<td>4</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>PROMACTA TABLET 75 MG ORAL</td>
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<td>PA, QL 60/30 days, SP</td>
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<td><strong>HEMOSTATICS</strong></td>
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<td>aminocaproic acid tablet 500 mg oral</td>
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<td>tranexamic acid tablet 650 mg oral</td>
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<tr>
<td><strong>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</strong></td>
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<td><strong>Barbiturate Hypnotics</strong></td>
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<tr>
<td>BUTISOL SODIUM TABLET 30 MG ORAL</td>
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<td>phenobarbital elixir 20 mg/5ml oral</td>
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<tr>
<td>phenobarbital tablet 100 mg oral</td>
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<td>phenobarbital tablet 15 mg oral</td>
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<td>phenobarbital tablet 16.2 mg oral</td>
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<td>phenobarbital tablet 30 mg oral</td>
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<td>phenobarbital tablet 60 mg oral</td>
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<tr>
<td><strong>Barbiturate Hypnotics (continued)</strong></td>
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<td>phenobarbital tablet 64.8 mg oral</td>
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<td>phenobarbital tablet 97.2 mg oral</td>
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<td>SECONAL CAPSULE 100 MG ORAL</td>
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<td><strong>Benzodiazepine Hypnotics</strong></td>
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<td>estazolam tablet 1 mg oral</td>
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<td>estazolam tablet 2 mg oral</td>
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<td>midazolam hcl solution 10 mg/2ml injection</td>
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</tr>
<tr>
<td>midazolam hcl solution 2 mg/2ml injection</td>
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<td>midazolam hcl solution 25 mg/5ml injection</td>
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<tr>
<td>midazolam hcl solution 5 mg/5ml injection</td>
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<tr>
<td>midazolam hcl solution 5 mg/ml injection</td>
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<td>midazolam hcl solution 50 mg/10ml injection</td>
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<td>temazepam capsule 15 mg oral</td>
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<td>temazepam capsule 22.5 mg oral</td>
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<td>temazepam capsule 30 mg oral</td>
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<td>QL 30/30 days</td>
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<td>temazepam capsule 7.5 mg oral</td>
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<td>QL 30/30 days</td>
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<td>triazolam tablet 0.125 mg oral</td>
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<tr>
<td>triazolam tablet 0.25 mg oral</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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<tbody>
<tr>
<td><strong>Non-Benzodiazepine - GABA-Receptor Modulators</strong></td>
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<td>eszopiclone tablet 1 mg oral</td>
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<td>eszopiclone tablet 2 mg oral</td>
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<td>QL 30/30 days</td>
</tr>
<tr>
<td>eszopiclone tablet 3 mg oral</td>
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<td>QL 30/30 days</td>
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<td>zaleplon capsule 5 mg oral</td>
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<td>QL 30/30 days</td>
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<td>zolpidem tartrate er tablet extended release 6.25 mg oral</td>
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<td>zolpidem tartrate tablet 5 mg oral</td>
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<td>QL 60/30 days</td>
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<td><strong>Orexin Receptor Antagonists</strong></td>
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<td>DAYVIGO TABLET 10 MG ORAL</td>
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<td>QL 30/30 days, ST</td>
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<tr>
<td>DAYVIGO TABLET 5 MG ORAL</td>
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<td>QL 30/30 days, ST</td>
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<td><strong>Selective Melatonin Receptor Agonists</strong></td>
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<td>HETLIOZ CAPSULE 20 MG ORAL</td>
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<td>LA, PA, QL 1/1 days, SP</td>
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<td>HETLIOZ LQ SUSPENSION 4 MG/ML ORAL</td>
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<td>LA, PA, QL 158/30 days, SP</td>
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<tr>
<td><strong>LAXATIVES</strong></td>
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<tr>
<td>CLENPIQ SOLUTION 10-3.5-12 MG-GM -GM/160ML ORAL</td>
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<td>COLYTE WITH FLAVOR PACKS SOLUTION RECONSTITUTED 240 GM ORAL</td>
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<td><strong>Bowel Evacuant Combinations</strong></td>
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<td>GAVILYTE-H KIT 5-210 MG-GM ORAL</td>
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<td>peg 3350/electrolytes solution reconstituted 240 gm oral</td>
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<tr>
<td>peg 3350-kcl-na bicarb-nacl solution reconstituted 420 gm oral</td>
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<tr>
<td>peg-3350/electrolytes solution reconstituted 236 gm oral</td>
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<tr>
<td>peg-3350/electrolytes/ascorb solution reconstituted 100 gm oral</td>
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<td>ACA NCDL, limitations may apply</td>
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<tr>
<td>peg-kcl-nacl-nasulf-na asc-c solution reconstituted 100 gm oral</td>
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<td>PLENVU SOLUTION RECONSTITUTED 140 GM ORAL</td>
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<tr>
<td>PREPOPIK PACKET 10-3.5-12 MG-GM-GM ORAL</td>
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<td>ACA NCDL, limitations may apply</td>
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<td>SUPREP BOWEL PREP KIT SOLUTION 17.5-3.13-1.6 GM/177ML ORAL</td>
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<td>ACA NCDL, limitations may apply</td>
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<td>SUTAB TABLET 1479-225-188 MG ORAL</td>
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<td>ACA NCDL, limitations may apply</td>
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<tr>
<td>TRILYTE SOLUTION RECONSTITUTED 420 GM ORAL</td>
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<td><strong>Laxatives - Miscellaneous</strong></td>
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<tr>
<td>constulose solution 10 gm/15ml oral</td>
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</tr>
</tbody>
</table>

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<tbody>
<tr>
<td><strong>Laxatives - Miscellaneous (continued)</strong></td>
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<td>KRISTALOSE PACKET 20 GM ORAL</td>
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<tr>
<td>lactulose solution 10 gm/15ml oral</td>
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<tr>
<td><strong>Saline Laxative Mixtures</strong></td>
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<td>OSMOPREP TABLET 1.102-0.398 GM ORAL</td>
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<td><strong>LOCAL ANESTHETICS-Parenteral</strong></td>
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<td><strong>Local Anesthetic &amp; Sympathomimetic</strong></td>
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<td>XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1 %-1:200000 INJECTION</td>
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<td><strong>Local Anesthetics - Amides</strong></td>
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<td>lidocaine hcl (pf) solution 2 % injection</td>
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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td><strong>Erythromycins (continued)</strong></td>
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<td>QL 136/60 days, ACA NCDL, limitations may apply</td>
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<td>DIFICID TABLET 200 MG ORAL</td>
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<td>QL 20/60 days, ACA NCDL, limitations may apply</td>
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<td><strong>MEDICAL DEVICES AND SUPPLIES</strong></td>
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<td>FEMCAP DEVICE 22 MM VAGINAL</td>
<td>0</td>
<td>QL 1/300 days, ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td>FEMCAP DEVICE 26 MM VAGINAL</td>
<td>0</td>
<td>QL 1/300 days, ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td>FEMCAP DEVICE 30 MM VAGINAL</td>
<td>0</td>
<td>QL 1/300 days, ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td><strong>Diaphragms</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAYA DIAPHRAGM VAGINAL</td>
<td>0</td>
<td>QL 1/300 days, ACA NCDL, limitations may apply</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diaphragms (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OMNIFLEX DIAPHRAGM DIAPHRAGM VAGINAL</td>
<td>0</td>
<td>QL 1/300 days, ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 60 DIAPHRAGM 2 % VAGINAL</td>
<td>0</td>
<td>QL 1/300 days, ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 65 DIAPHRAGM 2 % VAGINAL</td>
<td>0</td>
<td>QL 1/300 days, ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 70 DIAPHRAGM 2 % VAGINAL</td>
<td>0</td>
<td>QL 1/300 days, ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 75 DIAPHRAGM 2 % VAGINAL</td>
<td>0</td>
<td>QL 1/300 days, ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 80 DIAPHRAGM 2 % VAGINAL</td>
<td>0</td>
<td>QL 1/300 days, ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 85 DIAPHRAGM 2 % VAGINAL</td>
<td>0</td>
<td>QL 1/300 days, ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 90 DIAPHRAGM 2 % VAGINAL</td>
<td>0</td>
<td>QL 1/300 days, ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 95 DIAPHRAGM 2 % VAGINAL</td>
<td>0</td>
<td>QL 1/300 days, ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td><strong>Glucose Monitoring Test Supplies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEXCOM G6 RECEIVER DEVICE</td>
<td>2</td>
<td>PA, QL 1/365 days</td>
</tr>
<tr>
<td>DEXCOM G6 SENSOR</td>
<td>2</td>
<td>PA, QL 3/30 days</td>
</tr>
<tr>
<td>DEXCOM G6 TRANSMITTER</td>
<td>2</td>
<td>PA, QL 1/84 days</td>
</tr>
<tr>
<td>FREESTYLE LIBRE 14 DAY READER DEVICE</td>
<td>2</td>
<td>PA, QL 1/365 days</td>
</tr>
</tbody>
</table>

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<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose Monitoring Test Supplies (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FREESTYLE LIBRE 14 DAY SENSOR</td>
<td>2</td>
<td>PA, QL 2/28 days</td>
</tr>
<tr>
<td>FREESTYLE LIBRE 2 READER SYSTMT DEVICE</td>
<td>2</td>
<td>PA, QL 1/365 days</td>
</tr>
<tr>
<td>FREESTYLE LIBRE 2 SENSOR SYSTMT</td>
<td>2</td>
<td>PA, QL 3/30 days</td>
</tr>
<tr>
<td>FREESTYLE LIBRE READER DEVICE</td>
<td>2</td>
<td>PA, QL 1/365 days</td>
</tr>
<tr>
<td>FREESTYLE LIBRE SENSOR SYSTEM</td>
<td>2</td>
<td>PA, QL 3/30 days</td>
</tr>
<tr>
<td>ONETOUCH ULTRA 2 KIT W/DEVICE</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>ONETOUCH ULTRASOFT LANCETS</td>
<td>2</td>
<td>VBP Drug List</td>
</tr>
<tr>
<td>Insulin Administration Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OMNIPOD 10 PACK</td>
<td>2</td>
<td>QL 10/30 days</td>
</tr>
<tr>
<td>OMNIPOD 5 PACK</td>
<td>2</td>
<td>QL 10/30 days</td>
</tr>
<tr>
<td>OMNIPOD DASH 5 PACK PODS</td>
<td>2</td>
<td>QL 10/30 days</td>
</tr>
<tr>
<td>OMNIPOD DASH SYSTEM KIT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>OMNIPOD STARTER KIT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Needles &amp; Syringes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BD PEN NEEDLE NANO U/F 32G X 4 MM</td>
<td>2</td>
<td>Incentive, VBP Drug List</td>
</tr>
<tr>
<td>Spacer/Aerosol-Holding Chambers &amp; Supplies (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AEROCHAMBER PLUS FLO-VU SMALL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AEROCHAMBER PLUS FLO-VU W/MASK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AEROCHAMBER PLUS FLOW VU</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AEROCHAMBER PLUS W/MASK SMALL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AEROCHAMBER W/FLOWSIGNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AEROCHAMBER Z-STAT PLUS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AEROCHAMBER Z-STAT PLUS CHAMBR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AEROCHAMBER Z-STAT PLUS/LARGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AEROCHAMBER Z-STAT PLUS/MEDIUM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AEROCHAMBER Z-STAT PLUS/SMALL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EASIVENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EASIVENT MASK LARGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EASIVENT MASK MEDIUM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EASIVENT MASK SMALL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MICROCHAMBER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MICROSPACER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPTICHAMBER ADVANTAGE-LG MASK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPTICHAMBER ADVANTAGE-MED MASK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPTICHAMBER ADVANTAGE-SM MASK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPTICHAMBER DIAMOND</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPTICHAMBER DIAMOND-LG MASK DEVICE</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>Spacer/Aerosol-Holding Chambers &amp; Supplies (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPTICHAMBER DIAMOND-MD MASK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPTICHAMBER DIAMOND-SM MASK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPTIHALER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPTIHALER DEVICE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>POCKET CHAMBER DEVICE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>POCKET SPACER DEVICE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RITEFLO DEVICE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>valved holding chamber device</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VORTEX VALVED HOLDING CHAMBER DEVICE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>WATCHHALER DEVICE</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**MIGRAINE PRODUCTS**

**Calcitonin Gene-Related Peptide Receptor Antag (CGRP)**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>UBRELVY TABLET 100 MG ORAL</td>
<td>2</td>
<td>QL 16/30 days, ST</td>
</tr>
<tr>
<td>UBRELVY TABLET 50 MG ORAL</td>
<td>2</td>
<td>QL 16/30 days, ST</td>
</tr>
</tbody>
</table>

**CGRP Receptor Antagonists - Monoclonal Antibodies**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, QL 1.50/30 days</td>
</tr>
<tr>
<td>AJOVY SOLUTION PREFILLED SYRINGE 225 MG/1.5ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, QL 1.50/30 days</td>
</tr>
<tr>
<td>EMGALITY (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, QL 3/30 days</td>
</tr>
<tr>
<td>EMGALITY SOLUTION AUTO-INJECTOR 120 MG/ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, QL 1/30 days</td>
</tr>
<tr>
<td>EMGALITY SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, QL 1/30 days</td>
</tr>
</tbody>
</table>

**Ergot Combinations**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ergotamine-caffeine tablet 1-100 mg oral</td>
<td>1</td>
<td>QL 20/30 days</td>
</tr>
</tbody>
</table>

**Migraine Products**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>dihydroergotamine mesylate solution 1 mg/ml injection</td>
<td>1</td>
<td>PA, QL 12/30 days</td>
</tr>
<tr>
<td>dihydroergotamine mesylate solution 4 mg/ml nasal</td>
<td>1</td>
<td>PA, QL 8/28 days</td>
</tr>
</tbody>
</table>

**Migraine Products - NSAIDs**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMBIA PACKET 50 MG ORAL</td>
<td>3</td>
<td>PA, QL 9/30 days, Medical Necessity PA</td>
</tr>
</tbody>
</table>

**Selective Serotonin Agonist-NSAID Combinations**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>sumatriptan-naproxen sodium tablet 85-500 mg oral</td>
<td>1</td>
<td>PA, QL 18/25 days, Medical Necessity PA</td>
</tr>
</tbody>
</table>

**Selective Serotonin Agonists 5-HT(1)**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>almotriptan malate tablet 12.5 mg oral</td>
<td>1</td>
<td>QL 12/30 days, ST</td>
</tr>
<tr>
<td>almotriptan malate tablet 6.25 mg oral</td>
<td>1</td>
<td>QL 12/25 days, ST</td>
</tr>
<tr>
<td>eletriptan hydrobromide tablet 20 mg oral</td>
<td>1</td>
<td>QL 12/25 days</td>
</tr>
<tr>
<td>eletriptan hydrobromide tablet 40 mg oral</td>
<td>1</td>
<td>QL 12/25 days</td>
</tr>
<tr>
<td>frovatriptan succinate tablet 2.5 mg oral</td>
<td>1</td>
<td>QL 18/25 days, ST</td>
</tr>
<tr>
<td>naratriptan hcl tablet 1 mg oral</td>
<td>1</td>
<td>QL 18/25 days</td>
</tr>
<tr>
<td>naratriptan hcl tablet 2.5 mg oral</td>
<td>1</td>
<td>QL 18/25 days</td>
</tr>
<tr>
<td>rizatriptan benzoate tablet 10 mg oral</td>
<td>1</td>
<td>QL 18/25 days</td>
</tr>
<tr>
<td>rizatriptan benzoate tablet 5 mg oral</td>
<td>1</td>
<td>QL 18/25 days</td>
</tr>
<tr>
<td>rizatriptan benzoate tablet dispersible 10 mg oral</td>
<td>1</td>
<td>QL 18/25 days</td>
</tr>
<tr>
<td>rizatriptan benzoate tablet dispersible 5 mg oral</td>
<td>1</td>
<td>QL 18/25 days</td>
</tr>
<tr>
<td>sumatriptan solution 20 mg/act nasal</td>
<td>1</td>
<td>QL 12/25 days</td>
</tr>
</tbody>
</table>

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<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selective Serotonin Agonists 5-HT(1) (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sumatriptan solution 5 mg/act nasal</td>
<td>1</td>
<td>QL 12/25 days</td>
</tr>
<tr>
<td>sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous</td>
<td>1</td>
<td>QL 6/25 days</td>
</tr>
<tr>
<td>sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous</td>
<td>1</td>
<td>QL 6/25 days</td>
</tr>
<tr>
<td>sumatriptan succinate solution 6 mg/0.5ml subcutaneous</td>
<td>1</td>
<td>QL 6/25 days</td>
</tr>
<tr>
<td>sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous</td>
<td>1</td>
<td>QL 6/25 days</td>
</tr>
<tr>
<td>sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous</td>
<td>1</td>
<td>QL 6/25 days</td>
</tr>
<tr>
<td>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml subcutaneous</td>
<td>1</td>
<td>QL 6/25 days</td>
</tr>
<tr>
<td>sumatriptan succinate tablet 100 mg oral</td>
<td>1</td>
<td>QL 18/25 days</td>
</tr>
<tr>
<td>sumatriptan succinate tablet 25 mg oral</td>
<td>1</td>
<td>QL 18/25 days</td>
</tr>
<tr>
<td>sumatriptan succinate tablet 50 mg oral</td>
<td>1</td>
<td>QL 18/25 days</td>
</tr>
<tr>
<td>zolmitriptan solution 2.5 mg nasal</td>
<td>1</td>
<td>QL 12/25 days, ST</td>
</tr>
<tr>
<td>zolmitriptan solution 5 mg nasal</td>
<td>1</td>
<td>QL 12/25 days, ST</td>
</tr>
<tr>
<td>zolmitriptan tablet 2.5 mg oral</td>
<td>1</td>
<td>QL 12/25 days</td>
</tr>
<tr>
<td>zolmitriptan tablet 5 mg oral</td>
<td>1</td>
<td>QL 12/25 days</td>
</tr>
<tr>
<td>zolmitriptan tablet dispersible 2.5 mg oral</td>
<td>1</td>
<td>QL 12/25 days</td>
</tr>
<tr>
<td>zolmitriptan tablet dispersible 5 mg oral</td>
<td>1</td>
<td>QL 12/25 days</td>
</tr>
</tbody>
</table>

| MINERALS & ELECTROLYTES                                                   |      |                       |

| Electrolytes Parenteral                                                  |      |                       |
| ISOLYTE-S SOLUTION INTRAVENOUS                                           | 3    |                       |
| NORMOSOL-R SOLUTION INTRAVENOUS                                          | 3    |                       |
| Electrolytes Parenteral (continued)                                      |      |                       |
| PLASMA-LYTE 148 SOLUTION INTRAVENOUS                                     | 3    |                       |
| PLASMA-LYTE A SOLUTION INTRAVENOUS                                      | 3    |                       |
| potassium chloride in nacl solution 20-0.45 meq/l-% intravenous           | 1    |                       |
| potassium chloride in nacl solution 20-0.9 meq/l-% intravenous            | 1    |                       |
| potassium chloride in nacl solution 40-0.9 meq/l-% intravenous            | 1    |                       |

| Fluoride                                                                 |      |                       |
| FLUORABON SOLUTION 0.55 (0.25 F) MG/0.6ML ORAL                           | 0    | ACA NCDL, limitations may apply - Tier 2 for ages 6 years and older |
| fluoritab solution 0.275 (0.125 f) mg/drop oral                          | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |
| fluoritab tablet chewable 1.1 (0.5 f) mg oral                            | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |
| fluoritab tablet chewable 2.2 (1 f) mg oral                              | 1    |                       |
| FLURA-DROPS SOLUTION 0.55 (0.25 F) MG/DROP ORAL                           | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |
| LUDENT TABLET CHEWABLE 0.55 (0.25 F) MG ORAL                              | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |
| LUDENT TABLET CHEWABLE 1.1 (0.5 F) MG ORAL                                | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |
| LUDENT TABLET CHEWABLE 2.2 (1 F) MG ORAL                                  | 1    |                       |

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<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoride (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAFRINSE TABLET CHEWABLE 2.2 (1 F) MG ORAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride solution 1.1 (0.5 f) mg/ml oral</td>
<td>0</td>
<td>ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older</td>
</tr>
<tr>
<td>sodium fluoride tablet 1.1 (0.5 f) mg oral</td>
<td>0</td>
<td>ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older</td>
</tr>
<tr>
<td>sodium fluoride tablet 2.2 (1 f) mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride tablet chewable 0.55 (0.25 f) mg oral</td>
<td>0</td>
<td>ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older</td>
</tr>
<tr>
<td>sodium fluoride tablet chewable 1.1 (0.5 f) mg oral</td>
<td>0</td>
<td>ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older</td>
</tr>
<tr>
<td>sodium fluoride tablet chewable 2.2 (1 f) mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Potassium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-TAB TABLET EXTENDED RELEASE 8 MEQ ORAL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>potassium chloride crys er tablet extended release 10 meq oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>potassium chloride crys er tablet extended release 20 meq oral</td>
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<th>DRUG NAME</th>
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<tr>
<td><strong>Potassium (continued)</strong></td>
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</tbody>
</table>

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<th>REQUIREMENTS/LIMITS</th>
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<tbody>
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<td>Potassium Removing Agents</td>
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<tr>
<td>chlorzoxazone tablet 500 mg oral</td>
<td>1</td>
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<tr>
<td>cyclobenzaprine hcl tablet 10 mg oral</td>
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<tr>
<td>cyclobenzaprine hcl tablet 5 mg oral</td>
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<tr>
<td>cyclobenzaprine hcl tablet 7.5 mg oral</td>
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<tr>
<td>metaxalone tablet 400 mg oral</td>
<td>1</td>
<td>QL 120/30 days, ST</td>
</tr>
<tr>
<td>metaxalone tablet 800 mg oral</td>
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<tr>
<td>methocarbamol tablet 500 mg oral</td>
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<tr>
<td>methocarbamol tablet 750 mg oral</td>
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<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td><strong>Central Muscle Relaxants (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>orphenadrine citrate er tablet extended release 12 hour 100 mg oral</td>
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<tr>
<td>orphenadrine citrate solution 30 mg/ml injection</td>
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<tr>
<td>tizanidine hcl capsule 2 mg oral</td>
<td>1</td>
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</tr>
<tr>
<td>tizanidine hcl capsule 4 mg oral</td>
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<td>PA, Medical Necessity</td>
</tr>
<tr>
<td>tizanidine hcl capsule 6 mg oral</td>
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<td>PA, Medical Necessity</td>
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<tr>
<td>tizanidine hcl tablet 2 mg oral</td>
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<td></td>
</tr>
<tr>
<td>tizanidine hcl tablet 4 mg oral</td>
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<td></td>
</tr>
<tr>
<td><strong>Direct Muscle Relaxants</strong></td>
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<tr>
<td>dantrolene sodium capsule 100 mg oral</td>
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<tr>
<td>dantrolene sodium capsule 25 mg oral</td>
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<tr>
<td>dantrolene sodium capsule 50 mg oral</td>
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<tr>
<td><strong>Muscle Relaxant Combinations</strong></td>
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<tr>
<td>carisoprodol-aspirin-codeine tablet 200-325-16 mg oral</td>
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<tr>
<td>orphenadrine-asa-cafeine tablet 50-770-60 mg oral</td>
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<td>PA, Medical Necessity</td>
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<td><strong>NASAL AGENTS - SYSTEMIC AND TOPICAL</strong></td>
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</tr>
<tr>
<td><strong>Nasal Anticholinergics</strong></td>
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<tr>
<td>ipratropium bromide solution 0.03 % nasal</td>
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</tr>
<tr>
<td>ipratropium bromide solution 0.06 % nasal</td>
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</tr>
<tr>
<td><strong>Nasal Antihistamines</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>azelastine hcl solution 0.1 % nasal</td>
<td>1</td>
<td>QL 30/25 days</td>
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</table>

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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</thead>
<tbody>
<tr>
<td><strong>Nasal Antihistamines (continued)</strong></td>
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<tr>
<td>azelastine hcl solution 0.15 % nasal</td>
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<td>QL 30/25 days</td>
</tr>
<tr>
<td>olopatadine hcl solution 0.6 % nasal</td>
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<td>QL 31/25 days</td>
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<tr>
<td><strong>Nasal Steroids</strong></td>
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<tr>
<td>flunisolide solution 25 mcg/act (0.025%) nasal</td>
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<td>fluticasone propionate suspension 50 mcg/act nasal</td>
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<td>QL 16/25 days</td>
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<tr>
<td>mometasone furoate suspension 50 mcg/act nasal</td>
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<td>QL 34/30 days</td>
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<tr>
<td>TYZINE SOLUTION 0.05 % NASAL</td>
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<td>PA, Medical Necessity</td>
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<tr>
<td><strong>NEUROMUSCULAR AGENTS</strong></td>
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<tr>
<td>Benzathiazoles</td>
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<tr>
<td>riluzole tablet 50 mg oral</td>
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</tr>
<tr>
<td><strong>Neuromuscular Blocking Agent - Neurotoxins</strong></td>
<td></td>
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</tr>
<tr>
<td>BOTOX SOLUTION RECONSTITUTED 100 UNIT INJECTION</td>
<td>4</td>
<td>PA, SP, Medical Benefit only.</td>
</tr>
<tr>
<td>BOTOX SOLUTION RECONSTITUTED 200 UNIT INJECTION</td>
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<td>PA, SP, Medical Benefit only.</td>
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<tr>
<td><strong>Spinal Muscular Atrophy-SMN2 Splicing Modifiers</strong></td>
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<tr>
<td>EVRYSDI SOLUTION RECONSTITUTED 0.75 MG/ML ORAL</td>
<td>4</td>
<td>LA, PA, QL 240/30 days, SP</td>
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<tr>
<td><strong>NUTRIENTS</strong></td>
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<tr>
<td><strong>Lipids</strong></td>
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<tr>
<td>DOJOLVI LIQUID 100 % ORAL</td>
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<td>PA, SP</td>
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<thead>
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<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tbody>
<tr>
<td><strong>OPHTHALMIC AGENTS</strong></td>
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<tr>
<td>Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb</td>
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<tr>
<td>SIMBRINZA SUSPENSION 1-0.2 %</td>
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<td>OPHTHALMIC</td>
</tr>
<tr>
<td><strong>Artificial Tear Inserts</strong></td>
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</tr>
<tr>
<td>LACRISERT INSERT 5 MG</td>
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<td>OPHTHALMIC</td>
</tr>
<tr>
<td><strong>Beta-blockers - Ophthalmic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>betaxolol hcl solution 0.5 % ophthalmic</td>
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</tr>
<tr>
<td>BETOPTIC-S SUSPENSION 0.25 %</td>
<td>2</td>
<td>OPHTHALMIC</td>
</tr>
<tr>
<td>carteolol hcl solution 1 % ophthalmic</td>
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<td></td>
</tr>
<tr>
<td>levobunolol hcl solution 0.5 % ophthalmic</td>
<td>1</td>
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</tr>
<tr>
<td>metipranolol solution 0.3 % ophthalmic</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate gel forming solution 0.25 % ophthalmic</td>
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</tr>
<tr>
<td>timolol maleate gel forming solution 0.5 % ophthalmic</td>
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</tr>
<tr>
<td>timolol maleate pf solution 0.5 % ophthalmic</td>
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<tr>
<td>timolol maleate solution 0.25 % ophthalmic</td>
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<tr>
<td>timolol maleate solution 0.5 % (daily) ophthalmic</td>
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<tr>
<td>timolol maleate solution 0.5 % ophthalmic</td>
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<tr>
<td>TIMOPTIC OCUDOSE SOLUTION 0.25 % OPHTHALMIC</td>
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<tr>
<td><strong>Beta-blockers - Ophthalmic Combinations</strong></td>
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<td>COMBIGAN SOLUTION 0.2-0.5 %</td>
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<tr>
<td>dorzolamide hcl-timolol mal pf solution 22.3-6.8 mg/ml ophthalmic</td>
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<tr>
<td>dorzolamide hcl-timolol mal solution 22.3-6.8 mg/ml ophthalmic</td>
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<tr>
<td><strong>Cycloplegic Mydriatics</strong></td>
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<tr>
<td>atropine sulfate solution 1 % ophthalmic</td>
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<tr>
<td>cyclopentolate hcl solution 0.5 % ophthalmic</td>
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<td></td>
</tr>
<tr>
<td>cyclopentolate hcl solution 1 % ophthalmic</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl solution 2 % ophthalmic</td>
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<td></td>
</tr>
<tr>
<td>tropicamide solution 0.5 % ophthalmic</td>
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<td></td>
</tr>
<tr>
<td>tropicamide solution 1 % ophthalmic</td>
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<tr>
<td><strong>Lymphocyte Function-Associated Antigen-1 (LFA-1) Antag</strong></td>
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<tr>
<td>XIIDRA SOLUTION 5 % OPHTHALMIC</td>
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<tr>
<td><strong>Miotics - Cholinesterase Inhibitors</strong></td>
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<tr>
<td>PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125 %</td>
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</tr>
<tr>
<td><strong>Miotics - Direct Acting</strong></td>
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<tr>
<td>pilocarpine hcl solution 1 % ophthalmic</td>
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</tr>
<tr>
<td>pilocarpine hcl solution 2 % ophthalmic</td>
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<td></td>
</tr>
<tr>
<td>pilocarpine hcl solution 4 % ophthalmic</td>
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<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Antiallergic</strong></td>
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<tr>
<td>ALOCRIL SOLUTION 2 % OPHTHALMIC</td>
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</table>

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<tbody>
<tr>
<td>ALOMIDE SOLUTION 0.1 % OPHTHALMIC</td>
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<tr>
<td>azelastine hcl solution 0.05 % ophthalmic</td>
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<td></td>
</tr>
<tr>
<td>bepotastine besilate solution 1.5 % ophthalmic</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cromolyn sodium solution 4 % ophthalmic</td>
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<td></td>
</tr>
<tr>
<td>EMADINE SOLUTION 0.05 % OPHTHALMIC</td>
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</tr>
<tr>
<td>epinastine hcl solution 0.05 % ophthalmic</td>
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<tr>
<td>LASTACAFT SOLUTION 0.25 % OPHTHALMIC</td>
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<tr>
<td>olopatadine hcl solution 0.1 % ophthalmic</td>
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</tr>
<tr>
<td>olopatadine hcl solution 0.2 % ophthalmic</td>
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</tr>
<tr>
<td>Ophthalmic Antibiotics</td>
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<tr>
<td>AZASITE SOLUTION 1 % OPHTHALMIC</td>
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<tr>
<td>bacitracin ointment 500 unit/gm ophthalmic</td>
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<tr>
<td>BESIVANCE SUSPENSION 0.6 % OPHTHALMIC</td>
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<tr>
<td>CILOXAN OINTMENT 0.3 % OPHTHALMIC</td>
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<td>ciprofloxacin hcl solution 0.3 % ophthalmic</td>
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<td>erythromycin ointment 5 mg/gm ophthalmic</td>
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<td>gatifloxacin solution 0.5 % ophthalmic</td>
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<tr>
<td>GENTAK OINTMENT 0.3 % OPHTHALMIC</td>
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<td>gentamicin sulfate solution 0.3 % ophthalmic</td>
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<td>levofloxacin solution 0.5 % ophthalmic</td>
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<tr>
<td>MOXEZA SOLUTION 0.5 % OPHTHALMIC</td>
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<td>moxifloxacin hcl solution 0.5 % ophthalmic</td>
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<td>ofloxacin solution 0.3 % ophthalmic</td>
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<td>tobramycin solution 0.3 % ophthalmic</td>
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<tr>
<td>NATACYN SUSPENSION 5 % OPHTHALMIC</td>
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<tr>
<td>bacitracin-polymyxin b ointment 500-10000 unit/gm ophthalmic</td>
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<td>neomycin-bacitracin zn-polymyx ointment 5-400-10000 ophthalmic</td>
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<td>NEO-POLYCIN OINTMENT 3.5-400-10000 OPHTHALMIC</td>
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<td>POLYCIN OINTMENT 500-10000 UNIT/GM OPHTHALMIC</td>
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<tr>
<td>polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic</td>
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<tr>
<td>trifluridine solution 1 % ophthalmic</td>
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<tbody>
<tr>
<td><strong>Ophthalmic Antivirals (continued)</strong></td>
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<td>ZIRGAN GEL 0.15 % OPHTHALMIC</td>
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<tr>
<td><strong>Ophthalmic Carbonic Anhydrase Inhibitors</strong></td>
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<tr>
<td>brinzolamide suspension 1 % ophthalmic</td>
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</tr>
<tr>
<td>dorzolamide hcl solution 2 % ophthalmic</td>
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<tr>
<td><strong>Ophthalmic Immunomodulators</strong></td>
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<td>RESTASIS EMULSION 0.05 % OPHTHALMIC</td>
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<td>RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC</td>
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<td><strong>Ophthalmic Kinase Inhibitors - Combinations</strong></td>
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<tr>
<td>ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC</td>
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<td><strong>Ophthalmic Local Anesthetics</strong></td>
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<td><strong>Ophthalmic Kinase Inhibitors</strong></td>
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<tr>
<td><strong>Ophthalmic Nerve Growth Factors</strong></td>
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<tr>
<td>OXERVATE SOLUTION 0.002 % OPHTHALMIC</td>
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<td><strong>Ophthalmic Nonsteroidal Anti-inflammatory Agents</strong></td>
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<tr>
<td>bromfenac sodium (once-daily) solution 0.09 % ophthalmic</td>
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<tr>
<td>bromfenac sodium solution 0.09 % ophthalmic</td>
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<td>diclofenac sodium solution 0.1 % ophthalmic</td>
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</tr>
<tr>
<td>flurbiprofen sodium solution 0.03 % ophthalmic</td>
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<tr>
<td>ketorolac tromethamine solution 0.4 % ophthalmic</td>
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<tr>
<td><strong>Ophthalmic Nonsteroidal Anti-inflammatory Agents (continued)</strong></td>
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<td>ketorolac tromethamine solution 0.5 % ophthalmic</td>
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<td>NEVANAC SUSPENSION 0.1 % OPHTHALMIC</td>
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<tr>
<td><strong>Ophthalmic Rho Kinase Inhibitors</strong></td>
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<td><strong>Ophthalmic Selective Alpha Adrenergic Agonists</strong></td>
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<tr>
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<tr>
<td>brimonidine tartrate solution 0.2 % ophthalmic</td>
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</tr>
<tr>
<td>IOPIDINE SOLUTION 1 % OPHTHALMIC</td>
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<tr>
<td><strong>Ophthalmic Steroid Combinations</strong></td>
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<tr>
<td>bacitra-neomycin-polymyxin-hc ointment 1 % ophthalmic</td>
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<td>BLEPHAMIDE S.O.P. OINTMENT 10-0.2 % OPHTHALMIC</td>
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<td>BLEPHAMIDE SUSPENSION 10-0.2 % OPHTHALMIC</td>
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<td>neomycin-polymyxin-dexameth ointment 3.5-10000-0.1 ophthalmic</td>
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<td></td>
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<tr>
<td>neomycin-polymyxin-dexameth suspension 3.5-10000-0.1 ophthalmic</td>
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<td>NEO-POLYCIN HC OINTMENT 1 % OPHTHALMIC</td>
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<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<td><strong>Ophthalmic Steroid Combinations (continued)</strong></td>
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<td>PRED-G S.O.P. OINTMENT 0.3-0.6 % OPHTHALMIC</td>
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<td>fluorometholone suspension 0.1 % ophthalmic</td>
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<td>FML OINTMENT 0.1 % OPHTHALMIC</td>
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<tr>
<td>INVELTYS SUSPENSION 1 % OPHTHALMIC</td>
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<tr>
<td>LOTE MAX OINTMENT 0.5 % OPHTHALMIC</td>
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<table>
<thead>
<tr>
<th>DRUG NAME</th>
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<tr>
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<td>CYSTARAN SOLUTION 0.44 % OPHTHALMIC</td>
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<tr>
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<td>acetic acid-aluminum acetate solution 2 % otic</td>
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<td>ofloxacin solution 0.3 % otic</td>
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<td>Immune Serums (continued)</td>
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<tr>
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<tr>
<td>CUVITRU SOLUTION 4 GM/20ML</td>
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<td>FLEBOGAMMA DIF SOLUTION 5 GM/100ML INTRAVENOUS</td>
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<td>PA, SP</td>
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<td>Gammaplex solution 5 GM/100ML INTRAVENOUS</td>
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<tr>
<td>Gamunex-c solution 10 GM/100ML INJECTION</td>
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<td>Gamunex-c solution 5 GM/50ML INJECTION</td>
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<td>PA, SP</td>
</tr>
<tr>
<td>Hizentra solution 1 GM/5ML</td>
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<tr>
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<tr>
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<td>PA, SP</td>
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<td>Hizentra solution 20 GM/200ML SUBCUTANEOUS</td>
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<td>Hizentra solution 30 GM/300ML INJECTION</td>
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</table>

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### Immune Serums (continued)

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<td>OCTAGAM SOLUTION 25 GM/500ML INTRAVENOUS</td>
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<td>PRIVIGEN SOLUTION 10 GM/100ML INTRAVENOUS</td>
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<td>XEMBIFY SOLUTION 1 GM/5ML SUBCUTANEOUS</td>
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<tr>
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</table>

### Penicillins

#### Aminopenicillins

<table>
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<th>Requirements/Limits</th>
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</thead>
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<tr>
<td>amoxicillin capsule 500 mg oral</td>
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<td>amoxicillin capsule 125 mg/5ml oral</td>
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<tr>
<td>amoxicillin suspension reconstituted 250 mg/5ml oral</td>
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<tr>
<td>amoxicillin suspension reconstituted 200 mg/5ml oral</td>
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<tr>
<td>amoxicillin suspension reconstituted 400 mg/5ml oral</td>
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<td>amoxicillin tablet 500 mg oral</td>
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<tr>
<td>amoxicillin tablet 875 mg oral</td>
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<tr>
<td>amoxicillin tablet chewable 125 mg oral</td>
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<tr>
<td>amoxicillin tablet chewable 250 mg oral</td>
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<td>ampicillin capsule 500 mg oral</td>
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<tr>
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<tr>
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<tr>
<td>ampicillin sodium solution reconstituted 500 mg injection</td>
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<td>Medical Benefit only.</td>
</tr>
<tr>
<td>ampicillin suspension reconstituted 125 mg/5ml oral</td>
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<td><strong>Natural Penicillins</strong></td>
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</tr>
<tr>
<td><strong>Penicillin Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate er tablet extended release 12 hour 1000-62.5 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate suspension reconstituted 200-28.5 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate suspension reconstituted 250-62.5 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate suspension reconstituted 400-57 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate suspension reconstituted 600-42.9 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate tablet 250-125 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate tablet 500-125 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate tablet 875-125 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate tablet chewable 200-28.5 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate tablet chewable 400-57 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm injection</td>
<td>1</td>
<td>Medical Benefit only.</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>Penicillin Combinations (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm injection</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm injection</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>BICILLIN C-R 900/300 SUSPENSION 900000-300000 UNIT/2ML INTRAMUSCULAR</td>
<td>3</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>BICILLIN C-R SUSPENSION 1200000 UNIT/2ML INTRAMUSCULAR</td>
<td>3</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>piperacillin sod-tazobactam so solution reconstituted 2.25 (2-0.25) gm intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>piperacillin sod-tazobactam so solution reconstituted 3.375 (3-0.375) gm intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>piperacillin sod-tazobactam so solution reconstituted 4.5 (4-0.5) gm intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>piperacillin sod-tazobactam so solution reconstituted 40.5 (36-4.5) gm intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>ZOSYN SOLUTION 2-0.25 GM/50ML INTRAVENOUS</td>
<td>3</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>ZOSYN SOLUTION 3-0.375 GM/50ML INTRAVENOUS</td>
<td>3</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>ZOSYN SOLUTION 4-0.5 GM/100ML INTRAVENOUS</td>
<td>3</td>
<td>Medical Benefit only.</td>
</tr>
</tbody>
</table>

**Penicillinase-Resistant Penicillins**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACTOCILL IN DEXTROSE SOLUTION 1 GM/50ML INTRAVENOUS</td>
<td>3</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>BACTOCILL IN DEXTROSE SOLUTION 2 GM/50ML INTRAVENOUS</td>
<td>3</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>dicloxacillin sodium capsule 250 mg oral</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>dicloxacillin sodium capsule 500 mg oral</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>nafcillin sodium solution reconstituted 1 gm injection</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>nafcillin sodium solution reconstituted 1 gm intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>nafcillin sodium solution reconstituted 2 gm injection</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>nafcillin sodium solution reconstituted 2 gm intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>oxacillin sodium solution reconstituted 1 gm injection</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>oxacillin sodium solution reconstituted 10 gm injection</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>oxacillin sodium solution reconstituted 2 gm injection</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>oxacillin sodium solution reconstituted 2 gm intravenous</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
</tbody>
</table>

**PROGESTINS**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydroxyprogesterone caproate oil 250 mg/ml intramuscular</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>MAKENA SOLUTION AUTO-INJECTOR 275 MG/1.1ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, SP</td>
</tr>
<tr>
<td>medroxyprogesterone acetate tablet 10 mg oral</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>medroxyprogesterone acetate tablet 2.5 mg oral</td>
<td>1</td>
<td>Medical Benefit only.</td>
</tr>
<tr>
<td>medroxyprogesterone acetate tablet 5 mg oral</td>
<td>1</td>
<td>Medical Benefit only.</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>Progestins (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>megestrol acetate suspension 625 mg/5ml oral</td>
<td>1</td>
<td>ST</td>
</tr>
<tr>
<td>norethindrone acetate tablet 5 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>progesterone capsule 100 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>progesterone capsule 200 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>progesterone micronized capsule 100 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>progesterone micronized capsule 200 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Deterrents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acamprosate calcium tablet delayed release 333 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>disulfiram tablet 250 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>disulfiram tablet 500 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Anti-Cataplectic Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XYREM SOLUTION 500 MG/ML ORAL</td>
<td>4</td>
<td>LA, PA, QL 540/30 days, SP</td>
</tr>
<tr>
<td>Anti-Cataplectic Combinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XYWAV SOLUTION 500 MG/ML ORAL</td>
<td>4</td>
<td>LA, PA, QL 540/30 days, SP</td>
</tr>
<tr>
<td>Antisense Oligonucleotide (ASO) Inhibitor Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEGSEDI SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>LA, PA, QL 6/28 days</td>
</tr>
<tr>
<td>Benzodiazepines &amp; Tricyclic Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>chlordiazepoxide-amitriptyline tablet 10-25 mg oral</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

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### Cholinomimetics - ACHE Inhibitors (continued)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>rivastigmine tartrate capsule 4.5 mg oral</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
<tr>
<td>rivastigmine tartrate capsule 6 mg oral</td>
<td>1</td>
<td>QL 60/30 days</td>
</tr>
</tbody>
</table>

### Fibromyalgia Agent - SNRIs

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAVELLA TABLET 100 MG ORAL</td>
<td>3</td>
<td>QL 60/30 days, ST</td>
</tr>
<tr>
<td>SAVELLA TABLET 12.5 MG ORAL</td>
<td>3</td>
<td>QL 60/30 days, ST</td>
</tr>
<tr>
<td>SAVELLA TABLET 25 MG ORAL</td>
<td>3</td>
<td>QL 60/30 days, ST</td>
</tr>
<tr>
<td>SAVELLA TABLET 50 MG ORAL</td>
<td>3</td>
<td>QL 60/30 days, ST</td>
</tr>
<tr>
<td>SAVELLA TITRATION PACK 12.5 &amp; 25 &amp; 50 MG ORAL</td>
<td>3</td>
<td>QL 55/28 days, ST</td>
</tr>
</tbody>
</table>

### Melanocortin Receptor Agonists

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VYLEESI SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, QL 2.40/30 days, Initial fill quantity limit 1.2 ml per 15 days</td>
</tr>
</tbody>
</table>

### Movement Disorder Drug Therapy

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUSTEDO TABLET 12 MG ORAL</td>
<td>4</td>
<td>PA, QL 90/30 days, SP</td>
</tr>
<tr>
<td>AUSTEDO TABLET 6 MG ORAL</td>
<td>4</td>
<td>PA, QL 90/30 days, SP</td>
</tr>
<tr>
<td>AUSTEDO TABLET 9 MG ORAL</td>
<td>4</td>
<td>PA, QL 90/30 days, SP</td>
</tr>
<tr>
<td>tetrabenazine tablet 12.5 mg oral</td>
<td>4</td>
<td>PA, QL 90/30 days, SP</td>
</tr>
<tr>
<td>tetrabenazine tablet 25 mg oral</td>
<td>4</td>
<td>PA, QL 120/30 days, SP</td>
</tr>
</tbody>
</table>

### MS Agents - Pyrimidine Synthesis Inhibitors

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUBAGIO TABLET 14 MG ORAL</td>
<td>3</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>AUBAGIO TABLET 7 MG ORAL</td>
<td>3</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
</tbody>
</table>

### Multiple Sclerosis Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, QL 12/28 days, SP</td>
</tr>
</tbody>
</table>

### Multiple Sclerosis Agents (continued)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</td>
<td>3</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</td>
<td>3</td>
<td>PA, QL 12/28 days, SP</td>
</tr>
<tr>
<td>GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, QL 30/30 days, SP</td>
</tr>
<tr>
<td>GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS</td>
<td>3</td>
<td>PA, QL 12/28 days, SP</td>
</tr>
</tbody>
</table>

### Multiple Sclerosis Agents - Antimetabolites

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 20/365 days, SP</td>
</tr>
<tr>
<td>MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 20/365 days, SP</td>
</tr>
<tr>
<td>MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 20/365 days, SP</td>
</tr>
<tr>
<td>MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 20/365 days, SP</td>
</tr>
<tr>
<td>MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 20/365 days, SP</td>
</tr>
<tr>
<td>MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 20/365 days, SP</td>
</tr>
<tr>
<td>MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 20/365 days, SP</td>
</tr>
</tbody>
</table>

### Multiple Sclerosis Agents - Interferons

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVONEX KIT 30 MCG INTRAMUSCULAR</td>
<td>4</td>
<td>PA, QL 4/28 days, SP</td>
</tr>
<tr>
<td>AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR</td>
<td>4</td>
<td>PA, QL 4/28 days, SP</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>BETASERON KIT 0.3 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 15/30 days, SP</td>
</tr>
<tr>
<td>BETASERON SOLUTION RECONSTITUTED 0.3 MG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 15/30 days, SP</td>
</tr>
<tr>
<td>PLEGRIDY SOLUTION PEN-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 1/28 days, SP</td>
</tr>
<tr>
<td>PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML INTRAMUSCULAR</td>
<td>4</td>
<td>PA, QL 1/28 days, SP</td>
</tr>
<tr>
<td>PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 1/28 days, SP</td>
</tr>
<tr>
<td>PLEGRIDY STARTER PACK SOLUTION PEN-INJECTOR 63 &amp; 94 MCG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 1/28 days, SP</td>
</tr>
<tr>
<td>PLEGRIDY STARTER PACK SOLUTION PREFILLED SYRINGE 63 &amp; 94 MCG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 1/28 days, SP</td>
</tr>
<tr>
<td>REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 6/28 days, SP</td>
</tr>
<tr>
<td>REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 6/28 days, SP</td>
</tr>
<tr>
<td>REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 &amp; 6X22 MCG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 6/28 days, SP</td>
</tr>
<tr>
<td>REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 6/28 days, SP</td>
</tr>
<tr>
<td>REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 6/28 days, SP</td>
</tr>
<tr>
<td>REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 &amp; 6X22 MCG SUBCUTANEOUS</td>
<td>4</td>
<td>PA, QL 6/28 days, SP</td>
</tr>
<tr>
<td>BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL</td>
<td>4</td>
<td>PA, QL 120/30 days, SP</td>
</tr>
<tr>
<td>dimethyl fumarate capsule delayed release 120 mg oral</td>
<td>3</td>
<td>PA, QL 60/30 days, SP</td>
</tr>
<tr>
<td>dimethyl fumarate capsule delayed release 240 mg oral</td>
<td>3</td>
<td>PA, QL 60/30 days, SP</td>
</tr>
<tr>
<td>dimethyl fumarate starter pack 120 &amp; 240 mg oral</td>
<td>3</td>
<td>PA, QL 60/30 days, SP</td>
</tr>
<tr>
<td>VUMERITY (STARTER) CAPSULE DELAYED RELEASE 231 MG ORAL</td>
<td>4</td>
<td>PA, QL 120/30 days, SP</td>
</tr>
<tr>
<td>VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL</td>
<td>4</td>
<td>PA, QL 120/30 days, SP</td>
</tr>
<tr>
<td>dalflampridine er tablet extended release 12 hour 10 mg oral</td>
<td>3</td>
<td>PA, QL 60/30 days, SP</td>
</tr>
<tr>
<td>memantine hcl solution 2 mg/ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>memantine hcl tablet 10 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>memantine hcl tablet 28 x 5 mg &amp; 21 x 10 mg oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>memantine hcl tablet 5 mg oral</td>
<td>1</td>
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<tr>
<td>perphenazine-amitriptyline tablet 2-10 mg oral</td>
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<thead>
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<th>DRUG NAME</th>
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<td>Phenothiazines &amp; Tricyclic Agents (continued)</td>
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<tr>
<td>GRALISE STARTER 300 &amp; 600 MG ORAL</td>
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<td>ST</td>
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<td>GRALISE TABLET 300 MG ORAL</td>
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<td>GRALISE TABLET 600 MG ORAL</td>
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<td>NUEDEXTA CAPSULE 20-10 MG ORAL</td>
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<td>ORAP TABLET 2 MG ORAL</td>
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<td>HORIZANT TABLET EXTENDED RELEASE 600 MG ORAL</td>
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<td>Smoking Deterrents</td>
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<td>bupropion hcl er (smoking det) tablet extended release 12 hour 150 mg oral</td>
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<tr>
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<tr>
<td>CHANTIX TABLET 0.5 MG ORAL</td>
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<td>CHANTIX TABLET 1 MG ORAL</td>
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<td>NICOTROL NS SOLUTION 10 MG/ML NASAL</td>
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<td>Sphingosine 1-Phosphate (S1P) Receptor Modulators</td>
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<tr>
<td>GILENYA CAPSULE 0.25 MG ORAL</td>
<td>3</td>
<td>PA, QL 30/30 days, SP</td>
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<td>GILENYA CAPSULE 0.5 MG ORAL</td>
<td>3</td>
<td>PA, QL 30/30 days, SP</td>
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<td>MAYZENT STARTER PACK TABLET THERAPY PACK 0.25 MG ORAL</td>
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<td>MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL</td>
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<td>LA, PA, SP</td>
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<td>MAYZENT TABLET 0.25 MG ORAL</td>
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<td>MAYZENT TABLET 2 MG ORAL</td>
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<td>LA, PA, QL 30/30 days, SP</td>
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### Sphingosine 1-Phosphate (S1P) Receptor Modulators (continued)

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<tr>
<td>PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 &amp; 10 MG ORAL</td>
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<td>PA, QL 14/14 days, SP</td>
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<td>PONVORY TABLET 20 MG ORAL</td>
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<td>PA, QL 30/30 days, SP</td>
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<tr>
<td>ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG &amp; 3 X 0.46MG ORAL</td>
<td>4</td>
<td>PA, QL 7/7 days, SP</td>
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<tr>
<td>ZEPOSIA CAPSULE 0.92 MG ORAL</td>
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<td>PA, QL 30/30 days, SP</td>
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<tr>
<td>ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG &amp; 0.46MG &amp; 0.92MG ORAL</td>
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### RESPIRATORY AGENTS - MISC.

#### Alpha-Proteinase Inhibitor (Human)

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<tbody>
<tr>
<td>ARALAST NP SOLUTION RECONSTITUTED 500 MG INTRAVENOUS</td>
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<td>LA, PA, SP, Medical Benefit only.</td>
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<tr>
<td>GLASSIA SOLUTION 1000 MG/50ML INTRAVENOUS</td>
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<td>PA, SP, Medical Benefit only.</td>
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<td>PROLASTIN-C SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS</td>
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<td>LA, PA, SP, Medical Benefit only.</td>
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<tr>
<td>ZEMAIRA SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS</td>
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#### CFTR Potentiators

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<th>DRUG NAME</th>
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<tbody>
<tr>
<td>KALYDECO PACKET 25 MG ORAL</td>
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<td>LA, PA, QL 56/28 days, SP</td>
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<tr>
<td>KALYDECO PACKET 50 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 56/28 days, SP</td>
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<tr>
<td>KALYDECO PACKET 75 MG ORAL</td>
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#### Cystic Fibrosis Agent - Combinations

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>TIER</th>
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<tbody>
<tr>
<td>ORKAMBI PACKET 100-125 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 56/28 days, Partial Fill</td>
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<tr>
<td>ORKAMBI PACKET 150-188 MG ORAL</td>
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<td>LA, PA, QL 56/28 days, Partial Fill</td>
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<td>ORKAMBI TABLET 100-125 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 112/28 days, Partial Fill</td>
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<td>ORKAMBI TABLET 200-125 MG ORAL</td>
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<tr>
<td>SYMDEKO TABLET THERAPY PACK 100-150 &amp; 150 MG ORAL</td>
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<td>LA, PA, QL 56/28 days, SP</td>
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<tr>
<td>SYMDEKO TABLET THERAPY PACK 50-75 &amp; 75 MG ORAL</td>
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<td>LA, PA, QL 56/28 days, SP</td>
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<tr>
<td>TRIKAFTRA TABLET THERAPY PACK 100-50-75 &amp; 150 MG ORAL</td>
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<td>LA, PA, QL 84/28 days, SP</td>
</tr>
<tr>
<td>TRIKAFTRA TABLET THERAPY PACK 50-25-37.5 &amp; 75 MG ORAL</td>
<td>4</td>
<td>LA, PA, QL 84/28 days, SP</td>
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</table>

#### Cystic Fibrosis Agents - Miscellaneous

<table>
<thead>
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<th>DRUG NAME</th>
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<tbody>
<tr>
<td>BRONCHITOL CAPSULE 40 MG INHALATION</td>
<td>4</td>
<td>PA, QL 560/28 days</td>
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<tr>
<td>BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION</td>
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<td>PA, QL 560/28 days</td>
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#### Hydrolytic Enzymes

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<tr>
<td>PULMOZYME SOLUTION 1 MG/ML INHALATION</td>
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#### Pulmonary Fibrosis Agents

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<tr>
<td>ESBRIET CAPSULE 267 MG ORAL</td>
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<td>PA, QL 270/30 days, SP</td>
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<tr>
<td>ESBRIET TABLET 267 MG ORAL</td>
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<td>PA, QL 270/30 days, SP</td>
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</tbody>
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<td>Pulmonary Fibrosis Agents (continued)</td>
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<tr>
<td>ESBRIET TABLET 801 MG ORAL</td>
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<td>Pulmonary Fibrosis Agents - Kinase Inhibitors</td>
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<tr>
<td>OFEV CAPSULE 100 MG ORAL</td>
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<td>LA, PA, QL 60/30 days, SP</td>
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<td>OFEV CAPSULE 150 MG ORAL</td>
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</tbody>
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<th>TIER</th>
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<td>Incentive</td>
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</tr>
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<td></td>
</tr>
<tr>
<td>LEVOXYL TABLET 112 MCG ORAL</td>
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<tr>
<td>LEVOXYL TABLET 125 MCG ORAL</td>
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<tr>
<td>LEVOXYL TABLET 137 MCG ORAL</td>
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<td>LEVOXYL TABLET 175 MCG ORAL</td>
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<tr>
<td>LEVOXYL TABLET 25 MCG ORAL</td>
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<td>LEVOXYL TABLET 50 MCG ORAL</td>
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<td>liothyronine sodium solution 10 mcg/ml intravenous</td>
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<td>liothyronine sodium tablet 5 mcg oral</td>
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</tr>
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<td>liothyronine sodium tablet 50 mcg oral</td>
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<td>NATURE-THROID TABLET 113.75 MG ORAL</td>
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<td>NATURE-THROID TABLET 130 MG ORAL</td>
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<tbody>
<tr>
<td>Thyroid Hormones (continued)</td>
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<tr>
<td>SYMTHROD TABLET 175 MCG ORAL</td>
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<td>SYMTHROD TABLET 200 MCG ORAL</td>
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<td>SYMTHROD TABLET 88 MCG ORAL</td>
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<tr>
<td>THYROLAR-1/2 TABLET 30 (6.25-25) MG (MCG) ORAL</td>
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<tr>
<td>THYROLAR-1/4 TABLET 15 (3.1-12.5) MG (MCG) ORAL</td>
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<tr>
<td>THYROLAR-2 TABLET 120 (25-100) MG (MCG) ORAL</td>
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<td>THYROLAR-3 TABLET 180 (37.5-150) MG (MCG) ORAL</td>
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<td>UNITHROID TABLET 112 MCG ORAL</td>
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<tr>
<td>UNITHROID TABLET 175 MCG ORAL</td>
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<td>UNITHROID TABLET 200 MCG ORAL</td>
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<td>UNITHROID TABLET 75 MCG ORAL</td>
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<td>tetanus-diphtheria toxoids td suspension 2-2 lf/0.5ml intramuscular</td>
<td>0</td>
<td>ACA NCDL, limitations may apply</td>
</tr>
<tr>
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<td>ACA NCDL, limitations may apply</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>dicyclomine hcl solution 10 mg/5ml oral</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dicyclomine hcl solution 10 mg/ml intramuscular</td>
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<td></td>
</tr>
<tr>
<td>dicyclomine hcl tablet 20 mg oral</td>
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<td></td>
</tr>
<tr>
<td><strong>Belladonna Alkaloids</strong></td>
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<tr>
<td>ed-spaz tablet dispersible 0.125 mg oral</td>
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<td></td>
</tr>
<tr>
<td>hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral</td>
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<td></td>
</tr>
<tr>
<td>hyoscyamine sulfate tablet 0.125 mg oral</td>
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<td></td>
</tr>
<tr>
<td>hyoscyamine sulfate tablet dispersible 0.125 mg oral</td>
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<td></td>
</tr>
<tr>
<td>hyoscyamine sulfate tablet sublingual 0.125 mg sublingual</td>
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<tr>
<td>NULEV TABLET DISPERSIBLE 0.125 MG ORAL</td>
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<td>oscimin sr tablet extended release 12 hour 0.375 mg oral</td>
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<td>oscimin tablet 0.125 mg oral</td>
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<table>
<thead>
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<tr>
<td>SYMAX-SL TABLET SUBLINGUAL 0.125 MG SUBLINGUAL</td>
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<td><strong>H-2 Antagonists</strong></td>
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<td>cimetidine hcl solution 300 mg/5ml oral</td>
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<td></td>
</tr>
<tr>
<td>cimetidine tablet 200 mg oral</td>
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<td>cimetidine tablet 300 mg oral</td>
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<td>cimetidine tablet 800 mg oral</td>
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<td>famotidine premixed solution 20-0.9 mg/50ml-% intravenous</td>
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<td>famotidine solution 20 mg/2ml intravenous</td>
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<td>famotidine solution 200 mg/20ml intravenous</td>
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<tr>
<td>famotidine solution 40 mg/4ml intravenous</td>
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<td></td>
</tr>
<tr>
<td>famotidine suspension reconstituted 40 mg/5ml oral</td>
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</tr>
<tr>
<td>famotidine tablet 20 mg oral</td>
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<td></td>
</tr>
<tr>
<td>famotidine tablet 40 mg oral</td>
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<td></td>
</tr>
<tr>
<td>nizatidine capsule 150 mg oral</td>
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</tr>
<tr>
<td>nizatidine capsule 300 mg oral</td>
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<td></td>
</tr>
<tr>
<td>nizatidine solution 15 mg/ml oral</td>
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<tr>
<td><strong>Misc. Anti-Ulcer</strong></td>
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<tr>
<td>sucralfate suspension 1 gm/10ml oral</td>
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<tr>
<td>sucralfate tablet 1 gm oral</td>
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</table>

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## Drug Name | Tier | Requirements/Limits
--- | --- | ---
**Proton Pump Inhibitors**
Dexilant Capsule Delayed Release 30 MG Oral | 3 | PA, QL 30/30 days, Medical Necessity PA
Dexilant Capsule Delayed Release 60 MG Oral | 3 | PA, QL 30/30 days, Medical Necessity PA
Esomeprazole Magnesium Capsule Delayed Release 20 MG Oral | 1 | QL 60/30 days
Esomeprazole Magnesium Capsule Delayed Release 40 MG Oral | 1 | QL 60/30 days
Esomeprazole Sodium Solution Reconstituted 20 MG Intravenous | 1 | Medical Necessity PA
Esomeprazole Sodium Solution Reconstituted 40 MG Intravenous | 1 | Medical Necessity PA
First-Lansoprazole Suspension 3 MG/ML Oral | 3 | PA, PA applies to greater than 6 years of age only
First-Omeprazole Suspension 2 MG/ML Oral | 3 | PA, QL 300/30 days, PA applies to greater than 6 years of age only
Lansoprazole Capsule Delayed Release 15 MG Oral | 1 | QL 60/30 days
Lansoprazole Capsule Delayed Release 30 MG Oral | 1 | QL 60/30 days
Omeprazole Capsule Delayed Release 10 MG Oral | 1 | QL 60/30 days
Omeprazole Capsule Delayed Release 20 MG Oral | 1 | QL 2/1 days
Omeprazole Capsule Delayed Release 40 MG Oral | 1 | QL 2/1 days
Pantoprazole Sodium Tablet Delayed Release 20 MG Oral | 1 | QL 60/30 days
Pantoprazole Sodium Tablet Delayed Release 40 MG Oral | 1 | QL 60/30 days
Rabeprazole Sodium Tablet Delayed Release 20 MG Oral | 1 | QL 1/1 days

**Quaternary Anticholinergics**
Glycopyrrolate Solution 0.2 MG/ml Injection | 1 | Medical Benefit only.
Glycopyrrolate Solution 0.4 MG/2ML Injection | 1 | Medical Benefit only.
Glycopyrrolate Solution 1 MG/5ML Injection | 1 | Medical Benefit only.
Glycopyrrolate Solution 4 MG/20ML Injection | 1 | Medical Benefit only.
Glycopyrrolate Tablet 1 MG Oral | 1 | Medical Benefit only.
Glycopyrrolate Tablet 2 MG Oral | 1 | Medical Benefit only.
Methscopolamine Bromide Tablet 2.5 MG Oral | 1 | Medical Benefit only.
Methscopolamine Bromide Tablet 5 MG Oral | 1 | Medical Benefit only.
Propantheline Bromide Tablet 15 MG Oral | 1 | Medical Benefit only.

**Ulcer Anti-Infective w/ Bismuth Combinations**
Helidac Oral | 3 | PA, Medical Necessity PA

**Ulcer Anti-Infective w/ Proton Pump Inhibitors**
Amoxicill-Clarithro-Lansopraz Oral | 1 | Medical Benefit only.

**Ulcer Drugs - Prostaglandins**
Misoprostol Tablet 100 Mcg Oral | 1 | Medical Benefit only.
Misoprostol Tablet 200 Mcg Oral | 1 | Medical Benefit only.

**Urinary Antispasmodics**
Darifenacin Hydrobromide Er Tablet Extended Release 24 Hour 15 MG Oral | 1 | ST
Darifenacin Hydrobromide Er Tablet Extended Release 24 Hour 7.5 MG Oral | 1 | ST

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<th>REQUIREMENTS/LIMITS</th>
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<tr>
<td>GELNIQUE GEL 10 % TRANSDERMAL</td>
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<td>oxybutynin chloride er tablet extended release 24 hour 10 mg oral</td>
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<td>oxybutynin chloride er tablet extended release 24 hour 15 mg oral</td>
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<td></td>
</tr>
<tr>
<td>oxybutynin chloride er tablet extended release 24 hour 5 mg oral</td>
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<tr>
<td>oxybutynin chloride syrup 5 mg/5ml oral</td>
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<td>oxybutynin chloride tablet 5 mg oral</td>
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<tr>
<td>OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL</td>
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<td>solifenacin succinate tablet 10 mg oral</td>
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<td>solifenacin succinate tablet 5 mg oral</td>
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<tr>
<td>tolterodine tartrate er capsule extended release 24 hour 2 mg oral</td>
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<tr>
<td>tolterodine tartrate er capsule extended release 24 hour 4 mg oral</td>
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<td>tolterodine tartrate tablet 2 mg oral</td>
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<td>ST</td>
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<td>TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL</td>
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<td>ST</td>
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<td>trospium chloride er capsule extended release 24 hour 60 mg oral</td>
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<td>trospium chloride tablet 20 mg oral</td>
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<td>VESICARE TABLET 10 MG ORAL</td>
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<td>VESICARE TABLET 5 MG ORAL</td>
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**DRUG NAME** | **TIER** | **REQUIREMENTS/LIMITS** |
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<tbody>
<tr>
<td>Urinary Antispasmodics - Beta-3 Adrenergic Agonists</td>
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<td>MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL</td>
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<tr>
<td>MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL</td>
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**DRUG NAME** | **TIER** | **REQUIREMENTS/LIMITS** |
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<thead>
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<tbody>
<tr>
<td>Urinary Antispasmodics - Cholinergic Agonists</td>
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<td>bethanechol chloride tablet 10 mg oral</td>
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<tr>
<td>bethanechol chloride tablet 25 mg oral</td>
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<td>bethanechol chloride tablet 5 mg oral</td>
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<td>bethanechol chloride tablet 50 mg oral</td>
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**DRUG NAME** | **TIER** | **REQUIREMENTS/LIMITS** |
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<tbody>
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<td>Urinary Antispasmodics - Direct Muscle Relaxants</td>
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**VACCINES**

**Bacterial Vaccines**

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<td>ACTHIB SOLUTION RECONSTITUTED INTRAMUSCULAR</td>
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<tr>
<td>BEXSERO SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR</td>
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<td>HIBERIX SOLUTION RECONSTITUTED 10 MCG INJECTION</td>
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<td>MENACTRA INJECTABLE INTRAMUSCULAR</td>
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<td>ACA NCDL, limitations may apply</td>
</tr>
<tr>
<td>MENQUADFI INJECTABLE INTRAMUSCULAR</td>
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<td>ACA NCDL, limitations may apply</td>
</tr>
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<td>ACA NCDL, limitations may apply</td>
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<td>ACA NCDL, limitations may apply</td>
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<tr>
<td>PNEUMOVAX 23 INJECTABLE 25 MCG/0.5ML INJECTION</td>
<td>0</td>
<td>ACA NCDL, limitations may apply</td>
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# Bacterial Vaccines (continued)

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<td>TRUMENBA SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR</td>
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# Viral Vaccine Combinations

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<td>PROQUAD INJECTABLE SUBCUTANEOUS</td>
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<td>TWINRIX SUSPENSION 720-20 INTRAMUSCULAR</td>
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# Viral Vaccines

<table>
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<tr>
<th>DRUG NAME</th>
<th>TIER</th>
<th>REQUIREMENTS/LIMITS</th>
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<tr>
<td>AFLURIA SUSPENSION INTRAMUSCULAR</td>
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<tr>
<td>ENGERIX-B INJECTABLE 10 MCG/0.5ML INTRAMUSCULAR</td>
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<td>ENGERIX-B SUSPENSION 10 MCG/0.5ML INJECTION</td>
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<tr>
<td>ENGERIX-B SUSPENSION 20 MCG/ML INJECTION</td>
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<tr>
<td>FLUBLOK SOLUTION INTRAMUSCULAR</td>
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<tr>
<td>FLULAVAL QUADRIVALENT SUSPENSION INTRAMUSCULAR</td>
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<tr>
<td>FLUZONE QUADRIVALENT SUSPENSION 0.5 ML INTRAMUSCULAR</td>
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<td>GARDASIL 9 SUSPENSION INTRAMUSCULAR</td>
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<td>pfizer-biontech covid-19 vacc suspension 30 mcg/0.3ml intramuscular</td>
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<td>RECOMBIVAX HB SUSPENSION 40 MCG/ML INJECTION</td>
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<td>RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION</td>
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<td>ROTARIX SUSPENSION RECONSTITUTED ORAL</td>
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<td>SHINGRIX SUSPENSION RECONSTITUTED 50 MCG INTRAMUSCULAR</td>
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<tr>
<td>terconazole cream 0.4 % vaginal</td>
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<tr>
<td>terconazole cream 0.8 % vaginal</td>
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<td>terconazole suppository 80 mg vaginal</td>
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<td>clindamycin phosphate cream 2 % vaginal</td>
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<tr>
<td>miconazole 3 suppository 200 mg vaginal</td>
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<td>miconazole suppository 200 mg vaginal</td>
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<td>estradiol tablet 10 mcg vaginal</td>
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<td>ESTRING RING 2 MG VAGINAL</td>
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<td>FEMRING RING 0.05 MG/24HR VAGINAL</td>
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<tr>
<td>FEMRING RING 0.1 MG/24HR VAGINAL</td>
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<td>PREMARIN CREAM 0.625 MG/GM VAGINAL</td>
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<tr>
<td>midodrine hcl tablet 2.5 mg oral</td>
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<tr>
<td>midodrine hcl tablet 5 mg oral</td>
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<td>droxidopa capsule 100 mg oral</td>
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<tr>
<td>droxidopa capsule 200 mg oral</td>
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<td>PA, SP</td>
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<tr>
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<table>
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<tr>
<th>Vitamin C</th>
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<td>ascorbic acid solution 500 mg/ml injection</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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<tr>
<td>Vitamin D</td>
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<td>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</td>
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<td>Vitamin K</td>
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<tr>
<td>phytonadione tablet 5 mg oral</td>
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</table>

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If you have questions, please contact our Customer Service Department at (888) 977-9299 or by email at cs@pacificsource.com.